

Mr Adam Hodson
HM Assistant Coroner
The Birmingham & Solihull Coroner's Court
Steelhouse Lane
Birmingham
B4 6BJ

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

25 June 2025

Dear Mr Hodson,

Re: Regulation 28 Report to Prevent Future Deaths – Peter Michael Anzani who died on 23 November 2024

Thank you for your Report to Prevent Future Deaths (hereafter "Report") dated 1 May 2025 concerning the death of Peter Michael Anzani on 23 November 2024. In advance of responding to the specific concerns raised in your Report, I would like to express my deep condolences to Peter's family and loved ones. NHS England are keen to assure the family and yourself that the concerns raised about Peter's care have been listened to and reflected upon.

Your Report raised the concern that The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust (RJAHS) had repeatedly requested additional funds for workforce development and expansion but was not being adequately supported financially by NHS England, and that two Workplace Funding Reviews were turned down by NHS England.

Peter was a patient of the Midlands Centre for Spinal Injuries (MCSI). The Spinal Cord Injury (SCI) Service at RJAHS is a specialised commissioned service that provides care in line with the [national service specification 170119S](#) (Spinal Cord Injury Services (Adult & Children)). Specialised commissioned services support people with a range of rare and complex medical conditions and often include treatments for such conditions. Specialised commissioned services are not directly commissioned or funded by NHS Trusts. Historically, NHS England has directly commissioned all specialised services, but [Integrated Care Boards](#) (ICBs) are now increasingly taking a larger role in commissioning some specialised services, as part of an agreed delegation of responsibilities to ICBs. You can find out more information about specialised services here: [NHS commissioning » Specialised services](#)

The SCI service specification outlines the requirements for initial inpatient management of traumatic and non-traumatic SCI patients and the ongoing 'lifelong' management of patients with SCI. Following inpatient discharge from a SCI unit, patients are reviewed by outreach practitioners and in outpatient clinics. Care for the consequences of SCI is life-long with regular clinic or telephone review appointments (6 weeks, 6 months, and 1, 2 and 3 years then at least every 3 years or more often depending on the clinical indications).

To aid my response, my Regulation 28 Leads for the Midlands region have reviewed Peter's care. As part of his lifelong care, Peter was overseen by an outpatient model of care as per the national SCI service specification. To support and provide mitigation to outpatient waiting lists for follow-up clinics, a nurse-led triage process is undertaken which involves contacting patients to clinically risk assess and prioritise patients that need to be seen. In line with the RJA's Harms Policy, Peter was contacted by a senior nurse as part of the prospective harms process on 14 August 2024 and, following this, some concerns were raised triggering an urgent review. An appointment was then expedited and he was seen in clinic on 20 August 2024. The agreed action plan put in place included:

- pressure ulcer management advice
- GP request to monitor and manage chest issues
- a review in 18 months' time by an MCSI practitioner, or earlier if there was any need.

This was three months prior to his admission to Heartlands Hospital on 22 November 2024.

NHS England's Specialised Commissioning funds RJA's SCI service as part of a block funded commissioning system to cover the complete costs for the service, including inpatient and outpatient activity with inflationary finance being applied to all NHS England contracts annually since 2020. As a Foundation Trust, RJA take organisational decisions on individual service spends, including workforce, to deliver services as identified in the national service specification. In June 2024, a Trust internal workforce review was shared for information with NHS England and we understand this is being updated at this current time. No formal requests for funding have been received through the contract review meeting process between RJA and NHS England, to support the findings of the RJA internal review.

NHS England was not given Interested Party status or asked to provide any witness evidence during the inquest into Peter's death. The Coroner's findings have resulted in an internal NHS England review and we have not identified any specific formal workforce funding requests that have been rejected by NHS England for the SCI service at RJA with regard to outpatient services.

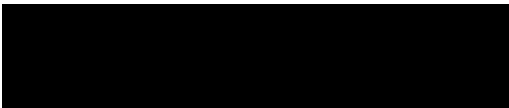
During 2023/24, workforce development funds of £171,077.73 were allocated to Shropshire Telford and Wrekin (STW) ICB, which includes RJA as one of four Trusts operating in this system. The funding was used for system wide initiatives. While there was no specific workforce development funding allocation in 2024/25, RJA have not been refused any of the Clinical Expansion / Multi-professional Education and Training Plan Considerations posts that they requested. In 2024/25, some Advanced Practitioner MSC training places were allocated to them, which they did not utilise.

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

Peter, 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,

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Co-National Medical Director
(Secondary Care)