

**Ms Hannah Godfrey**  
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Reading  
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**National Medical Director**  
NHS England  
Wellington House  
133-155 Waterloo Road  
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11 November 2024

Dear Coroner,

**Re: Regulation 28 Report to Prevent Future Deaths – Susan Dear who died on 4 January 2023**

Thank you for your Report to Prevent Future Deaths (hereafter “Report”) dated 20 September 2024 concerning the death of Susan Dear on 4 January 2023. In advance of responding to the specific concerns raised in your Report, I would like to express my deep condolences to Susan’s family and loved ones. NHS England are keen to assure the family and the Coroner that the concerns raised about Susan’s care have been listened to and reflected upon.

Your Report raises concerns over the level of demand on South Central Ambulance Service (SCAS), and notes that there was a continuing risk that demand for emergency ambulances would outstrip resources. Your Report also raises that a substantial root cause of the problem was handover delays at the Royal Berkshire Hospital and the Wexham Park Hospital.

NHS England recognises the significant pressures on all NHS services, including ambulances, and continues to prioritise improvements to Category 2 response times, as well as 4 hour performance in Emergency Departments (EDs) to recover and improve urgent and emergency care (UEC) services. Despite significant challenges, including unprecedented industrial action and higher than anticipated demand, there has been a marked improvement in 2023/24, with over 2.5 million more people completing their A&E treatment within 4 hours compared to 2022/23.

Work has also focused on the need to increase ambulance capacity through growing the workforce, improving flow through hospitals and reducing handover delays, speeding up discharges from hospital and expanding new services in the community; all of which support improved patient flow. The NHS is also working more closely with local authorities to improve the timely discharge of patients and has developed discharge metrics to monitor performance improvements.

Response times for Category 2 ambulance calls have improved over the past year, with an average response time over 13 minutes faster compared to the previous year. Other benefits for patients include:

- tens of thousands more people received the care they needed to return home quickly and safely due to expansion of same day emergency care (SDEC) services
- on average, around 500 fewer patients a day had to spend the night in hospital because of a discharge delay, and 13% more patients received a short-term package of health or social care to help continue their recovery after discharge
- urgent community response teams provided 720,000 people with an alternative to going to hospital between April and January.
- virtual wards have supported more than 240,000 people to get the hospital-level care and monitoring they needed in the comfort of their own home

The ambitions for 2024/25 have recently been set out in the [NHS priorities and operational planning guidance](#). These are:

- improve A&E performance with 78% of patients being admitted, transferred, or discharged within 4 hours by March 2025
- improve Category 2 ambulance response times relative to 2023/24, to an average of 30 minutes across 2024/25

Within Emergency Departments, [the NHS standard contract](#) states that all handovers of patients between ambulances and A&E must take place within 15 minutes, with none taking more than 30 minutes. The clock begins when an ambulance arrives outside an A&E department and stops when a clinical handover has been fully completed to A&E staff. [Key Lines of Enquiry \(KLOEs\)](#) have previously been developed by NHS England to support ambulance and acute providers to identify key opportunities to reduce ambulance handover delays and improve patient flow, as outlined in the [UEC Recovery Plan \(2023\)](#).

Ambulance handover times vary across England and, at a local level, acute hospital providers are working with ambulance providers to accept patient care transfers as soon as the patient enters the hospital site, with some acute hospital providers having designated clinical teams to accept ambulance handover patients, with escalation plans in place when demand increases beyond current capacity levels. This continues to be a focus for recovery at a national level for year two of NHS England's UEC Recovery Plan.

My regional colleagues in the South East have engaged with SCAS on the concerns raised in your Report. There are number of local initiatives and improvement programmes underway to improve their performance and ensure that the Trust is delivering the best care to its patients. They advise that they are on target to employ an additional 100 paramedics this year, through an international recruitment programme, and that they have purchased additional ambulances through the national procurement framework. They recently received the first batch of 53 new ambulances and are expecting delivery of a further 71 next month. They are also working hard to increase efficiencies across the service, and have been working closely with all of their providers to identify suitable care pathways that avoid patients being unnecessarily conveyed to EDs and ensure quicker admittance to the correct specialty.

My regional colleagues are also in the process of engaging with Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) and Frimley ICB,

the responsible commissioners for Royal Berkshire Hospital and Wexham Park Hospital ED services, regarding your concerns about ongoing handover delays. We would expect the Department of Health and Social Care's response to the Coroner to respond to your concerns over the national social care system.

Your Report also raised the concern that UEC resources were being wasted due to the ignorance of some members of the public, and that this was unlikely to improve without a programme of public education regarding when it is appropriate to call 999.

There are national efforts underway to educate the public on when it is appropriate to call 999. NHS England runs a series of national public education campaigns signposting to the range of different services available. These also include resources around symptoms such as those which indicate a possible stroke or heart attack and require emergency treatment, as well as how and when to use NHS 111, a GP and pharmacist.

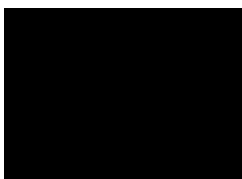
[Systems](#) and providers are also encouraged to use the variety of campaign resources available to run their own local campaigns such as Stay Well this Winter, focusing on prevention and encouraging the uptake of Covid-19, flu and RSV vaccinations.

SCAS advise us that they regularly publish articles on social and other platforms during periods of high demand, directing the public to contact other health care services such as 111 or their local pharmacy for conditions that can be managed through that service.

I would also like to provide further assurances on the 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 events, such as the sad death of Susan, are shared across the NHS at both a national and regional level and helps us to 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,



National Medical Director