



Ymddiriedolaeth GIG  
Prifysgol Felindre  
Velindre University  
NHS Trust

Pencadlys Ymddiriedolaeth GIG Prifysgol Felindre  
Velindre University NHS Trust Headquarters  
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Ffôn/Phone: (029) 20196161

<https://velindre.nhs.wales>

28<sup>th</sup> November 2025

FAO: Ms. C Saunders  
Gwent Coroners Service  
Livingstone House  
Langstone Business Village  
Langstone Park  
Newport,  
NP18 2LH

Dear Ms Saunders,

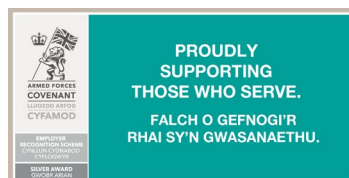
## Re: Regulation 28 Response

I am writing to provide Velindre University NHS Trust's formal response to the Regulation 28 Report issued on the 6<sup>th</sup> October 2025 following the inquest into the death of Mr. Steven Paul Turzynski.

I would like to start by thanking you for raising these extremely important matters with the Trust and to apologise for the failings identified through the inquest process. Velindre University NHS Trust both acknowledges and accepts the concerns raised relating to the adequacy of nutritional assessment, communication between dietetic teams, and the need for strengthened standards for face-to-face consultations for patients receiving cancer treatment. We fully recognise the significant role that appropriate nutritional support plays in ensuring safe and effective cancer care, and the serious implications when those standards are not met.

The Trust has undertaken a comprehensive review of practice and implemented targeted

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Velindre University NHS Trust is happy to receive communication in Welsh or English.





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improvement actions. We continue to work closely with Aneurin Bevan University Health Board (ABUHB), reflecting the joint nature of this Prevention of Future Deaths (PFD) Report, to ensure that safe, consistent and coordinated dietetics care is provided across organisational boundaries.

I have attached the Trust's improvement plan that has been developed in conjunction with ABUHB for reference.

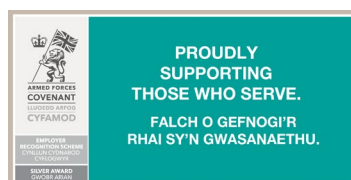
For ease of reading I have detailed below the specific actions undertaken and those in progress to reduce the likelihood of similar circumstances arising in the future:

### Development & Improvement

To ensure sustained system-wide improvements, Velindre Cancer Service has strengthened its governance arrangements relating to dietetic care, including enhanced reporting mechanisms, improved visibility of service risks, and increased oversight of multi-professional clinical standards. We have implemented a series of measures to improve co-working and communication between hospital and community dietetic services, including:

- A joint communication protocol and Multi-Disciplinary Team checklist to standardise the processes for shared care patients
- Quarterly joint dietetic meetings with ABUHB to support shared learning and early escalation of any potential risks or issues
- Review and confirmation of Upper Gastrointestinal and Head & Neck clinical pathways
- Development of an interim shared care transfer document until the All-Wales standard is formally approved

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- Active engagement with the Welsh Dietetic Leaders Advisory Group (WDLAG) to strengthen cross-boundary referral processes

The above steps will ensure that dietitians in different hospitals can share information across organisational boundaries, understand who is responsible for each patient, and provide consistent nutritional advice. Patients will no longer receive conflicting information as both teams will have shared visibility and direct contact pathways. Cross site interface meetings will facilitate shared learning and information sharing.

We also recognised following the inquest the risk of not seeing patients face to face and we have developed plans and guidelines to ensure the adequacy of dietetic assessments over the phone, and a minimum standard set for face-to-face consultations. The steps we have taken to date include benchmarking locally, regionally and nationally to help inform the development of a draft Standard Operating Procedure which, following approval, will be evaluated to ensure that it is embedded into practice.

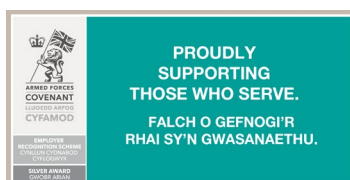
### Governance and Monitoring

To provide assurance of ongoing monitoring, evaluation and sustained improvements any Improvement work is overseen through the Velindre Cancer Service Quality & Safety governance structure. Progress is monitored via the Trust's electronic regulatory and assurance tracker and is reported to the Executive Management Board and Quality, Safety and Performance Committee. Monthly joint meetings with ABUHB ensure close alignment and shared accountability in relation to our shared improvement actions.

