

Agenda Item

4.3

Quality Safety and Outcomes Sub-Committee
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Director of Commissioning for Ambulance Services and 111 Report
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Pwrpas yr Adroddiad / Report Purpose	For Assurance Choose an item.
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Committee / Group / Individuals	Date	Outcome
N/A	Click or tap to enter a date.	Choose an item.

1. SITUATION / BACKGROUND

This paper provides an update to the Quality, Safety and Outcomes Sub-Committee on key developments and risks across the commissioned urgent and emergency care portfolio, including Emergency Ambulance Services, Non-Emergency Patient Transport Services (NEPTS), NHS 111 Wales, the Emergency Medical Retrieval and Transfer Service (EMRTS), Adult Critical Care Transfer Services (ACCTS) and mental health transport.

A full overview of Commissioned Activity is set out in **Appendix 1** for background information and to provide context to the updates and sources of assurance detailed in this report.

2. ASSESSMENT

2.1 Emergency Ambulance Handover

Ambulance handover performance remains a significant area of system pressure. While improvement was demonstrated following renewed national focus on the 45-minute standard, performance deteriorated in January 2026 with over 18,000 lost hours and only 54% of patients handed over within 45 minutes. Whilst there has been some improvement handover delays remain significantly above levels of commissioned capacity.

The root cause is predominantly system-driven, linked to emergency department/hospital capacity, patient flow and discharge delays across Health Boards. Phase 2 of the Ambulance Performance Framework has further evidenced the direct correlation between hospital handover delays and lower ambulance response times in the community, indicating that this issue cannot be resolved by the provider or commissioner alone.

Quality, Safety and Outcomes Impact

- Reduced ambulance availability, particularly impacting response to orange and yellow acuity calls.
- Increased risk to patient outcomes across the urgent and emergency care pathway.
- Ongoing workforce and reputational risk arising from sustained pressure and public scrutiny.

Mitigations and controls

- National Handover Improvement Approach introduced with measurable improvement prior to winter escalation however arrangements have changes
- Ongoing national assurance arrangements.

Constraints to mitigation

- Acute bed capacity and flow constraints.
- Reliance on Health Board operational change beyond direct NWJCC control.

Evidence and Assurance

- National ambulance handover performance data and trend analysis.
- Risk on the NWJCC Risk Register (78) de-escalated from 25 to 20, reflecting reduced likelihood but ongoing high consequence.
- Risk reviewed regularly.

Strategic alignment

- A Healthier Wales
- Six Goals for Urgent and Emergency Care

Specific Matters for Sub – Committee Consideration

- The Sub-Committee is asked to note that ambulance handover performance risk continues. Progress is being made with the Committee Secretary and team to strengthen how this risk is articulated and managed through a commissioning lens, recognising that the main drivers sit outside direct commissioner control.
- While this remains a high-impact risk, there are limited additional controls available from a commissioning perspective beyond assurance, escalation and system influence. Ongoing mitigation is therefore reliant on Health Board delivery of improved flow and discharge, with the role of the NWJCC focused on oversight, coordination and appropriate risk tolerance.

2.2 NHS 111 Performance

NHS 111 performance pressure is primarily driven by a misalignment between capacity and demand, combined with limitations in the current digital systems. Modelling has demonstrated that although predictable, commissioning capacity to align with demand is not efficient due to rostering patterns.

NHS 111 experienced sustained and atypically high demand over the recent Easter period, with volumes approximately 47% above expected levels for the week ending 5 April 2026. This increase exceeded that seen during the same period in 2025 and persisted beyond the bank holiday. Demand pressures have been compounded by elevated sickness absence within the contact centre workforce, a known challenge for this operating environment.

There remains ongoing concern regarding Clinical Assessment Line (CAL) performance, with sustained high CAL volumes contributing to delays in P2–P3 clinical call-backs. While recent standard operating procedure changes have influenced CAL demand, the provider has advised that this alone does not account for the scale of increase observed, and a broader clinical review is underway.

Quality, Safety and Outcomes Impact

- Risk of increased call abandonment affecting patient experience and access.
- Increased call abandonment rates affecting patient experience and confidence in access routes
- Potential knock-on impact to 999 and ED demand if 111 capacity is constrained.

