



Department
of Health

From the Rt Hon Jeremy Hunt MP
Secretary of State for Health

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Nigel Meadows
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13 FEB 2014

Dear Mr. Meadows,

Thank you for your letter about the inquest into the death of Stephanie Daniels.

Your report gives a comprehensive account of the circumstances surrounding Ms Daniel's death by suicide and highlighted a number of policy and procedural issues for the Manchester Health and Social Care Trust (MHSC) to address, including supervision of junior staff, handover and the performing and recording of observations on patients at risk of suicide.

I expect all healthcare professionals working in local Trusts to be fully trained and aware of the existing protocols in their local Trust. It is for local healthcare organisations to ensure that all staff are trained to the appropriate standard.

As many of the concerns you raise are issues to be dealt with at Trust level, I have ensured that your concerns have been sent to the National Trust Development Authority (NTDA) which provides support, oversight and governance for all NHS Trusts. The NTDA is in contact with MHSC Trust and has received an action plan which seeks to address the points you have raised.

Your report stated that there should be no waiting time for the allocation of a bed in the case of a patient who is clinically deemed to need one. As the evidence given by the Clinical Commissioning Group in this case stated, this should already be the case. We are clear that acute beds must always be available for people who need them.

The total number of designated mental health beds in England is around 22,000. This includes many different types of mental health bed: from high secure beds in special hospitals to psychiatric intensive care, open rehabilitation beds and recovery houses.

Providers also have a responsibility to listen to patients and offer care in the community as well as in hospitals when appropriate. The right mix of these beds, and of services that can be delivered in out-patient and non-residential community settings or in people's homes will vary by area and population.

In-patient beds are not always the best place for people with an acute mental health problem. There is a general move in mental health services to provide safe, evidence-based alternatives to in-patient beds in the form of intensive community treatment teams. This has led to reductions in admissions, and, most importantly, enabled patients to be treated closer to home - where most want to be.

I do hope that this response is helpful and I am grateful to you for bringing this issue to my attention.

Yours sincerely

A handwritten signature in black ink, appearing to read "Jeremy Hunt". The signature is written in a cursive style with a horizontal line underneath the name.

JEREMY HUNT