We have written to Mr Turzynski's partner to express our sincere apologies that the care provided did not meet the standards to which we are committed, and we have offered the opportunity to meet with the clinical team.

I hope that this response provides you with the assurance required that the action we have taken is robust enough to prevent future deaths related to dietetic support and provision.

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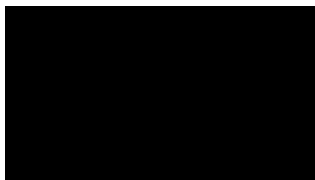
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Please do not hesitate to contact me if I can provide any further information. I am truly sorry for the issues that have been found and for the impact that these have had on Mr. Turzynski and his family. I hope to assure you that, as a Trust, we are committed to continuously striving to improve the care that we provide to all our patients.

Yours sincerely,

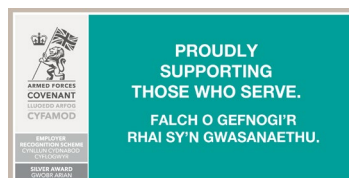


**Prif Weithredwr**

**Interim Chief Executive Officer**

***Encl: Velindre Cancer Service Dietetic Provision Improvement Plan***

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# Dietetic Provision Improvement Plan

## Velindre Cancer Service (VCS)

Action plan approval:

Name	Date
VCS Triumvirate	4/11/25
Private Trust Quality Safety & Performance Committee	13/11/2
Private Trust Board	27/11/25

**Progress Key:**

	Off target - Risk		In progress
	Delayed/behind schedule		On track
	Not started		Completed and evidenced

## **Recommendation 1 - To improve co-working within disciplines when sharing the care of patients who require hospital and community dietetic care**

	<b>Safety action description (SMART)</b>	<b>Action taken</b>	<b>Proposed action</b>	<b>Safety action owner</b>	<b>Target completion date</b>	<b>Evidence</b>
1.	To schedule and conduct meetings with ABUHB to review and discuss the current Head and neck and Upper Gastrointestinal patient pathways, identify gaps and/or improvements, and agree on next steps for pathway optimisation.	Meetings undertaken on 28/07/2025 and 06/10/2025 between Dietetic departments at VCS and ABUHB. Upper Gastrointestinal and Head & Neck clinical pathways reviewed, further developed and confirmed. Clinical Pathways have been implemented across Dietetics at VCS and ABUHB.	To continue monthly Dietetic professional meetings, with the next meeting arranged for 17/11/2025	Professional Head of Nutrition and Dietetics	31/01/2026	TOR for meeting Meeting notes Clinical pathways
2.	To provide assurance that pathways developed under safety action #1 are completed and embedded into practice.	To be completed	To ensure the pathways are robust and meet the needs of our patients, we will regularly audit the pathways implemented.	Professional Head of Nutrition and Dietetics	To ensure the pathways are fully embedded into practice, the target date for auditing is 30/05/2026	

			This will be recorded and tracked on our internal audit governance system (AMaT) and will be reported through internal governance at quality and safety board meetings.			
3.	To improve multi-disciplinary communication and working processes between VCS and ABUHB by introducing a shared communication protocol/checklist and establishing when urgent joint MDT meetings are required.	Collaboration across multi-professional teams and both organisations to develop and implement an MDT checklist for complex nutritional care patients.	Draft MDT checklist will go through the internal ratification process and be implemented. To ensure the checklist is robust and fit for purpose, it is necessary to undertake an audit of the checklist. This will be recorded and tracked on our	Head of Therapies	30/11/2025  To ensure the checklist is embedded the target date for auditing is 30/05/2026	MDT checklist



