



Devon & Cornwall  
**POLICE**

**Assistant Chief Constable** [REDACTED]

Police Headquarters, Middlemoor, Exeter, Devon, EX2 7HQ

📞 101 Non-urgent

📞 999 in an emergency

🌐 [www.devon-cornwall.police.uk](http://www.devon-cornwall.police.uk)

📍 [DevonAndCornwallPolice](#)

📧 @DC\_Police

📧 [dc\\_police.999](#)

📧 [DCPolice](#)

Mr Andrew Cox  
His Majesty's Senior Coroner for  
Cornwall, and the Isles of Scilly  
The Coroners Court  
Pydar House  
Pydar Street  
Truro  
TR1 1XU

22 May 2025

**Coroner's Ref:** [REDACTED]

Dear Sir,

**INQUEST INTO THE DEATH OF LACHLAN CHARLES CAMPBELL**

The Chief Constable of Devon & Cornwall Police, [REDACTED], is in receipt of the report dated 28 February 2025 that you have authored in relation to the above inquest in accordance with Regulation 28 of The Coroners (Investigations) Regulations 2013. For the remainder of this correspondence I will refer to this report as "the Regulation 28 report".

The Chief Constable has asked me to respond to the concerns that you have raised in that report, on the basis that the issues of concern fall within my remit as the Assistant Chief Constable for the Devon & Cornwall Police portfolio for Crime, Justice and Vulnerability. I have also had operational oversight of the Devon & Cornwall Police response to Lachlan's death for the majority of the period since he died. Accordingly, please treat this correspondence as the Chief Constable's formal response to the Regulation 28 report.

Firstly, I want to express my sincere condolences on behalf of the Chief Constable, myself, and all in Devon & Cornwall Police, to Lachlan's friends and family for their loss. This is a truly tragic case that should have been avoided.

Secondly, I want to thank you, both for the opportunity to respond to the concerns raised by you in the Regulation 28 report, and for the generous extension of time that you have afforded to us to provide this response. This has allowed us to give your concerns serious and thorough attention, and I am pleased to be able to report that we have been able to use the time to collaborate with the South West Ambulance Service Trust (SWAST) in respect of the Regulation 28 report, to seek to reassure you in respect of the concerns that you have raised as much as possible.

I will use the remainder of this correspondence to respond to each of the concerns that you have raised at point 2 of box 5 of the Regulation 28 report, adopting the same wording for what I hope will be your ease of reference.

**“a) A concern for welfare call was received by police at circa 00:15. Officers attended on scene at circa 01:00 and chased an ambulance at 01:42 only to find one had not been previously called resulting in an initial delay of nearly 1.5 hours.”; and**

**“b) The initial caller had been a bus driver. His mobile details were not taken and so SWAST was unable to call him back for further information they required. When police officers were asked for their numbers, they provided their shoulder numbers, not their mobile numbers. SWAST thus had incomplete information when considering what disposition was appropriate.”**

I intend to respond to these points together as I believe that relatively recent changes to Devon & Cornwall Police working practices will address both points.

I understand that you are aware of the Right Care, Right Person (RCRP) initiative. By way of brief reminder, RCRP is an agreement between Devon & Cornwall Police, SWAST, and other relevant partners (most notably, healthcare providers) that sets out to ensure that individuals in need of medical attention are seen by the right professional as soon as possible. RCRP is relevant for the purposes of this inquest as it has seen Devon & Cornwall Police amend their working practices in areas that relate to the circumstances of the police's involvement in the events preceding Lachlan's death.

Specifically, there is now a triage process within the Devon & Cornwall Police control room which is used to assess which is the most appropriate agency to deal with an incident of concern that is reported to us. Following Lachlan's death, we have included reports in relation to potentially drunk and incapable individuals in this triage process, in order to assess which such cases are for the police to address, and which should be addressed by another agency.

As a part of RCRP, if our police officers come across or attend an incident in respect of which they deem that there is a requirement for additional medical support, they are trained to telephone 999 from the scene. This is to seek to ensure that the 999 operator can liaise directly with the person who has the patient with them and can offer appropriate treatment, as well as allocating a resource to attend.

