Eluned Morgan AS/MS
Y Gweinidog lechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services



Eich cyf/Your ref P-06-1273 Ein cyf/Our ref EM/01386/22

Jack Sargeant MS
Chair - Petitions committee
Senedd Cymru
Cardiff Bay
Cardiff
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27 April 2022

Dear Jack,

Thank you for your letter of 28 March regarding 'Petition P-06-1273: Drastically reduce waiting times for ambulances and at A&E departments'.

I acknowledge ambulance response times are not where any of us would want them to be. Despite significant investment and the deployment of around 230 military personnel to support the Welsh ambulance service between October 2021 and the end of March 2022, and additional support commissioned by the Welsh ambulance service from St John Ambulance Cymru, and in some cases private providers, there have been times when there has not always an ambulance available immediately to dispatch to a call, and we know this has led to some calls waiting longer for a response.

The Welsh Government continues to invest in ambulance services and over the past two years, this investment has enabled the Welsh ambulance service to recruit over 250 additional frontline ambulance staff following recommendations from an independent demand and capacity review. A further 36 frontline clinicians have also been recruited in 2021/22 to double the staffing complement on the clinical support desk to improve provision of advice over the telephone, supporting people to access the right care, in the right place, first time.

In December 2021, the Welsh Government also provided funding of £15m to enable the Welsh ambulance service to purchase 111 emergency vehicles to improve fleet reliability and availability. This includes 39 replacement emergency ambulances, 12 new emergency ambulances and 23 rapid response vehicles and forms part of an ongoing commitment to support ambulance fleet modernisation which has seen around £50m invested in ambulance vehicles over the past four years.

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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

We recognise that ambulance patient handover delays also remain a significant challenge at sites across Wales, which can impact on ambulance availability. A range of local and system-wide factors contribute to these delays, including reduced physical capacity within emergency departments, increased levels of demand, and pressures elsewhere in the system. These delays are often a visible symptom of a wider pressures across the health and care system and require collective and collaborative action by Health Boards alongside the Welsh Ambulance Service, to promote preventative approaches, better management of people's needs in the community and improved 'flow' of patients through hospital and home as soon as it is safe for them to so.

Practical requirements including donning personal protective equipment (PPE) and deep cleaning of equipment and vehicles for each ambulance response, have also impacted on ambulance availability and responsiveness at times of peak demand.

We remain committed to ensuring there is equity of access to health and care services which are safe, sustainable and deliver the best possible clinical outcomes for communities across all parts of Wales. I have, therefore, made it clear to the Chief Executives of all seven Local Health Boards in Wales that, as joint commissioners of ambulance services, they must work with the Welsh Ambulance Services Trust (WAST) to understand local challenges and agree collaborative actions to ensure patients within their communities receive a safe and timely response, through a whole system approach, ensuring ambulance crews are available to respond when needed.

A number of practical measures have already been implemented to improve patient flow through hospitals to allow people to leave hospital when they are well enough to do so and reduce delays at the 'front door' of our hospitals. The Emergency Ambulance Services Committee (EASC) is also working with the Welsh ambulance service and health boards to deliver a wide range of immediate and sustainable actions to support better management of 999 demand in the community, increased ambulance capacity, improved responsiveness to people with time sensitive conditions and ambulance patient handover delays. This will including development of ambulance handover improvement plans for each site across Wales.

In light of the need for a whole system approach to drive improvement, earlier this year, I set out our strategic plans, and our expectations of Health Boards, NHS Trusts and Regional Partnership Boards, for a whole-system transformation of access to urgent and emergency care, through delivery of 'six goals for urgent and emergency care'. The ambition across the six goals is to ensure individuals accessing the urgent and emergency care system, for mental or physical health – or social - concerns, receive the appropriate response, in the right setting, at the right time resulting in optimal outcomes and a better experience for all.

Delivery of these goals will be driven and overseen by a national portfolio programme and £25m recurrent revenue funding has been made available to support local, regional and national delivery of key priorities. We have already made significant investment in new ways of working, such as urgent primary care centres and expanding same day emergency care services to reduce pressure on emergency and urgent care and the wider system. A national programme has also been established to support health boards and regional partnership boards to deliver optimal hospital care and improve patient flow, enabling people to return home from hospital when they are ready and freeing up bed capacity in hospitals.

Furthermore, in recognition of the need to improve ambulance and broader urgent care system performance in the immediate term, a national health and social care risk summit

was convened on 15 February to identify immediate actions to support improvement. As a product of the summit, a two-week national 'system reset' was implemented at the beginning of March, with all health and social care partners working together with renewed energy and focus to improve performance.

In preparation for the reset, health and social care system leaders agreed a small number of key local objectives, focussing on reducing the numbers of those who are medically fit for discharge in acute and community hospitals, with a view to reducing risk and improving outcomes by unlocking flow across the wider system. A range of local actions were undertaken as part of the reset and I expect health boards to work with the NHS Wales Delivery Unit to understand learning from the reset and develop plans on how they will embed any positive changes observed as a result of the system reset into business as usual.

Yours sincerely,

M. T Maga

**Eluned Morgan AS/MS** 

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