Agenda Item
3.3

Quality, Safety and Outcomes Sub-Committee

Director of Commissioning for Ambulance Services and National Programmes Report

Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
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Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Ross Whitehead, Director of Commissioning for Ambulance Services and National Programmes

Pwrpas yr Adroddiad / Report Purpose	For Assurance Choose an item.

Committee / Group / Individuals	Date	Outcome
Senior Leadership Group (SLT)	17/08/2026	Noted

1. SITUATION / BACKGROUND

This paper provides an update to the Quality, Safety and Outcomes Sub-Committee on key developments and risks across the commissioned services within the ambulance and national programmes portfolio, which on this occasion include; Emergency Ambulance Services, Non-Emergency Patient Transport Services (NEPTS), NHS 111 Wales, Neonatal Transport, Major Trauma Network, Spinal Network and Sexual Assault Referral Centres (SARCs).

Each area is set out to describe the quality issues, alongside describing impacts, mitigations and areas requiring further JCC consideration or escalation.

Strategically, all areas outlined within this report align to:

- A Healthier Wales
- Urgent and Emergency Care Programme
- Varying strategic frameworks aligned with the varying portfolios the division holds
- Multiple legislative frameworks, guidance, evidence and assurance areas that the JCC contributes to through its activities which often span multiple domains beyond the remit of the NWJCC
- NWJCC Annual Plan priorities

2.0 QUALITY OVERSIGHT

2.1 Safe and Timely Care

Hospital handover delays remain a significant organisational risk. This risk has been escalated and remains a key area for Board and Committee assurance.

There are also emerging risks associated with delayed access to patients in the community, including circumstances where Police or Fire and Rescue Services are unable to attend. An interim joint operating model for forced entry has been introduced, with the issue being monitored through wider emergency service governance.

Mortality intelligence identifies recurring themes associated with prolonged ambulance waits, delayed access to care, stroke, sepsis, patient deterioration, frailty and end-of-life care. These themes are considered predominantly system-wide rather than isolated failures of clinical care. The developing Avoidable Harm Report (from the WAST team) will provide an opportunity to bring together mortality, patient safety, operational and patient experience intelligence to provide a clearer picture of where this may be evident.

2.2 Nationally Reportable Incidents

There are currently 16 open NRIs (from 04/12/25 to 24/07/26) as detailed in the Incidents and concerns report.

These are being monitored to identify recurring themes, understand learning and seek assurance that appropriate actions are being implemented. Call-taker categorisation errors are the most significant theme within the current NRI data; however, this does not appear to be sufficiently addressed within the Ambulance Quality Board reporting and is not reflected within the outcome report detail. Further discussion and assurance are therefore required to understand the underlying causes and ensure that the response addresses any system-wide factors contributing to categorisation errors, rather than relying solely on individual staff training. The need for clarification on identification of NRI reporting related to Call Categorisation needs to be further substantiated as a number of these continue to relate to the amber call categories this category has changed over the last 6 months.

2.3 Patient Experience and Person-Centred Care

Complaints, patient stories and wider feedback remain important indicators of system pressure and continue to be fed back and collated for learning and feedback within WAST. SMS patient feedback for 111 services has recently been implemented and will provide further evidence to inform quality improvement.

2.4 Evidence of Improvement

There are several areas providing positive assurance:

- The Falls Desk continues to demonstrate patient benefit and provides evidence to support clinical model transformation.
- Video consultation is supporting improved remote clinical assessment, patient reassurance and responder confidence.
- The Cymru High Acuity Response Unit (CHARU) received reasonable assurance through internal audit, with identified actions being progressed.
- Medicines management demonstrated strong compliance and strengthened governance.
- Concerns management has improved, with reductions in backlogs and stronger programme and executive oversight.
- Progress has been made in statutory compliance and quality governance.
- Digital and data initiatives continue to develop, although capacity and system dependencies remain areas requiring ongoing attention.

2.5 Sustainability and Capacity

A recurring assurance theme is whether improvements achieved through recovery funding, temporary staffing and additional programme resources can be sustained and embedded into business as usual. Sickness in the Putting things right team alongside staff roles and changes are again having an impact on this sustainability

2.6 Equity and Inclusion

Equitable access to care remains an important consideration. Key areas of focus include the impact of deprivation on cardiac arrest outcomes and the potential for digital exclusion as digital services develop.

