



Department
of Health &
Social Care

From Edward Argar MP
Minister of State for Health

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Your Ref: [REDACTED]

Our Ref: [REDACTED]

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

10th December 2020

Dear Ms Mutch,

Thank you for your letter of 30 September to Matt Hancock about the death of Joseph Michael Cheetham. I am replying as Minister with responsibility for NHS operational performance, including emergency care and winter planning and I am grateful for the additional time in doing so.

Firstly, I would like to offer my sincere condolences to Mr Cheetham's family and loved ones. I was very saddened to read about the lengthy delay Mr Cheetham experienced at the Emergency Department at Stepping Hill Hospital, Stockport, and that a package of care to support his discharge from hospital was not available once Mr Cheetham was medically ready. This falls short of the high standards of care we expect from the NHS and that the NHS strives so hard to deliver and it is important that we take the learning from Mr Cheetham's experience to improve the quality and safety of NHS care.

I am aware that this is the fourth Prevention of Future Deaths (PFD) report you have issued raising concerns about bed capacity and patient flow at the Stockport NHS Foundation Trust over the 2019/20 winter period. It is clear that the Trust and its local system partners must reflect carefully on the findings of your investigation and take the necessary action, quickly, to improve the safety and quality of urgent and emergency services in Stockport.

As you will know from my response to previous PFD reports raising these concerns, regulatory action was taken by the Care Quality Commission (CQC) following an inspection at Stepping Hill Hospital in January and February 2020. 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.

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 NHS England and NHS Improvement (NHSEI), to oversee the implementation of an improvement plan to address the concerns identified. I expect this work to take into account the findings of your investigation into Mr Cheetham's death and my officials have brought the concerns in your report to the attention of CQC and NHSEI.

I am assured that progress is being closely monitored by the Trust Board and that the CQC is also monitoring progress with a follow up inspection conducted in August 2020. Furthermore, I am informed that the issues at Stockport NHS Foundation Trust have been escalated within NHSEI national governance structures, including to the Executive Quality Group (EQG), chaired by Stephen Powis, National Medical Director, and Ruth May, Chief Nursing Officer, and the Joint Strategic Oversight Group with senior representation from the CQC. I am advised that progress is regularly monitored.

At a national level, I would like to explain the action we are taking to support the NHS 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.

A further £2.7billion will go directly to local NHS systems as part of their block contracts for the second half of this year.

Other elements of the NHS winter plan for 2020/21 include the expansion of NHS 111 to support patients who need urgent care advice and direct them to the right service more quickly, rather than waiting in A&E².

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

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

NHS Trusts across England, including the Stockport NHS Foundation Trust, will receive a share of £450million 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. Stepping Hill Hospital, Stockport is being allocated £3,611,000 of this funding to upgrade its emergency department.

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 was confirmed to continue enhanced discharge arrangements over winter and maintain the safe and timely discharge of patients from hospital.

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. We also recognise that staying in hospital when patients are fit to leave can impact on wellbeing and affect people's prospects of regaining the level of health and independence they had before admission.

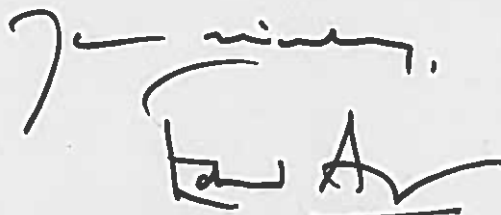
Despite the fact that the NHS is busier than ever before, with hospital admissions rising by 18 per cent from 2009/10, the majority of patients are discharged quickly. Both the NHS and social care services have been working hard to reduce delays and free up beds.

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. NHS providers are expected to begin planning for a person's discharge at the point of admission, which should include practical arrangements, care requirements and where the person is being discharged to. 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 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.

³ <https://www.longtermplan.nhs.uk/>

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

A handwritten signature in black ink, appearing to read 'Edward Argar', written in a cursive style.

EDWARD ARGAR MP