Title: The Strikes (Minimum Service Levels: NHS Ambulance Service and the NHS Patient Transport Service) Regulations 2023. **IA No:** 9610 **RPC Reference No:** N/A **Lead department or agency:** Department of Health and Social Care. **Other departments or agencies:** Department for Business and Trade (DBT), Home Office (HO), Department for Transport (DfT), Cabinet Office (CO) and HM Treasury (HMT).	Impact Assessment (IA) **Date:** 6 November 2023 **Stage:** Final **Source of intervention:** Domestic **Type of measure:** Secondary Legislation **Contact for enquiries:** MSLconsultation@dhsc.gov.uk

Summary: Intervention and Options | **RPC Opinion: N/A**

Cost of Preferred (or more likely) Option (in 2019 prices)			
Total Net Present Social Value	**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?

Strike action in ambulance services could put the lives and health of the public at risk, given their essential role in responding to life threatening and emergency incidents. While voluntary agreements between employers and trade unions regarding staff being exempted from strike action or returning from the picket line to provide working cover for essential services in ambulance services can be agreed ahead of strikes (known as voluntary derogations), their use can be inconsistent and comes with significant uncertainty. If derogations are not agreed, or not honoured, this presents a real and significant risk to life and health. Government intervention to introduce minimum service levels (MSLs) in regulations is necessary to help mitigate the risk of negative impacts of strikes on the public while continuing to balance workers ability to strike.

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

Objective: The policy intention through introducing MSLs in ambulance services is to achieve certainty, clarity and consistency in the level of ambulance services provided to protect life and health. The policy aims to limit the negative impacts of strike action on the lives and health of the public. It seeks 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 will be achieved by setting minimum levels of service on strike days for NHS ambulance services, Non-Emergency Patient Transport Services (NPTS) and Inter-Facility Transfer Services (IFT) in England.

Intended effects: The intention is that MSL regulations will help enable a more consistent level of service and certainty in planning across the 10 England based NHS ambulance services and the Isle of Wight NHS Trust during strike action. Therefore, MSLs could minimise the circumstances where the level of ambulance services available is uncertain.

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:

Option 1: Enhance the existing system of agreeing voluntary derogations without legislative intervention.

Option 2: Implement MSLs via regulations for NHS ambulance services but encourage employers to seek to negotiate voluntary derogations in the first instance while holding MSLs in reserve.

2a. High level MSL (preferred option)

2b. Low level MSL: not answering and triaging all 999 calls on strike days and only requiring a response to life-threatening calls, which are answered.

Option 2a **may** provide a greater certainty in the provision of ambulance services on strike days and **may** reduce risks to life and health of service users and therefore has potential to provide positive health benefits to patients that outweigh the administrative costs, making the policy VFM. The government is committed to engaging in conciliation for national disputes in relation to ambulance services, where the relevant unions agree with would be helpful, to help offset the impact of the policy on employees and unions.

Will the policy be reviewed? No **If applicable, set review date:** N/A	
Is this measure likely to impact on international trade and investment?	No

Are any of these organisations in scope?	**Micro** Yes	**Small** Yes	**Medium** Yes	**Large** Yes
What is the CO2 equivalent change in greenhouse gas emissions? (Million tonnes CO2 equivalent)	**Traded:** N/A		**Non-traded:** N/A	

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  Date: 06.11.2023

Summary: Analysis & Evidence

Policy Option 1

Description: Enhance the existing system of agreeing voluntary derogations without legislative intervention.

FULL ECONOMIC ASSESSMENT

Price Base Year	**PV Base Year**	**Time Period Years**	**Net Benefit (Present Value (PV)) (£m)**		
2019	**2020**		**Low:** Optional	**High:** Optional	**Best Estimate:**

COSTS (£m)	**Total Transition**	**Average Annual**	**Total Cost**
Low	Optional	Optional	Optional
High	Optional	Optional	Optional
Best Estimate	Optional	Optional	Optional

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

Not quantified due to lack of robust evidence and uncertainty of frequency and use of MSLs

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

Ambulance Trusts

- Familiarisation costs (direct: new guidance on voluntary derogations practices)
- Administrative burden (direct:)

Unions

- Familiarisation costs (direct: new guidance on voluntary derogations practices)
- Administrative burden (direct:)

BENEFITS (£m)	**Total Transition**	**Average Annual**	**Total Benefit**
Low	Optional	Optional	Optional
High	Optional	Optional	Optional
Best Estimate	Optional	Optional	Optional

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

Not quantified due to lack of robust evidence and uncertainty of frequency and use of MSLs

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

- Greater clarity in the form of guidance on agreeing voluntary derogations could lead to improved planning in advance of strike dates and therefore improved standards of service (which reduces to risks to life and health of wider public).

Key assumptions/sensitivities/risks Discount rate (%)	

Option 1 would likely reduce risks to life and health on strike days more than Option 0. But even if best practices are agreed and issued in the form of guidance ultimately, agreement of voluntary derogations would still be between employers and trade unions which means that all the risks of non-compliance would likely persist.

Summary: Analysis & Evidence Policy Option 2a

Description: Aim to ensure that on strike days, the ambulance service answers and triages 999 calls and requests for patient transport under the NEPTS and IFT services as they would if the strike were not taking place. Aim to ensure that the ambulance service responds to all life-threatening calls or calls where there is no reasonable clinical alternative to clinical assistance being provided to the patient, as the ambulance service would respond if the strike was not taking place.

FULL ECONOMIC ASSESSMENT

Price Base Year 2019	**PV Base Year** 2020	**Time Period Years**	**Net Benefit (Present Value (PV)) (£m)**		
			Low: Optional	**High:** Optional	**Best Estimate:**

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

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

Not quantified due to lack of robust evidence and uncertainty of frequency and use of MSLs

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

10 England based NHS ambulance services and the Isle of Wight NHS Trust

- Familiarisation and Administrative costs (direct: understanding requirements of work notices and operational costs)

Unions

- Familiarisation and Administrative costs (direct costs becoming familiar with guidance on work notices and reasonable steps guidance, and administrative costs of processing, issuing, and encouraging compliance with work notices)
- Reduced bargaining power (direct: unions' negotiating power if fewer members)
- Lower income (indirect impact as a result of lower union membership)

NHS ambulance service employees (union and non-union members)

- Lost utility (direct: resulting from restricted ability to take strike action and determine future terms and conditions).

Government/NHS

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

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

Not quantified due to lack of robust evidence and uncertainty of frequency and use of MSLs

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 the 10 ambulance trusts in England plus the Isle of Wight'. This will reduce risks of uncertainty and risks to life and health for patients and the wider public.
- Employees would be expected to benefit from a commitment to engage in conciliation for national disputes in relation to ambulance services, where the relevant unions agree with would be helpful.
- There could be a potential benefit to the ambulance service and NHS budgets if strike action and bargaining power of unions is restricted through a minimum service level.

Key assumptions/sensitivities/risks	

- We have assumed option 2a provides for a similar level of ambulance service provision as option 1. We have also assumed that option 2 may reduce the uncertainty in the level of ambulance services available on strike days to protect life and health.
- Significant impacts are unmonetized due to lack of evidence base, these are discussed qualitatively e.g., loss of utility and offsetting benefits from conciliation.
- We assume that a commitment to engage in conciliation for national disputes in relation to ambulance services, where the relevant unions agree this would be helpful, will help offset any impacts on bargaining power (lost to utility to workers and unions).
- There may be risks around unions/employees choosing actions short of strike e.g., refusing to work overtime or provide goodwill which would affect the VFM policy.

Summary: Analysis & Evidence Policy Option 2b

Description: not answering and triaging all 999 calls on strike days and only requiring a response to life-threatening calls, which are answered.

FULL ECONOMIC ASSESSMENT

Price Base Year 2019	PV Base Year 2020	Time Period Years	Net Benefit (Present Value (PV)) (£m)		
			Low: Optional	**High:** Optional	**Best Estimate:**

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

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

Not quantified due to lack of robust evidence and uncertainty of frequency and use of MSLs

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

10 England based NHS ambulance services and the Isle of Wight NHS Trust

- Familiarisation and Administrative costs (direct: understanding requirements of work notices and operational costs)

Unions

- Familiarisation and Administrative costs (direct costs becoming familiar with guidance on work notices and reasonable steps guidance, and administrative costs of processing, issuing and encouraging compliance with work notices)
- Reduced bargaining power (direct: unions' negotiating power if fewer members)
- Lower income (indirect impact as a result of lower union membership)

NHS ambulance service employees (union and non-union members)

- Lost utility (direct: resulting from restricted ability to take strike action and determine future terms and conditions.

