



Ein cyf/Our ref: VG-0427-20

Andrew RT Davies MS
Welsh Parliament
Cardiff Bay
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CF99 1SN

13 December 2020

Dear Andrew,

I'm writing in response to the questions you raised with the Trefnydd during the Business Statement on 1 December 2020.

In response to your request for an update on the replacement of the Cancer Delivery Plan for Wales, the Deputy Minister for Health and Social Services announced in February that the cancer, heart disease and stroke delivery plans would be replaced by December with successor arrangements. The Deputy Minister also confirmed that the other delivery plans would be extended by one-year in order to provide additional time to put in place successor arrangements. Unfortunately, the pandemic has drawn the relevant officials involved in these policy areas into supporting the pandemic response and also mitigating the impact on the pandemic on services such as cancer, heart disease and stroke.

I confirmed to the Senedd on 25 November that the successor arrangement for the cancer plan has been delayed but that I hoped to be in a position to publish a new approach in March 2021. Until that time, the current approach remains in place. In your remarks you highlighted the urgency given the impact of the pandemic and I wanted to point out that the delivery plan and its successor will set a much broader and longer-term vision than is required to recover from the pandemic. We will need to continue to work more immediately and closely with the NHS in Wales on the recovery of cancer services which have been affected by the COVID-19 response.

The Deputy Minister signalled in February, and I confirmed in November, that the new approach to major conditions would need to fit in with and take advantage of the opportunities set out in A Healthier Wales. These include the development of the National Clinical Framework, an NHS Executive function and the potential for Quality Statements.

I am also keen that we build on everything we have put in place but learn from how the approach to date can be improved upon. My officials have been developing the concept of a Quality Statement throughout the past year that will be underpinned by an NHS implementation plan. We have undertaken some preliminary engagement with stakeholders,

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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.

including the Wales Cancer Network and Medical Directors, but I look forward to setting out more detail in the coming months.

Turning to your concerns about the ambulance service, you will be aware that the Welsh ambulance service has reported significant challenges in maintaining service delivery over recent weeks due to system-wide pressures, as well as operational delays caused by the additional time required for paramedics to don the required level of PPE (approx. 3-6 minutes) and the need to deep clean vehicles after call outs (minimum 15-20 minutes per call out).

Coronavirus continues to put our hospital systems and the Welsh ambulance service under significant and sustained pressure, as they respond to increased system-wide demand and capacity challenges, while managing the impact of increasing incidence of Covid-19 in our hospitals and communities. As a consequence of these pressures, we are seeing delays in patients being transferred from ambulances to the care of emergency department staff, particularly in the south east and west of Wales, which is impacting on the availability of ambulance vehicles to respond to calls in the community.

Pressures experienced earlier this month, saw the Welsh ambulance service declare a 'critical incident' – a very real visible sign of the impact coronavirus is having on delivery of day-to-day care. The problem was not that ambulances or crews were unavailable, but that flow within hospitals in some parts of Wales was so constrained by high bed occupancy levels and challenges in discharging patients into the community that it was not possible to respond to other people's emergencies in the way we would want. While actions implemented by the Trust and its partners at that time enabled it to deescalate within a matter of hours, we fully expect pressures to continue as the winter period progresses.

In the face of increasing system pressures and in anticipation of further challenges ahead, the ambulance service has recently taken the decision to move to its highest level of escalation, REAP level 4, in a bid to ensure it can help those most in need. Over the coming weeks, WAST will be working with its partners as part of considerable local and national focus on mitigating the current patient flow challenges and maximising its response capacity, to ensure it can maintain services throughout this particularly challenging period.

In recognition of the potential risk of harm to patients who require access to essential healthcare services, I have approved a framework of actions for local consideration by NHS organisations, intended to mitigate the potential risk of harm in the system by:

- maximising use and deployment of the workforce;
- ensuring people only access 999 or hospital care if essential;
- reducing long delays in crucial parts of the system;
- improving patient flow; and
- enabling people to leave hospital when ready, reducing the risk of readmission.

These actions will help ease the pressures on the NHS by allowing for services and beds to be reallocated and for staff to be redeployed to priority areas.

Over the longer term, the Trust is implementing the recommendations of an independent capacity and demand review, which will see 136 FTE staff recruited in 2020/21, significantly increasing the number of frontline staff available across the service to respond to

incidents. This additional resource should support an improvement in responsiveness, although the wider health and care system also has an important role to play in enabling improved patient flow through the hospital system and out into the community. This should reduce ambulance patient handover delays and unlock more capacity to respond quickly.

A range of actions are also underway to better manage patient demand in the community to help prevent avoidable transport of patients to hospital. For example, £650,000 has been invested to establish a new system to connect healthcare professionals in the community with specialist consultants to enable safe decisions about preventing unnecessary ambulance transport and admission to hospital. Wales is the first UK country to offer all NHS primary care clinicians this technology.

A Ministerial Ambulance Availability Taskforce has also been established to focus on ambulance responsiveness and the need for wider whole-system improvements to reflect and respond to the changing environment in which ambulance services are delivered, such as the changing picture of demand and performance for immediately life-threatening (Red) calls, ambulance patient handover delays and the wider health and social care landscape. The taskforce will have a key role to play in delivering a more effective ambulance response and while it was temporarily stood down to enable a focus on the response to COVID-19, its work programme has been resumed and will be expedited, and I expect to receive its interim report early in the new year.

Thank you for raising these matters.

Yours sincerely,

A handwritten signature in black ink that reads "Vaughan Gething". The signature is written in a cursive, flowing style.

Vaughan Gething AS/MS

Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services