Title: Strikes (Minimum Service Levels) Consultation **IA No:** N/A **RPC Reference No:** N/A **Lead department or agency:** Department of Health and Social Care **Other departments or agencies:** Department for Business and Trade, Home Office, Department for Transport.	Impact Assessment (IA) **Date:** 21 February 2023 **Stage:** Consultation **Source of intervention:** Domestic **Type of measure:** Secondary Legislation **Contact for enquiries:** MSLconsultation@dhsc.gov.uk
Summary: Intervention and Options	**RPC Opinion:** No opinion

Cost of Preferred (or more likely) Option (in 2019 prices)			
Total Net Present Social	**Business Net Present Value**	**Net cost to business per year**	**Business Impact Target Status**
N/A*	£N/A*	N/A*	N/A

What is the problem under consideration? Why is government action or intervention necessary?

When workers take industrial action it can cause negative impacts on third parties (negative externalities), as employers facing industrial action are unable to provide services to the same extent as they would normally, negatively impacting on individuals who are not involved in the industrial dispute. In ambulance services the negative externalities of industrial action could put the lives and health of the public at risk, given their essential role in responding to life threatening and emergency incidents.

Currently voluntary derogations (agreements between employers and trade unions about staff being exempted from strike action to provide working cover for essential services) in ambulance services can be agreed ahead of strikes, but their use can be inconsistent. There has been variation in what has been agreed in different areas, between different unions and from strike day to strike day. In some cases, recent voluntary derogations in England provided a variable level of coverage of some emergency 999 calls (known as Category 2 calls). In some cases, voluntary derogations have not been agreed until the last minute, making contingency planning difficult and meaning staff may not be aware it has been agreed that they will be exempt from the strike action. There have also been instances of confusion about what has been agreed.

Negotiating voluntary derogations also incurs effort and costs. They can lead to uncertainty, inefficiency, and confusion for everyone concerned including staff, the public, patients and their families, and in some regions an inadequate level of service. It may therefore not be possible to rely on voluntary derogations to sufficiently mitigate the disproportionately negative impact strikes can have on the wider public, including on lives and health. Government intervention may therefore be necessary to introduce minimum service levels (MSLs) in regulations to help mitigate the negative impacts of strikes on those not directly involved in the dispute while continuing to enable workers to exercise their ability to strike.

What are the policy objectives of the action or intervention and the intended effects?

Objective: The policy would aim to limit the negative impacts of strike action on the lives and health of the public. It would seek to strike a balance between the ability of unions and their members to strike with the need to protect the lives and health of the wider public. The policy, if pursued, would be achieved by setting minimum levels of service on strike days for ambulance services in regulations.

Intended effects: If introduced, MSLs for ambulance services would be designed to enable people to continue to access the emergency healthcare provided by ambulance services, whilst balancing this against the ability to strike. The intention would be that, where MSLs were introduced, they would enable a more consistent level of service and certainty in planning across all NHS ambulance services. They could also lead to reduced costs of negotiating voluntary derogations, as well as minimising the circumstances in which level of service that would be available was uncertain. The aim would be for this to help protect the public and guard against disproportionate risks to lives and health. Furthermore, the intention is to ensure that a minimum level of cover is provided to guard against a disproportionately negative impact on lives and health.

What policy options have been considered, including any alternatives to regulation? Please justify preferred option (further details in Evidence Base)

Option 0: 'No change' counterfactual: Voluntary derogations without legislative intervention within ambulance services.

Option 1 (preferred): Implement MSLs via regulations for NHS ambulance services.

Is this measure likely to impact on international trade and		No		
Are any of these organisations in scope?	**Micro** Yes	**Small** Yes	**Medium** Yes	**Large** Yes
What is the CO_2 equivalent change in greenhouse gas emissions? (Million tonnes CO_2 equivalent)		**Traded:** N/A	**Non-traded:** N/A	
Will the policy be reviewed? It willbe reviewed. **If applicable, set review date:** TBC				

*This Impact Assessment is largely a qualitative assessment of the impacts of the regulations, so NPVs have not been estimated. Only a small proportion of expected costs are estimated (familiarisation costs) in the main body of the Impact Assessment. to ensure analytical alignment with other MSL consultation IAs, and these are minimal. There are likely to be other, more material costs around enforcement and compliance.

I have read the Impact Assessment and I am satisfied that, given the available evidence, it represents a reasonable view of the likely costs, benefits and impact of the leading options.

Signed by the responsible Minister: Minister Quince Date: 21/02/2023

Summary: Analysis & Evidence Policy Option 0

Description: No change counterfactual: Voluntary derogations without legislative intervention within ambulance services

FULL ECONOMIC ASSESSMENT

Price Base Year 2022	**PV Base Year** 2023	**Time Period Years** 10	**Net Benefit (Present Value (PV)) (£m)**		
			Low: N/A	**High:** N/A	**Best Estimate: £N/A**

COSTS (£m)	**Total Transition** (Constant Price) Years	**Average Annual** (excl. Transition) (Constant Price)	**Total Cost** (Present Value)
Low	N/A	N/A	N/A
High	N/A	N/A	N/A
Best	N/A	N/A	N/A

Description and scale of key monetised costs by 'main affected groups'

The "business as usual" option is the counterfactual scenario, against which other options are assessed. The value of costs and benefits are therefore zero, by definition.

Other key non-monetised costs by 'main affected groups'

N/A

BENEFITS (£m)	**Total Transition** (Constant Price)	**Average Annual** (excl. Transition) (Constant	**Total Benefit** (Present Value)
Low	N/A	N/A	N/A
High	N/A	N/A	N/A
Best	N/A	N/A	N/A

Description and scale of key monetised benefits by 'main affected groups'

The "business as usual" option is the counterfactual scenario, against which other options are assessed. The value of costs and benefits are therefore zero, by definition.

Other key non-monetised benefits by 'main affected groups'

N/A

Key assumptions/sensitivities/risks

N/A

Summary: Analysis & Evidence Policy Option 1

Description: Implement MSLs via regulations for NHS ambulance services.

