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Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Our Ref: JP/CB/lb

Direct Line: 01633 435958

30 January 2019

Private & Confidential

Ms Wendy Ann James
Acting Senior Coroner
Coroner's Office
Victoria Chambers
11 Clytha Park Road
NEWPORT NP20 4PB

01 FEB 2019

Dear Mrs James

Re: Diane Greenslade (deceased)

I write further to the receipt of the Regulation 28 report in respect of the inquest heard into the death of the above named person. We were extremely saddened to hear the details of this case.

The ability to release ambulance crews in order to respond to community calls is of paramount importance to Aneurin Bevan University Health Board (ABUHB) and we are working closely with our Welsh Ambulance Services Trust (WAST) colleagues to improve handover delays.

Ambulance services are measured on the time it takes from receiving a 999 call to a vehicle arriving at the patient's location. Life-threatening and emergency calls, under the current standards, 65% should be responded to in eight minutes.

In December 2017, ABUHB region achieved 63% against this target, which we recognise is unacceptable. However, with the recent work that has been introduced, this response improved to 71% in December 2018.

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Bwrdd Iechyd Prifysgol Aneurin Bevan yw enw gweithredol Bwrdd Iechyd Lleol Prifysgol Aneurin Bevan
Aneurin Bevan University Health Board is the operational name of Aneurin Bevan University Local Health Board

As a Health Board, we have reviewed and implemented a number of key processes which should, in turn improve the timeliness of releasing crews at the hospital. The Health Board has identified escalation protocols which are used to guide staff within the Emergency Department (ED) in the operational procedures for receiving and offloading ambulances. These include escalation when 3 or more crews are delayed for greater than 30 minutes and limited capacity exists within the hospital to off load them.

At this stage, the nurse in charge of ED will transfer stable patients from the majors department to the minors department to create capacity for crews to bring their patients into the department. This is then a trigger to the site manager to move patients from ED to any available bed capacity with immediate effect, or to pre-emptively move towards where there are any upcoming discharges.

The Health Board has a Full Capacity Protocol which lists a number of objectives to guide staff to trigger a list of actions, with the overall objective, to secure and maintain the safety of patients and staff within the ED and Assessment Units. This is to allow patient moves which facilitate the immediate handover of ambulances.

The Health Board also has a Red Release Protocol for response to WAST, for when a crew is required to attend a 'red' call in the community. The identification of a 'red release' bed is discussed and agreed at each operational site meeting and a patient is identified as the urgent next move from ED, should the need to respond to a red release is called.

There are times when our Emergency Departments do struggle to offload ambulances back into the community. We try to make provision at these times. One of these is during the pressures associated with winter.

The Health Board has a Winter Resilience plan which is designed to manage the peaks of demand and capacity through the winter period when services are under significant pressure. The plan was developed with stakeholders and partners to ensure actions and initiatives described within the plan are shared, agreed and delivered in partnership. The plan is monitored by all stakeholders, including WAST, on a weekly basis and also reviewed and monitored by the Health Board's Executive Team each week. There are several initiatives included in the plan which support the timely release of ambulances at the hospital. For example, we have practitioners reviewing the WAST calls waiting to attend the hospital to ensure patients are treated in the most appropriate setting. We will shortly be implementing clinical call handlers assessing GP calls for admission to hospital. We have additional doctors in the Emergency Department and on our Assessment Units to ensure more timely assessment of patients, and we have opened additional capacity in order to meet the predicted demand. There are several other initiatives to support the winter pressures to reduce demand, and improve our flow in order to release ambulances.

I appreciate that the handover delays was crucial in Mrs Greenslade's case and were extremely saddened to hear that this was found to be the case. I do hope that this information gives the assurance that we, as a Health Board are focussed on the patient experience and actively working in partnership to reduce ambulance delays in our Emergency Departments and Assessment Units.

Yours sincerely



Judith Paget
Chief Executive/Prif Weithredwr