

Agenda Item

5.2

Quality Safety and Outcomes Sub-Committee

Director of Commissioning for Ambulance Services and 111 Report

Dyddiad y Cyfarfod / Date of Meeting	04/08/2025
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Pwrpas yr Adroddiad / Report Purpose	For Noting Choose an item.
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
(Insert Details)	Click or tap to enter a date.	Choose an item.

Acronyms / Glossary of Terms	
ACCTS	Acute Critical Care Transfer Service
EMRTS	Emergency Medical Retrieval and Transfer Service
IG	Information Governance
JCC	NHS Wales Joint Commissioning Committee
NEPTS	Non-Emergency Patient Transport Services
NWJCC	NHS Wales Joint Commissioning Committee
NRI	National Reportable Incident
QuEST	Quality, Patient Experience and Safety Committee
WAST	Welsh Ambulance Service University NHS Trust

1. SITUATION / BACKGROUND

This paper provides an update to the 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) and the Adult Critical Care Transfer Services (ACCTS). Emphasis is placed on ensuring patients consistently receive timely, appropriate and safe care through high-performing services.

The commissioning team continues to focus on programmes that enhance patient safety, improve care outcomes, and reduce unwarranted variation. The revised emergency response model, handover improvement programme, NEPTS capacity work, digital access to NHS 111, and the EMRTS review are all critical to improving the patient experience and reducing harm.

The Quality Dashboard has been produced and is structured around the domains and enablers in the Duty of Quality. This is available in full if requested but reported by exception within the report.

2. SPECIFIC MATTERS FOR CONSIDERATION

2.1 Emergency Ambulance Services

The new Emergency Ambulance Performance Framework (July 2025) prioritises patient outcomes over response times. The introduction of Purple and Red categories ensures the most critically unwell patients receive the fastest, most appropriate response. The Cabinet Secretary for Health has also recently announced changes to all other calls presenting to the ambulance service, work is ongoing on the delivery of this with and expectation for implementation this year.

Delays at Emergency Department handover continue to impact timely care, with risks of harm for patients waiting in the community. The clinically led Handover Taskforce was established on 1 July 2025 and will now lead on improvement in this area. Recent performance information has shown a substantial reduction in handover delays at a number of hospital sites across Wales.

2.2 NEPTS

Pressures on capacity are impacting timely access to transport for planned appointments, enhanced care and safe hospital discharge across all Health Boards in Wales

This contributes to patient dissatisfaction, care delays and pressure on acute services. This was discussed at the NWJCC's Collaborative Commissioning Leadership Group (CCLG) in June 2025 which provided a steer on the approach Health Boards want to take.

Further work is being undertaken by the Welsh Ambulance Services University NHS Trust (WAST) and the NEPTS Delivery Assurance Group on the options available for mitigation of this issue.

2.3 NHS 111 Wales

The 111 service is under pressure from rising demand. Performance reviews are identifying improvement opportunities. The outdated website and symptom checker tools risk misguiding patients, increasing harm and digital health inequality.

The NWJCC has recently secured non-recurrent funding from the Six Goals programme to support WAST with delivery of mitigations for the website and work is ongoing on the delivery of this.

2.4 EMRTS / ACCTS

Following the EMRTS Judicial Review, work is ongoing between the Charity and EMRTS on the delivery of the implementation plan for the recommendation approved by the Joint Committee in April 2024.

The claimant has sought permission to appeal, and the outcome is awaited.

3. QUALITY OVERSIGHT

3.1 Reporting

WAST's Duty of Quality Annual Report (2024-25) was received by their Quality, Patient Experience and Safety Committee (QuEST) in June. Once approved internally, this will be considered by the Joint Committee and reported accordingly.

The following information is reported by financial quarter and as such the latest information at the time of compiling this report is Q4 (24-25). Publication of Q1 (25-26) will be available from 29 July 2025 and will be added to the next Sub-Committee paper.

3.2 Concerns and Complaints

Compliance with the 30 working day complaints target was not achieved but has improved on previous months. Performance for closed complaints however masks a concerning picture of a growing number of open and overdue complaints. This is due to increased complexity of investigations within the Trust, an increased volume of incidents that may have arisen from planned changes in the Clinical Safety Plan and the need to recruit additional staff.

3.3 Patient Safety Incidents

Incident reporting volumes increased in March 2025, to a level comparable to March 2024. Closed incidents continue to demonstrate that validated levels of severe or catastrophic harm remain consistently low, however in March 7,229

people cancelled an ambulance after calling 999 and being given a timeframe for a response.

In addition, modelling undertaken by the Association of Ambulance Chief Executives indicates that in March 2025, of the 5,903 patients who waited outside an emergency department for over an hour to be handed over to the care of the hospital, WAST could assume that 15% (885 patients) would experience no harm, 53% (3,128 patients) would experience low harm, 23% (1,357 patients) would experience moderate harm and 9% (531 patients) would experience severe harm.

