

Agenda Item

4.3

Quality Safety and Outcomes Sub-Committee

Director of Commissioning for Ambulance Services and 111 Report

Dyddiad y Cyfarfod / Date of Meeting	23/02/2026
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
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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
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

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.

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 strategic productivity review of WAST delivered services is progressing to plan by the end of January 2026:

- Baseline data gathering of publicly available and commissioning submitted information has been completed.
- Review of previous demand and capacity reviews undertaken by WAST
- Review of existing Commissioning Frameworks

- A multi-layer dashboard model is being refined.
- Benchmarking opportunities are being confirmed.

Completion remains on track for the end of the current financial year

2.2 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.-based clinical indicators.

The month one implementation report was received by the JC in January 2026 and was subsequently reviewed by the commissioning team as part of the ongoing assurance of the framework delivery.

- Orange (Now) median response times were under 1 hour on 13 days during a month of high demand when handover delays were over 13,000 lost hours.
- Orange (Now) saw 61% of incidents being conveyed during the first month, with Consult & Close accounting for 8%, which is in-line with what was anticipated within this category
- Yellow (Soon) saw significant improvement in its 90th response times after a first week which saw high levels of handover lost hours. The median achieved 1 hour 43 minutes for the month
- Yellow (Soon) saw 39% of incidents being conveyed during the first month, with Consult & Close accounting for 19%

Month 1 data shows a higher than anticipated number of Orange category cases, prompting a review. Early clinical sampling indicates that around one-third of Orange cases may be over-categorised and could more appropriately sit within Yellow. Early indications appear to be that system pressures and upgraded calls from Yellow to Orange due to community response times appear to be inflating Orange category volumes. 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.

The Ambulance Services and 111 commissioning team continue to collaborate with WAST throughout the transition.

2.3 Ambulance Patient Handover – National Improvement Approach

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. December 2025 saw a recovery in many areas following deterioration in November, reflecting the positive impact of targeted intervention. Performance deteriorated however during January 2026 with management information indicating over 18,000 lost hours .er.

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.

The Ambulance Services and 111 commissioning team continue to support the National Ambulance Handover work.

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. 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 has been 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 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.

2.5 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. The option for resolution of this will be considered through the IMTP development.

The findings of the Phase 1 independent 111 rostering practices review was presented to the Ambulance Services and 111 Commissioning Group on 12th January 2026. It was agreed to continue with the re-roster based on the current resource envelope available, continue discussions between WAST and JCC around commissioned performance metrics, and to continue to strengthen the 111 Digital Front end and review its inter-relationship with call and clinical demand.

2.5.1 111 Press 2

The JC in January 2026 supported clarifying the arrangements for NHS 111 press 2. The 111 press 2 service is not commissioned nationally by the NWJCC; health boards are funded directly by Welsh Government to deliver it under the June 2023 national specification, with local arrangements and pathways resulting in variation. The only element of the service provided by WAST is use of the telephony system to redirect calls to health boards. An internal assessment identified therefore a lack of clarity regarding the role of the Team and the NWJCC on an ongoing basis.

It was clarified at JC that there is no commissioning role for the Team in relation to 111 press #2, and any implied commissioning responsibility should cease, with health boards retaining responsibility. Work is ongoing with providers to develop structures for ongoing national collaboration.

2.6 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 organisations are jointly exploring feasible options to mitigate identified risks and to ensure safe and sustainable coverage going forward.

Work continues by the service and the Wales Air Ambulance Charity to implement the consolidation of bases into north Wales. The Ambulance Services and 111 Commissioning team is working with both partners on the progression of this work.

2.7 Cymru Inter-Hospital Acute Neonatal Transport Service (CHANTS)

2.7.1 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 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. The clinical lead role has been extended until the end of March 2026 within NHS P&I whilst a longer term solution is agreed and established.

2.7.2 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.

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

3.1 Quality Reporting

The following report summarises information drawn from the operational performance dashboards presented to the WAST Ambulance Trust Board between November and December, as well as intelligence shared through assurance meetings with clinical teams. Work is continuing to strengthen the availability and consistency of specific quality and commissioning metrics for use by the JC.

Quality and safety performance continues to be significantly affected by avoidable patient harm associated with wider system pressures. The most substantial risks remain linked to prolonged hospital handover delays, lengthy ambulance response times, call answering challenges, and ongoing staffing constraints in some areas. Although improvement programmes such as the Clinical Model Transformation (CMT) and the Ambulance Performance Framework (APF) are progressing and starting to show early impact, overall levels of patient safety risk continue to be high.

Executive level meetings between WAST and the JC are now in place to ensure clarity regarding how these risks are being addressed, what themes are emerging from incident and performance analysis, and how lessons learned are being embedded into practice

For December, the Trust recorded 13,044 hours lost to hospital handover delays, representing a 48 per cent reduction compared with December 2024. Patient safety incident activity remains significant, with 11 Nationally Reportable Incidents (NRIs), 13 joint investigations and 12 Duty of Candour cases recorded. These incidents are reviewed and thematically analysed by the WAST Quality and Safety Team. Complaint volumes also remain high, particularly within Ambulance Care Services. Compliance with the 30 day response requirement stands at 44 per cent, and a substantial backlog continues to pose challenges despite the implementation of a recovery plan. -day response requirement stands at 44 per cent, and a substantial backlog continues to pose challenges despite the implementation of a recovery plan.

3.2 NHS Wales Escalation Position

A letter from Jacqueline Totterdell, Director General Health and NHS Wales Chief Executive, confirmed that the Trust's escalation status remains at Level 1. The letter acknowledged several areas of progress, including strengthened governance arrangements, more effective collaborative working, reduced sickness absence, and positive contributions to national programmes such as the new Ambulance Performance Framework and the Handover45 Taskforce. -45 Taskforce. However, the correspondence also identified areas that require continued focus. These include further development of the Board Assurance Framework, improvements to performance within NHS 111, ongoing capacity and

flow pressures, weaknesses in complaint handling performance, and concerns regarding staff wellbeing, as highlighted in the NHS Wales Staff Survey.

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3.3 Healthcare Inspectorate Wales (HIW) Desk-top Review

Healthcare Inspectorate Wales (HIW) has confirmed that it will undertake a desktop review of the Trust during January and February 2026, with the findings expected to be published in the Spring. The review will examine patient flow and hospital handover processes, the Trust’s escalation arrangements, how effectively delays are communicated to patients, leadership visibility and governance structures, workforce wellbeing and development, and the quality and accuracy of the data recorded by the organisation.

The Trust has been asked to provide a comprehensive self assessment, supported by evidence, for each of these thematic areas.

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 (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 <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /</i> Link to Domains of Quality <i>(Duty of Quality Statutory Guidance (gov.wales))</i>	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 <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? /</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 members of the Quality, Safety and Outcomes Sub-Committee are asked to:

- **Note** the Report.