



Department of Health & Social Care

Minister of State for Health (Secondary Care)

39 Victoria Street
London
SW1H 0EU

Our ref:

HM Senior Coroner Andrew Cox
Cornwall & Isles of Scilly Coroner's Service,
Pydar House, Pydar Street,
Truro, Cornwall
TR1 1XU

By email:

10 October 2024

Dear Mr Cox,

Thank you for the Regulation 28 report of 29 July 2024 sent to the Secretary of State for Health and Social Care about the death of Colonel John Frederick Codd. 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 Colonel Codd's death and I offer my sincere condolences to his family and loved ones. The circumstances your report describes are 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 this matter.

The report raises concerns of poor emergency department performance due to patient flow and discharge issues at Royal Cornwall Hospitals NHS Trust (RCHT). I do recognise the concerns raised with health and care delivery in the region, which align with representations from local members of parliament.

In preparing this response, my officials have made enquiries with NHS England to ensure we adequately address your concerns.

The RCHT is implementing urgent changes to improve patient flow and care through the emergency department. Priority actions include:

- Making space for a Clinical Decision Unit model, for patients who need more clinical care but don't need to be admitted to hospital.
- Resetting the footprint occupied by Same Day Medical Assessment Unit (SDMA) and the Discharge Lounge.
- Converting SDMA to a Same Day Emergency Care (SDEC) and having a triage process to ensure only patients considered as same day go to the SDEC.
- Ensuring all medical discharges are completed by 19:00.
- Identifying a space on the Royal Cornwall Hospital site for acute GPs to return to site.
- Making two bays on Acute Medical Unit (AMU) admissions bays.

- Supporting the move of acute medical resource from the emergency department to AMU with the intention of improving short stay performance on AMU.
- Intention to stop the use of Boarding, where patients are sent from an admitting area to a receiving ward prior to a bed being available.

Urgent care improvements include expanding services at West Cornwall Hospital and engaging stakeholders to improve community care alternatives. The trust is also learning from best practice in other hospitals across the country, and the Emergency Care Intensive Support Team are supporting the trust with bringing peer support with clinicians from other trusts to help increase the speed of delivery of their models.

The overall urgent care position in the region is supported by ongoing system actions, including a system clinical leaders event in August which focussed on clinically led plans to maximise community alternatives and update models to improve the urgent care access standards for Cornwall. The Chief Operating Officer at RCHT reports weekly on improvement actions being taken.

At a national level, this government is committed to returning to the safe operational waiting time standards set out in the NHS Constitution. In doing so we will be honest about the challenges facing the health service and serious about tackling them. The Health Secretary ordered an independent investigation of NHS performance to provide an assessment of the issues and challenges it faces. This reported on 12th September 2024 and the investigation's findings will feed into the government's work on a 10-year plan to radically reform the NHS and build a health service that is fit for the future.

In the short-term, a range of action is being taken by the NHS this year to improve urgent and emergency care performance, including by maintaining capacity gains in acute hospital beds and ambulance hours on the road achieved in 2023-24, increasing the productivity of acute and non-acute services across bedded and non-bedded capacity, and directing patients to more appropriate services in the community where these can better meet their needs.

Regarding the concern raised about discharge delays, this government will make sure that hospital departments are no longer blocked due to delayed discharges. By developing local partnership working between the NHS and social care, we will ensure we no longer have over 12,000 patients every day waiting to be discharged.

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

Yours sincerely,



MINISTER OF STATE FOR HEALTH