



Regulation 28 Response



Lancashire Teaching
Hospitals
NHS Foundation Trust

Thrombectomy

Executive Summary

The purpose of this paper is to provide a response to the Regulation 28 report issued to the Trust by HM Senior Coroner Mr Christopher Long on conclusion of the inquest of Ms Michelle Mason held on 2nd June 2025.

Regulation 28

The Regulation 28 report was issued to:

NHS England.
Northern Care Alliance NHS Foundation Trust.
Lancashire Teaching Hospitals (LTHTR).

The Coroner's matters of concern are as follows:

- 1. NHS England national service specifications provide for a 24/7 thrombectomy service which is not currently being delivered in Lancashire and there is no clear plan to deliver that service.*
- 2. There is a lack of understanding from non-stroke specialist clinicians in Lancashire as to when and where thrombectomy services are available for patients in Lancashire.*
- 3. There is no mutual aid regionally, even where thrombectomy is available, clinically appropriate, it is known lack the procedure is likely to result in death and it is anticipated resources are available to complete the procedure.*

1. Background and context

The LTHTR Mechanical Thrombectomy (MT) service has undergone significant development evolving from a 5-day, in-hours service to a 7-day service with extended evening cover. The Trust acknowledges the coroner's concerns that more could have been done sooner and recognises the importance of delivering a fully compliant 24/7 service in line with national expectations.

Initially, the service operated Monday to Friday between 08:00 and 18.00, with expansion constrained by recruitment and job planning challenges. Through focused recruitment and planning, the service achieved reliable 7-day coverage from 3 August 2024 (although not for Bank Holidays), with the majority weekend shifts staffed either by substantive Neurointerventional Radiologists (NIRs) or supported by locum cover however there were some gaps until the 2nd January when all weekends have been covered. This marked a key milestone in improving access and resilience.

Recognising the need to further extend hours, the Trust engaged in prolonged discussions with the NIR team and other speciality teams involved in delivering the service to support evening expansion. From 6th May 2025,

the service began operating into the evening delivering 7 days per week including Bank Holidays with cover until 22:00 with some occasional gaps due to workforce availability, supported by collaborative working across Anaesthetics, Theatres, and Radiology. From 13 June 2025 cover have been consistently achieved from 08.00-22.00 (referral cut off times are 20.00 for all sites with the exception of Barrow at 19.30). This has been achieved by flexible use of existing staff rotas, interim arrangements with Anaesthetic and Theatre teams, and a shared commitment across departments to maximise available NIR clinical time.

As a result of these improvements, NHS England has confirmed that the current 7-day, 08:00–22:00 service at LTHTR enables the Northwest region to meet approximately 97% of clinical demand for thrombectomy.

However, a gap remains in overnight provision (22:00–08:00). While there is currently no formal mutual aid agreement in place with neighbouring centres, and no confirmed rota agreement yet from the NIR team for overnight cover, the Trust is actively addressing this through:

- Ongoing negotiations with the NIR team to agree a sustainable 24/7 rota.
- Finalisation of a business case to be agreed with NHSE to support the required infrastructure and workforce;
- Continued recruitment across Anaesthetics, Radiology, and Radiography;
- Development of operational readiness for overnight theatre and recovery services.

These actions form part of a clear and accountable plan to implement a fully operational 24/7 thrombectomy service by 28 February 2026, ensuring equitable access for all patients across Lancashire and South Cumbria. There is a commitment to starting this sooner if staff can be recruited to enable this.

2. Response to Regulation 28

Coroner's concern 1.

NHS England national service specifications provide for a 24/7 thrombectomy service which is not currently being delivered in Lancashire and there is no clear plan to deliver that service.

Response

This response will include details of service provision prior to 2nd June 2025 when the inquest took place, progress from 2nd June to the current date, and proposed actions going forwards.

Weekend service development

Initially a weekend service from 08.00-18.00 was in place from July 2023 to April 2024, when the service was suspended due to concerns regarding the sustainability of the rota. Consistent weekend service was provided from 3rd August 2024, delivered by four substantive NIRs on a 1 in 6 rota, with two weekends requiring locum cover. Following the recruitment of a 5th and 6th NIR, the service has maintained full weekend coverage since January 2025, with bank holiday cover consistently in place since the 6th May 2025 with the hours extending until 22.00.

