



Department  
of Health &  
Social Care

████████████████████  
*Parliamentary Under Secretary of State  
for Women's Health and Mental Health*

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Alexandra Pountney  
HM Assistant Coroner, Nottingham  
and Nottinghamshire  
24 The Ropewalk  
Nottingham NG1 5EF

11 February 2026

Dear Ms Pountney,

Thank you for your Regulation 28 report to prevent future deaths dated 25<sup>th</sup> September 2025, about the death of Sophie Louise Towle. I am replying as the Minister with responsibility for mental health and patient safety and I am grateful for the additional time you have allowed for me to do so.

Firstly, I would like to say how saddened I was to read of the circumstances of Sophie's death and I offer my sincere condolences to her 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 two concerns addressed to the Department regarding lack of joint agency policy/cross-sector working between physical and mental health trusts in relation to the insertion of foreign bodies and an issue of staffing on mental health wards.

I have been advised by NHS England that ICBs are currently delivering their 3-year strategic plan for commissioning mental health inpatient services. The plans will realise the aims set out in the NHS Mental Health Inpatient Commissioning Framework (NHS England 2024). This Framework is a national guide for how Integrated Care Boards (ICBs) plan inpatient mental health services. It sets out what "good" looks like: care that is safe, therapeutic and person-centred; delivered as close to home as possible; and integrated with physical healthcare and community support.

The Medium-Term Planning Framework reiterated the expectation that ICBs should only commission models of hospital care in step with this framework from 2027 onwards. The framework makes it clear that during hospital stays, interventions and treatment for physical and mental health conditions are commenced or maintained, and a physical health check is completed.

In practice, this means mental health inpatient hospitals must actively involve physical healthcare professionals in care arrangements where the need exists or arises during the stay; though, the day-to-day functioning of this would be up to local determination and the patients' individual circumstances.

Regarding your second concern of staffing on mental health wards, I have been advised by NHS England that the National Quality Board guidance outlines the expectations and framework within which decisions on safe and sustainable staffing should be made to improve health outcomes

([https://www.england.nhs.uk/wp-content/uploads/2022/03/Safer\\_staffing\\_mental\\_health.pdf](https://www.england.nhs.uk/wp-content/uploads/2022/03/Safer_staffing_mental_health.pdf)).

Trusts should provide assurance on staffing levels to the board as per Developing Workforce safeguards (<https://www.england.nhs.uk/wp-content/uploads/2021/04/Developing-workforce-safeguards.pdf>)”

This improvement resource makes specific reference to adopting the expectations in mental health services, recognising the nuances that exist in this provision. It is devised for use by NHS staff at all levels, grades, and disciplines, from novice to expert and lists all the essential recommendations for safe staffing. Trusts should provide assurance on staffing levels to the board as per Developing Workforce Safeguards (<https://www.england.nhs.uk/wp-content/uploads/2021/04/Developing-workforce-safeguards.pdf>)

The Government is not able to comment on staffing levels locally, as responsibility for the staffing and operations of mental health services lies with the relevant trust. However, we do recognise the wider need to improve care in NHS mental health services.

Establishment reviews were undertaken across all inpatient areas of the Nottinghamshire Healthcare NHS Foundation Trust between September and October 2025, reporting into the quality committee in October 2025 and public board in November 2025. Overall, the staffing position within the trust’s inpatient areas has improved across several key domains. Most inpatient areas are now deploying staffing in line with agreed staffing plans.

The use of temporary staffing has reduced significantly across the trust, with particularly notable reductions within the Mental Health Care Group. This improvement follows targeted work to minimise the use of enhanced therapeutic observations and the introduction of strengthened senior oversight of roster management and staffing deployment.

Governance arrangements have also been enhanced. Staffing is now overseen through a weekly Executive led Workforce Performance Group, alongside increased senior leadership involvement in key staffing decisions. Focused work on recruitment has strengthened the overall vacancy position within the inpatient areas, allowing a greater level of consistency for service users. This has reduced across the mental health inpatient areas from 13.6% in July 2024 to 6.94% in December 2025.

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

Yours sincerely,

