Welsh Ambulance Services University NHS Trust

Monthly Integrated Quality & Performance Report

January 2025/ February 2025

Annex 1 – Top Indicator Dashboard

Our Patients

Top Monthly Indicators	Target 2024/25	Jan-25	Feb-25	2 Year Average	RAG
Timeliness Indicators					
NHS111 Call Handling Abandonment Rates	< 5%	8.2%	10.1%	8.7%	R
111 Clinical Triage Call Back Time (P1)	90%	92.0%	96.4%	97.9%	G
999 Call Answer Times 95th Percentile	00:06	00:10	00:33	00:19	R
999 Red Response within 8 minutes	65%	48.3%	51.1%	49.5%	R
999 Amber 1 Median	00:18	02:32	02:00	01:29	R
Oncology Journeys arriving within 45 mins and up to 15 minutes after appointment time	70%	76.0%	77.7%	72.8%	G
Advanced Discharge & Transfer journeys collected less than 60 minutes after booked time (NEPTS)	90%	81.0%	80.1%	80.2%	R
Clinical Outcomes / Quality Indicators					
Return of Spontaneous Circulation (ROSC)	Increasing Trend	19.2%	N/A	19.2%	G
Stroke Patients with Appropriate Care	95%	89.3%	N/A	80.8%	A
Stroke Call to Hospital Door Times	Reduction Trend	02:49	N/A	02:25	A
ST-Elevation Myocardial Infarction (STEMI) with Appropriate Care	95%	64.5%	N/A	51.1%	R
National Reportable Incidents reports (NRI)		6	7	4	
Can't Send & Cancelled by Patient Volumes	Reduction Trend	6,935	5,815	8,833	R
Concerns Response within 30 Days	75%	64.0%	52.0%	51.4%	A
Enactment of the Duty of Candour Total		11	9	5	

Our People

	Target 2024/25	Jan-25	Feb-25	2 Year Average	RAG
Capacity					
Hours Produced for Emergency Ambulances	95-100%	97%	92%	90%	G

Health & Well-being

Top Monthly Indicators	Target 2024/25	Jan-25	Feb-25	2 Year Average	RAG
Sickness Absence (all staff)	6.0%	8.46%	N/A	7.88%	R
Mental Health Absence Rates	Reduction Trend	2.78%	N/A	2.30%	R
Staff Turnover Rate	Reduction Trend	7.95%	7.98%	8.58%	G
Statutory & Mandatory Training	>85%	85.64%	85.93%	76.87%	G
PADR/Medical Appraisal	>85%	77.02%	79.79%	72.55%	A
Number of Shift Overruns	Reduction Trend	4,156	3,599	3,693	R
Inclusion & Engagement / Culture					
NEPTS % of Total Calls Answered in Welsh	Increasing Trend	2.2%	1.80%	1.7%	G
Value					
Financial balance - annual expenditure YTD as % of budget expenditure YTD	100%	100.00%	N/A	100%	G
EMS Utilisation Metric (CHARU)	Increasing Trend	34.0%	31.7%	27%	G
Average Jobs per Shift (All Vehicles)	Increasing Trend	2.17	2.55	2.33	R
NEPTS on the Day Cancellations	Reduction Trend	12.0%	12.2%	13%	R
Partnerships / System Contribution					
Inverting the Triangle					
Successful Consult & Close Outcome	17.0%	N/A	N/A	13.1%	
% Of Total Conveyances taken to a Service Other Than a Type One Emergency Department	Increasing Trend	10.87%	11.20%	11.4%	G
Number of Handover Lost Hours	7,500	27,212	18,811	22,146	R
NHS111					
NHS111 Dental Calls	Increasing Trend	N/A	N/A	7,074	
Consult & Close Volumes by NHS111	Increasing Trend	N/A	N/A	963	

In-Month RAG Indicates =

Green: Performance is at or has exceeded the target *(Indicates no action is required)*

Amber: Performance is at or within 10% of target *(Indicates some issues/risks to performance (monitoring is required))*