Current job planning supports a 1 in 8 weekend rota, with two weekends out of eight not formally job planned. These gaps have been mitigated through a combination of internal flexibility and locum support, ensuring full weekend coverage throughout the published rota, which currently extends to the end of October 2025.

Evening service expansion

Prior to May 2025 the service concluded at 18:00. Following extended discussions with the NIR team, agreement was reached in April 2025 to extend the service to 22:00, with implementation beginning on 6th May 2025. Initial

cover was limited to 21:00 due to theatre workforce constraints, but since 13 June 2025, the service has consistently operated until 22:00.

This was made possible through collaborative working across Anaesthetics, Theatres, and Radiology, and interim arrangements to support later finish times.

Progress since 2nd June to 18th July 2025 and forward planning

While progress has been made with evening and weekend expansion, a 24/7 service is not yet in place. The barriers are multi-factorial and include:

- Ongoing negotiations with the NIR team, who have concerns around workload and sustainability with a high on-call frequency.
- Without confirmation of the NIR rota the 24/7 business case cannot be fully completed and approved.
- Incomplete recruitment and rota changes for Anaesthetic and Theatre staff.
- Radiographer shift planning still in progress.
- Operational readiness of overnight theatre and recovery services.

Recent work has focused on the following issues:

- Negotiation with NIRs to facilitate progression to a 24/7 service
- Business case considerations
- Collaborative working across specialties within our own trust (flexible anaesthetic working and theatre scheduling)
- Development of staffing and recruitment plan for anaesthetic cover
- Radiographer shift planning.
- Development of operational readiness of overnight theatre and recovery services.

Collaborative working across LTHTR specialties

The agreement to extend service hours to 22:00 came earlier than anticipated. As a result, Anaesthetic and Theatre teams were required to adapt at short notice. On 13th June 2025, it was agreed that any mechanical thrombectomy cases presenting outside scheduled hours or expected to run beyond 22:00 would be booked as Category 1 in emergency theatres, ensuring optimal use of NIR clinical time.

NIR engagement and Business Case Development

A meeting held on the 27th June with national stakeholders, including the Chair of the United Kingdom Neuro-Interventional Group (UKNG), explored national models for 24/7 service delivery and shared sample rota structures. The NIR team were asked to provide feedback on preferred rota models and job plan implications, with a response received in the week commencing 21st July 2025.

In the response the NIRs have suggested a rota model which would allow for a 24/7 service on a 1 in 8 basis. As the proposal involves modifications to their other duties, this requires evaluation by the Radiology Management Team and further negotiation with the NIRs to ensure the safe and sustainable delivery of all radiology services involving the NIRs. This is expected to be completed by 31st August 2025.

There are currently 6 NIR Consultants in post and a Vascular Interventional Radiologist in upskill training, which will bring the compliment to 7 in 12- 18 months.

The Trust will aim to have the 24/7 service in place by 28th February 2026, with gaps supported with internal and external locum cover until a full complement of staff is achieved.

The Trust acknowledges that any solution must be sustainable and safe and is committed to working with the NIR team to address the impact on other clinical duties.

The business case for 24/7 expansion is being finalised and will include:

NIR job planning

As described above

Radiographer shift planning

Radiographer shift planning is underway with a planned go live date of 28th February 2026. A formal consultation process is in progress and is expected to be completed by 31st October 2025.

Recruitment

Recruitment to both Radiology and Anaesthetic posts is ongoing and is expected to be completed by December 2025.

Progress against these actions will be monitored on a monthly basis by the executive management team and an earlier start date will be considered if possible.

Coroner's concern 2.

There is a lack of understanding from non-stroke specialist clinicians in Lancashire as to when and where thrombectomy services are available for patients in Lancashire.

Response

The Trust acknowledges this concern and has taken steps to improve awareness and clarity across the system. The stakeholder communications policy has been updated to reflect the current operational hours of the mechanical thrombectomy service. This update has been broadened to include non-stroke clinical teams across the region, ensuring that all relevant clinicians are informed of when and where thrombectomy is available.

