

Agenda Item
2.5

## Joint Commissioning Committee

### Director of Commissioning for Ambulance Services and 111 Report

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	17/03/2026
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public
	Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	Ross Whitehead, Director of Commissioning for Ambulance Services and 111
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Ross Whitehead, Director of Commissioning for Ambulance Services and 111, NWJCC
<b>Noddwr yr Adroddiad / Report Sponsor</b>	Huw George, Interim Chief Commissioner, NWJCC

<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Noting Choose an item.
---	-------------------------------

#### Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)

Committee / Group / Individuals	Date	Outcome
NWJCC Senior Leadership Team	11/03/26	Noted

#### Acronyms / Glossary of Terms

ACCTS	Adult Critical Care Transfer Services
ADEs	Accelerated Design Events
CHANTS	Cymru Inter-Hospital Acute Neonatal Transport Service

EMRTS	Emergency Medical Retrieval and Transfer Service Review
JC	Joint Commissioning Committee
NEPTS	Non-Emergency Patient Transport Services
NWJCC	NHS Wales Joint Commissioning Committee
STEMI	ST-elevation myocardial infraction
WAST	Welsh Ambulance Services University NHS Trust

## 1. EXECUTIVE SUMMARY

The purpose of this report is to update Members of the Joint Commissioning Committee (JC) on the specific areas related to the work of the Director and the team on issues across the commissioning portfolio:

- Emergency Ambulance Services continue to undergo significant transformation following the implementation of Phase 2 of the New Ambulance Performance Framework. Early assurance has highlighted higher than expected volumes of orange calls and pressure on Rapid Clinical Screening capacity, with work underway to refine categorisation and manage demand. Ambulance handover performance dipped in January. Wider reviews including the Manchester Arena Inquiry assessment and the Strategic Productivity Review continue to progress.
- Non-Emergency Patient Transport Services (NEPTS) face sustained capacity pressures driven by increased journey distances, rising private provider costs, and more complex patient needs, resulting in higher levels of cancellations. Mitigation modelling is being considered, alongside ongoing work through the NEPTS Future Vision (2030), additional winter funded capacity, and a major rostering review is due for implementation in early 2026/27.
- Within NHS 111 Wales, a full re-rostering exercise is underway to better match staffing with demand. Digital enhancements continue to expand access through the "Albot" virtual agent, WhatsApp integration, and multilingual/text-only channels. Performance reporting is evolving to more sophisticated percentile-based measures to align with the maturing ambulance framework.
- Specialist transport services are under review to ensure resilience and sustainability. EMRTS has raised concerns regarding overnight Major Trauma Desk cover, ACCTS hosting arrangements are being reconsidered, and work is underway to develop temporary hosting arrangements for CHANTS.
- Across the South Wales Major Trauma Network, progress is being made to restore benchmarking capability following the migration to the National Major Trauma Registry. Work to refresh the five-year Major Trauma Strategy is underway in addition to a Wales-wide benchmarking exercise due to conclude in Q4.
- The commissioning responsibility for NHS 111 Press 2 has been clarified with providers and NHS Performance & Improvement who will maintain national oversight linked to mental health service developments. Mental

Health Transport work is accelerating through joint efforts with WAST, Police, and NHS P&I to implement Right Care, Right Person phases 3 and 4, improving responses to crises and Section 136 detentions while strengthening processes and data quality.

## **2. SPECIFIC MATTERS FOR CONSIDERATION**

### **2.1 Emergency Ambulance Services**

#### **2.1.1 New Emergency Ambulance Performance Framework**

An executive level assurance report has been received and discussed between WAST, the JCC and Welsh Government as part of the agreed assurance process post go live, with a focus on quality and performance and to ensure the model is proceeding as anticipated and within the expected quality and performance parameters. The two key themes noted are:

- A higher than anticipated number of calls within the Orange category
- Demand for Rapid Clinical Screening is exceeding current levels of capacity.

