



Department
of Health &
Social Care

From [REDACTED]
Minister of State for Care

39 Victoria Street
London
SW1H 0EU

Our ref: [REDACTED]

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

By email: [REDACTED]

04 June 2025

Dear Ms Mutch,

Thank you for the Regulation 28 report of 9 April 2025 sent to the Secretary of State for Health & Social Care about the death of Bernard Lyon. I am replying as the Minister with responsibility for Adult Social Care (ASC).

Firstly, I would like to say how saddened I was to read of the circumstances of Mr Lyon'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.

Your report raises concerns over a shortage of managers at Mr Lyon's care home; a reliance on agency staff who had difficulty communicating with residents at the care home; the Care Quality Commission (CQC) failing to attend multi-agency meetings about care home issues; a failure to communicate to Mr Lyon's family the fact that the care home was subject to an improvement plan; significant delays in handovers from ambulances to the emergency department (ED) at Tyneside Hospital; significant demand on the hospital's ED and a subsequent difficulty in complying with national sepsis guidance; and delays in transferring patients from the ED due to ongoing demand for beds elsewhere in the hospital.

In preparing this response, my officials have made enquiries with NHS England and the CQC to ensure we adequately address these concerns. I am aware that the CQC is replying to you separately.

Matters of concern:

1) Care home has too few managers

Local authorities in England have a responsibility under the Care Act 2014 to meet eligible needs and statutory guidance directs them to ensure there is a sufficient workforce across adult social care. Many local authorities commission care from private providers. Regulated providers have a key role in safeguarding adults. All staff are subject to employer checks and controls, and employers must satisfy themselves regarding the skills and competence of their staff.

The CQC monitors how well providers are safeguarding service users. As part of their regulatory regime, the CQC checks that care providers have effective systems to help keep adults safe from abuse and neglect. Meanwhile, the CQC is also assessing how well local authorities in England are delivering adult social care by looking at how they are performing against their duties under Part 1 of the Care Act 2014.

The government recognises the scale of reforms needed to make sure the ASC sector has sustainable workforce growth and improve the retention of the domestic workforce. This is why we are working with the Department of Work and Pensions (DWP) to promote ASC careers to jobseekers. DWP supports employers in the ASC sector with their recruitment through a range of activities including Jobs Fairs, hosting employers in Jobcentres and promoting their vacancies. We are also introducing the first ever Fair Pay Agreement for care professionals and expanding the Care Workforce Pathway (the first-ever national career structure for ASC) which outlines a structured route for care workers to move into management roles. It helps care homes identify and nurture internal talent by showing staff how to advance from entry-level roles to registered manager positions.

Care homes can use the Care Workforce Pathway to plan for succession, identify skills gaps, and develop a leadership route. It creates a more stable and resilient management structure. The pathway includes or aligns with accredited training programmes specifically designed for aspiring and current managers such as the Level 5 Diploma in Leadership and Management in Adult Care, and Level 5 Award in Understanding Digital Leadership in Adult Social Care. It can include leadership training, safeguarding responsibilities, regulatory compliance, and HR skills.

The department is also providing funding under the [Learning and Development Support Scheme \(LDSS\)](#) to support learning and development for 'non-regulated care staff', including deputy and CQC registered managers and agency staff. The list of training courses and qualifications eligible for funding includes a range of leadership, management and digital skills learning opportunities, which are designed to equip care managers with the skills they need to develop and lead effectively.

2) Reliance on agency staff

Your inquiry highlighted concerns about the English language proficiency of the agency staff hired by the care home. Care work involves personal relationships, and communication is a crucial component of that relationship. It is imperative that employers appropriately assess English language proficiency during their recruitment processes, regardless of whether they are recruiting domestically or from outside of the UK.

On 12 May 2025, the Home Office published the Immigration [White Paper: Restoring Control over the Immigration System](#), setting out changes to English language requirements across the immigration system and international recruitment in ASC.

