



Department
of Health &
Social Care

*From Helen Whately MP
Minister of State for Care*

39 Victoria Street
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[REDACTED]

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

03 June 2021

Dear Ms Mutch,

Thank you for your letter of 11 February 2021 about the death of Ruth Jones. I am replying as the Minister with responsibility for adult social care and I am grateful for the additional time in which to do so.

I would like to begin by saying how saddened I was to read the circumstances of Mrs Jones's death and I offer my condolences to her family.

I can appreciate how deeply upsetting it must be for her family that they were unable to accompany Mrs Jones to hospital during the emergency period of the COVID-19 pandemic. I understand your concern about the potential impact this could have on outcomes for vulnerable people if hospital clinicians have reduced information available to them.

Patient safety is our top priority, which is why the NHS has stringent infection control measures in place to prevent the spread of coronavirus to vulnerable hospital patients. This includes managing visits in a safe and COVID-secure way.

However, the Government also recognises the importance of being able to visit family, friends and loved ones in hospital.

At the time of Mrs Jones's admission to hospital in June 2020, guidance issued by NHS England limited the number of visitors at the bedside to one close family contact or somebody important to the patient. However, where it was possible to maintain social distancing throughout a visit, a second additional visitor was permitted in certain circumstances; including a family member for individuals receiving end-of-life care.

On 16 March 2021, NHS England and NHS Improvement revised its guidance on how NHS organisations may choose to facilitate visiting across healthcare inpatient, outpatient and diagnostic service settings during the COVID-19 pandemic. Careful visiting policies remain appropriate while coronavirus continues to be in general circulation, and the

number of visitors at the bedside is limited to one close family contact or somebody important to the patient. Organisations can exercise discretion where COVID-19 rates are higher, and the health, safety and wellbeing of patients, communities and staff remains the priority.

I am informed that the response you have received from the Care Quality Commission (CQC), explains that the Beeches Care Home, where Mrs Jones resided, participates in the 'red bag' scheme¹, a national initiative to support the provision of important information when a person with social care needs transitions between inpatient hospital settings and community or care homes. This includes a 'hospital passport', which contains information about an individual's support needs, risk and medications. I understand that a 'hospital passport' accompanied Mrs Jones when she was transferred to hospital.

In addition, I am advised that all care homes within Tameside and Glossop have access to a digital health service that aids communication between the care homes, the acute hospital and GPs, enabling care homes to share information about individual care home residents that may have been transferred to a different care setting.

You may also wish to note that guidance in April 2020, *Coronavirus (COVID-19): admissions and care of people in care homes*², contained a link to RESTORE2³, a physical deterioration and escalation tool for care and nursing homes, as well as guidance on managing COVID-19 in care homes, published by the British Geriatrics Society⁴. These sources provide clear guidance on the importance of providing a concise escalation history to health professionals to support their professional decision making, and advance care planning. Reference is also made in the guidance to Enhanced Health in Care Homes⁵, a new, proactive model of care, centred on the needs of the individual.

Departmental officials will take action to highlight the links to RESTORE2 and the British Geriatrics Society guidance more explicitly within the *Coronavirus (COVID-19): admissions and care of people in care homes* guidance to raise greater awareness and reduce future challenges faced by clinicians supporting care homes.

In relation to the guidance that is available to care homes on safely managing residents at risk of falls who are advised to self-isolate, since the start of this pandemic, the Department has worked closely with the social care sector, along with public health experts, including Public Health England (PHE) and NHS England and NHS Improvement (NHSEI), to put in place guidance and support for adult social care.

Our priority for adult social care is for everyone who relies on care to continue getting the care they need throughout the COVID-19 pandemic. COVID-19 continues to present an unprecedented challenge for social care.

Under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014⁶, care homes have a statutory duty to ensure safe care and treatment for service users. This includes assessing the risks to the health and the safety of service users in a manner that is reasonably practicable to mitigate any such risks.

Extensive guidance is available on best practice on safely managing residents at risk of falls. Specifically, the guidance *Falls and Fractures: applying All Our Health*⁷ (which includes links to NICE standards), should continue to be followed at all times, including during the COVID-19 outbreak. This guidance was last updated in January 2020.

As mentioned earlier in this response, in April 2020, we published *Coronavirus (COVID-19): admissions and care of people in care homes*, which was co-produced with PHE, CQC and NHSEI, to provide guidance to care homes on self-isolation of care home residents. The guidance reiterates the need for care homes to carry out their own risk assessments when considering the implications of the guidance. Departmental officials will take action to include a link within this guidance to the Falls and Fractures guidance. The Department will also seek further clarification from PHE and NHSEI of any adjustments that the Falls and Fractures guidance might require when care home residents are self-isolating.

I hope this response is helpful. Thank you for bringing these concerns to my attention.

A handwritten signature in blue ink, appearing to read 'Helen Whately', with a large, sweeping flourish at the end.

HELEN WHATELY