

Chris Morris
HM Coroner Manchester South
Coroner's Court
1 Mount Tabor Street
Stockport
SK1 3AG



7th May 2019

Dear Sir,

Re: Nathan Mooney – Regulation 28 Report response

I write in response to your letter of 26 February 2019 addressed to [REDACTED] relating to your report made under the Coroners (Investigations) Regulations 2013 ("the Regulations").

As a recipient of the report, Health Education England (HEE) acknowledges its duty under regulation 29 of the Regulations to give a response to your report, with details of any action that has been taken or which it is proposed will be taken, or an explanation as to why no action is proposed.

Upon reading your report, it is noted that you raise concerns about the care Mr Mooney received at Tameside General Hospital prior to his death in May 2017. Specifically, you reference evidence given during your inquest regarding Tameside Integrated Care NHS Foundation Trust's medical workforce and measures which could alleviate pressures on workforce shortages. We write to respond to the points raised in your report that are relevant to HEE's statutory functions and remit.

HEE is an Executive Non-Departmental Public Body sponsored by the Department of Health and Social Care (DHSC), responsible for ensuring that the future clinical workforce is available in the right numbers and has the necessary skills, values and behaviours to meet patients' needs and deliver high quality care. The Care Act 2014 sets out HEE's remit and range of roles and responsibilities in detail, including its duty to ensure an effective system is in place for education and training in the NHS and public health system.

We note the evidence heard at the inquest regarding the challenges to recruit and retain doctors to substantive posts at the Trust. Ensuring we have sufficient supply of doctors across all grades and specialties is key to excellent patient care. As set out in HEE's draft health and care workforce strategy for England in 2017, the medical profession has seen the largest and most

consistent growth of any profession. In addition, an extra 1,500 doctors a year will be trained in the NHS by 2020 in the biggest ever expansion of the medical workforce in England. We will use this expansion to target areas with the most need. We acknowledge that retention challenges can have an impact on the overall numbers of the medical workforce. However, as we do not directly employ NHS medical staff, it is a factor which falls outside of HEE's remit and responsibilities.

In January 2019, the NHS Long Term Plan set out the direction to make the NHS workforce fit for the future. Going forward, we will continue to work closely with our partners across the system to plan how the NHS medical workforce can be further developed and meet patients' needs.

We acknowledge your reference to previous discussions on the implementation of a "tie-in" system for medical graduates, and note the views given at the inquest in relation to this. Any such policy or response to the views given at the inquest relating to this would fall within DHSC's responsibility and as such HEE cannot comment further.

Yours faithfully,




Executive Director of Education and Quality, National Medical Director



**Department
of Health &
Social Care**

**Stephen Hammond MP
Minister of State for Health**

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Our Ref: PFD-1168849

**Chris Morris
HM Area Coroner, Manchester South
HM Coroner's Court
1 Mount Tabor Street
Stockport SK1 3AG**

Dear Mr Morris,

4 April 2019

Thank you for your correspondence of 26 February to Matt Hancock about the death of Mr Nathan Mooney.

I was sorry to read of the circumstances of Mr Mooney's death. If you have the opportunity to do so, please pass my condolences to his family.

I note from your report that at the time of Mr Mooney's death in May 2017, Tameside General Hospital was heavily reliant on medical locums. I note also the evidence given at Inquest suggesting measures the NHS could take to alleviate pressures on its workforce, including placing an obligation on newly qualified doctors to work for the NHS for a period after qualification.

On the use of medical locums, the NHS has produced practical guidance to NHS trusts on how to manage medical locum use, to consider alternatives to locums and make better use of bank staff. It is acknowledged that overuse of medical locums can put care quality at risk, with a stable workforce whose members have regular appraisals, most likely to deliver high quality care and achieve continuity of services.

We know that maintaining a stable workforce is challenging, and the Government is committed to ensuring the NHS has the doctors it needs.

We have already made a commitment to making available an extra 1,500 medical school places for domestic students, with the first 630 places taken up in September 2018. By 2020, five new medical schools will have opened to help deliver the expansion.

In addition, the Government has considered examples from other industries and ways in which it may be possible to secure better value for money from medical education, alongside improving the working lives of doctors in training.

With regard to tie-in, as part of expanding undergraduate medical education, the Government ran a consultation in 2017 and asked specific questions about the concept of return of service for doctors. The feedback from this consultation set out some complex issues and Health Education England (HEE) undertook further detailed work, which now needs to be considered as part of the HEE *Enhancing Junior Doctors' Working Lives* programme and the workforce implementation plan.

The workforce implementation plan, commissioned by the Secretary of State, is led by Baroness Dido Harding, Chair of NHS Improvement, working closely with Sir David Behan, Chair of Health Education England. The plan will consider the additional staff and skills required and include proposals to grow the workforce; build a supportive working culture in the NHS; and to ensure first rate leadership for NHS staff.

The workforce implementation plan will set out how we can achieve the strategic framework set out in the NHS Long Term Plan, published in January 2019, to ensure that over the next ten years the NHS will have the staff it needs so that the NHS workforce has the time it needs to care, working in a supportive culture that allows them to provide the expert compassionate care they are committed to providing.

I hope this response provides assurance that the Government is alert to the pressures on the NHS workforce and steps are being taken at a national level to address the current challenges.

Yours sincerely

STEPHEN HAMMOND