Mitigations and controls

- Full re-rostering review underway to better align staffing to demand in Q1 2026/27
- Continued focus on sickness absence management, with a specific action plan being developed within WAST for the integrated care and coordination environment
- Digital solutions progressing, including the NHS 111 virtual agent (Albot), WhatsApp integration, and text-only and multilingual access
- A Quality Impact Assessment (QIA) completed internally by WAST to reflect the current risk position.
- Health Boards engaged proactively during escalation events to provide system support where required, including call pull/push arrangements during periods of peak pressure.

Constraints to mitigation

- Workforce availability remains constrained by sickness absence and a known demand-capacity gap identified through previous independent workforce modelling.
- Limited commissioned CAL capacity relative to current demand profiles.
- Legacy digital infrastructure limits rapid realisation of 'digital first' benefits.

Evidence and Assurance

- Oversight through 111 Commissioning Assurance Group, JCC/WAST Exec discussions and ongoing dialogue with the provider
- Oversight through Ambulance Services and 111 team performance monitoring and assurance processes
- WAST Daily and weekly performance monitoring through operational, tactical and strategic governance routes

Strategic alignment

- Six Goals for Urgent and Emergency Care
- NWJCC Annual Plan priorities
- A Healthier Wales

Specific Matters for Sub – Committee Consideration

- The Sub-Committee is asked to note that NHS 111 is operating within a period of sustained demand pressure which is subject to active monitoring and escalation with the provider.

- Sustainable improvement is dependent on delivery of the re-rostering programme, clinical review of CAL demand, and development of digital solutions to manage demand. The NWJCC role remains one of assurance, oversight and system escalation rather than direct operational control.

2.3 Non-Emergency Patient Transport Service (NEPTS)

The NEPTS service continues to operate within a challenging demand and capacity environment, driven by increased discharge and transfer activity, wider system flow pressures and affordability constraints. While operational performance remains broadly stable, the imbalance between demand and available capacity represents an ongoing system risk, particularly as non-recurrent resources commissioned to support discharge and transfer activity have ended.

In response, WAST has developed and submitted a range of options to commissioners aimed at improving sustainability, reducing avoidable demand and maximising available capacity. These options have been explored through the NEPTS Commissioning Assurance Group, with commissioners providing oversight, challenge and assurance regarding their alignment and impact.

Quality, Safety and Outcomes Impact

- Impact on patient experience due to late notice cancellations or non-provision of planned outpatient transport.
- Increased risk of delayed discharge and transfer activity, contributing to wider system congestion and indirect pressure on urgent and emergency care.

Mitigations and controls

- Demand management and efficiency options developed by WAST and shared with commissioners via the NEPTS Commissioning Assurance Group.
- Where actions are within the direct control of WAST, these have progressed with appropriate stakeholder engagement and supporting quality impact assessment.
- Ongoing performance monitoring and escalation through established assurance arrangements.
- Establishment of a NEPTS improvement board within WAST and NWJCC taking a system leadership role to identify and resolve drivers outside of the direct control of the provider

Constraints to mitigation

- Many of the underlying drivers and opportunities for efficiency sit outside direct provider or commissioner control (e.g. booking behaviours, late cancellations)
- Sustainable improvement is dependent on system wide engagement and agreement

Evidence and Assurance

- NEPTS performance and demand reports considered through the NEPTS Commissioning Assurance Group and JCC/WAST Exec discussions.
- Commissioner oversight of options appraisal and phased implementation.

Strategic alignment

- Six Goals for Urgent and Emergency Care
- NWJCC Annual Plan priorities
- A Healthier Wales

3. RECOMMENDATIONS

The members of the Quality, Safety and Outcomes Sub-Committee are asked to:

3.1 Emergency Ambulance Handover

- **Endorse** the approach being taken to revise the current JCC risks
- **Take assurance** that the actions within the remit of the JCC are being undertaken to mitigate risk.

3.2 111 Performance

- **Take assurance** that the actions within the remit of the JCC are being undertaken to mitigate risk

3.3 Non-Emergency Patient Transport Service (NEPTS)

- **Take assurance** that the actions within the remit of the JCC are being undertaken to mitigate risk

Appendix 1 – Operational Update

1. 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. Manchester Arena Inquiry Assessment

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 at the next CCLG and in advanced of being discussed at the JCC Planning and Performance Committee.

