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Mr Jonathan Morgan AM
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Dear Chris,

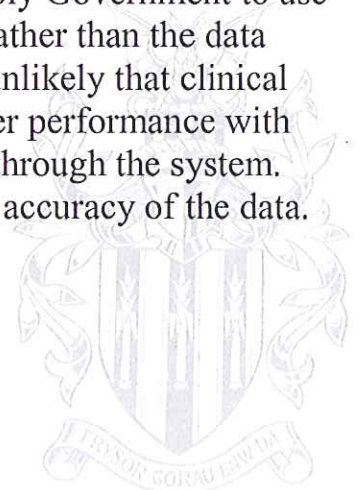
**ASSEMBLY GOVERNMENT RESPONSE TO THE AUDIT COMMITTEE REPORT ON
AMBULANCE SERVICES IN WALES INQUIRY**

The Clerk has requested my advice on the response by the Welsh Assembly Government to the Audit Committee's report, *Ambulance Services in Wales Inquiry*.

The Audit Committee's report contained 22 recommendations. The Assembly Government has responded positively to the Audit Committee recommendations, accepting 18 recommendations in full, partially accepting two recommendations and not accepting two recommendations.

The two recommendations that the Assembly Government has not accepted relate to recommendations eight and nine. These recommendations related to the systems and processes for recording patient handover times.

In recommendation eight, the Committee urged the Assembly Government to use sampling of case notes to measure handover performance rather than the data terminals which they have installed. Our view is that it is unlikely that clinical notes would provide robust data on which to judge handover performance with sufficient accuracy to pinpoint problems with patient flow through the system. Also, using clinical notes may increase questions about the accuracy of the data.



Although my report clearly showed the early problems with data recording following implementation, the Assembly Government's response suggests that the work of its Task and Finish Group has largely resolved technical and training issues to provide much more robust handover data than we found during our spot check work. There is also evidence of improved handover times. With this being the case, there are risks in discontinuing the use of handover screens which are a strong symbol of the whole systems causes of excessive handover times and the need to change prevailing cultures and behaviours. It is important to ensure that both hospital and ambulance staff recognise the importance of timely and clinically appropriate patient handovers. This offers the scope to change the culture within the system to one where staff in emergency units recognise the impact of excessive patient handover times on those people in the community who require an emergency ambulance response. Over time, if excessive handover times are largely eliminated, it would probably be appropriate for the Assembly Government to consider whether it needed to mandate the collection of the handover screen data. However, until there are sustainable reductions in excessive handover times, I believe it is sensible for partners to continue to use the data terminals.

In recommendation nine, the Committee recommends that the Assembly Government relieves frontline staff of the focus on compliance, moving responsibility to a named individual within the accident and emergency department and elsewhere in the wider healthcare system. The Assembly Government has not accepted the recommendation, stressing the central principle that the patient handover target is all about improving patient care and safety. The response states that one of the key barriers to effective handover has been the perception amongst hospital staff that the patient handover target was for the Welsh Ambulance Service, highlighting the impact of the handover target on changing this perception and improving partnership working. They state that placing responsibility with a single individual risks negating the progress made to date. It may also send a message that effective handover is no longer everybody's responsibility. While we quite understand the Committee's thinking in suggesting that front line clinical staff be relieved from a perceived bureaucratic burden, our own work supports the diagnosis that the culture in emergency units needs to change to recognise the whole system causes of excessive handover times. This requires more effective partnership working and a change in culture that makes excessive handover times an exception rather than the norm. Consequently, we agree with the Assembly Government that relieving front line staff of the responsibility for using the data terminals risks negating the positive benefits of measuring handover performance, particularly now that the Assembly

Government believes compliance with data collection and data reliability issues have been addressed.

The Assembly Government has partially accepted recommendation 12 about creating a dedicated storage area for paramedics looking after patients awaiting handovers in emergency departments. The Assembly Government supports and accepts the intention of the recommendation to improve partnership working but does not agree with the creation of an area with emergency equipment and oxygen for periods of high demand. This is on the basis that it treats the symptom rather than the cause of the problem. If the system achieves safe and timely handovers of care, there would be no additional paramedics in emergency units purely to deal with the consequences of excessive handover times. There is a clear risk that creating such a storage area could have the unintended consequence of building an additional step and handover into the patient's pathway. Our work on the whole system of unscheduled care suggests that the greater the number of handovers in the patient pathway, the longer the delays and the more the citizen experiences fragmented care. Consequently, the Assembly Government's point about the primary focus being to address excessive handovers is reasonable, and the long-term objective should be to avoid having paramedic officers in emergency units to deal with the consequences of excessive handovers. According to the data in my report on patient handovers and hospital emergency departments, this could also release £330,000 annually for front-line patient care in the community.

The Assembly Government has also partially accepted recommendation 16 about support for business cases to re-design those emergency departments most in need of modernisation. The response is very general in describing arrangements for approving capital business cases without clearly explaining the reason why the recommendation is only partially accepted. The response is not explicit about how the Assembly Government intends to expedite modernisation of emergency departments as recommended by the Committee. In due course, the Committee may wish to request an update from the Assembly Government about the status of business cases submitted for the modernisation of emergency departments to see how the general arrangements described in the response have operated in the specific context of this recommendation.

I shall keep track of the Assembly Government's progress in implementing its proposed actions. My forthcoming report on the whole system of unscheduled care will provide further information on the wider system and will, I hope, contribute to further improvements in its effective operation. I will, of course, draw the Committee's attention to any issues arising from this work where I consider further action is merited.

Yours sincerely,


JEREMY COLMAN
AUDITOR GENERAL FOR WALES