



Department of Health & Social Care

Minister of State for Health (Secondary Care)

39 Victoria Street
London
SW1H 0EU

Our ref: [REDACTED]

HM Alison Mutch,
Coroner's Court,
1 Mount Tabor Street, Stockport,
SK1 3AG

By email: [REDACTED]

31st October 2024

Dear Ms Mutch,

Thank you for the Regulation 28 report of 6 September 2024, sent to the Secretary of State for Health and Social Care about the death of John Francis Howlett. I am replying as the Minister with responsibility for urgent and emergency care.

Firstly, I would like to say how saddened I was to read of the circumstances of Mr Howlett's death, and I offer my sincere condolences to his family and loved ones. The circumstances your report describes are very concerning and I am grateful to you for bringing these matters to my attention.

The report raises concerns about A&E waiting times due to capacity issues at Tameside and Glossop Integrated Care NHS Foundation Trust (TGICFT) and safeguarding concerns at The Lakes Care Centre.

In preparing this response, my officials have made enquiries with NHS England to ensure we adequately address your concerns.

In relation to the first concern raised regarding A&E waiting times and capacity issues, I understand that the TGICFT completed work on re-developing and re-designing its urgent care and emergency departments in July 2024. Actions to support improved waiting times have included:

- continuation of 'front-door streaming', which identifies the most appropriate care pathway for each patient at initial assessment. Patients are streamed from A&E to suitable services such as urgent treatment centres, community services, same day emergency care and virtual wards to reduce long waits in A&E.
- an Urgent Care Transformation Programme which aims to support patient flow. The programme has helped the Trust to identify priority areas, such as digitally recording of initial time-to-treatment, and has improved waiting times.
- a review of the emergency department consultant rota to include 7-day working and extended working hours to support safety in the Department, and all waits over 12 hours are analysed to assess whether clinical harm was caused.

- the Trust's Chief Operating Officer working with Adult Social Care, locality and Integrated Care System colleagues to improve discharge from wards to reduce numbers of patients in beds with 'no criteria to reside'. This has also included support for front-door processes, for example, the operation of an acute frailty unit to avoid hospital admissions for those patients living with frailty.

These actions have helped support improved patient flow and a positive impact on waiting times.

In relation to the second concern raised regarding safeguarding at The Lakes Care Centre, any form of abuse or neglect is unacceptable. The department has legislation and policies in place for escalating concerns if provider action plans are not addressing safeguarding issues effectively. And under section 42 of the Care Act, the local authority must carry out safeguarding enquiries.

The Care Quality Commission (CQC) has also been sent a copy of this Regulation 28 report and will be issuing a response. The CQC regulate providers of health and social care services to ensure they are providing safe and effective care, and will consider if any regulatory action needs to be taken.

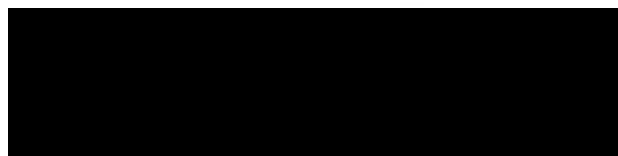
It is good practice for a local authority's Safeguarding Adults Board (SAB) to work with coroners. You may have already contacted the local SAB about whether they have considered Safeguarding Adults Review (SAR). However separately DHSC officials reached out to Tameside SAB.

Tameside explained that a referral has not been made for a SAR because there was learning for the home but not for wider partners at the end of a Section 24 Safeguarding Adult Enquiry. However, the local authority has been continuing to support The Lakes Care Centre to improve their practice working with partner agencies and all actions plans are being monitored.

Further, NHS England has confirmed that The Lakes Care Centre is no longer registered for nursing, and a successful transfer of nursing residents has taken place. It is now under new management, and work is ongoing to support them to use residential capacity for extra needs and increase residential dementia capacity.

I hope this response is helpful. Thank you for bringing these concerns to my attention.

Yours sincerely,

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MINISTER OF STATE FOR HEALTH