Early clinical sampling indicates that around one third of Orange cases may be over categorised and could more appropriately sit within Yellow. A new Benefits Group is being established to systematically assess performance variation and emerging trends.

The review also indicated demand for Rapid Clinical Screening is exceeding current levels of capacity. WAST have implemented recent process changes to aim to preserve clinical navigator capacity to mitigate.

#### **2.1.2 Ambulance Patient Handover - National Improvement Approach**

Since the renewed emphasis on Handover 45, measurable improvement was demonstrated across most Health Boards however, January 2026 saw a deterioration in performance with a total of 18,070 lost hours and 54% of patients being handed over within 45 minutes.

With Phase 2 now fully implemented, monitoring of community response times has transitioned to from Amber to the Orange and Yellow categories from January 2026 onwards which continues to demonstrate the continued direct correlation between community response times and ambulance handover delays.

#### **2.1.3 Manchester Arena Inquiry Assessment (MAI)**

The Ambulance Services and 111 Commissioning Team have completed the assessment of the R106 WAST Capability report in line with the strategic priority within the JCC Foundation Plan 2025/26.

The assessment process has consisted of multiple stakeholder workshops, collaborative assessment workshops, receipt and review of legal advice and the commissioning of an independent external review. The completed commissioner assessment will be considered that the next CCLG and in advanced of being discussed at the JCC Planning and Performance Committee.

### **2.1.4 Strategic Productivity Review**

The strategic productivity review of WAST delivered services continues to progress. The review will include all commissioned aspects of the WAST, with a focus on understanding productivity, remit, and affordability.

The progress to date has included:

- Reviewing of the existing commissioning frameworks
- Review of historical baseline, investment and expenditure
- Review of productivity and performance
- IMTP delivery including commissioning intentions

The Ambulance Services and 111 Commissioning Team have also been liaising with NHS England regarding the development of an Opportunity Framework, focussed on Emergency Ambulance Services.

A Task and Finish Group with key colleagues within JCC and WAST has been established to progress the work collaboratively. The framework identifies opportunities and benchmarked indications against key areas; conveyances to EDs, conveyances to non EDs, incidents per WTE and handovers with opportunity to expand further and consider variation in more detail locally and consideration of demand per population and implications of deprivation, further exploring value.

The Ambulance Services and 111 Commissioning group will consider the initial findings during April 2026.

## **2.2 Non-Emergency Patient Transport Services (NEPTS)**

### **2.2.1 Capacity Issues**

The NEPTS service across Wales is experiencing significant challenges due to a number of key drivers including but not limited to:

- Health Board reconfiguration of services resulting in increased travel distances for patients
- Significant increases in NEPTS private provider costs, commissioned via WAST
- Increase in complex patient mobilities and patient journey lengths (both discharge and transfer journeys).

As a result, the NEPTS service is having to frequently cancel patient journeys for eligible patients to prioritise the use of resources available.

Given the capacity issues raised, the Director of Ambulance Services and 111 requested modelling be undertaken by WAST to reduce the level of cancellations within the existing resources available. WAST have subsequently provided the Ambulance Services and 111 team with the modelling outlining the impact and modelled capacity gain from each option which are currently under consideration.

### **2.2.2 NEPTS Future Vision (2030)**

In response to challenges around discharge capacity, the Ambulance Services and NHS 111 Commissioning Team established a working group with key stakeholders in senior operational roles within Health Boards and WAST under the NEPTS Future Vision (2030).

The group's remit is to drive strategic integration and improve the efficiency of discharge vehicle processes. Eight high-impact actions were identified for testing, including advanced transport booking, patient readiness for discharge, optimisation of electronic booking systems, and rollout of the Ambulance Care Live Discharge and Transfer Dashboard. This work was used to support the resilience of urgent and emergency care system during the winter sprint period, linking in with the Six Goals for UEC programme to ensure alignment and maximise impact across the system.

