

# Welsh Ambulance Services University NHS Trust – General Scrutiny

August 2024

## Introduction

1. The Welsh Ambulance Services University NHS Trust<sup>1</sup> (WASUT) delivers urgent and emergency care services in Wales, encompassing emergency response for 999 calls, non-emergency patient transport, and support via the 111 Wales service. Their service ranges from integrated care to emergency preparedness, playing a crucial role in maintaining efficient patient flow throughout the healthcare system.
2. 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.
3. The Committee is grateful to the representatives from the Welsh Ambulance Service for their cooperation.

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<sup>1</sup> From 1 April 2024, the Welsh Ambulance Service NHS Trust (Establishment) (Amendment) Order 2024 changed the name of the service to the Welsh Ambulance Services University NHS Trust.



# 1. Background

## The WASUT Integrated Medium Term Plan 2024-27

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4. The Integrated Medium Term Plan (IMTP) is a plan that details what the Welsh Ambulance Services University NHS Trust (WASUT) intends to deliver through its services for the next three years. It is a document mandated by the Welsh Government for all NHS Wales Health Boards and Trusts.
5. The most recent Board-approved Integrated Medium Term Plan (IMTP) is for 2024-27.
6. The IMTP 2024-27 highlights a “pressing need for change” to meet patients’ needs more effectively. It acknowledges inefficiencies in current processes, leading to harm for patients and frustration for staff. It focuses on improving patient experience and ensuring “the right care is provided at the right time and place”.
7. It sets out three key priorities:
  - **Transforming care delivery with partners** to provide appropriate care every time, reducing harm;
  - **Improving workplace experience for staff** to enable them to perform at their best.
  - **Delivering exceptional value and sustainability** in finance, environment, and healthcare.
8. It notes unprecedented pressures across the healthcare system in the aftermath of the Covid-19 pandemic, as well as the impact of industrial action across the NHS. It says the pressure and demand for emergency medical services (EMS) has been particularly challenging, with a significant increase in the most serious calls. It notes that hospital delays have been higher than ever, resulting in slower response times to patients.

## Long term strategy

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9. The IMTP 2024-2027 refers to WASUT’s long-term strategy, ‘Delivering Excellence, Our Vision for 2030’, which was agreed in 2019. The long-term strategy sets out how WASUT intends to transform from a “traditional ambulance

service” to a “provider of high-quality care”, with greater emphasis on care closer to home.

**10.** The document refers to the ‘Inverting the Triangle’ ambition of the Welsh Ambulance Service, which involves a series of specific changes aimed at transforming the service and improving patient care. It includes recruiting additional staff, initiatives to improve treatment such as the appointment of mental health practitioners and doubling the capacity within the clinical support desk, and implementing the SALUS system (a digital system that will be implemented within the 111 service to improve response rates).

### Immediate priorities

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**11.** The IMTP 2024-2027 reflects on the main achievements of the Welsh Ambulance Service in 2023/24. It highlights that NHS 111 Wales became a national service; remote clinical assessment capacity and capability increased; the Cymru High Acuity Response Unit (CHARU) service was implemented; the first mental health practitioners were appointed; and front line 999 capacity increased.

**12.** It also notes that key challenges relate to the workforce, finance and digital technology.

**13.** In terms of immediate priorities for this year, it states that the Welsh Ambulance Service’s focus will be on improving the quality and safety of the services it provides, whilst maintaining a focus on the wellbeing of their staff. WASUT aims to grow to meet demand (with a further increase in the number of frontline EMS staff), and to transform their services to add value to the health and care system (such as developing specialist roles).

## 2. Performance

### State of the Service

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The Welsh Ambulance Service is a comprehensive organisation, providing urgent and emergency care services, as well as planned, non-urgent patient transport.

**14.** We discussed the current state of the Welsh Ambulance Service, including its main challenges, with its chief officers. We asked whether it would be fair to describe the service as being ‘in crisis’, given that such a description is often used in media reports.