Government/NHS

- Costs of conciliation (direct compensatory measure to help offset loss of utility to workers and unions).

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

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

Not quantified due to lack of robust evidence and uncertainty of frequency and use of MSLs

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 the 10 ambulance trusts in England plus the Isle of Wight'. This will reduce risks of uncertainty and risks to life and health for patients and the wider public.
- Employees would be expected to benefit from a commitment to engage in conciliation for national disputes in relation to ambulance services, where the relevant unions agree with would be helpful.
- There could be a potential benefit to the ambulance service and NHS budgets if strike action and bargaining power of unions is restricted through a minimum service level.

Key assumptions/sensitivities/risks	
These are as discussed for option 2a but at a lower level.	

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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; or

    - providing advice over the telephone, often referred to as “Hear and Treat”.

2. Ambulance services also provide other services, such as transporting patients to and from or between hospitals known as Inter Facility Transfer (IFT), NHS 111, Non-Emergency Patient Transport Services (NEPTS), Health Care Professional (HCP) response and in addition Scotland provides Specialist Air and Land Transport Retrieval Services. The exact range of services provided can vary. Private and Independent organisations sometimes provide patient transport services or NHS 111 services when contracted to or commissioned by NHS bodies, and this varies by Trust.

3. Ambulance services in England work to the Ambulance Response Programme, a set of national standards, implemented in 2017. The standards are clinically led model that prioritises the sickest patients and drives efficiency and clinically evidenced responses. This means that patients who have life-threatening conditions will receive the fastest response. The programme also introduced lower acuity incidents into the national standards framework for the first time. Scotland and Wales have different national standards which makes direct comparisons not possible1 2..There is a total of over 54,200 employees in the ten NHS ambulance service trusts in England as of May 2023 and a further over 200 paramedics and support staff who work at Isle of Wight NHS Trust, providing the island’s ambulance services3. Given nature of shift based working patterns in the NHS, not all these staff will be working on a specific day.

Industrial Action

4. Workers in the UK may take part in industrial action when there is a trade dispute with their employer4. 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

[1] Our Clinical Response Model (scottishambulance.com)
[2] Services - Welsh Ambulance Services NHS Trust
[3] https://files.digital.nhs.uk/0E/FD7B61/NHS%20Workforce%20Statistics%2C%20May%202023%20England%20and%20Organisation.xlsx
[4] 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)

industrial action where workers take part in a concerted stoppage of work. Industrial action is designed to cause disruption. In the context of ambulance services, disruption can put lives and the health of patients at risk.

5. Strikes in the UK that included NHS ambulance service employees are rare events with only 3 instances of strike action including ambulance service employees being undertaken (see table below). There has been only 1 strike by ambulance workers only (1989-90) in the history of the NHS, and this occurred nearly 35 years ago with services across Britain affected. However, balancing this with the current industrial relations environment, means we cannot rule out a greater frequency of strikes over the next 10 years.

Table 1 Historic frequency of industrial action that includes NHS ambulance service employees, July 1948 – present

Year	**Strike**	**Details**
1979	"Winter of Discontent"	• Britain-wide • Wider NHS staff and public service employees of the main unions at this time. • Action included ambulance drivers refusing to attend any emergency 999 calls for 24 hours.
1989-90	"1989 Ambulance Dispute"	• Britain-wide • Ambulance only, not other health workers
2011	"UK Public Sector Pension Strikes"	• UNISON and other public services unions (including ambulance employees) • UK-wide
2022-23	Contemporary Industrial Action	• Strikes by the trade unions that represent the majority of ambulance workers: UNISON, GMB and Unite • Largely related to below inflation pay awards and other terms and conditions • UK-wide

2022-23 Ambulance industrial action by union summary

6. Mandates for industrial action vary across the different unions representing ambulance staff. Ambulance industrial action took place in the context of wider industrial action by Agenda for Change (AfC) staff with UNISON, GMB and Unite and other AfC. Different unions took part in industrial action on different dates. Therefore, the scale of the industrial action carried out by ambulance staff was not equivalent across each of the strike dates. Even on the most affected day, it is estimated that no more than a quarter of rostered staff will have been absent. However, this is an estimated[5] average across the service and the impact on specific rosters may have been greater than this.

Table 2 - Number of staff absent from work as a result of industrial action in 2022/2023[6]

Strike Date	**Trade Union/Staff Group**	**Number of Ambulance Trusts involved**	**Total number of Ambulance Trust employees absent from work because of Industrial Action[7]**
21/12/2022	UNISON, GMB and Unite	9 ambulance trusts	2,774
11/01/2023	GMB, UNISON	9 ambulance trusts	4,747
23/01/2023 to 24/01/2023	UNISON, GMB and Unite	7 ambulance trusts	3,455
06/02/2023 to 07/02/2023	GMB, Unite	8 ambulance trusts	1,723
10/02/2023	UNISON	5 ambulance trusts	2,134
13/02/2023,17/02/2023 and 20/02/2023	GMB, Unite	8 ambulance trusts	1,366
30/04/2023 to 03/05/2023	Unite	8 ambulance trusts	465
09/05/2023	Unite	2 ambulance trusts	39

Impact of strike action

7. There is limited evidence to understand the impact of ambulance strike action employers, staff, patients or the wider public. In recent NHS wider strike action, despite organisations working hard to mitigate the impacts of all strike action, to date

[5] Estimate based on a third of all employed ambulance staff rostered to work on any given day.

[6] Provisional data reported by Trusts, Data available at: NHS England » Potential industrial action in the NHS

[7] For context there are over 54,00 ambulance staff in NHS ambulance trusts (excluding Isle of Wight). See NHS Workforce Statistics - May 2023 (Including selected provisional statistics for June 2023) - NHS Digital

over 830,000 appointments have been rescheduled due to strike action in the NHS, as a whole, since December 2022, with around 58,000 in mental health and community appointments. To date, the total number of staff absent from work because of industrial action in the NHS since December 2022 is 518,479 (although strictly speaking absences are not an impact of strike action).[8]

8. There is data available from NHS England on ambulance demand and performance during industrial action by ambulance staff.[9] This shows there was a fall in the number of ambulance arrivals at A&E on strike days. This likely explains why there was a reduction in ambulance handover delays on strike days. In the week following strike action, there was no consistent rebound in the number of ambulance arrivals at A&E or handover delays. We believe that these changes were driven, at least in part, by public messaging from NHS England, encouraging people to call 999 only when needed and emphasising alternatives. This may have contributed to changes in public behaviour such as patients making their own way to A&E rather than calling for an ambulance.

Mitigating Industrial Action

9. 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 or that managers can ask workers on picket lines to return to work to undertake certain duties (for example to attend a patient in cardiac arrest). 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.

10. While, at a local level, some voluntary derogations have been agreed for previous strike action, this may not be the case for future action. Derogations rely on good will; they are not totally reliable. It is not guaranteed that in the future 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 or will refuse to return from the picket line as the consequences for not agreeing or following voluntary derogations are limited. Where voluntary derogations are not agreed or followed, this puts patients at increased risk of harm. In the event of a protracted dispute, with multiple days of action over several

[8] NHS England » Potential industrial action in the NHS The figures used here have been rounded to the nearest 1,000 and not all trusts reported data on strike days so the actual number may be higher

[9] https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2023/04/Ambulance-Collection-Web-File-Timeseries.xlsx

months, it is likely that agreeing voluntary derogations will become increasingly challenging.

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

- Directly employing new staff to cover specific areas, such as control rooms who receive and triage 999 calls (this can be done with or without using an employment agency – a business that sources workers for direct hires by an employer). Although this approach may in the short run be cheaper than agreeing to union demands, the high costs of this approach may make it unaffordable to many NHS employers especially over several strike mandates. The administrative burden on employers to find this short-term labour, however, represents a direct social cost and is potentially a binding constraint on arranging cover. Furthermore, on 13 July 2023, the High Court upheld the judicial review challenge to the regulations, introduced by the government, which removed the ban on the supply of agency workers to carry out the duties of a striking worker taking part in official strike action[10]. We have heard through the consultation and stakeholder engagement, however, that ambulance trusts did not rely heavily upon the use of agency workers to cover official strike action.

