



Department of Health & Social Care

*From Minister Whately
Minister of State for Social Care
39 Victoria Street
London
SW1H 0EU*

Our Ref: [REDACTED]

Nigel Parsley
Senior Coroner
The Coroner's Court and Offices
Beacon House
Whitehouse Road
Ipswich IP1 5PB

By Email: [REDACTED]

17 May 2024

Dear Mr Parsley,

Thank you for your letter of 9 November 2023 to the Secretary of State for Health and Social Care regarding the death of Christopher Hart on 25 October 2022. I am replying as Minister with responsibility for urgent and emergency care 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 deeply sorry I was to read the circumstances of Mr Hart's death and I offer my sincere condolences to his family. It is vital that we learn from incidents, where they are identified, to improve NHS care. I am grateful to you for bringing these matters to my attention.

Your report raised concerns about the pressures faced by East of England Ambulance Service NHS Trust (EEAST) and ambulance response times in Suffolk.

In preparing this response, Departmental officials have made enquiries with NHS England (NHSE). NHSE advise officials that EEAST is implementing an Operational Performance and Improvement Plan locally to improve efficiency and maximise ambulance availability. EEAST is undertaking additional recruitment to increase the number of frontline clinicians, and also increase the clinical triage of calls to ensure that patients can be transferred to alternative services where appropriate, helping reduce demand on the ambulance service. This has been supported by the establishment of an Unscheduled Care Coordination Hub locally.

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 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 EEAST 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 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.

We have also implemented a new tiering performance and improvement approach to support challenged ambulance trusts and wider systems. There is support in place at national and regional level to support Tiers 1 and 2 with EEAST in Tier 2 with a universal improvement support offer being made available for all systems.

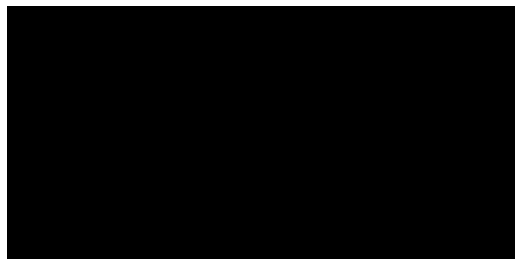
Regarding staffing capacity, we have made significant investments in the ambulance workforce – the number of NHS ambulance staff and support staff has increased by over 50% since 2010. To help ensure we have the ambulance workforce to meet the future demands on the service, the NHS Long Term Workforce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

Since publication of the plan, we have already seen significant improvements in performance this year at a national level. At a national level 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 East of England, average Category 2 response times were over 23 minutes faster over the same time period, a 34% reduction. In March 2024, average patient handover times in the East of England were 32 minutes 51 seconds, nearly 12 minutes faster than in October 2023 (since this information has been published).

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

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

Yours,



HELEN WHATELY