Red: Performance is less than 10% of target (Indicates close monitoring or significant action is required)
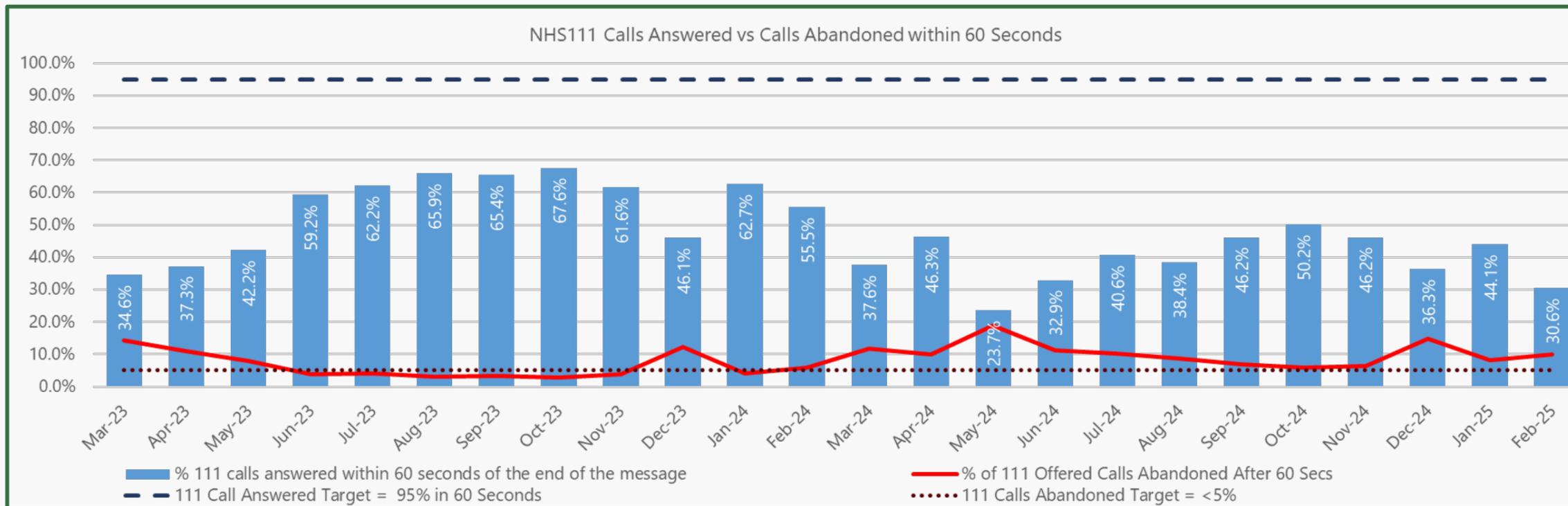
TBD: Status cannot be calculated (To Be Determined)

Welsh Ambulance Services University NHS Trust

Our Patients: Quality, Patient Safety & Experience
111 Call Answering/Abandoned Performance Indicators
Influencing Factors – Demand and Call Handling Hours Produced

(Responsible Officer: Lee Brooks)

Abandonment Rate
R

FPC

G

NHS111 Calls Answered vs Calls Abandoned within 60 Seconds

Bar values (% 111 calls answered within 60 seconds of the end of the message):
Mar-23: 34.6%, Apr-23: 37.3%, May-23: 42.2%, Jun-23: 59.2%, Jul-23: 62.2%, Aug-23: 65.9%, Sep-23: 65.4%, Oct-23: 67.6%, Nov-23: 61.6%, Dec-23: 46.1%, Jan-24: 62.7%, Feb-24: 55.5%, Mar-24: 37.6%, Apr-24: 46.3%, May-24: 23.7%, Jun-24: 32.9%, Jul-24: 40.6%, Aug-24: 38.4%, Sep-24: 46.2%, Oct-24: 50.2%, Nov-24: 46.2%, Dec-24: 36.3%, Jan-25: 44.1%, Feb-25: 30.6%

