



Department
of Health &
Social Care

Minister of State for Health (Secondary Care)

39 Victoria Street
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Our ref:

HM Coroner Guy Davies
Cornwall Coroner's Service
Pydar House
Pydar Street
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By email:

30 June 2025

Dear Mr Davies,

Thank you for the Regulation 28 report of 12 May sent to the Secretary of State about the death of James Frederick Smith. I am replying as the Minister with responsibility for urgent and emergency care.

First, I would like to say how saddened I was to read of the circumstances of Mr Smith'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 prolonged ambulance response times, operational pressures faced by the South Western Ambulance Service NHS Foundation Trust, A&E overcrowding and the impact of delayed social care packages on hospital capacity and ambulance handover delays. I recognise the concerns raised with health and care delivery in the region, which align with representations from local members of parliament.

The Government is clear that patients should expect and receive the highest standard of care from the NHS. The Government also accepts that the NHS's urgent and emergency care performance has been below the high standards that patients should expect in recent years. We have been honest about the challenges facing the NHS and we are serious about tackling the issues; however, we must be clear that there are no quick fixes.

In Summer 2025, the Government will publish its 10-Year Health Plan, which will set out the radical reforms for the NHS. The health plan will focus on ensuring three big reform shifts in the way our health services deliver care; from 'hospital to community' from 'analogue to

digital' and from 'sickness to prevention'. The reforms will support putting the NHS on a sustainable footing so it can tackle the problems of today and the future.

But we know that we need to start making progress immediately. On 6 June 2025, we published our Urgent and Emergency Care Plan for 2025/26. The plan requires the NHS to focus on those activities that will have the biggest impact on improving urgent and emergency care performance, including ambulance response and handover times:

- at least 78% of patients in A&E departments will be seen within 4 hours. A&E 4-hour performance in May 2025 was 75.4%;
- reduce ambulance handovers to a maximum of 45 minutes, helping get 550,000 more ambulance back on the road for patients, and reduce category 2 ambulance response time to 30 minutes. Category 2 ambulance performance in May 2025 was averaging c.28 minutes;
- reduce the number of patients waiting over 12 hours for admission or discharge from an emergency department to less than 10%. 135,219 patients (9.3%) waited over 12 hours from arrival in May 2025;
- capital funding of almost £450 million to increase provision of Same Day Emergency Care, Mental Health Crisis Assessment Centres, avoiding unnecessary admissions to hospital and supporting the diagnosis, treatment and discharge on the same day for patients;
- tackling the delays in patients waiting to be discharged, starting with those staying 21 days over their discharge-ready-date.

Whilst high levels of bed occupancy may contribute to ambulance handover delays, hospital discharge delay is one of several factors that contributes to high rates of bed occupancy. We do not have robust evidence linking discharge delays directly to ambulance handover delays. In the NHS Cornwall and the Isles of Scilly Integrated Care Board, in April 2025, the average percentage of adult acute beds occupied by patients remaining despite being medically ready for discharge was 13.5%. For comparison, the average for England at the same period was also 13.5%.

NHS England also collect and publish data on the number of patients with discharge delays and a hospital length of stay of at least 14 days broken down by the primary reason for discharge delay. For Cornwall and Isles of Scilly ICB, the number and proportion of delays for patients with 14+ day length of stay attributed to issues with 'capacity' (including but not limited to social care) was 36% in April 2025 (average of 17 patients each day). By comparison, at the same period in England the proportion of 14+ day length of stay delays attributed to capacity reasons was 34%.

Specific delay reason codes within this category that relate to adult social care capacity (there are other codes that relate to a combination of adult social care and community health services) are:

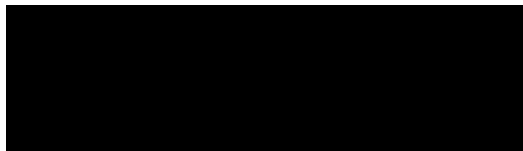
- 'Capacity – residential/nursing home care not yet available' was 9% in April 2025 (average of 4 people per day);
- 'Capacity – Other home-based social care service not yet available' was 4% in April 2025 (average of 2 people per day).

We recognise, then, that more needs to be done to develop local partnership working, increase social care provision and tackle delayed discharges to ensure that patients do not remain in hospital when they are well enough to go home.

On 31 January 2025, the Government published a revised policy framework for the Better Care Fund (BCF), which took effect on 1 April 2025. Through the BCF, £9 billion are invested in integrated health and social care services in 2025-26, including those to tackle delayed discharges and ensure a timely transition for patients into social care. The objectives of the BCF have been reassessed to put a focus on prioritising preventative care such as early intervention services and community-based support to help people stay healthy and independent and increase patient flow through hospital. The BCF also seeks to bring care closer to home by delivering integrated care in local settings, including people's homes, to support older adults and those with more complex needs.

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

Kind regards,



MINISTER OF STATE FOR HEALTH