- 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 and comes with a similar administrative burden as employing new staff and presents an opportunity cost when such staff are deployed to cover strike action.

- Request the Ministry of Defence (MoD) for military personnel to provide non-clinical support, made through a Military Aid to Civilian Authority (MACA) request. During ambulance strikes in Winter 2022-23 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. Military personal cannot fully replace the role of trained NHS professionals, for example military drivers could drive under blue light sirens but not under emergency conditions (which requires specialised training and a licence)[11] and would therefore be required to follow the usual rules of the road. Furthermore, there are a limited number of clinically trained military staff, which is why military can assist with the provision of drivers, but not clinicians. There is also an opportunity cost to MACA requests which take military personnel away from their existing roles.

[10] High Court ruling on supply of agency workers during industrial action | NHS Employers
[11] Paramedic ambulance driving licences explained - National Driving Centre

- Public messaging encouraged the public to only call 999 in the event of an emergency. Public messaging may be effective at the outset of strike action, but the public tend to return to normal behaviour as strikes become common as was the case in NHS strikes in 2022-23 (see Impact of strike action section above).

- Considerable work was undertaken within hospitals including cancelling of elective procedures so that hand-over times at Accident and Emergency could be minimised. This approach does free up capacity on strike days, but re-scheduling electives hinders productivity improvements and leads to patients waiting longer – between December and July industrial action across the NHS has led to the cancellation of a minimum of just over 770,000 appointments and procedures which impacts the already significant waitlist and can be distressing to patients and the public[12]

[12] Data published here: NHS England » Potential industrial action in the NHS. The data has been aggregated for each strike to produce the total figure.

Rationale for intervention

12. 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 not party to the dispute and have minimal options to have their interests formally represented. There is uncertainty in the existing system of agreeing voluntary derogations leading to inefficiencies in the level of ambulance services required to protect life and health. The impact of strike action on these parties, therefore, represents a negative externality and there is a missing market for voluntary derogations.

Compliance with a voluntary derogation

13. The current system of agreeing voluntary derogations lacks certainty of service provision as there are no guarantees that agreements will be reached between employers and unions ahead of strike action. Furthermore, there is no guarantee that workers will comply with the agreements, if they are agreed at all, given the limited consequences for unions and workers of not agreeing derogations or not complying with these agreements.

14. Section 240 of the Trade Union and Labour Relations (Consolidation) Act 1992, makes it a criminal offence to wilfully and maliciously break a contract of service, in this case in relation to taking industrial action, while knowing or having reasonable cause to believe this will endanger life or cause serious bodily injury. As this is a criminal offence there is a high evidence bar to secure a conviction. The lack of a proper enforcement mechanism under the existing system of agreeing voluntary derogations may contribute to why voluntary derogations do not meet the policy objective of balancing the ability of unions and their members to strike with the need to protect the lives and health of the wider public.

15. Many of those who work within Ambulance services are regulated professionals, registered with a professional body which may have codes of conduct or standards of practice that would encourage workers to comply with derogation agreements. For example, the Health and Care Professionals Council (HCPC) Standards of conduct include "*you must not do anything, or allow someone else to do anything, which could put the health and safety of a service user, carer or colleague at unacceptable risk*". The HCPC guidance does state, however, "*In general, if staff are involved in planned, organised industrial action, such as through a trade union, it would be unlikely to give rise to concerns about their continued registration".* But this is dependent on them continuing to meet the behaviours set out in the HCPC standards of conduct, performance, ethics, standards of proficiency and that registrants remain within their scope of practice[13][14]. This means that, as long as staff abide by the

[13] Standards of conduct, performance and ethics | (hcpc-uk.org)
[14] Standards of proficiency | (hcpc-uk.org)

behaviours set out by their professional body, not abiding by a voluntary derogation is unlikely to pose an issue to their registration.

16. We have heard anecdotally that in nursing industrial action, staff whose areas had been derogated chose to take industrial action despite these agreements. Despite the Royal College of Nursing (RCN) doing everything possible to contact staff to ask them to return to duty the numbers returning was variable and impacted on service delivery and patient care. The risk to life and health increases if strike action is co-ordinated across different unions.

Problems with voluntary derogations

17. During 2022-23 on strike days in the ambulance service, a small portion of staff work as normal while staff on the picket line are activated to respond to 999 calls as per the previously agreed derogation arrangement. Discussions about whether to respond to specific cases are complex and require significant clinical input and effort in control rooms before striking staff are deployed. In some cases, managers, instead of clinicians, are making decisions about which calls require what response.

18. Voluntary derogations have sometimes been agreed 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. If different agreements are made in different NHS trusts, as has been common, 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.

19. 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. Anecdotally, we've heard that ambulance industrial action resulted in some practices for home births changing to manage demand on the ambulance service who could not guarantee attendance in an emergency. Separately, there were changes in practice to termination services with patients requiring time sensitive procedures being moved to alternative centres at very short notice.

20. We have gathered some anecdotal evidence of issues experienced on the operational side during the strikes. We heard feedback of confusion around what should happen on a strike day. For example, there was a case of ambulance staff being on the picket line and ready to respond to Category 1 calls, but no one was in the control room ready to dispatch ambulances and calls came in for around two hours until the mistake was rectified.

Minimum Service Levels

21. Some degree of uncertainty about the level of service is inherent in the ambulance service because the level of demand for services, including the occurrence of major incidents, will always be hard to predict. Our preferred option, option 2a, would

encourage employers to seek to negotiate voluntary derogations in the first instance while keeping MSLs in reserve as a safety net. By enabling employers to issue a work notice during strikes in ambulance services, we anticipate the wider negative effects on protecting life and health of the public can be better managed. This would reduce the inconsistency and uncertainty associated with the current, voluntary derogation system. The policy intention through introducing MSLs in ambulance services is to achieve certainty, clarity and consistency in the level of ambulance services provided to protect life and health.

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

Minimum service levels in event of strike action: ambulance services in England, Scotland and Wales. Government response to public consultation

23. The Minimum service levels in event of strike action: ambulance services in England, Scotland and Wales ran from 9 February to 9 May 2023.

24. Our consultation asked for views on whether people supported the proposed legislative change, and what the scope of the policy should be, such as which roles in the ambulance service should be included and which types of medical incidents should be responded to with a minimum level of service on strike days. It also asked whether the territorial scope of the regulations should be England only or also include Wales and Scotland, whether we should look at MSLs in wider health services and equality impacts.

25. We analysed a total of 150 responses to the online consultation and further detailed feedback received from employers, trades unions, charities, and other representative groups received in writing and as part of four interactive consultation workshops. Overall, the consultation showed that while most respondents (76%) disagreed with the principle of introducing legislative minimum levels of service in the ambulance service, many of them recognised there were issues and risks associated with the existing approach to agreeing derogations on a voluntary basis.

Policy Options

Description of options considered.

Option 0: ‘No change’ counterfactual: The existing system of agreeing voluntary derogations would continue without legislative intervention within ambulance services.

26. The ‘Do Nothing’ option would mean that the level of service on strike days continues to be dependent upon voluntary derogations agreed between unions and employers. This entails continued uncertainty in relation to service provision during strike action, with the potential to negatively impact the wider public and patients.

27. In recent strikes, in addition to agreeing derogations, employers have taken action to mitigate the impact of strikes including bringing in additional labour (with or without the use of an agency), use of military personnel through MACA, public messaging and working with other parts of the NHS to minimise hand-over delays.

28. However, not all employers have been able to fully make use of these options due to significant administration costs involved in hiring staff, finding a ready supply of labour available for direct hire at short notice for a short-term post, as well as ability to train staff ahead of strike action taking place. This highlights why a do-nothing option does not achieve the policy objective of achieving certainty, clarity and consistency in the level of ambulance services provided to protect life and health on strike days and is why, therefore, intervention is required.

Option 1: Enhance the existing system of agreeing voluntary derogations without legislative intervention.

29. Both employers and trade unions indicated as part of the consultation that it would be possible to strengthen the existing system of agreeing voluntary derogations in order to improve certainty, clarity and consistency in the level of ambulance services provided to protect life and health on strike days.

30. Employers indicated that this would likely avoid trade unions encouraging action short of strike over a longer time scale (such as work-to-rule and refusal of overtime), which they think is a likely response to legislation. Voluntary agreements would not engage Article 11 (Right to freedom of assembly and association) of the ECHR and would also minimise the chance of inflaming industrial relations with ambulance unions going into the autumn. We will seek to work with employers and trade unions to improve and strengthen the existing process for voluntary derogations, recognising that the lack of certainty caused issues during strike action that took place earlier this year.