3.4 National Reportable Incidents

WAST has reported a 'winter peak' following a period of critical incident declaration and sustained high levels of operational activity, with six incidents reported in March, down from seven in February. The overall number of National Reported Incidents (NRIs) open with NHS Wales Performance and Improvement has increased to 53, reflective of the number reported in the last quarter.

Historically high volumes of incidents are being shared with health boards under joint investigation arrangements, with 33 referred to health boards in March 2025, reflective of the number of incidents that occurred while patients were waiting prolonged times for an ambulance. These are also reported through the NHS Wales Performance and Improvement weekly brief which is reported through the Incident and Concerns Report (Agenda item 5.4).

3.5 Never Events

There were no never events reported between June 2024 and March 2025.

3.6 Duty of Candour

Duty of Candour was triggered six times in March 2025 down from a peak of eleven in January 2025.

3.7 Patient Experience and Engagement

Four core patient experience surveys, covering WAST's main service delivery areas are undertaken:

- 999 EMS Response (incorporating clinical support desk)
- Ambulance Care (NEPTS)
- NHS 111 Wales Telephony
- NHS 111 Wales Online

Key findings included:

- NEPTS: the response provided did not hit the benchmark in relation to the question 'How long did you wait for your transport to take you home after your appointment, while the question 'Were you happy with the transport you received', came out above the 85-benchmark figure (n=96).
- 999: the only question to achieve its 85-benchmark was 'The 999-call taker who answered your call explained what was going to happen next' (n=100).

- 111: the only question to achieve its 85-benchmark was 'Did you follow the advice given by NHS 111 Wales?'

Response rates to the 999 and 111 surveys remain low and it's acknowledged that these do not reflect an entirely representative picture based on overall call volumes. Survey outcomes indicate that people continue to be very concerned about response times in the community and frustrated at hospital handover delays. 111 callers have indicated that they experienced long waits for call backs. NEPTS users indicated that overall, they continue to be happy with the transport they receive but experience delays when waiting for their transport home following their appointment.

3.8 Mortality

WAST continues to mature its learning from mortality approaches, through a quarterly meeting on thematic learning, weekly triage of Medical Examiner referrals and fortnightly learning panels for Medical Examiner feedback.

Following the publication in May 2024 of the All-Wales Learning from Mortality Reviews Model Framework (Second Edition) (the Framework), WAST has established an effective clinical governance structure to discharge all 5 levels of the Framework, 226 referrals were received from the Medical Examiner Service between 1 October 2024 and 31 March 2025.

Cases are triaged promptly at Level 1 with 26 cases have been triaged as requiring further review and investigation under the Putting Things Right guidance. Level 2 Medical Examiner Learning Panels will now run at increased frequency to address cases awaiting review.

There is a decreasing number of Medical Examiner referrals since April 2024 which is believed to be due to relational work undertaken with other health bodies to reduce the duplication of cases.

3.9 Public Service Ombudsman

In March 2025, the Ombudsman issued two public interest reports relating to WAST, which highlighted concerns about triaging and categorisation of 999 calls and the Trust's complaints handling procedures. WAST contributed to the collaborative development of the Ombudsman's recommendations. The recommendations have already been undertaken, with evidence of completion being provided to the Public Services Ombudsman for Wales.

3.10 General Data Protection Regulation

In March 2025, there were 20 information governance (IG) related incidents reported on Datix Cymru categorised as an IG breach. Of these 20 breaches, 5 related to Equipment / Devices, 5 Records/Information, 4 IG/Confidentiality, 2 IT, 2 Behaviour/Aggression, 1 Access/Admission, and 1 Transfer/Discharge.

During the reporting period, of the 20 IG-related incidents reported on Datix, no incidents were reported to the Information Commissioner’s Office. WAST’s IG Team continues to monitor, and review reported incidents where applicable. Monitoring will continue through the work of the Commissioning Team and escalated as appropriate.

3.11 Risk to patient care / Quality Impact

Table 1 – Risk to patient care/ Quality Impact

Risk	Patient Safety/Experience Impact	Mitigation
Ambulance Handover Delays	Delays in care and deterioration risk for patients awaiting ambulances	National improvement programme and oversight
NEPTS Capacity	Missed appointments, delayed discharges, increased patient anxiety	Capacity review and targeted improvements via DAG
Outdated 111 Digital Interface	Misguidance or inaction due to poor digital tools	Accelerated digital upgrades through strategic funding

4. 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 (Ilyw.cymru)) /</i> Link to Enablers of Quality (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 <i>(Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) /</i> Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Effective
	If more than one applies please list below: Efficient 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? /</i> Quality	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below:

<i>Have you undertaken a Quality Impact Assessment Screening?</i>		Reporting on quality matters from last JCC meeting.
Cydraddoldeb <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i> Equality <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) /</i> Resource Impact <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	

5. RECOMMENDATIONS

The Quality, Safety and Outcomes Sub-Committee is asked to:

- **Note** the quality improvement focus across commissioned services