

06 September 2021

Mr David Lewis
Assistant Coroner
Liverpool and Wirral Coroner's Area
Gerard Majella Courthouse
Boundary Street
Liverpool
L5 2QD

Dear Mr Lewis,

I write in response to your correspondence, sent to NICE on 19 July 2021, regarding the very sad death of Mr Brian Jackson. I would like to express my sincere condolences to his family.

We have reflected on the circumstances surrounding Mr Jackson's death, and the concerns raised in your report.

In our guideline on [delirium: prevention, diagnosis and management](#) [CG103] we recommend that all people in hospital should be observed, at least daily, for recent (within hours or days) changes or fluctuations in usual behaviour. If any of these behaviour changes is present, a healthcare professional who is trained and competent in the diagnosis of delirium should carry out a clinical assessment to confirm the diagnosis (see recommendation 1.4.1). Indicators of delirium are given in section 1.2 of the guideline and healthcare professionals are advised to be particularly vigilant for behaviour indicating hypoactive delirium.

For patients in critical care in whom indicators of delirium are identified, an assessment should be carried out using the confusion assessment method for ICU (CAM-ICU) and that this is undertaken by a healthcare professional who is trained and competent in the diagnosis of delirium (see recommendation 1.5.1).

Liverpool Heart and Chest Hospital informed us that they were undertaking a root cause analysis which was considering the 'CAMS/ITU – RASS delirium risk assessment'. We advised them that we had recently completed a [review](#) of CG103 and that we were going to update the guideline, focusing on the risk assessment and diagnosis of delirium, including in ICU settings. We also advised how they could engage with the development process and send evidence to us for consideration during the update.

No diagnostic tool will ever be perfect, and during the development of the original guideline the committee prioritised a test that had high sensitivity and would 'rule in' patients with delirium.

We will consider the issues you have raised in your report during the update of the guideline.

Yours sincerely,

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Chief executive