31. Option 1 would likely protect the provision of life and health on strike days more than Option 0. But even if best practices are agreed and issued in the form of guidance ultimately, agreement of voluntary derogations would still be between employers and trade unions. This means that all the risks of non-compliance (as expanded upon

above in the rationale section) would likely persist. The advantage of Option 2 is the certainty, clarity and consistency in the level of ambulance services provided to protect life and health that introducing MSLs in ambulance services would achieve

Option 2: Implement MSLs via regulations for NHS ambulance services but encourage employers to seek to negotiate voluntary derogations in the first instance while holding MSLs in reserve.

32. Under Option 2, MSLs would serve as a safety net of last resort, and we would encourage employers to only utilise MSLs if negotiations to agree and implement voluntary derogations were unsuccessful.

33. Application of the MSL is at the discretion of the employer, there is no obligation to issue a work notice. Once a minimum service level is set out in regulations, if a trade union(s) gives notice to an employer of strike action under section 234A of the Act which relates to the services covered by the minimum service level, that relevant employer(s) can issue a notice (known as a work notice) to the union ahead of the strike(s) to specify the workforce reasonably necessary to meet the minimum service level for that strike period. The work notice must identify the workers required to work and specify the work that they are required to carry out during the strike to secure the minimum service level. Before issuing a work notice, the employer must consult the trade union which has given notice of strike action about the number of workers to be identified and the work to be specified in the work notice. The employer must have regard to any views expressed by the union in response to this consultation.

34. Where an employer decides to issue a work notice, this must be issued 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, or the employer may decide to issue one work notice to cover the entire strike period. 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.

35. Employers must not take into consideration a worker's trade union membership or related activities when creating the work notice. This includes:

    - whether a worker is or is not a member of a trade union or a particular trade union, including a particular branch or section of a trade union.

    - whether a worker has or has not taken part in activities of a trade union. This would include strike action.

    - whether a worker has or has not made use of trade union services.

- whether a union has or has not raised a matter with the employer on behalf of a worker.

- whether a worker has or has not consented to a union raising a matter with the employer on their behalf.

36. The union that calls strike action would have to take reasonable steps to ensure that its union members named on the work notice complied with the notice in order for the union to maintain protection from certain liabilities in tort. Employers should provide a written notification to the workers to state they are identified in the work notice and notify them of the work they are required to do.

37. If an employee has been identified in a work notice and they have been notified by their employer of this (including that they are required to comply and of the work they are required to do) and the employee does not attend work because they are participating in strike action contrary to the work notice, then they would lose their automatic protection from unfair dismissal for participating in industrial action. The Department for Business and Trade (DBT) are developing a statutory Code of Practice using existing powers under Section 203 of the Trade Union and Labour Relations (Consolidation) Act 1992 to clarify the reasonable steps trade unions are required to take in respect of minimum service levels. DBT's consultation for this Code of Practice is now open[15].

38. There are already several measures in place that provide trade unions with the opportunity to represent the voice of ambulance service employees to their employers and to the UK government which has responsibility for NHS services in England. These include:

    - the NHS Pay Review Body, which covers Agenda for Change staff including ambulance workers, and invites evidence from trade unions when producing their reports and recommendations on pay and uplifts;

    - the NHS Staff Council, which provides a partnership forum for both employers and trade union representatives and has overall responsibility for the Agenda for Change pay system, the terms and conditions of which cover ambulance workers in NHS organisations; and,

    - the National Social Partnership Forum (NSPF), which is attended by NHS Employers, NHS England, Trade Unions and the Department of Health and Social Care. The forum discusses policy impacting on the NHS workforce which is not covered by the staff council.

39. The MSL could have a significant impact on the ability of employees to participate in strike action. The government intends to put in place further measures to redress the

[15] Minimum service levels: Code of Practice on reasonable steps - GOV.UK (www.gov.uk)

restriction on an individual's ability to strike. The government is, therefore, committing to engage in conciliation for national disputes, where the relevant unions agree it would be helpful; it would be for NHS employers to consider if they will do the same for local disputes. This is a significant commitment but is appropriate given the need to balance the right of the public to life and health and the ability of workers to strike.

40. The following options for the level an MSL may be set at are being considered.

2a. High level MSL (preferred option): Aim to ensure that on strike days, the ambulance service answers and triages 999 calls and requests for patient transport under the NEPTS and IFT services as they would if the strike were not taking place. Aim to ensure that the ambulance service responds to all life-threatening calls or calls where there is no reasonable clinical alternative to clinical assistance being provided to the patient, as the ambulance service would respond if the strike was not taking place.

Aim to ensure an appropriate response to all life-threatening and emergency incidents, and some urgent incidents (Category 1, 2 and some of 3 see Annex A) where there is no alternative to dispatching an ambulance (by exception). In practice this would mean that, where a work notice is issued, most rostered staff would be required to work on a strike day, and in many parts of the service this would be as high as 100%.

2b. Low level MSL: not answering and triaging all 999 calls on strike days and only requiring a response to life-threatening calls, which are answered.

Choosing to set the MSL at a lower level, e.g., not answering and triaging 999 calls as they would be on a non-strike day and only requiring a response to life-threatening (Category 1) calls which are answered. Not covering emergency calls (Category 2) could include risks to patient safety as serious time-sensitive incidents such as strokes and heart attacks would not be responded to. This would likely be well below what ambulance unions have agreed voluntarily for recent action outlined in Option 0. This would provide for some level of cover in the event voluntary derogations could not be agreed or where not be complied with. It would mean less staff would be required to work on a strike day.

Rationale for Preferred option, 2a

41. Our preferred option for the level of Ambulance regulations is Option 2a High level MSL. As outlined under above under Option 2 this policy, in the first instance, encourages employers to agree voluntary derogations and then engage an MSL as a safety net in case those negotiations fail. In the case that an MSL is held in reserve and then utilised by employers through a work notice, our preference for the level of the MSL, if it is utilised, is Option 2a.

42. We have consulted on the introduction of MSLs for ambulance services during strike action[16]. The Government proposed introducing these because of the uncertainty and inconsistency of cover associated with the reliance on locally agreed voluntary derogations.

43. Our starting assumptions (which formed the basis of consultation and initial policy development) were that:

- regulatory MSLs would be set at least broadly at the same level as achieved through voluntary derogations during strikes last winter.
- setting MSLs in ambulance services is primarily about providing certainty of the provision of life and health and eliminating the confusion about which parts of the service would be provided on strike days, which happened in a small number of instances last winter.
- increasing the ability of employers to make timely and appropriate mitigations and plans because negotiations for voluntary derogations often go down to the wire leaving little time for contingency planning.

44. Whilst the majority (60%) of online responders to the consultation disagreed with the suggested ways of formulating the MSLs in secondary legislation, the option that received the most support (23%) was to require ambulance trusts to respond to 'all life-threatening and emergency calls. The need to include some urgent (Category 3) calls was raised in consultation engagement with key stakeholders, as some of these calls can be complex. An example provided by stakeholders was a patient with a broken femur, which requires specialist care, which could not reasonably be provided through other means, before the patient can be moved from the floor. There would be no safe alternative to an ambulance response without potentially causing further damage to the patient, and they could be waiting on the ground until the next day in significant pain if this sort of Category 3 case were not covered by the MSL.

45. Our assessment from stakeholder engagement and responses to the consultation is that we should ensure that 999 calls, including healthcare professional (HCP) calls, are responded to, and triaged, on a strike day as they would be on a non-strike day, as the nature of a call cannot be known until a call is answered. Furthermore, the appropriate option to set MSLs would be to require ambulance trusts to respond to all life-threatening and emergency incidents (which would cover all calls classified as category 1 and 2 incidents in England) as well as some urgent calls (known as category 3 calls in England) where there is no reasonable clinical alternative to

[16] Minimum service levels in event of strike action: ambulance services - GOV.UK (www.gov.uk)

dispatching an ambulance[17]. The definition of categories and counterparts in the Devolved Governments are set out in **Annex A**.