FULL ECONOMIC ASSESSMENT

Price Base Year 2022	**PV Base Year** 2023	**Time Period Years** 10	**Net Benefit (Present Value (PV)) (£m)**		
			Low: N/A	**High:** N/A	**Best Estimate: N/A**

COSTS (£m)	**Total Transition** (Constant Price) Years		**Average Annual** (excl. Transition) (Constant Price)	**Total Cost** (Present Value)
Low	N/A		N/A	N/A
High	N/A		N/A	N/A
Best Estimate	N/A		N/A	N/A

Description and scale of key monetised costs by 'main affected groups'

N/A

Other key non-monetised costs by 'main affected groups'

Significant costs are not monetised. These include:

NHS ambulance service employers (Government)

• Enforcement costs (direct)

NHS ambulance service employees

• Lost utility arising from the restricted ability to strike (direct)

Unions

- Familiarisation costs of changing guidance, communicating changes to members (direct)
- Lost utility arising from reduced bargaining power (direct)

BENEFITS (£m)	**Total Transition** (Constant Price) Years		**Average Annual** (excl. Transition) (Constant Price)	**Total Benefit** (Present Value)
Low	N/A		N/A	**N/A**
High	N/A		N/A	**N/A**
Best Estimate	N/A		N/A	**N/A**

Description and scale of key monetised benefits by 'main affected groups'

N/A

Other key non-monetised benefits by 'main affected groups'

- Greater certainty can lead to improved planning in advance of strike dates and therefore improved standards of service, greater consistency between services across GB (impacts wider public),
- Reduction in effort & costs needed to agree voluntary derogations (impacts unions, NHS ambulance service providers),
- Potential for higher level of ambulance service provision in some regions on strike days.

Key assumptions/sensitivities/risks	**Discount rate**	3.5%

We have assumed that option 1 would provide for a similar level of services on average as option 0, voluntary derogations. There are a number of approaches on how option 1 could be defined but we assume the impacts – greater assurance, consistency and certainty on days when there are strike action are similar. We have monetised only a small proportion of expected costs due to this policy (familiarisation costs); details around other costs e.g., enforcement and compliance have yet to be determined and so are not monetised.

BUSINESS ASSESSMENT (Option 1)

Direct impact on business (Equivalent Annual)			**Score for Business Impact Target (qualifying provisions only) N/A**
Costs: N/A	**Benefits:** N/A	**Net:** N/A	

Contents

I. Policy background and problem under consideration

NHS Ambulance services

1. NHS ambulance services in England, Wales and Scotland respond to emergency 999 calls in accordance with patient need. This could involve:

    - Dispatching an ambulance or other vehicle with appropriate clinical staff such as a paramedic, Hazardous Area Response Teams, Specialist Operational Response Teams, community first responder or other appropriate staff
    - Providing advice over the telephone, often referred to as Hear and Treat
    - Referring people to appropriate services which can be referred to as either Hear and Treat or See and Treat

2. Ambulance services may also provide other services, such as transporting patients to and from or between hospitals, NHS 111, Non-Emergency Patient Transport and in addition Scotland provides Specialist Air and Land Transport Retrieval Services. The exact range of services provided can vary.

3. Ambulance services in England work to the Ambulance Response Programme, a set of national standards, implemented in 2017 to ensure that the sickest patients get the fastest response, and that patients receive the right response first time. Scotland and Wales have slightly different national standards.

Industrial Action

4. Workers in the UK may take part in industrial action when there is a trade dispute with their employer[1]. It is used as a last resort when workers have a grievance with their employer over aspects of their employment relationship. Strikes are one kind of industrial action, and they involve workers taking part in a concerted stoppage of work. Industrial action is designed to cause disruption. In the context of ambulance services, disruption to blue light services can put lives and the health of patients at risk. There can also be an economic and financial cost on the employer - in order to encourage the employer to resolve the issue in dispute and reach a settlement with the workers, usually via their union(s). Workers taking strike action will also face a cost as they will generally lose their pay for the hours they don't work. They can also face certain detriments from the employer (e.g., loss of bonus, withdrawal of fringe benefits, etc.).

5. The table below shows the numbers of ambulance staff absent on strike days in 2022/23 up until the end of January 2023 (England only)[2]. For context there are around 50,000[3] employees in NHS Ambulance Trusts in England, not all of whom will be working on a specific day.

[1] GOV.UK, Taking part in industrial action and strikes, https://www.gov.uk/industrial-action-strikes/your-employment-rights-during-industrial-action (accessed 21 June 2022)
[2] Provisional data reported by Trusts, Data available at NHS England » Preparedness for potential industrial action in the NHS
[3] Source: NHS Digital; full time equivalent at October 2022

Table 1: Number of ambulance staff absent on strike days in 2022/2023

Strike Date	Trade Union/Staff Group	Total Workforce Absent
21/12/2022	Ambulance	2774
11/01/2023	Ambulance	4747
23/01/2023	Ambulance	4674

6. When workers take industrial action it can cause negative impacts, as employers facing industrial action are unable to provide services to the same extent as they would normally, negatively impacting on individuals who are not involved in the industrial dispute. In ambulance services the negative externalities of industrial action could put the lives and health of the public at risk, given their essential role in responding to life threatening and emergency situations.

7. In previous strike action employers have negotiated with unions for their members to voluntarily provide a certain level of cover. This means that unions agree that certain members of staff will be exempted from the strike. In health services these agreements are known as 'derogations'. In ambulance services, derogations are negotiated at a local level to ensure that contingency plans better respond to local needs. This can, however, result in different levels of service provision across trusts.

8. It is not guaranteed that unions will agree to derogations, and it is possible that individual staff will still choose to go on strike despite working in a derogated area. In some cases, voluntary derogations have not been agreed until the last minute, making contingency planning difficult and meaning staff may not be aware it has been agreed that they will be exempt from the strike action. There have also been instances of confusion about what has been agreed, and agreement changed at the last minute.

9. Derogations rely on good will; they are not totally reliable. While, at a local level, some voluntary derogations have been agreed for the strike action to date, this is not guaranteed to be the case for future action, and previous derogations have often only been agreed at the very last minute. In some cases, voluntary derogations have not been agreed until immediately prior to strike action, with these very late agreements leaving employers with hours, not days, to implement full contingency plans and leading to much uncertainty for all involved. Moreover, ambulance response times across all trusts for life-threatening and emergency calls were slower than they should be. Although it should be noted in some instances response times were better than on non-strike days which may be due to reduced demand and the mitigations in place for strikes. In some areas, there was some confusion about what had been agreed, with no guarantee that staff due to attend work during strike action would actually attend work as had been agreed. This creates a great deal of uncertainty and confusion for everyone concerned including staff, the public, patients and their families and could pose a risk to lives and health of the public.

10. In some circumstances, for example during recent strike action in December 2022, call handlers working in the ambulance service have taken part in strike action, meaning their

roles were filled by workers who are not fully trained as employers have not had appropriate time to provide the full training that is normally required. Additionally, in some cases ambulance service workers have had to return from the picket line during strike action as part of voluntary derogations, which could lead to a slower response to life-threatening and emergency incidents. Prolonged strike action can escalate from hours to days and in those circumstances taking voluntary mitigating action will become extremely challenging. All of this, including the last-minute nature of some agreements creates a great deal of uncertainty and confusion for everyone concerned including staff, the public, patients and their families.

