Tameside and Glossop
Integrated Care
NHS Foundation Trust

[redacted]
Chief Executive Officer
Tameside Hospital
Ashton-under-Lyne
OL6 9RW

18 September 2026

Private and confidential

To be opened by the addressee only
HM Coroner
Coroner's Court
1 Mount Tabor Street
Stockport
Cheshire
SK1 3AG

Dear HM Coroner

Name: Mrs. Winifred Wardle
Date of birth: 22/04/1936
Date of death: 19/02/2025

Firstly, on behalf of the Trust, I would like to express my sincere condolences to Mrs Wardle's family for their loss. Secondly, I would like to apologise for the delay in responding.

We have carefully reviewed the concerns raised in your report, specifically in relation to CT imaging, clinical documentation, and escalation of care, and provide the following response.

The Trust has in existence a Radiology Access Policy which has been in place for several years and deals with both inpatient and outpatient cancellations. This was updated and ratified by Radiology Governance in March 2023 and was reviewed in March 2026.

Historically, concerns have been raised to the Radiology manager about non-compliance with this policy several years ago, but since the review in March 2023 no further concerns had been identified until now. However, in light of the issues mentioned at the inquest, the policy was discussed at speciality meetings and Patient and Staff Quality and Safety Forums (PASQAF) throughout October

and November 2025. Clinicians are aware that they can (and do) obtain a second opinion from a Radiologist if they have concerns.

There has been a wider piece of work ongoing in Greater Manchester to implement a GM Access Policy that would be applicable to all Trusts across the region. This policy has now been implemented within Tameside Hospital from April 2026, and it standardises the way in which the radiology department manage patients who are referred for a radiology exam, each step in the process and the target time frame for each step to be concluded. This is applicable to all Trusts in Greater Manchester.

Additionally, we have worked closely with The Christie to implement the Ionising Radiation (Medical Exposure) Regulations for Employers Procedure for Making, Amending and Cancelling requests. This is following new guidance published in October 2024 (as Tameside & Glossop Integrated Care NHS Foundation Trust's medical physics is provided by The Christie). The policy as now been finalised and has been disseminated to staff and we have incorporated the radiology availability and escalation process within this document. An annual audit of referrals has been implemented to check that everyone who is referring is entitled to do so under Ionising Radiation (Medical Exposure) Regulations. Staff check the referrer as part of the ID checks prior to each examination and document this on the Radiology reporting system (CRIS) where a further monthly ID audit is completed. As part of that audit, there has been only one other incident earlier this year where the referrer cancelled a CT scan by email just before Easter, and the appointment was early on the Tuesday following Easter Monday. As such, the cancellation was not picked up in time. This was reported promptly to the Care Quality Commission (CQC) and completed a report which the CQC IRMER team signed off.

The Trust has reviewed the circumstances surrounding the request, performance, and reporting of CT imaging in this case.

Following internal review, the following actions have been undertaken:

- A review of the CT request and prioritisation process within the department has been completed.

- Reinforcement has been provided to clinical teams regarding the appropriate documentation of clinical indications when requesting imaging.

- Radiology and referring clinical teams have been reminded of the importance of clear communication where urgent imaging is required and where requests don't meet the minimum data set for imaging and that a clear rationale for rejecting that imaging is documented by both the referee and the radiologist.

- The Trust has initiated a review of local imaging escalation pathways, ensuring clinicians are aware of how to escalate urgent radiology requests when required.

The Trust recognises the importance of clear and contemporaneous documentation to support clinical decision-making and communication between teams.

In response to the concerns raised:

- All Clinical staff have been reminded of the Trust's standards for clinical record keeping, including documentation of decision-making, discussions, and escalation.

- The Trust has undertaken targeted education and governance review within the relevant department to reinforce good documentation practice.

- Documentation standards will continue to be monitored through clinical governance processes and routine audit.

The Trust has also reviewed the escalation processes relevant to this case. Reinforcement of existing clinical escalation policies, including the requirement to seek senior clinical review when there is diagnostic uncertainty or clinical deterioration have been disseminated. Reminders have been sent to staff regarding the use of structured escalation pathways, including escalation to senior medical staff and specialist teams where appropriate. There is also ongoing governance oversight through departmental morbidity and mortality review processes.

The Division of Clinical Support Services (CSS) also has a CCS Manager of the Day who reports into the bed meeting three times daily. In addition, patient flow meetings are held at 12:00pm and 2:30pm, during which specific patient Radiology delays can be reviewed and discussed. A representative from Radiology attends these meetings. Where concerns are raised regarding delays to a CT scan, the Radiology representative will liaise directly with the CT department to establish the reason why the scan cannot proceed. Discussions are then held with the Radiologist of the Day to determine whether there is a clinical or operational reason for the delay. Where no valid reason for the delay is identified, efforts are made to allocate an appropriate slot for the scan. If no slots are immediately available, the CT list is reviewed, and patients are prioritised according to clinical urgency to ensure that those with the greatest clinical need are scanned first.

It should also be recognised that delays in access to CT scanning are a nationally acknowledged challenge affecting healthcare providers across the country.

The Trust remains committed to continuous improvement in patient safety and ensuring that learning from this case is embedded in practice.

Tameside and Glossop Integrated Care NHS Foundation Trust

At Tameside and Glossop Integrate Care NHS Foundation Trust, it is our prerogative to ensure that healthcare services are safe, effective, accountable and continuously improving. It is important to us that concerns are reviewed, and learning identified and shared across clinical teams as this helps us to strive to prevent harm and improve outcomes for our patients.

I do hope that this letter provides you with further reassurance, however, should you have any queries arising from the content of this letter or require further information or clarification, please do not hesitate to contact Legal Services on [redacted]

Yours sincerely

[redacted]

Chief Medical Officer and Caldicott Guardian
On behalf of [redacted] (Chief Executive Officer)
Tameside and Glossop Integrated Care NHS Foundation Trust