- 15.** The Chief Executive, Jason Killens, said that the single biggest challenge for the service is handover delays at emergency departments, stemming from broader pressures in the urgent and emergency care system.
- 16.** He told us that, despite being under considerable pressure, particularly in the emergency medical service, the ambulance service was not in crisis. He said the organisation was larger, more efficient and more resilient than ever, responding faster to life-threatening cases. He rejected the term "crisis" because he said that it suggested a lack of control by the service. The ambulance service, he told us, knew the challenges and pressure points, had a "strong grip and control of what's going on" and planned to improve the efficiency and effectiveness of its own part of the overall system.
- 17.** He highlighted that, since the service undertook a demand and capacity review in 2018-19, it had recruited around 250 additional staff. Following a national roster review, it had made changes to all of its rosters which had increased efficiency, equivalent to a further 72 staff, and that remote advice services had grown, with daily service rates increasing from less than 10% to over 15%. Further, the advanced paramedic practitioner cohort had expanded, and the number of multiple vehicles sent to each case had also reduced .
- 18.** He went on to say that, beyond that initial review, the service had grown by an additional 100 frontline posts, doubled the clinical support desk size, and continued to enhance efficiency and resilience.
- 19.** The Chair, Colin Dennis, told us that the service was financially stable with a balanced budget and strong governance, as evidenced by its annual structured assessment undertaken by Audit Wales.

## Response times

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The Welsh Government has set the following ambulance response target:

- 65% of all 'red' calls, categorised as 'immediately life threatening', to receive an emergency response within 8 minutes on an all-Wales basis.

**20.** WASUT says it is working towards this target, for example, by working to reduce sickness absence and recruiting more frontline staff. However, in April 2024, it faced significant challenges in its emergency response times, with an actual performance of 45.8 per cent of 'life threatening' calls receiving an emergency response within 8 minutes against a target of 65 per cent.

**21.** We challenged WASUT on its 8-minute response performance and the strategies it had in place to improve this performance. Jason Killens accepted that public perception of the ambulance service was primarily based on response times, saying that service users across Wales “will measure us and measure our success on how quickly we turn up”. He argued that, although WASUT was missing its 8-minute response target, in just over half of the cases of 999 calls categorised as immediately life-threatening, the service arrived somewhere between eight and 10 minutes. This, he said, “feels okay” when considered in the context of Wales’ geography and road network, fleet size and wider systemic pressures.

**22.** Further to this, Colin Dennis told us that the public can increasingly rely on the ambulance service to provide timely care as it transforms to provide higher levels of clinical care rather than just being a transportation service. Here, he highlighted that the service is expanding its support for specific needs, including falls, dementia, and mental health.

**23.** He acknowledged that the service often falls short of the eight-minute target for red response rates, but stressed that it meets the nine and ten-minute targets for life-threatening emergencies. Their performance was, he said, on par with, or better than, other UK ambulance services.

**24.** Looking ahead, he said he was optimistic that the service could provide an improved level of care to the community, but he was less optimistic that there would be “dramatic changes in the red response rates, or the rates in which ambulances are turned around when they get to hospitals”.

### **Transition to being an out-of-hospital provider**

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**25.** The IMTP 2024-2027 refers to WASUT’s long-term strategy, ‘Delivering Excellence, Our Vision for 2030’, which was agreed in 2019. The long-term strategy sets out how WASUT intends to transform from a “traditional ambulance service” to a “provider of high-quality care”, with greater emphasis on care closer to home.

**26.** We discussed with WASUT the progress being made in this area. We heard from Colin Dennis that the ambulance workforce was being upskilled significantly so that paramedics now have three-year degree qualifications or equivalent in-post training, with advanced paramedics holding Master's degrees and prescribing rights. This upskilling, he said, was moving ambulance crews away from being simply patient transporters to being providers of clinical support.