11. Overall, managing the impacts of strikes is starting to become more challenging as pressure mounts in the system. This pressure is being caused primarily by the increased resource requirements to confirm derogations, lack of respite between periods of strikes, staff fatigue and loss of goodwill relating to discretionary efforts and also outside factors such as rising Covid-19 rates.

12. In England there has been a massive regional discrepancy in the number of Category 2 (see Annex A for further details on 'Category 2') calls responded to on days of strike action which has made contingency planning and organising Military Aid to Civilian Authorities (MACA) support extremely difficult for employers. MACA refers to assistance provided by the armed forces to other government departments for urgent work of national importance, responding to emergencies or in maintaining supplies and essential services. In this case, MACA support is being used to bolster the ambulance service on days of strike action, with military personnel driving ambulances to and from hospitals. We have seen regional variation in terms of response to Category 2 calls as derogations have been decided at a local level.

International Comparison and International Law

13. Whether or not MSLs are justified in accordance with Article 11 of the European Convention on Human Rights will depend on a number of factors, such as whether the restrictions they impose on the ability to strike are in accordance with law, are necessary to protect other essential aspects of society (including for the protection of health and public safety) and the interference is proportionate i.e. does no more than is needed to achieve the aim.

14. The International Labour Organisation (ILO) is a specialised agency of the United Nations which promotes social justice and workers' rights. ILO Convention 87[4], which the UK has ratified, protects the freedom of association and the right to organise. The ILO has recognised that MSLs are justifiable in some situations to protect essential services. This includes where there are "services the interruption of which would endanger the life,

[4] C087 - Freedom of Association and Protection of the Right to Organise Convention, 1948 (No. 87). Adoption: San Francisco, 31st ILC session (09 Jul 1948) - Status: Up-to-date instrument (Fundamental Convention). (1950) "PDF." Convention concerning Freedom of Association and Protection of the Right to Organise.

personal safety, or health of the whole or part of the population (essential services in the strict sense of the term)"[5].

15. Our proposal to introduce MSLs for strike days in the ambulance service would aim to protect life, safety or health and our view is that it is a legitimate and proportionate interference with the ability to strike, because it is an 'essential service' which, if interrupted, would 'endanger the life, personal safety or health' of the public. As such, the proposal strikes the right balance between the ability of workers to strike and the protection of others' freedoms and rights.

16. In line with the ILO guidance and case law of the European Court of Human Rights, which recognises that MSLs can be justified, there are MSLs in place for health services to varying levels of provision across Western Europe.

17. In Italy, MSLs must be guaranteed for certain essential services related to constitutional rights throughout strike action, under Law 146/90. These rights include life, health, freedom and safety. Therefore, MSLs can be introduced for the health services which are necessary to guarantee the protection of health. Employers and unions must negotiate agreements for MSLs during strike action, with these agreements being subject to approval by the Commission of Guarantee, an independent expert body which determines whether proposals correctly strike the balance between the ability to strike and the wider constitutional rights of the population. Employees, trade unions and others who do not comply with MSLs may be subject to financial and administrative penalties, such as fines of up to €50,000 for unions, which can be doubled in certain circumstances.

18. In Spain, governmental authorities may set MSLs for essential public services, on either a national or local level. The Spanish Constitution of 1978 recognises that the ability to strike can be regulated, by establishing the guarantees necessary to ensure the maintenance of essential services, which is set out in Royal Decree 17/1977. MSLs can be justified in Spain where they strike a proportionate balance between the ability to strike and the constitutionally protected rights of members of the public. Unlike in Italy, there is no legal requirement to consult trade unions on MSLs. Employers may take disciplinary action against employees who do not comply with the MSLs.

19. In France, the central Government has the regulatory power to impose MSLs and restrict the ability to strike, where this would protect the security of people or premises, maintain public order, or maintain the continuity of public services.

20. Other examples where MSLs exist in some form include Germany, Belgium, and the Netherlands.

21. In addition, in Canada, Australia and parts of the United States of America there is already the ability to ban blue light services from striking. In Canada, MSLs are in place at

[5] Freedom of Association: Compilation of Decisions of the Committee on Freedom of Association, Sixth Edn, p.164.

a Federal Level, to provide for circumstances where a failure to meet the MSLs would a cause immediate and serious danger to the health and safety of the public.

II. Rationale for intervention

22. Strike action in ambulance services can put lives and health at risk. Whilst a substantial number of service users and the public bear the impact of strike action, they are neither party to any dispute nor have any avenue to have their interests formally represented. The impact of strike action on these parties represents a negative externality which is not reflected in the interests of employers and trade unions.

23. The current system of voluntary derogations may be insufficient as there are no guarantees that agreement will be reached between employers and unions. When agreements are reached this is often very last minute which makes contingency planning difficult and can lead to uncertainty and confusion for everyone concerned including staff, the public, patients and their families. Furthermore, different agreements may be made in different places, meaning that there is no consistency for members of the public. There is also no guarantee that the same derogations will be agreed from strike day to strike day.

24. Strike action, especially in ambulance services, can have a disproportionately negative impact on the public. As such, the rationale for introducing MSL regulations for ambulance services in the case of strikes, if that decision were taken and if the Strikes (Minimum Service Levels) Bill obtains Parliamentary approval, would be to protect the lives and health of the public and provide a balance between the ability of workers to strike with the rights of the wider public to access ambulance services when they need them. Whilst some degree of uncertainty is inherent in the nature of ambulance services because the occurrence of major incidents will always be hard to predict, by enabling a minimum level of service provision during strikes in ambulance services, we anticipate the wider negative effects may be better managed, with the inconsistency and uncertainty associated with the current, voluntary derogation agreements reduced.

25. Setting service levels to be agreed under MSLs is difficult, however it is expected that in many instances MSL regulations for ambulance services will provide a similar level of service or higher as under voluntary derogations and, although unlikely it is possible that some service levels will be lower for some regions These are further discussed in the risk section.

Policy Options

Description of options considered

Option 0: Do Nothing- counterfactual: Derogations (Voluntary MSLs) without legislative intervention within ambulance services

26. The 'Do Nothing' option would mean that unions and their members would not be required to meet statutory minimum levels of service with employers in ambulance services in Great Britain ahead of strikes taking place.

27. The level of service that could be provided by employers on a strike day as part of a voluntary derogation would depend on the extent to which derogations are mutually agreed (negotiated) between employers and their trade unions, the areas of service contained within the agreement, including the extent to which workers will engage, as well as ensuring these agreements are updated, maintained and implementable prior to and during each strike. Under the current system there are few, if any, consequences for unions or individuals if they do not uphold a voluntary derogation. Given these constituent parts, implementing such agreements consistently and effectively across large parts of the country where multiple unions and employers are involved can be challenging. Furthermore, where there is continued strike action these negotiations need to be renegotiated for each day of action.