46. Ambulance services would also be expected to provide some Non-Emergency Patient Transport Services (NEPTS) and some Inter-Facility Transfer Services (IFT). IFT requests received on the day of strike should be triaged as they would be if the strike were not taking place and a response should then be organised and provided to each of those requests that is life-threatening or time critical. Similarly, NEPTS requests for transportation should be triaged as they would be if the strike was not taking place, and NEPTS transportation provided as planned for all renal dialysis patients, all oncology and related cancer care patients, all palliative care patients, and any other high dependency patients, as it would if a strike were not taking place.

47. We do not intend to specify specific percentages of staffing or resourcing that may be required to achieve the MSL due to local variations in staffing requirements.

48. It is not possible to know in advance what demand in the ambulance service will be on any one day. There are many variables e.g., seasonal weather changes, major incidents, which can influence how busy the service is, even with forecasting based on previous experience. We think in practice that setting MSLs at a high level will mean that most rostered staff would be required to work on a strike day, and in many parts of the service this could be as high as 100%. This is because Category 1 and Category 2 calls typically make up 80% of all calls and because ambulance staff are more likely to complete overtime (including compulsory overtime when shifts overrun) than other staff groups, with around 55% of qualified ambulance staff completing overtime each year.

49. Action short of strike (ASOS) occurs when employees continue to work but withdraw some of their labour, this may include refusing to work overtime. Staff in the ambulance service complete voluntary overtime when they work additional shifts on days where they aren't initially rostered to work. We assume that staff who wanted to strike but were named in a work notice would refuse to complete voluntary overtime. 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. Employers and unions have indicated to us through the consultation and workshops that ASOS is very hard to plan for and manage.

50. DHSC's proposal intends to deliver the desired outcomes and meet the policy objective of protecting life and health of the public by reducing the inconsistency and uncertainty associated with the current voluntary derogations process. This will

[17] Note that ambulance services in England do not physically respond to **all** such incidents. Subject to appropriate clinical review, including through the Category 2 segmentation process, some patients may have their call safely resolved through advice over the phone, or through referral to other more appropriate services.

ensure the public can continue to access ambulance services and mitigate potential impacts on the lives and health of the public.

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

51. The Strikes (Minimum Service Levels) 2023 Act establishes a broad framework for the introduction of statutory MSLs in the event of strikes and their operation. The intended impacts through introducing MSLs in ambulance services is achieving certainty, clarity and consistency in the level of ambulance services provided to protect life and health during strike action. These benefits are inherently difficult to value and monetise and so remain unquantified and discussed qualitatively. Costs are estimated using assumptions tested with stakeholders, but there remains uncertainty regarding frequency and intensity of any future strike action; the code of practice for reasonable steps is also yet to be finalised so the assessment in this IA is at a high level. We have therefore shown impacts of strike action within a strike mandate period i.e., cost per work notice issued to provide estimates of scale of expected impact.

Scope of policy

52. This proposal is limited to introduction of MSL regulations for NHS ambulance services only. The intention is that MSL regulations will enable a more consistent level of service and certainty in planning across the 10 England based NHS ambulance services and the Isle of Wight NHS Trust during strike action. Ambulance services would also be expected to provide some emergency Patient Transport Services (PTS), Health Care Professional (HCP) response and some Inter-Facility Transfer Services (IFT). The Government is considering whether it needs to consult separately on proposals for MSL regulations in non-elective hospital-based services.

53. As set out under Option 2a 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. We would not expect that calls classed as non-urgent and calls classed as urgent, where there is a safe alternative to an ambulance response, would receive a response on a strike day. We would also not expect that patient transport would be provided for patients where it is not clinically necessary for them to receive health services on the day of the strike.

54. 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

55. The main unions who would be impacted by MSLs for ambulance services are GMB, UNISON, 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 e.g., there are around 700 nurses and 25 doctors in ambulance trusts in England[18].

56. A total of 5 unions responded to our public ambulance consultation: BMA, GMB, RCN, UNISON, and Unite, and separately the TUC. For the purposes of assessing costs, we have assumed impacts on the 3 main ambulance unions GMB, UNISON and Unite.

Trade Union members impacted by MSLs

57. Ambulance service employees can become members of wider unions. There is no single union for ambulance staff only and it is not clear how many ambulance staff are union members. Furthermore, not all unionised ambulance service employees will choose to strike, in the event of a strike mandate.

58. UNISON has more than 1.3mn[19] members in total, employed across a variety of services, including NHS. Unite has around 1.4mn members of which around 100,000 are in the NHS[20], including an ambulance membership of around 2,700- 3,000[21]. GMB has over 500,000 members across the economy.[22]

Employers i.e., NHS Ambulance Service Providers impacted by MSLs

59. These Ambulance MSL regulations will apply to England only. There are 11 NHS Ambulance trust (employers) in England (including Isle of Wight NHS Trust). 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).

60. These MSL regulations will extend to England, Wales and Scotland but the policy will only apply to ambulance services in England. For the purposes of these Regulations, there are 10 ambulance services providers in England and the Isle of Wight National Health Service Trust:

- London Ambulance Service National Health Service Trust.
- East of England Ambulance Service National Health Service Trust.
- East Midlands Ambulance Service National Health Service Trust.

[18] NHS Workforce Statistics - March 2023 (Including selected provisional statistics for April 2023) - NHS Digital
[19] About | UNISON National
[20] As quoted in news articles e.g. Unite set to announce further ambulance strikes (unitetheunion.org), Best Union for NHS Health Sector - Unite The Union.
[21] 2,700-3,000 figure for ambulance members quoted in press e.g. Ambulance workers in England begin strike ballot as new PM warned over NHS pay (unitetheunion.org), NHS ambulance workers across England in strike ballot over pay (unitetheunion.org)
[22] Why Join GMB? | GMB Union

- Northwest Ambulance Service National Health Service Trust.
- Yorkshire Ambulance Service National Health Service Trust.
- North East Ambulance Service NHS Foundation Trust.
- South East Coast Ambulance Service NHS Foundation Trust.
- South Central Ambulance Service NHS Foundation Trust.
- South Western Ambulance Service NHS Foundation Trust,
- West Midlands Ambulance Services NHS Foundation Trust.
- Isle of Wight National Health Service Trust.

61. Some emergency Patient Transport Services (PTS), Health Care Professional (HCP) response and some Inter-Facility Transfer Services (IFT) provided by these service providers is also in scope.

62. In relation to health care professional (HCP) response requests i.e., requests made by HCPs for assistance with a patient in the community or transfer to a hospital or health facility, the proposed level of service is that HCP response requests received on a strike day are triaged as they would be if a strike was not taking place. The response is then organised and provided to each of those requests which is triaged as, or escalated to, requiring life-saving intervention or for which there is no reasonable clinical alternative to an ambulance response, as it would be if the strike were not taking place on that day.

63. In relation to Inter-Facility Transfer Services (IFT) requests i.e., requests made by clinical staff at a hospital or other health facility because of an increase in a patient's medical or nursing care for clinical assistance or the transfer of a patient, the proposed MSL is that IFT service requests received on the day of strike should be triaged as they would be if the strike were not taking place. A response should then be organised and provided to each of those requests which is triaged as, or escalated to, requiring either life-saving intervention, or an emergency increase in the level of clinical care given to a patient, as it would be if the strike were not taking place on that day.

64. In relation to the Non-Emergency Patient Transport Service (NEPTS), the MSL is that on strike days, requests for transportation are triaged as they would be if the strike was not taking place, and transportation is provided by the NEPTS, as it would if a strike were not taking place that day, to requests made by persons who have cancer, require renal dialysis, receive palliative care or are otherwise a high dependency patient and where it is clinically necessary for them to receive cancer treatment, kidney dialysis, palliative care or any other health services on the strike day.

Ambulance service employees impacted by MSLs

65. Under option 2a. if employers are issuing a work notice, then they will need to determine the workers required to deliver the minimum service on any given strike day. For the purposes of the analysis we have assumed that the staff groups likely to be impacted by MSL regulations in ambulance services may include: call handlers, call dispatchers and supervisors, clinicians in control rooms, maintenance and mechanical staff, 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, Hazardous Area Response Teams, Special Operations Response Teams.

66. There is a total of over 54,200 employees in the ten NHS ambulance service trusts in England as of May 2023. This number includes 19,091 paramedics, 894 other professionally qualified staff, 27,350 support staff and 6,991 infrastructure support staff. There are a further over 200 paramedics and support staff who work at Isle of Wight NHS trust, providing the island's ambulance services[23].