- 27.** He told us there was also a focus on developing more clinical support within call centres, allowing for better triage. This, in turn, meant that not all patients needed to be transported to hospitals; instead, appropriate advice could be provided by paramedics, nurses, or other clinicians.
- 28.** Andy Swinburn, the Executive Director of Paramedicine, highlighted that the nature of patient presentations had changed. He said that the majority of 999 calls now involved urgent care problems rather than life-threatening emergencies and that, for those patients, emergency transport to a hospital was not necessarily the right way to manage their needs. Instead, he told us that by upskilling their staff, the ambulance service could manage as many people as possible in the community which, in turn, released capacity to respond to those patients with a life-threatening emergency that needed conveyance to an emergency department.
- 29.** We discussed briefly the pressures facing primary care and whether the approach by the ambulance service to offer more care in community settings meant there was a problem in primary care. Responding to this, Andy Swinburn and Colin Dennis acknowledged the increasing demands facing primary care due to an ageing population and health inequalities. In their view, however, this was not a failure of the system but a natural evolution that the ambulance service helped to manage through remote triaging and use of technology.
- 30.** Finally, we asked WASUT about their engagement with the public. Jason Killens told us that educating the public on when to call 999 was challenging because perceptions of emergencies vary greatly among individuals. He said that, rather than discouraging inappropriate calls, WASUT now focused on managing and triaging all incoming requests efficiently. The message now, he said, is “contact us and let us sort it out”.

### Major Incident Response

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- 31.** We discussed the preparedness of the Welsh Ambulance Service to provide a civil contingency response in the event of a major incident like the Manchester Arena attack whilst, at the same time, maintaining its business continuity. Jason Killens told us that the Service had major incident response plans in place that were regularly tested both internally and with partners.
- 32.** He was clear that, in the event of an incident similar to the Manchester Arena attack, there would be an impact on core services. However, he confirmed that plans were in place to manage that in a safe and effective way.

**33.** He went on to say that the Service was just concluding its assessment of the recommendations arising from the Manchester Arena inquiry, and that it would be bringing forward a business case in due course “which will see a need for some investment to be able to fully satisfy the recommendations from the Manchester Arena inquiry”. That position, he said, was consistent with the ambulance services across the rest of the UK.

### 3. Systemic pressure

In its IMTP 2024-27, WASUT states that the fundamental issue for EMS is lost capacity; in particular, hospital handover lost hours which, although reducing, remain extreme.

**34.** Jason Killens told us that the impact of the pandemic was profound at the time, and that the service hadn’t “returned to the pre-pandemic state yet”. He said that the single biggest change since the pandemic was the impact of the pressure across urgent and emergency care:

*“(…) pre pandemic, we were seeing something in the order of 6,000 or 8,000 hours' worth of emergency ambulance production lost per month. That's now at 25,000 to 30,000, and has been sustained for many, many months and indeed across a couple of years.”*

**35.** He said that the root cause of delays in ambulance response times was not a lack of ambulances, but the unavailability of ambulances due to long waits at emergency departments:

*“(…) we're losing something in the order of 20 per cent to 25 per cent of our entire fleet capacity every month as a result of the pressure right across the urgent and emergency care system.”*

**36.** This problem, he said, was not unique to Wales.

**37.** He told us that delays are caused by issues with patient flow through hospitals, especially problems in adult social care which prevent patients from being discharged back into the community. At any one time, between 1200 and 1500 patients in Wales are currently occupying hospital beds despite being

clinically fit for discharge, leading to decreased functional abilities and extended hospital stays<sup>2</sup>.

**38.** In his view, more ambulances were not the solution. Rather, the current fleet was not optimally utilised due to extended handover times at hospitals. He said that, if ambulances could hand over patients more quickly, they would meet the demand more effectively. The aim of the service to manage more patients in the community was intended to reduce the need for hospital conveyance, thus freeing up resources to respond to life threatening emergencies.

**39.** Related to this, Colin Dennis told us that, whereas five years ago, ambulance crews would regularly have seen between five to eight patients per shift, today they saw one or occasionally two. He said that this highlighted one of the biggest difficulties the service was facing in terms of patient flow within the wider health and care system.