28. While some incentives to enter into voluntary derogations in health exist (for example, Section 240 of the Trade Union and Labour Relations (Consolidation) Act 1992, which makes it a criminal offence to wilfully and maliciously break a contract of service, in this case in relation to taking industrial action, which they know or have reasonable cause to believe will endanger life or cause serious bodily injury and as regulated Health and Care Professions Council (HCPC) professionals), the number, consistency and effectiveness of voluntary derogations may not achieve an outcome that minimises or appropriately addresses the negative externalities on key service users, in all cases and between all parties in all circumstances. To minimise this uncertainty and provide assurance that there will be a consistent level of services in the event of strike action, it is therefore necessary for further intervention to be made to achieve this outcome.

29. There are also currently some ways that ambulance employers facing strikes can obtain cover for the work affected by strikes. For example:

    a. Directly employing new staff to cover specific areas, such as control rooms (this can be done with or without using an employment agency – a business that sources workers for direct hires by an employer). During recent ambulance strikes, the NHS deployed civil service surge staff to provide call handler support. The employer could use a training provider to train these workers before utilising them. Training such staff takes time.

b. Request from the Ministry of Defence for military personnel to provide non-clinical support, made through a MACA request. During recent ambulance strikes MoD personnel were deployed in several trusts. It should be noted that this intervention is exceptional and time limited and does not provide enough resource to allow business as usual coverage of the service.

30. But not all employers have been able to fully make use of these options due to significant administration costs hiring staff, finding a ready supply of labour available for direct hire at short notice for a short-term post or due to costs. This highlights why a do-nothing option does not achieve the policy objective and why intervention may be required.

Option 1 (preferred option): Implement MSLs via regulations for ambulance services.

31. Subject to Parliamentary approval, the Strikes (Minimum Service Levels) Bill, which was introduced in Parliament in January 2023 will establish a broad legal framework for the introduction of MSLs in key sectors and provide a mechanism for employers to secure MSLs via a work notice, which sets out the workers that are expected to work during the strike. MSLs themselves would be applied to specific services including relevant health services, via secondary legislation by the Government, subject to the outcome of the consultation.

32. In the event that MSLs are applied to NHS ambulance services, once a trade union provided a notice of strike action to an ambulance service provider (the employer), the employer could then name in a work notice, the workers required to secure the MSLs. The employer would not be able to name more people than reasonably necessary to meet the ambulance services MSLs and would have to consult with the relevant union and have regard to any of their views before issuing the work notice. If an employer decided to issue a work notice, it would have to issue it to the union(s) which had called strike action at least 7 days prior to the strike date or later if agreed between the employer and the union. If more than one day of strike action had been called, a separate work notice could be issued for each day of the strike. The work notice could be varied after it has been issued up until the end of the fourth day prior to the strike starting, or later if this was agreed with the union(s) which had called strike action. The employer would not be able to have regard to whether the worker was or was not a member of a trade union in developing the work notice. The union that was striking would have to take reasonable steps to ensure that its union members named on the work notice complied with the notice.

33. The following approaches for setting MSLs for ambulance services are being considered as part of the consultation to inform the regulations. Service levels delivered under each approach have yet to be established, so for the purposes of the consultation stage Impact Assessment, we assume similar impacts for each approach, relative to the counterfactual of voluntary derogations. We will gather further evidence on the approaches during the consultation period:

a. (The preferred option): Requiring ambulance trusts to respond to all life-threatening and emergency incidents, provide NHS patient transfer services, inter-facility patient transport services, including time-critical transfers for emergency treatment and essential critical infrastructure, for example IT support in order to preserve life, limb and long-term health.

b. Requiring ambulance trusts to respond to a specified list of medical issues, provide NHS patient transfer services, inter-facility patient transport services, including time-critical transfers for emergency treatment and essential critical infrastructure, for example IT support.

c. Requiring ambulance trusts to respond to calls under the national ambulance response time categories, (for example in England all or a subset of Category 1, Category 2, Category 3 or Category 4 calls and equivalents in Scotland and Wales - see Annex A for category definitions), provide NHS patient transfer services, inter-facility patient transport services, including time-critical transfers for emergency treatment and essential critical infrastructure, for example IT support.

d. Requiring a percentage of service capacity to respond to 999 calls, provide NHS patient transfer services, inter-facility patient transport services, including time-critical transfers for emergency treatment and essential critical infrastructure, for example IT support.

34. The Department of Health and Social Care's proposal is that, if introduced, MSLs would focus on the provision of life-saving and emergency care during strike action. This would ensure that the level of resource available on any given day of strike action would be set at a level to ensure all 999 calls were answered and assessed by ambulance control room staff and that all life-threatening and emergency calls received an appropriate response by an ambulance, a Hazardous Area Response Team, Specialist Operational Response Team or other clinical first responder.

35. The Department of Health and Social Care will further consider the appropriate level of service to be provided for in any MSL regulations, should they be introduced following the consultation. We are also seeking views and evidence in the consultation to understand whether to introduce minimum service level regulations across Great Britain and, if so, whether different regulations for England, Scotland and Wales are required to take account of operational differences.

36. The Department of Health and Social Care's proposal could deliver the desired outcomes and meet the policy objective by maintaining a worker's ability to strike while reducing the inconsistency and uncertainty associated with the current voluntary derogations process, ensuring that the public can continue to access ambulance services and mitigating the impact strikes have on the lives and health of the public.

III. Focus of this Impact Assessment

37. This consultation stage Impact Assessment provides stakeholders with our current analysis of the costs and benefits of the policy proposal outlined in the consultation.

38. We will continue to build upon our evidence base ahead of any final stage Impact Assessment.

Rationale and evidence to justify the level of analysis used in the IA

39. The Bill, if approved by Parliament, will establish a broad framework for the introduction of statutory MSLs in the event of strikes and their operation. This Impact Assessment is largely a narrative assessment of the evidence base and pros and cons of the policy rather than detailed analytical modelling. The intended impacts are delivery of a greater level of consistency and certainty and to ensure that a minimum level of cover is provided during strikes. These are inherently difficult to monetise. Details around the level of service that would be required under different approaches to setting MSLs have not been established, therefore, it is not possible to provide quantified estimates of the expected costs and benefits of each approach. However we expect all approaches to setting MSLs to deliver similar levels of impact to provide greater certainty, consistency and to protect the lives and health of patients.

