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Dyddiad/Date:

21 July 2025

PRIVATE & CONFIDENTIAL

Kerrie Burge
Assistant Coroner
The Old Court House
Court House Street
Pontypridd
CF37 1JW

Dear Ms Burge,

I am writing in response to a Regulation 28 Report issued to Cwm Taf Morgannwg University Health Board (CTM UHB) on the 6th March 2025 following the inquest touching upon the death of Annette Lewis. The Health Board acknowledges the matters of concerns raised in relation to the care that was provided at the Princess of Wales Hospital specifically in relation to a failed discharge policy and action has been taken to address this.

1. General Surgery Policy

CTM now has active and up to date guidelines to prevent recurrence of what happened in Ms Lewis' case. This is a General Surgery policy that applies to the General Surgeons as well as to the Emergency Department (who have also had it discussed and shared

Cadeirydd/Chair: [REDACTED] **Prif Weithredwr/Chief Executive:** [REDACTED]

*Croeso i chi gyfathrebu â'r bwrdd iechyd yn y Gymraeg neu'r Saesneg. Byddwn yn ymateb yn yr un iaith a ni fydd hyn yn arwain at oedi.
You are welcome to correspond with the Health Board in Welsh or English. We will respond accordingly and this will not delay the response.*

<https://ctmuhb.nhs.wales>

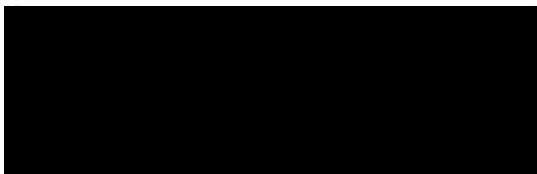
widely – please see below in Emergency Department section). The Guidelines for care and treatment for patients who return to an Emergency Department (ED) within CTM UHB with general surgical conditions following discharge from hospital within CTM UHB were approved at Quality & Safety Committee on the 25th March 2025. These guidelines are operational across the Health Board. It was discussed at the Surgical Governance Meeting (pan-health Board) on 13th March 2025 department Morbidity and Mortality meeting, and the new policy was shared with the entire team by email. Those involved have reflected and evidenced this as part of their appraisal. Finally, this policy has been included in our induction presentation to all new starters. It is available on the Health Board SharePoint where all Guidelines and Policies are located for rapid access by colleagues.

2. Emergency Department Policy

The Princess of Wales Emergency Department Guidelines have been circulated to all Doctors and Clinical Teams. In addition, information (including laminates clearly displayed on the department walls) is available in minors, paediatric triage and BRATZ (majors triage / rapid assessment) for the whole multi-disciplinary team to see, be aware of and act upon. This is also the case in key areas in the other CTM Emergency Departments Royal Glamorgan and Prince Charles. There is a Princess of Wales Emergency Department Handbook and this policy has been added to it. This Handbook is available for all staff to refer to including agency and locum doctors.

We hope that these actions, development and awareness of these guidelines can demonstrate a robust response to the extremely sad death of Mrs Annette Lewis and that the organisation has learned. We are confident that these steps would prevent further events of patient representing with symptoms.

Yours sincerely,



Medical Director

Guidelines for care and treatment for patients who return to an Emergency Department (ED) within CTM UHB with general surgical conditions following discharge from hospital within CTM UHB.

Document Type:	Clinical Policy
Ref:	(For Non-Clinical References – Contact: [REDACTED]) (For Clinical References – Contact: [REDACTED])
Author:	[REDACTED]
Executive Sponsor:	Executive Medical Director
Approved By:	Quality & Safety Committee
Approval / Effective Date:	March 2025
Review Date:	March 2027
Version:	Final version 1.0

Target Audience:

People who need to know about this document in detail	Clinical Staff involved in the care of managing patients attending emergency departments across CTMUHB
People who need to have a broad understanding of this document	Cwm Taf Morgannwg University Health Board Emergency Department Clinical Lead and General Surgical Clinical Directors
People who need to know that this document exists	Nursing, Midwifery & Medical staff at Cwm Taf Morgannwg University Health Board. Via Sharepoint

Guidelines Definition

Clinical guidelines are systemically developed statements that assist clinicians and patients in making decisions about appropriate treatments for specific conditions.

