



Department
of Health &
Social Care

*From Helen Whately MP
Minister of State for Care*

39 Victoria Street
London
SW1H 0EU

[REDACTED]

Ms Alison Patricia Mutch OBE
HM Senior Coroner, Greater Manchester South
HM Coroner's Court
1 Mount Tabor Street
Stockport, SK1 3AG

[REDACTED]

17 May 2024

Dear Ms Mutch,

Thank you for the Regulation 28 Report to prevent future deaths of 19 July 2023 regarding the death of Thelma Mary Radmore. I am replying as Minister with responsibility for urgent and emergency care. Please accept my sincere apologies for the significant 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 Radmore's death and I offer my sincere condolences to her family and loved ones. It is vital that we learn from incidents, where they are identified, to improve NHS care. I am grateful for you bringing these matters to my attention.

The report raises concerns about ambulance response times in the North West of England, patient handovers to hospital, care for pressure ulcers and A&E waiting times. In preparing this response, Departmental officials have made enquiries with NHS England (NHSE) and the Care Quality Commission (CQC). I have been reassured by North West Ambulance Service (NWAS) that ambulance performance is reviewed regularly via the Strategic Partnership and Transformation Board, a joint committee between NWAS and the Integrated Care Boards in the region, and I am pleased to note performance by NWAS has improved since this sad case.

NHSE officials advise that action is being taken in Greater Manchester to improve urgent and emergency care performance including at Stepping Hill Hospital. The Greater Manchester (GM) Urgent and Emergency Care (UEC) programme sets out a plan to help reduce demand, improve capacity, transform services and improve productivity. Action is also being taken to improve local ambulance response times including through a joint handover plan between GM and NWAS and strategies to reduce conveyance. The CQC has also confirmed that they continue to have regular engagement with Stockport NHS Foundation Trust as well as NWAS to monitor waiting times performance and risk.

Regarding the risks and treatment of pressure ulcers, I am advised that this remains a high priority for the trust with targeted training for staff. Initiatives include regular pressure ulcer review panels being held to discuss all incidents reported in every division of the hospital, and pressure ulcer verification masterclass delivered to senior nurses as required.

I recognise the significant pressures the NHS is facing and the impact on waiting time for patients. That is why we published our 'Delivery plan for recovering urgent and emergency care services' which aims to drive sustained improvements in waiting times. Our ambition for this year is to improve A&E waiting times to 78% of patients to be admitted by March 2025, transferred, or discharged from A&E within four hours, and reduce Category 2 response times to 30 minutes on average in 2024/25.

Regarding ambulance response times, 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.

A key part of the plan has been to increase hospital capacity to improve patient flow. This will help reduce overcrowding in A&E, speeding up the handover of ambulance patients so ambulance can swiftly get back on the roads. To help deliver these improvements, we achieved our 2023/24 ambition of delivering 5,000 more staffed, permanent hospital beds 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.

Same Day Emergency Care (SDEC) services will also be in place across every hospital with a major emergency department, helping avoid unnecessary overnight stays in hospital. The SDEC model helps to reduce pressure on emergency departments because patients can be rapidly assessed, diagnosed, and treated without being admitted to a ward, and if clinically safe to do so, will go home the same day their care is provided.

Since publication of the plan, we have seen significant improvements in performance across the country. In 2023/24, average Category 2 ambulance response times (including for serious conditions such as heart attacks and strokes) were over 13 minutes faster compared to the previous year, a reduction of over 27%. In the Northwest of England, average Category 2 response times have similarly improved by over 13 minutes over the same period, a reduction of nearly third. We have also seen improvements in A&E waiting times this year – NHS data shows that 74.2% of patients were admitted, referred or discharged in 4 hours in March 2024 compared to 71.5% of patients in March 2023.

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

Thank you once again for bringing these concerns to my attention.



HELEN WHATELY