



Vaughan Gething AM
Deputy Minister for Health

31 March 2015

Dear Vaughan,

Health and Social Care Committee: inquiry into the performance of the ambulance service in Wales

I am writing to provide details of the outcomes arising from the Committee's short inquiry on the above topic.

As a Committee, we recognise that the emergency ambulance service plays a vital role in the provision of health services to the people of Wales.

Individually, frontline ambulance service staff fulfil challenging roles to high standards, and provide help and support to people in times of need. However, overall, the response times achieved by the ambulance service are falling short of the levels of performance that the people of Wales rightly expect.

You acknowledged this in your [written statement](#) of Monday 23 February 2015 on the progress made to implement the recommendations of the McClelland Review, as did the Emergency Ambulance Services Committee, the Welsh Ambulance Services NHS Trust and local health boards when they gave [oral evidence](#) to us on Thursday 5 March 2015.

We appreciate that significant work is taking place to bring about improvements in the performance of the ambulance service. However, we are not persuaded that progress is being made quickly enough to improve response times. We have identified a number of areas in which we believe that further progress is needed. These are set out in the annex to this letter.

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Croesewir gohebiaeth yn y Gymraeg a'r Saesneg / We welcome correspondence in both English and Welsh

We intend to follow up our inquiry later this year to assess the progress that has been made. We will also hold the Emergency Ambulance Services Committee, the Welsh Ambulance Services NHS Trust and local health boards to account on the assurances and commitments they gave us during their oral evidence. We expect to see tangible improvements. We believe that a regular focus on ambulance services should be maintained until the Assembly can be confident that services have improved reliably and sustainably, and intend to make a recommendation to this effect in our legacy report.

I am sure that you will share our concerns about the recent performance of the ambulance service in relation to response times, and our desire to see rapid and sustained improvement. I hope that you will work with those responsible for the commissioning and delivery of ambulance services in Wales to drive up performance across the unscheduled care system, and strengthen public confidence in this vital service.

I am copying this letter to those who gave evidence to our inquiry, and to the Chief Executives of all local health boards in Wales.

Yours sincerely,

A handwritten signature in black ink that reads "David F. Rees." The signature is written in a cursive style with a large initial 'D' and 'R'.

David Rees AM

Chair, Health and Social Care Committee

cc Stephen HARRY, Chief Ambulance Services Commissioner
Professor Siobhan McClelland, Chair, Emergency Ambulance Services Committee
Mick Giannasi, Chair, Welsh Ambulance Services NHS Trust
Tracy Myhill, Chief Executive, Welsh Ambulance Services NHS Trust
Paul Roberts, Chief Executive, Abertawe Bro Morgannwg University Health Board
Judith Paget, Chief Executive, Aneurin Bevan University Health Board
Trevor Purt, Chief Executive, Betsi Cadwaladr University Health Board
Adam Cairns, Chief Executive, Cardiff and Vale University Health Board
Allison Williams, Chief Executive, Cwm Taf University Health Board
Steve Moore, Chief Executive, Hywel Dda University Health Board
Carol Shillabeer, Chief Executive, Powys Teaching Health Board

Annex

Performance indicators

1. The Chief Ambulance Services Commissioner (“the Commissioner”), the Chair of the Emergency Ambulance Services Committee (“EASC”), the Welsh Ambulance Services NHS Trust (“WAST”) and local health boards all sought to reassure the Committee that steps are being taken to improve the performance of ambulance services in Wales. While the Committee welcomes many of these steps, it cannot ignore the disparity between the assurances given in evidence and the performance against key targets.
2. There has been much debate about whether the current eight-minute response target for Category A emergency calls takes sufficient account of patient outcomes. Both the Commissioner and the Chair of the EASC agreed that the existing eight-minute Category A target needs evidence-based review. They stated that the review should be clinically-led, engage the public, improve clinical outcomes and patient experience, and result in value for money.¹
3. In a recent statement, the Deputy Minister for Health indicated that the Welsh Government intended to improve the contextual data available by releasing monthly information about Red 1 emergency calls.² The Minister for Health and Social Services has indicated that, following the announcement of new ambulance response time pilots in England, and on the basis of representations made to him by WAST, he intends to work with clinicians to develop and test new ambulance response measures for Wales. This work will be informed by the approach taken in England.³

¹ National Assembly for Wales, Health and Social Care Committee, [RoP \[paras 207–11\]](#), 5 March 2015

² Welsh Government, Vaughan Gething (Deputy Minister for Health), [Progress against McClelland Review recommendations](#), Cabinet Written Statement, 23 February 2015. Red 1 emergency calls relate to patients classified as having the most life-threatening conditions.

