NHS England

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16 April 2025

Dear Coroner,

Re: Regulation 28 Report to Prevent Future Deaths – Diana Fairweather-Purkis who died on 3 October 2022.

Thank you for your Report to Prevent Future Deaths (hereafter "Report") dated 17 February 2025 concerning the death of Diana Fairweather-Purkis on 3 October 2022. In advance of responding to the specific concerns raised in your Report, I would like to express my deep condolences to Diana's family and loved ones. NHS England are keen to assure the family and the Coroner that the concerns raised about Diana's care have been listened to and reflected upon.

I am grateful for the further time granted to respond to your Report, and I apologise for any anguish this delay may have caused Diana's family or friends. I realise that responses to Coroners' Reports can form part of the important process of family and friends coming to terms with what has happened to their loved ones, and I appreciate this will have been an incredibly difficult time for them.

Your Report raised concerns that there is insufficient ambulance service availability / resource to enable ambulances to attend to patients in a timely manner and in accordance with relevant target attendance times, and that there are excessive delays in patient handovers between ambulance crews and hospital staff. In Diana's case, I note that the initial target response time for the Category 3 ambulance was 2 hours before it was upgraded to Category 2, but unfortunately an ambulance did not attend until 9 hours and 56 minutes after the initial call to NHS 111.

Ambulance availability and response times

NHS England recognises the significant pressures on all NHS services, including ambulance services, and has been prioritising improvements to Category 2 response times and urgent and emergency care (UEC) services. Improvements to Category 2 response times will have a positive impact across ambulance performance generally, including Category 3 responses.

NHS England also recognises the need to increase ambulance capacity through growing the workforce, improving flow through hospitals, reducing handover delays, speeding up discharges from hospital and expanding new services in the community;

all of which support improved patient flow and ambulance response times. The NHS is 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 2023/24 year, the average response time was over 13 minutes faster compared to the previous year.

NHS England's regional teams are continuing to work closely with commissioners, Integrated Care Boards (ICBs), acute NHS providers and ambulance services to implement plans to continue to improve patient handovers. The 2025/26 priorities and operational planning guidance sets out that the NHS should improve ambulance response times and Accident and Emergency (A&E) waiting times compared to 2024/25, and that Category 2 ambulance response times should average no more than 30 minutes across 2025/26. The guidance also sets out some immediate tasks for 2025/26, including to reduce avoidable ambulance dispatches and conveyances and reduce handover delays.

NHS England has also engaged with North East and North Cumbria Integrated Care Board (NENC ICB), who I note your Report was also addressed to, on the concerns raised in your Report.

They advise that since the creation NENC ICB in July 2022, there has been significant investment of additional resources into ambulance services to increase capacity and availability. Over £40 million of additional funding, made up of local ICB investment and a share of nationally funded NHS England growth monies, has been made available to the North East Ambulance Service (NEAS) since 2023/24 to increase the number of vehicles on the road and also strengthen clinical advisory services.

NEAS have established an Integrated Urgent Care Clinical Assessment Service (IUCAS) which includes paramedics, nurses, advanced practitioners, pharmacists, GPs and clinical specialists who provide enhanced clinical support to call handlers and patients ringing 111 and 999. Senior clinical advisors (clinicians) provide additional clinical assessment via telephone triage, improving the journey and experience for our patients by ensuring they can pass through to services quickly and efficiently. The team also promotes self-care and provides advice and support for patients at home, facilitating onward referral where necessary to a range of primary and secondary care services. By being able to increase the number of patients who are treated and discharged in the community, the IUCAS helps to reduce pressures on ambulances, emergency departments and other NHS services.

With regard to ambulance performance and the target response times, NEAS are consistently the highest performing ambulance provider in England across all 4 response time categories, and they continue to implement system-wide improvement programmes in conjunction with NENC ICB and acute hospital providers to further improve response times throughout 2025/26 and work towards achieving the NHS constitutional standards.

Handover delays in hospital

Ambulance handover delays are a priority area of focus for NENC ICB, NEAS, and acute provider NHS Foundation Trusts across the NENC Integrated Care System (ICS). The multi-agency NENC Strategic Urgent & Emergency Care Network and Local A&E Delivery Boards provide leadership and oversight of a range of transformation initiatives that are being taken to improve patient handover times. There has been a significant programme of work taking place in the second half of 2024/25 to bring together colleagues from across the system (ICB, Foundation Trust, Ambulance Trust) to look at ambulance handover improvement and transformation. This programme was externally facilitated and has led to a number of revised and standardised policies and procedures being agreed for elements of the ambulance handover process (e.g., immediate release, cohorting, diverts and deflections etc.). Alongside the wider ICS programme, there have also been individual improvement programmes taking place across Foundation Trusts to reduce handover delays. A strong example of this is the work that has taken place at South Tees Hospitals NHS Foundation Trust to make tangible improvements to their internal processes, resulting in increased flow through the Emergency Department and reduced average handover times.

Average ambulance handover times are improving after a difficult and challenging winter period and, in the last 3 weeks, the average handover time has been less than 20 minutes across the NENC area, just above the constitutional standard of 15 minutes and significantly below the target of 45 minutes in the 2025/26 NHS operational planning guidance. There have also been significant reductions in the number of ambulance handovers in excess of 60 minutes, the threshold beyond which we know patients are at an increased risk of experiencing harm. These improvements have been delivered whilst the demand for ambulances has continued to rise, and general & acute bed occupancy has remained above 92% across NENC. There continues to be a strong focus on reducing handover delays, so that ambulance crews can be released back onto the road as quickly and efficiently as possible to respond to patient demand in the community. This is evidenced by the consistently strong performance of NEAS across the four categories of ambulance response times compared to other ambulance services in England.

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 Diana, 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,

[redacted]
National Medical Director