Scope of policy

40. Not all health services would be directly impacted by the preferred policy option, as the initial proposal is to introduce MSLs in regulations for ambulance services. As set out under Option 1 above (the preferred option), MSLs may not apply to all aspects of ambulances services, with the priority being maintaining services essential to life-threatening and emergency incidents. The consultation will inform the decision on whether to introduce minimum service level regulations across Great Britain and, if so, whether different regulations for England, Scotland and Wales are required to take account of operational differences.

41. To estimate the costs and benefits of this policy, we need to understand the potential number of unions, employers, and employees that could be impacted by MSL regulations for ambulance services.

Trade Unions impacted by MSLs

42. The main unions who would be impacted by MSLs for ambulance services are Unison, GMB, and Unite who represent a significant number of ambulance workers. Other unions, including the RCN and BMA may have a small number of members who also work for ambulance services. For the purposes of assessing costs we have assumed impacts on these 3 main unions.

Employers impacted by MSLs

43. The MSL regulations, if introduced, would apply to ambulance services provided by NHS employers only. There are 13 NHS employers who may be impacted by MSL regulations for ambulance services, dependent upon territorial scope. These include 11 NHS Ambulance trusts (employers) in England (including Isle of Wight NHS Trust), the Welsh NHS Ambulance Trust and the Scottish Ambulance Service. We have assumed minimal additional impacts on Integrated Care Boards in England, NHS England, or any other devolved Health Boards compared to counterfactual (voluntary derogations). We will gather further views and evidence on this during the consultation period.

Ambulance services employees impacted by MSLs

44. Currently it is not possible to determine definitively which workers within NHS ambulance services would be affected by MSL regulations. We are seeking views and evidence on this as part of the consultation to understand the groups of workers most likely to be impacted. If MSL regulations for ambulance services are introduced, it will be for employers to determine the workers required to deliver the minimum service on any given strike day. We have identified that the following staff groups could, potentially, be impacted by MSL regulations in ambulance services should they be introduced: call handlers, call dispatchers and supervisors, clinicians in control rooms, ambulance crews, paramedics, nurses, ambulance care assistants, emergency care assistants, emergency medical technicians, doctors, clinicians, managers acting as commanders or in a leadership role, and other support staff, Specialist Hazardous Area Response Teams, Special Operations Response Teams.

45. There is a total of 59,700 full time equivalent employees in NHS ambulance services[6]. This number is made up of 20,500 professionally qualified ambulance staff, 29,800 ambulance support staff, 1,200 other clinical staff, 6,700 managers and central functions, and 1,500 estates staff[8]. The actual proportion of workers impacted by any MSL regulations, should they be introduced, may be lower. We would expect that the workers subject to a work notice would vary from strike day to strike day depending on operational need.

Trade Union members impacted by MSLs

46. Unison has around 350,000 members in the NHS across a variety of services, including strong ambulance membership. Unite has around 100,000 members in the NHS across a variety of services, including an ambulance membership of around 3,000. GMB has 40,000-50,000 members, with around 15,000 of those employed in the ambulance service.[7]

[6] Combined full time equivalent for October, September and June 2022 for England, Scotland and Wales respectively.

[7] Information publicly available on the websites of Unison, Unite and GMB. Accurate as of February 2023.

Wider public

47. We define ‘wider public’ as those who are not involved in labour disputes, or more simply, Great Britain’s population, any of whom may, at some point, need ambulance services. During 2022 there were 68,632 A&E attendances on average per day[8]. Given that the need to access ambulance services on a day where strike action is taking place is dependent upon a wide range of variables we do not provide an overall estimate but still consider the impacts of the policy on these individuals.

Monetised and non-monetised costs and benefits of each option (including administrative burden)

48. This section describes the potential costs and benefits that may arise as a result of the proposal in comparison to the counterfactual option.

Option 0: Do Nothing- counterfactual: Derogations (Voluntary MSLs) without legislative intervention within ambulance services

49. This is the do-nothing option and so no costs have been monetised. For **Option 0,** no legislation is undertaken and so there is no impact of the proposals. This is the baseline against which option 1 is assessed.

Option 1: Implement MSLs via regulations for ambulance services.

50. This option would ensure that the level of resource available on any given day of strike action would be set at a level to ensure all 999 calls were answered and assessed by ambulance control room staff and that all life-threatening and emergency calls received an appropriate response by an ambulance, a Hazardous Area Response Team, Specialist Operational Response Team or other clinical first responder.

51. During consultation we are gathering views and evidence on how this option could be defined by ambulance service providers, however for the purposes of this initial assessment we have assumed the impacts relative to option 0 will be similar.

52. It is expected that key organisations would be required to familiarise themselves with the legislation and any relevant guidance produced to support the policy. We cover familiarisation costs to trade unions and NHS ambulance service employers (government) in turn. However these only represent a small proportion of total expected costs from this policy. Other more material costs around enforcement and compliance have not been estimated.

[8] Source: https://www.england.nhs.uk/statistics/statistical-work-areas/ae-waiting-times-and-activity/

Trade Unions – one off costs – familiarisation costs[9]

53. It is expected that trade unions would have to familiarise themselves with the legislation and any relevant guidance produced to support the policy. It is assumed that it would take between half a day (4 hours) and two days (16 hours) in meetings for the union general secretary and four other senior directors, with a best estimate of one day (of 8 hours), to familiarise themselves with the proposed policy. This is based on the trade union familiarisation estimates provided in the Department for Business and Trade MSL Bill IA[10]. Given that the hourly labour cost of union officials is £36.35, it is assumed that there are three main ambulance trades unions that would need to familiarise themselves with the legislation so the familiarisation cost is estimated to be between £600 and £2,400, with a central estimate of £1,200.

54. Unions may also have to amend their Rule Books if there are sections relating to industrial action and member discipline, hence would incur the cost of following set processes for doing so e.g., writing amendments, and debating these at the relevant conference as well as communicating changes to members. We have been unable to monetise the cost of unions taking relevant factors into account but will collect views and evidence of likely scale of this impact during consultation period, if and when subsequent secondary legislation is brought to Parliament.

Legal Advice to Unions

55. We also expect that unions would seek legal advice on the reform as part of the familiarisation process. Using the assumptions set out in Department for Business and Trade DBT MSL Bill IA, this gives a cost of £7,500, we assume that this would take 8 hours – this is a best estimate of between 4 and 16 hours.

The total familiarisation cost to unions is estimated at around £9,000.

Familiarisation costs - NHS Ambulance Service Employers

56. Option 1 (preferred option) requires ambulance service employers to put MSLs into practice operationally if there are strike days affecting them. They would therefore need to familiarise themselves with the legislation.

