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Llywodraeth Cymru
Welsh Government

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Dear Sam

Thank you for sharing the Health and Social Care Committee report of the general scrutiny session held with the Welsh Ambulance Services University NHS Trust on 15 May 2024, at which the Committee examined the role of the ambulance service within the healthcare system in Wales.

I enclose the Welsh Government response to the seven recommendations set out in the report.

Yours sincerely,

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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.



Welsh Ambulance Services University NHS Trust – General Scrutiny

Response to the report recommendations

20/09/2024

On 15 May 2024, the Health and Social Care Committee held a general scrutiny session with the Chief Executive, Chair and Executive Director of Paramedicine to examine the role of the ambulance service within the healthcare system in Wales. This session was part of the Committee's on-going consideration of factors influencing patient flow through hospitals.

On 8 August 2024, the Committee published a report which includes 7 recommendations. This is the Welsh Government's response to those recommendations.

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1. Response to the 7 recommendations

Recommendation 1

There is a pressing need to improve performance at emergency departments to enable more timely and efficient patient handover from the Ambulance Service to the hospital. Linked to this, investment in appropriate provision of adult social care is a vital component in improving patient flow and reducing hand over delays and delayed discharge by enabling people to return home or to their local community at the earliest and safest opportunity.

The committee recommends that

The Welsh Government should provide an update on the progress being made to implement the “Six Goals for Urgent and Emergency Care”, specifically to address ambulance hand over delays and delayed discharge due to capacity challenges in the provision of adult social care. This should be done as part of the response to this report.

Response: Accept

We agree Local Health Boards (LHBs) must improve the timeliness of ambulance patient handover to release ambulance crews to respond to other patients in the community.

We have been clear with LHBs that this is a priority for the Welsh Government in the national planning and performance frameworks, and through the Six Goals for Urgent and Emergency Care ('six goals') planning process. To further emphasise how we have prioritised improvement, we have also set LHBs in-year aspirations to reduce ambulance patient handovers over 1 hour by 30% by December.

We also agree timely patient discharge and reducing length of stay in hospital is important for optimal outcomes and experiences, in addition to contributing to reducing blockages in emergency departments for patients awaiting handover and admission.

It is for this reason that, in addition to expectations in our planning and performance frameworks, that we have also set new priorities for LHBs and Local Authorities for the reduction of 'pathways of care delays' (POCDs) over the remainder of 2024/2025. The national six goals programme team is also providing support to all regions to support improvement through the production of guidance and tools.

This includes improvements to POCDs reporting systems and development of POCD regional action plans, to support integration of robust data into local planning. The national programme is driving implementation of nationally developed Discharge to Recover and Assess (D2RA) and SAFER (Red to Green) guidance and increased use of Trusted Assessors.

We also expect there to be a focus on preventing the deconditioning of patients and clear trajectories of improvements to reduce lengths of stay.

In terms of an update regarding the implementation of the six policy goals, each LHB has developed a local six goals programme plan that responds to the priorities set by the national programme board.

On 11 June we published an annual report appraising progress made by the national and local six goals programmes, which can be accessed [HERE](#).

To date in 2024/2025, we continue to support NHS organisations with access to £25m in additional funding to support delivery of their local programme plans. This is predominantly being used to:

- increase urgent care capacity as part of a move towards a 24/7 integrated urgent care model to help reduce 999 conveyance of patients to hospital and pressure on emergency departments; and
- to expand same day emergency care services at the front door of hospitals to help more people to safely avoid admission to hospital, freeing up bed capacity for people who have a clinical need for admission.

During Quarter 1 of 2024/2025, progress has been made against programme objectives through delivery of projects aligned to programme priorities:

- **Emergency Department Quality Statement** implementation in Q1 has included all health boards producing an implementation plan and a National ED Action group has been formed, alongside individual health board meetings to support the development of the 7 key priorities.
- **E-Triage** went live in Cardiff and Vale UHB on 5th June, closely followed by Aneurin Bevan UHB a week later. This system will enable rapid self-triage and improve experience and identification of people who need early assessment. Early indications show a reduced time to triage for patients in the highest (most unwell) triage category. Patient satisfaction questionnaires (over 200 completed in ABUHB) are also showing positive feedback.
- **The Clinical Support Hub Paediatric Consultant** pilot project has been evaluated. The outcomes identified suggest specialist paediatric staff can close more calls compared to GP's and other Out of Hours clinicians by offering self-care advice and less patients have been referred to be seen in either an Emergency department, Out of Hours treatment centre or 999.
- **The Fraction Liaison Service (FLS)** is progressing, and Health Boards are currently recruiting to key posts. Initial results show, 60 patients (from a cohort of 180) have been identified with underlying osteoporosis and prioritised accordingly (according to management information).
- **The TEC Cymru**, Telehealth Programme has established its first virtual ward in Swansea Bay, with a focus on frailty, COPD and heart failure. **Docclā**, (a product well established in NHS England) has been procured for two years with capacity for 200 beds (initially). In May the project launched in Aneurin Bevan Health Board's Intermediate Care and Gwent Frailty services. A discovery workshop has been arranged with Cardiff and Vale Regional Partnership Board to identify their priorities and opportunities for telehealth. Initial scoping sessions have also been undertaken with Betsi Cadwaladr and Hywel Dda Health Boards.

