

**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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Pwrpas yr Adroddiad / Report Purpose	For Assurance Choose an item.
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Committee / Group / Individuals	Date	Outcome
N/A	Click or tap to enter a date.	Choose an item.

## 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 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
- Six Goals for Urgent and Emergency Care
- 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

A full overview of Commissioned Activity is set out in **Appendix 1** for background information and to provide context to the updates and sources of assurance detailed in this report.

It is pleasing to report that a new Quality and Outcomes Business Partner has been recruited to the Nursing and Quality Directorate and will support closer working relationships strengthening oversight of quality, patient safety and service improvement.

## 2. ASSESSMENT

### 2.1 Emergency Ambulance Handover

Within this period of reporting, Ambulance handover performance remains a significant area of system pressure. While improvement was demonstrated following renewed national focus on the 45-minute standard, performance deteriorated in March 2026 with nearly 18,000 lost hours. Improvements were seen in April, however remained significant at 14,600, increasing to 14,803 in May 26 but with a slight improvement of 63% handovers within 45 minutes against 60% and 61% respectively. Whilst there has been some improvement, handover delays remain significantly above levels of capacity.

The root causes of the issue remains; predominantly driven by pressures across the system, and, specifically linked to emergency department/hospital capacity,

patient flow, and discharge delays across Health Boards. Data has shown a direct correlation between hospital handover delays and lower response times in the community.

It is recognised that this is a system issue that cannot be resolved by the provider or commissioner alone, it will be important moving forward that the JCC plays a role in bringing together both Health Boards and WAST in seeking to organise a system response to this issue.

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

- Reduced ambulance availability, particularly impacting response to orange and yellow acuity calls.
- 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:

- A National Handover Improvement Approach introduced with measurable improvement prior to winter escalation
- Ongoing national assurance arrangements.

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

- Acute bed capacity and flow constraints.
- Reliance on Health Board operational change beyond direct NWJCC influence and control.

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

- National ambulance handover performance data and trend analysis.
- Risk on the NWJCC Risk Register (78) de-escalated from 25 to 20, reflecting reduced likelihood but ongoing high consequence.
- Risk reviewed regularly.

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

- Ambulance handover performance risk continues. Progress is being made with the Committee Secretary and team to strengthen how this 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.

## 2.2 NHS 111 Performance

NHS 111 performance is primarily driven by an imbalance between capacity and demand, combined with limitations in supporting digital systems. Modelling has demonstrated that although predictable, commissioned capacity requires realignment with system demand.

During the reporting period, NHS 111 have experienced increased demand with call abandonment rates of 18.8% being seen in April 26. Sickness rates and turnover have contributed to this performance. Modelling undertaken by the provider indicates that abandonment rates should be between 10% and 15% on normal days but not for days of high demand e.g. bank holidays.

As such, there are a number of **Mitigations and controls** that have been enabled, specifically:

- Full re-rostering review underway in Q1 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, and 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.

There are again, some **Constraints to the mitigations** outlined, 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 will enable **Evidence and Assurance** through:

- Oversight via the JCC/WAST Exec discussions and ongoing dialogue with the provider
- Oversight through Ambulance Services and 111 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 is operating 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 to manage demand. The NWJCC role remains one of assurance, oversight and system escalation rather than holding any direct operational control.

### **2.3 Non-Emergency Patient Transport Service (NEPTS)**

The NEPTS service continues to operate within a challenging demand and capacity environment, driven by 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 represents an ongoing system risk, particularly as non-recurrent resources commissioned to support discharge and transfer activity have ended.

In response, WAST has developed and submitted a range of options to the JCC aimed at improving sustainability, reducing avoidable demand and maximising available capacity. These options have been explored through the NEPTS Commissioning Assurance Group, with commissioners providing oversight, challenge and assurance regarding their 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** include:

- 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.

## 2.4 Neonatal Transport

The publication of the All-Wales Maternity and Neonatal Assurance Assessment Report, "The Path to Safer Beginnings in Wales" highlighted inequities in care due to the interim model remaining in place and the variation in service specifications between the in-hours and out-of-hours provision. This work will be considered by the JCC as part of its wider response to the assessment.

