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Ymddiriedolaeth GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
NHS Trust

Cadeirydd
Chair: Colin Dennis

Prif Weithredwr
Chief Executive: Jason Killens

Swyddfa'r Prif Weithredwr a'r Cadeirydd Chair and Chief Executive's Office

Ref: JK 11/24

25th March 2024

Ms Jenny Rathbone MS
Chair, Equality and Social Justice Committee
Welsh Parliament
Cardiff Bay
Cardiff
CF99 1SN

Dear Ms Rathbone

Further information on the Welsh Ambulance Services NHS Trust response to recommendations of Commission on Public Service Governance and Delivery 2014

Many thanks for the opportunity to appear before Committee on the afternoon of March 18, 2024 in respect of Committee's work on the governance of fire and rescue services. The constructive and insightful questioning by members was much appreciated and it is hoped the responses I provided, together with our Director of People and Culture, Angela Lewis, were helpful.

I made a commitment to respond to Ken Skates' question in relation to the Welsh Ambulance's response to recommendations made by the Commission on Public Service Governance and Delivery, which was led by Sir Paul Williams and published in January 2014.

I have taken the opportunity to review the recommendations of the Commission, given that its publication predates my arrival at WAST by more than four years.

If I am correct, the recommendations to which Mr Skates is referring are recommendations 16 and 20, which I set out for ease below:

Recommendation 16: FRAs should also assume responsibility for scrutinising joint working between the fire and ambulance services. In the future, and subject to further devolution, a reconstituted body may be established with responsibility for providing scrutiny across all the emergency services. (paragraph 2. 61)

Mae'r Ymddiriedolaeth yn croesawu gohebiaeth yn y Gymraeg neu'r Saesneg, ac na fydd gohebu yn Gymraeg yn arwain at oedi

The Trust welcomes correspondence in Welsh or English, and that corresponding in Welsh will not lead to a delay

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Recommendation 20: The three Fire Services and the Welsh Ambulance Service NHS Trust (WAST) must capitalise on their common responsibilities and service delivery mechanisms. To do so:

Each of the Fire Services and WAST must produce a clear plan for strategic and operational co-ordination and alignment by the end of 2014, including proposals as regards sharing of premises and co-ordinating responses to incidents requiring both a fire and ambulance presence;

Once established, the reformed FRAs should scrutinise progress in developing and implementing these plans at least on an annual basis. (paragraph 2.83)

If I may start with recommendation 20, I think it is fair to say that there has been some progress in terms of the sharing of premises across Wales. At the time of the 2022 Audit Wales review of joint working by emergency services, 15 of 110 (13.6%) buildings owned or leased by the Welsh Ambulance Service had one or more emergency service or responder working from them. However, it is also fair to say that there has been more limited progress in respect of operational co-ordination and alignment.

For example, the Trust agreed a strategic direction of travel in 2016 to deliver clinical contact services from three centres across Wales, one in North Wales and two in South Wales, with a focus on delivery of the “integrated health” model.

This model would bring together EMS control, NEPTS control, NHSDW/111 and GP out-of-hours services and, wherever possible, include collaboration with other emergency services in Wales.

The tri control centre in Bridgend presented as an opportunity to work with Mid and West Wales Fire and Rescue Service, South Wales Fire and Rescue Service and South Wales Police, and an exercise followed which tested the “fit” of this opportunity for WAST.

At its meeting on 23 March 2017, Board members considered a detailed paper on the outcome of engagement with staff and stakeholders on the future location of the Clinical Control Centre in Mid and West Wales. Specifically, this work tested whether a move of the then NHS Direct Wales services in Thanet House, Swansea and EMS control in Llangunnor, Carmarthen to the new tri-service centre in Bridgend was a feasible and viable option that would bring about benefits.

The engagement exercise focused, in part, on testing the validity of the assumptions made as part of the previous desktop options appraisal work, as well as gauging staff and stakeholder views more generally about the future options for a clinical contact centre serving mid and west Wales.