The updated document was issued on 13th June 2025 and disseminated through formal communications channels, including via Chief Operating Officers in July 2025. The Trust will continue to reinforce the communication and monitor understanding and awareness through feedback mechanisms and will refresh communications as the service evolves.

Coroner's Concern 3.

There is no mutual aid regionally, even where thrombectomy is available, clinically appropriate, it is known lack the procedure is likely to result in death and it is anticipated resources are available to complete the procedure.

Response

The Trust fully recognises the critical importance of regional aid to ensure timely access to thrombectomy for patients in Lancashire and South Cumbria, particularly during the overnight period (22:00–08:00) when local provision is not yet available.

Following receipt of the Regulation 28 notice, the Trust has escalated efforts to establish regional aid arrangements with neighbouring centres. Actions taken include Direct contact by the LTHTR Chief Operating Officer with Salford Royal Hospital, and CEO-to-CEO correspondence issued to both Salford Royal Hospital and The Walton Centre, formally requesting regional support.

Progress to Date:

Salford Royal Hospital responded positively, and a meeting was held on 15th July 2025, with participation from the Northwest Medical Director for Commissioning. This was a constructive discussion that outlined the key requirements and challenges for regional aid.

Key areas discussed included:

- Risk assessment of the impact on Salford's existing services, particularly anaesthetics (who also support major trauma), equipment availability, and the effect of additional out-of-hours activity on daytime elective capacity. LTHTR has provided modelled thrombectomy activity data, estimating an average of 2 cases per week, to support this assessment.
- Assurance that LTHTR is actively progressing toward its own 24/7 service, with a clear implementation plan.
- Referral pathway to be managed via the Stroke team, not directly through the NIR team.
- Access to imaging – discussions are ongoing to ensure timely and secure image sharing.
- Repatriation – LTHTR anticipates no issues with timely repatriation of patient's post-procedure.

The Walton Centre also responded positively on 15th July 2025, and a regional meeting involving all three organisations has been scheduled by 22 August 2025 to progress a coordinated regional aid approach.

The Trust is committed to working collaboratively with regional partners to ensure that no patient is denied access to lifesaving thrombectomy due to geography or time of day. These discussions are being supported at the highest levels and will continue to be prioritised until a formal agreement is in place. Progress against this will be monitored by the Trust Chief Executive on a monthly basis.

Action Plan

Actions outlined above are summarised in Table 1 at Appendix 1.

3.Governance and Risk Management

LTHTR has worked with Governance Teams and Medical Examiners from neighbouring trusts to develop a robust reporting system to ensure that all cases which would have been referred to LTHTR for consideration of thrombectomy out of hours if the service was available, are entered onto incident management systems and communicated across organisations. This allows such cases to be subject to a specialist LTHTR panel review supported by stroke specialists and NIRs to establish the level of harm for each patient and allows for monitoring and reporting to relevant Trust committees.

The absence of a 24/7 thrombectomy service is formally recorded on the Trust Risk Register and is subject to regular review and oversight by the Trust Risk Management Group which is chaired by the Trust Chief Executive Officer.

4.Summary

The current arrangements at LTHTR provide mechanical thrombectomy services to the population of Lancashire and South Cumbria between the hours of 08:00 – 22:00 seven days per week. NHS England has confirmed that the current 7-day, 08:00–22:00 service at LTHTR enables the Northwest region to meet approximately 97% of clinical demand for thrombectomy.

Outside of these hours, owing to the fragility of services and logistical challenges across the North West, there is currently no agreement to provide mutual aid from Manchester or Liverpool. There has been an initial meeting chaired by the Medical Director for North West specialised commissioning at NHS England and a further date has been agreed to discuss progressing this further on 22nd August 2025.

The Trust has issued updated communications regarding current mechanical thrombectomy service hours to all referring organisations across Lancashire and South Cumbria.

A target date of 28th February 2026 has been set for the provision of a 24/7 mechanical thrombectomy service at LTHTR. Once rota and job plans are confirmed with the NIR team, supporting actions across Anaesthetics, Radiography, and Theatres are in place to enable a smooth transition. This date will be brought forward if we are able to recruit suitably trained staff earlier than plan.

