



GIG
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WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Ysbyty Gwynedd, Penrhosgarnedd,
Bangor, Gwynedd, LL57 2PW

Gwynedd Hospital, Penrhosgarnedd,
Bangor, Gwynedd, LL57 2PW

PRIVATE & CONFIDENTIAL

Mr J Gittins
HM Senior Coroner for North Wales (East
and Central)
HM Coroner's Office,
County Hall,
Wynnstay Road,
Ruthin
LL15 1YN

Ein cyf / Our ref: [REDACTED]

Eich cyf / Your ref: [REDACTED]

Rhif Ffon / Phone: ☎: [REDACTED]

Gofynnwch am / Ask for: [REDACTED]

Ffacs / Fax: [REDACTED]

E-bost / Email: [REDACTED]

Dyddiad / Date:

02 September 2014

Dear Mr Gittins

Re Regulation 28 – Report for the prevention of deaths – Inquest of Ronald Perry

Following the receipt of your letter dated the 2nd July 2014 the Radiology Clinical Programme Group on behalf of Betsi Cadwaladr University Local Health Board (BCULHB) has reviewed the services provided and would seek to provide the assurances you requested.

During the inquest of Mr Ronald Perry, [REDACTED] gave evidence that there are variations in the referral criteria for Computerised Tomography (CT) scanning within BCULHB depending upon the time of day. It was this evidence that gave rise to the concerns that access to scanning "out of hours" may lead to future deaths.

The Radiology service at all three district general hospital's in North Wales operates a full service Monday to Friday 8.30 am to 5.30pm with some scanning lists being extended into the evenings. This comprises of lists with booked outpatients, urgent suspected cancer patients, inpatients and clinical emergencies. At all other times a general X-ray service is offered alongside an emergency on call service for CT and ultrasound scanning. The emergency on call service is provided on a consultant to consultant basis for all cases where scanning is required to manage an emergency or life threatening condition.

In the case of Mr Ronald Perry the Radiology Clinical Programme Group understand that a diagnosis of possible ruptured abdominal aortic aneurysm was not one of the considered differential diagnosis. The clinical directors for all three departments have confirmed that a request for this clinical indication would have resulted in a CT scan being performed as an emergency at any time during the 24 hour period when the referral was made. In Mr Perry's case no request was made to radiology for a scan to be performed.

As part of continued improvements to the service the Radiology Clinical Programme Group is working to develop increased access outside of normal office hours. However, in this particular case had a referral been made with a clinical indication of possible dissecting or ruptured abdominal aortic aneurysm the level of urgency would have resulted in an urgent scan being performed, whether in or out of normal working hours.



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If you feel it would be helpful to discuss this response in more detail please contact [REDACTED] Interim Chief of Staff for Radiology. [REDACTED] can be contacted either by telephone, [REDACTED]

The Radiology Clinical Programme group hope that this response provides you with the reassurance that all patients who are referred for CT scanning with an emergency life threatening condition are treated in the same way, irrespective of the time.

Yours sincerely

[REDACTED]

ANGELA HOPKINS

Signed by the Executive Director of Nursing and Midwifery on behalf of the Chief Executive

cc

[REDACTED] – Chief of Staff, Radiology Clinical Programme Group

[REDACTED] - Associate Chief of Staff (Operations), Radiology

[REDACTED] – Head of Quality & Governance Radiology