

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 also have 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 deliver services in ambulance and other care settings. I understand that SWAST have recently implemented strategies to support the wellbeing of their staff.

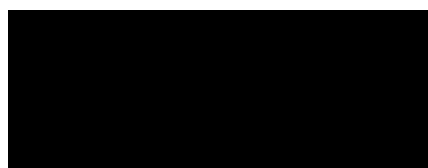
At a national level, we have seen significant improvements in performance this year compared to last year. In winter 2023-24, average Category 2 ambulance response times were over 12 minutes faster compared to the same period last year, a reduction of nearly 25%. SWAST average Category 2 response times were over 33 minutes faster compared to the same time period last year, a 42% reduction. However, I recognise there is still more to do to reduce response times down further and back towards pre-pandemic levels – and this is the action we will continue to be taking as part of the government's commitment to improving NHS services and reducing waiting times.

Both South Western Ambulance Service and NHS Cornwall and the Isles of Scilly ICB are in Tier 1 of the urgent and emergency care recovery plan tiering support approach. This means that NHS England provides bespoke support to them to help improve performance and reduce variation.

In preparing this response, Departmental officials have also made enquiries with the Care Quality Commission (CQC). I have been assured that the CQC will continue to have regular meetings with the NHS trusts locally to monitor risks and follow up on Prevention of Future Death reports.

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

Yours,

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HELEN WHATELY