



Department  
of Health &  
Social Care

Minister of State for Health (Secondary Care)

39 Victoria Street  
London  
SW1H 0EU

11 March 2026

HM Senior Coroner Dr Fiona J Wilcox  
Inner West London Coroner's Court  
33 Tachbrook Street  
London SW1V 2JR

Dear Dr Wilcox,

Thank you for the Regulation 28 report of 17 December 2025 sent to the Secretary of State about the deaths of Dr Debapriya Ghosh and Mr David Albert Ward. 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 Dr Ghosh and Mr Ward's deaths, and I offer my sincere condolences to their 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. Please accept my sincere apologies for the delay in responding to these matters.

The report raises concerns over insufficient staffing within A&E departments, workforce stress, insufficiency managing demand and risk, and patient safety. In preparing this response, my officials have made enquiries with NHS England to ensure we adequately address your concerns. I understand a copy of your report has also been sent to St George's University Hospitals NHS Foundation Trust.

I understand that St George's University Hospital NHS Foundation Trust conducted a Serious Incident investigation into the deaths of Dr Ghosh and Mr Ward. Subsequently the Trust implemented actions to strengthen nursing oversight and mitigate risk during periods of high demand. It has reinforced completion of cubicle and falls risk assessments, supported by re-education of Nurse in charge and daily monitoring to ensure timely documentation and escalation. Matron assurance rounds have been introduced to review compliance within two hours of cubicle allocation, with follow up where assessments are incomplete. Audit processes have been strengthened, with compliance monitored through the Trust's RATE system.

The Trust has also established daily safe staffing meetings, enhanced safety huddles to include falls risk and enhanced care needs and introduced additional Healthcare Assistant shifts to support Majors areas. Staffing concerns are also now escalated and mitigated through divisional oversight, with redeployment when required.

I recognise concerns about stress linked to staffing pressures. Trusts must support staff wellbeing, while NHS England's Long Term Workforce Plan and retention programme aim to improve staff experience and strengthen planning and leadership.

I recognise the concern that local actions may be insufficient where emergency department crowding persists and this may impact patient safety. ED crowding is a complex, system wide issue requiring coordinated action across providers and partners to improve patient flow and mitigate risk of harm.

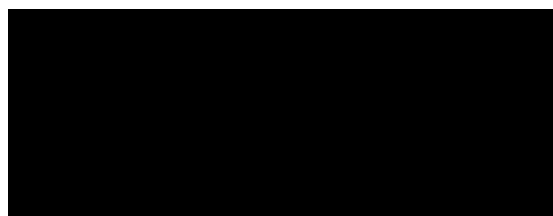
The Government recognises the challenges facing the health service and are serious about tackling them. The Government is committed to ensuring patients receive the highest standard of service and care from the NHS. That is why our 10- Year Health Plan set out commitments to restoring waiting standards to those set out in the NHS Constitution by the end of this Parliament.

We are taking serious steps to achieve this. Our [Urgent and Emergency Care Plan for 2025/26](#) focuses on improvements to deliver better UEC performance both daily and during winter pressures, ensuring more patients receive timely and clinically appropriate care. We are aiming for 78% of patients to be seen in in 4 hours this year, meaning over 800,000 people will receive more timely care. We recognise to achieve this we will need to make improvements to patient flow through the whole system, and the plan outlines a set of priority actions to support systems to maximise patient flow, including:

- Investing £250 million into expanding same day and urgent care services, helping avoid unnecessary admissions to hospital and supporting faster diagnosis, treatment and discharge for patients.
- Increasing the number of patients receiving urgent care in primary, community and mental health settings.
- Introducing new clinical operational standards for the first 72 hours of care to support better hospital flow. These set minimum expectations for timely review, availability of advice, and coordinated care when multiple specialist teams are involved.
- In the longer-term, our 10 Year Health Plan will increase the urgent care capacity outside hospital through new neighbourhood health services, reducing demand pressures on A&E.
- Improve hospital flow, with a focus on reducing the number of patients waiting more than 12 hours and making progress towards eliminating corridor care.

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

Kind regards,



**MINISTER OF STATE FOR HEALTH**