67. Not all employees will be impacted on a particular strike day, but it is likely they will be impacted by the regulations is some way. We expect the actual numbers subject to a work notice would vary from strike day to strike day depending on operational need and the level at which MSLs are set will be in relation to the services that would be provided on non-strike day. Further the nature of work rotas/shifts means not all employees will be rostered to work on any strike day.

Wider public

68. We define 'wider public' as those who are not involved directly involved but may be affected by ambulance services strike action.

[23] NHS Workforce Statistics, published by NHS England for May 2023.
NHS Workforce Statistics - May 2023 (Including selected provisional statistics for June 2023) - NHS Digital

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

69. This section describes the potential costs and benefits that may arise because of the proposal in comparison to the counterfactual option. The impacts identified are largely dependent on the occurrence, frequency and scale of strike action e.g., they could be regional or national and involve single or multiple unions. There is also no statutory duty on employers to issue work notices, this means the assessing the impacts of the policy over standard 10-year appraisals period is difficult, so instead we have considered impacts, where quantified as costs 'per strike shift'.

Table 3 – Policy options assumptions

Option	**Assumption**
Option 0: 'No change' counterfactual: The existing system of agreeing voluntary derogations would continue without legislative intervention within ambulance services.	This is the do-nothing, continuing with status quo option, and so no impacts have been quantified. For option 0**,** no legislation is undertaken and so there is no impact of the proposals. This is the baseline against which options 1 and 2 are assessed.
Option 1: Enhance the existing system of agreeing voluntary derogations without legislative intervention.	As with option 0, this is a non-legislative option.
Option 2: Implement MSLs via regulations for NHS ambulance services but encourage employers to seek to negotiate voluntary derogations in the first instance while holding MSLs in reserve. **2a. High level MSL (preferred option):** Aim to ensure that on strike days, the ambulance service answers and triages 999 calls and requests for patient transport under the NEPTS and IFT services as they would if the strike were not taking place. Aim to ensure that the ambulance service responds to all life-threatening calls or calls where there is no reasonable clinical alternative to clinical assistance being provided to the patient, as the ambulance	During the Minimum service levels in event of strike action: ambulance services consultation[24] we gathered views and evidence on how Option 2 could be defined by ambulance service providers, however for the purposes of this analysis we have assumed the impacts relative to option 0 will be similar.

[24] Minimum service levels in event of strike action: ambulance services - GOV.UK (www.gov.uk)

service would respond if the strike was not taking place. **2b. Low level MSL:** not answering and triaging all 999 calls on strike days and only requiring a response to life-threatening calls, which are answered.	

Non-Monetised costs

70. It is expected that key organisations and employers would be required to familiarise themselves with the legislation and any relevant guidance produced to support the policy and incur on going, administrative costs in complying with work notices and reasonable steps. In this final IA, we update estimates from the consultation IA to reflect additional impact of regarding work notices and reasonable steps. These estimates are high level top-down estimates, as final guidance on these reasonable steps has not been agreed.

71. The Department for Business and Trade (DBT) are developing a statutory Code of Practice on the reasonable steps unions must take to ensure that all their members identified within a work notice comply with that notice using existing powers under Section 203 of the Trade Union and Labour Relations (Consolidation) Act 1992. DBT's consultation on this Code of Practice is now open[25].

72. We cover familiarisation and administrative monetised costs to trade unions and NHS ambulance service employers in turn below. However, these only represent a small proportion of total expected impacts from this policy and are largely provided to ensure consistency with other MSLs IAs. Other more material impacts around loss of right to strike, loss of union bargaining power, loss of voluntary goodwill of employees, and increased action short of strike are not monetised but discussed qualitatively.

Familiarisation costs *(one off set up costs)*

Trade Unions – *Familiarisation costs*

73. It is expected that trade unions would have to familiarise themselves with the legislation and any relevant guidance produced to support the policy. In MSL Consultation IA26 we assumed that senior officials would take between half a day (4 hours) and two days (16 hours) with a best estimate of one day (of 8 hours), to familiarise themselves with the proposed policy. This is based on the trade union

[25] Minimum service levels: Code of Practice on reasonable steps - GOV.UK (www.gov.uk)

[26] Strikes (minimum service levels) consultation: ambulance services in England, Scotland and Wales - impact assessment (publishing.service.gov.uk)

familiarisation estimates provided in the Department for Business and Trade MSL Bill IA (previously BEIS) [27].

74. To reflect additional costs due to familiarisation with work notices and reasonable steps including changes to Rule Books[28] and privacy notices we have doubled the assumption and have adjusted the estimate to reflect for the fact that regional union officials will have familiarisation costs also.

75. Estimates from the Annual Survey of Hours and Earnings (ASHE)[29] suggest that the median hourly wage of a General Secretary or a senior union official is £30.83[30]. These values are then uplifted by 17.9% to cover the non-wage labour costs. Given that, the hourly labour cost of union officials is £36.35[31]. It is assumed that local level union and national level officials will need to become familiar with the legislation. We assume 2 national officials and 2 regional officials (per Ambulance service employer) will be required per union. The familiarisation cost is estimated to be between £20,000 and £84,000 with a central estimate of £**42,000**[32]

Legal Advice to Unions Familiarisation costs

76. We also expect that unions would seek legal advice on the regulations as part of the familiarisation process. Using the assumptions set out in the Impact Assessment for the Strikes (Minimum Service Levels) Bill by DBT, this gives a cost of £7,500, we assume that this would double given additional requirements for unions to understand their legal responsibility with regards to complying with work notice and so take 16 hours with an estimated cost of £**15,000**.

The total familiarisation cost to unions including legal costs is estimated at around £57,000.

NHS Ambulance Service Employers *Familiarisation costs*

77. Option 2a (preferred option) enables 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.

78. With the additional requirements of work notices, we have doubled the consultation IA assumptions and assumed an additional day will be required by everyone involved in issuing work notices. 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 in each of the 11 ambulance service employers to familiarise

[27] https://www.gov.uk/government/publications/strikes-minimum-services-levels-bill-2023
[28] Union rule books set out how unions are governed and outline the rights and responsibilities of members.
[29] ASHE (2022) Table 14.6a Hourly pay - Excluding overtime (£) - For all employee jobs: United Kingdom, 2022
[30] We use the median wage of Functional manager and directors N.E.C. as a proxy for a General Secretary or union senior official wage (SOC 1139).
[31] ASHE (2022) Table 14.6a Hourly pay - Excluding overtime (£) - For all employee jobs: United Kingdom, 2022
[32] Calculated as £36.35*16 hours *24 officials *3 unions

themselves with the legislation. We assume it would take 16 hours of chief executive and board level time,16 hours of senior HR managers, 48 hours of operational managers and 16 hours of legal professionals' time.

79. The average hourly wage rates, excluding overtime but adjusted for estimated related labour costs are set out in **Table 4** below.

Table 4: Hourly median wages and labour costs for employer management team occupations

Occupation	Average hourly labour costs (includes employers' on- costs)	Basis of hourly rate estimate
Chief executives and board level	£100.83[33]	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

80. Across the 11 ambulance service organisations in England, this amounts to total familiarisation costs of **£47,000.**

Administrative costs

81. In addition to the familiarisation costs, it is expected that there will be on-going administrative costs to unions and employers on strike days if MSLs are used with regards to reasonable steps and work notices. Overall, we expect the administrative costs of MSLs to be greater than any costs associated with agreeing derogations.

Trade Unions – *Administrative costs (reasonable steps)*

82. Government is committing to a statutory code of practice on reasonable steps unions must take to ensure that all their members identified within a work notice comply with that notice. The draft Code is being publicly consulted on and therefore is subject to change[34]. Because of this uncertainty of what the final guidance (the Code of Practice) will require in terms of these steps, we adopt a high-level approach to estimating costs of reasonable steps. We consider there to be three general additional administrative costs to unions associated with reasonable steps:

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

[34] Minimum service levels: Code of Practice on reasonable steps - GOV.UK (www.gov.uk)

- Processing and issuing a communication (referred to as compliance notice) to individual members of the union identified on a work notice Communications to all members of the unions which the union believes it has induced or may induce to take strike action. This notice outlines, for the benefit of all members who receive it, that a work notice has been given to the union, and that some members are required to work.

- picket supervisors to have a role in not encouraging members identified in the work notice to strike. Picket supervisors will be instructed by the union to take reasonable endeavours to ensure that union members who are identified in the work notice, and who identify themselves at the picket of this, will not be encouraged by those on the picket to take strike action.