**40.** WASUT told us there was cautious optimism for improving ambulance services through better training, technology, and community care, although hospital flow problems and social care issues present ongoing challenges. On this point, Jason Killens said that system-wide solutions were needed. Simply increasing the number of ambulances could exacerbate the problem by creating larger queues at emergency departments. Instead, the solution lay in operating differently and improving overall hospital flow and care systems.

**41.** We asked WASUT how it was involved in influencing those overall care systems, and whether its voice was heard. Jason Killens told us that the ambulance service was now represented on most Regional Partnership Boards (but not Public Service Boards) and that it collaborated with health boards and other services to address local needs. He said that they seek to influence and improve patient flow and discharge processes through these partnerships.

## **Patient safety**

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**42.** We questioned WASUT on the extent to which long ambulance delays were compromising patient safety. Jason Killens pointed to evidence from the Association of Ambulance Chief Executives as well as reports from across Wales which showed avoidable harm, including moderate or severe harm or death, due to response and handover delays. He told us:

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<sup>2</sup> [Pathway of Care Delays](#). Welsh Government



*“something like one in 10 patients is subject to some level of moderate or severe harm or death associated with a response delay or a handover delay. So, it is clear that harm is occurring.”*

**43.** Colin Dennis said that the Board was acutely aware of the level of avoidable harm and reviewed detailed reports at each meeting. He said that the non-executives were “constantly questioning” whether every reasonable step was being taken to minimise this harm.

**44.** We also discussed the impact of response times on ambulance cancellation figures. Nearly 10, 000 ambulances were cancelled by patients in December 2023; we asked the service to set out its understanding of the reasons behind these cancellations.

**45.** Jason Killens told us that, at peak, there were around 140 emergency ambulances operating in Wales. This, he said, was quite a scarce resource, particularly given the pressures in effect across the rest of the health and social care system. He said there were a number of reasons for the approximate 10,000 cancellations per month, including patients deciding to self-convey or finding alternative means to access care because of extended waits. In addition, some cancellations could be the result of duplicate calls or management plans put in place by the Welsh Ambulance Service. In other cases, the patient may have recovered and no longer be in need of an ambulance.

**46.** We also heard that ambulance crews were seeing fewer patients per shift than in previous years because of delays in emergency departments, and that this had an impact on the cancellation rate as patients elected not to wait for their ambulance.

## 4. Non-Emergency Patient Transport

The Non-Emergency Patient Transport Service (NEPTS) is available to patients with a specific medical need who need to get to non-emergency medical appointments at clinics, hospitals and day centres.

**47.** In its IMTP 2024-27, WASUT states that NEPTS is broadly stable and has made good progress via the Ambulance Care Transformation Programme, which is a strategic initiative aimed at improving the delivery of ambulance services across Wales. However, the IMTP noted areas of underperformance for oncology patients and stated that revised performance parameters were introduced in April 2024.

**48.** We questioned WASUT about the progress being made to address underperformance in both oncology and renal. They acknowledged that these patients were time-dependent and time-critical, emphasising the importance of timely service for these groups.

**49.** They told us that recent improvements were noted in services for oncology and renal patients and, in a written update, they provided further information on performance trends and action plans, including the development of a national oncology transport hub to oversee and manage oncology journeys. They stated that the hub is expected to go live in the second half of 2024.

**50.** Jason Killens also referenced the NEPTS Demand and Capacity Review,<sup>3</sup> designed to identify anticipated activity in the coming years and how best to service that. The Review had identified two major efficiencies for NEPTS: aligning clinic patient ready times with ambulance availability and re-rostering the NET Centre, and work was now underway to align resources and shift patterns.

**51.** Linked to this, we asked WASUT how it was preparing to address the effects of an ageing population on demand for NEPTS. Jason Killens told us that a strategy review by health boards, co-ordinated through the new Joint Commissioning Committee for Wales, was underway to address future needs.

