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Ymddiriedolaeth GIG
Gwasanaethau Ambwlans Cymru

Welsh Ambulance Services
NHS Trust



Swyddfa'r Prif Weithredwr a'r Cadeirydd

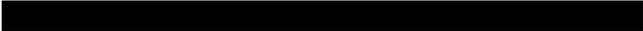
Chair and Chief Executive's Office



12 December 2022

PRIVATE & CONFIDENTIAL

Ms Kate Sutherland
Acting Senior Coroner for North West Wales



Dear Ms Sutherland

Re: Glenys Roberts

I write in response to the Prevention of Future Deaths Report issued to this Trust on 24 October 2022, following the inquest in relation to Glenys Roberts.

You have asked the Trust to consider 3 specific areas:

1. Review of and action relating to intra hospital transfers has been too slow.

The Trust has engaged with Betsi Cadwaladr University (BCU) Health Board and the National Collaborative Commissioning Unit (NCCU), meeting on a fortnightly basis, to work through an action plan that will support the improvement in availability of resources to undertake transfers. A key issue is the ongoing lack of ambulance availability due to our resources being delayed at hospitals. Therefore, the Trust has offered to develop a longer-term solution for intra hospital transfers which could employ dedicated resources to move patients in a timely manner. As the Trust is a commissioned organisation there is high reliance on BCU Health Board and NCCU commissioning additional services. We have evidence of successful deployment elsewhere in Wales, namely in the Aneurin Bevan University Health Board, where the health board commissioned dedicated services.

Mae'r Ymddiriedolaeth yn croesawu gohebiaeth yn y Gymraeg neu'r Saesneg, ac na fydd gohebu yn Gymraeg yn arwain at oedi

The Trust welcomes correspondence in Welsh or English, and that corresponding in Welsh will not lead to a delay

www.ambulance.nhs.wales

Anfonwch unrhyw ohebiaeth i'r cyfeiriad canlynol:-

Please forward any correspondence to the following address:-

Beacon House
William Brown Close
Llantarnam
Cwmbran NP44 3AB
[Ffôn/Tel](tel:01633626262)
01633 626262

In order to develop a proposal the Trust and BCU Health Board need to validate data to determine the demand for such a service within prudent healthcare principles. However, given that patient safety and the prevention of future deaths is the overarching consideration, BCU Health Board has been discussing a solution that can be put in place quickly using the All Wales Critical Care Transfer Service (ACCTS), by way of an expansion to their current service model. The Trust will then continue to work with BCU Health Board, ACCTS and NCCU to develop and commission a longer term model and aim to present this in Quarter 4 of this financial year.

2. Review of the current vascular pathway to ensure vascular emergency transfers have direct admission into hospital is still not fully operational and has been too slow

The Trust has developed a bypass protocol for patients presenting with the need for vascular services following a change to Joint Royal Colleges Ambulance Liaison Committee guidelines. This includes a range of conditions including abdominal aortic aneurysms (AAA) and ischemic limb, and has been implemented in the South East Wales Vascular network. BCU Health Board Vascular Network has accepted part of this pathway, the immediate bypass for ischemic limb to Ysbyty Glan Clwyd, but not for AAA. The Trust is currently finalising the pathway with BCU Health Board for implementation.

A draft document has been shared with BCU Health Board on 22 November 2022 to provide some BCU Health Board specific demographic and service delivery information, along with terminology although this can be considered non-essential with regard to implementation of the pathway and will not delay the release of this document to staff. The Trust is still waiting for a direct dial contact number that can be added to Consultant Connect and a destination for crews when patients have been accepted through this pathway. Once we have the information from the Health Board the information can be released for immediate use.

3. Development of a pan Betsi Cadwaladr University Local Health Board ambulance handover plan to support reducing lost hours to improve performance and availability is still not in force and has been too slow

The Handover Improvement Plan has been put in place between the Trust, BCU Health Board and NCCU, along with fortnightly meetings chaired by NCCU. Going forward these meetings will be the host for integrated commissioning action plans, part of the refreshed Emergency Medical Services Commissioning Framework approved by Emergency Ambulance Services Committee.

These plans will incorporate transformative actions that can be put in place to improve system flow, avoid conveyance and support timely discharge and transfer of patients, aligning to the Welsh Government Six Goals for Urgent and Emergency Care programme. These meetings are due to commence in December 2022. The Trust is also working with BCU Health Board outside of the intra hospitals transfer group on the availability of non-conveyance pathways to support the work to improve system flow.

The Trust has previously provided evidence to Coroners in North Wales regarding the actions that have been taken in order to reduce the lost hours and improve our response times to patients waiting in the community. I have attached the most up to date action plan (Reducing Patient Harm Action Plan). This plan has been tabled in the organisation's Trust Board meetings since July 2022.

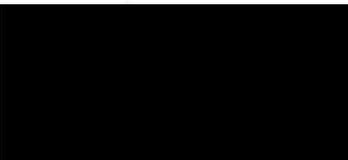
I attach for your reference a plan that lists the actions the Trust is proposing to consider in order to address the issues highlighted within your Regulation 28 report. Any changes made will be included within the Trust's Standard Operating Procedures (Clinical Contact Centre and Clinical Support Desk). This is in addition to the action plans that formed part of the BCU Health Board investigation which they lead on.

Whilst I was pleased to hear that staff from this Trust and the BCU Health Board were able to provide you with details of ongoing joint work in relation to the issues that you have raised in this report, I feel it is incumbent on me to stress that unless there is a significant reduction in the number of ambulance hours lost due to delays at hospital, the Health Board will need to determine if they commission transfer services from the Trust.

I have previously shared with you, in my response relating to the Prevention of Future Deaths report in respect of Mr Raymond Gillespie, the actions that the Trust has taken in an attempt to minimize the impact of ambulances being delayed at hospital, when handing over the care of patients.

Whilst writing I would like to extend my sincere condolences to Mrs Roberts family on their sad loss. I would also like to extend the offer to meet with you to discuss our response in more detail and to provide you with any further assurances you may require regarding our commitment to continual improvement to support the prevention of future deaths.

Yours sincerely




Chief Executive

