

Hannah Berry

South Yorkshire (West) Coroner's Court Medico-Legal Centre Watery Street Sheffield S3 7ES **National Medical Director**

NHS England Wellington House 133-155 Waterloo Road London SE1 8UG

24 June 2024

Dear Coroner,

Re: Regulation 28 Report to Prevent Future Deaths – Sophie Hindmarsh who died on 17 August 2022.

Thank you for your Report to Prevent Future Deaths (hereafter "Report") dated 29 April 2024 concerning the death of Sophie Hindmarsh on 17 August 2022. In advance of responding to the specific concerns raised in your Report, I would like to express my deep condolences to Sophie's family and loved ones. NHS England are keen to assure the family and the coroner that the concerns raised about Sophie's care have been listened to and reflected upon.

Your Report raised the concern over significant delay in offloading patients at hospitals which tied up ambulance resource and impacted the ambulance service's ability to respond to emergency calls.

NHS England recognises the significant pressure on ambulance services since the Covid-19 pandemic, which has seen longer response times across all categories than before the pandemic, as well as issues associated with handing over ambulance patients in a timely way at some NHS Trusts. NHS England prioritised improving ambulance performance during 2023/24, supported by the Delivery plan for recovering urgent and emergency care services, published in January 2023. The plan outlined key actions to recover and improve urgent and emergency care services, including improving ambulance response times, increasing ambulance capacity through growing the workforce (for example, increasing clinical capacity in control rooms), alongside broader system actions to improving flow through hospitals and reducing handover delays, speeding up discharges from hospitals, expanding new services in the community, all of which should help ambulance crews to get back on the road to the next waiting patient more rapidly.

Whilst ambulance response times have not returned to pre-pandemic levels, there have been improvements in ambulance response time targets nationally during 2023/24. The 2023/24 year-end Category 2 Mean was 36 minutes 23 seconds which is 13 minutes 37 seconds lower than 2022/23. For 2024/25, the Delivery Plan continues to focus on the improvement of ambulance Category 2 response times, with ambulance services expected to maintain the increases in capacity achieved throughout 2023/24, alongside the continued development of alternative referral pathways (e.g. urgent community response) to ensure that patients receive timely and high-quality care.

Handover delays have reduced nationally over 2023/24 but still present a significant issue to achieving increases in ambulance service capacity, particularly within certain geographical areas. Targeted handover improvement work (for the acute trusts with the highest amount of handover delays) has been undertaken throughout 2023/24. Hospitals have worked collaboratively with ambulance services and the NHS England Regional teams to ensure patients are able to be handed over as quickly as possible. This includes utilising Fit 2 Sit for patients who can safely sit on a chair (rather than a hospital trolley), and direct referrals to Same Day Emergency Care and Urgent Treatment Centres.

NHS England has also engaged with West Yorkshire Integrated Care Board (ICB), who we note will also be responding to your Report and we have been asked to be sighted on their final response to you. NHS England are advised that there has been an improved trajectory of ambulance handovers within South Yorkshire since 2022, and that measures to drive improvements include:

- Joint escalation processes within South Yorkshire
- Investment in crews, fleet and the Emergency Operation Centre (EOC)
- EOC clinical workforce enhancements to support both calls and crews attending in the community, to promote appropriate alternative care pathways.

In June 2023, NHS England published the <u>NHS Long Term Workforce Plan</u>, which sets out how we will grow, train, retain and reform the NHS workforce over the next fifteen years to help meet the growing demands on our services. It is underpinned by the biggest recruitment drive in NHS history and includes an expansion of medical specialty training for urgent and acute care.

I would also like to provide further assurances on national NHS England work taking place around the Reports to Prevent Future Deaths. All reports received are discussed by the Regulation 28 Working Group, comprising Regional Medical Directors, and other clinical and quality colleagues from across the regions. This ensures that key learnings and insights around preventable deaths are shared across the NHS at both a national and regional level and helps us pay close attention to any emerging trends that may require further review and action.

Thank you for bringing these important patient safety issues to my attention and please do not hesitate to contact me should you need any further information.

Yours sincerely,