Work is underway to improve access to NHS 111 digital services and ensure that patient and disability-group feedback informs future service design.

2.7 Strengthening Assurance from WAST

The Nursing & Quality Commissioning Team is developing a more structured approach to obtaining assurance directly from WAST through:

- Six-weekly Quality Assurance meetings with the WAST Quality Team from September, providing a formal forum to review incidents, themes, actions and areas of concern.
- Face-to-face visits to the Cwmbran EMS Control Centre and EMRTS Cardiff planned for August (26th), supporting greater understanding of operational and clinical processes.
- Governance engagement through attendance at SCIF and the WAST Quality Assurance Delivery Group.
- Sharing of the WAST Corporate Patient Safety Incident Management SOP to strengthen understanding of incident management, investigation and learning.
- Closer working with the WAST Quality and Patient Safety Team to enable timely clarification of NRI and outcome documentation and support appropriate challenge.

This provides a more systematic approach to understanding the quality of care delivered by WAST and the wider system pressures affecting patient safety.

The key areas requiring continued assurance are:

- Whether patients at greatest risk of deterioration are identified and appropriately protected while waiting due to handover delays impacting ambulance response.
- Whether learning from incidents, complaints, patient stories and mortality intelligence is translating into measurable improvement.
- Whether successful improvement programmes are delivering sustained benefits.
- Whether inequalities in access and outcomes are being identified and addressed.
- Whether the developing patient harm intelligence provides a clear picture of avoidable harm.
- Whether whole-system partners are taking appropriate action on risks that sit beyond WAST's direct control.

3.0 Service Specific Updates

3.1 Emergency Ambulance Performance

In July, 69% of handovers were within 45 minutes, an improvement of 9% from June. Average handover for July was 1 hr 2 minutes compared to an average 1 hour and 23 minutes in both May and June 26. Lost hours have reduced from 18,070 at the beginning of the year to 9,336 in July and are significantly less than previous years monthly averages.

Arrest response median continues to meet the 6-8 minutes target post implementation of the new Ambulance Performance Framework, however ROSC (return of spontaneous circulation) rates remain below the 25% WAST internal target reporting at 23.4% during July. The Welsh Ambulance NHS Trust (WAST) have however put forward an expected trajectory of meeting 25% from August onwards.

Emerg response has not met the median target of 6-8 minutes response at 9.9 minutes, the Trust have established further task and finish groups to further analyse demand and performance against the new model across the categories. Orange 'now' response has improved in July with a lowest median of 1 hour 5 minutes since the model was implemented.

Areas of **impact** as a result of this situation include:

- Reduced ambulance availability due to handover delays, particularly impacting response to orange and yellow acuity calls, however there are now some improvements.
- Increased risk to patient outcomes across the urgent and emergency care pathway.
- Ongoing workforce and reputational risk arising from sustained pressure and public scrutiny.

There are a number of **mitigations** that have been considered and are being implemented including:

- NHS P&I have agreed improvement plans with each health board
- Continued engagement with the provider on detailed analysis of the model and opportunities for improvements

There are some **constraints to these mitigations** which include:

- Reliance on Health Board operational change beyond direct NWJCC influence and control.
- Reliance on continued national assurance approach to handover improvement.

Our **commissioning assurance** approach seeks assurance through:

- National ambulance handover performance data and trend analysis.
- Continued review of the Risk on the NWJCC Risk Register (78) de-escalated from 25 to 20, reflecting reduced likelihood but ongoing high consequence.
- Risk reviewed regularly.
- Continued engagement with the provider on delivery against the new Ambulance Performance Framework
- Adoption of a focused winter dashboard for performance assurance.

There will be a number of issues requiring **Sub Committee Consideration**

- Ambulance handover performance risk continues. The risk is articulated and managed through a commissioning lens, recognising that the main drivers sit outside direct commissioner control.
- Whilst 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.

3.2 NHS 111 Performance

NHS 111 performance continues to be primarily driven by an imbalance between capacity and demand, combined with limitations in supporting digital systems and where the modelling has demonstrated that although predictable, commissioned capacity requires realignment with system demand.

