



Department
of Health &
Social Care

*From Nadine Dorries MP
Minister of State for Patient Safety,
Suicide Prevention and Mental Health*

*39 Victoria Street
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Derek Winter DL
HM Senior Coroner, Sunderland
The Coroner's Office
Sunderland Civic Centre
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23 August 2021

Dear Mr Winter,

Thank you for your letter of 19 May 2021 about the death of Richard Burgess. I am replying as Minister with responsibility for mental health and I am grateful for the additional time in which to do so.

Firstly, I would like to say how saddened I was to read of the circumstances of Richard Burgess's death, and I offer my sincere condolences to his family and loved ones. The circumstances your report describes are very concerning and I am grateful to you for bringing these matters to my attention.

In preparing this response, enquiries have been made with NHS England and NHS Improvement and their regional and local partners, and the Care Quality Commission (CQC).

You raise a number of concerns in your report that I will address in turn.

Ensuring that we have a workforce that has the right values, skills and knowledge, is essential to providing a high-quality service for all those who have need of care services, including those living with dementia. This is why the Department continues to commission and fund a range of training opportunities and other programmes to help recruit people into the sector and develop career pathways, and to support staff to progress to more senior management and leadership roles.

In addition, we want all relevant staff to have received appropriate dementia training. The requisite training needs are set out in the Dementia Training Standards Framework (Framework), which includes the competencies expected of staff across three tiers of training. There is particular focus on person-centred care within the Framework and in relation to training, the existing knowledge and competencies required are covered at Tier 1 (Care Certificate), and Tier 2 of the Framework, and in a number of places, for example:

- Section 3.4 Care Certificate - makes reference to staff needing to be able to "Deal with Incidents, errors and near misses", and

- Section 4 - refers to “understanding the importance of clear documentation to communicate the care needs of the person with dementia”.

Awareness of the different types of dementia and associated symptoms are covered in Section 1 the Framework, such as - dementia awareness; know what is meant by the term dementia; and understand the importance of recognising a person with dementia as a unique individual.

Since 1 April 2015, newly appointed health care assistants and social care support workers, including those providing care to people with dementia and their carers, have been undergoing training as part of the national implementation of the Care Certificate.

Good progress has been made to date in training the social care workforce, with around half of those estimated to require Tier 2 level training, having undertaken training to a level equivalent to it. The Department is currently exploring options for increasing uptake of Tier 2 training by everyone who needs it, and in March 2019, the Minister for Care co-signed a letter with the Chief Executive Officers of Skills for Care and Health Education England which was circulated to health and care organisations highlighting the importance of training.

In relation to the provision of person-centred dementia care, that takes account of individual needs and risks, and uses detailed assessment and dynamic, proactive approaches to care, you may wish to note that the Care Act 2014 promotes a personalised approach to safeguarding which should be person-centred and outcome-focused. Care providers should carry out appropriate assessments, and work with the individual to safeguard them in a way that promotes choice and improves quality of life, whilst also keeping them safe from abuse and neglect.

In relation to the assessment of patients specifically, the Care Act 2014, sets out statutory guidance on how individuals should be involved in assessments. It makes it clear that from their very first contact with the local authority, people must be given as much information as possible about the assessment process, as early as possible, to ensure a personalised approach. The process must be person-centred throughout, involving the person and supporting them to have choice and control. This might range from offering guidance and information to arranging for services to meet those needs.

Where a person may have difficulty engaging with care and support or safeguarding processes, advocacy services are available to assist a person to understand how their needs can be met by the local authority or otherwise. This includes understanding how a care and support plan can be personalised and tailored to meet specific needs.

The Care Act 2014 also requires each local authority to set up a Safeguarding Adults Board (SAB) in order to provide assurance that local safeguarding arrangements and partners are acting to help and protect adults who they suspect are at risk of abuse or neglect. Adult Safeguarding Boards have the authority to carry out a Safeguarding Adult Review (SAR), which should be undertaken in instances when serious abuse, neglect or a fatality has occurred and there is concern that providers could have worked more effectively to have better protected the vulnerable adult.

If it has not done so already, the relevant SAB should consider if it is appropriate to undertake a SAR in relation to Mr Burgess' death. The aim of the SAR should be to identify the lessons to be learnt from Mr Burgess's death and apply those lessons to future cases. This is essential in promoting effective learning and preventing future deaths or serious harm occurring again.

As the independent regulator of social care, the CQC monitors, inspects and regulates services to make sure they meet fundamental standards of quality and safety. Person-centred care is a fundamental standard, and personalised care plans are a key element in ratings of provider responsiveness. The CQC considers how comprehensive plans are, staff awareness of plans and how the needs, goals and preferences of users are considered.

The CQC also monitors how well registered providers are protecting people from harm. As part of its regulatory approach to registering, monitoring, inspection and enforcement, the CQC checks that care providers have effective systems and process in place to keep people safe from abuse and neglect. The CQC will respond as appropriate to identified risks within a registered provider and act promptly on safeguarding concerns identified through its monitoring or inspection functions. The CQC will raise concerns with the provider, seek assurance that people are protected from further harm and, where necessary, raise safeguarding concerns with the local authority, clinical commissioning groups and the police.

In addition, Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, details the actions that providers must take to ensure that each person receives appropriate person-centred care and treatment that is based on an assessment of their needs and preferences. Providers must work in partnership with users, make any reasonable adjustments and provide support to help them understand and make informed decisions about their care and treatment options, including the extent to which they may wish to manage these options themselves.

Providers must also work within the requirements of the Mental Capacity Act 2005, which includes the duty to consult others such as carers, families and/or advocates where appropriate.

In summary, we recognise that personalised care is vital to those people that need care and support. It has demonstrated the ability to improve outcomes and enhance quality of life, enabling people to take control and responsibility for the things that are important to them as well as the care they need. Work is underway to deliver more person-centred, co-ordinated social care, that is responsive to individual needs, promotes choice, and maintains independence.

Promoting integrated care is a priority for this Government and our aim is to join-up care around a person's needs so that, from their perspective, the experience of care is seamless. The proposals in the Health and Care Bill, such as "Integrated Care Systems", will help to address the barriers which prevent effective join-up between health and social care services and support local systems to implement solutions that work best for them and the individuals they support.

Finally, I expect the Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust to reflect on the findings of your investigation, and take appropriate action to strengthen and improve services. I am aware that the Trust has provided a response explaining the action it has taken following Mr Burgess's death, particularly in relation to the way patient care is reviewed and monitored. I understand that the Trust's strengthened review process now provides a more detailed analysis on each patient, which will assist multi-disciplinary teams to effectively plan care for dementia patients.

I hope the above response is helpful and provides the necessary information to address your concerns.



NADINE DORRIES

**MINISTER OF STATE FOR PATIENT SAFETY, SUICIDE PREVENTION
AND MENTAL HEALTH**