### **2.2.3 Additional NEPTS Capacity**

Additional NEPTS capacity continues to be commissioned following an allocation of funding from the six goals programme, providing extra resilience within WAST's discharge and transfer function to support timely patient discharge and improve system flow. This additionality will cease at the end of March 2026.

### **2.2.4 NEPTS Rostering Review**

In addition to the above, WAST are actively progressing with implementing revised roster keys following a complex review of NEPTS rosters, aimed at improving transport capacity within existing resources through enhanced operational efficiency. This work is progressing toward implementation in Quarter 1 2026/27 and will deliver additional capacity within the system.

## **2.3 NHS 111 Wales**

### **2.3.1 NHS 111 Wales Re-Roster Review**

WAST are actively working on improving the productivity of the 111 service within the existing resource available. A full re-rostering exercise is underway within the 111 service which will result in shift patterns being implemented that are more closely aligned with expected demand in addition to providing a better experience for staff.

The re-roster is on target for implementation within Quarter 1 2026/27.

### **2.3.2 NHS 111 Wales Digital Front End Improvements**

Following receipt of non-recurrent Welsh Government funding, the Ambulance Services and 111 Commissioning Team has been working closely with WAST to improve the digital experience for patient accessing the NHS 111 Wales website.

- The NHS 111 Wales virtual agent (Albot) has been developed and functional since August 2025 with approaching 6000 contacts per month (approx. 7% of 111 call volumes) with a 'soft launch' and no advertising or promotion.

- WhatsApp integration is being developed to replicate NHS 111 Wales functionality through the WhatsApp broadening accessibility and engagement across a widely used messaging platform.
- Enhancing digital inclusion by introducing multilingual support and a text-only channel that allows users to connect with 111 call handlers without relying on voice calls.

There remains an ongoing challenge with the functionality of the 111 website and its development to support the aim of 'digital first' services, discussions are ongoing on the resolution of this issue.

### **2.3.3 Performance reporting for NHS Wales 111**

The commissioning team has agreed with WAST to move to utilising median and 90th percentile measures for 111 services as this approach is consistent with the wider developments supported through the JCC and aligns well with the maturing Ambulance Performance Framework.

111 call abandonment will remain a key measure of system pressure and experience which will continue to be monitored alongside further development of call abandonment rates by wait time band.

## **2.4 Emergency Medical Retrieval and Transfer Service (EMRTS)**

### **2.4.1 Major Trauma Desk Overnight Cover**

EMRTS has highlighted issues regarding the service's continued ability to provide night-time cover for the Major Trauma Desk. In response, a series of discussions have taken place involving EMRTS, the Major Trauma Network, the Major Trauma Centre, WAST, and the NWJCC to assess the potential impact on service resilience and patient care.

The Ambulance Services and 111 Commissioning team have requested the South Wales Major Trauma Network ODN to work with respective organisations to review the risks of a number of scenarios to jointly exploring feasible options to mitigate identified risks and to ensure safe and sustainable coverage going forward within existing resources.

## **2.5 Adult Critical Care Transfer Service (ACCTS)**

### **2.5.1 Hosting Arrangements**

The Ambulance Services and 111 Commissioning team are progressing with reviewing the current hosting arrangements for the ACCTS service which is currently hosted by Swansea Bay University Health Board and is aligned with the Emergency Medical Retrieval and Transportation Service (EMRTS).

The review has been completed and will be shared with Swansea Bay University Health Board as the host organisation.

## **2.6 Cymru Inter-Hospital Acute Neonatal Transport Service (CHANTS)**

### **2.6.1 Clinical Lead Hosting Arrangements**

The Neonatal Transport Service Clinical Leads are currently hosted by NHS Performance and Improvement (P&I). Following changes to the remit of NHS P&I this is no longer sustainable and the requirement for a different arrangement for the clinical lead roles has been identified.

To progress with resolving this, the Director of Commissioning for Ambulance Services and 111 has written to the the three provider Health Boards currently delivering the CHANTS service to request a position statement from each organisation in order to identify a temporary operational hosting solution to support ongoing safety, compliance and operational reliability.