83. Processing and communication a compliance work notice to individual members of the union and the information notice to all members

84. Once the work notice has been issued by the employer to the relevant unions, it is expected that the unions will need to communicate the effects of the notice to their members, including those members identified in the work notice. This may involve notifying members that they have been identified in a work notice and will be required to work on a strike day.

85. It is assumed that this notification would be sent electronically due to time constraints ahead of strike action and for ease of record keeping. We would expect unions to already have the necessary contact information to hand and the operational capability to deliver such notification, for example, via email. We assume for our analysis that all unions would deliver this notification electronically, given that:

    a. when signing up to become a union member, there is a requirement to provide an email address and other contact details e.g., phone number, home address.

    b. unions already use electronic means to communicate with members.

    c. section 24(1) of the Trade Union and Labour Relations (Consolidation) Act 1992 is a statutory duty that requires a union to maintain the names and addresses of its members.

86. We assume that it would take a day for a union official to process the work notice and information notice and then notify the relevant members and that this will be done at a regional level i.e., for each individual ambulance service provider. Estimates from the Annual Survey of Hours and Earnings (ASHE)[35] suggest that the median hourly wage for 'Officers of non-governmental organisations' is £13.43. We then uplift this value by 17.9%[36] to £15.83 to account for non-wage labour costs.

[35] ASHE (2022) Table 14.6a Hourly pay - Excluding overtime (£) - For all employee jobs: United Kingdom, 2022
[36] Estimated from latest ONS Index of Labour Costs per Hour publication

Table 5: Costs to Unions of processing work notices

Role	Number of Officials[37]	Median Hour Pay (Uplifted)	Time Taken (Hours)	Number of Unions	Total (nearest 000)
Officers of non-governmental organisation	11	£15.83	8	3	**£4**

Encouraging compliance with a work notice

87. There will be steps for unions to take to encourage compliance from workers with a work notice. Because the duty to take reasonable steps to ensure all members of the union who are identified in the work notice comply with the notice will likely extend to the picket, we expect there will be additional costs for unions and picket supervisors to help understand their role and the means in which they can help to encourage compliance from workers. We expect that any additional requirements will not substantially add to a picket supervisor's existing role, and some may be covered in familiarisation costs discussed above. We have not been able to ascertain from stakeholder engagement or existing available evidence who typically acts as a picket supervisor. Therefore, we reflect the potential cost as the median hourly wage of all professional occupations, given the occupational profession of a picket supervisor could vary significantly.

88. We assume it would take one hour in total for a picket supervisor to familiarise themselves with the additional requirements for their role. This is based on the picket supervisor reading and understanding the new requirements individually before potentially discussing their role further with the union official(s) for any clarification. Estimates from the Annual Survey of Hours and Earnings (ASHE)[38] suggest that the median hourly wage for 'Professional occupations' is £22.19. We then uplift this value by 17.9% to £26.16 to account for non-wage labour costs.

89. In addition, we assume this cost would decrease over time, as wherever new strike action occurs, it is likely that more picket supervisors would become accustomed to the additional requirements for their role, hence potentially reducing the number of individuals (acting as picket supervisors) that would need to familiarise themselves.

Table 6: Costs to Unions of encouraging compliance

Role	Number of Officials	Median Hour Pay (Uplifted)	Time Taken (Hours)	Number of Unions	Total (nearest 000)
Picket supervisor	11	£26.16	1	3	**£1**

[37] Assumes 1 per ambulance service provider
[38] ASHE (2022) Table 14.6a Hourly pay - Excluding overtime (£) - For all employee jobs: United Kingdom, 2022

90. Where a valid work notice is given to the trade union(s), the union(s) have a duty to take reasonable steps to ensure that all members of the union who are identified on the work notice comply with the notice. Failing to take reasonable steps would lead to the union losing their protection from liability in tort.

91. This could result in employers seeking court action to request an injunction be brought against the strike to stop it from taking place or to seek damages.

92. Based on illustrative assumptions the administrative costs for unions are in the region of **£5,000** per strike shift. If the assumptions of time taken are doubled so it would take 2 days to process work notices and 2 hours to ensure compliance, then costs would also double to £10,000.

NHS Ambulance Service Employers Administrative costs regarding work notices

93. It is for the ambulance service providers to decide which of its workers are identified in the notice to provide the minimum level of service, but this can include any type of worker who is reasonably necessary (which, for example, could include full time and part time staff and on-call staff) where the employer is contractually permitted to require the staff to carry out the relevant work. There is also no statutory duty to issue a work notice, and it is employers will be encouraged to engage with unions to agree voluntary derogations before issuing of work notices.

94. The costs associated with issuing of work notices will depend upon how this approach compares with the counterfactual voluntary derogations option. Engagement with stakeholders suggested the issuing of work notices would be challenging and time-consuming as this process will involve consulting with a number of unions about the number of workers to be identified and the work to be specified before issuing a work notice, communicating with workers, who may disagree with being named or query whether they are / are not named, updating rosters which may not align with strike action, and/or updating privacy notices.

95. Further it is possible that strike mandates will extend over months and within a mandate, strikes can be called for single or multiple days. It is further likely that each strike day could require several work notices to be issued (separate ones for each shift) and therefore different individuals would be named on different work notices for a period of strike action.

96. We assume that the higher the MSL level, then the less challenging it is likely to be to issue work notices because the level of service will be similar to a non-strike day. In the absence of clear stakeholder intelligence of the time and resources required, an

illustrative estimate of administrative costs could be in the £**300,000 per strike day.** [39]

Enforcement costs – consequences of non-compliance

97. A work notice is valid if it is given in accordance with section 234C of the Act. The union is then under an obligation to take reasonable steps to ensure that all of its members who are named on a valid work notice comply with the notice.

98. If the work notice is validly given by the employer to the union, unions who do not take reasonable steps to ensure that their own members who are identified on the work notice comply with the work notice will lose their protection under the Act from damages claims by the employer or could be subject to an injunction to prevent the strike from taking place (as a result of liability in tort). This is ultimately a matter to be determined by the courts. Furthermore, employers may incur costs related to dealing with any disciplinary matters in the event of non-compliance by staff of work notices.

99. The costs that could be incurred by the businesses will be specific to their disciplinary processes so cannot be quantified however these costs could include administrative and legal costs for processing these cases and going through any employment tribunal proceedings. We can assume that most workers will comply with a notice, given that failure to do so may incur disciplinary action.

100. Employees who are specified on the work notice but take part in the strike contrary to that work notice will lose their automatic protection from unfair dismissal for industrial action, provided they were notified by the employer in writing of the requirement for them to work, of the work they were required to do on the strike day, and that they were required to comply with the work notice.

Unions – impacts on bargaining power

101. The health and care sector are heavily unionised compared with other sectors, with around 38% union members compared with UK average of 22.3% in 2022[40]. Impacts of MSLs on the bargaining power of unions and workers is difficult to determine. However, if the proposed policy were to change the balance between unions and employers, this may reduce the value that workers derive from being part of a union. The introduction of minimum service levels could adversely affect trade unions' negotiating power. This is likely to have impacts on union membership as it could make it less attractive to be represented by a union.

102. The Government has committed to non-binding conciliation for national disputes involving ambulance services, where the relevant unions agree this would be helpful.

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[39] Illustrative calculation assuming 4 Operations managers (8 hours each) and 40 team leaders (16 hours each) per 1,000 staff plus 11 Chief Executives (2 hours) involved in issuing work notices. Using wage rates set out in Table 4 and assuming approximately a third of employed staff are working over a 24hr period.

[40] Trade union statistics 2022 - GOV.UK (www.gov.uk)

It would be for NHS employers to consider if they will do the same for local disputes, although the government would strongly encourage them to do so. These will help balance any negative impact on bargaining power of the policy.

Workers – ambulance and wider workforce

103. There are several benefits to workers from 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 and thus service quality. If introducing MSLs changes the balance between unions and employers, this could lead to potential reductions in future pay or working conditions for ambulance staff. What is also not clear is how an equivalent voluntary derogation option, (the status quo) also impacts on the balance between unions and employers, leading to an impact on pay and conditions.

104. On the other hand, MSLs could mean fewer instances of pay being withdrawn on the basis of striking.

105. For ambulance service employees, we think the overall impact on bargaining power although uncertain is likely to be minimal given the levels of service provided under status quo and MSLs are similar and set at a high level i.e., similar to a non-strike day with the exception of overtime which we have assumed would be refused by employees on strike days. Employees named on a work notice are likely to be those who would also be expected to work in the status quo (Option 0) and so would receive a wage under both Option 0 and Option 2. So, the potential for any reduced benefits from union membership in a MSL options are limited.