³ National Assembly for Wales, Health and Social Care Committee, [HSC\(4\)–09–15 Paper 1 Paper from the Minister for Health and Social Services](#), 19 March 2015

4. The Committee welcomes these steps. It believes that any new ambulance response measures for Wales must be evidence-based, and must take into account patient outcomes and patient experiences. The Committee recognises that if measures differ, it may impact on the ability to benchmark performance across the UK. However, it expects that, where necessary, the Minister and Deputy Minister will seek to work with their counterparts across the UK to achieve comparability.

5. It is clear to the Committee that, at present, response time performance is not of a sufficient standard. While consideration should be given to improving the way in which performance is measured, focus should not be diverted from improving response times, optimising patient outcomes, and ensuring that patients receive the services appropriate to their needs.

Conclusion: The Emergency Ambulance Services Committee, the Welsh Ambulance Services NHS Trust and local health boards must work together urgently to improve emergency ambulance response times and optimise patient outcomes.

Performance measures must be clinically appropriate and take sufficient account of patient outcomes. Therefore the work announced by the Minister for Health and Social Services to review ambulance response measures should be rapid, clinically-led, informed by best practice and designed to enable benchmarking across the UK where possible.

Accountability and engagement

6. Following the publication of the Strategic Review of Welsh Ambulance Services⁴ in 2013 (“the McClelland Review”), there have been significant changes to the arrangements for the commissioning and delivery of ambulance services. The Committee welcomes the establishment of the EASC and the post of Commissioner, as mechanisms to support health boards to work together to jointly plan and secure the provision of national ambulance services which can meet their local needs. However, these arrangements will

⁴ McClelland, S., [A Strategic Review of Welsh Ambulance Services](#), April 2013

only make a difference to the services received by people in Wales if they work effectively. The Committee has requested that EASC provides a copy of the interim agreement with health boards for 2014–15, and, once agreed, the Commissioning Quality and Delivery Framework which will replace it.

7. In their evidence to the Committee, witnesses spoke about the need for a “whole system approach” to unscheduled care, in which local health boards take responsibility for the patient pathway from emergency response to discharge.⁵ The Committee agrees that this is the right approach, but also shares the concerns of Professor McClelland,⁶ Chair of EASC, and Stephen Harrhy,⁷ the Commissioner, about the pace of change.

8. The Committee is particularly concerned about the variability in the levels of engagement of different health boards with WAST, and the extent to which this may be a barrier to improvements in the performance of ambulance services. Professor McClelland outlined the challenges for health boards, saying that the new accountability arrangements had required them to “change the way that they think and work”.⁸

9. Tracy Myhill, the Chief Executive of WAST, acknowledged that engagement has varied between health boards. She said that some health boards were “exceptional”, but particular hospitals present specific challenges, due in part to the different services they provide, and to their approaches to patient handovers.⁹

10. The Committee welcomes the recognition from health boards, WAST and EASC that there needs to be a whole system approach. To be effective, this approach needs the sustained and consistent engagement and involvement of health boards. The Committee heard from the Chief Executive of WAST that she has frequent contact with health board chief executives and that they are

⁵ National Assembly for Wales, Health and Social Care Committee, [RoP \[paras 217 and 219\]](#), 5 March 2015

⁶ Ibid, [RoP \[paras 217–8\]](#)

⁷ Ibid, [RoP \[para 219\]](#)

⁸ Ibid, [RoP \[para 269\]](#)

⁹ Ibid, [RoP \[paras 372–384\]](#)

working together to improve performance.¹⁰ However, it also heard from Professor McClelland that it is only within recent months that there has been “a ratcheting up of that commitment and of that engagement”.¹¹

