



**University Hospitals of
Derby and Burton**
NHS Foundation Trust

Royal Derby Hospital
Uttoxeter Road
DERBY
DE22 3NE

Ms Kelly Dixon
HM Assistant Coroner for
Staffordshire & Stoke on Trent

21 August 2026

Dear Madam

Re: GRAHAM HOLLIS - Regulation 28 Report Response

I am writing in response to the Regulation 28 Report dated 1 July 2026 following the inquest into the death of Mr Graham Hollis.

Conscious that Mr Hollis' family will receive a copy of this response, I firstly want to begin by offering my deepest condolences to his family.

I note that you have identified concern that due to current staffing levels the Speech and Language Therapy (SALT) team are unable to undertake assessment of care home residents. This was the position in July 2025, and it remained unchanged at the time of the inquest held in June 2026.

Such concerns are taken very seriously, and we are continually taking steps to actively address this.

I confirm that University Hospitals of Derby and Burton NHS Foundation Trust (UHDB) are commissioned by the South Staffordshire and Stoke on Trent ICB (SSOT ICB) to provide community SALT services to domiciliary settings and residential care homes in East Staffordshire.

The UHDB SALT team has been unable to provide face-to-face assessments since January 2025 due to capacity constraints. As a mitigation, the team has continued to provide advice remotely where requested, including via telephone and email.

I understand that the inquest heard evidence that in Mr Hollis' case the clinical advice provided by the SALT team by email on 17 July 2025 would not have differed to that offered if a face to face consultation had taken place, as the recommendations within that email were based on the clinical information available at the time, including the patient's history and established risk factors. I appreciate however that these were based on the established information from his care team rather than upon a physical examination.

The Trust is continues to actively try to recruit into the team to close this resource gap.

These attempts have included ongoing and active attempts to recruit at Band 7 level, which were unfortunately unsuccessful, with applicants withdrawing prior to interview on two separate occasions. There is, unfortunately a shortage of appropriately qualified SALT practitioners and efforts to secure locum staff as an interim measure have also been unsuccessful. We have also been unable to fill this gap from the NHS bank supply. This reflects the wider national context where shortages within the SALT workforce are well recognised

We have however been able to make some very recent progress. Upon recent interview we have secured a Band 7 Locum Speech and Language Therapist to deliver the community based activity. Whilst we had attempted to fill with a full time position, the individual concerned is only available 2 days per week.

A recruitment process is also currently under way for a Band 6 Speech and Language Therapist with focus on the inpatient service required at Queen's Hospital Burton, including the Samuel Johnson and Sir Robert Peel community hospital sites. The decision to recruit at Band 6 level reflects a revised strategy aimed at improving recruitment success. Interviews were held on 10 August 2026 for a substantive 0.74 whole time equivalent Band 6 professional. Two appointable candidates were interviewed.

The team are now exploring if a temporary Band 6 practitioner post can be appointed for the wider SALT team based at Queens Hospital Burton, utilising the potentially remaining 0.6 whole time equivalent Locum funding, to further enhance capacity to deliver the community based activity. This is of course subject to candidates accepting offers of recruitment, but does offer us more positive progress than on previous recruitment drives.

It is the Trust's position that ultimately that community SALT services need to be delivered by community NHS providers rather than an from an acute provider. This remains under active discussion with our Integrated Care Board colleagues. The long-term aim is to draw Trust commissioning of the service to a close, but this will

need to be done in a safe way with a new provider. To achieve this the Trust is exploring alternative service delivery options and is supported by the ICB.

We hope that this response provides assurance that we are doing all we can to improve community SALT services taking account of the constraints involved.

Yours sincerely

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Deputy Chief Executive and Chief Nurse