

Agenda Item

5.2

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 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
JC	Joint Commissioning Committee
NEPTS	Non-Emergency Patient Transport Services
NWJCC	NHS Wales Joint Commissioning Committee
NRI	National Reportable Incident
PSOW	Public Services Ombudsman for Wales
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.

2. SPECIFIC MATTERS FOR CONSIDERATION

2.1 Emergency Ambulance Services

Following the introduction of the revised ambulance performance framework on 1 July 2025, the Cabinet Secretary for Health announced on 16 July 2025 the implementation of Phase 2 of the New Ambulance Response Model.

Phase 2 of the New Ambulance Response Model in Wales, due for implementation by 31 December 2025, introduces a more clinically focused approach to emergency care by refining call categories and prioritising patient outcomes over response times.

The traditional Amber and Green categories have been replaced with Orange (time-sensitive), Yellow (assess-and-respond), and Blue (non-emergency transport) to better reflect clinical need. Enhanced clinical screening ensures patients with conditions like stroke or ST-Segment Elevation Myocardial Infarction receive timely and appropriate care, while the Red category continues to target life-threatening emergencies. This phase aims to improve resource use, reduce unnecessary hospital conveyance, and deliver better clinical outcomes.

The Ambulance Services and 111 Commissioning Team continue to work with Welsh Ambulance Services University NHS Trust (WAST) and partners regarding the delivery of Phase 2 of the Ambulance Response Model within the timescale set out above.

In response to the significantly reduced total lost hours position, increased system focus and establishment of processes to further mitigate lost hours across NHS Wales, the NHS Wales Joint Commissioning Committee (NWJCC) risk in relation to utilisation of ambulance services capacity has been reduced to 20.

Since March 2025, ambulance handover performance has shown measurable improvement across NHS Wales. Key indicators include:

- A reduction in lost ambulance hours, contributing to improved resource availability. July 2025, saw a reduction 7,250 lost hours compared to July 2024, and was the lowest level of monthly lost hours since July 2021.
- An increase in the proportion of patients handed over within 60 minutes, reflecting enhanced operational efficiency. With over 68% of handovers taking place within 60 minutes in July 2025.

Performance remains variable across Health Boards and individual hospital sites, indicating the need for continued targeted support and localised interventions from the National Ambulance Handover Taskforce.

The Taskforce is being led by several clinical executives from NHS Wales, and the NWJCC are represented on the Taskforce Board by the Director of Commissioning for Ambulance Services and 111.

2.2 NEPTS

The NEPTS service across Wales is under significant challenge 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. For some patients this can mean that they do not receive, or receive a reduced level of their required treatment, impacting their clinical outcome.

The NWJCC's Foundation Plan for 2025-26 was developed with a focus on creating capacity through productivity and efficiency improvements. The principles of which are present within the NEPTS Future Vision (2030).

To 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. To inform this work, WAST have undertaken a modelling exercise to quantify the impact on service capacity of various potential decisions that could be taken for discussion with NWJCC and Health Board representatives.

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.

Following discussions at a previous Joint Commissioning Committee (JC) and Collaborative Commissioning Leadership Group meeting, the NEPTS Commissioning Assurance Group has been formally established since 22 September 2025 and will act as the mechanism to work together for collective solutions and improvement of the capacity challenges and co-ordinate the work outlined above.

2.3 NHS 111 Wales

Call answering performance within the 111 service remains challenging. 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 is ongoing with an external partner and is due to be presented in October 2025.

Clinical call back performance however is improving, with 99.03% of patients in the highest priority receiving a call back within 1 hour against a target of 90%.

Following the JC Strategy Session in August 2025, further work is being undertaken by the Ambulance Services and 111 Commissioning Team regarding the strategic direction and priorities for the 111 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.

Further work is also progressing with the digital front end of 111 including enhancement to online symptom checkers and WhatsApp integration to further enhance the initial contact arrangement for patients.

2.4 EMRTS / ACCTS

The JC were informed that permission to appeal the 19 June 2025 judgment in favour of the Health Boards was rejected by the court on 29 July 2025.

We have subsequently been informed that an application has been made by the claimant to the Court of Appeal. The Court of Appeal will determine whether the appeal has sufficient grounds to proceed. If permission is granted, the case will move to a full hearing. If not, the legal process will be considered concluded.

The Wales Air Ambulance Charity have expressed their disappointment in this decision to appeal and have raised concerns regarding their ongoing ability to make improvements to the service to attend more life more limb threatening emergencies.

The Ambulance Services and 111 Commissioning Team continue to work with Health Board Directors of Corporate Governance, the Wales Air Ambulance Charity and EMRTS on this issue.

In response to Health Board service change and patient need, demand for ACCTS continues to increase as a result there are challenges in delivering the expected core service provision.

Given the small size of the service, opportunities for bolstering of ACCTS capacity in 2025-26 are limited. The Ambulance Services and 111 Commissioning Team is working with the service, Health Boards and WAST to find solutions to meet this need.

As part of the development of the NWJCC plan for 2026-27 work will need to be explored to consider the opportunities for expansion of ACCTS' capacity to meet health board requirements as part of their strategic service changes.

