Cynulliad Cenedlaethol Cymru
Y Pwyllgor Iechyd a Gofal Cymdeithasol

National Assembly for Wales
Health and Social Care Committee

Vaughan Gething AM
Deputy Minister for Health

20 January 2016

Dear Vaughan,

Health and Social Care Committee: follow-up inquiry into the performance of ambulance services

During the Committee's original inquiry into the performance of ambulance services in Wales (March 2015), we noted our intention to follow-up on this work before the end of the year. To that end, we invited all those who gave evidence to the original inquiry to a follow-up session on 3 December 2015. In addition, we invited the four recognised ambulance services trade unions[1] to give evidence from the perspective of frontline staff.

The Committee welcomes the marked progress that has been made in a number of areas, including senior leadership, more effective deployment of ambulances, and the introduction of a new clinical response model, since March 2015. This progress is to be commended. Nevertheless, the Committee believes that further progress is needed particularly with regards to the publication of performance data, resolving outstanding staffing issues, and building upon the work being undertaken to diversify patient pathways. Furthermore, the Committee would like to see firm assurances from the Welsh Ambulance Services NHS Trust ("WAST"),

[1] GMB, Royal College of Nursing, Unite the Union and UNISON Cymru Wales.

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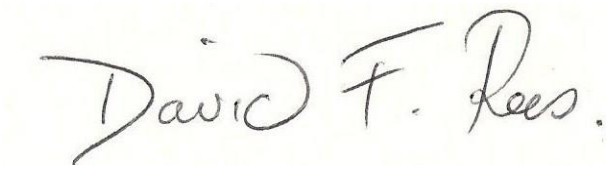
stakeholders and the Welsh Government that the progress made to date is sufficiently embedded to ensure lasting change and improvement.

A detailed account of our findings is set out in the Annex to this letter. The themes contained within the Annex mirror those of the initial inquiry, however some have been expanded to encompass broader issues. I would be grateful to receive a response from you to the specific issues highlighted by 2 March 2016. Furthermore, the Committee notes the media coverage relating to additional pressures on ambulance services in Wales over the Christmas period and would be grateful if you could reflect upon these in your response.

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

Yours sincerely,



David Rees AM

Chair, Health and Social Care Committee

Annex

Data and performance indicators

01. In its original inquiry the Committee expressed its continuing concerns about the repeated failure of WAST to meet emergency response time targets and called for urgent action to address this. The Committee also highlighted the need for clinically appropriate performance measures that take account of patient outcomes in line with the recommendations of the McClelland Review.

02. In July 2015, the Welsh Government announced a new clinical response model for ambulance services which would run for a 12 month pilot period from 1 October 2015.[2] During this trial, only the most serious (i.e. life-threatening) 'Red' category calls will have a response time target. All other calls will receive an appropriate response either face-to-face or as a telephone assessment, based on clinical need. The new model has three categories of calls:

- **Red**: immediately life-threatening (someone is in danger of death, such as a cardiac arrest). The target is for 65 per cent of emergency responses to arrive within 8 minutes.
- **Amber**: serious but not immediately life-threatening (patients who will need treatment to be delivered on the scene and may then need to be taken to hospital).
- **Green**: non-urgent (can often be managed by other health services) and clinical telephone assessment.[3]

03. Performance data for the first month of the trial was released in November 2015. During October 2015 there were:

- 38,155 emergency calls, an average of 1,231 per day, 1.5 per cent up on the daily average for September 2015; and
- of the total, 1,877 (5 per cent) were red category calls, 22,901 (60 per cent) were amber category calls, and 13,377 (35 per cent) were green category calls.

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[2] Welsh Government, '*New system for emergency ambulance services to prioritise patients in most need of care*,' 29 July 2015

[3] PAS(F)06 Welsh Ambulance Services NHS Trust

04. As regards performance against the 65 per cent target (for red category calls), 68.7 per cent of emergency responses arrived within eight minutes on an all-Wales basis. The target was met in four of the seven health board areas with performance ranging from 57.6 per cent in Hywel Dda to 73.4 per cent in Betsi Cadwaladr.[4]

