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06 August 2026

Private and Confidential

Dear Assistant Coroner Simblett,

Re: Regulation 28 Report dated 12 June 2026
Inquest touching upon the death of Suzanne Fredericks

Thank you for your Regulation 28 Report dated 12 June 2026.

I write on behalf of Cambridge University Hospitals NHS Foundation Trust ("CUH") and would like to take this opportunity to express my sincere condolences to Suzanne Fredericks' family and partner following her death. CUH is grateful for the care with which the family's concerns were explored during the inquest and has reflected carefully on the evidence heard and the concern identified in the Regulation 28 Report.

The concern identified
CUH agrees with the concern identified by the Learned Coroner, namely the ability of clinicians in non-specialist hospitals to obtain sufficiently up to date blood results when managing transplant patients.

Timely tacrolimus monitoring can be an important part of the safe management of transplant patients, particularly where there is renal dysfunction, liver dysfunction, infection, suspected toxicity, or concern regarding graft function.

In providing its response, CUH wishes to ensure that transplant services and the tacrolimus testing pathway are clearly explained.

CUH's role as the tertiary transplant centre
CUH provides specialist transplant services through the Cambridge Transplant Centre. The Cambridge Biomedical Campus hosts the largest and only comprehensive adult solid organ transplant programme in the United Kingdom. Addenbrooke's Hospital is one of a limited number of liver transplant units in the United Kingdom and provides specialist assessment, treatment, advice and follow up for patients with complex transplant related needs.

Within a local hospital pathway, CUH's role is to provide, when required, tertiary transplant expertise, specialist advice regarding appropriate pre trough tacrolimus levels and, where clinically indicated, achievable and in accordance with the patient's wishes, to work with the general hospital to facilitate transfer.

The Learned Coroner heard evidence of the extensive parallel care Ms Fredericks required from the General Hospital for her acute comorbidities relating to infection, acute kidney injury, dialysis and orthopaedic issues.

The identified concerns

CUH is grateful for the Coroner's careful summary of the evidence at the conclusion of the inquest, noting the Coroner's recognition of the continuing involvement of CUH's transplant team during the relevant period, including the provision of specialist advice, discussions regarding transfer, and the efforts made to support Suzanne Fredericks' care despite clear barriers to engagement.

The concerns in this case relate to the ability of general hospitals to obtain up to date and timely pre trough tacrolimus results.

As the Coroner will be aware, Addenbrooke's Hospital is a tertiary centre and, despite this, it has been named as one of the recipients of the Prevention of Future Deaths Report. Accordingly, and in compliance with Regulation 29 of the Coroners (Investigations) Regulations 2013, CUH provides the following response based on the factual matrix available at the time of the inquest.

The Response

Whilst CUH had the ability to test tacrolimus levels, the samples considered during this inquest were not those for which it was responsible for testing or reporting, save for a single request on 29 October 2024. The laboratory record shows that this request was processed by CUH in a timely manner.

The evidence before the inquest indicated that the General Hospital received tacrolimus results on more occasions than the single occasion on which CUH was involved. It therefore appears that the samples were being sent to another organisation for testing during the relevant period, which is ultimately a matter for the General Hospital and the testing laboratory to assure you accordingly.

Furthermore, CUH does not have the power to compel the General Hospital to send its samples to CUH laboratories to the exclusion of all others.

For these reasons, the identified concern regarding delayed and/or intermittent tacrolimus results is not within CUH's direct control. CUH is therefore not able to ameliorate the risk of death identified in this case. However, CUH recognises the importance of timely tacrolimus monitoring and remains willing to support any wider regional or national work to improve pathways for transplant patients receiving care outside specialist centres.

Conclusion
In CUH's submission, it is not the appropriate organisation to address the risk of death identified by this inquest. Nevertheless, CUH recognises the importance of the issues identified and will continue to engage constructively with the parties identified, NHS England and any relevant regional or national bodies in relation to wider pathway improvement work.

CUH is grateful for the opportunity to respond and remains committed to supporting safe, timely and effective care for transplant patients.
Yours sincerely,

Chief Medical Officer
Consultant Neonatologist and with PaNDR
Cambridge University Hospitals NHS Foundation Trust