

Tim Higginson  
Chief Executive

Tel: 020 8333 3000

Fax: 020 8333 3333

Web: [www.lewishamandgreenwich.nhs.uk](http://www.lewishamandgreenwich.nhs.uk)

17<sup>th</sup> October 2013

Dr Andrew Harris  
HM Coroner  
Southwark Coroners Court  
1 Tennis Street  
Southwark  
London SE1 1YD

Dear Dr Harris

**REGULATION 28 REPORT TO PREVENT FUTURE DEATHS**  
**Baby Luna Lesko, dod; 22<sup>nd</sup> February 2011, Case number: 00787/11**

I am writing in response to your report dated 23 August 2013, and referenced above. As the report was sent to both Lewisham Healthcare Trust (LHT) and NHS Lewisham's Clinical Commissioning Group (CCG) my reply is on behalf of both organisations. LHT acknowledge the concern raised about limited access to theatres for mothers requiring lower segment Caesarean section out of hours.

The maternity unit at University Hospital Lewisham (UHL) provides a 24 hour service for safe delivery of women in labour. There is also day time provision for planned (elective) delivery and other obstetric procedures. Our unit is a busy maternity unit with delivery of 4129 births in 2012 including 895 in the midwifery led Birth Centre. In 2011 the UHL maternity unit had a total of 3955 births.

Lewisham is one of the few remaining maternity units that has a fully equipped and staffed obstetric theatre located on labour ward, that operates only during normal working hours (08:00 – 17:00 Monday to Friday). This is replaced by a fully staffed theatre in the main theatre unit located very near to the labour ward, outside these hours. This dedicated emergency theatre is kept free at all times for emergency deliveries, and if an emergency takes place, a second out of hours general theatre is kept free from general activity until the obstetric theatre is vacated.

The issues raised in your report focused on the unit's ability to cope with multiple emergency Caesarean sections at the same time. The Royal College of Obstetricians and Gynaecologists advise that maternity units with a birth rate above 4000 births require two operating theatres. The main points about emergency provisions centre on the availability of theatre space, obstetric team, anaesthetic team and theatre staff (nurses and operating department practitioners). I will address these in turn.

The College recommends that an operating theatre dedicated for obstetrics should be close to the labour ward, or preferably within it. Lewisham's obstetricians have requested that the obstetric theatre located on labour ward be changed from being primarily used for elective Caesarean sections to being the emergency obstetric theatre 24 hours a day. We have reviewed whether there are any reasons why this cannot be the case and propose to implement the change by the end of March 2014. As mentioned above, the obstetric team already has access to a second theatre out of hours and at weekends. In addition, we are assessing whether access to a second theatre can also be provided during normal working hours whilst at the same time minimising the impact on the Trust's other surgical activity and clinical priorities. This includes reviewing current theatre utilisation by the whole of the Women's Division.

With the introduction of middle grade obstetricians to the obstetric rota from 2012, there has been and continues to be adequate cover by the obstetricians to perform multiple emergency caesarean sections 24 hours a day if required. The same applies to the anaesthetic team with the introduction of middle grade anaesthetic cover. This allows a Specialist Registrar for anaesthetics to be fully available for an obstetric emergency and a middle grade anaesthetist to be available in case of multiple emergency caesarean sections. In addition to these, there are two consultant anaesthetists on call with one available to cover if required.

An additional theatre team would be required to ensure that two emergency theatres were guaranteed for the maternity unit. This would include an Operating Department Practitioner and nursing staff. The Women's and Surgery Clinical Divisions are developing a business case for this additional resource, which will be reviewed at Executive Director level within the Trust and discussed with Lewisham CCG. The timescale for this is 3 to 6 months.

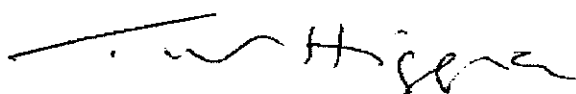
The maternity unit currently has an elective Caesarean section list once a week during normal working hours, which is scheduled in main theatres. Our plan is to increase this to three times a week within the main theatre unit by the end of January 2014, as this would release the obstetric unit theatre for emergencies. Theatre allocation has already been identified and planning of additional staffing resource is underway. The additional elective lists in main theatres would also enable midwives and on call doctors to be freed up to focus on labouring women. At present, elective procedures sometimes have to be cancelled to make way for emergency cases; the former may then become urgent or emergency situations requiring out of hours theatre time.

As you may be aware Lewisham Healthcare NHS Trust formally merged with Queen Elizabeth Hospital on 1<sup>st</sup> October 2013 forming Lewisham and Greenwich NHS Trust. Although service configurations have been proposed by the Trust Special Administrator for the former South London Healthcare NHS Trust, those proposed changes are still under the judicial review process. Any potential time line resulting from the conclusion of that review will not have a bearing on the actions to be undertaken by the Trust in relation to your report. In any new service configuration we will endeavour to ensure that the theatre capacity of our maternity units are designated and configured bearing in mind the advice of the Royal College of Obstetricians and Gynaecologists.

Going forward, the delivery of the above actions will be monitored via the Clinical Quality and Risk Group chaired by [REDACTED] Nurse Director at Lewisham CCG.

I wish to assure you that my team and I take this risk very seriously and will ensure that the actions outlined above are taken in the hope that this may reduce the risk of future deaths, although this risk was not a contributory factor to the outcome in the case that prompted your notice to me. Should you have any questions in regard to any of the actions taken or require any further information please do not hesitate to contact me.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Tim Higginson', written in a cursive style.

**Tim Higginson**  
**Chief Executive**

Cc: [REDACTED] Managing Director,  
Lewisham Clinical Commissioning Group