Tameside and Glossop
Integrated Care
NHS Foundation Trust

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

6th October 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: Judith Marsland
Date of birth: 28.11.1937
Date of death: 14.11.2025
[redacted]

Firstly, on behalf of the Trust, I would like to express my sincere condolences to Mrs Marsland's family for their loss and for the delay in our response.

We have carefully reviewed the concerns raised in the Regulation 28 Report, specifically in relation to the error in not escalating the abnormal results that were available for clinical review and that key aspects of the Trust's investigation action plan were yet to be implemented. In the circumstances, we provide the following response: -

By ensuring that blood results are reviewed promptly by appropriately qualified clinicians and integrating results management into the streaming assessment pathway, patients can be directed to the most suitable service more effectively and safely. This would reduce delays in diagnosis and treatment, improve clinical decision making and help identify patients who require urgent intervention or specialist referral at an earlier stage.

It is important to note that a revised process has been introduced for Venous Blood Gas (VBG) testing. All patients who have a VBG undertaken now have the printed results from the VBG, attached to a VBG proforma A4 size form, which requires completion and endorsement by the reviewing clinician, including the documentation of any abnormalities identified and the agreed next steps; the form of which is transferred from the patient from the Emergency Department (ED) to the Trust's streaming service/unit. This provides assurance that VBG results have been appropriately assessed by a clinician before any onward streaming.

An audit of 20 VBG forms has been carried out in September 2026. This audit has highlighted that overall compliance of completion of all documentation fields on the new VBG form was 60%. It also highlighted that administratively, the VBG results were being detached from the form for the purpose of scanning and being scanned separately due to a problem with staples being used which are not compatible with the scanner equipment. Moving forward, the VBG results will be taped to the form to allow the documentation to be scanned together with the VBG result and in turn this will improve the ability for clinical teams to fully comply with the documentation requirements. This change has been communicated with colleagues in the ED. The audit will be repeated in December 2026 to ensure the changes made and the communications have further embedded the new process and improved the quality of documentation. Findings from the September 2026 audit will be discussed at the next Divisional Quality and Safety Meeting for Medicine and Urgent Care on 22 October 2026, which is chaired by the Trust's Divisional Director of Operations.

Additionally, the Standard Operating Procedure (SOP) to describe the process for patients to be streamed from the ED to the gynaecology ambulatory assessment unit (aka gynaecology hub) has been updated and implemented as at July 2026. This update has been through the gynaecology governance process, ratifications and has been disseminated Trust wide. It specifically identifies which blood tests and documentation must be reviewed prior to streaming. A clear and explicit reference within the SOP provides additional safeguards for the gynaecology streaming service while supporting the continued efficiency of the ED streaming pathway.

Adult patients streamed to the gynaecology hub, direct from the ED with acute gynaecological problems and who are haemodynamically stable, will be identified by the ED triage nurse during the initial triage assessment process and referred to the gynaecology hub via the on-call gynaecology consultant. The ED triage nurse or clinical streaming team will make a telephone call to the gynaecology hub to inform them that a patient, meeting the criteria outlined within the SOP, is being transferred for direct gynaecology review. The patient will then be admitted as an inpatient to the gynaecology hub, within the Trust's electronic patient system, Lorenzo, by the ED Clerk.

Prior to transfer to the gynaecology hub, blood tests will have been taken as part of the initial ED triage process, with the immediately available VBG having been reviewed and acted upon, as needed in the ED and the VBG results will be attached to the form which is transferred with the patient as described above. Other blood tests which require processing by the laboratory will be reviewed once available at the time of assessment in the gynaecology hub by the gynaecology team. For the sake of completeness, no outstanding radiological investigations requested by ED will be handed over to the gynaecology clinical team.

Clarity on this process is now included in the updated SOP to support the safe transfer of patients between the Trust's available streaming services/units. The aim of this process is to facilitate patients who require gynaecology review, who are haemodynamically stable, but who will not benefit from ED care; to be identified and transferred in a timely and safe way to the appropriate team.

Upon discharge from the gynaecology hub, the patient will receive a discharge summary, prepared by the gynaecology team, specifically a consultant or a middle grade or junior grade doctor, supported by the FY1 doctor, prior to the patient leaving the gynaecology hub.

The Trust remains dedicated to strengthening patient safety and ensuring that the learning from this case informs and improves future practice.

At Tameside and Glossop Integrated 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]

[redacted]

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