



Department  
of Health &  
Social Care

From Maria Caulfield MP  
Parliamentary Under Secretary of State for Primary Care and Patient Safety

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

24 January 2022

Dear Ms Mutch,

Thank you for your letter of 25 October 2021 to Sajid Javid about the death of Margaret Kinsey. I am replying as Minister with responsibility for hospital care quality and patient safety and I am grateful for the additional time in which to do so.

Firstly, I would like to offer my sincere condolences to the family of Mrs Kinsey. I was very saddened to read the circumstances of her death.

It is of course vital that we take learnings where they are identified to improve NHS care and I am grateful to you for bringing these matters to my attention.

In preparing this response, my officials have made enquiries with NHS England and NHS Improvement (NHSEI), in relation to the national level concerns you have raised and also the local action and learning; Health Education England (HEE); and the independent regulator for quality, the Care Quality Commission (CQC).

I am aware that you have seen the report of the investigation conducted by the Stockport NHS Foundation Trust and will therefore know the findings and actions the Trust has taken as a result, including sharing the learnings from the circumstances of Mrs Kinsey's death as part of the induction of junior doctors to the emergency department at Stepping Hill Hospital, Stockport.

I am advised by the CQC, having reviewed information relevant to this incident, that it has not identified evidence of systemic provider-level failings that would indicate a breach of the Regulations<sup>1</sup>. However, as identified by the Trust's investigation, there were failings in care by individual clinicians, in particular, in relation to processes for accessing and sharing clinical information.

With regard to consultant cover in the Trust's emergency department, the CQC advises that it has reviewed the medical staffing in place at the Trust at the time of Mrs Kinsey's

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<sup>1</sup> [The Health and Social Care Act 2008 \(Regulated Activities\) Regulations 2014 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2008/43/section/120)

death and has concluded that the planned medical staffing was being met. I am informed that the CQC has recently inspected the emergency department at Stepping Hill Hospital and found no concerns in relation to medical staffing. The CQC will continue to monitor the Trust as part of its planned monitoring activity.

I am advised by the Stockport Clinical Commissioning Group (CCG), which has sought assurances from the Trust in relation to the concerns raised in your report, that it is satisfied that medical staffing in the emergency department is being provided in line with the Royal College of Emergency Medicine (RCEM) workforce recommendations<sup>2</sup>.

It may be helpful to note that the RCEM recommendations advise that it is best practice for an emergency medicine consultant, in the role of senior decision maker, to provide on-site care for at least 16 hours per day (08:00 – 00:00), in medium and large emergency department systems. It is therefore possible that some emergency departments do not have an on-site consultant presence throughout the night.

Alongside the RCEM recommendations, health care systems are supported by guidance on safe, sustainable and productive staffing in urgent and emergency care, published by the National Quality Board in 2018<sup>3</sup>. In addition, the 2021/22 priorities and operational planning guidance<sup>4</sup> sets out the key priorities for the NHS this year, including a focus on reviewing and refreshing local workforce plans, to support NHS staff as they continue to respond to the COVID-19 pandemic.

In relation to the supervision of junior doctors, while doctors in training are expected to acknowledge the limits of their capabilities and understand the risk of working beyond their level of competence, it is expected that employers will ensure that there is an appropriate process in place to approve a doctor's competency and provide effective supervision.

All Foundation doctors should be directly or indirectly supervised at all times. They must be able to contact a senior doctor at any time to discuss patient management. The different types of supervision and the requirements for successful supervision have been articulated by HEE, and the quality of supervision is assessed by Foundation Schools and HEE local offices through HEE quality management processes.

You may wish to note that HEE has ensured that your concerns have been shared with its Quality Team and Medical Deans, including [REDACTED], HEE's medical Director. HEE has a process of continuous review, which is committed to ensuring all learners are appropriately supported and supervised, both educationally and clinically, in all clinical learning environments.

In relation to the numbers of doctors and emergency care doctors, in the NHS, I can confirm that as of September 2021, there were 127,319 hospital and community health service (HCHS) doctors working in the NHS, which is an increase of 5,162 HCHS doctors

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<sup>2</sup> [RCEM Consultant Workforce Document Feb 2019.pdf](#)

<sup>3</sup> [Monitor Research Template \(england.nhs.uk\)](#)

<sup>4</sup> [Briefing template \(england.nhs.uk\)](#)

(or 4.2 per cent), since September 2020. This includes 52,381 consultants, which is an increase of 1,596 (3.1 per cent) since September 2020.

As of August 2021, there were 8,920 HCHS doctors working in the speciality of Emergency Medicine in the NHS, which is an increase of 661 (8.0 per cent) since August 2020. 2,190 of these doctors are registered consultants, which is an increase of 143 (7.0 per cent) since August 2020.

We are committed to funding an extra 1,500 undergraduate medical school places per year at English universities. This is a 25 per cent increase, taking the total number of medical school training places in England to 7,500 each year. This expansion was completed in September 2020 and will ensure a larger potential pipeline for emergency care consultants in coming years in the NHS.

In addition, a national Urgent and Emergency Care Programme (UECare) is being implemented by HEE to secure the future emergency department workforce.

Ensuring an emergency care workforce with the right numbers, skills and behaviours is a strategic priority for HEE. The programme incorporates the paramedic workforce and advanced clinical practice team to work in partnership with the RCEM and other stakeholders to increase the number of trainees, consultants and multi-professional staff in emergency departments.

I hope this response is helpful.

A handwritten signature in blue ink, appearing to read 'Maria'.

**MARIA CAULFIELD MP  
PARLIAMENTARY UNDER SECRETARY OF STATE  
FOR PATIENT SAFETY AND PRIMARY CARE**