

## Quality Safety and Outcomes Sub-Committee

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

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Pwrpas yr Adroddiad / Report Purpose	For Noting
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
N/A	Click or tap to enter a date.	Choose an item.

Acronyms / Glossary of Terms	
ACCTS	Acute Critical Care Transfer Service
ADE	Accelerated Design Events
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
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
SCIF	Serious Case Incident Forum
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), Adult Critical Care Transfer Services (ACCTS) and mental health transport.

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 Vision and capacity work, digital access to NHS 111, and the EMRTS review are all critical to improving the patient experience and reducing harm.

## 2. SPECIFIC MATTERS FOR CONSIDERATION

### 2.1 Strategic Productivity Review

NHS Wales continues to operate under significant and sustained pressure. Demand for urgent, emergency and non-emergency care and response is rising, driven by projected changes in population size, age profile, and clinical complexity. These pressures are compounded by financial constraints and workforce challenges, which limit the system's ability to respond effectively and sustainably.

In this context, and in line with the priorities within the 2025/26 Foundation Plan, the ambulance services and 111 commissioning team are undertaking a strategic productivity review of services delivered by the Welsh Ambulance Service.

The review is adopting an outcome-led, system-focused, collaborative, and evidence-based approach, supporting long term commissioning decision making for the committee with the aim of providing quality services for patients across Wales by making best use of the resources. The review is expected to be completed by the end of this financial year.

### 2.2 Emergency Ambulance Services

Following the implementation of Phase 1 of the revised ambulance performance framework in July 2025, Phase 2 went live on 02 December 2025. The team have

worked with WAST and partners preparing; ensuring risks are assessed and mitigated to enable the decision to go live.

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 will be replaced with Orange (time sensitive), Yellow (assess and respond) and Blue (non-emergency transport) to better reflect clinical need, improve resource use and reduce unnecessary hospital conveyance.

Support structures and arrangements have been established by WAST to oversee effective transition, integrated into existing command structures with the aim of ensuring a safe, effective and seamless transition. An implementation team is in place to ensure oversight, assess any risks, mitigate and co-operate with partner agencies. This support replicates and builds on learning from the successful implementation of Phase 1.

The ambulance and 111 commissioning team will continue to liaise closely with WAST during the transition and on the transition of reporting of performance and outcomes of the new model.

### **2.3 Ambulance Patient Handover – National Improvement Approach**

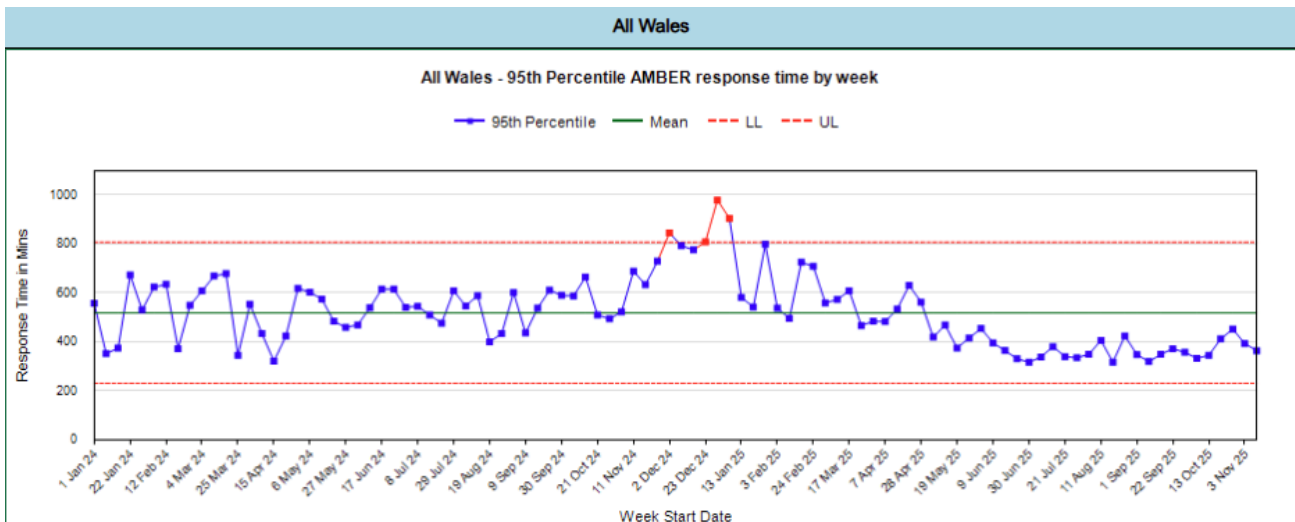
The National Ambulance Handover Taskforce continues to lead efforts to improve ambulance handover performance across NHS Wales with representation from the NWJCC.

