



Department of Health & Social Care

Karin Smyth MP
Minister of State for Health (Secondary Care)

39 Victoria Street
London
SW1H 0EU

Our ref: PFD – 25-06-27 – FISHER

HM Coroner Chris Morris
Coroner's Court,
1 Mount Tabor Street,
Stockport,
SK1 3AG

By email: manchestersouthcoroners@stockport.gov.uk

22nd August 2025

Dear Mr Morris,

Thank you for the Regulation 28 report of 27 June sent to the Secretary of State about the death of Brenda Fisher. I am replying as the Minister with responsibility for urgent and emergency care.

First, I would like to say how saddened I was to read of the circumstances of Mrs Fisher's death, and I offer my sincere condolences to her 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 prolonged A&E waits, corridor care and operational pressures faced by Stockport NHS Foundation Trust. I understand that you have also sent a copy of your report directly to the trust who is best placed to respond on the specific actions undertaken locally in response to the concerns you raise. However, in preparing this response, my officials have made enquiries with NHS England to ensure we adequately address your concerns.

I understand that Stockport NHS Foundation Trust has recently opened its new Emergency and Urgent Care Campus, providing extra clinical space in the Emergency Department (ED) to reduce congestion. This also provides additional escalation areas to help avoid corridor use. The trust has updated its escalation plans in line with the new space, with agreed areas designated as the default alternative to corridors. In the event of any patients unavoidably needing to be cared for in a corridor, an agreed Standard Operating Procedure is in place at the trust to ensure that the best care possible is delivered in these circumstances.

The trust has also established a transformation programme aimed to improve the wait time patients experience in the ED. This programme includes work regarding long waiting patients and improved navigation and triage.

The trust's capacity protocol plan aims to maintain patient safety and smooth operations by moving patients to designated, fully staffed escalation areas when the hospital is full, easing pressure on high-risk areas like A&E, improving flow, and ensuring timely care with extra support, rapid discharge, and close monitoring.

I am pleased to note that the trust has seen an improvement in A&E patients admitted, transferred or discharged within 4 hours (74.0% in June compared to 65.4% in May) and for patients who waited in the department for more than 12 hours from arrival (6.1% in June compared to 12.5% in May).

However, the Government accepts that the NHS's urgent and emergency care performance has been below the high standards that patients should expect in recent years. 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.

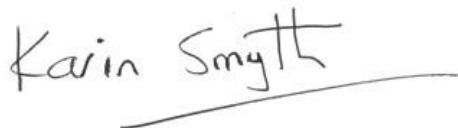
At a national level, NHS England has published [Principles for providing safe and good quality care in temporary escalation spaces](#) (TES's) to guide NHS providers in maintaining high-quality care in these environments. Guidance specific to corridor care will be released later this year. NHS England has been working with trusts since 2024 to put in place new reporting arrangements related to the use of TES's, to drive improvement. Subject to a review of data quality, this information will be published soon, and we will consider how this data could be published on a more regular basis.

In June 2025, we published the [Urgent and Emergency Care Plan for 2025/26](#). The Plan sets out the steps we are taking to tackle corridor care and reduce 12-hour waits in A&E Department's, including a commitment to eliminate corridor care by improving patient flow. The plan also provides almost £450 million of capital investment including for Same Day Emergency Care and Urgent Treatment Centres. We will provide clear pathways and the right waiting environment when people do need to come to a hospital site with an urgent need. We will take a significant step to separate urgent from emergency care, so that people are treated in the most appropriate setting.

In July 2025, we published the [Ten Year Health Plan](#) to create a new model of care, fit for the future. A key focus of our approach will be to expand access to urgent care services at home and in the community as part of our new Neighbourhood Health model. This will improve the experience and care that people receive, rather than having to go to hospital unnecessarily. This will reduce demand in ED's, meaning that they are liberated to focus on providing the best, most cutting-edge and most productive care for those who most need it.

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

Yours sincerely,

A handwritten signature in black ink that reads "Karin Smyth". The signature is written in a cursive style and is positioned above a horizontal line.

KARIN SMYTH
MINISTER OF STATE FOR HEALTH