**52.** He also described the partnership arrangements in place in relation to NEPTS, saying that WASUT used a mix of direct provision and subcontracting to providers like St John Ambulance Cymru. He told us that rural areas presented unique challenges for non-emergency patient transport, particularly regarding access to services being further removed from patients. WASUT told us that local providers were used more extensively in rural and remote areas to handle non-emergency transport activities, especially on an ad hoc basis, and that this approach helped to manage the demand more effectively compared to urban centres, where provision was largely managed directly by WASUT.

## 5. Corporate matters

### Cultural issues and workforce challenges

One of the three key priorities in WASUT's IMTP 2024-27 is to improve the workplace experience for staff to enable them to perform at their best.

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<sup>3</sup> This review was a WASUT IMTP priority for 2020/21

A performance and quality update, provided in the [most recent WASUT Board papers](#) for 28 March 2024, includes a key performance metric for the workforce for January/February 2024. It states that efforts are underway to improve workplace experience and reduce sickness absence, but that achieving the target sickness absence rate remains challenging.

**53.** Jason Killens told us that the pandemic continues to affect staff attendance and morale, with ongoing high absence rates and difficulties in returning to pre-pandemic staffing levels.

**54.** In terms of sickness absences, we heard that WASUT was mid-range within the UK ambulance sector, and efforts were ongoing to reduce absence rates in Wales and address the long-term conditions affecting staff, including psychological and musculoskeletal issues.

**55.** More broadly, they told us that there was a shift towards shorter career tenures within WASUT, influenced by broader societal changes and more opportunities for degree-educated paramedics within the healthcare system that have not existed previously.

**56.** We discussed with WASUT the state of their industrial relations. They told us that they maintain “good and strong”, albeit challenged, relationships with multiple trade unions, and that regular engagements and collaborative efforts have helped manage recent industrial actions effectively.

**57.** We also questioned them on the cultural issues that have faced WASUT. They acknowledged the “pockets of poor behaviour in some of our workplaces across Wales”, including misogyny. They told us that an external culture review had confirmed those challenges, and had been the start of a journey “focusing on improving our culture in many aspects” through methods such as development programmes, support networks, reverse mentoring for leaders, and increased capacity for addressing complaints. These efforts, they claim, have positioned WASUT as a leader in cultural reforms within the UK ambulance sector. Further detail was provided in a [written update](#).

## Finance and resources

WASUT’s IMTP 2024-27 (Appendix 4) outlines its financial plan for the 2024-25 financial year.

The IMTP states:

“We will meet our statutory financial duties in 2023/24 but have had to deliver £6m in savings. The continued impact of inflation, costs of living and volatility in energy prices as they relate to the Trust mean that the financial outlook for 2024/25 and beyond continues to be challenging”.

**58.** We questioned WASUT on its plan for financial balance, including a savings target of £6.4 million. Jason Killens told us that this target was consistent with the previous year and they were confident it would be delivered via a number of means, including vacancy management in non-clinical roles and efficiencies in procurement (e.g. fleet, fuel, equipment).

**59.** WASUT confirmed that delivery of the savings programme “has no impact on the capital plan” and that its impact on their ability to deliver patient-facing services has been “very little” because the savings have been achieved through efficiencies in non-patient facing areas. Jason Killens acknowledged that these sorts of savings are harder to achieve year-on-year because “nearly 80 per cent of our spend is on people and most of these are patient-facing clinicians”.

## 6. Our view

**60.** According to the Welsh Ambulance Service, the single biggest challenge it faces is lost capacity as a result of patient handover delays at emergency departments. In its view, these delays, which account for the loss of nearly a quarter of its fleet capacity per month, stem from wider, significant pressures across the healthcare system and impact on response times.

**61.** Whilst we recognise that systemic issues, such as handover delays, bed availability and discharge delays, contribute to inefficiencies and delays across the overall healthcare system, the Welsh Ambulance Service has to play its part in ensuring it is effectively managing its own resources, including staffing, vehicle availability and response prioritisation. As such, it is crucial that it continues to examine its own practices and management.

