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SWYDDFA ARCHWILIO CYMRU

Date: 14<sup>th</sup> April 2010 Our ref: GB/1012/fgb

Page: 1 of 3

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Dear Chair

## ASSEMBLY GOVERNMENT RESPONSE ON AMBULANCE SERVICE RESPONSE TIMES

The Clerk's letter of 22 March requested my advice on a letter dated 3 March from Paul Williams, Director General, Health and Social Services. Mr Williams has provided a performance report detailing ambulance service response times between December 2008 and December 2009. The Committee requested this information in its report 'Ambulance Services in Wales Inquiry', published in July 2009.

The performance report provided by Mr Williams sets out data and commentary regarding two of the main targets of the Welsh Ambulance Services NHS Trust:

- a monthly all-Wales average performance of 65 per cent of first responses to Category A calls (immediately life-threatening calls) arriving within eight minutes; and
- a monthly minimum performance of 60 per cent of first responses to Category A calls (immediately life-threatening calls) arriving within eight minutes in each local health board area.

The performance report shows that, during 2009, the Trust achieved an average all-Wales performance of 63.9 per cent of first responses to Category A calls arriving within eight minutes. Whilst this does not represent successful achievement of the 65 per cent target, it does represent improvement from 2008, when the Trust achieved performance of 59.9 per cent. It is also of note that the Trust met the monthly target of 65 per cent during seven different months of 2009. In September 2009, the Trust achieved performance of 67.1 per cent, which was the best performance against this target since recording of response times began in March 2006. However, whilst this improvement is welcome, a longer term trend analysis shows that performance during 2009 was only slightly better than in 2007 when the Trust achieved an average all-Wales performance of 61.4 per cent of first responses to Category A calls arriving within eight minutes.

The performance report states that this improved performance against the eight minute target was achieved despite some significant challenges faced by the Trust during this time. These challenges included the impact of swine flu, including high levels of sickness absence within the ambulance service, and severe weather conditions during the winter of 2009.

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Date: 14<sup>th</sup> April 2010

Our ref: GB/1012/fgb - Mr Jonathan Morgan AM

The regional analysis within the performance report shows achievement of the 60 per cent target in North Wales every month during 2009. In the Central and West region, this level was achieved every month between March and November 2009. And in the South East region, the level was achieved every month between April and November 2009. However, at the level of individual, former-local health board areas, there remains marked variation in performance. For example, the 60 per cent target was not achieved during any month of 2009 in Powys or Monmouthshire.

In summary, the data contained within the performance report suggest encouraging signs of improvement within the ambulance service. However, for the reasons I set out below, the data set out within the performance report are not enough, in themselves, to provide robust evidence of sustainable improvement within the service.

- a. The performance of the Trust is highly dependent on the performance of the other unscheduled care services: The Welsh Assembly Government is yet to provide a response to the Committee following its consideration of our report entitled 'Unscheduled care developing a whole systems approach'. Without knowing more about the progress being made in implementing the recommendations from that report, I would be cautious about drawing too many conclusions from data that focus exclusively on the performance the ambulance service.
- The performance report focuses exclusively on the eight minute response time b. targets: Whilst these are important performance measures, they are by no means the only performance measures that the Trust uses. The eight minute targets also do not provide definitive data regarding clinical quality and patient outcome. For example, the Trust should be given credit for introducing a target to respond to cardiac arrests and chest pain calls within four minutes as the likelihood of a positive outcome increases within this timescale. The performance report also does not include any data regarding the time taken to follow up an initial response with a fully equipped ambulance. The importance of this follow up measure was specifically highlighted in the Committee's report. Similarly, the performance report also does not consider patient handovers between ambulance staff and hospital staff at emergency departments. The most recent data we have received from the Welsh Assembly Government suggests that during February 2010, valid handover times were recorded for only 47 per cent of incidents and of those incidents with valid data, only 62 per cent of handovers took place within the target time of 15 minutes.
- c. The long-term performance of the Trust is highly dependent on progress with internal organisational development issues: Our previous reviews have shown that response times and other operational measures are not sufficient, in themselves, to assess broader organisational performance within the Trust. For example, our work has highlighted problems with the development of clinical supervision, change management and various human resources matters. Without knowing more about progress in these areas it is difficult to comment on the extent of organisational improvement within the Trust.

Date:

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Our ref:

GB/1012/fgb - Mr Jonathan Morgan AM

d. The Trust is undergoing another change in leadership: The Committee will be also aware that earlier this year, the Trust Chief Executive, Alan Murray, announced his intention to step down. When Mr Murray was appointed in August 2006, he became the sixth Chief Executive to lead the Trust since late 2005. The Trust now faces the additional challenge of striving to improve its performance during a time of further change and instability at the head of the organisation.

The Committee might wish to return to these matters once it has received the Welsh Assembly Government's response regarding our report 'Unscheduled care – developing a whole systems approach.' At that time, and depending on progress with the Trust's appointment processes, it might be helpful to invite the new Chief Executive to provide evidence and insight as part of any broader inquiry on unscheduled care.

Yours sincerely

**GILLIAN BODY** 

**Auditor General for Wales**