



Ms Anna Crawford
HM Assistant Coroner for Surrey

By email only

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18th May 2023

Dear Madam Coroner

Mrs Veronica Jenkins deceased

I write in response to your Regulation 28 Prevention of Future Deaths report dated 31st March 2023.

I was very much saddened to read of Mrs Jenkins' death and I would like to express my personal condolences to her family.

Senior members of the operational management team have met to discuss the concerns you raised and how best to address them. We have also liaised with commissioners to ensure that all parts of your report are answered by the most appropriate organisation.

Addressing your concern in your report:

A lack of available staff

Our service at the time was funded for 2413 whole time equivalents (WTE) and SECAmb frontline operations is now funded for 2555 whole time equivalents (WTE). We have a current vacancy rate of 13.2% as at 31 March 2023. This means that we have 2239.7 whole time equivalent people out of a possible 2555 posts.

To remain on the trajectory to reach 2555 whole time equivalent people, with our current training and recruitment capacity, SECAmb had planned for 2370.1 WTE by 31 March 2023. However, 2239.7 WTE were in post on that date, a difference of 5.7% against plan across the Trust.

More newly qualified paramedics are seeking employment in GP surgeries and other primary care settings which leads to less new staff applying to work in the ambulance service.

Within the Chertsey Operating Unit (OU), SECAmb had planned for 202.8 whole time equivalent staff to manage the demand in that area. However, as at 31 March 2023, we had 179.7 WTE in post, a difference of 12.1%. Chertsey is our second most understaffed OU. This is due to close proximity to London (and London Ambulance Service) with very good transport links.

We commission and utilise private ambulance provision across the region to fill the gap caused by [redacted] staff working on overtime.

[redacted] term Covid sickness also had an impact on the number of staff

Whilst the day that this incident occurred was under resourced due to less staff available to work [redacted], it is important to put this into context of what is happening at a national level.

Below are “league tables” showing SECamb’s performance for category 2 and 3 responses against the other 10 English ambulance trusts. These figures demonstrate that response delays are a national rather than regional issue.

C2		Mean
England		00:39:58
1	Isle of Wight	00:22:19
2	South Central	00:27:17
3	South East Coast	00:28:41
4	Yorkshire	00:32:42
5	North West	00:33:59
6	West Midlands	00:34:25
7	North East	00:38:52
8	London	00:41:45
9	East of England	00:49:50
10	East Midlands	00:53:25
11	South Western	00:56:15

C2		90th
England		01:25:52
1	Isle of Wight	00:43:25
2	South Central	00:54:50
3	South East Coast	00:57:40
4	Yorkshire	01:10:35
5	North West	01:13:31
6	West Midlands	01:15:37
7	North East	01:20:02
8	London	01:32:24
9	East of England	01:47:01
10	East Midlands	01:56:00
11	South Western	02:00:48

C3		Mean
England		02:09:32
1	Isle of Wight	01:00:45
2	Yorkshire	01:34:17
3	South Central	01:42:46
4	London	01:46:16
5	South East Coast	02:04:01
6	North East	02:04:48
7	South Western	02:16:11
8	North West	02:33:29
9	East Midlands	02:34:17
10	East of England	02:35:00
11	West Midlands	02:38:07

C3		90th
England		05:22:06
1	Isle of Wight	02:15:42
2	Yorkshire	03:45:41
3	South Central	03:53:04
4	London	04:29:21
5	South East Coast	04:42:40
6	North East	05:12:47
7	South Western	06:12:59
8	North West	06:16:19
9	East of England	06:24:24
10	East Midlands	06:37:19
11	West Midlands	06:47:42

We responded to Mrs Jenkins in as timely a manner as we were able and provided the appropriate level of treatment, giving her the best possible survival chance. We believe that within the envelope of funding allocated to SECamb, the level of response to patients we were delivering was the best that could be achieved given the circumstances of the pandemic.

Since May 2022 we have continued to recruit frontline clinicians and increase our workforce and work with our control room colleagues to implement call validation to ensure that where an appropriate and safe disposition can be achieved without dispatching an ambulance being required, it is done. This process increases availability of ambulances to respond to those who actually need a face-to-face assessment or urgent conveyance to a hospital.

From April 2023 we have introduced a revision of our operational rotas with the aim of increasing the number of available staff at times of greatest patient demand (e.g. early mornings).

We continue to work with commissioners and acute partners to improve hospital handover times and to ensure that the best response time possible within our funding is provided to all the patients we serve.

Yours faithfully



Chief Executive Officer
South East Coast Ambulance Service NHS Foundation Trust

