

**Ms Alison Mutch**  
Senior Coroner  
Manchester South Coroner's Court  
1 Mount Tabor Street  
Stockport  
SK1 3AG

**National Medical Director**  
NHS England  
Wellington House  
133-155 Waterloo Road  
London  
SE1 8UG

21/08/2024

Dear Coroner,

**Re: Regulation 28 Report to Prevent Future Deaths – James Neil Cockburn who died on 26 May 2023**

Thank you for your Report to Prevent Future Deaths (hereafter "Report") dated 2 July 2024 concerning the death of James Neil Cockburn on 26 May 2023. In advance of responding to the specific concerns raised in your Report, I would like to express my deep condolences to James' family and loved ones. NHS England are keen to assure the family and the Coroner that the concerns raised about James' care have been listened to and reflected upon.

Your Report raises concerns over national delays in patients waiting to see cardiologists due to demands on the service, and for essential tests such as trans oesophageal echocardiograms to be carried out due to a shortage of suitably qualified professionals.

NHS England is working at a national level to deliver the [Long-Term Workforce Plan](#). This is a robust and effective strategy to ensure we have the right number of people, with the right skills and support in place to be able to deliver the kind of care people need. It heralds the start of the biggest recruitment drive in health service history, but also of an ongoing programme of strategic workforce planning. It includes ambitious commitments to grow the workforce by significantly expanding domestic education, training and recruitment, as well as actions aimed at improving culture, leadership and wellbeing so that more staff are retained in NHS employment over the next 15 years. These actions will aim to close anticipated staffing shortfalls in the NHS in the long term, however NHS Trusts have a responsibility to ensure safe staffing levels in the current day to day operation of their hospitals. This is in line with [CQC Regulation 18](#), which states that providers must deploy enough suitably qualified, competent and experienced staff to enable them to meet all other regulatory requirements.

In February 2022, NHS England published the [Delivery plan for tackling the COVID-19 backlog of elective care](#) which sets out that the NHS is working to recover elective care over a three-year period. The plan includes the ambition to bring down waiting times for elective care, as well as improving diagnostic turnaround times and pathways. This includes plans to support local areas to create extra capacity within NHS services to focus on more complex areas, such as cardiac surgery, and improve the service provision for the most clinically urgent patients.

NHS England published the imaging reporting turnaround time guidance in August 2023, available here: [NHS England » Diagnostic imaging reporting turnaround times](#). The guidance sets out the maximum turnaround times from the imaging examination and acquisition to a verified report being made available to the referring clinician.

Caveats in the guidance include workforce capacity issues, as the numbers of reporting staff (radiologists and reporting radiographers) are not increasing in line with demand. We are supporting Trusts to increase reporting capacity by increasing the number of reporting radiographers and trainee radiologists per financial year, international recruitment initiatives and workforce demand and capacity planning tools. Since October 2021, over 120 Community Diagnostic Centres (CDCs) have also been opened across England to support access to diagnostic tests.

To further support quicker access to diagnostic tests, NHS England published guidance in December 2023 for enhancing GP direct access to diagnostic tests for patients with clinical features of heart disease: [NHS England » Enhancing GP direct access to diagnostic tests for patients with suspected chronic obstructive pulmonary disease, asthma, or heart failure](#).

My regional colleagues in the North West have also been engaging with the NHS Greater Manchester Integrated Care Board (GM ICB) on the concerns raised in your Report, who I note you have also addressed your Report to. We understand that Manchester University NHS Foundation Trust (MUFT) have undertaken a High Impact Learning Assessment (HILA) regarding the care delivered to James, and have provided an assurance report to the ICB on the learnings taken and actions to implement changes. This has included a requirement to improve the cardiology referral-to-treatment (RTT) standard and the pathways for Transcatheter Aortic Valve Implantation (TAVI).

Work on patient pathways across MUFT will feed into the Cardiovascular Strategic Clinical Network to inform how the ICB support and spread the work across the Greater Manchester system.

There is currently a 15% radiology vacancy rate across Greater Manchester at Consultant grade level. The Greater Manchester Imaging Network are supporting upskilling and the change of skill mix within the imaging workforce by allocating funding for reporting radiographers, with a focus on CT and MRI reporting radiographers. The Network is coordinating international recruitment via the CDCs funding stream to bring in more radiologists. The Imaging Network are exploring the use of collaborative bank staff to reduce agency reliance.

Your Report also raises a concern over the delays in communication between MUFT and Northern Care Alliance NHS Foundation Trust (NCA), including the fact that their IT systems are completely separate. The aim of the NHS England Frontline Digitisation (FD) Programme is for all secondary care Trusts to have an Electronic Patient Record system (EPR) that meets defined capability standards. The ability to access up-to-date patient medical records at any time increases safety, improves outcomes, and provides productivity benefits compared with paper records.

In 2022, MUFT secured funding to support levelling up capabilities following the acquisition of the North Manchester General Hospital site, to ensure the same level of EPR maturity as the other nine hospital sites within MUFT.

Similarly, in 2022, NCA secured funding to level up EPR capabilities to the minimum specification by March 2025. This ongoing optimisation programme will address the concerns raised, as it will ensure NCA will transition various clinical sites to adopt the additional functionality and business capability. This transition includes Salford sites transition, which started in 2023 and is due to conclude in January 2025

NHS England through the FD programme is fully committed to supporting organisations through optimisation by providing a useful resource for Trusts. It provides a range of guidance and support from Subject Matter Experts and a library of support materials and blueprints, highlighting lessons learnt and implementation risks, although these are not vendor specific.

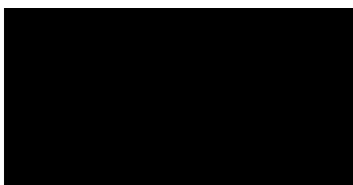
Future plans include collaboration between the NHS England Patient Safety and Digital Clinical Safety Teams to take learning from incidents concerning EPR related patient safety and other relevant digital implementations, and to provide scenarios that Trusts can use to evaluate their systems and processes when preparing for their EPR implementations.

GM ICB advise that there will be a request for leads for digital transformation programmes to look in more detail at improving the interface between secondary and tertiary care systems, and providers are working together to enable this. Learnings will be shared across the GM System Quality Group in November 2024.

I would also like to provide further assurances on the national NHS England work taking place around the Reports to Prevent Future Deaths. All reports received are discussed by the Regulation 28 Working Group, comprising Regional Medical Directors, and other clinical and quality colleagues from across the regions. This ensures that key learnings and insights around events, such as the sad death of James, are shared across the NHS at both a national and regional level and helps us to pay close attention to any emerging trends that may require further review and action.

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

Yours sincerely,



National Medical Director