3. QUALITY OVERSIGHT

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

3.1 Internal Regional Integrated Intelligence Review.

WAST has established in response to a cluster of significant patient safety incidents and safeguarding concerns, an internal Regional Integrated Intelligence Review. The purpose of the review is to establish triangulation of internal sources of organisational intelligence, including workforce, safeguarding, managerial perspectives, patient safety, complaints, legal matters, including inquests, and clinical standards of care. The review will also incorporate external intelligence, where there is an interface with their services.

The review aims to provide an integrated picture of intelligence and it will include aggregated data, contributions from multiple teams and directorates, and will provide a holistic understanding of regional strengths and any concerns. It is anticipated that learning about the process through which the review is conducted will inform future integrated assurance and learning activities. It is also hoped that it will lend structure to future ambitions of an integrated quality dashboard. The NWJCC await further detail on the review and the developments from this.

3.2 Quality Patient Experience Report

The most recent report from WAST is the Quality, Patient Experience and Safety (QuEst) papers for Quarter 1 of this year. Within the papers there is reference to a high number of ongoing and open Nationally Reportable Incident (NRIs), Coroner's cases and complaints.

The QuEST papers highlight:

The impact of high demand across WAST emergency and non-emergency services resulting in:

- Harm due to extensive response times in the community for emergency care
- Distress caused by cancellations of pre-booked transport
- Large volume of high harm cases shared with Health Boards for joint investigation
- Increase in NRI reporting and Duty of Candour cases
- Challenges in providing timely Putting Things Right responses and inquest statements

Alongside the Integrated regional review, a *Putting Things Right and Legal Services Performance Organisational Recovery Plan* has been developed. The understanding from the NWJCC is that the plan aims to address the current position within the Trust in completing open investigations and complaints. The NWJCC have requested further detail on this and are awaiting detail of the plan and the action plan.

3.2 Concerns and Complaints

WAST's performance against the 30-working day target was 89% in June. A high number of complaints remain open (263) and the proportion of those are overdue (60%).

There was an increase in the number of complaints received by the Trust during April. This appears to have been driven by an increased volume of complaints about Ambulance Care Services. 57% of complaints received that month related to the booking, delays, standard of driving or cancellations of non-emergency transport. Low staffing levels during March and April are thought to possibly have compounded the existing dissatisfaction regarding short notice cancellations.

3.3 National Reportable Incidents

The NWJCC has received an NRI log from NHS Performance and Improvement, which contains both ongoing and historical data. The current open number is in the region of 40. The NWJCC Quality team are currently cross-referencing this information and working collaboratively with WAST and NHS Performance and Improvement to clarify specific details and to understand how these are being reviewed monitored and closed.

The incidents that have been reported as NRIs during Quarter 1 as detailed in the WAST report related to:

- Call management - incorrect call categorisation and/or prioritisation, delay in providing pre-hospital Cardiopulmonary Resuscitation instructions
- Remote clinical care - inappropriate clinical downgrade from Red to Amber 1 by Clinical Service Desk, inappropriate outcome of GP Out of hours instead of 999

- Clinical care – assessment: clinical reading of 12 lead ECG, treatment: airway management, incorrect use of defibrillator, unsafe management/supervision of oxygen resulting in burns; decision-making: decision to leave the patient without undertaking appropriate clinical assessments and a capacity assessment inadequate assessment of diabetic symptoms, inadequate assessment of head injury, staff acting outside of scope of practice.

3.4 Duty of Candour

WAST's Patient Safety team has not been able to fully comply with the five working day target for issuing Duty of Candour initial letters after the 'in-person' notification, due to sickness levels in the team. These are relatively small numbers, and the target was out of compliance by no more than 2 days.

3.5 Joint Investigations

Themes following joint investigations remain the same with over-crowded Emergency Departments and wider system pressures resulting in high levels of escalation, lack of End-of-Life Care, care planning and discharge delays. An evaluation session has been arranged between WAST, NHS Wales Performance and Improvement, Cardiff and Vale University Health Board and the national OfWCMs Programme team to review the pilot of a joint investigation module within Datix Cymru. Depending on the outcome of the evaluation, national engagement on the module is planned.

3.6 Public Service Ombudsman Wales (PSOW)

WAST received a Section 27 non-Public Interest Report from the PSOW in April 2025. The findings from this were that WAST's Clinical Support Desk clinicians should have reviewed the first 999 call, identified that the patient was at serious risk and then escalated the ambulance response category in line with WAST's own guidance.

WAST has acknowledged the poor standard of complaint investigation at an early stage of PSOW involvement and accepted the recommendations issued by the PSOW. These actions have all been completed, with changes made through the revisions to the Performance Framework and CMT Programme contributing to strong controls to prevent a similar situation from reoccurring.

In addition to the recommendations made by the PSOW, WAST has acknowledged that the issues identified require them to review their stance on liability and are in contact with the family to support them through this process. WAST has apologised to family members, acknowledging that the concerns investigation has caused additional distress to them following their loss.

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

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