RESPONSE TO A REPORT TO PREVENT FUTURE DEATHS
REGULATION 29 OF THE CORONERS (INVESTIGATIONS) REGULATIONS 2013

Please do not include any living persons' names in this document, in accordance with the Chief Coroner's PFD Publication Policy (2026).

THIS RESPONSE IS BEING SENT TO:

The Senior Coroner, for the Coroner Area North Wales (East and Central)

in response to a '**REPORT TO PREVENT FUTURE DEATH REGULATION 28'** following an investigation into the death of **Janet Mary Nixon**

1.	**RESPONDENT** In line with our duty under Regulation 29 of the Coroners (Investigations) Regulations 2013, the Cabinet Minister for Health and Care provides this response within 56 days (plus any extension granted) of the date of the Report to Prevent Future Deaths.
2.	**DATE OF RESPONSE** 15 September 2026
3.	**CONFIRMATION OF CORONER'S MATTERS OF CONCERN** The **MATTERS OF CONCERN** were identified in the report are as follows: Whilst it is acknowledged that there are multifactorial reasons for so-called ambulance delays, representatives of WAST gave evidence that delays in offloading patients at hospital remain one of the most significant elements in relation to these issues. I was also advised that there is currently work being undertaken to ensure that in future, there would not be more than a 45-minute wait for the handover of patients and that such a timescale would provide significant improvements in relation to the availability of resources. However, it was not possible to provide a reliable timeframe for this provision, and therefore I remain concerned that it is likely that lives will continue to be lost, until such improvements take effect.
4.	**DETAILS OF ACTION TAKEN**, how has the concern been addressed. <u>Summary of Welsh Government action to improve ambulance patient handover</u> Welsh Government has taken a number of actions to address ambulance delays, including in the Betsi Cadwaladr University Health Board (BCUHB) area. These include:

- Introducing updated ambulance handover guidance and national performance targets.
- Embedding ambulance handover expectations in the NHS Wales Planning Framework 2026-29 and health board chair objectives.
- Directing NHS Wales Performance and Improvement ("NHS-WPI") to provide targeted support, scrutiny and assurance of health board improvement plans.
- Maintaining enhanced oversight of BCUHB under level 5 intervention/ special measures.
- Commissioning targeted intervention in BCUHB, including support from the NHS-WPI Intensive Support, Recovery and Turnaround Team with a focus on patient flow and ambulance handover.
- Providing additional funding to improve patient flow, community care and hospital discharge.
- Supporting national programmes to reduce avoidable demand and conveyance, including Community by Design and the Integrated Community Care System blueprint.
- Implementing and evaluating the Emergency Ambulance Performance Framework and clinical response model.
- Supporting Welsh Ambulance Services University NHS Trust ("WAST") improvement actions on call flow, benefits realisation and clinical prioritisation.

Below, I have provided further detail on this work.

Ambulance patient handover current position

Your report highlights evidence that ambulance patient handover delays remain one of the significant factors affecting ambulance availability in the community. I share your concern about the impact these delays can have on people waiting for an emergency ambulance response. Improving ambulance patient handover is a national priority of the Welsh Government because delays at hospital sites reduce WAST's ability to respond to people in the community.

A Welsh Health Circular ("WHC") was issued in October 2024, directing Local Health Boards and WAST to comply with revised NHS Wales Ambulance Patient Handover Guidance, which was updated in January 2026 and issued to health boards for immediate delivery.