Legend:
- % 111 calls answered within 60 seconds of the end of the message
- % of 111 Offered Calls Abandoned After 60 Secs
- 111 Call Answered Target = 95% in 60 Seconds
- 111 Calls Abandoned Target = <5%

Total NHS111 Calls Expected to be Answered

NHS111 Call Handler - Total Actual Shift Fill

NHS111 Call Handler Sickness Absence

Sickness values:
Apr-23: 9.94%, 8.92%, Jun-23: 7.40%, 10.57%, Aug-23: 9.73%, 9.31%, Oct-23: 9.37%, 7.97%, Dec-23: 9.04%, 8.01%, Feb-24: 8.30%, 7.44%, Apr-24: 7.34%, 10.77%, Jun-24: 12.27%, 11.26%, Aug-24: 10.24%, 10.30%, Oct-24: 9.98%, 12.78%, Dec-24: 14.15%, 15.01%, Feb-25: 14.41%

Legend: Sickness (Includes COVID Sick)

Analysis

The 111-call abandonment rate increased to 10.1% in February 2025 from 8.2% in January 2025. The percentage of 111 calls answered within 60 seconds decreased, from 44.1% in January 2025 to 30.6 % in February 2025 and continues to remain below the 95% target.

Following a decline in performance during the middle part of 2024, due mainly to the introduction of the new 111CAS system, which went live on 30th April 2024, performance has seen a gradual improvement. However, figures are not yet back to the levels seen during 2023 when call answering averaged 52% and abandonments less than 8%.
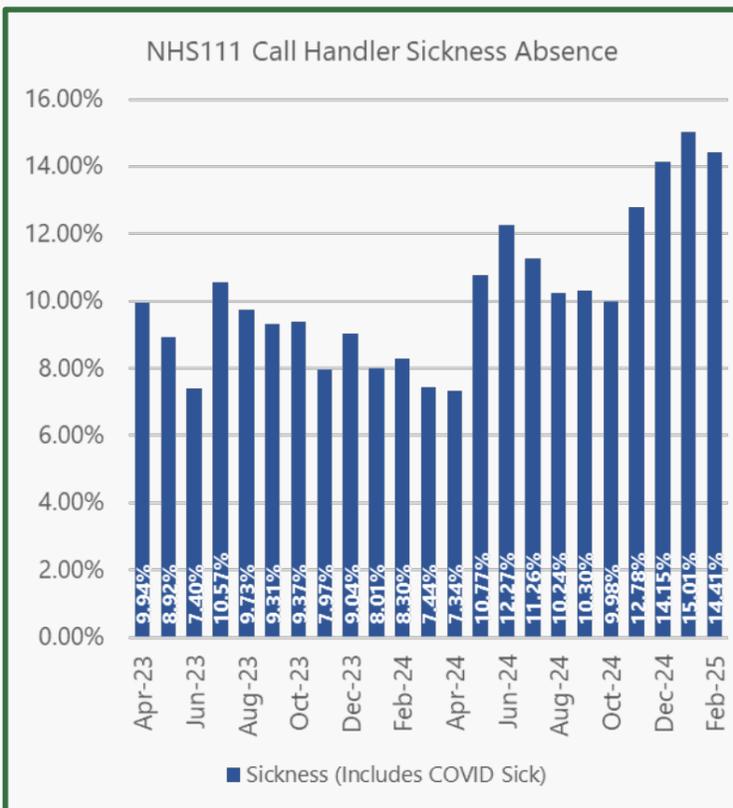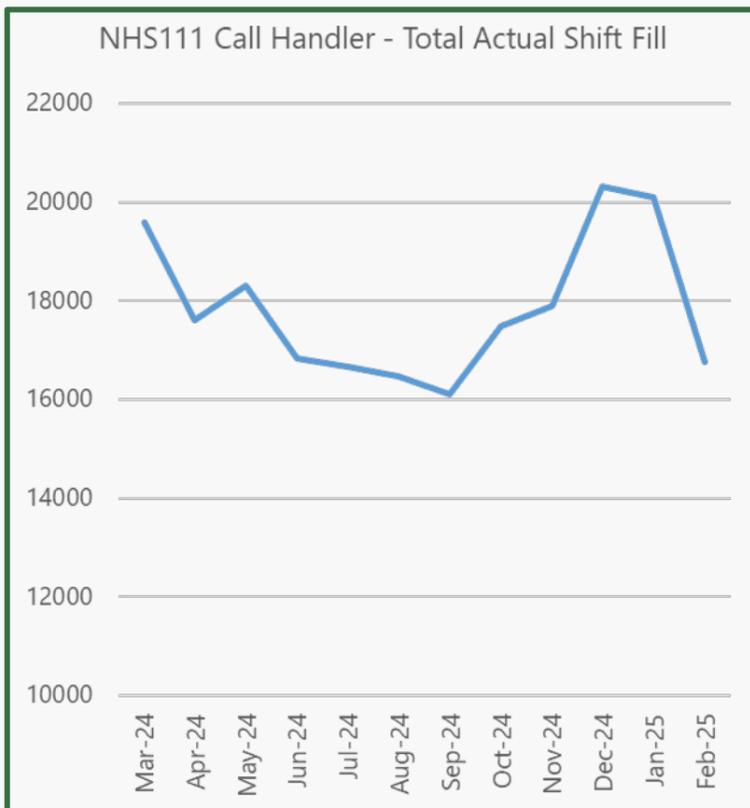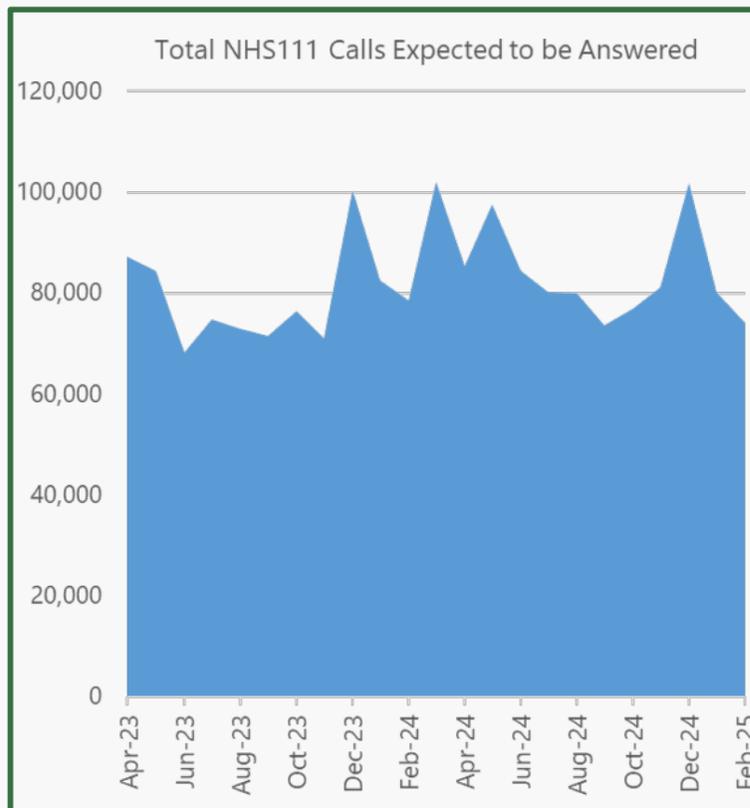
Remedial Plans and Actions
Key actions include:

- Actions have been undertaken to try and improve the call handling position across the Winter months with record levels of resourcing seen in December 2024 as well as opportunities for further bolstering including overtime, bank and managers/supervisors also re-aligned to call handling.
- A focus on realising the benefits of the new 111CAS;
- A 111-re-roster pre-work review (underway) that takes account of the increased demand the Trust is seeing; what levels of performance commissioners want and the mix of capacity and efficiencies to achieve this.
- The 111 re-roster project is also considered a key response to improving sickness levels i.e. more workable patterns.

