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Y Dirprwy Weinidog Iechyd
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Llywodraeth Cymru
Welsh Government

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6 May 2015

David Rees AM
Chair,
Health and Social Care Committee
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

Dear David,

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

Thank you for your letter of 31 March in which you provide details of the Committee's inquiry into the performance of the Welsh Ambulance Services NHS Trust (WAST).

I welcome the Committee's findings and the recognition of the progress made by all stakeholders since the publication of the McClelland *Strategic Review of Welsh Ambulance Services* (2013). I also acknowledge there is more work to be done to build on early progress and to inject pace into further embedding emergency ambulance services as a key part of the pre-hospital element of the unscheduled care system.

Ambulance responsiveness has not been where health boards, the Emergency Ambulance Services Committee (EASC), WAST, the Welsh Government or the public want it to be over recent months. However, performance against the national eight-minute response time target over the recent winter period should be seen in the context of significant pressure on the emergency ambulance service culminating in a 24% increase in the most critical calls compared to January 2014.

I have been encouraged by incremental improvements in category A and Red 1 performance at a national level since December, although recognise there continues to be an unacceptable disparity at a local level. I note the committee's concerns about the pace of improvement in response times, although it should be acknowledged, and has been widely accepted, that the majority of calls to the ambulance service do not require an eight minute

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response. The key factor should always be the quality of care for patients based on their clinical need.

To this end, the clinical modernisation of emergency ambulance services to improve delivery of care has been a key element of the WAST strategic transformation programme which forms the Trust's response to the McClelland review. It has resulted in the development of a number of innovative initiatives such as the 'clinical desk' in ambulance control, which is helping to ensure patients get the right response when contacting the ambulance service including healthcare advice and access to a range of alternative care services.

I welcome your comments about the significant work being undertaken by stakeholders to deliver clearer lines of accountability through the establishment of EASC and the chief ambulance services commissioner role. The Welsh Government will continue to monitor progress closely and work with Professor McClelland, Stephen Harrhy and WAST to ensure equitable, high-performing, safe and timely clinical emergency ambulance services are delivered to the people of Wales.

Turning to the conclusions made by the committee, for ease, I will respond to them in numerical order.

Conclusion 1

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.

Accept

This was a clear recommendation in the McClelland Review and I welcome the committee's support for the review of ambulance response time targets. The existing eight-minute target is based on data from studies published more than 40 years ago which focused on the treatment of out-of-hospital cardiac arrest only. It is important to note the studies did not consider any other type of pre-hospital emergency condition, and there is little empirical research available on response times to any other type of emergency calls. I was particularly encouraged to note the committee's support for ensuring that patients receive services appropriate to their need which aligns directly to the principles of prudent healthcare. This should be the key driver in an emergency clinical response.

It is important we continue to develop clinical performance and patient outcomes as the main standards for assessing the performance of emergency ambulance services to meet public expectation of accountability and transparency.

Conclusion 2

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 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.

Accept

There has been considerable progress in the level of responsibility for emergency ambulance services at a local level among health boards. This is central to embedding the ambulance services in the unscheduled care system. The early agreement on WASTs budget for 2015/16 is tangible evidence of progress in this area and a step change in the collaboration between health boards and the Trust.

The emergency ambulance service's national collaborative commissioning quality and delivery framework drives accountability and responsibility among health boards through a range of actions. This includes the requirement for the nomination from each health board of an Emergency Ambulance Services 'Champion' to act as their organisation's point of contact for the successful operation and ongoing development of the framework. A collaborative performance delivery group which reports directly to EASC has been established and will consider and advise on the management of performance issues. This will include chief operating officers from each health board and will be chaired by the Chief Ambulance Services Commissioner.

Health board chairs and independent members receive regular updates and progress reports from their own executive directors and will invite WAST to attend board meetings or sub-committees. The chair of EASC and the chief ambulance services commissioner will attend each health board meeting at least once annually.

The framework, which includes a number of joint measures, will also enable both WAST and health boards to detail how they will support improvements to ambulance responsiveness and quality of delivery within their integrated medium term plans.

I have received formal assurance from Dr CDV Jones, chair of Cwm Taf University Health Board that all health boards are committed to achieving this objective. In view of the committee's recommendation I will seek further assurance from chairs of health boards that the momentum achieved to date is fostered at all levels. I will also seek assurance from all health boards about their processes for ensuring all relevant stakeholders, including WAST, are engaged in discussions about service change proposals at an early stage.

Conclusion 3

Agreement must be reached between the Welsh Ambulance Services NHS Trust, trade 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.

Accept

Aligning frontline staffing capacity to meet predicted levels of demand is central to improving ambulance responsiveness. New arrangements are in place in the Cardiff and Vale area, and revised arrangements are due to be implemented in the Cwm Taf and Aneurin Bevan health board areas by the end of May.

Discussions are ongoing in regard to staff rosters in the Abertawe Bro Morgannwg, Betsi Cadwaladr, Hywel Dda and Powys areas. The quality and delivery framework requires WAST to reduce reliance on overtime and this will in itself act as a driver to ensure robust staff rosters are in place for frontline and clinical contact centre staff. EASC invested £7.5m to support the recruitment of additional staff which helps facilitate the revised rosters.