I expect all health boards to deliver the Welsh Government's guidance which is clear that handovers should be completed within 15 minutes and always within 45 minutes. It reinforces that ambulance patient handover is a whole-system responsibility and expects a consistent approach to monitoring, assurance and accountability, so system leaders address the underlying causes of handover delay rather than managing the symptoms alone. Delivery of the guidance is one of the delivery expectations of the strategic priorities for urgent and emergency care in the *NHS Wales Planning Framework 2026-29*. It is also a

	feature of every health board chair's objectives as a marker of performance. The NHS Wales Performance Framework 2026/27, published in February 2026 also introduced revised targets for ambulance patient handover in order to secure improvements in handover performance – i.e. 80% of handovers should be completed within 15 minutes; and no handovers should take more than 45 minutes. This sets a clearer expectation for NHS Wales organisations. The Welsh Government's arrangements for supporting, assuring and holding NHS Wales organisations to account for the delivery of national policy priorities are delivered in part through NHS-WPI. NHS-WPI is a national support function that works with the NHS in Wales to deliver better health services and outcomes for patients and the public, and to support the Welsh Government in holding NHS Wales organisations to account for the delivery and performance of these services and for robust financial management, including through, the national Urgent and Emergency Care Programme team and other NHS-WPI directorates. NHS-WPI supports Welsh Government's accountability arrangements by monitoring the performance of NHS Wales organisations by sharing regular updates with Welsh Government and escalating issues as appropriate, providing financial delivery support and providing performance management and planning advice. In particular, NHS-WPI plays a key role in monitoring ambulance patient handover performance and seeks assurance that health boards and WAST are taking the actions required to deliver the national handover guidance and the NHS Wales Performance Framework 2026/27. NHS-WPI's role is however supportive and facilitative to the Welsh Ministers' oversight of the NHS in Wales and responsibility for the strategic direction, oversight and accountability of the NHS in Wales ultimately remains with the Welsh Ministers. Following work driven by the national Ambulance Handover Taskforce established by the former Cabinet Secretary, all-Wales ambulance patient handover performance improved in 2025/26 which has been successfully embraced by the current Government. In July 2026, there were 19% fewer lost hours[1] caused by ambulance patient handover delays than in July 2025 and 49% fewer than July 2024. I recognise that performance is not delivered consistently across Wales and I am fully committed to further reducing handover delays. The latest position shows delays are concentrated at a smaller number of challenged emergency department sites. Across Betsi Cadwaladr sites there were 32% fewer lost hours in July 2026 compared to July 2025. However, this remains far from the standard people should expect and, despite further improvement over recent weeks, the north of Wales continues to account for a significant proportion of national lost ambulance hours. These delays reflect wider pressures on patient flow,

[1] Lost hours reflect the total amount of time the ambulance service 'loses' while ambulance crews wait to hand patients over to emergency departments. Only waits longer than 15 minutes are counted. Lost hours due to a handover delay does not necessarily mean that the patient waited in the ambulance.

	discharge, bed availability and timely access within hospitals, rather than issues that can be resolved by the ambulance service alone. <u>Action to drive further improvement in ambulance patient handover</u> In April of this year, Welsh Government officials directed NHS-WPI to work closely with health boards and the WAST to improve ambulance patient handover performance and reduce delays that affect ambulance availability and responsiveness in the community. As part of this, we require that NHS-WPI actively reviews health boards' improvement plans and trajectories, provides targeted support for the most challenged sites, shares learning from organisations that have demonstrated improvement, and strengthens whole-system actions to improve patient flow through emergency departments, same day emergency care, frailty pathways, discharge arrangements and hospital capacity. This approach reflects the expectation that ambulance handover delays are a whole-system responsibility requiring coordinated action across health and care services. Progress is monitored closely through the Welsh Government's established NHS Wales performance and accountability arrangements. <u>Emergency ambulance performance framework</u> The introduction of the ambulance performance framework in 2025 reflects a deliberate shift away from measuring success solely through response times and towards a greater focus on clinical outcomes and patient safety. The framework is intended to support more rapid responses for patients with the most serious and time-critical conditions, including cardiac arrest, stroke and major trauma, while also providing a clearer understanding of outcomes across the patient pathway. However, I fully acknowledge that some patients continue to experience unacceptably long waits for an ambulance response. Reducing those delays remains a priority and more must be done across the health and care system to improve patient flow, reduce ambulance handover delays and increase ambulance availability for people requiring urgent care in the community. <u>Rural operating ambulance response model</u> Ambulance performance in rural areas such as parts of BCUHB can be influenced by factors including long travel distances, dispersed populations, and extended journeys to receiving hospitals, all of which can affect ambulance availability. The Welsh Government, WAST and NHS Wales partners are continuing work to ensure equitable access to emergency care for rural communities, including through the revised Emergency Ambulance Performance Framework and a review of rural ambulance service delivery models. WAST has recently completed a detailed review of its rural operating model to ensure ambulance provision is responsive to the distinct needs and geography of rural communities. Findings from the review will be used to inform future

