



# Department of Health & Social Care

*From Minister Whately  
Minister of State for Care  
39 Victoria Street  
London  
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[REDACTED]

Alison Mutch  
Senior Coroner for the Coroner Area of  
Greater Manchester South  
Coroner's Court  
1 Mount Tabor Street  
Stockport  
SK1 3AG

[REDACTED] uk

17 May 2024

Dear Ms Mutch,

Thank you for your letter of 4 November 2022 to the Secretary of State for Health and Social Care about the death of Ms Ellen MacFarlane. I am replying as Minister with responsibility for urgent and emergency services. Please accept my sincere apologies for the delay in responding to this matter. I would like to assure you that the Department is mindful of the statutory responsibilities in relation to prevention of future deaths reports and we are prioritising responses as a matter of urgency.

Firstly, I would like to say how saddened I was to read of the circumstances of Ms MacFarlane's death and I offer my sincere condolences to her family. I am grateful for you bringing these matters to my attention.

Your report raises concerns about ambulance response times by North West Ambulance Service NHS Trust (NWS) and access to hospital services. In preparing this response, Departmental officials have made enquiries with NHS England. I have been reassured by NWS that ambulance performance is reviewed regularly via the Strategic Partnership and Transformation Board, a joint committee between NWS and the Integrated Care Boards in the region and I am pleased to note performance by NWS has improved since this sad case.

My officials have consulted NHS England (NHSE) and the Care Quality Commission (CQC) regarding your concern over the availability of cardiac tests over the weekend. We are advised that, had there been an emergency need for scans outside of hours, that Ms MacFarlane would have been transferred to a tertiary centre. More broadly the Trust has governance in place to reduce delays outside the 36-hour timeframe to support compliance with NICE guidance for patients with a fractured neck of femur requiring surgery. This includes urgent review of theatre capacity by the divisional management team to schedule surgeries as soon as possible, and root cause analysis of misses to identify reasons for delays and opportunities for learning.

As the Minister responsible for urgent and emergency care services, I recognise the significant pressure the urgent and emergency care system is facing. That is why we published our 'Delivery plan for recovering urgent and emergency care services' which aims to deliver sustained improvements in waiting times. Our ambitions for this year are to improve A&E waiting times to 78% of patients to be admitted, transferred, or discharged from A&E within

four hours by March 2025, and to reduce Category 2 ambulance response times to 30 minutes on average across this fiscal year. The plan is available at <https://www.england.nhs.uk/wp-content/uploads/2023/01/B2034-delivery-plan-for-recovering-urgent-and-emergency-care-services.pdf>

Your report highlights that NWS were under high demand at the time of the incident. A primary aim of our delivery plan is to boost ambulance capacity. Ambulance services received £200 million of additional funding in 2023/24 to expand capacity and improve response times, and we are maintaining this additional capacity in 2024/25. This is alongside the delivery of new ambulances and specialist mental health vehicles. With more ambulances on the road, patients will receive the treatment they need more swiftly.

I recognise that ambulance trusts work within a health and care system and issues such as delayed patient handovers to hospitals can impact on capacity and response times. That is why a key part of the delivery plan is about improving patient flow and bed capacity within hospitals. We achieved our 2023/24 ambition of delivering 5,000 more staffed, permanent hospital beds this year compared to 2022-23 plans, backed by £1 billion of dedicated funding, and we will maintain this capacity uplift in 2024/25. Further, we also achieved our target of scaling up virtual ward bed capacity to over 10,000 ahead of winter 2023/24, and there are now over 11,000 beds available nationally. We have also provided £1.6 billion of funding over two years to support the NHS and local authorities to ensure timely and effective discharge from hospital. These measures are helping improve patient flow through hospitals, reducing delays in patient handovers so ambulances can swiftly get back on the roads.

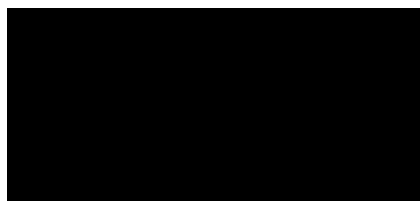
Regarding staffing capacity, we have made significant investments in the ambulance workforce – the number of NHS ambulance staff and support staff has increased by over 50% since 2010. To help ensure we have the ambulance workforce to meet the future demands on the service, the NHS Long Term Workforce Plan sets out plans to boost the number of paramedics by up to 15,600 to support future demand.

At a national level, we have seen significant improvements in performance this year compared to last year. In 2023-24, year to date average Category 2 ambulance response times (including for serious conditions such as heart attacks and strokes) were almost 15 minutes faster compared to the same period last year, a reduction of over 27%. NWS average Category 2 response times were over 13 minutes faster compared to the same time period last year, a 32% reduction. Information on ambulance handover times has been published since October 2023. In March 2024, average patient handover times in the NWS region were 32 minutes 51 seconds.

However, I recognise there is still more to do to reduce waiting/response times further, and the Government will continue to work with NHS England to achieve this.

Thank you once again for bringing these important issues to my attention.

Yours,

A large black rectangular box redacting the signature of Helen Whately.

**HELEN WHATELY**