The Ambulance Services and 111 commissioning team will continue to work with NHS P&I to develop a transition plan.

### **2.6.2 Interim Overnight Model**

Neonatal transfer services are core component of the provision of high quality and responsive neonatal provision. Whilst broader work is currently being undertaken on the provision of neonatal services across Wales, there is a need to consider and review the delivery of the transfer services in South Wales. The interim overnight model has been in place significantly past the original anticipated timeframe and is not a sustainable solution moving forward.

The publication of the All-Wales Maternity and Neonatal Assurance Assessment Report, "The Path to Safer Beginnings in Wales" highlighted inequities in care due to the interim model remaining in place and the variation in service specifications between the in-hours and out-of-hours provision. This work will be considered by the JCC as part of its wider response to the assessment.

## **2.7 South Wales Major Trauma Network (SWTN)**

### **2.7.1 Access to Benchmarking Data**

In December 2022, the University of Manchester agreed to transfer ownership of the Trauma Audit Research Network (TARN) to NHS England under the Outcomes and Registries Programme. Following a cyber-attack in June 2023, the TARN database was taken offline, accelerating the transition. From 1 April 2024, TARN became the National Major Trauma Registry (NMTR). The combination of the transition, development of the registry, has resulted in significant backlogs, for Wales there has been an additional delay due to information governance challenges.

Whilst some challenges remain, positive progress continues to be made in the resolution of this issue with data entry ongoing taking a co-ordinated and phased approach. This will enable comparable information to be available to re-enable benchmarking of the effectiveness of major trauma services when available. The Major Trauma Operational Delivery Network (ODN) are exploring an interim approach to utilise available quality indicators at future governance meetings.

### **2.7.2 Major Trauma Strategy**

The Major Trauma Network Strategy is scheduled for renewal, following the conclusion of its initial five-year implementation period.

To support the continued development of the Operational Delivery Network (ODN), work to shape the strategy for the next five years commenced in Quarter 3 of 2025/26 and remains ongoing.

### **2.7.3 Benchmarking North and South Wales Major Trauma Network Provision**

The Ambulance Services and 111 Commissioning Team is collaborating with the Major Trauma Network Operational Delivery Network (ODN) and the Clinical Lead for the Strategic Network for Critical Care and Trauma to undertake a comprehensive benchmarking exercise. This initiative aims to assess trauma service provision across both North and South Wales, with a focus on identifying areas of equity and inequity in access, outcomes, and resource distribution. The findings will inform future strategic planning and ensure that trauma care is delivered consistently and fairly across the Welsh population.

A benchmarking submission was requested from hospital sites in North Wales in November 2025 to assess current capabilities and alignment with major trauma standards. Submissions have been received from across the three hospital sites in North Wales and work has commenced to be able to provide a baseline assessment on the data. It is anticipated that this work will conclude by the end of Q4 and will inform the broader programme of work supporting the development of the Major Trauma Network.

## **2.8 111 Press 2**

### **2.8.1 Hosting Arrangement**

At the Joint Committee meeting in January 2026, the Joint Committee supported the position that JCC commissioning responsibility for the NHS 111 press 2 service ceases, with individual health boards maintaining responsibility for the service.

The Ambulance Services and 111 commissioning team has been working collaboratively with system partners regarding ensuring continuity for the co-ordination of the service. Discussions have taken place with NHS Performance and Improvement colleagues who, linked to the development of the Open Access Mental Health Support Model, will oversee the strategic direction of the service on a national basis.

## **2.9 Mental Health Transport**

### **2.9.1 Right Care Right Person (RCRP) and Section 136**

There has been a positive reset of the collaborative work between WAST, NHS Performance and Improvement and Police to progress the implementation of Phases 3 and 4 of RCRP, improving the response for mental health patients in

crisis and recognising the needs of those that are detained under the Mental Health Act, particularly s136.