Following the Accelerated Design Events (ADEs) with the Health Boards in Wales, an additional ADE with WAST and Powys are due to take place in the new year.

Since the focus on Handover 45, ensuring patients are handover over within 45 minutes, there has been measurable improvement overall however performance remains variable across Health Boards and individual hospital sites, indicating the need for continued targeted support and localised interventions.

A readiness assessment has been undertaken by each health board that is current being assessed by the Taskforce in relation to the implementation of automatic release of ambulances at 45 minutes. This work happening alongside the development of a range of balancing measures that demonstrate the wider system impact of the process.

In addition, the team continues to work with WAST by monitoring performance metrics in relation to community response times. The chart below illustrates the improvement in 95th percentile amber response times from January 2024 to October 2025. Discussions are underway to ensure assurance continues following the move to the new model and implementation of the new categories.



## 2.4 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.

This 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 working in conjunction with WAST and Health Boards to collaboratively develop and implement solutions.

In response to the specific challenge around discharge capacity the Ambulance Services and 111 Commissioning Team are leading a weekly forum with key stakeholders, under the remit of the NEPTS Future Vision (2030), with a focus on strategic integration and enhancing the efficiency of 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. The work complements and is linked into the Six Goals for UEC programme and particularly the discharge productivity reset fortnight planned to commence on 08 December 2025, to ensure alignment and maximise impact across the system.

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.

## **2.5 NHS 111 Wales**

Further work has been undertaken by WAST on the performance of 111 call handling capacity of the 111 service and a 111 Re-roster Project Board has been established.

The focus of this work is ensuring rostering practices are designed and implemented to be as efficient as possible within the resources available to ensure patients have timely access to the 111 service. Additional modelling was presented in October 2025. The Ambulance Services and 111 Commissioning Team have requested further clarification of the impact on key performance indicators of the implementation of revised roster keys.

The Ambulance Services and 111 Commissioning Team continue to be engaged and supporting the strategic direction and priorities for the urgent and emergency system, service including the mapping of the multiple layers of clinical assessment services currently available across Wales to identify areas of duplication and develop proposals for streamlining.

### **2.5.1 NHS 111 Wales Winter Communications**

NWJCC is taking a coordinating and supportive role for NHS Wales during the 2025/26 winter campaign.

The focus is on enhancing awareness and utilisation of the 111 service through refreshed communications and targeted messaging aligned with Cabinet Secretary priorities and the Help Us Help You (HUHY) and building on the key learning points from the Strategic NHS 111 Wales Communications review.

### **2.5.2 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. The option for resolution of this will be considered through the IMTP development.

### **2.5.3 111 Press 2**

Since the establishment of 111 press 2, the service has been delivered by individual Health Boards on a nationally commissioned, locally delivered basis. National coordination of training, administrative support, and communications support was provided by the former National Collaborative Commissioning Unit, some of this work has continued following the establishment of the NWJCC, however this is not a sustainable position moving forward. We are currently awaiting receipt of the evaluation of the service undertaken by the Royal College of Psychiatrists, following this the Ambulance Services and 111 Commissioning Team will consider the steps required to place the service on a sustainable and efficient basis.

### **2.6 Emergency Medical Retrieval and Transfer Service**

Work is now underway by the service and the Charity to implement the consolidation of bases into north Wales. The commissioning team is working with both partners on the progressing this work.