	development of the rural service model, supporting optimal and equitable access to ambulance services for people living in rural and remote communities. <u>Enabling better flow through an Integrated Community Care System</u> The Integrated Community Care System blueprint provides the national framework for delivering integrated health and care, supporting the shift from reactive, hospital-based care to services closer to home, coordinated and delivered through Regional Partnership Boards. The £30 million Pathways of Care transformation grant to local authorities is supporting these improvements by expanding community and intermediate care services that enable people to leave hospital more quickly and safely, while also strengthening preventative and early intervention approaches that reduce avoidable admissions through earlier intervention with more proactive community support and help people remain well at home. I expect all regions to demonstrate measurable progress through their urgent and emergency care improvement plans and operational delivery arrangements. NHS Wales Performance and Improvement and the National Office of Care and Support are supporting and challenging organisations on patient flow and discharge productivity, with a focus on the most pressured parts of the system. <u>Support provided to Betsi Cadwaladr University Health Board</u> The BCUHB is responsible for the planning and delivery of health and care services to meet the needs it its local population. This includes responsibility for ensuring timely ambulance patient handovers at its hospital sites. Over the past three years of heightened level 5 (special measures) escalation, the health board has received substantial financial support, alongside intensive input from NHS-WPI and external experts to improve delivery of its services. As part of the level 5 escalation, the health board is subject to increased Welsh Government oversight and scrutiny, as well as targeted support to drive the necessary improvements in patient care and service delivery. On 30 June 2026, we announced new measures to stabilise services, strengthen leadership and hold BCUHB to account for sustained improvement as part of the ongoing level 5 intervention at the health board. Welsh Government has commissioned NHS-WPI to lead this intervention, which includes direct targeted support from the NHS-WPI Intensive Support, Recovery and Turnaround Team, bringing together operational and clinical experts to drive urgent improvement with a focus on the most pressing risk

	areas currently affecting the organisation including patient flow and ambulance patient handover. The health board and the Noth Wales Regional Partnership Board have been allocated an additional £35.4m in support this year to help manage more people in the community and safely accelerate discharge when social care is required. This funding is intended to support interventions that improve patient outcomes and reduce system delays, including delays at the hospital front door.
5.	**DETAILS OF FURTHER ACTION PROPOSED** <u>Ongoing monitoring and evaluation</u> The Welsh Government will continue to monitor implementation of the emergency ambulance performance framework, ambulance patient handover performance and wider urgent and emergency care performance through established accountability arrangements. This includes continued scrutiny of health boards' delivery of the handover guidance, support for whole-system flow improvement, and assurance that WAST and commissioners are using the new clinical response model to prioritise patients according to clinical need. As referred to above, the emergency ambulance performance framework and clinical response model are being independently evaluated to assess impact on patient outcomes. An interim evaluation report is expected by November 2026, and findings from the evaluation will inform future development of the framework and help ensure it continues to support the best possible outcomes for patients across Wales. Informed by early findings from the interim evaluation, WAST is already implementing a number of actions, including: • Call Flow Improvement Programme**:** Improving call handling, dispatch, resource deployment and ambulance availability to reduce response delays. • Benefits Realisation Programme**:** Increasing clinical intervention, alternative pathways and urgent care coordination to ensure patients receive the right care without always requiring an emergency ambulance response. • Improved Clinical Prioritisation**:** Strengthening clinical triage and assessment processes to ensure resources are focused on patients with the greatest clinical need. Delivery of these actions will be monitored through NHS-WPI and the NWJCC in its commissioning and assurance role for emergency ambulance services, on behalf of the Welsh Ministers. This will include a review of WAST's implementation progress, the impact of the actions on call handling, clinical prioritisation, response performance and patient outcomes, and any actions required from health boards to support wider system improvement. NHS-WPI