There have been concerns raised by Police on the response times of the ambulance service. A recent meeting recognised the significant reduction in handover delays and new ambulance response model has the potential to improve the response provided to s136 patients.

There is a renewed focus on processes that will enable the better recording of activity, reduction of s136, improving outcomes for patients, but also more effective use of resources for police and the ambulance service through earlier contact and assessment of appropriate response. The work on processes and systems to support continues.

The NWJCC are working with NHSP&I with providers to map and explore the best use of resources to support RCRP and mental health transport more broadly.

### **3. KEY RISKS / MATTERS FOR ESCALATION**

#### **3.1 Ambulance Patient Handover - National Improvement Approach**

Utilisation of commissioned ambulance capacity remains a high risk for the NWJCC. This has been closely monitored and due to improvements in handover delays across Wales the risk score was de-escalated from 25 to 20 due to a reduction in the likelihood of recurrence. This remains under continual review.

#### **3.2 Manchester Arena Inquiry Assessment**

There will likely be an expectation from the Inquiry for services to report back on their progress with the recommendation, this is likely to attract both media and political attention.

#### **3.3 NEPTS Capacity Issues**

Increased costs and service demand are impacting on WAST's ability to provide sufficient capacity to support planned care, enhanced care and discharge and transfer journeys.

#### **3.4 Neonatal Transfer Services**

There are a number of sustainability risks in relation to neonatal transfer provision that require resolution, including hosting of clinical leads and overnight provision.

#### 4. ASSESSMENT

Objectives / Strategy	
<b>Dolen i Amcan (au) Strategol CBC / Link to JCC Strategic Objectives(s)</b>	Facilitate Integration
	All JCC strategic objectives are applicable.
<b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals</b> <a href="#">150623-guide-to-the-fg-act-en.pdf</a> <a href="#">(futuregenerations.wales)</a>	A Healthier Wales
	If more than one applies please list below: A more equal Wales.
<b>Dolen i Hwyluswyr Ansawdd</b> <i>(Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) /</i> <b>Link to Enablers of Quality</b> <a href="#">(Duty of Quality Statutory Guidance (gov.wales))</a>	Leadership
	If more than one applies please list below: All enablers of quality are applicable.
<b>Dolen i Feysydd Ansawdd</b> <i>(Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) /</i> <b>Link to Domains of Quality</b> <a href="#">(Duty of Quality Statutory Guidance (gov.wales))</a>	Safe
	If more than one applies please list below: All domains of quality are applicable.
<b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental / Sustainability Impact (5Rs)</b>	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
<b>Ansawdd</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> <b>Quality</b>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: This is an update from the Director of

<i>Have you undertaken a Quality Impact Assessment Screening?</i>		Commissioning to the Committee.
<b>Cydraddoldeb</b> <i>Ydych chi wedi ymgymryd â Sgrinio Aseiad o'r Effaith ar Gydraddoldeb? /</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
<b>Equality</b> <i>Have you undertaken an Equality Impact Assessment Screening?</i>	Outcome:	If no, please include rationale below: This is an update from the Director of Commissioning to the Committee.
<b>Cyfreithiol / Legal</b>	Yes (Include further detail below) This report aims to update members, but all decisions are subject to legal recourse e.g. the Judicial Review information.	
<b>Enw da / Reputational</b>	Yes (Include further detail below) Ambulance services are regularly in the media and subject to scrutiny and discussion.	
<b>Effaith Adnoddau</b> <i>(Pobl / Ariannol) /</i>	Yes (Include further detail below)	
<b>Resource Impact</b> <i>(People / Financial)</i>	The report identifies areas where resource impacts are likely to be required and therefore further work is required to present at future meetings.	

## 5. RECOMMENDATIONS

Members of the Joint Commissioning Committee are asked to:

- **Note** the report.

## 6. NEXT STEPS

Ongoing work for each item will progress as described in this report, the JC will be kept updated.