05. During oral evidence, the majority of witnesses welcomed the fact that the 65 per cent target had been met for the first month of the pilot. Stephen Harrhy and Professor Siobhan McClelland of the Emergency Ambulances Services Committee ("EASC") described performance in the first month as a "good start" but cautioned against replacing one single focus (the previous eight-minute response target for Category A emergency calls) with another single focus (the new clinical response model target). They pointed to the ambulance quality indicators that would be published in January 2016, emphasising the importance of the information they will provide about clinical outcomes and patient experiences.[5]

06. The Committee also heard that under the previous system, around 40 per cent of calls were categorised as red, whereas under the new clinical model, only around 5 per cent of calls fall into this category. Tracy Myhill explained that this would enable WAST to analyse every single call which should provide opportunities to see where improvements can be made.[6] Contrasting the new model with the response model instigated in 2012, Mick Giannasi, Chair of WAST, described how the Ambulance Service "hit the target" but "missed the point" which resulted in perverse behaviours and outcomes.[7] He went on to explain that the new model was more sophisticated, and would deliver a plan for incremental improvement in a sustainable way.[8]

07. On amber category calls, the Committee heard that although they are not subject to a response time target, WAST measure their performance against a

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[4] StatsWales, *Emergency ambulance calls and responses to red calls, by LHB and month (from October 2015)*, 25 November 2015

[5] Health and Social Care Committee, *Record of Proceedings [paras. 139-141]*, 3 December 2015 (NB: unless otherwise stated, subsequent references in this report to "Record of Proceedings" refer to the proceedings of the Health and Social Care Committee).

[6] *Record of Proceedings [para. 339]*, 3 December 2015

[7] *Record of Proceedings [para. 354]*, 3 December 2015

[8] *Record of Proceedings [paras 354 and 355]*, 3 December 2015

20-minute target. According to Ms Myhill 73.5 per cent of amber calls were seen within 20 minutes with a median response time figure of 10 minutes and seven seconds for amber 1 (the most serious of amber calls). Furthermore 95 per cent of amber 1 calls were seen within 40 minutes.[9] Stephen Harrhy indicated that information on responses to amber calls would be included in the ambulance quality indicators.[10]

08. A number of witnesses, including EASC, recognised that significant regional variations in response time performance persist. Figures provided by WAST following the oral evidence session highlighted a significant gap between the 82.9 per cent performance of Conwy and the 50.5 per cent performance in Carmarthenshire.[11] In acknowledging that the response time target is yet to be met in every area of Wales, Tracy Myhill stated that there is more work to be done and that achieving the target consistently across Wales would be her focus over the coming months.[12]

09. It emerged during the follow-up inquiry that as a result of the new clinical model, key performance data such as the ambulance quality indicators would be published on a quarterly rather than monthly basis. Professor McClelland reported that EASC was working hard to ensure that the data was robust, meaningful and understandable to the public. Professor McClelland noted that meaningful analysis of data (particularly trends) published on a monthly basis may not be possible due to the range of indicators, coupled with the smaller amount of data.[13]

10. It is clear to the Committee that the new clinical model for response times has the potential to provide WAST, EASC and the Welsh Government with opportunities for continual improvement that were not available under the old model. Moreover, the Committee is satisfied that the first of the conclusions from its original inquiry is being implemented. However, the Committee has concerns regarding the persistence of regional variations in terms of performance and the timing and frequency of data.

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[9] *Record of Proceedings [para. 402]*, 3 December 2015
[10] *Record of Proceedings [para. 158]*, 3 December 2015
[11] PAS(F) Additional Information – WAST
[12] *Record of Proceedings [para. 365]*, 3 December 2015
[13] *Record of Proceedings [para. 153]*, 3 December 2015

Conclusion: Data and performance indicators

The Committee welcomes the fact that the all-Wales target for emergency response times has been met for the first month of new trial model. However, the Committee is concerned that significant regional variations persist and would like to see these addressed as a matter of priority. Furthermore, the Committee expects to see sustained progress in relation to response times at the local and national level.

Accurate and timely publication of data on the performance of ambulance services is key to ensuring the transparency and accountability of those services. The Committee is concerned that quarterly publication of the ambulance quality indicators may have an adverse effect on this. Furthermore, it was disappointed to learn that although target response times data broken down by local authority had been collected, this information was not published during the first month of the trial.