The chief ambulance services commissioner has commissioned the development of a ‘demand and capacity’ tool by Cardiff University, in collaboration with Aneurin Bevan health board’s continuous improvement modelling unit. This will help to forecast demand and the understanding of where to position frontline resource during predicted peaks and troughs in activity to support efficient deployment.
The Commissioner will continue to monitor the situation closely and ensure a regular review of staff rosters.

Conclusion 4

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.

Accept

In response to the recommendations set out in the McClelland Review, the NHS in Wales continues to bring forward plans to modernise the provision of patient care services.

The first step of this modernisation agenda has involved the transfer of health courier services from WAST to the NHS Shared Services Partnership. The transfer has been successfully completed and the new service started on 1 April 2015. The hard work of everyone involved in the detailed planning for the transfer ensured that there was no disruption in service.

Any transfer of non-emergency patient transport from WAST is more complex. We want to make sure any planned changes do not destabilise and put in jeopardy the provision of emergency ambulance services. To this end, the Welsh Government is working closely with the Welsh NHS and WAST on plans for modernising non-emergency patient transport.

A project board is considering a number of options for modernising non-emergency patient transport. As part of this work, I have made it clear that I expect the board to build on the findings and recommendations set out in the Win Griffith's report including the transfer of best practice that has seen different service models emerge involving partnership working with local authorities to improve efficiencies across the public sector as well as increased provision by community and voluntary sector transport providers. .

Conclusion 5

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.

Accept

Lengthy patient handover delays are entirely unacceptable.

The national hospital handover guidance is a clear statement of intent that requires health boards to take responsibility for ensuring the safe handover of patients to hospital teams within 15 minutes. The guidance sets out 10 key actions for health boards and trusts to incorporate in their existing protocols to ensure timely handover. The indications are that delays are beginning to reduce at the majority of emergency departments. The latest information for March indicates there has been a 23% reduction in the numbers of patients waiting over an hour for handover since December 2014.

Conclusion 6

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.

Accept

We expect as equitable level of emergency ambulance service provision as possible for all Welsh residents, regardless of where they live with the required levels of frontline cover to support an effective and timely response at all times. We also expect the right clinical resource to be dispatched by WAST's based on a patient's need.

The existing eight-minute target can drive perverse behaviour through the dispatch of multiple crews and ambulances in order to achieve the target. Improving the way

emergency resources are dispatched to achieve the best possible outcome for patients form part of the service's clinical modernisation.

A 'return to footprint' pilot is underway in the Cwm Taf University Health Board area, which has resulted in an uplift in responsiveness which correlates with the commencement of the trial. The chief ambulance services commissioner has established a quality assurance and improvement panel which reports to EASC and will review and evaluate service improvement initiatives like the trial in Cwm Taf. Membership of the panel includes senior clinical leaders and eminent academics.

Conclusion 7

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.

Accept

I welcome the Committee's conclusion that more needs to be done collectively to treat patients as close to home as possible, with a focus on a patient's individual needs to avoid unnecessary conveyance by emergency ambulance to hospital. We have published our national plan for a primary care service for Wales to help drive this.

Underpinned by the principles of prudent healthcare and those featured in the primary care plan, the five-stage ambulance patient care pathway in the quality and delivery framework describes EASC's expectations for how the ambulance service should provide services to Welsh residents. WAST is expected to meet a series of core requirements, quality measures and clinical indicators described under each of the five stages.
The five-step ambulance patient care pathway clearly marks out WAST's emergency ambulance service as a clinical service within the wider integrated Welsh healthcare system, and forms part of a multiagency, collaborative approach between health boards and WAST to develop high-performing pre-hospital clinical services. It is intended to ensure patients receive the right care, at the right time from the right clinician to achieve the optimum outcome for every patient.

Significant work has been undertaken as part of the clinical modernisation of emergency ambulance services to improve assessment of patients in the community through the development of a number of initiatives and tools. Emergency department consultants and paramedics triage calls that may be better dealt with closer to home. Alongside this the introduction of the Manchester Triage System to clinical contact centres to provide enhanced clinical assessment of patients. WAST has also implemented the Paramedic Pathfinder tool. This allows the use of a range of safe, consistent and clinically safe, triage and evidence-based processes, which enable paramedics to conduct accurate face-to-face assessment of individual patient's care needs, when they arrive on scene, allowing them to refer to other healthcare settings in the community where appropriate.

Alternative care pathways for patients with resolved epilepsy resolved hypoglycaemia and for patients who have fallen are now supported by WAST in all health board areas with several thousand patients being safely referred to an appropriate healthcare setting other than hospital.

These and similar initiatives has resulted in WAST non-conveyance rates which are now among the highest in the UK, conserving precious emergency care capacity to respond to patients who have a clinical need for a timely response and relieving pressure on Emergency Departments.

Conclusion 8

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.

Accept

I welcome the committee's conclusion that an effective recruitment strategy and robust planning of the capacity required to meet forecasted demand is essential for a high performing emergency ambulance service. Medium and longer-term planning is essential for this to be achieved.

WAST is expected to provide an integrated medium term plan which must take account of demographic change, service developments, health inequalities, primary care needs along with specific clinical requirements such as mental health and maternal and child health considerations. These plans set out the intentions of organisations, their priorities and expected delivery for the next three years. These plans are used by the Welsh Government to inform performance management and quality discussions throughout the year.

Yours sincerely

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