During the reporting period, NHS 111 have continued to experience increased demand, with call abandonment rates of on average, 17%, against an increased amount of demand in calls offered of 81,000. This has been due to the hotter weather period.

Calls offered has increased, year on year and in month period by approx. 45%. Sickness rates and turnover have also contributed to this performance. The modelling undertaken by the provider indicates that abandonment rates should be between 10% and 15% on normal days but not for days of higher demand e.g. bank holidays.

There are a number of **Mitigations and controls** that are enabled**,** specifically:

- Full re-rostering review completed in Q1 of 2026/27 with planned full implementation by the Autumn expected to reduce sickness levels and turnover.
- Continued focus on sickness absence management.
- Digital solutions progressing, including the NHS 111 virtual agent (Albot), WhatsApp integration, 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.

The **Constraints to these mitigations** as outlined, remain inclusive of the points that follow:

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

The JCC enable **Evidence and Assurance** through:

- Oversight via the JCC/WAST Exec discussions and ongoing dialogue with the provider
- Oversight though Ambulance Services and national programmes commissioning team performance monitoring and assurance processes
- WAST Daily and weekly performance monitoring through operational, tactical and strategic governance routes

There are a few issues for **Sub Committee Consideration**

- The Sub-Committee is asked to note that NHS 111 continues to operate within a period of demand pressure which is subject to active monitoring and escalation with the provider.
- Sustainable improvement is dependent on delivery of the re-rostering programme, demand, and development of digital solutions. The NWJCC role remains one of assurance, oversight and system escalation rather than holding direct operational control.

3.3 Non-Emergency Patient Transport Service (NEPTS)

The NEPTS service continues to operate within a challenging demand and capacity environment, driven by increased demand, 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 continues to represent an ongoing system risk, specifically cancellations of transport for outpatient appointments.

In response, WAST developed and submitted a range of options to the JCC aimed at improving sustainability, reducing avoidable demand and maximising available capacity to ensure the service is available to those most in need. A NEPTS Improvement Board has been established by WAST implementing changes and delivery against the NEPTS Vision (2030) with the JCC providing oversight, challenge and assurance regarding alignment and impact. It will be important to consider the outcomes of this work within the Joint Commissioning Committees prioritisation and IMTP process.

The **impact** from a **Quality, Safety and Outcomes perspective** remains:

- 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.

The resulting **Mitigations and controls** have been put in place:

- 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.
- The 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
- Establishment of NEPTS National Working Group with health boards, WAST and system partners to develop and deliver actions aligned to the NEPTS Future Vision (2030)

There are a number of **constraints to the mitigations:**

- 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

The following are received by the JCC as supporting **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.
- Agreed highlight reports from the established NEPTS Improvement Board.

3.4 Adult Critical Care Transfer Service (ACCTs)

The Adult Critical Care Transfer Service has 3 vehicles. It has suffered of late with regards the maintenance of the vehicles, rendering two of the three out of service.

The **impact** of this is:

- Non availability of vehicles for all adult critical care transfers when required

The **mitigations and controls** that have been put in place are:

- Colleagues within ACCTs have rented a 5 tonne ambulance from Bristol Ambulance services, as well as borrowed short term ambulance capacity from WAST
- There continues to be conversations with Welsh Government regarding the capital bid that was submitted some time ago – there is no current update
- A commissioning assurance report has been requested from the service
- A new risk has been added to the commissioning risk register, and is being managed accordingly

There are **constraints** to the mitigations outlined above, specifically:

- The Bristol vehicle had become defective, and as such the rental agreement was stopped.

- There is no guarantee that a vehicle will be available from WAST at every time it is required.

3.5 Neonatal Transport

Since last reporting, a number of developments have taken place including the establishment of a project team, and Health Board engagement. The inaugural project board will take place on the 26th of August 2026.