The Committee recommends that WAST, EASC and the Welsh Government explore the scope for publishing a more comprehensive suite of data – including performance against response time targets by local authority area – on a monthly basis and to complement the data publication arrangements that are already in place. The Committee believes that this more comprehensive data should be routinely available from 1 April 2016.

Accountability and engagement

11. In its original inquiry, the Committee looked at the issue of accountability and engagement between health boards, EASC and WAST. The Committee called for the momentum highlighted by stakeholders in terms of their commitment to cooperation and engagement (i.e. between WAST, EASC and health boards) to be maintained when working towards a whole system approach to unscheduled care.

12. A number of witnesses suggested that the relationship between WAST and health boards had improved in the period between the Committee's original and follow-up inquiries.[14] The collaborative commissioning framework and the role of EASC were seen by witnesses to be key in underpinning this

[14] PAS(F) 02 Royal College of Nursing; PAS(F) 04 Emergency Ambulance Services Committee; PAS(F) 05 Welsh NHS Confederation.

improvement. Stephen Harrhy explained that the new collaborative commissioning framework sets out who has responsibility for what and that it was also helping in the development of clearer patient pathways.[15]

13. On engagement, Tracy Myhill stated that WAST – as an all-Wales service – had a set of partnerships with health boards, emergency services and local authorities across Wales and that identifying better ways for WAST to engage with partners was a priority area. On the specific question of engagement with health boards, she stated that partnership working, through the work of EASC, had improved "immeasurably" since the previous session in March 2015.[16]

14. The Committee welcomes the improvement in engagement between health boards and WAST and believes that EASC should be commended for playing a vital role in facilitating better collaborative working. Furthermore the Committee is satisfied that implementation of the second of its conclusions is progressing well.

Conclusion: Accountability and engagement

Clearer patient pathways are a key element in the work being undertaken to improve the performance of ambulance services in Wales. The improvement in engagement work between health boards and WAST – facilitated by EASC – should continue and include local authorities and other partners, where appropriate.

Accountability did not arise in the same way that it did in the original inquiry. The Committee welcomes this, but nevertheless urges the Welsh Government, WAST, EASC and health boards to keep a close eye on this area to ensure that progress is sustained.

Leadership, organisational change and staffing

15. In March 2015, the Committee's conclusion focused primarily on the need for agreement between WAST, trade unions and staff on rostering. The original inquiry also highlighted the importance of leadership in creating organisational change.

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[15] *Record of Proceedings [para. 167]*, 3 December 2015

[16] *Record of Proceedings [paras 383 and 384]*, 3 December 2015

16. The trade unions were unanimous in reporting an improvement in senior leadership at WAST since the appointment of its current Chief Executive.[17] However, it was noted that the transformation of leadership at all levels would not happen overnight.[18]

17. On rostering, WAST reported that five of the seven[19] health board areas had new roster arrangements in place.[20] In written evidence, GMB and UNISON Cymru Wales raised concerns that some new rostering arrangements had been developed and signed-off outside the agreed partnership working approach and were financially-driven rather than service-led.[21] Concerns that the new rosters still have insufficient capacity built in for meal breaks, training, covering sickness absence and preventing shift overruns were also highlighted.[22] The additional resources allocated to the Explorer Project in Cwm Taf University Health Board were highlighted as an example of good practice by Nathan Holman of GMB.[23] He then contrasted this with concerns that rotas are short-staffed in other areas of Wales.[24]

18. Some concerns were raised by GMB and Unite the Union that more training and "upskilling" of staff will be required to deal with the new clinical response time model.[25] Moreover, Nathan Holman explained that the centralisation of clinical specialisms in fewer hospitals required paramedics to care for patients for longer periods due to extended journey times. He argued that the increased level of clinical skill and expertise demanded of paramedics by this

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[17] PAS(F) 01 UNISON Cymru Wales; PAS(F) 02 Royal College of Nursing; PAS(F) 07 Unite the Union; *Record of Proceedings [para. 13]*, 3 December 2015

[18] *Record of Proceedings [paras. 13 and 28]*, 3 December 2015

[19] It is anticipated that Aneurin Bevan University Health Board will agree a new roster by April 2016. Rostering arrangements in Cwm Taf University Health Board will be finalised following the outcome of the Cwm Taf Explorer Project. Implementing the new rotas will require additional staff *Record of Proceedings 254, 256, 304-5*