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

- Agreement to establish project arrangements to manage the change from a temporary arrangement to a more permanent arrangement

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

- Health Boards engagement with the work given the long history that precedes this
- Resource considerations of the model
- Alignment with the broader neonatal review being undertaken within the JCC

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

## 2.5 Sexual Assault Referral Centres (SARCs)

The Joint Commissioning Committee took responsibility for the commissioning of SARCs with affect November 2025. It works closely with partners in policing and Offices of the Police and Crime Commissioners across Wales to secure safe high quality services for the populations in South, South East, South West Wales and Powys (alternate arrangements are in place for North Wales).

To ensure continuity of care for people following sexual assault, there is a need to ensure sustained delivery through appropriate commissioning practice and

supporting contractual models. This needs to be managed across a complex contractual landscape with alignment across all partners.

## **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

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

- A renewed governance model focussed on commissioning between health, policing and offices of the Police and Crime Commissioners.
- 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

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

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

### 3. RECOMMENDATIONS

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

#### 3.1 Emergency Ambulance Handover

- **Endorse** the approach being taken to revise the current JCC risks
- **Take assurance** that the actions within the remit of the JCC are being undertaken to mitigate risk.

#### 3.2 111 Performance

- **Take assurance** that the actions within the remit of the JCC are being undertaken to mitigate risk

#### 3.3 Non-Emergency Patient Transport Service (NEPTS)

- **Take assurance** that the actions within the remit of the JCC are being undertaken to mitigate risk

#### 3.4 Neonatal Transport

- **Note** and **take assurance** that the arrangements that are in place to progress this work

#### 3.5 Sexual Assault Referral Centres

- **Note** and **take assurance** that the arrangements in place to continue to commission in partnership with policing and police and crime commissioner colleagues.

## **Appendix 1 – Operational Update**

### **1. Strategic Productivity Review**

The strategic productivity review of WAST delivered services continues to progress. The review will include all commissioned aspects of the WAST, with a focus on understanding productivity, remit, and affordability.

The progress to date has included:

- Reviewing of the existing commissioning frameworks
- Review of historical baseline, investment and expenditure
- Review of productivity and performance
- IMTP delivery including commissioning intentions

The Ambulance Services and 111 Commissioning Team have also been liaising with NHS England regarding the development of an Opportunity Framework, focussed on Emergency Ambulance Services.

A Task and Finish Group with key colleagues within JCC and WAST has been established to progress the work collaboratively. The framework identifies opportunities and benchmarked indications against key areas; conveyances to EDs, conveyances to non EDs, incidents per WTE and handovers with opportunity to expand further and consider variation in more detail locally and consideration of demand per population and implications of deprivation, further exploring value.

A productivity pack for EMS has been developed and will be included in the overview report committed to be delivered by the end of Q1 as per the annual plan.

### **2. Manchester Arena Inquiry Assessment**

The Ambulance Services and 111 Commissioning Team have completed the assessment of the R106 WAST Capability report in line with the strategic priority within the JCC Foundation Plan 2025/26.

The assessment process has consisted of multiple stakeholder workshops, collaborative assessment workshops, receipt and review of legal advice and the commissioning of an independent external review. The completed commissioner assessment has presented by the Director of Commissioning for Ambulance and 111 to CCLG, JCC Planning and Performance Committee and the NHS Wales Joint Commissioning Committee in May 2026. A formal paper will be submitted to the next NHS Joint Commissioning Committee in July 2026.

### **3. 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.

An executive level assurance report has been received and discussed between WAST, the JCC and Welsh Government as part of the agreed assurance process post go live, with a focus on quality and performance and to ensure the model is proceeding as anticipated and within the expected quality and performance parameters. The two key themes noted are:

- A higher than anticipated number of calls within the Orange category
- Demand for Rapid Clinical Screening is exceeding current levels of capacity.

Early clinical sampling indicates that around one third of Orange cases may be over categorised and could more appropriately sit within Yellow. A new Benefits Group has been 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.