57. We assume that for each of the 13 ambulance service organisations to familiarise themselves with the legislation would take 8 hours of chief executive and board level time, 8 hours of senior HR managers, 24 hours of operational managers and 8 hours of legal professionals' time.

58. We assume that senior management teams would similarly take 8 hours to familiarise themselves with the legislation as there would be similar responsibilities placed on employers and unions by this policy.

[9] Assessment of familiarisation costs included for consistency with other MSL consultation IAs.
[10] https://www.gov.uk/government/publications/strikes-minimum-services-levels-bill-2023

59. For ambulance service employers, we assume a chief executive or senior official, a HR manager or director, an operations manager or director and a legal professional form the management team familiarising themselves. Across the 13 employing organisations across England, Wales and Scotland, this amounts to total familiarisation costs of **£28,000.**

60. The average hourly wage rates, excluding overtime but adjusted for estimated related labour costs are set out in **Table** below.

Table 2: Hourly median wages and labour costs for employer management team occupations

Occupation	Average hourly labour costs (includes labour costs) £	Basis of hourly rate estimate
Chief executives and board level	100.83[11]	Senior Salaries Review Board Report 2022
Senior HR managers	55,44	Agenda for Change Band 8c
Operational	23.63	Agenda for Change Band 5
Legal professionals	39.19	Agenda for Change Band 8a

61. **This indicates an overall estimated one-off familiarisation cost to Unions and ambulance service employers of £37,000.**

Non-monetised costs -on going costs

62. We have also identified a number of ongoing costs. It is not currently possible to cost these, and they will be further assessed ahead of a final-stage Impact Assessment.

    a. **Enforcement related costs:** There may be costs to NHS around the enforcement of MSLs. These include the costs of administering cases through a court for claims between unions and NHS ambulance service employers. DHSC will consider further the practicalities of implementation and enforcement should the decision be taken, following consultation, to introduce MSL regulations for ambulance services.

[11] Hourly equivalent of £140,531: CP 494 – Forty-Third Annual Report on Senior Salaries 2021 – July 2021 paragraph 6.109

b. **Trade union membership:** It is possible that Government setting MSLs in ambulance services could have an adverse impact on union membership by either raising the barrier to industrial action or increasing the strength of mitigating actions. It is also possible that some individuals may currently be reluctant to join a union due to concerns around impact of disproportionate industrial action on the public in the absence of statutory MSLs. This legislation may therefore in theory, mean some individuals feel more empowered to join a union as this concern will no longer apply.

c. **Operational costs of MSLs to employers and trade unions:** The legislation would include a requirement for employers to inform workers and unions of those workers required to work to provide the minimum levels of service, and to consult unions while selecting the workers required. This would need to be done at least 7 days prior to the strikes starting, or later if agreed by the employer and the union. For unions, they would be required to take reasonable steps to ensure that workers specified to work, as part of a work notice, do not take participate in strike action. While there will be some costs associated with administration of the work notice process for employers and unions, this could be off-set by a reduction in time spent negotiating voluntary derogation agreements. Further views and evidence on the ongoing impact will be gathered during consultation period

d. **Reduced benefits of being in a union:** There are a number of benefits of being part of a union. One of these benefits is that unions help counterbalance the bargaining power that employers have over their staff. Strike action may in some cases lead to improved terms and conditions, including increased pay deals, which can have impacts of staff morale and motivation. If introducing MSLs reduce the impacts of strikes, this could lead to potential reductions in future pay or working conditions for staff. This potential reduction in terms and conditions for workers in unionised sectors over time (if bargaining power is substantially weakened) could have a downward effect on terms and conditions more generally in the labour market.

There could also be fewer instances of pay being withdrawn on the basis of striking when an MSL is introduced. The net effect over a certain period of time is uncertain, as this is dependent on the extent to which strike action occurs and MSLs are applied and how they vary from any voluntary derogations which would already have been in place.

Workers who strike are not paid by employers for the period they are taking industrial action. If the MSL results in fewer individuals involved in strike action, employers would have reduced instances of withheld pay. Individuals who wanted to strike, but were unable to due to an MSL, would retain their pay for that strike period but would also incur a cost (given the counterfactual that the worker may have preferred and wanted to strike). There is no guarantee that strike action leads to more favourable terms and conditions for workers and the proposed options for MSLs protects the ability for workforces to strike. If fewer strikes were successful in achieving improved terms and conditions as a result of MSLs, that would represent a cost to the worker.

Ambulance service MSLs, if introduced are likely to be very similar to existing voluntary derogations so impacts on wages are at worse minimal for ambulance services staff given they are likely to continue working and receiving a wage under both options.

Benefits

63. These benefits largely depend on the extent that trade unions, employees, and employers change their behaviour in response to the policy. Therefore, these benefits are inherently difficult to monetise robustly. We have identified these and explained the likely impact in a qualitative manner.

64. The potential ongoing benefits from this policy are as follows:

- Greater **assurance** and **protection** for the public that essential ambulance services will be maintained at the level needed to ensure that the lives and health of the public are not put at risk'. Introducing MSLs in ambulance services would help keep patients safe during any strike action. It is vital to ensure that people have access to emergency services when they need it, including during any strike action, as disruption to blue light services puts lives at immediate risk. MSLs would create certainty, better enabling ambulance services to keep patients safe during industrial action. It would also enable decisions to be taken earlier regarding other measures such as postponement of routine appointments, so that patients can be kept informed.
- A work notice would name individuals and the specify the work they need to undertake leading to greater level of **certainty** that individual staff named in a work notice will attend work on the day of the strike (given consequences for unions and individuals if they do not). Under the current voluntary system this is not guaranteed to the same extent. In some cases, voluntary derogations have not been agreed until immediately prior to strike action, leaving employers with hours not days to implement full contingency plans. This creates a great deal of uncertainty for everyone concerned including staff, the public, patients and their families.
- The work notices would also make the arrangements **clear** for individual workers, employers and unions. In some areas during recent strike action, there was some confusion about what had been agreed, with no guarantee that staff due to attend work during strike action would actually attend work as had been agreed. MSLs would create certainty, better enabling ambulance services to keep patients safe during industrial action.
- As work notices have to be issued 7 days in advance (and only later if this is agreed between the union and the employer), this will provide **earlier** certainty, aiding preparedness for the strike day for ambulance service employers. This will aid employers in planning for disruption to the service from strike action. It will also provide greater assurance that the necessary workers will attend on the day, reducing the need

(and cost) to put contingency plans in place. Under current voluntary derogations, negotiations between employers and trade unions do not take place until very close to the strike action, and their content may not be agreed. This can lead to uncertainty for employers planning ambulance services. Introducing MSLs in ambulance services would help to provide some certainty for employers so that they are better able to plan for strike action. This will help protect the public and guard against risk to life.