The resulting **mitigations and controls** have been put in place:

- Meeting of the first project team aimed to identify a way forward with regards commissioning of Neonatal Transport.
- Discussions with NHS Performance and Improvement on potential to extend hosting arrangements – which were not supported
- Informal discussions corporately with Health Boards regarding their continued desire to be a host (members will recall 2 Health Boards expressed interest)
- Workshop being arranged to discuss service specification

There are **constraints** to the mitigation outlined above, including:

- Resource considerations and affordability
- Alignment with the broader neonatal review being undertaken within the JCC

Required **Evidence and assurance** will be scoped as part of the project arrangements.

3.6 Sexual Assault Referral Centres (SARCs)

An 18 month programme is currently being planned which will seek to align contract end dates for the varying components of the model, alongside developing a new service specification, funding framework and performance management regime. There is a current stream of activity related to the renewal of counselling services currently commissioned by the Joint Commissioning Committee.

Impact

- There are risks associated with contract end dates, specifically to ensure continuation of service to vulnerable individuals
- There are risks associated with the services not being formally commissioned consistently across Wales, leading to a mixed model of operational delivery which is inconsistent
- There is a need to consider whether the service model developed 14 years ago remains fit for purpose, and responsive to the needs of survivors of sexual assault
- There is a risk to the funding model due to a) the need to cost the model in its entirety, suitable for the current time; b) a changing organisational landscape, specifically within policing and OPCCs

- There is a risk due to the absence of a partnership agreement between the three commissioning partners, along with a variety of changing personnel across partner organisations

The following **mitigating actions and controls** have been put in place:

- Renewed governance arrangements focussed on commissioning between health, policing and offices of the Police and Crime Commissioners, following an operational, tactical and strategic response structure, and aligning the work plan accordingly.
- Commitment to the development of a partnership agreement between all partners
- Commitment to alignment of the individual contractual end dates held by all partners with a view to considering more streamlined commissioning arrangements as these come to an end
- A review of the service model with a view to developing a detailed and up to date service specification as the basis of future commissioning

There are some **constraints to the mitigating actions:**

- Ability of all partners to engage effectively with the new partnership governance arrangements
- Contribution of all partners to the partnership agreement
- Ability to retain levels of funding, and assess any future affordability needs
- Significant change to personnel across partner organisations

The following are in place with regards **evidence and assurance:**

- Quarterly performance meetings with providers (voluntary sec and NHS)
- Receipt of quarterly performance data
- Agreement to sharing of data across partners
- Weekly SRO meetings at the current time

3.7 Major Trauma Network

At the approval of the Business Case for Major Trauma several years ago, due to anticipated low numbers, there was no funding for a Major Trauma desk overnight. To date an informal arrangement has been in place where senior consultants from the Emergency Medical Retrieval Transport Service (EMRTs) have been undertaking this function overnight, however have recently indicated that they will be able unable to do so in to the future.

Impact

- The impact is assurance of whether all patients arrive at the most suitable place for their care.
- The impact of the service not being available overnight is predominantly upon staff within the Major Trauma Centre which is the default position should there be no desk cover

Mitigating actions and controls

- A workshop was held on 30th July 2026 hosted by the Major Trauma Network with representation from across the Major Trauma Network, Welsh Ambulance Services NHS Trust, and clinical colleagues from NHSE
- The workshop did not reach a conclusion as such colleagues have been asked to complete a risk assessment and undertake an option appraisal
- At present EMRTS continue to support service provision

Constraints to the mitigating actions

- To date, colleagues have been unable to reach a conclusion that does not require additional investment

4. RECOMMENDATIONS

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

- Consider and **note** the issues raised within the report, receiving **assurance** that the mitigating actions and controls are being managed or indeed escalated as appropriate.

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 *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **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 *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **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 *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* **Quality**	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below:

Have you undertaken a Quality Impact Assessment Screening?		Reporting on quality matters from last JCC meeting.
Cydraddoldeb *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /* **Equality** *Have you undertaken an Equality Impact Assessment Screening?*	Yes: ☐	No: ☒
	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 *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	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
OPCCs	Offices of the Police and Crime Commissioners
PADR	Performance Appraisal and Development Review
QuESt	Quality, Patient Experience and Safety Committee, WAST
SARCs	Sexual Assault Referral Centres
SCIF	Serious Case Incident Forum, WAST
WAST	Welsh Ambulance Services University NHS Trust