



Department  
of Health &  
Social Care

Minister of State for Health (Secondary Care)

39 Victoria Street  
London  
SW1H 0EU

Our ref:

Chris Morris  
Area Coroner for Greater Manchester South.  
His Majesty's Coroner's Office,  
1 Mount Tabor Street,  
Stockport  
SK1 3AG

By email:

28<sup>th</sup> November 2024

Dear Mr Morris,

Thank you for the Regulation 28 report of 3<sup>rd</sup> October 2024 sent to the Secretary of State about the death of John Turner. 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 Turner's death, and I offer my sincere condolences to his family and loved ones. The circumstances your report describes are concerning and I am grateful to you for bringing these matters to my attention.

The report raises concerns regarding poor patient flow and delays to patient care due to competing clinical demands, particularly during times of high demand at Tameside and Glossop Integrated Care NHS Foundation Trust (TGHT). I recognise the concerns raised with health and care delivery in the region, which align with representations from local Members of Parliament.

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

Patient flow is a significant issue facing hospitals across the country which can lead to unacceptable delays for patients.

I am assured by NHS England that every patient at TGHT is triaged and prioritised based on their clinical presentation. I am informed that Mr Turner was triaged as a category 2 (to be seen by a clinician within 120 minutes) and was seen at 3 hours 13 minutes post triage due to the pressures in the emergency department on that day. I understand that TGHT has recently opened the rebuilt emergency department, which now has a larger footprint and the capacity to see more patients simultaneously. This is expected to improve waiting areas and reduce waiting times for patients.

At a national level, this government is committed to returning to the safe operational waiting time standards set out in the NHS Constitution. In doing so, we will be honest about the challenges facing the health service and serious about tackling them. The Health Secretary ordered an independent investigation of NHS performance to provide an assessment of the issues and challenges it faces. This reported on 12<sup>th</sup> September 2024 and the investigation's findings will feed into the government's work on a 10-year plan to radically reform the NHS and build a health service that is fit for the future.

The plan's reforms will support a reduction in the demand pressures on the health service through three shifts to ensure the health service can tackle the problems of today and tomorrow. These include:

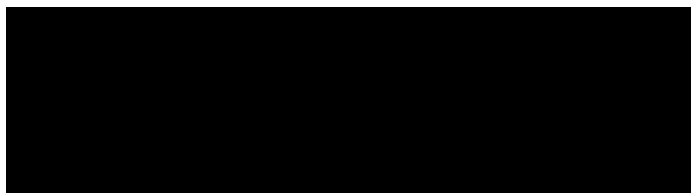
1. shifting care from hospitals to the community,
2. from analogue to digital,
3. and sickness to prevention.

In the short-term, a range of action is being taken by the NHS to improve urgent and emergency care performance, including by maintaining capacity gains in acute hospital beds and ambulance hours on the road achieved in 2023-24. There is also a focus on increasing the productivity of acute and non-acute services across bedded and non-bedded capacity and directing patients to more appropriate services in the community where these can better meet their needs.

We have also ensured that every acute hospital has access to a care transfer hub. These hubs bring together professionals from the NHS and social care to manage discharges for people with more complex needs who need extra support. In the integrated care systems that face the most discharge delays, the Department is working directly with partners across health and social care to drive improvements.

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

Yours sincerely,



**MINISTER OF STATE FOR HEALTH**