Department of Health & Social Care

From Caroline Dinenage MP
Minister of State for Care

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5th December 2018

Mr Alan Peter Walsh
HM Coroner's Court
Paderborn House
Howell Croft North
Bolton BL1 1QY

Dear Mr Walsh,

Thank you for your correspondence of 26 September to Matt Hancock about the death of Mr John Waite. I am responding as Minister with portfolio responsibility for patient safety.

Firstly, I would like to say how saddened I was to read of the circumstances surrounding Mr Waite's death. If you have the opportunity to do so, please pass on my condolences to Mr Waite's family.

I have noted carefully the matters of concern in your report. It is essential that we look to make improvements where we can to ensure the safety of healthcare services and prevent future deaths and I am grateful to you for bringing these matters to my attention.

My officials have made enquiries with The Renal Association, the British Renal Society and the Intensive Care Society to which you also issued your report, as well as NHS Improvement which is the lead organisation for patient safety in the NHS in England.

The Renal Association, the British Renal Society and the Intensive Care Society are responding separately to your report and I will not repeat the detail of that response. However, I have noted that action is being taken in this area, in particular, to establish an expert working group to produce a national practical guideline covering the management of femoral dialysis line removal, expected in Spring 2019 following consultation.

A review will also be conducted to assess the data on harm from delayed haemorrhage following removal of central venous catheters from other sites which will inform if any further work is required.

In the interim, immediate action has been taken to issue an advisory alert to bring this area of concern to the attention of renal units in England and ask that they review their current practices, paying particular attention to precautions such as pressure being applied to the exit site for no less than 15 minutes and a period of bed rest post procedure of no less than an hour. The level of patient observation and supervision post procedure is highlighted as a particular area of concern in the alert.

Finally, I am advised by NHS Improvement that it has worked closely with The Renal Association, the British Renal Society and the Intensive Care Society to support learning from the National Reporting and Learning System (NRLS) data and to encourage the development of their clinical best practice guidance. Once the resources have been produced either for safe removal of femoral lines or safe removal of all types of central lines, NHS improvement will propose accelerating their adoption via an NHS Improvement Patient Safety Resource Alert.

I hope this response is helpful.

Yours

CAROLINE DINENAGE