The plan outlined will continue to be monitored by the Chief Executive on a monthly basis through the Executive Management Team meeting.

Appendix 1 - Action Plan

Action Plan – Regulation 28 (Thrombectomy service)

Status Key

1	Not complete
2	Actions on track to deliver within timescale
3	All actions complete but awaiting evidence
4	All actions completed and good supporting evidence provided

Version	Updated by	Date
1	[REDACTED] Diagnostics and Clinical Support (DCS)	17/07/2025
2	[REDACTED] Divisional Nurse Director DCS	21/07/2025
3	[REDACTED] Clinical Business manager DCS	21/07/2025

Note: This action plan combines the actions in response to the Prevention of Future death regulation 28 order and the actions agreed with key stakeholders.

Ref	Area of Concern	Key Actions	Lead	Deadline for action	Progress Update	Current Status
						1 2 3 4
1.	1) NHS England national service specifications provide for a 24/7 thrombectomy service which is not currently being delivered in Lancashire and there is no clear plan to deliver that service	Confirm 24/7 Mechanical Thrombectomy Service Start Date within LTHTr	Divisional Management Team (DMT) DCS	31 st August 2025	Target date for implementation confirmed as 28 th Feb 2026	4
		NIR rota and job plan to be developed and agreed	Clinical Director (CD) for radiology	31 st August 2025	Rota model to be finalised to support the planned 28 th Feb 2026 date of 24/7 service provision with NIR's,	2
		Consultation process with Radiography Team to progress to 24/7 service provision	Professional lead for radiology	31 st October 2025	The radiographer shift planning process, along with the corresponding consultation activities, is currently in progress in preparation for the scheduled go-live date on 28 th February 2025	2

Ref	Area of Concern	Key Actions	Lead	Deadline for action	Progress Update	Current Status			
						1	2	3	4
		Agree Consultant Rota and proposed job plans	CD for radiology / DMT DCS	31 st August 2025	Agreement to be reached with the consultant workforce to implement 1:8 rota is currently being negotiated				
		Recruit to vacant Radiology posts	DMT for DCS	31 st December 2025	Recruitment ongoing				
		Recruit to Anaesthetic posts	DMT for Surgery	31 st December 2025	Recruitment ongoing				
2.	There is a lack of understanding from non-stroke specialist clinicians in Lancashire as to when and where thrombectomy services are available for patients in Lancashire	Issue clear procedural communications to key clinical stakeholders	Trust communications team	13 th June 2025	The stakeholder communications policy has been updated to reflect the current operational hours of the Mechanical Thrombectomy (MT) service.				
		Issue follow up communication for assurance through Chief Operating Officers network	Chief Operating Officers (COO) communications	21 st July 2025	Communication issued on 13 th June 2025 and disseminated through formal communications channels via Chief Operating Officers in July 2025.				
3.	There is no mutual aid regionally, even where thrombectomy is available, clinically appropriate, it is known	Initiate COO level contact to seek potential regional support options from Salford.	LTHTR COO	20 th June 2025	Direct contact by the LTHTR Chief Operating Officer with Salford Royal Hospital.				

Ref	Area of Concern	Key Actions	Lead	Deadline for action	Progress Update	Current Status			
						1	2	3	4
	lack the procedure is likely to result in death and it is anticipated resources are available to complete the procedure.	Initiate regional Chief Executive level contact to seek potential regional support options from Salford Royal Hospital and The Walton Centre.	Trust CEO contact	10 th July 2025	CEO-to-CEO. Correspondence issued to both Salford Royal Hospital and The Walton Centre, formally requesting regional support				
		Mobilise initial conversation with Salford Royal Hospital to scope regional aid options	DMT for DCS	15 th July 2025	Meeting held on 15th July 2025 with Salford Royal and participation from the North West Medical Director for Commissioning. Impact assessment for Salford service undertaken.				
		Convene regional stakeholder scoping meeting with Salford Royal Hospital and The Walton Centre	DMT for DCS	By 22 nd August 2025	Agreement for engagement gained – meeting to be convened				