- **Reduced effort and cost in regionally negotiating voluntary derogations – employers and unions** There may also be some cost savings due to less resource being needed to agree voluntary derogations and put in place contingency plans. This could have the additional benefit of freeing up unions' and employers time for negotiations pertaining to the issue under dispute, potentially resulting in quicker resolution.

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IV. Summary of impacts

65. This section provides a summary of impacts. As mentioned throughout the Impact Assessment, we will continue to build our evidence base going forward and welcome stakeholder input and feedback on the impacts identified.

66. This Impact Assessment is only able to monetise a small proportion of the costs associated with MSLs. There are likely to be other material costs around enforcement and compliance that are not costed but could be significant. Benefits around assurance, consistency and certainty are also expected to be significant and are also uncosted. . We will continue to build upon our evidence base ahead of any Final Stage Impact Assessment and use consultation responses to help inform the assessment.

Table 3: Costs and benefits of the impacts associated with MSLs for certain groups

Group	Costs	Benefits
Government – includes central Government, NHS Ambulance Services	Monetised: familiarisation costs Non-monetised: enforcement costs, ongoing costs on implementing MSLs	Monetised: None Non-monetised: Greater certainty, greater consistency between services, reduction in effort & costs needed to agree voluntary derogations, potential for higher level of service
Businesses –will not impact private ambulance service providers	n/a (unions only impacted – see below)	n/a (unions only impacted – see below)
Service users	n/a	Non monetised: Certainty, consistency, assurance.
Unions	Monetised: familiarisation costs, Non-monetised: rule book and guidance changes (on going costs);	Non-monetised: reduction in effort & costs needed to agree voluntary derogations
Workers	Non monetised: Decreased value of being in a union (collective bargaining) Ability to strike restricted if individual named on work notice	Non-monetised: Certainty of working, receiving salary.
Wider impacts	Increase in strike action in short term Changing nature of strike action	

V. Risks and assumptions

67. Our working assumption for the purpose of assessing the costs and benefits is that MSLs would provide for greater consistency and certainty on levels of service delivered in the event of strike action compared with Option 0. In this section we qualitatively consider the potential risks at a high-level. The inclusion of these risks in the impact assessment does not indicate we expect them to happen and in our view, it is not possible to accurately quantify them.

68. One risk some Trade Unions have raised is that where MSLs are in place, some of those who are rostered to deliver the service will not turn up for work. This risk already exists within Option 0, staff may not turn up to work as agreed under the voluntary derogations. Where rostered staff, as part of a work notice, do not attend work, they will need to follow the requirements set by the employer within the relevant absence policy. Failure to attend on the grounds that they are participating in strike action would be unauthorised and could be subject to disciplinary action. Trade Unions would also have a duty under the legislation to take reasonable steps to ensure their members named in a work notice complied with the work notice.

69. It should also be noted that taking part in unofficial industrial action (so called "wildcat strikes") has been very rare in recent years which supports the idea that workers would be reluctant to lose the protection that comes with official industrial action. Additionally, it is considered that where voluntary derogations are implemented, compliance with these arrangements is generally high. The combination of the factors outlined above may therefore reduce likelihood of this risk being realised.

70. A further consequence of this policy could be the increase in staff taking action short of striking which is not prohibited by this legislation[12,13]. This is due to the incentive unions have to cause disruption in order to encourage employers to reach a favourable settlement in response to a dispute. Where services are reliant on staff working additional hours, as is often the case in ambulance services, this could have a significant negative impact on the level of services provided. It is important to note that such action could continue even when MSLs are in place, (so it could be that instead of taking strike action, action short of strike becomes a more prevalent form of lawful protest). This could further disrupt the interests of the public the legislation seeks to protect and could lead to a prolongation of the dispute. There is also the risk of rostered staff withdrawing good will, which would thus negatively impact on their productivity.

71. Employers may lack awareness of the work notice process, may lack confidence in issuing work notices, or may prefer to continue to rely on voluntary derogation agreements resulting in few work notices being issued. If the decision is taken to proceed with introducing MSLs for ambulance services DHSC will consider how to ensure

[12] TUC "this Bill will prolong disputes and poison industrial relations – leading to more strikes" Union movement vows to fight anti-strike Bill | LRD

[13] RMT unions might have to resort to novel methods such as extensive overtime bans and work to rule.

employers are familiar and confident with the regulations and associated processes. Where employers choose to continue to rely on reaching voluntary derogations to provide the minimum service level, their ability to issue a work notice, if they deem it necessary, could still provide an additional incentive for the union to agree voluntary derogations in advance of the action taking place.

72. There is also a risk that the level of service provided for in MSLs is less than that which would have been agreed in under voluntary derogation agreements. The consultation will seek views and evidence on this and the appropriate level of provision to be specified in MSLs.

73. A further risk is the operational differences between services in England, Scotland and Wales. The consultation will seek views and evidence to inform consideration of the geographical extent of any MSL regulations for ambulance services, and whether it is appropriate for there to be different MSLs for England, Scotland and Wales to reflect operational differences.

74. A final risk we have considered is that the preferred policy approach could mean a general increase in tension between unions and ambulance service employers. This may result in more adverse impacts in the long term, such as an increased frequency of strikes for each dispute[14]. However, this is very speculative. Strikes themselves are influenced by a range of factors, such as the nature of the dispute, the level of support for strikes from union members and the ability of employers and unions to reach a settlement. It is therefore not possible to predict with any certainty that strikes will increase as result of this policy. Additionally, it is also possible that in some cases, MSLs could lead to settlements between unions and employers being reached more quickly than they may otherwise would have. This is because the disruption caused by strike action would be reduced where MSLs were applied, which could encourage unions to compromise more frequently and union members to vote in favour of employer offers if they realise more favourable offers may not be achievable.

VI. Impact on small and micro businesses

75. DHSC is consulting on MSLs for ambulance services, which are expected to apply to NHS ambulance services only. Small and micro ambulance services businesses are, therefore, out of scope.

76. Secondary legislation for ambulance services would mainly impact three trade unions – Unison, Unite, and GMB. Each would incur familiarisation costs from the proposals. These are the only businesses in-scope of the legislation. Analysis of the annual returns of these three main unions show they have between 50 and 70 staff.[15] These unions and

[14] Strikes bill: Unions criticise plans as unworkable: https://www.bbc.co.uk/news/uk-64219016

[15] Trade unions: the current list and schedule': https://www.gov.uk/government/publications/public-list-of-active-trade-unions-official-list-and-schedule/trade-unions-the-current-list-and-schedule

their staff represent members from across the economy not just ambulance services. The consultation will be used to seek further information from trade unions on whether they face any significant disproportionate impacts.

