



Ein cyf/Our ref: MA/VG/0942/20

**Dr Dai Lloyd AM**  
Chair, Health, Social Care and Sport Committee

3 April 2020

Dear Dai,

Thank you for your letter of 25 February on behalf of the Health, Social Care and Sport Committee, requesting further details about the Ministerial Ambulance Availability Taskforce, and proposals for a system of incentives and sanctions to support improvements in ambulance patient handover performance.

The Taskforce will focus on the need for wider whole-system improvements to reflect and respond to the changing environment in which Welsh ambulance services operate. This will include the changing picture of demand and performance for Red calls, ambulance patient handover delays and the wider health and social care landscape.

The Taskforce is jointly chaired by Stephen HARRY, Chief Ambulance Services Commissioner and Professor David Lockey, EMRTS Cymru National Director, with membership from relevant leaders from across the health and social care system.

A copy of the terms of reference, including full membership, for the Taskforce is attached at Annex 1. The Taskforce will also be supported by a steering group, for which terms of reference and draft membership is attached as Annex 2.

Given the current operational demands on the NHS further amendments to these terms of reference and membership may be required over the coming months. In addition, the Taskforce will draw on a range of existing expert professional advisory groups to inform the work.

I have been clear with the joint chairs that the Taskforce must be action and solution-focused, and must not be bound by process. It must also build on the substantial evidence and previous work undertaken in relation to securing improvements in ambulance availability. I believe this represents a clear opportunity for the system to work together at pace and demonstrate ambition to secure improvement for patients, relatives, carers and frontline staff.

I had expected to receive the Taskforce's interim report with early reflections by the end of April, with a final report to follow by the end of June, detailing the action taken to date and further action required within set timescales to enable the required improvement. However, due to the demands being placed on health services in responding to the Coronavirus

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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

(Covid-19) outbreak, I have agreed an extension for receipt of the interim report. In the interim period, I have been assured by the joint chairs that the preparatory work, data collection and analysis will continue in preparation for the first meeting of the taskforce later this year.

Turning to the Committee's query regarding incentives to support improvements in ambulance patient handover performance, the Chief Executives of the Welsh Ambulance Services NHS Trust and Local Health Boards have been invited to comment on a draft Welsh Health Circular (WHC) outlining a new framework to improve quality and performance in urgent and emergency care.

The draft framework is intended to drive Local Health Boards to develop and deliver robust plans to support improvement in ambulance patient handover performance, by rewarding good performance and progress against seven measures linked to reducing ambulance conveyance to Emergency Departments and improving patient flow through the hospital system. It is also intended to drive up poor performance and failure to improve or sustain good ambulance patient handover performance by repurposing existing funding and allocating it to initiatives that should reverse that trend and support improvement. This will be one element of a broader approach to incentives that will in due course focus on other parts of the urgent and emergency care system to drive improved performance

My officials have reflected on the full range of comments received, and it was encouraging to note that there is general support among Chief Executives, for the principle of incentives and sanctions to support improvement. There was also recognition of the framework's alignment with extant work including alternative community pathways, regional approaches to escalation and the Emergency Department Quality and Delivery Framework programme.

I had intended that the circular would be published for implementation from 1<sup>st</sup> April 2020. However, while I remain committed to introducing the new framework, in recognition of the immediate priority which must be placed on responding to the emergent challenges caused by the Coronavirus (Covid-19) outbreak, publication will be deferred for the time being.

My officials will continue to work with partners to develop and refine arrangements to support implementation of the new framework.

Yours sincerely,



**Vaughan Gething AC/AM**

Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol  
Minister for Health and Social Services

## MINISTERIAL AMBULANCE AVAILABILITY TASKFORCE

### INTRODUCTION

In January 2020 the Minister for Health and Social Services announced his intention to establish a Ministerial Ambulance Availability Taskforce, together with his expectations regarding the purpose and timescale for the work of the taskforce.

### REMIT

The Ministerial Ambulance Availability Taskforce will lead the:

- implementation of recommendations from a recently commissioned independent “Demand and Capacity” review
- rapid delivery of alternative pathways and community-based solutions to prevent avoidable conveyance to emergency departments
- optimisation of the ambulance patient handover process
- improvement in Red performance, and
- build on progress made by the Amber Review Implementation Programme.