[20] PAS(F) 06 Welsh Ambulances Service NHS Trust

[21] PAS(F) 01 UNISON Cymru Wales; PAS(F) 03 GMB

[22] PAS(F) 01 UNISON Cymru Wales; PAS(F) 03 GMB

[23] *Record of Proceedings [para. 54]*, 3 December 2015

[24] *Record of Proceedings [para. 110]*, 3 December 2015

[25] *Record of Proceedings [para. 115]*, 3 December 2015; PAS(F) 07 Unite the Union

new model of care had not been accompanied by the provision of necessary training for ambulance staff.[26]

19. The Committee learned that WAST is yet to recruit all of the planned 119 additional staff funded under the £7.5 million investment deal.[27] In oral evidence, Tracy Myhill explained that of the 119 additional posts, 51 had so far been recruited in WAST's emergency medical services and that it is anticipated that the remaining vacancies will be filled by April 2016. She went on to explain that staff turnover coupled with internal recruitment creating gaps elsewhere in the organisation was responsible for the remaining gaps, and that WAST's joint workforce and training plan should help to overcome this. [28]

20. It was noted that one of the consequences of this limited capacity was the increase in the use of private ambulances. Stephen Harrhy of EASC explained that WAST needed to do more work to staff rotas sufficiently if the need to call on private ambulances is to be reduced.[29]

21. The Committee welcomes the improvements relating to senior ambulance services leadership reported by witnesses. The Committee also notes that new rostering arrangements have been agreed in five of the seven health boards and that the remaining two health boards will be agreeing rosters in due course. Nevertheless, the Committee is concerned that services are still not staffed to full capacity, and that an increasing reliance on the use of private ambulances appears to have emerged in order to fill the current resource gap. The Committee believes that continued staff shortages risk undermining efforts to raise staff morale within the ambulance services and have the potential to impact detrimentally on the ability of staff to receive the training that they need to deliver the care demanded by the new clinically-led model.

Conclusion: Leadership, organisational change and staffing

The Committee believes that greater consideration needs to be given to the training needs of staff as a result of both the new clinical model, and the move towards the centralisation of clinical specialisms. The Welsh Government should

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[26] *Record of Proceedings [paras. 122 and 128]*, 3 December 2015
[27] *Record of Proceedings [para. 305]*, 3 December 2015
[28] *Record of Proceedings [para. 409]*, 3 December 2015
[29] *Record of Proceedings [para. 249]*, 3 December 2015

set out how it expects the Welsh Ambulance Services NHS Trust to ensure that these training needs will be met.

New staff rostering arrangements should be kept under review and gaps in staffing, particularly where additional funding has been allocated to bridge those gaps, should be addressed as an urgent priority.

Non-emergency patient transport

22. In its previous work, the Committee echoed recommendation two of the McClelland review[30] in calling for the disaggregation of non-emergency patient transport from WAST's primary role as a provider of emergency ambulance services.

23. In its follow-up inquiry the Committee heard that work to address the issue of non-emergency patient transport has been progressing through the work of health boards, WAST and the third sector. Allison Williams of Cwm Taf University Health Board explained that a business case has been developed to separate the commissioning of non-emergency patient transport from emergency ambulance services through an entirely new commissioning framework. This commissioning framework would sit within the remit of EASC. Allison Williams reported that the business case had been submitted to Welsh Government and was expected to come back to EASC in early 2016, following which there would be a 12-month transition period to the new system.[31]In a Written Statement on 14 January 2016, the Deputy Minister confirmed that the business case had been agreed and that EASC would take on responsibility for commissioning non-emergency patient transport from April 2016.[32] The Statement further set out a number of changes to arrangements for non-emergency patient transport including a national set of service standards; the creation of a new expert commissioning group to support EASC; and the appointment of a dedicated management team in WAST. These changes are expected to be completed by March 2017.[33]

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[30] McClelland, S., "*A Strategic Review of Welsh Ambulance Services*", April 2013, pp 65

[31] *Record of Proceedings [para. 322]*, 3 December 2015

[32] Welsh Government, Vaughan Gething (Deputy Minister for Health), *'Plans For Modernising Non-Emergency Patient Transport Services'*, Cabinet Written Statement,14 January 2016

[33] Ibid, *'Plans For Modernising Non-Emergency Patient Transport Services'*, 14 January 2016

24. The Committee is disappointed that its original conclusion has not been completed during 2015, but is encouraged that an end point is now in sight. It is also encouraged to learn that all health boards, along with WAST and the third sector, have engaged with the process of drawing up the business case.

