[redacted]

Ysgrifennydd y Cabinet dros Iechyd a Gofal Cymdeithasol
Cabinet Secretary for Health and Social Care

Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref: [redacted]

Caroline Saunders, Senior Coroner
Area of Gwent
Livingstone House,
Langstone Business Village,
Langstone Park,
Newport,
NP18 2LH

22 April 2025

Dear Ms Saunders,

Re: Regulation 28 Prevention of Future Deaths report – Jeffrey Martin Tyler (deceased)

Thank you for your correspondence of 18 February 2025 sent by email, in which you enclose a copy of a Regulation 28 Prevention of Future Deaths report ('the report') following the conclusion of the inquest into the death of Jeffrey Martin Tyler. I should like to offer my sincere condolences to Mr Tyler's family on their sad loss.

In the report you ask for details of action taken or proposed by the Welsh Government to ensure appropriate categorisation of emergency ambulance calls and improve timeliness of ambulance response to aid prevention of future deaths.

As you will be aware, the Welsh Ministers have a role to set expectations in terms of a strategic direction for health and care services in Wales, and to hold health bodies to account for the performance of their statutory duties.

However, it is important to note, that the Welsh Ministers are not responsible for the delivery of health services in Wales. Instead, Local Health Boards (LHBs) are responsible for planning, commissioning and delivering services for the population of its area and NHS Trusts are responsible for the delivery of services across Wales within the national policy framework set by the Welsh Ministers.

Bae Caerdydd • Cardiff Bay
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Canolfan Cyswllt Cyntaf / First Point of Contact Centre: [redacted]

The Welsh Ambulance Services National Health Service Trust (Establishment) Order 1998 establishes the Welsh Ambulance Services University National Health Service Trust (WAST). Article 3 delegates the function of managing the ambulance service to WAST.

WAST is therefore responsible for delivering emergency ambulance services in line with commissioning intentions set of it by the NHS Wales Joint Commissioning Committee (NHS JCC). The NHS JCC is a joint committee of LHBs established to jointly exercise the functions of planning, securing and commissioning of emergency ambulance services.

The Welsh Government do not therefore make operational decisions on the system used by WAST to categorise emergency ambulance calls. If the Coroner requires action to be taken in relation to those operational matters, WAST would be best placed to respond.

The Welsh Government's policy expectation, and the commissioning intent of the NHS JCC, is that WAST prioritises response to those in most need and aims to provide the right response, first time to optimise outcomes and experience.

I hold the Chair of WAST to account for oversight of the delivery of those expectations through regular meetings. Officials also hold the Chief Executive Officer and his executive team to account through bimonthly integrated quality planning and delivery (IQPD) meetings where progress against key performance targets is scrutinised and assurance on the quality and safety of services is sought. I have asked officials to seek assurance on the process of categorisation of calls and steps taken by the Trust to ensure service users receive the right response for their clinical need at the next IQPD meeting to be held on 24 April 2025.

In November 2024, I established an Ambulance Response Target Review in response to a recommendation made by the Health and Social Care Committee to review the current 'red' ambulance response target. The task group was predominantly made up of clinical experts in the field of pre-hospital emergency care and ambulance response.

Following agreement of recommendations from the group, on 11 March 2025, I announced via an Oral Statement the implementation of a new Emergency Ambulance Performance Framework (Appendix 1). This has increased focus on clinical outcomes – especially following an out of hospital cardiac arrest – and will be implemented from 1July 2025.

In response to the agreement of the new performance framework, over the next year, WAST will trial changes to its clinical response model. These changes are designed to save more lives and improve people's outcomes following a cardiac arrest, a serious illness, incident or accident.

As part of the model two new 999 categories will be created which will both be subject to immediate ambulance resource dispatch following initial assessment by an ambulance service call-handler using the MPDS. The new categories are:

- A purple arrest category, which will cover cardiac and respiratory arrest.
- A red emergency category, which includes responses to major trauma, major bleeding and cases where a person's condition could deteriorate swiftly without rapid intervention.

The new model will also see the rolling out of a rapid clinical screening process for all calls not categorised in the ‘purple’ or ‘red’ categories. This screening will be done by a senior paramedic or nurse and take place immediately after the initial assessment by an ambulance service call handler.

The introduction of this clinical screening process will allow senior clinicians to assess, intervene and prioritise patients based on their presenting clinical need to provide a more tailored approach to each patient. 28 newly appointed ‘clinical navigators’ are supporting the screening process to ensure anyone who needs an immediate response are upgraded to the highest priority categories. If an immediate dispatch is not required, a further clinical assessment will be undertaken by the ambulance service to ensure the right resource and level of skill is allocated.

Over the next two months, a review will be undertaken to consider whether measures are required for incidents not categorised in the purple or red categories. This will include conditions which currently fall in the ‘amber’ category such as symptoms of a stroke or heart attack. To drive the review, we are establishing a national group of clinical and operational leads to review and consider measures for these conditions. WAST will consider the findings of this additional review before finalising changes to its clinical model.

Yours sincerely,

Ysgrifennydd y Cabinet dros Iechyd a Gofal Cymdeithasol
Cabinet Secretary for Health and Social Care

Appendix 1: New ambulance performance framework

Category	Descriptor	Types of complaint	Response targets / standard(s)
Purple: arrest	**ARREST** Refers to incidents where a person is in cardiac or respiratory arrest	- Cardiac arrest - Respiratory arrest	**Purple: cardiac arrest 'bundle' of measures** 1. % of people to have a heartbeat restored after a period of cardiac arrest which is subsequently retained until arrival at hospital (Return Of Spontaneous Circulation) 2. Median (average) time to bystander CPR 3. Median time to defibrillation 4. Median response time target range of 6-8 minutes 5. 90% receive an ambulance response within 20 mins
Red: emergency	**EMERGENCY** Refers to incidents where a person is at risk of cardiac or respiratory arrest	- Choking - Major haemorrhage - Major trauma	1. Median ambulance response time target range of 6-8 minutes 2. 90% receive an ambulance response within 20 mins *Clinical performance indicators (to be developed)*