The paper concluded that a move of all services to the tri control centre was not a feasible or preferable option for a number of reasons, namely:

- Distance to travel to Bridgend from Llangunnor, with many staff living further west.
- Workforce implications, including staff welfare and wellbeing and recruitment and retention.
- Synergy with the previously articulated strategic direction and realising the benefits co-terminosity, specifically the move to being coterminous with South Wales Police from a CCC where co-terminosity applies to only two of five divisional desks and the resultant loss of any co-terminosity with Dyfed Powys Police.
- The challenge which such a move would pose to the previously articulated strategic direction of three CCCs based on an integrated health model.

The Board agreed that a wholesale move of both NHS Direct Wales and the Llangunnor CCC to the tri-service centre was not supported, for all the reasons identified.

To the best of my knowledge, there was no scrutiny of that decision at that time by the relevant Fire Service Authorities. WAST has continued to develop its approach to the integration of its services and call handling capacity, recognising that much ground has been travelled since 2017, including the development of the pan-Wales 111 service, provided by the Welsh Ambulance Service, greater integration of NEPTS call handling within our clinical contact centre environments and the development of our clinical support desk functions, which increasingly provide a “consult and close” service for lower acuity patients, as well as providing clinical advice and support to on-scene crews.

In terms of strategic development and identifying opportunities for further collaboration, we are active members of the Joint Emergency Services Group (JESG), to which I made reference at Committee. The Group considers services’ contribution to civil contingencies, counterterrorism and focuses on addressing wider cross-service issues of joint interest. While this is an informal grouping of Chief Officers from the three emergency services across Wales, it provides an opportunity for discussion of shared challenges and opportunities, including a very successful integrated anti-violence campaign, #WithUsNotAgainstUs, which is now being used as a template across the UK. This initiative was led and developed by WAST. You can read more about it here. JESG was also a helpful vehicle in sharing issues around emergency service response during the height of the Covid-19 pandemic.

Clearly, while we also work closely with Mid and West Fire and Rescue Service on a co-responding model that focuses on where fire service colleagues can absolutely add value to the service we provide, for example in support patients who have fallen, are uninjured but, for whatever reason, are unable to get up, we continue to keep our options open as to the opportunity for further collaboration with emergency service partners across Wales.

In respect of more recent issues which have emerged in fire and rescue services, the work that WAST continues to undertake to improve its cultural climate and sexual safety is an example of perhaps where there is greater opportunity to share our learning, notwithstanding that we have presented the work undertaken to-date to colleagues at JESG. For example, we would be pleased to engage with the new commissioners of the South Wales Fire and Rescue Service and I have already reached out to the incoming interim Chief Fire Officer, Stuart Millington, to offer any assistance he might require.

In terms of more structural integration and reform, the Audit Wales report acknowledges that, while optimising the opportunity for further collaboration and achieving better value for money for the taxpayer are critical, further integration is not a priority at this time, for a range of operational and governance reasons, as we outlined in our evidence.

That said, we recognise that government funding is under significant financial pressure and, as an ambulance service, we will continue to actively explore appropriate opportunities to further our relationship with the other emergency services in Wales. It is important to recognise that our role is not just one of a first responder to life-threatening emergencies, but predominantly one of a first line of care and support to patients with a range of health conditions, some of which may not be life-threatening, but which are complex and debilitating. We are currently working with our commissioners and other stakeholders on our long-term plans, which would see us play a more central care co-ordination and management role across the health and care sector, with an ambition to care for patients more appropriately in the community, reducing the need for hospital conveyance and admission, optimising the skills of our staff coupled with digital technology.

While organisationally there would be a willingness to consider alternative, and potentially more closely aligned governance arrangements between WAST and fire and rescue services across Wales, it is important to remember that the ambulance service has a pan-Wales footprint and manages significantly more demand than the three fire and rescue services combined.

Given that the overwhelming majority of our work is in relation to individual patients and/or clinical episodes of care, rather than joint work with other emergency services, we would not see a sole entity overseeing our services alongside fire and rescue, or indeed the police services should they be devolved at any point in the future, given the criticality of WAST remaining within the NHS as a key clinical service.

I trust this response has been helpful to Committee. However, should any further assistance or information be required, please do not hesitate to contact me. We look forward with interest to the Committee's recommendations in due course.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'J. Killens', written in a cursive style.

Professor Jason Killens KAM
Chief Executive