We recognise proficiency in language is essential to living and working in the UK and therefore new English language requirements will be introduced across a broader range of immigration routes for both main applicants and their dependants. For Skilled Workers and workers where a language requirement already applies, the threshold will increase from B1 to B2 (independent user). A new English language requirement will also be introduced for all adult dependants of workers and students at level A1. The Home Office will set out further detail on these changes in due course.

In line with the government's policy to reduce reliance on international recruitment in ASC overseas recruitment for ASC will end. This will be implemented at the earliest opportunity to change the Immigration Rules in 2025. There will be a transition period until 2028 where in-country switching for those already in the UK with working rights will continue to be permitted. This will be kept under review.

Since February 2022, the main route for care workers wishing to come to the UK has been through the Health and Care visa. To qualify for this visa, individuals must demonstrate that they meet the B1 standard of English language, details of the levels can be found at: [The CEFR Levels - Common European Framework of Reference for Languages \(CEFR\)](#). This is an eligibility requirement of all work and study visas and will not necessarily mean that the individual has the proficiency and skills required to do a specific role.

Furthermore, there are immigration routes which permit individuals to work in the UK without needing to seek approval from the Home Office and do not have an English language requirement. Care providers are therefore responsible for ensuring that the individual speaks and reads to the standard required for the job.

To support providers, the department published the 'International recruitment toolkit for social care providers' ([International recruitment toolkit - March 2024](#)), outlining the English language requirements and steps employers should take during the recruitment process to ensure care workers have the correct level of English language competence.

In this case, there is insufficient information provided to ascertain if the agency staff employed by the nursing home will have had to prove their English language proficiency as part of the route in which they came to the UK. On 12 May 2025, the Home Office published the Immigration White Paper: Restoring Control over the Immigration System, setting out changes to English language requirements across the immigration system and international recruitment in ASC.

It is the responsibility of a care provider to ensure the individuals they hire are suitable for the role. As part of CQC inspections, they will assess whether providers are employing 'fit and proper' staff to deliver care. Under regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, employers are required to only employ 'fit and proper' staff to provide care and treatment appropriate to their role. To meet this regulation, providers must ensure they have robust recruitment procedures, undertaking relevant checks, and a procedure for ongoing monitoring of staff to make sure they remain

able to carry out the duties required of them. Employees are required to have the qualifications, competence, skills and experience which are necessary for the work to be performed by them. Failure to comply with regulations about quality and safety can result in regulatory action being taken against providers and registered managers.

3) CQC not attending MAC meetings – this will be addressed by the CQC separately.

4) No process to let families know about care home being subject to an improvement plan.

Your inquest found that there is currently no process in place for routinely communicating to families when a care home is subject to a CQC action plan. Action plans are documents which CQC ask a provider to produce when significant concerns are identified at a service. The action plan is produced by and is the responsibility of the provider – CQC receive it for awareness and monitoring purposes. Action plans can already be made publicly available, if requested through the provision the Freedom of Information Act (FOIA). When CQC receive FOIA requests for action plans, they consider the public interest in disclosure on a case-by-case basis.

Hyde Nursing Home had been rated “Requires Improvement” by CQC in February 2023. As set out in Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 20A states that providers must ensure that their CQC rating(s) are displayed conspicuously and legibly at each location delivering a regulated service and, on their website, (if they have one). CQC can prosecute for a breach of this regulation or a breach of part of the regulation.

I agree that greater transparency of action plans may be helpful for families. I have asked my officials to explore this further.

5) Handover delays in the Emergency Department which was also too busy to follow national sepsis guidance

Your report raises matters of concern in relation to patient demand and capacity impacting on waiting times at Tameside General Hospital’s emergency department (ED), including the time taken for patients to be handed over from ambulance services.

The Government recognises that waiting times for urgent and emergency care services have been below the high standards that patients should expect in recent years. The Government is also clear that patients should expect and receive the highest standard of service and care from the NHS. We have been honest about the challenges facing the NHS and we are serious about tackling the issues; however, we must be clear that there are no quick fixes.