### **2.7 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 the requirement for a different arrangement for the clinical lead role has been identified. The NWJCC has been asked to consider how these arrangements can be delivered moving forward. Discussions continue between NWJCC and NHS P&I regarding the future options for hosting the clinical lead roles, including appropriate governance, and funding arrangements.

#### **2.7.1 Interim Overnight Model**

Neonatal transfer services are a 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. Members will note that the Director of Ambulance Services & 111 and the Director of Nursing and Quality are undertaking a reset review of neonatal commissioning, both issues highlighted here will form part of that work.

## **3. QUALITY OVERSIGHT**

On-going discussions continue with the team in WAST to address how the JCC receive updated and timely reporting around incidents and concerns. Alongside application of the outcomes and learning from these.

There continues to be several outstanding historical incidents and complaints awaiting closure. WAST has allocated temporary additional resource towards this, with the majority placed into Operations to support improvement and delivery of

the Putting Things Right (PTR) Recovery Plan to address closure and completion of outstanding open incidents and concerns.

The trajectory forecast is that these will have been completed by the end of March 2026 based on the current volume of complaints and incidents reported. Within the PTR team there has also been a high volume of staff sickness; again additional support into the team is being addressed through the PTR plan.

Training needs analysis plan is also being developed within the PTR team to enhance leadership development and to support and further understand the impact of changing models of service delivery such as the Clinical Navigators and how this is impacting on the reporting culture and incident outcomes. Detail within the Quality section below is derived from a number of intelligence sources including the Quality and Experience Safety Meeting. This relates to the reporting period for August and September 2025.

### **3.1 Assurance Compliance.**

Previous quarters report detailed that six Learning from Events Reports related to personal Injury Claims had been identified as being overdue. Continued assurance work has identified a further five Claims cases and two deferred Redress cases as also having breached Welsh Risk Pool procedural timeframes.

Welsh Risk Pool have agreed to support the Trust on intensive intervention period, which will provide deadline extensions on all 13 cases identified as part of this recovery work. This will mitigate the financial risks identified in last quarter's report. This work is incorporated under the umbrella of the wider organisational PTR and Legal Services Recovery Plan.

### **3.2 Joint Investigations**

The number of investigations needing to be shared with other NHS Wales organisations has reduced in the last quarter. This appears in keeping with seasonal fluctuations however August and September have dropped beneath historical seasonal averages and there is optimism that the launch of the 'Wait 45' initiative is beginning to impact favourably on patient safety incidents related to long community waits.

### **3.3 Complaints**

The continuing increase in open overdue complaints is the performance metric of highest concern. Demonstrating the situation is worsening rather than improving, although the length of time that complaints are overdue is improving in Emergency Medical Services Coordination and Integrated Care, where the majority of more complex investigations occur.

Ambulance Care is under considerable pressure due to the high volumes of complaints received over recent months. Compared to last quarter there are only slightly more open complaints (increase of 9) but a greater percentage of open

complaints that are overdue (62% last report, 70% this report). This is being driven by an increased volume of complaints about Ambulance Care Services. Support is being provided on data visibility and the need to focus on 'on-the-spot' resolution does not yet appear to have impacted complaint volumes.

### **3.4 Incidents/ NRI**

Learning from Rapid Incident Reviews and SCIF briefings, in addition to reviews of long waiting patients, has identified changes to the way in which response coordinators are allocating resource to certain calls. The introduction of the Rapid Clinical Screening Service saw Clinical Navigators recording 'ideal' and 'interim' response recommendations for resource allocation e.g. Falls Responders, Advanced Practice Practitioners, Emergency Ambulance. Early learning suggests educational efforts should focus on the importance of intelligent allocation as resources become available, aligned to any recommendations made where possible, ensuring allocation in time and priority order continues alongside clinically informed resource recommendations.

The incidents that have been reported as NRIs this quarter related to:

- Call management - missed allocation opportunities, delay in attending due to incorrect incident address/location
- Remote clinical care - inappropriate call downgrade, mental health consultation issue
- Operational issues - abstractions and low staffing.