Benefits

106. 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.

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

- A work notice would name individuals and specify the work they need to undertake leading to greater level of **certainty**, **clarity** and **consistency** in the level of ambulance services provided to protect life and health. 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. As work notices must 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.

- Where employers issue a work notice, there will be a 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. 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.

- The work notices would also make the arrangements **clear** for individual workers, employers and unions. The detail required in a work notice would create clarity, ensuring everyone involved understands what work needs to be carried out, and by who, in order to deliver the minimum level of service set out in the regulations.

Summary of impacts

108. This Impact Assessment is a narrative assessment of potential impacts. From a health perspective the first order effects of the policy can be considered broadly positive: these regulations may allow service continuity in the provision of ambulance services on strike days. There are of course wider considerations: in a health context, and wider economic context, the longer-term impacts of the policy (both positive and negative) on employee relations are more difficult to assess and in some cases are more subjective.

Table 7: Costs and benefits of the impacts associated with MSLs for certain groups

Group	**Costs**	**Benefits**
NHS ambulance Trusts (employers)	**Non-monetised:** familiarisation costs (work notices) admin costs (work notices)	**Non-monetised:** Greater certainty, greater consistency between services, potential for higher level of service in some areas
Businesses – out of scope	n/a (unions only impacted – see below)	n/a (unions only impacted – see below)
Service users	n/a	**Non-monetised:** Certainty, consistency, assurance of levels of service delivery. Reduced negative impact of strikes on health of individuals, (direct)
Unions	**Non-monetised:** familiarisation costs (work notices/reasonable steps) admin costs (complying with work notices, reasonable steps) – reduced bargaining power	**Non-monetised:**
Workers	**Non-monetised:**	**Non-monetised:**

	Loss in utility[41] resulting from the restricted ability to take strike action.	Certainty over status of working on a strike day including receiving an income[42], Government's commitment to engage in conciliation to help off-set reduced bargaining power
Wider impacts	Changing nature and frequency of industrial action including action short of strike	Wider health benefits leading to economic benefits – (indirect)

[41]Utility loss due to reduced ability to express dis-satisfaction through strike action, and negative impact on workforce terms and conditions in the future

[42] Workers may prefer to be on strike but under voluntary derogations they may also be expected to be available to work if needed. Under a MSL option, the likelihood of striking would be more certain

Risks

109. Our working assumption for the purpose of assessing the costs and benefits is that MSLs enacted under Option 2 would provide for greater certainty, clarity and consistency in the level of ambulance services provided to protect life and health in the event of strike action compared with Option 0 and Option 1. 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.

Table 8 – Potential risks associated with ambulance MSLs

Risk	Detail
Action Short of Strike (ASOS)	The legislation does not cover action short of striking (ASOS) or industrial action that isn't a strike[43,44]. ASOS may be more likely where a full strike is not legally possible. (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.
Compliance with Work Notices	One risk some Trade Unions have raised is that where MSLs are in place, some of those who are named in the work notice to deliver the service will not turn up for work. This would impact the level of service provision. This risk already exists within Option 0 and Option 1, staff may not turn up to or return to work as agreed under the voluntary derogations. Employees who are specified on the work notice but take part in the strike contrary to that work notice will lose their automatic protection from unfair dismissal for industrial action, provided they were notified by the employer in writing of the requirement for them to work, of the work they were required to do on the strike day, and that they were required to comply with the work notice.
Devolved Governments	The Strikes (Minimum Service Levels) Act 2023 enables the Government to apply MSLs to key sectors across Great Britain. Employment rights and duties and industrial relations are a reserved matter, but health services are devolved and the responsibility for delivering health services in Scotland and Wales falls to their respective Governments. The extent of the regulations is GB-wide, but the application of regulations is limited to England only. Employment rights and industrial relations are devolved for

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

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

	Northern Ireland so it would be for the Northern Irish Assembly to decide if they introduce MSLs in Northern Ireland. We have not been able to collect operational and clinical information from the Devolved Governments and they have not engaged with the DHSC's consultation: Minimum service levels in event of strike action: ambulance services in England, Scotland and Wales.
Inflame Employer-Trade Union Relations	Implementing MSLs in the ambulance sector could increase 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[45]. However, this is highly uncertain and MSLs could improve relations in the longer term. 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.
Unintended consequences of commitment to conciliation	Introducing a commitment to engage in conciliation could result in unintended consequences and undermine effective functioning of pay and conditions collective bargaining arrangements for over 1.1 million staff on Agenda for Change.

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

Wider impacts

110. DHSC is has undertaken and public sector equalities duty assessment which will be published separately.

Monitoring and Evaluation

111. In the event of a strike, we will continue to work with NHS England to ensure impact of strikes, including additional impacts due to MSLs, are monitored. This will involve tracking the usage of the legislation with respect to work notices and the reasonable steps taken by employers and unions to comply with the legislation. NHS England will also oversee the consistency and the terms agreed upon for service levels during strike periods and monitor any administrative requirements necessary to comply with the legislation.

112. It is important to note that this legislation will only impact the delivery of services during strike periods and will not have any bearing on the regular operations of ambulance services. The ability to effectively monitor the policy's implementation and the attainment of its objectives is, therefore, largely dependent on the occurrence and frequency of strikes during the review period. We do not anticipate that any additional impact evaluation will be required in the review period beyond NHS England and DHSC monitoring of activity and patient impacts on strike days.

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’

Health Care Professional (HCP) Framework

Category	Description
CP Level 1 (HCP 1) Category 1	This level of response should be reserved exceptional circumstances when an HCP requires immediate, additional clinical assistance from the ambulance service to treat a patient in need of immediate, life-saving intervention such as resuscitation.
HCP Level 2 (HCP 2) Category 2	This level of response is based on the clinical condition of the patient and their need for immediate additional clinical care in hospital – in an emergency department or acute receiving unit (i.e., medical or surgical assessment unit, delivery suite).
HCP Level 3 (HCP 3) locally commissioned response	This level may be commissioned for patients who require urgent admission to hospital. Examples in this category may be patients who require urgent investigations to inform ongoing care such as CT, MRI, ultrasound or who need an urgent assessment by a specialist. Mental health emergency admissions and patients with respiratory conditions, or suspected fractures (not due to major trauma) are examples that may be suitable for a Level 3 response
CP Level 4 (HCP 4) locally commissioned response	This is for all other patients who do not fit the above definitions and require admission to hospital by ambulance for ongoing care but do not need to be managed as an emergency. Examples in this category may be patients being admitted directly under specialty teams as well as those being transported to emergency departments for further

	investigation who do not require emergency investigation or treatment immediately upon arrival.

Inter Facility Transfers

Category	Description
IFT Level 1 (IFT1) Category 1	This level of response should be reserved for those exceptional circumstances when a facility is unable to provide immediate life-saving clinical intervention such as resuscitation or in the case of a declared obstetric emergency and requires the clinical assistance of the ambulance trust in addition to a transporting resource.
IFT Level 2 (IFT2) Category 2	This level of response is based on the clinical condition of the patient and the need, or a high likelihood of the need, for further treatment and management at the destination facility rather than the patient's diagnosis. Immediate life, limb or sight (globe trauma) threatening (ILT) situations that require immediate management in another healthcare facility should receive this level of response.
IFT Level 3 (IFT3) Locally Determined Response	This level may be commissioned for patients who do not require immediate life or limb saving interventions but require an increase in their level of clinical care as an emergency. This level of response may include mental health crisis transfers or those solely for the purpose of creating a critical care bed.
IFT Level 4 (IFT4) locally determined response	This is for all other patients who do not fit the above definitions and require urgent transport for ongoing care but do not need to be managed as an emergency transfer. Patients being transferred to inpatient wards for ongoing management or for elective and semi elective procedures or investigations would be included in this group. This category of patient will have a timeframe outside of the ARP standards and will be determined through their normal commissioning arrangements.

Non-emergency patient transport services (NEPTS)

These regulations specify cover under ambulance services for renal dialysis, oncology and cancer, palliative care and other high dependency patients.[46]

[46] More on the NEPTS eligibility criteria can be found here B1244-nepts-eligibility-criteria.pdf (england.nhs.uk)

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