In Quarter 1 2026/27 WAST have been reviewing whether some Emerg incidents in the highest rapid clinical screening code (RCS0) cohort should go straight to dispatch, therefore reducing the RCS0 demand, comparing old Red volumes with new Arrest/Emerg and consideration of whether further Clinical Navigator capacity is required to reduce the number of time outs. Health boards ability to handover ambulance patients within 45 minutes still remains a critical factor in the management of system demand.

#### **4. Ambulance Patient Handover**

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 however remains highly variable.

#### **5. 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 strategic actions aligned to productivity and efficiency improvements within the NEPTS service and to deliver the objectives of the NEPTS Future Vision (2030), the Ambulance Services and 111 Commissioning Team will establish a NEPTS National Working Group, consisting of health boards, WAST, Welsh Government and other system partners (i.e., NHS P&I and DCHW)

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 conjunction with Health Boards via the NEPTS National Working Group.

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. In Quarter 1 2026/27 new rosters have been developed and currently undergoing review with staff and Trade Unions. Once finalised, WAST will review areas of additional provision requirements (Quarter 2 2026/27). Implementation of the new rosters will be undertaken in a phased approach to ensure a smooth transition (Quarter 3 2026/27).

## **6. 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. Additional funding has been provided for the ongoing improvement of the digital front end of 111. The Ambulance Services and 111 Commissioning Team are working closely with WAST regarding the benefits that can be realised and targeting of investment to make the most significant contribution to patients.

The commissioning team has agreed with WAST to move to utilising median and

90th percentile measures for 111 services as this approach is consistent with the wider developments supported through the JCC and aligns well with the maturing Ambulance Performance Framework.

111 call abandonment will remain a key measure of system pressure and experience which will continue to be monitored alongside further development of call abandonment rates by wait time band.

WAST are actively working on improving the productivity of the 111 service within the existing resource available. A full re-rostering exercise is underway within the 111 service which will result in shift patterns being implemented that are more closely aligned with expected demand in addition to providing a better experience for staff. The re-roster is on target for implementation within Quarter 3 2026/27.

## **7. 111 Press 2**

At the Joint Committee meeting in January 2026, the Joint Committee supported the position that JCC commissioning responsibility for the NHS 111 press 2 service ceases, with individual health boards maintaining responsibility for the service.

The Ambulance Services and 111 commissioning team has been working collaboratively with system partners regarding ensuring continuity for the coordination of the service. Discussions have taken place with NHS Performance and Improvement colleagues who, linked to the development of the Open Access Mental Health Support Model, will oversee the strategic direction of the service on a national basis.

## **8. 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 Ambulance Services and 111 Commissioning team have requested the South Wales Major Trauma Network ODN to work with respective organisations to review the risks of a number of scenarios to jointly exploring feasible options to mitigate identified risks and to ensure safe and sustainable coverage going forward within existing resources.

## **9. Adult Critical Care Transfer Service (ACCTS)**

The Ambulance Services and 111 Commissioning team are progressing with reviewing the current hosting arrangements for the ACCTS service which is currently hosted by Swansea Bay University Health Board and is aligned with the Emergency Medical Retrieval and Transportation Service (EMRTS).

The review has been completed and has been shared with Swansea Bay University Health Board as the host organisation.

## **10. 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 this is no longer sustainable and the requirement for a different arrangement for the clinical lead roles has been identified.

To progress with resolving this, the Director of Commissioning for Ambulance Services and 111 has written to the three provider Health Boards currently delivering the CHANTS service to request a position statement from each organisation in order to identify a temporary operational hosting solution to support ongoing safety, compliance and operational reliability.

The Ambulance Services and 111 commissioning team will continue to work with NHS P&I to develop a transition plan.

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. The publication of the All-Wales Maternity and Neonatal Assurance Assessment Report, "The Path to Safer Beginnings in Wales" highlighted inequities in care due to the interim model remaining in place and the variation in service specifications between the in-hours and out-of-hours provision. This work will be considered by the JCC as part of its wider response to the assessment.

