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Y Dirprwy Weinidog Iechyd
Deputy Minister for Health

Llywodraeth Cymru
Welsh Government

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Chair
Health and Social Care Committee
National Assembly for Wales
Cardiff Bay
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Dear David

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

Thank you for your letter of 20 January in which you provide details of the Committee's follow-up inquiry into the performance of ambulance services.

I welcome the Committee's further positive reflections and recognition of marked progress following an initial inquiry undertaken in early 2015. There has been a genuine step change in ambulance service delivery since I last wrote to the Committee in May 2015 and I am grateful for the recognition of this.

This acknowledgement is particularly important for the dedicated Welsh Ambulance Service staff who have often been the focus of criticism for the organisation's performance against an outdated single, time-based target. The old target was a crude indication of quality and had no clinical evidence for the wide category of calls that it was applied to. Far from improving outcomes for patients the old target was a poor use of resources and did not help to improve patient outcomes.

I am proud that we took a step forward for patients by implementing a clinical response model pilot intended to prioritise patients who need an immediate clinical intervention. The pilot is designed to enable ambulance clinicians and resources to be despatched appropriately based on clinical need. It has begun to make a positive impact for patients. At the time of writing, there has been a month-on-month increase in the proportion of patients who are categorised as 'immediately life threatened' (Red) and received an emergency response within eight minutes. Crucially the new model is based upon the most up to date clinical evidence and advice following the review by Dr Brendan Lloyd, Medical Director of

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the Welsh Ambulance Service Trust. Failing to act would have been a betrayal of the best interests of the patients.

Following the publication of the ground-breaking Ambulance Quality Indicators (AQIs) for the first time on 27 January 2016, Wales is now among the most transparent countries worldwide for information on ambulance services. We now know, for example, that 34 patients who suffered cardiac arrest in December – where their hearts had stopped working and were no longer breathing - were resuscitated before reaching hospital. There is worldwide interest in the clinical response model and AQIs being delivered here. Following significant transformation, including through robust new governance and accountability arrangements, we are now in the vanguard of the re-design of ambulance service provision.

However, I recognise that there is more to do. For example, there continues to be disparity in responsiveness at a local level which the Emergency Ambulance Services Committee (EASC), Local Health Boards, the Welsh Ambulance Services NHS Trust (WAST) and partners need to work collaboratively to remedy.

Greater pace is required in aligning accurately predicted demand levels with the right capacity to enable a consistently high level of responsiveness. Lengthy patient handover delays need to be reduced and will be a focus for improvement. The Welsh Government will continue to monitor progress closely and work with EASC, WAST and all other partners to enable continuous improvement within the delivery, planning and performance of ambulance services in Wales.

However, while local operational changes will aid responsiveness, adopting a whole system approach to delivering unscheduled care services that are focussed on the patient is of greater importance. This should help to deliver not only quality and timely ambulance services but also, more broadly, improved health and care for all.

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

Conclusion 1

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.

Partially accepted

The Welsh Government expectation is that at least 65% of patients categorised as 'immediately life threatened' (Red) in each Local Health Board area receive an emergency response in eight minutes each month. We have been encouraged to note high levels of performance in most Local Health Board areas since the implementation of the clinical response model pilot on 1 October 2015, with average monthly response times beneath five minutes in some areas.

We also expect all Welsh residents who require emergency access to a clinical intervention to receive a timely response, regardless of where they live and for the right clinical resources to be dispatched to them based on their clinical need. WAST reviews every Red call which does not receive an eight minute response to inform lessons locally and nationally and to understand whether the timeliness of response impacted on the patient outcome.

Despite its rural nature, we are disappointed that the Hywel Dda Local Health Board area did not achieve the 65% target in the first three months of the pilot. The Emergency Ambulance Services Committee acted quickly following the completion of the first month of the pilot and commissioned an improvement plan for the Hywel Dda area. This resulted in month-on-month improvements between October and December and we expect to see continued improvement as both WAST and EASC learn more as the pilot progresses.

Performance in Cwm Taf and Powys Local Health Board areas have also fallen short of the target at times during the first three months of the pilot. There are well rehearsed logistical challenges in responding to patients within eight minutes in both areas, most notably road network issues in the valleys areas and the sparsely populated nature of Powys which makes it difficult to predict the focus of demand. We expect WAST to strengthen operational practices and relationships with community first responders and fire and rescue services co-responders in these areas, and to work with partners to identify locations where positioning Public Access Defibrillators will be of most benefit to patients.

We will continue to monitor progress through regular engagement with the Chief Ambulance Services Commissioner and WAST.

Turning to the Committee's recommendation on publication of response time data, I was very clear about timescales for data publication when announcing the clinical response model pilot. The quarterly publication of AQIs would sit alongside the monthly publication of 'Red' response times, taken together with the published demand information would make Wales' ambulance services among the most transparent in the world. In contrast, national responsiveness in Scotland is reported annually through publication of Scottish Ambulance Services board papers and a similar approach is undertaken for national performance in Northern Ireland. Performance information in England is published monthly but does not possess the detail of the release in Wales and does not refer to responsiveness at a local authority level.

