

Miss Anna Crawford,
HM Assistant Coroner for Surrey
Surrey Coroner's Service,
HM Coroner's Court,
Station Approach,
Woking,
Surrey, GU22 7AP

Sent via email to: [REDACTED]

11 May 2021

Our ref: [REDACTED]

Dear Miss Crawford,

I write in response to your correspondence, sent to NICE on 11 March 2021, regarding the very sad death of Master Yo Li. Our thoughts are with his family.

We have considered the circumstances surrounding Master Yo Li's death, and the concerns raised in your report. These were:

1. The BAPM guidance on '*Use of Central Venous Catheters in Neonates – A Framework for Practice*' does not identify a key risk factor for a mal-positioned UVC. Consideration ought to be given by BAPM to updating the guidance to include reference to this risk factor.
2. There is no NICE guidance on the use of UVCs and there is no requirement on NHS Trusts to ensure that their clinicians are familiar with the BAPM guidance or to ensure that their internal policies and procedures are in accordance with it. Consideration ought to be given by NHSI to introducing some NICE guidance to cover this issue.

We also note the response you have received from NHS England & NHS Improvement (NHSE&I) directing you to NICE in relation to your second concern; namely, that there is a lack of NICE guidance on umbilical venous catheters (UVCs).

NICE has a clinical guideline on [neonatal parenteral nutrition \(NG154\)](#). This guideline covers parenteral nutrition (intravenous feeding) for babies born preterm, up to 28 days after their due birth date and babies born at term, up to 28 days after their birth. Although it does not specifically mention UVCs, it does discuss central lines in section 1.2 and also contains recommendations on talking about risks and

benefits with parents in section 1.10, including concerns about central venous catheter placement.

We do not consider it appropriate for NICE to produce guideline recommendations specifically describing how to insert UVC lines.

We consider it appropriate for the British Association of Perinatal Medicine (BAPM) framework to contain all the relevant information about how to insert UVC lines and address the possible risks to consider.

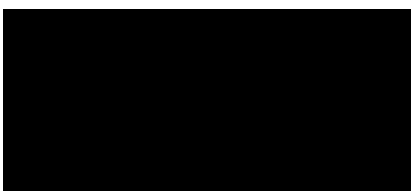
In terms of the requirements of clinicians to be familiar with BAPM guidance, we are aware that the General Medical Council (GMC) state in their [Good Medical Practice](#) guidance that clinicians should be aware of guidance of their specialism. It says in point 11: “*You must be familiar with guidelines and developments that affect your work*”. We understand this expectation refers to NICE guidelines (where they exist) as well as other authoritative sources of specialty specific clinical guidelines, such as those published by medical Royal Colleges and other professional associations.

We consider this an issue of training and awareness. The responsibility for the education and training of healthcare professionals rests with the relevant professional bodies, such as the Royal Colleges, the GMC and Health Education England.

We note from the response from NHSE&I that a reminder of the BAPM framework and clinical practice guidelines has been sent out via the [Maternity Transformation Bulletin](#) and to all neonatal safety champions.

While we do not consider that direct action is required from NICE at this time, the concerns you have raised have been logged for further consideration when guideline NG154 is next reviewed for update.

Yours sincerely,

A large black rectangular redaction box covering the signature of the Chief Executive.

Chief Executive