[redacted]
Dirprwy Brif Swyddog Meddygol
Deputy Chief Medical Officer

Dirprwy Gyfarwyddwr Gofal Iechyd Poblogaeth
Deputy Director Population Healthcare Division

Llywodraeth Cymru
Welsh Government

Colin Phillips B.Sc. (Econ.)
Acting Senior Coroner
Swansea Neath and Port Talbot

26th November 2020

Dear Mr Phillips,

Regulation 28 Report to Prevent Future Deaths – Andres Roberts

Thank you for your letter enclosing the Regulation 28 report following your investigation into the death of Andres Roberts at Morriston Hospital in Swansea in August 2019. I am responding on behalf of **Vaughan Gething, Minister for Health and Social Services.**

Please accept my apologies for the delay in responding.

The Welsh Government and the Welsh Ambulance Services Trust (WAST) recognise the importance of providing a safe and timely ambulance response to suspected stroke patients, as a key part of their patient journey. The Trust aims to respond to patients with new onset stroke as quickly as possible by dispatching a suitable emergency ambulance vehicle under blue light driving conditions, which is capable of transporting the patient immediately to a specialist stroke team to begin the treatment they require. The Trust has also put in place strong clinical guidance that must be followed for all suspected stroke patients, which ensures that actual and potential stroke patients are transferred to the appropriate settings within the clinically agreed guidelines.

As part of the introduction of the clinical response model in Wales in October 2015, time-based targets were removed for all but the highest priority immediately life-threatening or 'Red' calls. This decision was made on the basis of clinical evidence that a higher proportion of patients in most need of an immediate intervention would receive a faster response to optimise their outcomes.

An independent evaluation of the model[1], published in January 2017, found clear and universal acknowledgement, both from within the ambulance service and external partners, that moving to a model based on clinical prioritisation was the right thing to do and has helped to deliver a service that is more focussed on the quality of care patients receive as well as improving efficiency in the use of ambulance resources. There is also evidence that the previous practice of applying a time-based target for all emergency ambulance calls, irrespective of clinical

[1] https://easc.nhs.wales/publications/pacec/pacec-documents/pacec-wast-clinical-model-evaluation/

Ffon/Tel: 03000257028
Parc Cathays, Caerdydd CF10 3NQ Cathays Park, Cardiff CF10 3NQ
Ebost/Email:PSChiefMedicalOfficer@wales.gsi.gov.uk

priority, was driving perverse behaviours and resulting in poor and inefficient clinical interventions for patients.

The Amber Review[2], published in October 2018, questioned the value of a response time as a measure of the impact and quality of ambulance service care to non-immediately life threatening calls. While this does not mean that time is not important, it highlights that the initial ambulance response is part of a patient journey and that ensuring patients receive the most appropriate response and timely access to the right specialist treatment is often more important to ensure a good patient outcome, particularly for conditions such as acute myocardial infraction and stroke.

The Review made nine recommendations and identified a number of areas where further work was required to gain an improved understanding of the challenges and opportunities to improve responses to calls in the 'Amber' category. While it did not make any specific conclusions or recommendations relating to ambulance response to stroke, the Emergency Ambulance Services Committee (EASC) is committed to developing the Ambulance Quality Indicators to include a broader range of meaningful measures for strokes and other time dependent conditions, while protecting the integrity of the clinical response model.

Discussions are ongoing between EASC and WAST, in consultation with Community Health Councils, the Stroke Association and its patients groups, and NHS Wales partners, to consider a broader range of measures that give greater context to ambulance response times to people who have a stroke, for publication in the New Year. We hope that delivery of a new measure can be a major step forward in understanding the current care being delivered for stroke patients in Wales and to allow us to focus on improving the right area of the pathway.

We also continue to work with WAST and Health Boards to implement the recommendations of the NHS Wales Delivery Unit All–Wales Thrombolysis Review, published last year. The review identified a number of national cross-cutting themes across Wales that would benefit from an all-Wales approach and made a number of personalised recommendations for WAST and Health Boards to address the variation in the number of people who receive thrombolysis in Wales. Whilst Covid-19 and the retirement of the national clinical lead for stroke has slightly delayed progress, the new clinical lead for stroke in Wales, Dr [redacted] is committed to ensuring that all outstanding review recommendations are implemented as soon as possible.

I note your concerns regarding resources available to enable WAST to respond to calls in a timely manner. The Trust is currently implementing the recommendations of an independent capacity and demand review, which will see 136 FTE staff recruited in 2020/21, significantly increasing the number of frontline staff available across the service to respond to incidents. This should support an improvement in responsiveness, although the wider health and care system also has a role to play in enabling improved patient flow through the hospital system and out into the community. This should reduce ambulance patient handover delays and unlock more capacity to respond quickly. A range of actions are also underway to better manage patient demand in the community to help prevent avoidable transport of patients to hospital.

We continue to work with NHS Wales and social care partners to support improvement across health and social care services, and through the COVID-19 NHS Wales Operating Frameworks for quarter 2 and quarter 3 / quarter 4, we have outlined six goals for urgent and emergency care services over 2020/21 and beyond:

[2] https://easc.nhs.wales/publications/amber-review/amber-review-documents/amber-review-english/

1. **Co-ordination, planning and support for high risk groups -** Planning and support to help high risk or vulnerable people and their carers to remain independent at home, preventing the need for urgent care
2. **Signposting, information and assistance for all -** Information, advice or assistance to signpost people who want - or need - urgent support or treatment to the right place, first time.
3. **Preventing admission of high risk groups -** Community alternatives to attendance at an Emergency Department and/or admission to acute hospital for people who need urgent care but would benefit from staying at, or as close as possible, to home.
4. **Rapid response in crisis -** The fastest and best response at times of crisis for people who are in imminent danger of loss of life; are seriously ill or injured; or in mental health crisis.
5. **Great hospital care -** Optimal hospital based care for people who need short term, or ongoing, assessment/treatment for as long as it adds benefit.
6. **Home first when ready -** A home from hospital when ready approach, with proactive support to reduce chance of readmission

Through delivery of this approach, key local and national interventions, and development of underpinning operational plans, we will work with national, regional and local partners to change the ways that patients access urgent and emergency care services to ensure they are able to receive advice, assessment and treatment from the right place / setting / clinician, first time.

We have also made £30m additional funding available to enable transformation of urgent and emergency care services and increase resilience over the remainder of 2020/21, including four priorities to optimise patient flow, experience, outcome and value when people access urgent and emergency care services:

- **111/contact first models** to enable patients with urgent care needs to be signposted to the right place, first time.
- **24/7 urgent primary care centre models of care** to enable people to access care in their local community, preventing unnecessary attendances at ED
- **Ambulatory or same day emergency care (AEC/SDEC)** to enable patients to safely bypass the ED and prevent unnecessary admission
- **Four discharge to recover then assess pathways (D2RA)**, to prevent unnecessary admission and enable a home first approach.

You may also wish to be aware that a Ministerial Ambulance Availability Taskforce has been established to focus on ambulance responsiveness and the need for wider whole-system improvements to reflect and respond to the changing environment in which ambulance services are delivered. This includes the changing picture of demand and performance for immediately life-threatening (Red) calls, ambulance patient handover delays and the wider health and social care landscape. The taskforce will have a key role to play in delivering a more effective ambulance response and while it was temporarily stood down to enable a focus on the response to Covid-19, but its work programme has been resumed and will be expedited, with a view to submitting its interim report to the Minister by the end of December 2020.

I hope this is helpful.

Yours sincerely,