They allow deviation from a prescribed pathway according to the individual circumstances and where reasons can be clearly demonstrated and documented.

Minor Amendments

If a minor change is required to the document, which does not require a full review please identify the change below and update the version number.

Type of change	Why change is made	Page number	Date change	Version	Name of responsible person

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1.0 Purpose

The following guideline is to ensure appropriate care and treatment for patients who return to an Emergency Department (ED) within CTM UHB following either attendance to or discharge from hospital after a post-surgical procedure within CTM UHB.

2.0 Patients discharged by ED and returning to the Emergency Department

- RCEM Consultant sign off standards states that 'any patient with an unscheduled return to ED within 72 hours with the same condition must be reviewed by an ED consultant prior to discharge by ED team'.
- When a consultant is not available on site, the RCEM guidance supports review prior to discharge by a Tier 4 clinician (ST4+ or equivalent sign off)

3.0 Patients returning to the Emergency Department who have been under the care of the General Surgical team in CTMUHB

3.1 Return following discharge by General Surgical team

Patients that return to ED within 7 days after a surgical discharge (either from ED/AESU/SDEC/SAU or the ward) with the same or worsening problem can be discussed with surgical team for review after triage. These patients do not need formal ED assessment unless the patient is triaged as unstable.

Patients that return after 7 days to ED to be reviewed by ED team and assessed.

Exception: Patients discharged with uncomplicated rib fractures

3.2 Returning patients from CTMUHB within one month of undergoing a general surgical procedure:

All patients presenting to ED with potential issues related to a recent general surgical procedure within CTMUHB can be referred back to the on call general surgical team after triage (if stable). They do not require a formal ED assessment unless the patient is triaged as unstable.

3.3 Returning patients from CTMUHB over one month post-surgical procedure:

All patients presenting to ED with potential issues related to a general surgical procedure within CTMUHB performed greater than one month previously, will require an assessment by the ED team with onwards referral as appropriate.

Exception: Patient with a known (chronic) on-going surgical problems, such as a chronic wound or surgical drain. These patients can be referred direct to the on call surgical team.

3.4 Patients attending ED having undergoing surgical procedures from other specialties or from outside CTMUHB.

All patients presenting to ED with potential issues related to a post surgical procedure from outside CTMUHB will require assessment by the ED team with onwards referral as appropriate.

4 Responsibility of investigation results

The responsibility of checking and acting on any test result falls on the clinician requesting the test.

As per the GMC, Good Medical Practice (65c), robust handover of any outstanding test results is essential.

All doctors...must be confident that information necessary for ongoing care has been shared:

- i. before you go off duty*
- ii. before you delegate care, or*
- iii. before you refer the patient to another health or social care provider.*

It is responsibility of the ED team to follow up any investigations requested for discharged patients that are not referred on.

Once referred, the accepting team must follow up and manage any investigations for patients requested up to and following review. This includes any investigation requested by the team, even if the patient is referred on to another specialty or discharged (inclusive of investigations requested by ED prior to referral as these are handed over as part of the initial referral process).



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Triage of Returning General Surgical (GS) patients

Returning patient	Time period	Primary assessment	Comments	Exceptions
Seen by ED & discharged	<72hrs	ED to assess Refer on to appropriate specialty ? discharge	ED consultant review before discharge	In ED consultant absence Reviewed by Tier 4 (ST4+)
Seen by GS in CTMUHB*	>72hrs	ED assess refer/discharge		
	<7dys	Refer to GS		*discharged by GS from wards, ED, AESU, SDEC or SAU
	>7dys	ED assess refer/discharge		Discharged with uncomplicated rib fractures
Operated on CTMUHB by GS with relevant symptoms	<1month	Refer to GS		
	>1month	ED assess refer/discharge		Known chronic surgical problem ie fistula/chronic wounds
Operated on outside CTMUHB/other specialty	Anytime	ED assess refer/discharge		

Agreed by Clinical Directors for ED and GS March 2025