			internal audit governance system (AMaT) and will be reported through internal governance at quality and safety board meeting. This will be based on Quality Improvement (QI) methodology, ensuring the audit cycle is completed and learning is shared widely across the Trust.			
4.	Formulise an agreed method of communication for the transfer of patient care with all health boards leads in Wales – all Wales transfer documentation, to be used for transfer between ABUHB and VCS. In the interim to use a standardised email transfer template.	A transfer document has been developed with VCS and ABUHB, to be used for shared care patients, until the All-Wales document has been agreed. Discussion of cross boundary referral concerns and options at	To utilise local transfer form between VCS and ABUHB  To utilise the All-Wales transfer	Professional Head of Nutrition and Dietetics	30/11/2025  30/11/2026	Transfer form



		the Welsh Dietetic Leaders Advisory group (WDLAG) to ensure comprehensive handover of patient role 07/10/2025	form once agreed with WDLAG.			
5.	To ensure replication of safety action #1,3 &4 above, across all VCS commissioned health boards in Wales.	Meeting date arranged between Head of Therapies at VCS and AHP Clinical Directors within local Health Boards to address pathway review and enhanced communication 07/11/2025	To start replication of care, standardised process and protocols to ensure the safety actions meet quality standards of care across all UHB's commissioned to provide a service to VCS.	Head of Therapies	31/03/2026	

## Recommendation 2 - To improve accessibility of patient records across Trust and Health Board

	Safety action description (SMART)	Action taken	Proposed action	Safety action owner	Target completion date	Evidence
1.	To ensure all Dietitians have access to Clinical WorkStation (CWS) to enable full notes to be accessible between VCS and ABUHB.	We are 100% compliant with our Dietitians at VCS having access to 'read only' notes on CWS. Accessing this system has been embedded into day-to-day practice.	All new starters within the Dietetic department will have access and training to CWS which will be recorded on our training needs analysis records kept for all staff.	Professional Head of Nutrition and Dietetics	10/10/2025	Starters checklist and database of CWS access
2.	To schedule formal communication with the Chief AHP digital advisor in Digital Health Care Wales (DHCW) and Head of Dietetics at ABUHB, to review and discuss digital systems across Wales, identify any gaps or improvements, and agree on next steps for pathway optimisation.	Meeting held with Chief AHP digital advisor, VCS and ABUHB 22/08/2025. Shadowing session held at VCS with Chief AHP digital advisor to review current processes and systems and to make key improvements/ recommendations 28/10/2025.	Risk to be raised with Local health Boards, in liaison with DHCW, re: multiple number of digital systems in use across NHS Wales. There is focused work ongoing regarding the use of digital systems across Wales, and we are collaborating with DHCW to help inform these conversations.	Head of Therapies	30/11/2025	Meeting summary

3.	To ensure replication of safety action #1 & 2 above, across all VCS commissioned health boards in Wales.	Meeting date arranged between Head of Therapies at VCS and AHP Clinical Directors within local Health Boards to formalise digital access 07/11/2025		Head of Therapies	31/03/2026	
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**Recommendation 3 - To set guidelines/monitoring for dietetic assessments over the phone, and a minimum standard set for face-to-face consultations.**

	Safety action description (SMART)	Action taken	Proposed action	Safety action owner	Target completion date	Evidence
1.	To develop a Standard Operating Procedure (SOP) to ensure standards/ guidance are set for Dietitians to consider when making clinical decision regarding telephone review and face to face sessions.	<p>Benchmarking has been undertaken locally, regionally, and nationally to help inform the development of the SOP.</p> <p>Draft SOP/standards have been written</p>	To finalise the Standard Operating Procedure (SOP) for dietetic provision of care and submit it through the Velindre Cancer Service (VCS) internal governance process for approval.	Professional Head of Nutrition and Dietetics	30/11/2025	SOP document



			To implement the approved Standard Operating Procedure (SOP) for dietetic provision of care across all relevant teams within Velindre Cancer Service (VCS), ensuring all staff understand and adopt the new process.			
2.	To provide assurance that the SOP developed under safety action #1 is robust and embedded into practice.		In order to ensure the SOP is robust and meets the needs of our patients, to undertake an audit of the SOP once implemented. This will be recorded and tracked on our internal audit governance system (AMaT)	Professional Head of Nutrition and Dietetics	To ensure the SOP is embedded the target date for auditing is 30/05/2026	



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			and will be reported through internal governance at quality and safety board meeting. This review will be based on Quality Improvement (QI) methodology, ensuring the audit cycle is completed and learning is shared widely across the Trust.			
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