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Mr Andrew Harris
HM Senior Coroner
Inner South District Greater
London
Southwark Coroner's Court
1 Tennis Street
Southwark
SE1 1YD

6th March 2020

By Email to [redacted]

Dear Mr Harris,

Re: Regulation 28 Report to Prevent Future Deaths – Derek Weaver (date of death 31/05/2018)

Thank you for your Regulation 28 Report (hereafter "the report") dated 16 November 2019 concerning the death of Mr Derek Weaver on 31 May 2018. Firstly, I would like to express my deep condolences to Mr Weaver's family.

The report concludes Derek Weaver's death was as a result of natural causes but was contributed to by a 14 day delay in transfer for surgery which was related to exceptional pressures on bed capacity.

Following the inquest you raised concerns in the report to NHS England regarding surgery occurring at a time when the patient was septic. If the surgery had happened earlier when he was not septic, the procedures which would have been used have a lower mortality probability. As you identified the delays in referral and treatment were related to a surge in referrals at the time, which unfortunately limited capacity. As a result you consider that the risk of potentially preventable deaths will reoccur in the future whenever there is such a surge and could be mitigated by an increase in bed capacity.

In relation to the specific question on capacity to transfer a patient from a District General Hospital to the Guys and St Thomas Trust (GSTT) cancer centre, I can confirm that there have been several regional assurance activities in relation to the quality and safety of thoracic services in London. The National Specialised Commissioning Quality Surveillance Team (QST) undertook peer review visits for Lung services in 2017.

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Please note no immediate risks were identified in the service at GSTT following this review. Furthermore, later assessments in 2018/19 by the QST team and through our annual surveillance exercise also did not identify any ongoing serious quality or safety concerns at GSTT. Although not specific to assessing the overall bed balance and its appropriateness the review did look at pathways and patient flow, that is, from a district general hospital to a specialist (tertiary) care hospital. However, that being said we would recognise that currently GSTT is not meeting national targets for the 62-day cancer target and this failure is subject to oversight by commissioners with an action plan designed to ensure compliance.

Within London we do have other thoracic providers (eg. University College Hospitals and Imperial Hospitals amongst others) so there is the possibility to change the thoracic surgery pathway for both lung cancer patients and patients with conditions such as empyema that require urgent surgery too, if we felt insufficient progress was being made on meeting the nationally set response standards. We can confirm we will keep this under review as we recognise the importance of making sure that all patients needing thoracic surgery can get quick access to high quality services.

With the new national pilots to identify lung cancer at an earlier stage we recognise that we will need to review capacity and ensure that we have sufficient critical care beds to support what we know will be more patients accessing treatment. We will be actioning this in the light of new policy and due to the concerns raised by yourself as a result of Mr Weaver's death.

We have attached as an Appendix a short description of assurance processes that have taken place over the past two years and their findings.

Thank you for bringing this important patient safety issue to my attention and please do not hesitate to contact me should you need any further information.

Yours sincerely,

Celia Ingham Clark
Medical Director for Professional Leadership and Clinical Effectiveness
NHS England and NHS Improvement