11. The Committee was not persuaded that health boards, when considering changes to their local services, take sufficient account of the impact on WAST. Mick Giannasi, the Chair of WAST, reported that there had been a “sea change” and that health boards were now more willing to engage with WAST at an early stage when considering service changes.¹² This was echoed by the WAST Chief Executive, who indicated that WAST was a “fundamental part” of the development of plans for local service change.¹³ For example, she indicated that WAST had been involved in discussions before the Betsi Cadwaladr University Health Board made a decision to suspend consultant-led maternity care at Ysbyty Glan Clwyd.¹⁴ While the Committee acknowledges that Ms Myhill was involved in discussions, it was concerned to note that these discussions only took place the day before the Board’s meeting.¹⁵ To ensure that the impact on ambulance services may be properly considered, WAST must be involved in discussions at a sufficiently early stage.

Conclusion: To maintain momentum and work towards a whole system approach to unscheduled care, all health boards must be fully engaged with the work of the Welsh Ambulance Services NHS Trust through the work of the Emergency Ambulance Services Committee on a national level, and directly with the Trust on a local level.

Health boards must take due account of the impact on the Welsh Ambulance Services NHS Trust when developing new services or considering making changes to existing services. Health boards must also ensure that the Welsh

¹⁰ National Assembly for Wales, Health and Social Care Committee, [RoP \[para 372\]](#), 5 March 2015

¹¹ Ibid, [RoP \[para 269\]](#)

¹² Ibid, [RoP \[para 403\]](#)

¹³ Ibid, [RoP \[para 406\]](#)

¹⁴ Ibid, [RoP \[paras 411–31\]](#)

¹⁵ Ibid, [Letter from Chief Executive of the Welsh Ambulance Services NHS Trust](#), 18 March 2015

Ambulance Services NHS Trust is involved in discussions at a sufficiently early stage to enable it to give proper consideration to the impact on its services.

Leadership, organisational change and staffing

12. The Committee recognises that the problems faced by WAST are longstanding, and that the current Chief Executive is relatively new in post. It acknowledges the work that she has undertaken to date, and is encouraged by the practical actions she is taking to provide strong leadership and bring about organisational, service and cultural change. These steps include improving relationships with trades unions, and taking steps to reduce staff sickness and improve staff appraisals and development.¹⁶ This process of change management must continue, to ensure that staff feel supported and empowered to deliver this vital service. The Committee has requested a copy of the WAST improvement action plan for the coming year to inform its follow up work later this year.

13. The Committee heard evidence of apparent inconsistencies in the terms and conditions for ambulance staff across Wales, particularly in relation to staff rosters. It is concerned that that inconsistencies, imbalances and inefficiencies in staff rostering arrangements may be impacting on the service received by patients, and thereby on their outcomes. Every panel of witnesses cited addressing mismatches between current staff rosters and the anticipated peaks and troughs in demand for ambulance services as being key to driving up performance.¹⁷

14. The Chief Executive of WAST reported that in some areas of Wales rosters have been reviewed frequently, whereas in other parts of the country rosters have not been reviewed for some years.¹⁸ The Committee welcomes the progress outlined by Ms Myhill in the agreement of revised rosters in some areas of Wales, but urges timely agreement of rosters in the remaining areas. Once this is complete, the Committee expects that arrangements will be put in

¹⁶ National Assembly for Wales, Health and Social Care Committee, [RoP \[para 309-12\]](#), 5 March 2015

¹⁷ Ibid, [RoP \[paras 227, 318 and 574\]](#)

¹⁸ Ibid, [RoP \[para 352\]](#)

place to prevent a similar mismatch between staff rosters and anticipated peaks and troughs in demand in future.

Conclusion: Agreement must be reached between the Welsh Ambulance Services NHS Trust, trades unions and staff at the earliest opportunity on revised staff rosters in those parts of Wales for which revised arrangements are not yet in place. The Welsh Ambulance Services NHS Trust must, working in partnership with trades unions and staff, put in place arrangements to review staff rosters at appropriate intervals to avoid future mismatches between staffing and anticipated demand.