Expected Performance Trajectory
The expectation is that with the recruitment of additional staff, performance will continue to improve; however, there are risks including higher levels of demand and high sickness levels. The 111 service did see a spike in sickness in December and January.
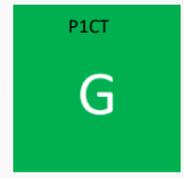
Welsh Ambulance Services University NHS Trust

Influencing Factors – Demand and Clinical Hours Produced

NB: Data quality issues have been identified in 111. These are currently being addressed.

111 Timely Clinical Triage of Patients

Legend:
- P1/D1 within 1 hour
- % of calls prioritised as P1CT that started their first definitive clinical assessment within 1 Hour of the end of the first contact
- % of calls prioritised as P2CT that started their first definitive clinical assessment within 2 Hours of the end of the first contact
- % of calls prioritised as P3CT that started their first definitive clinical assessment within 4 Hours of the end of the first contact

NHS111 Clinician Sickness Absence

Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25
11.96%	11.96%	15.98%	9.85%	10.92%	13.85%	13.37%	14.66%	15.00%	18.68%	15.63%	11.30%	11.84%	15.40%	17.95%	16.86%	15.33%	17.09%	15.79%	13.24%	13.27%	12.66%	18.46%	9.65%

NHS111 Clinicians - Total Actual Shift Fill

Analysis
The highest priority calls, P1CT, achieved the 90% target, recording 96.4% in February 2025.

Ring back times for lower category calls did see an improvement from February 2024, however, they have since followed a similar pattern to last year and declined from October 2024 to February 2025. If continuing to follow a similar pattern it is expected that these times will improve once again from March 2025.

Numbers of clinician hours produced decreased last month, dropping from 11,591 hours in January 2025 to 10,268 hours in February 2025. Clinician sickness absence during February 2025 was 9.65%.

Remedial Plans and Actions
The key actions include:
- A focus on delivering the benefits of the new 111CAS.
- Recruitment up to commissioned levels of clinicians
- A review to determine appropriate levels of capacity to meet increasing demand, including rostering practice (review now live).
- This review also considered key to improving clinician sickness absence along with exploring rotation, as part of the Strategic Workforce Plan.