Complexity of reviewing call management discussed within WAST include patient safety incidents now requiring increased amount of technical and organisational structure expertise and enhanced cross-service collaboration. There are an increased number of interfaces and transfers between CAD systems and service areas and increased specialisation at both service and clinical levels mean investigations require input from multiple subject-matter experts.

The approach to call management investigations is becoming increasingly less of a distinction based on audit findings but requires analysis of outcomes within complex socio-technical systems. The patient safety profile is increasingly representative of the types of investigations undertaken in clinical directorate and other health organisations however these require an enhanced training and skillsets for which training needs analysis has yet to be completed.

### **3.5 Audit Risk and Assurance**

The Audit, Risk and Assurance Committee (ARAC) received the annual assurance report, the framework supporting the near miss and low harm intelligence reporting in the Trust. ARAC noted the report provided only limited assurance however did take account of the PTR recovery plan which is focused on the incidents that have taken place and that therefore improvements in near miss and low harm reporting may not be evident as yet in the short term. A further update is being sought from ARAC in March 2026.

### **3.6 The Learning from Deaths (Mortality Reviews)**

For Q1 and Q2 delays in care outweigh other cases by referral reason. Learning themes for improvement opportunities were for Advanced Care Planning and enhanced end of life care in the community to guide family expectations, avoid admission where not indicated and provide dignified and personalised care.

### **3.7 Workforce**

Pressures persist with emergency unit hours production at 89% of target, sickness at 7.77%, PADR completion at 75.35%, and statutory training at 84.61%. The Trust continues to implement its People & Culture Plan to enhance staff safety, engagement, and well-being.

### **3.8 Transformation Pathways**

The Falls support call desk is now in operation and started just over two weeks ago. To date, the impact this is having on supporting the wider team appears to be effective with the team supporting care givers in enabling patients to be appropriately assessed and moved to prevent deconditioning and reduce the risk of dehydration and access to nutrition. The assessment and outcome of this initiative will be closely monitored.

The impact of the new clinical team and workforce in Maternity/Respiratory /Paediatric and Learning Disability in enhancing and supporting care; the JCC await progress and outcomes in the improvements these roles bring to WAST. There are indications of positive progress within the maternity and neonatal pathways and developments already planned in this area which will support better access to up to date information on areas such as the availability and location of NICU neonatal cots.

Training within the 999/111 services to enable all remote call handlers to support calls within these areas is also underway supported by a competency framework and assessment process. The aim is to ensure clear and consistent transition and escalation between the teams. The outcome data and progress within this area will be reported.

#### 4. ASSESSMENT

Objectives / Strategy	
<b>Dolen i Amcan (au) Strategol CBC / Link to JCC Strategic Objectives(s)</b>	Not 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 (llyw.cymru)) /</i> <b>Link to Enablers of Quality</b> <a href="#">(Duty of Quality Statutory Guidance (gov.wales))</a>	Data to Knowledge
	If more than one applies please list below: Whole systems perspective Leadership Learning, improvement and research
<b>Dolen i Feysydd Ansawdd</b> <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /</i> <b>Link to Domains of Quality</b> <a href="#">(Duty of Quality Statutory Guidance (gov.wales))</a>	Effective
	If more than one applies please list below: Efficient Equitable Patient centred Timely Safe
<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>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below:

<b>Quality</b> <i>Have you undertaken a Quality Impact Assessment Screening?</i>		Reporting on quality matters from last JCC meeting.
<b>Cydraddoldeb</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i> <b>Equality</b> <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.
<b>Cyfreithiol / Legal</b>	There are no specific legal implications related to the activity outlined in this report.	
<b>Enw da / Reputational</b>	Yes (Include further detail below)	
	Ambulance performance of significant concern to the public and impacts on health boards reputation	
<b>Effaith Adnoddau</b> <i>(Pobl /Ariannol) /</i> <b>Resource Impact</b> <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 report.