Department of Health & Social Care

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

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Your Ref: 313783
Our Ref: PFD-1219888

Ms Alison Patricia Mutch
HM Senior Coroner, Manchester South
HM Coroner's Court
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24 July 2020

Dear Ms Mutch,

Thank you for your letter of 27 April 2020 to Matt Hancock about the death of Evelyn Ross. I am replying as Minister with responsibility for patient safety.

Firstly, I would like to say how saddened I was to read of the circumstances of Mrs Ross's death and I extend my sincere condolences to Mrs Ross's family and loved ones on their loss. It is important that we take the learnings from Mrs Ross's death so that people continue to receive the highest quality care from the NHS.

Your report raises several matters of concern relating to the care received by Mrs Ross while at the Trafford General Hospital. I am advised that the Manchester University NHS Foundation Trust has provided a detailed response in relation to these concerns. I understand this includes information about the improvement in nurse staffing levels; the Trust's hospital discharge, falls management and clinical record policies; and arrangements for the review of patients by consultants in the Care of the Elderly.

My response will focus on the actions being taken at a national level that are relevant to the concerns you have raised about the nursing workforce, falls prevention and delayed transfers of care.

Individual NHS Trusts are responsible for the number and type of staff they employ and they must ensure that there are sufficient staff and that those staff are trained and competent to carry out their duties. This applies equally to the usage of agency staff, which is a local decision for individual employers.

At a national level, it is acknowledged that whilst the deployment of a flexible workforce is an important element of efficiently running the NHS, recruitment agencies are expensive, and it is crucial that we continue to reduce unnecessary expenditure on agency staff in the NHS. In 2015, the then Secretary of State, Jeremy Hunt, announced the introduction of several measures to reduce agency spend, including price caps, procurement frameworks and expenditure ceilings.

We recognise that to fully eliminate unnecessary agency spending, the Department and the NHS need to support trusts in developing a viable alternative source of flexible staffing in the form of in-house Staff Banks. Having reduced the rate of agency spending, we are now entering a new phase of work, focusing on the creation and improvement of staff banks, wherein existing NHS staff, who choose to work flexibly, can do so through an NHS owned bank, as opposed to a privately-owned agency. In the context of staff shortages in the NHS, in-house staff banks, and especially collaborative banks, create a larger pool of flexible staff, ensuring better quality and continuity of care, and reducing unnecessary agency spending by avoiding expensive commission.

In terms of the health and care workforce overall, Health Education England (HEE) provides leadership for the education and training system at a national level. HEE ensures that the workforce has the right skills, behaviours and training, and is available in the right numbers.

The NHS published the Interim People Plan[1] in June 2019 that sets out the long-term vision and immediate actions to meet the challenges of workforce supply, reform, culture and leadership. Publication of the final NHS People Plan has been deferred so that the NHS is able to devote its full operational effort to the COVID-19 response. However, when published, the final NHS People Plan will set out further actions to secure the NHS staff we need in the future.

Ensuring the NHS has the staff it needs, especially our nursing staff who are the absolute bedrock of the NHS and care system is, and will remain, a priority for the Government. We are making progress on this and at a national level we have seen an increase of 19,398 (6.9per cent) since March 2010 in the number of nurses and health visitors to March 2020

However, we of course accept we need to do more and that is why on 18 December 2019, the Government announced a commitment to deliver 50,000 more nurses in our NHS by 2025. We will do this through a combination of investing in and diversifying our training pipeline, as well as recruiting and retaining more nurses in the NHS.

This Government has already taken steps to deliver this commitment through our recently announced financial support package for eligible students. Eligible pre-registration nursing, midwifery and most allied health professional students on courses at English universities from September 2020 will benefit from grants of at least £5,000 per academic year. There will be up to £3,000 additional funding for some students to help with childcare costs or who choose to study in regions or specialisms struggling to recruit, including with priority given to shortage groups that are key to delivering the NHS Long Term Plan[2]. None of this funding will have to be paid back.

In relation to the delay experienced by Mrs Ross who, you explain in your report, was clinically ready to leave hospital but could not until care arrangements were in place, we are clear that no one should stay in hospital longer than necessary. Doing so removes

[1] https://www.longtermplan.nhs.uk/wp-content/uploads/2019/05/Interim-NHS-People-Plan_June2019.pdf

[2] https://www.longtermplan.nhs.uk/

people's dignity, reduces their quality of life, leads to poorer health and care outcomes and is more expensive for the taxpayer. For older people in particular, longer stays in hospital can lead to worse health outcomes and can increase their long-term care needs. We know that for people aged 80 years and over, ten days in a hospital bed equates to ten years of muscle wasting.

Despite the NHS being busier than ever before, with hospital admissions rising by 18 per cent from 2009/10, the majority of patients are discharged quickly. The average length of stay has fallen from 5.6 days in 2009/10 to 5.0 days in 2018/19. The NHS and social care services have been working hard to reduce delays and free up beds and since February 2017, 1,798 beds per day have been freed up nationally by reducing NHS and social care delays.

It is the responsibility of the NHS and its local partners, including social service departments, to ensure that no patient remains in a hospital bed for longer than clinically necessary and that any ongoing care and support can begin promptly. Discharge arrangements from hospital should start before a patient is ready for discharge and the hospital should involve local social services at the earliest opportunity to plan post-discharge care and avoid delays.

The NHS Long Term Plan commits funding worth £4.5billion per year by 2023/24 to be focused on primary and community care. This includes a national roll-out of support for care home residents so more can be looked after where they live. The NHS also aims to place therapy and social work teams at the beginning of the acute hospital pathway, setting an expectation that patients will have an agreed clinical care plan within 14 hours of admission, including an expected date of discharge.

During the COVID-19 pandemic, we are supporting health and care organisations to ensure we have the capacity to meet the needs of people affected by the virus. The COVID-19 Hospital Discharge Service Requirements published on 19 March are helping to reduce the friction surrounding funding decisions and assessments and focus on getting people out of hospital with the right support as soon as they are medically fit. We have made £1.3 billion funding available via the NHS to help patients who no longer need urgent treatment to get home from hospital safely and quickly. This funding will cover the follow-on care costs for adults in social care, and people in need of additional support, when they are out of hospital and back in their homes, community or care settings, during the pandemic.

Finally, with regard to falls prevention, the National Institute for Health and Care Excellence (NICE) has published a clinical guideline on *Falls in older people: assessing risk and prevention* (CG161[3]) that includes guidance on preventing falls in older people during a hospital stay. The guideline says:

> *1.2.2.1 Ensure that aspects of the inpatient environment (including flooring, lighting, furniture and fittings such as hand holds) that could affect patients' risk of falling are systematically identified and addressed*

[3] https://www.nice.org.uk/guidance/cg161

This recommendation would apply to wards, toilets and other parts of the hospital. The guideline recommends that for patients at risk of falling in hospital, an assessment of the patient's individual risk factors should be conducted and where necessary, appropriate intervention put in place. NHS trusts are expected to take account of NICE guidelines when planning care.

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

NADINE DORRIES