Conclusion: Non-emergency patient transport

The Committee acknowledges the Deputy Minister's Written Statement on 14 January 2016 and welcomes the new commissioning arrangements for non-emergency patient transport. The Committee believes that timescales relating to these new arrangements should not be allowed to slip. The Welsh Government should ensure effective monitoring of the 12-month transition period and hold health boards, Welsh Ambulance Services NHS Trust, Emergency Ambulances Services Committee and others (such as local authorities) to account for implementation and performance of the new framework.

Patient handover and pathways

25. A key area of concern for the Committee during its original inquiry was the number of hours lost to ambulance services as a result of patient handover delays.

26. The Welsh NHS Confederation stated that "ambulance handover delays have reduced in 2015 from the levels seen in 2014" but that they continue "to be an operational challenge".[34] Figures provided by EASC also suggested that handover challenges persist, particularly with regards to seasonal variations in performance.[35]

27. During oral evidence, the Committee heard that variations in how health boards deal with the issue of patient handover delays remain. Lisa Turnbull of the Royal College of Nursing ("RCN") highlighted variations in approaches to handover delay challenges between, and sometimes within, health boards.[36] Nathan Holman of GMB emphasised the importance of clear patient pathways in tackling this issue.[37] This point was echoed by Ms Turnbull who identified

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[34] PAS(F) 05 Welsh NHS Confederation

[35] PAS(F) 04 Emergency Ambulance Services Committee

[36] *Record of Proceedings [para. 79]*, 3 December 2015

[37] *Record of Proceedings [para. 83]*, 3 December 2015

initiatives to deal with patient flow as a key element in ensuring improvement.[38]

28. Stephen Harrhy of EASC stated that 20 per cent of all patients coming into an emergency department on an ambulance do not stay in hospital. He suggested that more work is needed to redesign systems around alternative pathways.[39] Allison Williams, Chief Executive of Cwm Taf University Health Board, explained that health boards were undertaking "significant work" to improve patient discharge and flow through the whole hospital journey and emphasised the significance of "keeping the back door moving".[40] She highlighted the importance of work that is underway between health boards and social services to ensure that patients are not staying in hospital any longer than clinically necessary, emphasising that this is especially important in the context of seasonal pressures.

29. The Committee heard that Cwm Taf University Health Board had achieved significant reductions in ambulance handover delays and continues to lead the way in managing ambulance handover.[41] Mr Cairns stated that Cwm Taf University Health Board had achieved significant reductions in ambulance handover delays and resultant good practice was being shared. However, he emphasised the importance of recognising that individual health boards face different challenges linked to their own service profiles and contexts.[42]

30. The Committee notes the modest improvement in patient handover delays when compared with 2014. However, it believes that there is some way to go before it can be satisfied that the necessary actions listed in its original inquiry conclusion have been delivered. The Committee believes that additional work needs to be done in relation to patient handovers if care pathways are to be as efficient and effective as possible. Although encouraged by the work that is already underway, the Committee wants to see a renewed focus on patient pathways in line with the conclusion set out below.

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[38] *Record of Proceedings [para. 86]*, 3 December 2015

[39] *Record of Proceedings [para. 336]*, 3 December 2015

[40] *Record of Proceedings [para. 288]*, 3 December 2015

[41] *Record of Proceedings [para. 209]*, 3 December 2015; PAS(F) 05 Welsh NHS Confederation.

[42] *Record of Proceedings [para. 285]*

Conclusion: Patient handover and pathways

In addition to continuing with the Committee's original conclusion to reduce the number of hours lost due to patient handover delays, more work is needed to ensure that staff and clinicians in each health board area have access to a robust and appropriate range of patient pathways that help to avoid unnecessary hospital admissions. There is also a need for robust processes to be put in place to ensure good practice is shared and implemented across Wales.

The Committee wants to see transparent, accessible and timely all-Wales reporting on ambulance handover performance in a single place. This should be explored for inclusion in the new suite of ambulance performance indicators.

