



Department  
of Health &  
Social Care

From Edward Argar MP  
Minister of State for Health

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Your Ref: [REDACTED]

Our Ref: [REDACTED]

Ms Alison Patricia Mutch  
HM Senior Coroner, Manchester South  
HM Coroner's Court  
1 Mount Tabor Street  
Stockport SK1 3AG

23<sup>rd</sup> September 2020

*Dear Ms Mutch,*

Thank you for your letter of 27 July 2020 to Matt Hancock about the death of Samuel Garner. I am responding as Minister with portfolio responsibility for NHS operational performance, including emergency care and winter planning.

Firstly, I would like to offer my sincere condolences to Mr Garner's family and loved ones. I was very sorry to read the findings of your investigation into Mr Garner's death, and specifically the poor standard of care that Mr Garner experienced at the emergency department at Stepping Hill Hospital, Stockport. That Mr Garner experienced significant delay to being admitted to a hospital bed and received treatment in a corridor is unacceptable and falls short of the high standards of care we expect from the NHS and that the NHS strives so hard to deliver.

We must do all we can to learn from what happened to Mr Garner and improve the safety and quality of NHS care and I expect the Stockport NHS Foundation Trust and its local system partners to reflect carefully on the findings of your investigation.

My officials have made enquiries with the Care Quality Commission (CQC), the independent regulator of quality, and NHS England and NHS Improvement (NHSEI) and I am aware that regulatory action was taken by the CQC following an inspection at Stepping Hill Hospital in January and February this year. The CQC's inspection looked at urgent and emergency services, among other services, and identified significant concerns similar to those identified in your investigation of Mr Garner's death. The CQC found that people were not always kept safe and were at high risk of avoidable harm during periods of heavy demand on urgent and emergency care services. Emergency care was consistently unable to be provided in a timely way; and there were significant issues with the flow of patients through the emergency department and the Hospital. The report of the CQC's inspection is available on its website<sup>1</sup>.

<sup>1</sup> <https://www.cqc.org.uk/provider/RWJ>

It is essential that health system partners in Stockport take the necessary action, quickly, to respond to these findings and improve the safety and quality of urgent and emergency services in Stockport.

I am advised that following the CQC's inspection, health system partners in Stockport formed a system improvement board, that has representation from CQC and NHSEI, to oversee the implementation of an improvement plan to address the concerns identified. I expect this work to also take into account the findings of your investigation into Mr Garner's death. My officials have brought the concerns in your report to the attention of NHSEI and the CQC.

I am assured that progress is being closely monitored by the Trust Board and that the CQC is also monitoring progress and conducted a follow up inspection in August 2020. I would like to explain the national level action we are taking to support the NHS respond to the year-on-year increase in demand on NHS services and in particular, alleviate the impact of increased activity in the winter.

In 2019/20, this involved continued work to tackle both the increases in demand in urgent and emergency care and to ensure patients receive the quality of care they need and expect in a timely and safe manner. For example, the continued roll out of Urgent Treatment Centres, offering a consistent service to patients and introducing the ability to book appointments through NHS 111, as well as initiatives such as Same Day Emergency Care, to reduce non-elective admissions to hospital.

This year, we have provided an extra £3billion to alleviate the particular challenges brought by the Covid-19 pandemic ahead of winter and are maintaining the Nightingale Hospitals and their surge capacity, as well as the NHS's use of independent sector hospital capacity.

Other elements of the NHS winter plan for 2020/21 include 'NHS 111 First' which will provide low complex care digitally and ensure those who need more care can receive it in the right setting more quickly, rather than waiting in A&E<sup>2</sup>.

NHS Trusts across England, including the Stockport NHS Foundation Trust, will receive a share of £300million additional capital funding to upgrade their facilities ahead of this winter and ensure the NHS is prepared to cope with winter pressures and reduce the risks associated with further outbreaks of Covid-19.

The NHS Long Term Plan<sup>3</sup>, published in January 2019, is supporting the reform of urgent and emergency care services to ensure that patients get the care they need quickly, relieve pressure on A&E departments, and manage winter demand spikes. The NHS Long Term Plan is supported by an NHS budget increase of £33.9billion in cash terms by 2023/24.

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<sup>2</sup> <https://www.england.nhs.uk/urgent-emergency-care/nhs-111/next-steps-for-nhs-111/>

<sup>3</sup> <https://www.longtermplan.nhs.uk/>

This year we made £1.3billion funding available via the NHS to support the hospital discharge process in March. As part of the £3billion funding for winter, an extra £588million has been confirmed to continue enhanced discharge arrangements over winter and maintain the safe and timely discharge of patients from hospital.

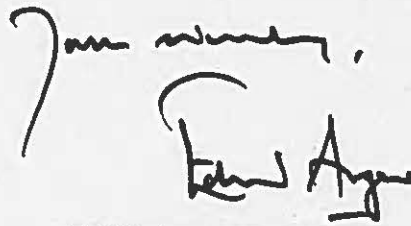
We know that adult social care capacity can become increasingly pressured over the winter months and this can have a knock-on effect on NHS hospitals. It is important that suitable packages of care are available to ensure that patients who are medically fit to be discharged are able to return home and into their communities. This frees up hospital beds and ensures that people who really need hospital care, receive it.

Despite the fact that the NHS is busier than ever before, with hospital admissions rising by 18 per cent from 2009/10, the majority of patients are discharged quickly. Both the NHS and social care services have been working hard to reduce delays and free up beds.

It is the responsibility of the NHS and its local partners, including social service departments, to ensure that no patient remains in a hospital bed for longer than clinically necessary and that any ongoing care and support can begin promptly. Discharge arrangements from hospital should start well before a patient is actually ready for discharge, and the hospital should involve local social services at the earliest opportunity to plan post-discharge care and avoid delays.

The NHS Long Term Plan commits funding worth £4.5billion per year by 2023/24 to be focused on primary and community care. This includes a national roll-out of support for care home residents so more people can be looked after where they live. The NHS also aims to place therapy and social work teams at the beginning of the acute hospital pathway, setting an expectation that patients will have an agreed clinical care plan within 14 hours of admission, including an expected date of discharge.

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

A handwritten signature in black ink, appearing to read 'Edward Argar', written in a cursive style.

**EDWARD ARGAR MP**