### MEMBERSHIP OF THE TASKFORCE

The Taskforce will be co-chaired by Stephen Harray, the Chief Ambulance Services Commissioner and Dr David Lockey, National Director of the Emergency Medical Retrieval and Transfer Service (EMRTS Cymru). Membership will be flexible and include affected stakeholders and demonstrate expertise as required by the Taskforce and any sub-groups it may establish.

### Suggested Membership

Name	Title
Stephen Harray (Joint Chair)	Chief Ambulance Services Commissioner / Director of the National Programme of Unscheduled Care
David Lockey (Joint Chair)	National Director Emergency Medical Retrieval and Transfer Service Cymru
Ian Harris	General Practitioner / Primary Care
Chris Turner	Chair of the Emergency Ambulance Services Committee
Kevin Davies	Independent Member Welsh Ambulance Services NHS Trust
Pauline Howie	Chief Executive, Scottish Ambulance Service Scottish Ambulance Services Edinburgh
Julie Rogers	Workforce Director Health Education and Improvement Wales (HE&IW)
Nicola Stubbins	Director of Social Services, Denbighshire
Des Kitto	Lead Officer Community Health Councils
Maria Battle	Chair of Hywel Dda University Health Board
Darron Dupre	Regional Organiser for UNISON Cymru/Wales
Tom Crick	Professor of Digital Education and Policy, Swansea University
Andrew Sallows	Delivery Programme Director, Welsh Government

Name	Title
Nick Wood	Director of Primary, Community and Mental Health Aneurin Bevan University Health Board
Jason Killens	Chief Executive Officer, Welsh Ambulance Services NHS Trust

## QUORUM

The Taskforce will be considered quorate when at least 8 Members are present, including at least one of the co-chairs. If less than 8 Members are present the business may still take place. Decisions will only be made subject to the receipt of written information from those not present.

## MODUS OPERANDI

### Focus

The Taskforce will be action and solution focused. It will not be bound by process and should build on the substantial evidence and previous work undertaken in relation to securing improvements in ambulance availability.

### Steering Group

To ensure pace is maintained in undertaking its remit the Taskforce will establish a Steering Group which will meet regularly and will establish, in turn, a number of task and finish groups to lead on specific areas of work, including:

- Understanding and improving productivity
- Workforce, recruitment and wellbeing
- Digital change and technology in ambulance services
- Measurement for improvement.

The precise remit and membership of the Steering Group will be determined by the co-chairs and it will report directly to the Taskforce. The Steering Group will agree the remit and membership for the task and finish groups. As with the Taskforce the membership of all sub-groups will be flexible and broadly representative.

### Context

The Taskforce and its sub-groups will operate in line with the written statement released on 15 January 2020 which provided an update on unscheduled care pressures over winter 2019/20 and the next steps to improve ambulance services. <https://gov.wales/written-statement-update-unscheduled-care-prsures-over-winter-201920-and-next-steps-improve>

### Support

The Taskforce secretariat support will be provided by Welsh Government and the NHS National Collaborative Commissioning Unit.

### Timing

The Taskforce has been established for a period of 6 months from January 2020. An interim report will be presented before the end of April 2020 with a final report by the end of June detailing the action taken to date and the further action required, within set timescales, to enable the required improvement.

### **Communications**

The Taskforce will undertake joint communications, seeking advice as necessary. A communications and stakeholder engagement plan will be developed in order to establish the principles and methods for communicating the work of the Taskforce.

### **Frequency of meetings**

The Taskforce will operate between February and June 2020 and will meet at least three times to ensure progress is maintained.

### **Members will have regard for The Seven Principles of Public Life (The Nolan Principles):**

#### **• Selflessness**

Holders of public office should act solely in terms of the public interest. They should not do so in order to gain financial or other material benefits themselves, their family, or their friends.

#### **• Integrity**

Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties.

#### **• Objectivity**

In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.

#### **• Accountability**

Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

#### **• Openness**

Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

#### **• Honesty**

Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

#### **• Leadership**

Holders of public office should promote and support these principles by leadership and examples.

## STEERING GROUP FOR MINISTERIAL AMBULANCE AVAILABILITY TASKFORCE

### INTRODUCTION

In January 2020, the Minister for Health and Social Services announced his intention to establish a Ministerial Ambulance Availability Taskforce, together with his expectations regarding the purpose and timescale for the work of the taskforce.

The Steering Group will support the work of the Taskforce.

