Department of Health & Social Care

[redacted]
Minister of State for Care

39 Victoria Street
London
SW1H 0EU

[redacted]

HM Coroner: Louise Hunt, HM Senior Coroner for Birmingham and Solihull

[redacted]

26 June 2026

Dear Louise,

Thank you for the Regulation 28 report sent to the Department of Health and Social Care (DHSC) about the death of Ms Elsie Margaret Jones. I am replying as the Minister with responsibility for adult social care.

Firstly, I would like to say how deeply saddened I was to read of the circumstances of Ms Jones' death, and I offer my sincere condolences to her family and loved ones. The circumstances outlined in your report are very concerning, and I am grateful to you for bringing these matters to my attention.

The matters of concern are as follows:

1. The inquest heard evidence that patients who suffer from severe dementia who need specialist placements often spend many months in hospital whilst funding and suitable placements are being found.
2. Given the resources available on acute hospital wards, this puts these patients at risk as they cannot always be adequately supervised.
3. Lengthy delays in securing funding and finding suitable placements for these most vulnerable patients creates a risk of future deaths.

I understand that there is concern that delays in discharge could mean that people spend lengthy stays in hospital.

Clinicians determine when a person is medically ready for discharge using clinical judgement and established criteria, and consideration is given to the most appropriate environment and support to enable them to leave hospital safely. Where a person needs further care following discharge, multidisciplinary care transfer hubs bring together NHS, local authority, adult social care, housing and other relevant professionals to support safe and timely transfers of care, and to ensure that appropriate care and support arrangements are in place.

I recognise the importance of effective discharge arrangements for people living with dementia or delirium. The High Impact Change Model supports local systems to improve the timely and effective discharge of individuals into the community, by setting out practical actions and good practice to strengthen discharge processes and support better outcomes.

I also recognise the concern that pressures within hospital settings may affect the level of supervision available to patients with high levels of need.

Providers are required under Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 to ensure sufficient numbers of suitably qualified, competent and

experienced staff are available at all times to meet people's needs, including appropriate supervision and risk management. CQC does not mandate staffing levels or 1:1 supervision, but providers are expected to comply with Regulation 18 and carry out adequate risk management to provide safe and person-centred care to people using their services.

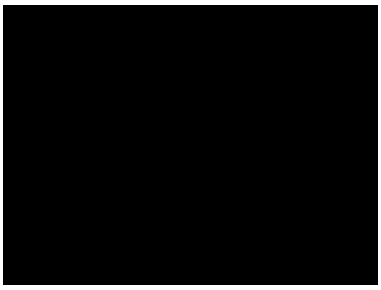
Additionally, under the Safe domain in CQC's assessment framework, they can assess provider's abilities to understand and manage risk under the Involving people to manage risks Quality Statement. CQC would expect that where people using services are at risks of falls that providers take adequate steps to risk assess and manage this. NICE has a published guidance Falls: assessment and prevention in older people and in people 50 and over at higher risk that registered providers may want to refer to when risk assessing falls.

Furthermore, the Department of Health and Social Care (DHSC) will also deliver the first ever Modern Service framework for Frailty and Dementia (MSF), which will set clearer expectations for the care of people living with dementia, reducing unwarranted variation and delivering rapid and significant improvements in quality of care and productivity. This will be informed by phase one of the independent commission into adult social care, which is expected this year.

We will continue to work closely with NHS England, CQC and local partners to address the risks identified in your report, including improving the timeliness of discharge and ensuring that people with severe dementia receive safe, appropriate care and supervision.

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

Yours sincerely,



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