If our officers call for an ambulance through the police control room, they are asked if there is a reason they cannot do this themselves (such as the need to commence CPR, or other environmental factors). Police control room and SWAST personnel are trained to record all relevant information when contacting or otherwise liaising with SWAST.

**“c) Police Officers were advised the call had resulted in a Category 2 disposition but were not provided with an ETA. The target time was 18 minutes, but an ambulance did not arrive until 06:15, some 4.5 hours later. Had Officers been aware of the likely delays, their evidence was that they would have considered other options (such as conveying Lachlan to hospital in their car.)”**

We understand that the SWAST will be addressing the issue of the ETA and target time with you directly in their response to the Regulation 28 report.

Ordinarily officers are not encouraged to use police vehicles to transport individuals in need of pressing medical attention to hospital. Our position is that the primary service for this must be SWAST as they are better equipped to manage the individual in question in transit, and / or to treat an individual when their condition declines. Police officers are trained in the use of the National Decision Model, which empowers them to risk assess specific scenarios, and (using this) as a last resort are able to make the decision to transport patients themselves to help save life if they consider this appropriate. This is an individual decision by the officer involved. This possibility continues to be reinforced during Devon & Cornwall Police first aid training.

**“d) In reaching a Category 2 disposition, SWAST understood the Officers were remaining with Lachlan. In the event, they left him to deal with an unresolved domestic violence incident. At inquest, evidence was given that, had this been known to SWAST, a Category 1/2 disposition may have been reached.”**

Devon and Cornwall Police understand that SWAST will factor police presence at a scene of someone needing medical attention into their triage / risk assessment process when determining whether to attend such an incident. If our officers are called to an urgent or potentially life-threatening incident, then they could be redeployed. Accordingly, Devon & Cornwall Police’s position is that this possibility should be factored into the aforementioned SWAST triage / risk assessment process.

The potential for redeployment is particularly acute given the relatively large geographic areas of Devon and Cornwall. Our officers are trained to carefully consider the risk of each situation and liaise with our control room in relation to redeployment decisions. If affected officers redeployed, our control room personnel are trained to ensure that SWAST are notified of the deployment.

**“e) In the event Officers had concluded there was a need to convey Lachlan to hospital, it would have meant there were no available Officers in the Penzance area. While this is a matter for police to reflect upon, it was notable the Officers’ supervisor was not contacted to discuss options.”**

It is Devon & Cornwall Police’s expectation that our officers communicate any concerns of this type to their supervising officer (a sergeant, in the present case) at the time. Sergeants are able to make a decision to redeploy other police resources, including in liaison with an inspector and / or the Force Incident Manager (the officer in the control room who is responsible for overseeing the initial force response to incidents) as appropriate. In extreme circumstances, a more senior officer can be contacted by the control room for assistance and support in respect of redeployment. The Assistant Chief Constable with responsibility for local policing in Devon & Cornwall Police has reiterated this expectation in recent messaging to frontline personnel.

**“f) The inquest heard that in other countries (USA) there are arrangements in place for police to drop victims in need of urgent treatment at hospital (e.g. stabbings) without being detained for extended periods (current handover for ambulance crews in excess of 2 hours.) If ambulance delays are set to continue and police may need increasingly to convey patients to hospital, is there value in considering whether arrangements of this nature would be beneficial?”**

Devon & Cornwall Police would welcome any such provision, or indeed any initiative, which would allow police personnel to handover the care of a patient to medical professional as quickly as possible to both ensure that the patient is getting the right care, and the police personnel are returning to policing duties, as swiftly as possible. We would support any work in this area in order to maintain or improve our capacity to respond to policing incidents.

### **Conclusion**

I hope that this response provides you with sufficient reassurance that Devon & Cornwall Police have taken the concerns raised by you in the Regulation 28 report seriously. Please do make contact with me if I can assist you with any of the contents of this correspondence.

Yours faithfully



**Assistant Chief Constable - Crime, Justice and Vulnerability  
Devon& Cornwall Police**