Following advice from EASC and WAST, I can confirm that the collation and publication of AQIs for a monthly release is not possible. Further, the quarterly release of this data is intended to highlight statistical trends over a longer period – for the duration of the pilot at least – to support operational decision making. I made these points clear when I announced the clinical response model pilot.

Publication arrangements can be reviewed at the end of the 12 month pilot and following completion of the independent evaluation. This will inform a decision on whether to implement the clinical response model on a larger term basis.

Conclusion 2

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.

Accepted

I am pleased to note the Committee's positive reflections on the changes the Welsh Government has made to accountability and governance arrangements. This was one of the key recommendations of the McClelland Review and has taken time to embed following legislative changes made to create EASC and the Commissioner role in April 2014.

I should like to take this opportunity to recognise Professor McClelland, in her role as Chair of the EASC, and Stephen Harrhy, Chief Ambulance Services Commissioner, for shaping the collaborative commissioning arrangements that have provided real clarity and scope for improvement for the provision of emergency ambulance services.

Conclusion 3

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 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.

Not accepted

I understand that WAST is placing significant focus on developing its workforce as part of its strategic transformation programme, with the intention of delivering the highest standards of clinical leadership and educational development for its staff. I visited the Trust's National Training Centre at Swansea University recently and was impressed by the facility and the training school's reputation for excellence.

Training and staff roster arrangements are the operational responsibility of WAST. It is for the organisation to determine the level of clinical skill, capacity and training required to deliver safe and effective services, regardless of the model of care. It is the responsibility of

Welsh Government to seek assurance that this is being achieved and not to set out how they should do it.

Conclusion 4

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.

Accepted

The Emergency Ambulance Services Committee is already taking forward the work needed to put in place the new commissioning arrangements for non-emergency patient transport services and will monitor the progress of the Welsh Ambulance Service Trust in delivering the new services.

The Trust has established a project board to ensure that the new services and delivery model are delivered in line with the timescales set out in the business case. The Welsh Government will continue to support the EASC and the WAST to ensure pace of delivery and momentum.

Conclusion 5

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.

Accept

Delivery of safe, effective and dignified care to patients when they arrive by emergency ambulance at hospital is essential to optimise outcomes for those patients, and also in releasing ambulance clinicians to respond to other patients in the local community.

I am concerned about the level of patient handover delays reported at Emergency Departments across Wales. Lengthy delays for patients who are in clinical need of treatment, whether in a hospital setting or in the community should not be tolerated as we seek to achieve the best possible outcome for all patients.

The national hospital handover guidance has recently been reviewed by clinicians and will shortly be re-issued to Local Health Boards through a Welsh Health Circular by the Director General / Chief Executive NHS Wales. The revised guidance will reinforce our expectation for the transfer of patients from ambulance crews to Emergency Department clinicians, in order of clinical need and always in a timely manner. We will monitor adherence to this guidance through regular quality and delivery management processes.

The Committee will be aware that comprehensive patient handover information was published as part of the first set of AQIs on 27 January 2016. This information is not available anywhere else in the UK and will be published quarterly.

Conclusion 6

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.

EASC and WAST must be and are responsible for any decision on the publication of internal operational reports.

Conclusion 7

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.

Accepted

The Committee will be aware that information on frequent callers to the ambulance service is now routinely published via the quarterly AQI release.

Identifying frequent callers helps WAST manage the needs of this group of callers, many of whom are vulnerable adults who have unmet needs. Simply sending ambulances to these patients does not necessarily mean they get the help they require. Frequent caller patient needs are managed via a multi disciplinary team including primary, secondary care and clinical managers in the Local Health Boards and WAST. This may involve WAST referring a patient to a GP service or a specialist team such as a mental health service and this is now happening.

I note the Committee's comments about the media coverage in relation to an individual paramedic's concerns over the Christmas period. The media coverage does not reflect the views of ambulance service trade unions or the individual WAST staff I have met on many occasions across Wales. There is widespread support for the clinical response model and recognition that the ambulance service is in a much better position compared to last winter.

There is however, real pressure upon ambulance services and the pressure upon the general unscheduled care system that is not unique to Wales. The ambulance service received nearly 39,000 emergency calls in December, an average of 1258 a day and 52 an hour over a 24 hour period.

Much like other parts of the UK, ambulance services in Wales experienced a period of significant pressure and demand since the turn of the year with management information showing ambulance arrivals at Emergency Departments up to 20% higher than the average number of arrivals in January 2015. Staff are working hard to continue to deliver safe and effective services and we continue to work closely with NHS Wales to support and seek assurance on delivery where necessary.

Despite this relentless level of demand, well over a third of red calls received a response in just 4 minutes nationally and nearly three quarters were responded to in 8 minutes in December. Further, the average timed response to a red call was just 5 minutes and 13 seconds. This would simply not be possible without the skill and dedication of ambulance staff. I recognise the very real pressure that they face.

The new clinical response model is a positive step forward for staff and crucially for patients. There is more to do and none of us should take for granted the progress that has been made or the improvements that all of us wish to see. I look forward to seeing the committee continue to support our ambulance service in making evidence based decisions to further improve outcomes for patients.

Yours sincerely

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