	and the NWJCC will continue to provide assurance and escalate key issues to Welsh Government through regular reporting, and established performance and accountability arrangements. <u>Reducing planned care waiting lists</u> Reducing long waiting times is a national priority. By helping patients access assessment, diagnostics and treatment earlier, we can improve outcomes, prevent avoidable deterioration and reduce pressure on emergency services. Supported by an additional £145 million investment and clear delivery expectations, we are working with NHS organisations across Wales to reduce the longest waits and deliver sustainable improvements in planned care. <u>Reducing delayed patient discharges and improving hospital flow</u> The Welsh Government is supporting improved discharge performance through close regional integrated working arrangements. Discharge data is routinely used by health and social care teams to review challenges and implement mitigating actions to improve services. This activity is supported by strengthening community and intermediate care through Regional Partnership Boards, and through investment to support integrated working, improving patient flow and expanding community services. These actions should help more people leave hospital safely when acute care is no longer needed, freeing up beds for patients requiring admission from emergency departments. The commitment to review acute hospital bed capacity will provide a clearer basis for determining the level and type of capacity required across Wales. Alongside action on discharge, this should improve effective bed availability, reduce crowding and support faster ambulance handovers. <u>Reducing Avoidable Demand and Conveyance:</u> The Welsh Government is supporting the development of local, community-based models of care through our Community by Design programme, helping more people access the right care closer to home and avoiding emergency departments and admissions to hospital wherever possible. The programme seeks to shift the focus of the health and care system towards prevention, early intervention and proactive support, helping people maintain their health and independence within their communities. It aims to bring together services across organisational boundaries to create a more joined-up, sustainable system that is better able to meet changing population needs. The programme's ambition is to reduce reliance on hospital-based care by strengthening prevention, long-term condition management, urgent community support and multidisciplinary working closer to people's homes.

	Development of a new Emergency and Acute Care Policy Framework The Welsh Government is developing a new Emergency and Acute Care Policy Framework to 2030, which will be published in mid-November 2026, that will focus on improving outcomes, experience and timely access to care for people with the most serious and complex emergency and acute care needs who do require acute hospital care. The framework will take a whole-system, pathway-based approach, ensuring services work together effectively to deliver timely, safe and effective emergency and acute care across Wales. The framework will support targeted action to improve patient flow across the health and care system, reducing delays in care and discharge, improving access to timely treatment, and helping to ensure ambulance crews can return to service more quickly to respond to people who require urgent assistance in the community. Support provided to Betsi Cadwaladr University Health Board As part of Level 5 intervention, being led by NHS-WPI on behalf of Welsh Government, a “well-led” review has been commissioned to provide a full stocktake of the health board’s current position - covering operational challenges, leadership and culture. A nationally appointed independent expert panel is now in place to undertake the review, The report from the “well-led” review is expected to be submitted to Welsh Government in October 2026. I have been clear that I expect this report to provide clear, evidence-based recommendations, ensure transparency about the changes required and help me to determine the most appropriate next steps to see improvements delivered for people in the north of Wales. NHSWPI will continue to work with BCUHB to track delivery of its improvement plan and the actions required to meet the Welsh Government’s policy expectations set out in the NHS Wales Ambulance Patient Handover Guidance. Progress will be monitored through established performance and accountability arrangements, with issues escalated to the Welsh Ministers where further action is required.
6.	**SIGNATURE** [redacted] [redacted] Gweinidog Cabinet dros Iechyd a Gofal Cabinet Minister for Health and Care