Expected Performance Trajectory
The new 111CAS will bring performance benefits. Initial approach to performance prediction developed, but further work being undertaken to refine the accuracy of the predicter.
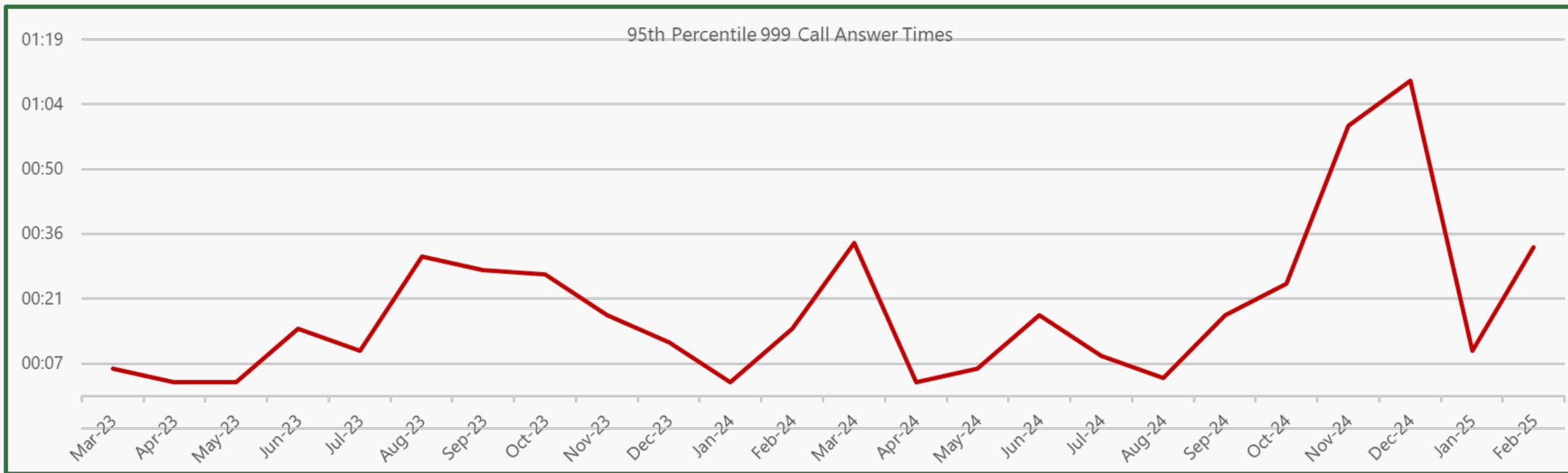