



Department  
of Health &  
Social Care

██████████  
Minister of State for Health (Secondary Care)

39 Victoria Street  
London  
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Our ref: ██████████

Guy Davies  
His Majesty's Assistant Coroner for Cornwall & the Isles of Scilly.  
Cornwall Coroner's Service,  
Pydar House, Pydar Street,  
Truro, Cornwall  
TR1 1XU

By email: ██████████

25<sup>th</sup> November 2024

Dear Mr Davies,

Thank you for the Regulation 28 report of 24<sup>th</sup> September 2024 sent to the Secretary of State about the death of Dennis Richard Harry. 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 Mr Harry'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.

The report raises concerns regarding delays to patient care including ambulance response times and handover delays between ambulance services and Royal Cornwall Hospitals NHS Trust (RCHT). I 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.

I understand that 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.
- converting the Same Day Medical Assessment Unit (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.
- supporting the move of acute medical resource from the emergency department to Acute Medical Unit with the intention of improving short stay performance at the Acute Medical Unit.

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 12<sup>th</sup> 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.

This government is also working to improve hospital flow to make sure people do not spend longer than necessary in hospital and reduce delayed discharges. We will tackle delayed discharges by developing local partnership working between the NHS and social care and making sure people get the right support from health and social care services to return home as soon as possible.

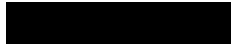
We have also ensured that every acute hospital has access to a care transfer hub. These hubs bring together professionals from the NHS and social care to manage discharges for people with more complex needs who need extra support. In the integrated care systems that face the most discharge delays, the Department is working directly with partners across health and social care to drive improvements.

Turning to your concern regarding organisational responsibilities, health and care systems and providers should work together to ensure that efforts to discharge individuals from hospital into social care are joined up and make best use of available resources, in line with the duty to cooperate set out in Section 82 of the NHS Act 2006.

The responsibility for identifying and mitigating risks within healthcare services sits with the provider of those services. Each provider of NHS services will have their own internal processes and structures for the identification, examination, management and improvement of patient safety risks. The Care Quality Commission (CQC) is responsible for monitoring the quality and safety of the care provided by NHS Trusts through the regulation of the Trust's regulated activities. The CQC carries out inspections and produces reports setting out their findings.

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

Yours sincerely,



**MINISTER OF STATE FOR HEALTH**