



Department
of Health &
Social Care

From Edward Argar MP
Minister of State for Health

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Your Ref: 1629209
Our Ref: PFD-1239582

Ms Alison Patricia Mutch
HM Senior Coroner, Manchester South
HM Coroner's Court
1 Mount Tabor Street
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23rd September 2020

Dear Ms Mutch,

Thank you for your letter of 13 July 2020 to Matt Hancock about the death of John Cheetham. I am responding as Minister with portfolio responsibility for NHS operational performance, including emergency care and winter planning and I am grateful for the additional time in which to do so.

Let me start by offering my sincere condolences to Mr Cheetham's family and loved ones. I was very saddened to read about the circumstances of Mr Cheetham's death. The length of time Mr Cheetham spent in the emergency department at Stepping Hill Hospital, Stockport is clearly unacceptable and his fall and the injuries he sustained there, are deeply regrettable. It is important that we take the learnings from Mr Cheetham's death to improve the safety and quality of NHS care.

My officials have made enquiries with the Care Quality Commission (CQC), the independent regulator of quality, and NHS England and NHS Improvement (NHSEI) and I am aware that regulatory action was taken by the CQC following an inspection at Stepping Hill Hospital in January and February this year. The CQC's inspection looked at urgent and emergency services, among other services, and identified significant concerns similar to those identified in your investigation of Mr Cheetham's death. The CQC found that people were not always kept safe and were at high risk of avoidable harm during periods of heavy demand on urgent and emergency care services. Emergency care was consistently unable to be provided in a timely way; and there were significant issues with the flow of patients through the emergency department and the Hospital. The report of the CQC's inspection is available on its website¹.

It is essential that health system partners in Stockport take the necessary action, quickly, to respond to these findings and improve the safety and quality of urgent and emergency services in Stockport.

¹ <https://www.cqc.org.uk/provider/RWJ>

I am advised that following the CQC's inspection, health system partners in Stockport formed a system improvement board, that has representation from CQC and NHSEI, to oversee the implementation of an improvement plan to address the concerns identified. I expect this work to also take into account the findings of your investigation into Mr Cheetham's death. My officials have brought the concerns in your report to the attention of NHSEI and the CQC.

I am assured that progress is being closely monitored by the Trust Board and that the CQC is also monitoring progress and conducted a follow up inspection in August 2020.

I would like to explain the national level action we are taking to support the NHS to respond to the year-on-year increase in demand on NHS services and in particular, alleviate the impact of increased activity in the winter.

In 2019/20, this involved continued work to tackle both the increases in demand in urgent and emergency care and to ensure patients receive the quality of care they need and expect in a timely and safe manner. For example, the continued roll out of Urgent Treatment Centres, offering a consistent service to patients and introducing the ability to book appointments through NHS 111, as well as initiatives such as Same Day Emergency Care, to reduce non-elective admissions to hospital.

This year, we have provided an extra £3billion to alleviate the particular challenges brought by the Covid-19 pandemic ahead of winter and are maintaining the Nightingale Hospitals and their surge capacity, as well as the NHS's use of independent sector hospital capacity.

Other elements of the NHS winter plan for 2020/21 include 'NHS 111 First' which will provide low complex care digitally and ensure those who need more care can receive it in the right setting more quickly, rather than waiting in A&E².

NHS Trusts across England, including the Stockport NHS Foundation Trust, will receive a share of £300million additional capital funding to upgrade their facilities ahead of this winter and ensure the NHS is prepared to cope with winter pressures and reduce the risks associated with further outbreaks of Covid-19.

The NHS Long Term Plan³, published in January 2019, is supporting the reform of urgent and emergency care services to ensure that patients get the care they need quickly, relieve pressure on A&E departments, and manage winter demand spikes. The NHS Long Term Plan is supported by an NHS budget increase of £33.9billion in cash terms by 2023/24.

This year we made £1.3billion funding available via the NHS to support the hospital discharge process in March. As part of the £3billion funding for winter, an extra £588million has been confirmed to continue enhanced discharge arrangements over winter and maintain the safe and timely discharge of patients from hospital.

² <https://www.england.nhs.uk/urgent-emergency-care/nhs-111/next-steps-for-nhs-111/>

³ <https://www.longtermplan.nhs.uk/>

We know that adult social care capacity can become increasingly pressured over the winter months and this can have a knock-on effect on NHS hospitals. It is important that suitable packages of care are available to ensure that patients who are medically fit to be discharged are able to return home and into their communities. This frees up hospital beds and ensures that people who really need hospital care, receive it.

Despite the fact that the NHS is busier than ever before, with hospital admissions rising by 18 per cent from 2009/10, the majority of patients are discharged quickly. Both the NHS and social care services have been working hard to reduce delays and free up beds.

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 well before a patient is actually 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 £4.5 billion 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 people 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.

In relation to the matter of concern in your report about a shortage of nurses trained to work in emergency departments, I would like to assure you that 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 this Government. That is why we made our manifesto pledge to deliver 50,000 more nurses in our NHS by 2025, which we will achieve through a combination of investing in and diversifying our training pipeline, as well as recruiting and retaining more nurses in the NHS.

In relation to emergency nursing specifically, the Health Education England (HEE) '*Securing the Workforce strategy*'⁴, confirmed that the emergency department registered nursing workforce had grown by 17 per cent, from 12,491 to 14,613 WTE between 2012 and 2017. More recent figures show that between March 2019 and March 2020 there was a 7.2 per cent increase in the number of full-time equivalent nurses working in A&E⁵. However, we know that attendances and admissions have continued to rise, as has the overall complexity of the needs of patients.

⁴ https://improvement.nhs.uk/documents/1826/Emergency_department_workforce_plan_-_111017_Final.3.pdf

⁵ Figures published by NHS Digital in its NHS Workforce Statistics publication show the number of full time equivalent (FTE) nurses reported as having the Area of Work 'A&E' at March 2020 was 15,593, an increase of 7.2 per cent from March 2019. This includes paediatric A+E nurses. <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics/march-2020>. Note the definition used for A&E staff by HEE is not consistent with the definition used to present changes over the past year.

Emergency Nursing is a post graduate career choice, and while there is no NMC⁶ mandated post graduate education for nurses who choose to work in emergency departments, HEE supports post graduate learning through the Workforce Development and Workforce Transformation Funding and more recently with increased Continuing Professional Development allocations of £1,000 per registrant over three years.

In addition, HEE has worked with the Royal College of Emergency Medicine to develop an education and training pathway to credential advanced practitioners alongside masters' level education and standardise the development pathway for more senior nurses in the emergency department.

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* (CG161⁷) 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

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 your concerns to my attention.

Jan Smith,
Edward Argar

EDWARD ARGAR MP

⁶ Nursing and Midwifery Council.

⁷ <https://www.nice.org.uk/guidance/cg161>