South Western Ambulance Service
NHS Foundation Trust

[redacted]

Trust Headquarters
Abbey Court
Eagle Way
Exeter
Devon
EX2 7HY

Mr Nicholas Lane
HM Area Coroner for the County of Devon, Plymouth and Torbay

[redacted]

[redacted]

14 July 2026

Dear Mr Lane

Prevention of Future Deaths Report following the inquest touching the death of Mr John Southam Keen

I am writing on behalf of South Western Ambulance Service NHS Foundation Trust (thereafter referred to as the Trust) in response to a Regulation 28 report to prevent future deaths, issued in relation to death of Mr John Southam Keen.

I am the Trust's Executive Medical Director, a Consultant in Anaesthesia and Intensive Care Medicine for United Hospitals Bristol and Weston NHS Foundation Trust, and a Helicopter Emergency Medical Service (HEMS) doctor for Great Western Air Ambulance. I additionally sit as Co-Chair of JRCALC.

I would firstly like to extend my personal condolences to the family of Mr Keen at what must still be an extremely difficult time.

In your Regulation 28 report, the principle concerns you identified were in relation to the Trust investigation and subsequent report, and cogency of the national JRCALC clinical guidelines for Vascular Emergencies.

I will address these in turn:

Quality of the Internal Clinical Review

Over the past three years, the Trust has worked diligently to improve both the timeliness and quality of its investigations in extremely challenging circumstances. We are proud of the progress our teams have made in strengthening this aspect of our clinical governance processes.

However, we offer a sincere apology that the investigation undertaken in relation to the review of care afforded to Mr Keen on 19 August 2023 contained inadequacies and inconsistencies. While this does not excuse the shortcomings, it is recognised that

aneurysms, in their various forms, represent a complex clinical area in which terminology and assessment can be challenging and, at times, lead to confusion.

In response to the feedback received, we have undertaken a review of our processes. While this has not identified the need for immediate structural changes, we will continue to strengthen clinical oversight and scrutiny of investigation reports to minimise the risk of similar issues occurring in the future.

Clinical Decision-Making and Differential Diagnosis

As discussed at the inquest, the diagnosis of aneurysms cannot be made on symptoms alone in the pre-hospital setting by ambulance clinicians and requires access to diagnostic equipment. A further independent review of the clinical care was undertaken by one of our Consultant Paramedics. This review reaffirmed the views of those who gave evidence at inquest that many presenting symptoms overlap across conditions.

In this case, the attending crew applied their clinical judgement and assessed that the most likely diagnosis was a Non-ST Elevation Myocardial Infarction (NSTEMI), which informed their decision to convey the patient to Torbay Hospital.

Learning and Governance

The Trust recognises that vascular emergencies are complex and can be difficult for clinicians to identify accurately. This is an area in which the Trust has been actively engaged for several years. Our work has included supporting the development of JRCALC and AACE guideline reviews completed in 2025.

In addition, the Trust has engaged with initiatives such as Think Aorta, to explore further opportunities to raise awareness and support clinical decision-making in this area.

We acknowledge that the recognition of aneurysms will remain inherently challenging due to overlapping clinical presentations. The Medical Director and Deputy Director of Clinical Care recognise that, despite best efforts, diagnostic uncertainty will persist in some cases. Nevertheless, the Trust remains committed to supporting clinicians with the most up-to-date evidence and guidance available.

Vascular Emergencies Guidance

Following a further review after the inquest, the Trust has added an additional information box at the top of the JRCALC national vascular guideline. The box provides a clear list of the vascular centres across the South West and the hospitals which feed into them.

This information is not included in national JRCALC guidance, as it is region-specific. It is acknowledged that any guideline covering the recognition of aneurysms faces the inherent challenge posed by both atypical and overlapping symptoms. In such situations, ambulance clinicians rely on their professional judgement to determine the most appropriate clinical pathway. The Trust introduced improved remote clinician support for

ambulance clinicians during 2025. A single clinical telephone number provides rapid access to advice from a range of senior clinicians. In the case of aneurysm, a Specialist Paramedic in Critical Care would be most appropriate. Working as part of the Critical Care, function, they support circa 460 calls per month.

Engagement with JRCALC and AACE

The Trust maintains strong relationships with AACE and continues to contribute regularly to the development of JRCALC guidance through the National Ambulance Service Medical Directors Group and the National Lead Paramedic Group.

In response to the inquest, a senior member of the Trust met with the Clinical Support Managers for AACE on 17 June 2026 to review the national vascular guideline against findings.

During this discussion, AACE identified potential improvements to the language used within the clinical guidance to enhance clarity, particularly around the use of the acronym 'AAA'. We are also aware that JRCALC are updating the Vascular guidance in line with the recommendations. The Trust is supportive of these proposed changes and will continue to engage proactively in their development.

I sincerely hope the above addresses the concerns raised.

Yours sincerely

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Executive Medical Director

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