



Department
of Health &
Social Care

From Will Quince MP
Minister of State for Health and Secondary Care

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[REDACTED]

Kate Ainge
Assistant Coroner
The Coroner's Court and Offices
Gerard Majella Courthouse
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2 February 2023

Dear Ms Ainge,

Thank you for your letter of 26 May 2022 to the then Secretary of State for Health and Social Care Sajid Javid, about the death of Katie Wilkins. I am replying as Minister with responsibility for Health and Secondary Care, and thank you for the additional time allowed.

I would first like to say how deeply saddened I was to read of the circumstances of Ms Wilkins's death and I offer my most heartfelt condolences to her family and loved ones. It is, of course, vital that we take learnings where they are identified to improve NHS care and I am grateful to you for bringing these matters to my attention.

In preparing this response, Departmental officials have made enquiries with NHS England, Health Education England, as well as the relevant regulator in this case, the Care Quality Commission (CQC).

With regards to the concerns related to Alder Hey Children's NHS Trust that you raise within your report, my officials have informed me that the Trust undertook a Root Cause Analysis (RCA) following Ms Wilkins's death, particularly in relation to the delay in the administration of fibrinogen concentrate. As a result, the Trust identified a number of areas for improvement, including a review of the handover arrangements in place for the haematology/oncology rotas so it includes the management of potentially critical patients, which should be documented in a Standard Operating Procedure, and, where a child has two teams involved in their care, out of hours advice should be

sought from both consultants at the same time via conference call. The learning from the RCA was shared with the specialty teams involved, and through the Divisional Integrated Governance meeting.

In addition to this, the CQC followed up the Trust's action plan and monitored compliance through regular engagement until all actions were completed in December 2021. The action plan included changes to the allocation of specialities in cases similar to Ms Wilkins's, and patients are now referred to a consultant haematologist rather than an oncologist. There is also now specific guidance on the use and administration of fibrinogen (RiaStrap) available to all staff.

Turning to the concern regarding a shortage of haematologists, whilst we have made some progress, we know that there is more to do on staffing within haematology departments in England. In August 2022, there were 953 full time equivalent consultants working in the specialty of haematology in NHS hospital trusts in England, which is an increase of 342 (55.9%) since August 2010. However, Health Education England and NHS England are working collaboratively to review the distribution of medical specialty training posts across the country.

The aim of this work is to ensure there is a more equitable distribution of training places and therefore more fairly distributed medical workforces across the country. This work will support patients and the wider NHS by ensuring that we have the appropriate number of doctors in the places where they are needed. It is recognised that no area in England is considered 'over doctored' and this programme is about ensuring the resource and workforce supply we currently have is distributed equitably. The programme has initially looked at three specialties, including haematology. This is a long-term programme, with post movement commencing from Autumn 2022, and will take place over the next 10-15 years.

In addition, haematology has seen a moderate expansion as part of investment in the cancer and diagnostic workforce in the last two years. An additional eight training places have been established beginning in 2022. With current planning, an extra four places are expected to be created in 2023 and in 2024 as part of cancer and diagnostic workforce growth.

Health Education England is also working with colleagues across the specialty to refine future training solutions for paediatric haematology, as well as ensuring there are sufficient training programmes that contain haematology rotations and that trainees get the right experience to meet haematology training requirements. Further, haematology is also one of the specialties under review for investment to support the recovery of services following the pandemic and discussions are ongoing with NHS England and the Department on possible further expansion.

In addition to this, the Government has funded an additional 1,500 undergraduate medical school places each year for domestic students in England, a 25% increase over three years. The first graduates from this expansion entered foundation training in August this year. The Government is committed to ensuring that the number and distribution of medical school places are in line with England's workforce requirements and continues to monitor the effectiveness of current arrangements.

To support long-term workforce planning, the Department has commissioned Health Education England to produce a report looking at the long-term strategic drivers of workforce demand and supply. Building on this work, the Department has also commissioned NHS England to develop a long-term workforce plan. The plan will build on the foundations of the NHS People Plan. NHS England is due to complete this work by the end of 2022 and the key conclusions will be shared in due course.

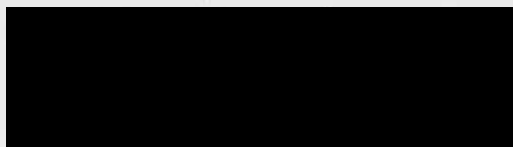
We are also taking action to increase the retention of doctors, including haematologists, and supporting them to progress into long-term careers. The Enhancing Junior Doctors' Working Lives programme, led by Health Education England, is delivering a range of initiatives to improve the

quality of life of doctors in training. This work, which is ongoing, offers flexible training opportunities and measures to improve wellbeing, which, in the long-term, will support more trainees to complete training and continue into long careers in the NHS.

Finally, the Department is currently analysing the responses received to the cancer call for evidence to develop the forthcoming 10 Year Cancer Plan. It will set out plans to ensure that the appropriate workforce is in place to support all cancer patients and the plan will address all cancer types, including blood cancer. Diagnostic checks are a key part of many elective care pathways, including cancer. £2.3bn was awarded at SR21 to transform diagnostic services over the next three years, including for non-specific symptoms like those with potential blood cancer.

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

Yours sincerely,



**WILL QUINCE MP
MINISTER OF STATE**