

Minister of State for Health (Secondary Care)

39 Victoria Street London SW1H 0EU

Our ref:

HM Coroner Andrews Records Office, Orchard Street, Chichester, West Sussex

By email:

10 December 2024

Dear Ms Andrews,

Thank you for the Regulation 28 report of 24 October 2024 sent to the Department of Health and Social Care about the death of Ms Davis. 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 Ms Davis' death and I offer my sincere condolences to her family and loved ones. The circumstances your report describes are very concerning and I am grateful to you for bringing these matters to my attention.

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

The report raises concerns over emergency department capacity, poor patient flow and the use of corridor care at Royal Sussex County Hospital (RSCH) and nationally. I understand that your report and matters of concerns have also been sent to NHS England, and they are best placed to respond with the specific actions being taken locally to improve urgent and emergency care performance at RSCH.

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 report was published on 12 September 2024 and the investigation's findings are feeding into the government's work to develop a 10-year plan to radically reform the NHS and build a health service that is fit for the future.

The plan's reforms will support a reduction in the demand pressures on the health service through three shifts to ensure the health service can tackle the problems of today and tomorrow. These are:

- shifting care from hospitals to the community,
- from analogue to digital, and
- sickness to prevention.

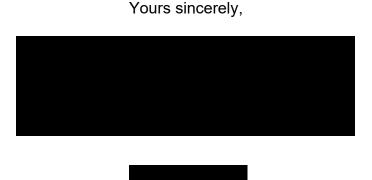
In the short-term, the NHS is taking a range of action this year to improve urgent and emergency care performance, including maintaining increases in acute hospital bed capacity and greater ambulance hours on the road. There is also a focus on increasing the productivity of acute and non-acute services across bedded and non-bedded capacity and directing patients to more appropriate services in the community where these can better meet their needs.

I share your concerns regarding the use of Temporary Escalation Spaces (TES), also known as corridor care, at RSCH. NHS England highlighted key expectations regarding patient safety and overcrowding management in emergency departments in its winter operating assumptions letter, published on 16 September 2024: https://www.england.nhs.uk/long-read/winter-and-h2-priorities/. The letter reminds Integrated Care Boards and provider Chief Executives to prioritise patient safety and experience.

The guidance urges NHS trusts to ensure that care outside standard cubicles or ward environments is not normalised and is employed only during periods of elevated pressure. Furthermore, TES use should be escalated to an appropriate executive member and at the system level, with the aim of minimising its duration. These recommendations align with the recently issued guidance on TES, which can be found via https://www.england.nhs.uk/long-read/principles-for-providing-safe-and-good-quality-care-in-temporary-escalation-spaces/

I agree with your concerns that the delivery of care in TES is not acceptable and should not be considered as standard practice. All patients should be able to access the highest possible levels of patient experience, care and safety during their treatment. I understand that NHS England will address what RSCH is doing to mitigate use of TES in their reply to you.

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



MINISTER OF STATE FOR HEALTH