## **11. Sexual Assault Referral Centres**

The Joint Commissioning Committee took responsibility for the commissioning of SARCs from November 2025. The model is commissioned through a partnership between the NHS, policing and the Offices of the Police and Crime Commissioner. The service model comprises services for survivors of sexual assault and includes:

- Forensic examination
- Crisis worker support
- Independent sexual violence advisors (for those navigating a criminal justice pathway)
- Counselling

Services are provided from 3 central hubs and a range of community based premises across South East, South West Wales and Powys (there are alternate arrangements in place for North Wales).

## **12.QUALITY OVERSIGHT**

### **WAST Avoidable Harm Report**

The purpose of the Avoidable Harm report is to provide a baseline assessment of avoidable patient harm across the three All-Wales pathways delivered by the Trust: NHS 111, Emergency Medical Services (999) and Non-Emergency Patient Transport Services (NEPTS).

The report includes a risk assessment which identifies that the single most significant driver of avoidable harm across all pathways is the sustained imbalance between demand and system capacity, particularly within urgent and emergency care. While confirmed serious harm remains low, prolonged waits for vulnerable patients represent the Trust's most significant patient safety risk. This risk requires sustained system leadership, partnership working and continued clinical model transformation.

### **NHS 111**

Confirmed serious harm events remain rare despite sustained and very high demand. Overall risk remains low; however, delays in call answering and access to timely clinical advice may increase the risk of deterioration for a small cohort of patients who subsequently require escalation to Emergency Medical Services (999).

### **999 / Emergency Medical Service**

The risk profile primarily reflects wider system pressures rather than failures in clinical care. The principal patient safety concern relates to prolonged waits for Orange (Now) category patients, who are clinically vulnerable but not immediately life-threatening. Patients with time-sensitive conditions, including stroke, STEMI, sepsis and frail fallers, are most at risk of harm where delays occur. Hospital handover delays continue to significantly reduce ambulance availability, increasing the risk of deterioration while patients await a response. Although confirmed serious harm events remain uncommon relative to the scale of activity, deterioration during prolonged waits may not always be captured through traditional incident reporting processes.

## **Non Emergency Patient Transport Services (NEPTS)**

Core clinical delivery remains stable; however, risk is influenced by high levels of short-notice booking activity, system-driven cancellations, and dependency on wider system discharge and transfer processes. These factors impact patient experience and may create clinical risk, particularly for vulnerable patient cohorts.

## **Cross Cutting Themes**

System congestion and hospital handover delays are the dominant contributors to avoidable harm across all pathways. Patient experience feedback, complaints and concerns data act as lagging indicators of system stress, particularly during periods of peak pressure. Notwithstanding system challenges, the quality of clinical care delivered once patients are reached remains strong and well evidenced.

## **Mitigations and Controls**

Mitigations include enhanced clinical oversight through Integrated Clinical Contact Centres, expansion of remote and specialist clinical models such as the Falls Desk, and the implementation of Phase 1 and Phase 2 of the Ambulance Performance Framework to strengthen prioritisation and monitoring of patient deterioration. Targeted quality improvement activity continues across stroke, STEMI, frailty and falls pathways, alongside a sustained system-wide focus on the Wait 45 hospital handover metric.

## **Next Steps**

Next steps include the establishment of a multidisciplinary harm intelligence subgroup, reporting to the Clinical Advisory Group, to triangulate emerging risks; development of a consolidated patient harm intelligence dashboard; and quarterly presentation of this report to Trust Board via QuEst. Further progress will be made on data linkage and outcome measurement across the patient pathway. This report will act as a baseline “state of the nation”, with future reports demonstrating trend, improvement and impact.

Details of the above will be shared with the Joint Commissioning Committee, alongside actions demonstrated through monitoring of the patient harm intelligence dashboard and ongoing evidence of organisational learning and improvement.

## Strategic and Regulatory 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)) / Link to Enablers of Quality</i> <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)) / Link to Domains of Quality</i> <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? / Quality</i>	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.
<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.	

## 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