3. Emergency Ambulance Services

Phase 2 of the ambulance performance framework went live on 2 December 2025, introducing enhanced clinical triage, modernised call categorisation, and outcome based clinical indicators. Phase 2 introduces a more clinically focused approach to emergency care by refining call categories and prioritising patient outcomes over response times for the traditional amber and green categories. These have been replaced with Orange (Now), Yellow (Soon) and Green (Planned) aiming to

better reflect clinical need, improve resource use and reduce unnecessary hospital conveyance. based clinical indicators.

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.

4. Ambulance Patient Handover

The National Ambulance Handover Taskforce has driven the all Wales approach to improving hospital handover performance,

Since the renewed emphasis on Handover 45, measurable improvement has continued across most Health Boards however remains highly variable.

Amber 95th percentile response times continue to show long term improvement when viewed against 2024–25 data. With Phase 2 of the response model now fully implemented (as per above), monitoring has transitioned to Orange and Yellow categories from January 2026 onwards.

5. Non-Emergency Patient Transport Service (NEPTS)

The NEPTS service across Wales continues to be under significant challenge due to a number of key drivers including increased travel times due to service reconfigurations, increased complexity, journey lengths and increased private provider costs commissioned by WAST on behalf of Wales, impacting on capacity to deliver. The prioritisation of resource has resulted in cancellations in outpatient transport and discharge transport.

To address and deliver productivity and efficiency improvements within the NEPTS service, the Ambulance Services and 111 Commissioning Team are leading a key forum working in conjunction with WAST and Health Boards to collaboratively develop and implement solutions across the system. This work is

being undertaken under the remit of the NEPTS Future Vision (2030), with a focus on strategic integration and enhancing the efficiency of the discharge processes.

The group has received positive feedback with partners commitment to improve efficiency of processes and systems, supporting the resilience of the urgent and emergency care system during the winter period. WAST have developed and launched a key information dashboard to support system visibility enabling the work. This continues to be further developed and refined.

Additional NEPTS capacity was commissioned until the end of March 2026 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.

At the request of the JCC, WAST have reviewed undertaken modelling against a number of options for improving NEPTS capacity within existing resources. The Ambulance Services and 111 commissioning team are in the process of reviewing the options presented in conjunction with Health Boards via the NEPTS Commissioning Assurance Group.

In addition to the above, WAST are working through a complex review of NEPTS rosters with the potential to deliver an increase in the amount of transport capacity within available resources through improved efficiencies. This is scheduled to be implemented during Quarter 1 2026/27.

6. NHS 111 Wales

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. Additional funding has been provided for the ongoing improvement of the digital front end of 111. The Ambulance Services and 111 Commissioning Team are working closely with WAST regarding the benefits that can be realised and targeting of investment to make the most significant contribution to patients.

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.

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.

7. 111 Press 2

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 coordination 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.

8. Emergency Medical Retrieval and Transfer Service

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.

9. Adult Critical Care Transfer Service (ACCTS)

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.

10. Cymru Inter-Hospital Acute Neonatal Transport Service (CHANTS)

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 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.

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.

11. Quality oversight

11.1 WAST Avoidable Harm Report

WAST have recently developed an Avoidable Harm report with the purpose to provide a baseline assessment of avoidable patient harm across the three All-Wales pathways delivered by the Trust: NHS 111, Emergency Medical Services (999) and Non-Emergency Patient Transport Services (NEPTS).

The report includes a risk assessment which identifies that the single most significant driver of avoidable harm across all pathways is the sustained imbalance between demand and system capacity, particularly within urgent and emergency care. While confirmed serious harm remains low, prolonged waits for vulnerable patients represent the Trust's most significant patient safety risk. This risk requires sustained system leadership, partnership working and continued clinical model transformation. Work has already started between the JCC and WAST to understand this and what actions need to be taken for a sustained

improvement. This will include working with NHS Performance and Improvement Colleagues who have already undertaken a deep dive into reported harms and understand the lessons learnt. There is a meeting scheduled for later this month to explore this in further detail.

NHS 111

Confirmed serious harm events remain rare despite sustained and very high demand. Overall risk remains low; however, delays in call answering and access to timely clinical advice may increase the risk of deterioration for a small cohort of patients who subsequently require escalation to Emergency Medical Services (999).