VII. Wider impacts

Public Sector Equalities Duty Assessment

77. DHSC is considering the potential equalities impact of the proposal and will publish a Public Sector Equalities Duty Assessment in due course. This will take into account information gathered in the current consultation. However, the following tables show the breakdown of diversity and equalities characteristics of those employed by NHS trusts and separately qualified ambulance staff and support to ambulance staff. These are on a full time equivalent basis for England as at September 2022 [16].

Table 4: Breakdown of those employed by NHS trusts and separately qualified ambulance staff and support to ambulance staff by age

Age	Under 25	25 to 34	35 to 44	45 to 54	55 to 64	65 and over
All staff groups	5.4%	25.2%	24.2%	24.3%	18.3%	2.5%
Ambulance and ambulance support	11.0%	30.3%	21.0%	22.8%	13.4%	1.5%

Table 5: Breakdown of those employed by NHS trusts and separately qualified ambulance staff and support to ambulance staff by gender

Gender	Female	Male
All staff groups	76.3%	23.7%
Ambulance and ambulance support	50.7%	49.3%

Table 6: Breakdown of those employed by NHS trusts and separately qualified ambulance staff and support to ambulance staff by disability status

Disability Status	Disabled	Not Disabled	Not Disclosed	Unknown
All staff groups	4.8%	77.8%	10.2%	7.3%
Ambulance and ambulance support	5.8%	78.2%	10.5%	5.5%

Table 7: Breakdown of those employed by NHS trusts and separately qualified ambulance staff and support to ambulance staff by ethnicity

[16] Source: NHS Digital

Ethnicity	White	BME	Not Stated	Unknown
All staff groups	70.4%	25.0%	3.4%	1.2%
Ambulance and ambulance support	90.0%	6.6%	2.8%	0.6%

Table 8: Breakdown of those employed by NHS trusts and separately qualified ambulance staff and support to ambulance staff by religious belief

Religious Belief	Christian	Atheism	Islam	Hinduism	Other	Unknown / Not disclosed
All staff groups	43.8%	14.3%	4.5%	2.6%	8.7%	26.2%
Ambulance and ambulance support	38.8%	23.9%	2.1%	0.3%	9.8%	25.2%

Table 9: Breakdown of those employed by NHS trusts and separately qualified ambulance staff and support to ambulance staff by sexual orientation

Sexual Orientation	Hetero-sexual or Straight	Gay or Lesbian	Bisexual	Other / undecided	Declined to respond	Unknown
All staff groups	74.8%	1.8%	1.2%	0.3%	15.8%	6.2%
Ambulance and ambulance support	75.7%	4.5%	2.1%	0.3%	11.9%	5.5%

Trade and Investment

78. As set out in the Better Regulation Framework guidance, all Impact Assessments must consider whether the policy measures are likely to impact on international trade and investment.

79. We do not believe that the introduction of MSL regulations for Ambulance Services would have any impact on international trade, because these services are not internationally traded[17]. As a result, we do not foresee any effects on the UK's ability to trade or provide services overseas.

[17] "As most physical goods can be shipped fairly easily, manufacturing, agricultural production and resource extraction are considered tradable sectors. Conversely, non-tradable services typically include governmental services, education, health care, the construction sector and retail." https://www.oecd-ilibrary.org/sites/9789264293137-5-en/index.html?itemId=/content/component/9789264293137-5-en

VIII. Monitoring and Evaluation

80. It is expected that the post implementation review (PIR) would evaluate both how the primary legislation is achieving its objectives, as well as the implementation through secondary legislation. It is expected this would include an assessment of how the intended outcomes are being achieved at a sector level, and how such outcomes align with the original objectives of the policy. Success will be measured against the policy and strategic objectives; however, any evaluation is likely to be complex due to difficulties in establishing a robust counterfactual. DHSC would therefore, work with relevant other government departments and devolved governments on developing scope of the PIR.

81. Further consideration will be given to level of evidence and monitoring data required to evaluate the regulations but expect they will build on existing data collections as far as possible e.g. NHS England's National Operations Centre (NOC) and similar bodies in devolved assemblies. We expect that the policy would be evaluated within the first five years from when the secondary legislation comes into force.

Annex A: description of call category services in England, Wales and Scotland

England

Category	Description
Category 1	Ambulance calls are the most serious calls classified as ‘life-threatening’, including major trauma, cardiac and respiratory arrest
Category 2	Calls are ‘emergency’ calls, including serious time-sensitive incidents such as strokes and heart attacks
Category 3	Ambulance calls are ‘urgent’, issues that are not immediately life-threatening but need treatment to relieve suffering (for example pain control) and transport or management at scene, such as falls
Category 4	Calls are ‘non-urgent’

Scotland

Triage term	Description
Immediately life-threatening	Patients whose condition is potentially life-threatening and a fast response is vital. This accounts for less than 10% of 999 calls received. These patients will be responded to by skilled paramedics and will normally be taken to A&E or specialist care. An example would be a patient in cardiac arrest
Urgent and emergency	Some emergency and urgent calls will also require a quick response and conveyance to hospital, that is, GP calls and non-life-threatening emergencies
Hear, treat and refer	Patients whose condition is not serious enough to require an ambulance to attend or likely to result in any need to go to hospital. These patients can safely be given telephone advice by a paramedic, referred onto NHS 24 for further advice or referred onto another service, such as a GP. An example would be a person with flu like symptoms
See, treat and refer	Patients whose condition requires face-to-face assessment by a skilled paramedic but, in many cases, may be safely and effectively treated by that paramedic at scene without any need to go to hospital. Alternatively, these patients may be referred directly to more appropriate services. An example would be an elderly patient who has fallen but is uninjured who could be referred onto a specialist community team and their care could be managed at home
Anticipatory care	Patients living with one or more long-term conditions whose care can be managed proactively at home, where a package of care has been put in place to support patients to stay at home. Specialist Paramedics can help deliver this care package working alongside colleagues in health and social care. An example would be a patient living with chronic obstructive pulmonary disease whose acute exacerbation requires urgent care

Non-emergency (scheduled care)	Patients who require to be admitted or discharged from hospital, or transferred between hospitals for further treatment and patients attending hospital for a scheduled outpatient appointment. These patients require a degree of clinical or mobility support but are in a stable condition. An example would be a patient admitted for elective surgery or attending an outpatient appointment where ambulance transport was required

Wales

Category	Description
Red	Immediately life-threatening (someone is in imminent danger of death, such as a cardiac arrest)
Amber	Serious but not immediately life-threatening (patients who will often need treatment to be delivered on the scene, and may then need to be taken to hospital)
Green	Non-urgent (can often be managed by other health services) and clinical telephone assessment