### REMIT

The Ministerial Ambulance Availability Taskforce will lead the:

- implementation of recommendations from a recently commissioned independent “Demand and Capacity” review
- rapid delivery of alternative pathways and community-based solutions to prevent avoidable conveyance to emergency departments
- optimisation of the ambulance patient handover process
- improvement in Red performance, and
- build on progress made by the Amber Review Implementation Programme.

The Steering Group will undertake work as directed by the Taskforce.

### MEMBERSHIP OF THE TASKFORCE

The Steering Group of the Taskforce will be chaired by Chris Turner, Chair of the Emergency Ambulance Services Committee. Membership will be flexible and include affected stakeholders and demonstrate expertise as required by the Steering Group and any task and finish groups it may establish.

#### Suggested Membership

Name	Title
Chris Turner (Chair)	Chair of the Emergency Ambulance Services Committee
Ross Whitehead (Vice Chair)	Assistant Director of Quality and Performance, Emergency Ambulance Services Committee Team
Tef Jansma	Optima Analyst, Welsh Ambulance Services NHS Trust
Ricky Thomas	Head of Informatics, Emergency Ambulance Services Committee Team
Lee Brooks	Chief Operating Officer, Welsh Ambulance Services NHS Trust
Gareth John	Improvement & Innovation Manager NHS Wales Informatics Service
Iain Roberts	Senior Service Improvement Manager Improvement Cymru
Jonathan Jones	Programme Manager, Emergency Ambulance Services Committee Team
Gwenan Roberts	Committee Secretary, Emergency Ambulance Services Committee
TBC	Representative from Academia

Name	Title
TBC	Representative from the Finance Delivery Unit
TBC	Change management / blue sky thinking
Jonathan Whelan	Deputy Medical Director, Welsh Ambulance Services NHS Trust
Andy Swinburn	Associate Director of Paramedicine, Welsh Ambulance Services NHS Trust
Lois Hough	Head of External Communications, Welsh Ambulance Services NHS Trust
Julia Sumner	Acting Head of Communications, Cwm Taf Morgannwg University Health Board
Chris Polden	Managing Director ORH (Operational Research in Health) Management Consultancy
Will Oliver	Performance Improvement Manager Delivery Unit
Chris Moreton	Head of Finance, National Collaborative Commissioning Unit
James Rodaway	Head of Commissioning and Programme Management, National Collaborative Commissioning Unit
Aled Brown / Sarah Bale	Welsh Government
Hugh Bennett	Assistant Director of Commissioning and Performance Welsh Ambulance Services NHS Trust

## QUORUM

The Steering Group of the Taskforce will be considered quorate when at least half of the Members are present. If less than half of the Members are present the business may still take place. Decisions will only be made subject to the receipt of written information from those not present.

## MODUS OPERANDI

### Focus

The Steering Group of the Taskforce will be action and solution focused. It will not be bound by process and should build on the substantial evidence and previous work undertaken in relation to securing improvements in ambulance availability.

### Steering Group

To ensure pace is maintained in undertaking its remit the Steering Group of the Taskforce will establish Task and Finish Groups which will meet regularly and lead on specific areas of work, including:

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- Measurement for improvement.

The precise remit and membership of the Steering Group will be determined by the co-chairs and it will report directly to the Taskforce. The Steering Group will agree the remit and membership for the task and finish groups. As with the Taskforce the membership of all sub-groups will be flexible and broadly representative.

### **Context**

The Steering Group and its Task and Finish Groups in line with the Taskforce will operate in line with the written statement released on 15 January 2020 which provided an update on unscheduled care pressures over winter 2019/20 and the next steps to improve ambulance services. <https://gov.wales/written-statement-update-unscheduled-care-pressure-over-winter-201920-and-next-steps-improve>

### **Support**

The secretariat support for the Steering Group will be provided by Welsh Government and the NHS National Collaborative Commissioning Unit.

### **Timing**

The Taskforce has been established initially for a period of 6 months from January 2020. An interim report will be presented during summer 2020 with a final report before the end of the year detailing the action taken to date and the further action required, within set timescales, to enable the required improvement. The Steering Group will undertake the oversight of the drafting of the report for approval by the Taskforce.

### **Communications**

The Taskforce will undertake joint communications, seeking advice as necessary. A communications and stakeholder engagement plan will be developed in order to establish the principles and methods for communicating the work of the Taskforce.

### **Frequency of meetings**

The Taskforce will operate during 2020 and will meet at least three times to ensure progress is maintained.

### **Members will have regard for The Seven Principles of Public Life (The Nolan Principles):**

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