999 / Emergency Medical Service

The risk profile primarily reflects wider system pressures rather than failures in clinical care. The principal patient safety concern relates to prolonged waits for Orange (Now) category patients, who are clinically vulnerable but not immediately life-threatening. Patients with time-sensitive conditions, including stroke, STEMI, sepsis and frail fallers, are most at risk of harm where delays occur. Hospital handover delays continue to significantly reduce ambulance availability, increasing the risk of deterioration while patients await a response. Although confirmed serious harm events remain uncommon relative to the scale of activity, deterioration during prolonged waits may not always be captured through traditional incident reporting processes.

Non Emergency Patient Transport Services (NEPTS)

Core clinical delivery remains stable; however, risk is influenced by high levels of short-notice booking activity, system-driven cancellations, and dependency on wider system discharge and transfer processes. These factors impact patient experience and may create clinical risk, particularly for vulnerable patient cohorts.

Cross Cutting Themes

System congestion and hospital handover delays are the dominant contributors to avoidable harm across all pathways. Patient experience feedback, complaints and concerns data act as lagging indicators of system stress, particularly during periods of peak pressure. Notwithstanding system challenges, the quality of clinical care delivered once patients are reached remains strong and well evidenced.

Mitigations and Controls

Mitigations include enhanced clinical oversight through Integrated Clinical Contact Centres, expansion of remote and specialist clinical models such as the Falls Desk, and the implementation of Phase 1 and Phase 2 of the Ambulance Performance Framework to strengthen prioritisation and monitoring of patient deterioration. Targeted quality improvement activity continues across stroke,

STEMI, frailty and falls pathways, alongside a sustained system-wide focus on the Wait 45 hospital handover metric.

Next Steps

Next steps include the establishment of a multidisciplinary harm intelligence subgroup, reporting to the Clinical Advisory Group, to triangulate emerging risks; development of a consolidated patient harm intelligence dashboard; and quarterly presentation of this report to Trust Board via QuEST. Further progress will be made on data linkage and outcome measurement across the patient pathway. This report will act as a baseline "state of the nation", with future reports demonstrating trend, improvement and impact.

Details of the above will be shared with the Joint Commissioning Committee, alongside actions demonstrated through monitoring of the patient harm intelligence dashboard and ongoing evidence of organisational learning and improvement.

Strategic and Regulatory Assessment

Objectives / Strategy	
Dolen i Amcan (au) Strategol CBC / Link to JCC Strategic Objectives(s)	Not Applicable
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales
	If more than one applies please list below: A more equal Wales
Dolen i Hwyluswyr Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality</i> (Duty of Quality Statutory Guidance (gov.wales))	Data to Knowledge
	If more than one applies please list below: Whole systems perspective Leadership Learning, improvement and research
Dolen i Feysydd Ansawdd	Effective
	If more than one applies please list below: Efficient

(<i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i>) / Link to Domains of Quality (<i>Duty of Quality Statutory Guidance (gov.wales)</i>)	Equitable Patient centred Timely Safe
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality</i> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: Reporting on quality matters from last JCC meeting.
Cydraddoldeb <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? / Equality</i> <i>Have you undertaken an Equality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: Reporting on performance matters and the impact on the wider health system. Quality and safety matters also considered.
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	Yes (Include further detail below)	
	Ambulance performance of significant concern to the public and impacts on health boards reputation	
Effaith Adnoddau <i>(Pobl /Ariannol) / Resource Impact</i> <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	

Acronyms

Acronyms / Glossary of Terms	
ACCTS	Acute Critical Care Transfer Service
ARAC	Audit Risk and Assurance Committee
CAD	Computer aided dispatch
EMRTS	Emergency Medical Retrieval and Transfer Service
EMSC	Emergency Medical Services Coordination
IG	Information Governance
JC	Joint Commissioning Committee
NEPTS	Non-Emergency Patient Transport Services
NICU	Neonatal Intensive Care Unit
NWJCC	NHS Wales Joint Commissioning Committee
NRI	National Reportable Incident
PADR	Performance Appraisal and Development Review
QuEst	Quality, Patient Experience and Safety Committee, WAST
SCIF	Serious Case Incident Forum, WAST
WAST	Welsh Ambulance Services University NHS Trust