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

Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref: A57494350

Kate Robertson, Assistant Coroner
North Wales (East and Central)
Coroner's Office
County Hall
Wynnstay Road
Ruthin
LL15 1YN

24 July 2025

Dear Ms Robertson,

Re: Regulation 28 Prevention of Future Deaths report – Jeanette Sidlow Beech (deceased)

Thank you for your correspondence of 29 May, enclosing a copy of a Regulation 28 Prevention of Future Deaths report following the conclusion of the inquest into the death of Jeanette Sidlow Beech. Please pass on my condolences to Ms Beech's family.

I would like to set out the roles and responsibilities of the Welsh Government in relation to the health service in Wales, especially in support of timely ambulance responses. I also want to be clear that I expect the NHS to provide high-quality care to everyone and while the NHS is facing pressures, it is always disappointing when care falls below those standards. When mistakes and harm occur, I expect the NHS to learn from what happened and to apply that learning to prevent a further recurrence. Regulation 28 reports are an important part of that process.

Governance: roles and responsibilities

Welsh Ministers set the strategic context and expectations for health and care services in Wales and hold NHS organisations accountable for fulfilling their statutory duties. Welsh Ministers are not responsible for the delivery of health services.

Health boards and NHS trusts are responsible for planning, commissioning and delivering services for the population of their local areas, in line with the national policy framework set by Welsh Ministers.

Canolfan Cyswllt Cyntaf / First Point of Contact Centre:
[redacted]

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The Welsh Ambulance Services National Health Service Trust (Establishment) Order 1998 established 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 (JCC). The JCC is a joint committee of health boards established to jointly exercise the functions of planning, securing and commissioning of emergency ambulance services.

The Welsh Government's policy expectation of health boards is that when a patient is conveyed to a hospital by ambulance, care must be handed over to the receiving hospital team as soon as possible, in order of clinical priority and within 15 minutes. Health boards are responsible for ensuring this happens reliably and that there is sufficient available capacity throughout the receiving hospital. This is set out in the Ambulance Patient Handover Guidance.

Our policy expectation, and the commissioning intent of the JCC, is that WAST prioritises responses to those in most need and aims to provide the right response, first time to optimise outcomes and experience.

I hold the chairs of all NHS organisations to account for oversight of the delivery of those expectations through regular meetings and Welsh Government officials maintain oversight of the delivery of services via Joint Executive Team meetings held biannually through regular 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.

Ambulance patient handover performance

Ambulance patient handover delays at emergency departments in North Wales are too long and they are having an impact on patient outcomes; on staff morale in the ambulance service and the health board, and they are impacting on the ambulance service's ability to respond to 999 calls in the community.

As your report notes, addressing this requires co-ordinated action across the entire health and social care system.

I have been very clear with Betsi Cadwaladr University Health Board – and with all NHS organisations in Wales – about the need to improve ambulance handovers at emergency departments.

All health boards are required to implement the *ambulance patient handover guidance* – it is one of the five key priorities ('enabling actions') for urgent and emergency care within the NHS Planning Framework for 2025-26 and has been incorporated into the performance criteria for all health board chairs.

To support health boards, my officials arranged a review of compliance with the ambulance patient handover guidance during the last quarter of 2024-25, which was completed by March 2025 by NHS Performance and Improvement. A report detailing the findings and key themes for health boards was shared on 18 June. A copy is attached at annex A.

My officials have sought urgent assurance from each health board about how they will deliver specific actions against the eight aspects in this report to support compliance with the handover guidance and work towards delivery of no delays of more than 45 minutes by quarter three in 2025-26. Progress will be closely monitored by the Welsh Government and NHS Performance and Improvement at Integrated Quality Planning and Delivery meetings.

To further drive improvements, I announced on 30 June, a clinically-led National Handover-45 Taskforce – the details are set out in this Written Statement.

The taskforce will use the NHS Performance and Improvement review as a foundation and will compile comprehensive evidence on effective strategies for improving ambulance patient handover. This will inform the development of an improvement programme and a readiness assessment.

It will support all health boards and WAST to improve handover performance, working towards delivery of a standard ambulance patient handover within 15 minutes, with a backstop of 45 minutes.

There have been signs of improvement in recent months. In June, across all emergency departments in Wales, there were 31% fewer ambulance hours lost as a result of ambulance patient handover delays and 24% fewer delays in excess of one hour compared to June 2024. In Betsi Cadwaladr University Health Board, there were 24% fewer ambulance hours lost, and 13% fewer patients delayed in excess of one hour when compared to June 2024. However, there remains a lot more to do, and I expect more progress and improvements to come.

Planning for winter 2025-26

As the winter period traditionally presents greater challenges for emergency care services, the process of learning lessons from last winter and developing plans for winter 2025-26 started at the earliest possible stage, on 31 March. I chaired a Winter Summit meeting with NHS chief executives, directors of social services and the Association of Directors of Social Services (ADSS) Cymru.

The expectations of health and social care partners, guidance and good practice have been issued to the NHS and local authorities and further operational winter resilience plans will be received from partners in the autumn.

Escalation and Intervention

Our approach to oversight, escalation and intervention is set out in the NHS Oversight, Assurance, Escalation and Intervention Framework. The framework sets out six escalation domains against which all health organisations are assessed.

In line with the processes described within the document, Welsh Government officials undertake an assessment of each health organisation against each of the domains at least twice a year. These assessments draw in a variety of evidence and are used in conjunction with evidence and intelligence from statutory organisations by Welsh Government officials to inform the recommendations made to the Cabinet Secretary, on the escalation levels of NHS organisations in Wales.

All health boards in Wales, are in escalation for urgent and emergency care, which includes ambulance handovers.

Due to the serious concerns across a number of areas, including urgent and emergency care, Betsi Cadwaladr University Health Board was placed in special measures in February 2023.

The Welsh Government publishes regular reports setting out the progress made against the special measures criteria. It is evident from the recent reports that while some improvements are being noted across leadership and governance, concerns about operational grip and control across the organisation remain.

As part of the special measures intervention, the health board is receiving support from the Welsh Government, the Six Goals for Urgent and Emergency Care programme and NHS Performance and Improvement to make the necessary improvements to the quality and timeliness of its urgent and emergency care services and the experience of patients accessing its services.

We have made an additional £2.7m available to the health board this year to support delivery of local improvement plans. This is part of £35.5m to support the health board and the North Wales Regional Partnership Board to safely manage more people in the community; to avoid ambulance transport and admission to hospital; and deliver integrated solutions with social care services to improve patient flow through hospitals. The impact made by the region is being closely monitored.

Yours sincerely,

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

Annex A: Assurance Review of Ambulance Patient Handover Process and Compliance with Guidance across NHS Wales

NHS Executive
Review of Ambulance