**62.** Response times matter. As the Chief Executive has acknowledged, the public will measure the success of the Welsh Ambulance Service on how quickly it turns up. Whilst it says it is working towards its response targets, performance in this area is a matter of ongoing concern. In April, only 45.8 per cent of ‘life threatening’ calls received an emergency response within 8 minutes against a target of 65 per cent. This is the second lowest response on record.

**63.** Long response times and hand-over delays compromise patient safety and lead to avoidable harm. The Welsh Ambulance Service's own estimates say that 1 in 10 patients experience some level of harm as a direct consequence of these delays ranging from moderate to severe harm or death.

**64.** We heard that the service has taken a number of steps to mitigate the impact of these delays, including working to reduce sickness absence, as well as recruiting additional staff as a result of increased funding by the Welsh Government. It is also in the process of transforming itself from being primarily a transportation service to a more sophisticated provider of healthcare closer to home. This re-positioning, which is part of its long term strategy, is intended to release capacity to respond to those life-threatening emergencies that require conveyance to an emergency department.

**65.** Although the service is "optimistic" that the steps it is taking will, in the future, yield improvements in the level of care it delivers in the community, it is notable that it does not expect to see dramatic improvements in red response rates in the short term. There are questions here for the Welsh Ambulance Service, its Commissioners and the Welsh Government in terms of the value for money of these funding decisions, as well as how the impact of this repositioning will be monitored and evaluated.

**66.** These challenges are not new; neither are they unique to Wales. Across the UK, governments and leaders in health and social care are grappling with ways to cope with rising demand amongst the population. As the Welsh Ambulance Service has identified, there is a need for system-wide solutions to address the persistent challenges in hospital flow and social care. Work in this area is already underway and, given its role within the healthcare system, it is important that the service has a strong voice in that process, and that its insights and data are used to drive improvements in service delivery.

**67.** To that end, we were pleased to hear that it is now represented on most Regional Partnership Boards, with the exception of one, and that it works with health boards and others to address national and local needs. As its membership of the regional partnership boards is fairly new, we would welcome an update from them in due course on its experiences of this new arrangement. Further, we believe it is important that the service is represented on all partnership boards in order to ensure its voice is fully heard.

**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 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.

**Recommendation 2.** 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.

**Recommendation 3.** 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.

**Recommendation 4.** 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.

## Non-emergency patient transport

**68.** Sitting alongside the emergency medical service, non-emergency patient transport (NEPTS) is a vital resource for those patients who are unable to make their own way to and from their medical appointments. As such, we were pleased to hear that the service is broadly stable, and making good progress through the Ambulance Care Transformation Programme.

**69.** More specifically, NEPTS plays a crucial role in the transport of both oncology and renal patients. Here, we note there have previously been some areas of underperformance, and we were encouraged to hear evidence of recent improvements in services for oncology patients and renal patients. We note the plans that have been put in place to further improve oncology performance in particular, and we would welcome an update in due course on progress in this area, including the development of the national oncology transport hub.

**Recommendation 5.** 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.

**70.** Looking ahead, the number of people aged 75 and over in Wales is projected to increase by 29.3 percent in the next decade. Given the likely increase in demand for non-emergency transport as a result of the ageing population, we were reassured to hear that steps were being taken to prepare for this. We would welcome an update on progress in this area in due course, as well as an update on the efficiency work identified as part of the demand and capacity review.

**Recommendation 6.** 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.

## Corporate matters

**71.** Staff absence rates, post-Covid, continue to be a challenge for the Welsh Ambulance Service, which has the highest staff absence rates in the NHS in Wales. We note that efforts are ongoing to reduce short-term sickness absence rates, and to tackle other, longer-term conditions affecting staff including psychological issues, as well as the musculoskeletal problems associated with undertaking a very physical role.

**72.** In relation to the behavioural issues that have been identified within parts of the Welsh Ambulance Service, these are matters of concern to us. Everyone has the right to feel safe at work and, to that end, we welcome the steps that have been taken both to identify the problems and to improve the culture. We would like to keep this matter under review, and return to it at an appropriate future point for an update on progress with the programme of cultural improvements.

**Recommendation 7.** 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.