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**Professor Adam Cairns**  
**Chief Executive**

22 May 2015

Helen Finlayson  
Clerk  
Heath and Social Care Committee  
National Assembly  
Cardiff Bay  
CF99 1NA

Dear Helen

Thank you for your follow up email and I apologise for not responding sooner as I have been recovering from an operation.

You rightly infer from my earlier comments that I was reflecting on a period of time when the Emergency Unit at UHW was under a great deal of pressure, with many more patients waiting longer than we were happy with at various points in the urgent care system, including some patients being kept waiting in ambulances. It might be reassuring for the committee to know that when this happens, we have a clear and agreed mechanism which ensures that the patient's condition should be assessed, and where immediately necessary all patients are taken into the department if their condition warrants immediate life support or other critical interventions. Similarly, patients who are able to mobilise are also able to leave the ambulance and make their way to the department. At the time I appeared before the committee we were in the midst of unusually high levels of ambulance demand, with many more old and frail patients being brought to the department than normal.

My reference to the improvements being made to patient experience referred to a revised procedure with regard to ambulance handover that we were at the time in the process of introducing. This protocol reinforced good clinical practice and emphasised the department's responsibility to patients whose treatment was being delayed and also to the wider community since ambulances held outside an emergency department are not free to take the next call.

As this protocol was in the process of implementation, we had made further arrangements to alter the way that the emergency department worked, including changing the use we were making of a number of rooms, thereby enabling more patients to be safely transferred to the department. We had also taken steps to further strengthen the coordination between the department and the ambulance crews, to develop even closer liaison and communication to keep in touch with a dynamic situation, with ambulances arriving and departing sometimes in large numbers in very compressed timescales.

There were at the time I gave evidence some signs that we were making progress on several fronts as we sought to alleviate the congestion in our system, including reducing the delays patients were experiencing. I am pleased to be able to report that this progress has continued as I hoped it would. Between the early part of the year and today we are seeing consistently improving handover performance (ambulance to hospital) so that 60% of all patients are handed over within 15 minutes of arrival (an improvement from a low of 30%) and a steep overall reduction in lost ambulance hours. This is contributing to the improvement in the responsiveness of the ambulance service we have seen over recent weeks. The improvement in patient experience at the interface between the ambulance and the EU is also being mirrored elsewhere in our system.

I do hope that this further briefing is helpful to you, but please let me know if you require any further information.

Yours sincerely



**Professor Adam Cairns**  
**Chief Executive**