Department
of Health &
Social Care

From Maggie Throup MP
Parliamentary Under Secretary of State for Vaccines and Public Health

39 Victoria Street
London
SW1H 0EU

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

8th October 2021

Dear Ms Mutch,

Thank you for your letter of 10 June 2021 to the Secretary of State for Health and Social Care about the death of Clive Edward Rivers. I am replying as Minister with responsibility for Covid-19 vaccine deployment and I am grateful for the additional time in which to do so.

Firstly, I would like to say how deeply sorry I was to read the circumstances of Mr Rivers' death. I can understand how deeply upsetting losing a loved one in such circumstances during the emergency period of the COVID-19 pandemic must be and I offer my most heartfelt condolences to Mr Rivers' family and loved ones.

In preparing this response, Departmental officials have made enquiries with NHS England and NHS Improvement (NHSEI), to which you also issued your report. I will address each matter of concern in turn.

In relation to your concern about the availability of Covid-19 vaccinations for hospital inpatients' with increased clinical risk factors, it may be helpful if I explain that in determining vaccine prioritisation, the Government takes advice from the Joint Committee on Vaccination and Immunisation (JCVI), which is the independent body made up of scientific and clinical experts who advise the Government on which vaccines the United Kingdom should use and provides advice on prioritisation at population level.

The Government's priority for the first phase of the COVID-19 vaccination programme was to reduce COVID-19 mortality and protect health and social care staff and systems. This position was informed by the JCVI's advice on prioritisation, which the Government accepted.

For the first phase, the JCVI advised[1] that the vaccine be given to care home residents and staff, as well as frontline health and social care workers, followed by those aged 50 and

[1] Priority groups for coronavirus (COVID-19) vaccination: advice from the JCVI, 30 December 2020 - GOV.UK (www.gov.uk)

above, in order of age and clinical risk factors. Included in this, were those with underlying health conditions, which put them at higher risk of serious disease and mortality.

Anyone in hospital and falling within the JCVI's recommended groupings being invited for vaccination, would be eligible for the vaccine, subject to a clinical assessment of suitability on a case by case basis and local operational policies. While there is no national guidance preventing hospitals from vaccinating hospital inpatients, operational decisions on who to offer a vaccine to, and in what settings, are made locally, and in the context of the JCVI's advice.

For individuals who are acutely unwell, the JCVI guidance, as stated in Chapter 14a of the Greenbook, advises against vaccination during acute illness. If an individual has been infected by COVID-19, then they should be clear of COVID-19 infection prior to vaccination. This guidance has been in place since November 2020 and has remained unchanged.

In relation to Mr Rivers' discharge from hospital, I would like to assure you that it is our priority to ensure that everyone receives the right care, in the right place, at the right time. This includes ensuring that people are discharged safely from hospital to the most appropriate place, and that they receive the care and support they need.

Daily morning board rounds to review every person and make decisions, informed by the criteria to reside, are the foundation for avoiding delays and improving outcomes for individuals. Transfer from the ward to a dedicated discharge area should happen promptly.

The criteria to reside tool[2] equips clinical teams to have discussions and make decisions about whether a person needs to stay in an acute bed to receive care. This should then lead to a plan concerning the resources and services required to support a safe and timely discharge of that person if they no longer need the support and services of an acute hospital.

When patients are discharged from hospital needing support to recover at home, rehabilitation or short term care, or care in a residential setting, our discharge guidance[3] sets out that NHS organisations must work closely with adult social care colleagues, the care sector and the voluntary sector to arrange this care. Our guidance also sets out the importance of local authority and adult social care staff working closely with hospital staff to make arrangements to support safe and timely discharge. All patients (or their representative or advocate if they lack capacity) should be given information and advice when discharged, including who they can contact if their condition changes, how their needs will be assessed and the follow up support they will receive.

People should expect to receive high quality personalised care including regular updates and sharing of information about the next steps in their care and treatment. This should include joint decision-making processes and clarity on plans for the person's post-discharge care.

---

[2] Hospital discharge and community support: policy and operating model - GOV.UK (www.gov.uk)

[3] Hospital discharge and community support: policy and operating model - GOV.UK (www.gov.uk)

At system level, a ‘transfer of care hub’ should be in place (physically or virtually) to ensure that all relevant services can be linked in order to provide appropriate care and support. Transfer of care hubs will ensure information essential to the continued delivery of care and support is communicated and transferred to the relevant heath and care partners on discharge (including the outcome of the last COVID-19 test for that person, where relevant).

Under the discharge pathways, all persons leaving hospital should receive a holistic welfare check to determine the level of support, including non-clinical factors like their physical, practical, social, psychological and financial needs. The recovery and support provided post-discharge (including rehabilitation and reablement services) aims to help people return to the quality of life they had prior to their most recent admission.

Every person who is discharged on pathways 1 to 3 should have an allocated case manager who will closely monitor and review progress to ensure the individual receives appropriate care without delay and that there is no delay in assessing and planning for any long-term support as soon as it is possible to form an accurate picture of likely need and options following a period of recovery after discharge.

It is vitally important that local organisations and system-level leaders reflect carefully on, and take learnings from, the circumstances of deaths related to the Covid-19 pandemic, such as that of Mr Rivers, and I am grateful to you for bringing these concerns to my attention. It is right that there is an active and continuous process of learning, adapting and responding to the challenges of the Covid-19 pandemic and you will know that the Prime Minister has announced that there will be a full statutory inquiry into the Government’s response to the Covid-19 pandemic, beginning in Spring 2022, to identify national learnings.

I am advised that the NHS in Greater Manchester has looked carefully at how Mr Rivers became infected with Covid-19 as well as the circumstances of his discharge from hospital, which I understand was explained in evidence to the inquest into his death.

Finally, you may wish to note that my officials have shared your report with the Care Quality Commission, the independent regulator for quality, and with the Healthcare Safety Investigation Branch (HSIB) to support its intelligence monitoring of patient safety risks. The HSIB conducts national patient safety investigations where certain criteria are met.

I hope this response is helpful.

MAGGIE THROUP