Non-emergency patient transport

15. Ms Myhill indicated that an ongoing modernisation project was expected to make recommendations by October 2015 on the provision of non-emergency patient transport services. She noted that she did not anticipate that WAST would continue to provide all of those services,¹⁹ but that it would “need to work with our partners to determine the best way to give our patients the most optimum transport when they need it”.²⁰

16. The Committee recognises the importance of non-emergency patient transport services, and their role in meeting patients’ clinical needs. There is, however, a clear distinction between these services and emergency ambulance services. The Committee believes that WAST’s priority must be the provision of emergency ambulance services. It endorses recommendation 2 of the McClelland review, that non-emergency patient transport services (patient courier services) should be disaggregated from emergency ambulance services.²¹

¹⁹ The Committee’s original letter (published on 31 March 2015) stated incorrectly that Ms Myhill “did not anticipate that WAST would continue to provide those services”. A corrected version of the letter was published on 9 April 2015.

²⁰ National Assembly for Wales, Health and Social Care Committee, [RoP \[para 386\]](#), 5 March 2015

²¹ McClelland, S., [A Strategic Review of Welsh Ambulance Services](#), April 2013, pp 65

Conclusion: The Welsh Ambulance Services NHS Trust must prioritise emergency ambulance services provision. Work is required to identify appropriate mechanisms for the provision of non-emergency patient transport services, and to disaggregate those services from the Trust in accordance with recommendation 2 of the McClelland Review. The Trust must establish a clear plan for the disaggregation, with identified timescales and costs. The Committee expects to receive an update on this plan before it follows up its inquiry later this year.

Patient handover

17. The written evidence provided by WAST before the evidence sessions showed that in 2014, 40,000 hours were lost as a result of delays of more than 15 minutes to patient handovers between ambulances and accident and emergency departments. This represented an increase from approximately 35,000 hours in 2013 and 32,000 hours in 2012.²² Ms Myhill told the Committee that a new handover policy, which in her view “puts teeth into that turnaround process” had been agreed to improve the timeliness with which patients are assessed by the emergency department.²³ Adam Cairns, of Cardiff and Vale University Health Board reported significant improvement in the handover performance in his health board, and said that he expected the new handover policy to “add further impetus”.²⁴

18. The Committee welcomes the new policy to reduce delays to patient handovers and improve the interface between emergency ambulance services and emergency units. If the policy is to be successful, it must be consistently implemented across Wales. Mr Cairns indicated that as the health board chief executive-lead on unscheduled care he has led on work to identify good practice in each health board. A report will be published in April 2015, and

²² National Assembly for Wales, Health and Social Care Committee, [HSC\(4\)-07-15 Paper 4 Evidence from the Welsh Ambulance Services NHS Trust](#), 5 March 2015

²³ Ibid, [RoP \[para 384\]](#), 5 March 2015

²⁴ Ibid, [RoP \[paras 457-8\]](#)

during the next quarter Mr Cairns will visit each health board area again to review progress and assess consistency.²⁵

Conclusion: The Emergency Ambulance Services Committee, the Welsh Ambulance Services NHS Trust and local health boards must work together to reduce the number of hours lost as a result of patient handover delays. The new handover policy must be implemented consistently across Wales, and any issues identified in the follow up visits made by the chief executive–lead on unscheduled care must be resolved swiftly.

Models of deployment

19. Presently, the ambulance dispatched to a particular incident is the ambulance which is closest to that incident. This can result in ambulances being ‘pulled away’ from their home area for significant periods of time. In particular, clustering of ambulances in the areas closest to accident and emergency departments can cause delays for people requiring emergency ambulances in rural or more remote areas.