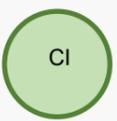
Welsh Ambulance Services University NHS Trust
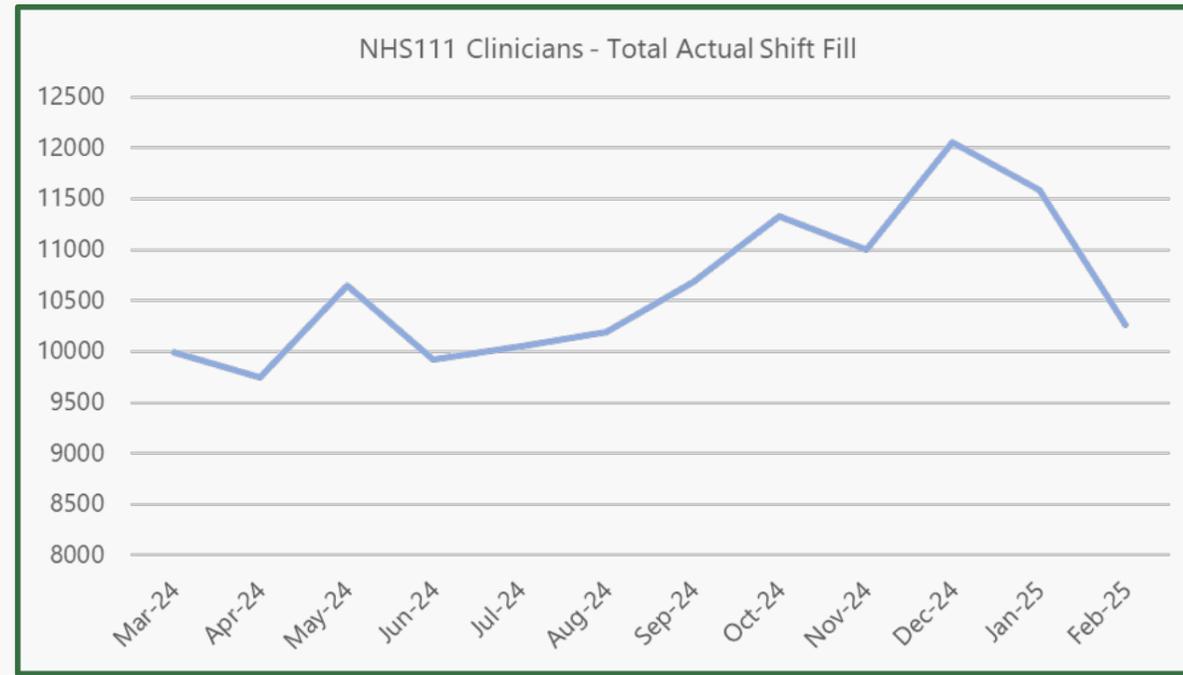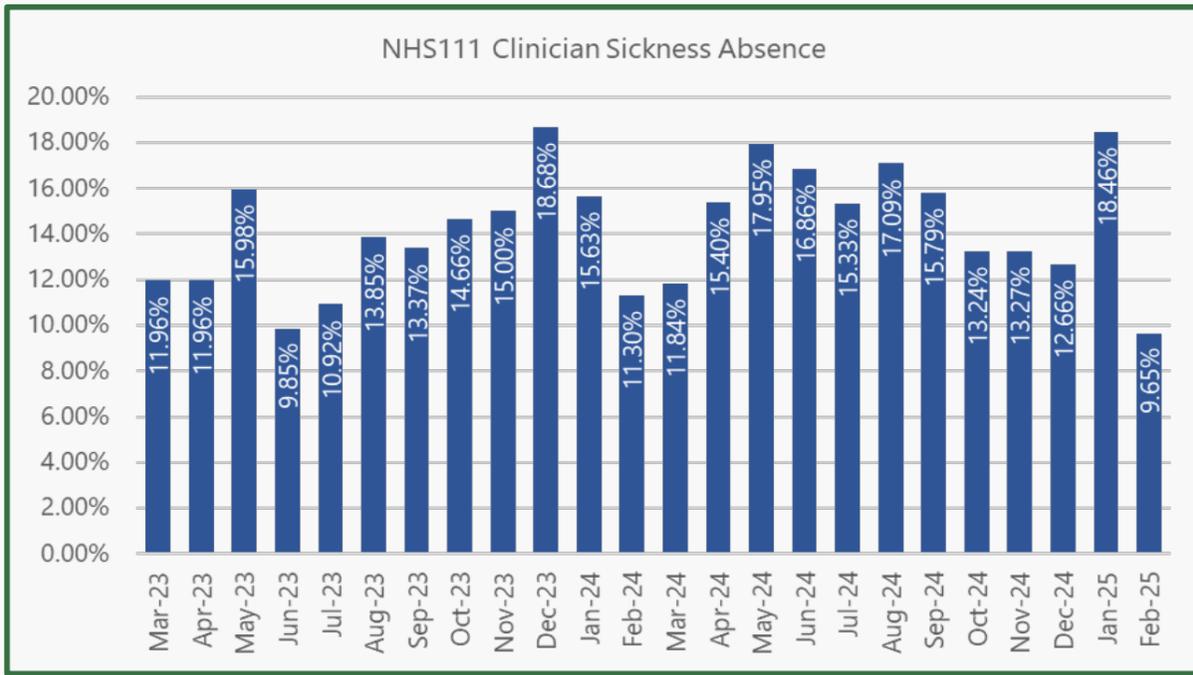
Our Patients: Quality, Safety & Patient Experience
999 Call Performance Indicators