- **Optimal Hospital Patient Flow Framework.** 200 clinical staff across all BCU acute and community hospitals have participated in training and focused work, which has included direct observation of ward processes.
- **Discharge to Recover & Assess (D2RA)** 5 key measures are now reportable by every health board. Final data testing will complete in Quarter 2 for reporting at aggregate level in Quarter 3.
- **Pathway of Care Delays (POCD)** dashboards and trajectory tools have been developed. Health Board reporting and management of POCD can now be shared at a regional level and between partner organisations.
- **111 Urgent Dental**, enhanced clinical pathway, phase 1 went live on 30 April in 4 Health Boards. As of 2 July, 18,198 calls have been received, according to management information. 14,773 calls were managed and closed at call handler stage, a further 2,391 were triaged and closed by Dental Health Advisers. Scoping of Phase 2 to extend the pathway to remaining Health Boards is underway, to inform a future business case.

These interventions are demonstrating a tangible impact on reducing pressure on emergency care services as indicated by management information from quarter 1, below:

- There is a reducing trend in the percentage of 999 incidents from care homes resulting in conveyance to an emergency department, though there is variation between health boards.
- Figures for NHS 111 Wales referrals to emergency departments are stable at around 15% and below aspiration of <20%.*
- A national 24/7 mental health single point of contact (NHS 111 Wales press 2) has been in place for a year, receiving more than 6,000 calls a month*.
- Emergency admissions for over 70s have stabilised and are on a downward trajectory in comparison to the previous three quarters.
- On average 11,000 people are now accessing urgent primary care centres every month, with over 80% being managed without needing to access an emergency department*.
- Around 25,000 patients used same day emergency care services over quarter 1 and around 80% of people are discharged home on the same day according to health board management information*.
- Ambulance arrivals at emergency departments continued to fall over quarter 1 of this year when compared to quarter 4 of 2023/24. Ambulance arrivals at major sites have been reducing since 2020 and are on a downward trajectory from a high of 16,800 in July 2020 to 12,300 in July 2024.
- Average time to triage performance in major emergency departments is stabilising at around 20 minutes, helping to support safer patient episodes for more than three-quarters of a million people, despite ongoing and relentless pressure on ED staff*.

- In quarter 1, there was a reduction in the percentage of people admitted as an emergency who remained in an acute or community hospital over 21 days since admission

**NHS management information*

The six goals funding is part of a wider package of more than £180m in additional funding this year to support health boards and regional partnership boards to safely manage more people in the community; to avoid ambulance transport and admission to hospital; and deliver integrated solutions with social care services to improve patient flow through hospitals.

Regional Partnership Boards have been allocated £146m in funding this year, and each health board will receive a share of Further Faster and Allied Health Professional funding. All these funding streams are intended to either safely support fewer people to need to access services at emergency departments or improve flow across the system which will help to free capacity in the emergency department.

Recommendation 2

The committee recommends that

The Welsh Government and the NHS Wales Joint Commissioning Committee should assess the red response target (that 65 per cent of life-threatening calls receive an emergency response within 8 minutes) to provide assurance that it continues to be appropriate, given that this target has not been met since July 2020. They should report back to this Committee in 6 months with their findings.

Response: Accept

We agree there is a necessity to ensure the targets set of the ambulance service should be meaningful and based in clinical evidence.

The Welsh Government keeps all national targets under ongoing review through the national performance framework mechanism. We accept there is a requirement to set targets of LHBs and Trusts that are meaningful, evidence based and enable improved outcomes and experience.

Committee members will be aware from evidence presented by WAST that the Trust is developing plans to evolve its clinical response model with intent to achieve our policy priority of providing the right care, to the right patient, first time.

The development of the clinical model – to include rapid assessment of patients to enable dispatch of the right resource more quickly-, implementation as part of a testing period and fully understanding the impact for patient outcomes and experience are all fundamental first steps towards achieving our policy goal.

Given the evolution of the WAST clinical model may require changes to categories of call and, therefore, the type of response patients will receive, we will work with the NHS Wales Joint Commissioning Committee (JCC) to assess whether the existing target remains relevant and appropriate.

