

04 December 2020

Mr K McLoughlin  
Senior Coroner  
By email to [REDACTED]

**RE: Response to Mr McLoughlin's letter dated 19<sup>th</sup> November 2020**

Dear Mr McLoughlin,

Thank you for your letter dated 19 November 2020, the content we have noted.

As I stated in our initial reply, we take this matter very seriously and we will continue to work with the appropriate authorities to ensure a thorough review is undertaken.

In your letter, you state that *"In consequence, I wished to draw Reed's attention to the potential danger in order that the agency can review its arrangements and procedures to avoid a repeat of comparable circumstances."* Please note that Reed has acted as a Managed Agent Supplier (under the CCS Framework Agreement) to Leeds Teaching Hospital NHS Trust (LTHT). Under this arrangement, Reed acts as a managing agent to the staff bank which includes managing the shift allocation and booking of staff through a nominated supply chain. This does include some supply by Reed direct, but mostly the booking of permanent LTHT staff, bank staff, and other agency staff.

At the point when Mr Nyeruke was first introduced to LTHT this was via ID Medical in November 2016, as prior to Reed's involvement with LTHT ID Medical had a contract direct with the Trust and not a sub-contractual arrangement via Reed. Reed then entered into a sub-contracting arrangement with ID Medical in January 2019 as part of Reed then managing the staff bank, for the supply of Mr Nyeruke. After having thoroughly investigated the matter, I can confirm that Reed has fully complied with its contractual obligations towards LTHT and received confirmation from ID Medical to confirm that Mr Nyeruke was suitably vetted and medically fit to commence the temporary assignment at LTHT. Moreover, Reed did also perform the necessary audits on ID Medical to confirm that the required health checks and training (in relation to PPE) for Mr Nyeruke were performed.

Both contractually and legislatively the responsibility on ID Medical was to carry out an occupational health assessment and training. I can confirm Reed have seen evidence of this dating back to 2012 which falls in line with when Mr Nyeruke first engaged with ID Medical. However, Reed are unable to investigate the detailed evidence beyond the health clearance such as the medical declarations made by Mr Nyeruke, and other supporting evidence that underpin the occupational health fitness to work certificate, nor can we fully scrutinise the training content that sits behind the certificates. This is a matter for the regulator and Crown Commercial Service, which is why we escalated this matter to them within 24/76 hours of receiving your initial report.

In response to the reason LTHT were not informed of any underlying issues in relation to Mr Nyeruke's health was because Reed were not informed by the employer/supplier, ID Medical. This is further backed up from the documentation that we have audited which does not declare any issue regarding Mr Nyeruke. I cannot comment on why LTHT were not informed of any issues during the supply of Mr Nyeruke to them prior to Reed managing the supply chain as I am not privy to that information.

I can confirm that for workers supplied by Reed direct, full occupational health and training is carried out and relevant information shared with the client.


I fully appreciate the seriousness of this matter and therefore we had already taken the necessary steps to notify the Employment Agency Standards (EAS) as well as the NHS Framework Crown Commercial Service (CCS). Following your recent response, I have also personally explained the position to the Care Quality Commission (CQC) too. As Chair of the first cross-government and 3rd party organisation focusing on labour market and supply chain compliance and worker rights I am committed to ensuring the safety of non-permanent workers and identifying any weaknesses in modern supply chains. As such, I continue to talk to the EAS and CCS about this matter and how a joint, multi-agency approach could improve standards. To do this, it is important to understand the detail surrounding the occupational health assessments and training to understand what may have gone wrong. On this point we will work with the regulator in future based on any findings that come of the investigation.

My suggestion to re-address the Regulation 28 Report to ID Medical was made on the basis that Reed is unable to take any steps other than I have set out above in relation to individuals supplied by sub-contractors and that ID Medical as the employer/supplier, should be made aware of this Report in order to take additional measures (you deem fit) to protect the health and safety of temporary workers they engage.

I will share a copy of this letter with the EAS, CCS, CQC, and Leeds Teaching Hospital. I would also be very happy to engage any other bodies or organisations you see fit to work towards addressing any issues within modern supply chains.

Yours sincerely,

A handwritten signature in black ink, appearing to be 'K. B. S.', written in a cursive style.

  
Director of Group Risk & Reed Screening  
Reed Specialist Recruitment Ltd.