Models of deployment

31. The issue of ambulances being 'pulled away' from their areas was a key concern during the Committee's original inquiry. In its conclusion the Committee called for more work in this area. It also called for evaluation and roll-out of the ('return to footprint') 'Explorer' model pioneered by Cwm Taf University Health Board.

32. The Welsh NHS Confederation highlighted that the 'return to footprint' model was resulting in a month-on-month improvement in operational performance in Cwm Taf.[43] In her evidence, Allison Williams, Chief Executive of Cwm Taf University Health Board, explained that the reduction in the incidence of multiple dispatching[44] coupled with the move towards the new emergency response time target should improve the feasibility of rolling-out the 'return to footprint' model across Wales.[45]

33. The Committee recognises that the fulfilment of its original conclusion is progressing well. It recognises the opportunities for smarter, more effective deployment of vehicles provided by the new emergency response model and ambulance quality indicators data. Moreover, the Committee welcomes the fact that the Cwm Taf Explorer Project is currently being evaluated before a decision is made on roll-out to other areas of Wales.

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[43] PAS(F) 05 Welsh NHS Confederation.

[44] A process whereby multiple vehicles would be deployed in response to a 999 call only to then be asked to stand down. Allison Williams gave an explanation in *Record of Proceedings [para. 298]*.

[45] *Record of Proceedings [para. 296]*, 3 December 2015

Models of deployment

The Committee believes that the formal assessment report on the outcome of the Cwm Taf Explorer project, including any requirements for additional resources and plans for roll-out across Wales, should be published.

Frequent callers

34. The issue of frequent callers continues to be a challenge for ambulance services in Wales. During the follow-up inquiry, a number of initiatives established in response to this issue were highlighted.[46] In oral evidence, Stephen Harrhy said that a review of both frequent callers and frequent attenders was underway and that the collection of this data would help services to understand the reasons for frequent calls and attendance at A&E departments.[47]

35. The Committee believes that frequent callers (along with frequent attenders) continue to pose challenges to ambulance and wider unscheduled care services. It believes that more work is needed before its original conclusion, which called on health boards and WAST to ensure that assessment, care and treatment are provided in ways which meet the patient's individual needs, is met. Moreover, work in other areas – particularly in seeking to improve patient pathways – will play an important role.

Conclusion: Frequent callers

The issue of frequent callers remains a challenge to the entire unscheduled care sector. The Committee is encouraged by the collection of new data on frequent callers and frequent attenders being piloted in Cwm Taf University Health Board. This work should be treated as complementary to work in other areas such as patient pathways. Any findings arising from the pilot should be shared across health board areas as soon as is practicable.

Anticipating demand for services

36. In its original inquiry, the Committee cited anticipating demand and planning for demographic change as key areas for improvement.

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[46] PAS(F) 05 Welsh NHS Confederation; PAS(F) 06 Welsh Ambulances Service NHS Trust

[47] *Record of Proceedings [para. 246]*, 3 December 2015

37. During the follow-up inquiry, EASC highlighted the fact that demand for ambulance services has increased by 30 per cent over the last 10 years, and that 20 per cent of all patients attending an emergency department do not stay in hospital.[48] Echoing the solutions offered in other areas, a number of witnesses emphasised the importance of reducing demand through alternative patient pathways.[49] Elements of the new five-step system for accessing emergency ambulance services along with the 'Optima Predict' demand and capacity modelling tool were also cited by WAST as key elements in their approach to tackling the challenges posed by demand and demographic change.[50]

38. The Committee welcomes the work being undertaken by WAST and health boards to manage demand for ambulance services – particularly through reducing the conveyance rate into hospitals – and believes that concerted effort in this area should bear fruit in the longer term. The Committee recognises that the fulfilment of its original conclusion is underway and has not identified a need to draw any further conclusions as a result of its follow-up inquiry.

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[48] *Record of Proceedings [paras. 225 and 226]*, 3 December 2015

[49] *Record of Proceedings [para. 226]*, 3 December 2015; PAS(F) 05 Welsh NHS Confederation; PAS(F) 06 Welsh Ambulances Service NHS Trust; PAS(F) 04 Emergency Ambulance Services Committee.

[50] PAS(F) 06 Welsh Ambulances Service NHS Trust