To start with, in the Autumn Budget, the Government announced an extra £22.6 billion in day-to-day spending in 2025/26 for the NHS compared to 2023/24, to help cut NHS waiting times. An additional £3.1bn further capital investment over 2 years will provide the highest real-terms capital budget since before 2010.

We recognise that investment alone won't be enough and are determined that it must go hand in hand with fundamental reform. On 5 December 2024, the Government published the Plan for Change (available here: <https://www.gov.uk/government/publications/plan-forchange>), that set the mandate for the direction of change with clear milestones in five national missions, including building an NHS that is fit for the future.

On 30 January 2025, the Government published 'Road to recovery: the government's 2025 mandate to NHS England', that clearly set out delivery instructions for the NHS through the prioritisation of five key objectives aimed at driving reform within the NHS. Improving A&E and ambulance wait time was a prioritised objective in the mandate to specifically address the current challenges facing urgent and emergency care.

On the same day NHS England published the 2025-26 planning guidance that contained the operational delivery detail for local NHS systems. The planning guidance included an implementation target for improving A&E waiting times compared to 2024/25, with a minimum of 78% of patients seen within 4 hours in March 2026 and increasing the proportion of patients admitted, discharged, and transferred from an emergency department within 12 hours across 2025/26 compared to 2024/25.

NHS England is also working with systems to reduce ambulance handover delays, working towards delivering hospital handovers within 15 minutes with joint working arrangements that ensure no handover takes longer than 45 minutes.

6) Build-up of patients in ED due to demand for beds and delayed discharges.

My officials are informed by NHS England that work is underway to tackle these issues locally. The Trust has completed improvement work on its re-developed and re-designed Urgent Care and Emergency Departments. This has allowed better flow through the hospital and allows for more effective communication between teams which has positively impacted on waiting times. In addition, the Trust continues to make use of front door streaming for patients arriving into the Emergency Department, with diversion to other services such as Urgent Treatment Centre (UTC), community services, Same Day Emergency Care (SDEC), and virtual wards. The success of this activity can be seen in the increase in patients 'streamed' to the urgent treatment centre. An Urgent Care Transformation Programme is also in place to develop "front door" initiatives to support flow in the Department which feeds into the locality system Urgent Care Delivery Board. Priority areas have been identified which has seen improvement in wait times in ED which include the implementation of digital recording of initial time-to-treatment. The report recognises that the pressure in the emergency department is affected by bed capacity at the trust and delayed patient discharges. I am pleased to note that an additional ward has been funded and opened in November 2024 at Tameside General Hospital to provide additional capacity and is now fully operational. The ward also includes a discharge lounge that supports an increase in patient flow, meaning that patients who are medically fit for discharge are being discharged to the right place more quickly.

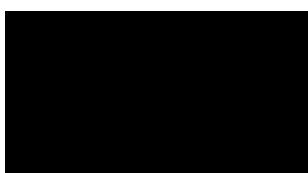
More broadly, this government is committed to tackling delayed discharges through the Better Care Fund (BCF), and its revised policy framework, published on 31 January 2025. For 2025-26, approximately £9 billion is committed to the BCF. This includes around £3.3 billion provided to local authorities and £5.6 billion to integrated care boards, both of which

must be pooled through the BCF. As part of this, the NHS and local authorities are required to set goals on discharge performance against which their performance can be monitored.

In June 2025, to accompany the additional investment in the NHS, the Government will publish its 10-Year Health Plan which will set out the radical reforms for the NHS. The health plan will focus on ensuring three big reform shifts in the way our health services deliver care. First, from 'hospital to community' to bring care closer to where people live. Second, from 'analogue to digital' with new technologies and digital approaches to modernise the NHS, and third from 'sickness to prevention' so people spend less time with ill-health by preventing illnesses before they happen. The reforms will support putting the NHS on a sustainable footing so it can tackle the problems of today and the future.

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

Yours sincerely,



MINISTER OF STATE FOR CARE