It should be noted that, at the time of responding to the committee, the plans to evolve the clinical response model have not been finalised nor approved by the Trust Board nor

commissioners. It is, therefore, likely that implementation of changes to the model will take place later in 2024 or early in 2025.

We will, however, work with the JCC to provide an update to the committee on any emerging considerations relating to the existing target regime as soon as they arise and within six months.

Recommendation 3

The committee recommends that

The Welsh Ambulance Service, the Welsh Government and the NHS Wales Joint Commissioning Committee should set out how the impact of the re-positioning of Welsh Ambulance Service, which will see changes to the way it manages activity and introduces a clinical intervention and assessment much earlier in the patient's journey, will be monitored and evaluated. It should also set out the criteria it will use to determine whether this aspect of the service is delivering value for money. This should be done in twelve months' time.

Response: Accept

Our policy expectation, and the commissioning intent of the JCC, is that WAST prioritises response to those in most need and aims to provide the right response, first time to optimise outcomes and experience. We expect the Trust to work in partnership with LHBs to design and deliver consistently alternatives to ambulance despatch and conveyance to hospital. This is set out in our six goals policy handbook, which can be accessed [HERE](#).

In terms of the Trust's plans to evolve its clinical response model, at the time of writing, a proposed change has not yet been approved by the WAST Board nor the JCC.

However, we are monitoring developments closely and will use learning from the evaluation and monitoring process introduced during the successful launch of the clinical response model in 2015 to influence our approach to reviewing impact. Subject to any proposed evolution of the model gaining approval, we will write to the committee to confirm our approach to evaluation.

The JCC is a Joint Committee of the LHBs responsible for the commissioning of emergency ambulance services, this includes a responsibility to seek value for money. The JCC discharges this responsibility through its emergency ambulance commissioning framework and commissioning intentions. The commissioning intentions set out the requirements for delivering a value-based approach to service delivery.

Recommendation 4

The committee recommends that

The Welsh Ambulance Service should be represented on all Regional Partnership Boards and should be a full and active participant. To this end, the Ambulance Service should:

- work with the Welsh Government and NHS Wales Executive to ensure it is able to become a member of the one outstanding Board, and should report back to this Committee in 6 months with an update on progress, and
- write to this Committee, in twelve months' time, with its reflections on its participation in the regional partnership boards over the last year.
- We would appreciate, in particular, a focus on how the service feels its voice has been heard, and how its knowledge and experience are being used to drive improvements in service delivery

Response: Accept

We have had confirmation that the Welsh Ambulance Service is now connected with all Regional Partnership Boards (RPBs)

A consultation process concluded on 19 July 2024 with draft regulations consulted upon including a new requirement for Welsh Ambulance Service membership of all RPBs. The consultation responses indicate RPBs were in favour of this.

The plan is for Regulations to be laid before the Senedd in November, and once made, will come into force on 31 December 2024. Therefore, from 1 January it will be a requirement for all RPBs to have WAST representation on their respective local boards.

Recommendation 5

The committee recommends that

The Welsh Ambulance Service should, in twelve months' time, provide an update on progress with its plans to improve its oncology performance.

This should include an assessment of progress in each of the three areas identified by the Ambulance Service in its written update, namely:

- The investment in additional dedicated oncology transport provision;
- The development of a national oncology hub to oversee and manage oncology journeys; and
- The appointment of a dedicated person to focus on recruitment of additional volunteer drivers.

Response: Accept

I understand the committee has received the attached letter from Jason Killens, Chief Executive of WAST, regarding Non-Emergency Patient Transport Services' performance in respect of renal and oncology patients as supplementary information on this matter.

Letter from WAST to H&SCC members: NEPTS oncology performance

The NEPTS DAG also discusses this issue regularly and will continue to monitor this and escalate through the JCC if required.

Recommendation 6

The committee recommends that

The Welsh Ambulance Service should, in twelve months' time, provide an update on progress with:

- the strategy review for non-emergency patient transport, including any response by the service to the outcomes and commissioning intentions of that review, and
- the demand and capacity review, including the efficiencies identified for the non-emergency patient transport service and the work that is underway to implement them

Response: Accept

The future commissioning vision for non-emergency patient transport is currently in development and will be presented to the JCC later this year.

Progress will be reported through the JCC structures.

Recommendation 7

The committee recommends that

The Welsh Ambulance Service should provide an update, in twelve months' time, on progress with its programme of improvements for the culture of its workplace.

Response: Accept

We agree the Welsh Ambulance Services NHS Trust should consider providing an update on its programme of improvements for the culture of its workplace in the context of the NHS Wales Performance Framework 2024-2025.

Improving workplace culture will impact on many of the measures and the Trust should consider how improvements have supported the aims of the framework, specifically relevant performance measures in Quadruple Aim 2 and 3.