20. The Chair of WAST explained that this deployment model seeks to address the immediate risks to those who have requested emergency assistance. He acknowledged that it did not take account of the “potential risk to people in communities who’ve not yet called the ambulance services”.²⁶ The Committee heard that a pilot project was underway in Cwm Taf University Health Board to test the viability of a “return to footprint” model. Under this model, ambulances which travel out of their area are considered out of service for all but the most serious emergency calls until they have returned to their home footprints. Allison Williams, Chief Executive of Cwm Taf University Health Board, explained that an initial pilot over a 48-hour period had achieved significant improvements to ambulance response time performance. A more extensive pilot is now being undertaken.²⁷

²⁵ Ibid, [RoP \[paras 460 and 555\]](#)

²⁶ National Assembly for Wales, Health and Social Care Committee, [RoP \[para 342\]](#), 5 March 2015

²⁷ Ibid, [RoP \[paras 568–74\]](#)

21. The Committee is concerned about ambulance clustering and the impact on more remote communities. It believes that urgent consideration should be given to identifying more suitable deployment models, using best practice from other parts of the UK. The Committee welcomes the return to footprint pilot, and believes that the approach should be explored and evaluated on a wider basis.

Conclusion: The Chief Ambulance Services Commissioner, the Emergency Ambulance Services Committee and the Welsh Ambulance Services NHS Trust should urgently address the issue of ambulances being ‘pulled away’ from their areas. In doing so, they should seek to identify and learn from best practice across the UK.

The ‘return to footprint’ pilot should be explored and evaluated on a wider basis as a priority.

Frequent callers

22. The Committee recognises that, in recent years, people are increasingly receiving care in their own homes or communities rather than residential homes or community hospital settings.

23. WAST told the Committee that ambulance requests from “elderly frequent callers” had increased by 253 per cent in the last seven years.²⁸ The Committee agrees with Professor McClelland²⁹ and with local health board representatives³⁰ that being taken by ambulance to an accident and emergency department may not always be the right way to respond to such calls. Health boards told the Committee that to respond to increased pressure on unscheduled care services in winter months, they were identifying alternative approaches for elderly frequent callers. These included “bed equivalents”, assessments in the community, and joint working with local authorities to provide rehabilitation teams. Allison Williams of Cwm Taf

²⁸ National Assembly for Wales, Health and Social Care Committee, [HSC\(4\)-07-15 Paper 4 Evidence from the Welsh Ambulance Services NHS Trust](#), 5 March 2015

²⁹ Ibid, [RoP \[para 213\]](#), 5 March 2015

³⁰ Ibid, [RoP \[paras 500-7\]](#)

University Health Board noted that there were areas of good practice across Wales, where the establishment of community alternatives were reducing admissions and achieving better patient outcomes.³¹

Conclusion: In providing unscheduled care, health boards and the Welsh Ambulance Services NHS Trust must take account of the patient’s individual needs. Health boards and the Welsh Ambulance Services NHS Trust must ensure that assessment, care and treatment are provided in ways which meet the patient’s individual needs, and help them achieve their optimum outcome. This should include appropriate use of assessment, care and treatment provided in the community, as well as hospital-based provision.

Anticipating demand for services

24. The Commissioner emphasised the importance of understanding and predicting the likely demand for ambulance services for the commissioning and delivery of those services.³² The Committee is not persuaded that sufficient account has been taken, and is being taken, of long-standing and well-known demographic changes in the medium and longer term planning of emergency ambulance services. Health board representatives stated that each health board area had particular challenges. They reported that work was ongoing to predict the future demand for health services, including ambulance services, and to ensure that services were shaped appropriately. However, they acknowledged that the pace of their response had not been sufficient.³³

25. Ambulance response times must improve in the short term. However, if improvements in performance are to be sustainable in the medium and longer term, the planning and commissioning of services must be aligned to the likely demand for such services. This must include appropriate workforce planning and recruitment. The Committee accepts that predicting future

³¹ Ibid, [RoP \[para 505\]](#)

³² National Assembly for Wales, Health and Social Care Committee, [RoP \[para 222\]](#), 5 March 2015

³³ Ibid, [RoP \[paras 490-5\]](#)

demand is challenging, but health boards, EASC, and WAST must take account of anticipated demographic changes in their planning. This must be informed by sufficiently robust data collection and analysis, both of short term trends and longer term demographic changes. The Committee also believes that people have a responsibility to ensure that they only call for emergency assistance from an ambulance when it is necessary for them to do so.

Conclusion: Ambulance services in the medium and longer term must be high performing, and aligned to demand. Therefore health boards, the Emergency Ambulance Services Committee and the Welsh Ambulance Services NHS Trust should undertake robust and effective forward planning which takes anticipated demographic changes into account.