Influencing Factors – Demand and Hours Produced

(Responsible Officer: Lee Brooks)

R FPC CI

95th Percentile 999 Call Answer Times

999 Call Volumes

Pan Wales EMS Co-ordination - Sickness and Other Abstraction Hours

— Sickness — other (incl. TOIL & Maternity Leave)

Analysis
The 95th percentile 999 call answering performance decreased to 33 seconds in February 2025 and failed to achieve the 6 second target; however, the median call answer time for the 999-service has been consistently good at 2 seconds (October 2024). However, due to the migration of the 999-telephony service, data quality checks are being undertaken for further 2024 data.

There was a decrease in demand in February 2025 to 37,911 calls from 43,480 in January 2025.

Sickness levels saw a slight decrease from 13.25% in January 2025 to 10.62% in February 2025.

Remedial Plans and Actions
- Will continue to overrecruit for the next few months (as approved by the ADO and the EDoOps) which will also support potential losses from the Bryn Tirion move to Ty Elwy.
- Further recruitment is underway in North, with 3 cohorts starting by the end of the fiscal year.
- Work is ongoing to identify what is contributing to high sickness via the Managing attendance at work and attrition via the recruitment and selection processes.

A transformation programme concluded in November:
  ➢ **Roster Review.** A dispatch roster review for Allocators and Dispatchers. Complete.
  ➢ **Boundary changes.** Realignment of dispatch boundaries to balance workload and pressures for individual dispatch teams. Complete.
  ➢ **Broader Ways of Working**. This project is looked to create efficiency, effectiveness and improved productivity through a review of processes and procedures as well as providing consistency and reduction in variation across centres. Complete.
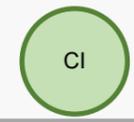
Expected Performance Trajectory
The median and 65th percentile are performing very well and are stable. Paper currently being drafted on future resilience of EMSC i.e. winter demand v capacity (with efficiencies).
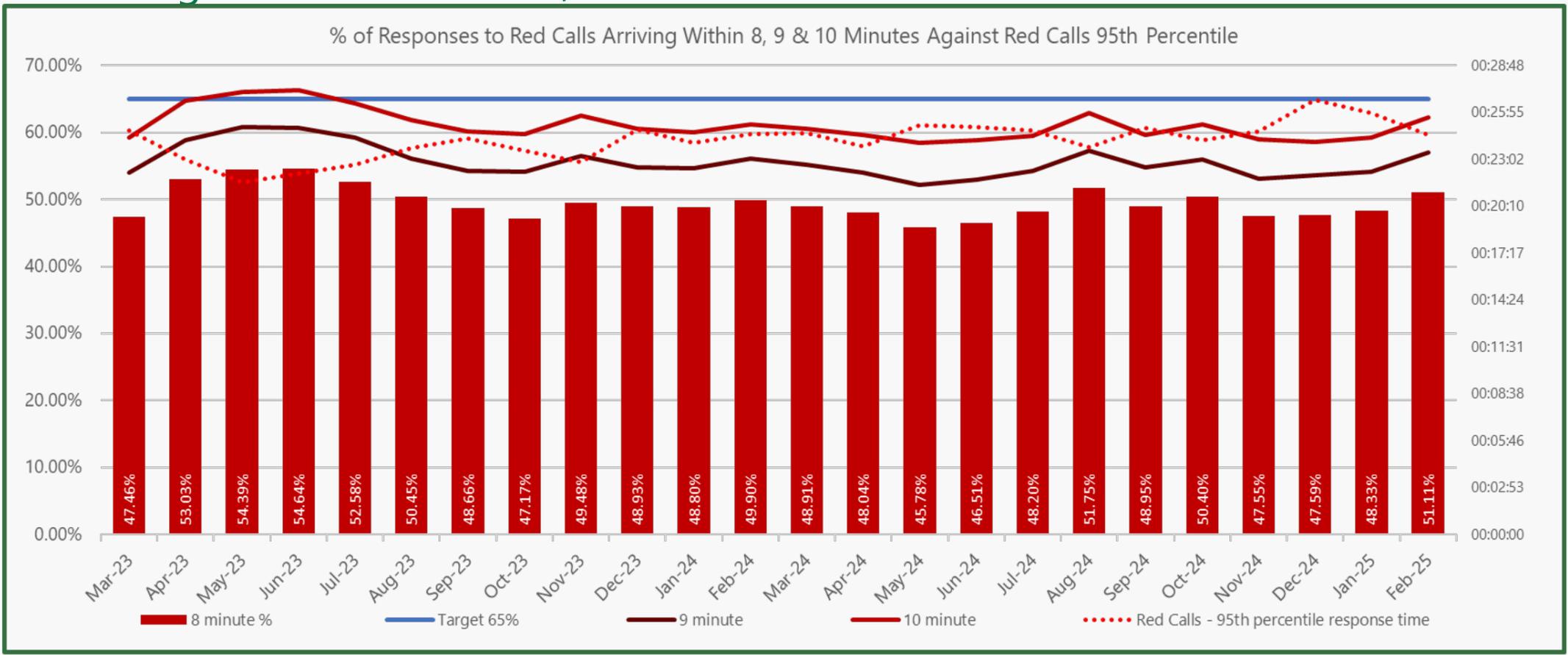
Welsh Ambulance Services University NHS Trust
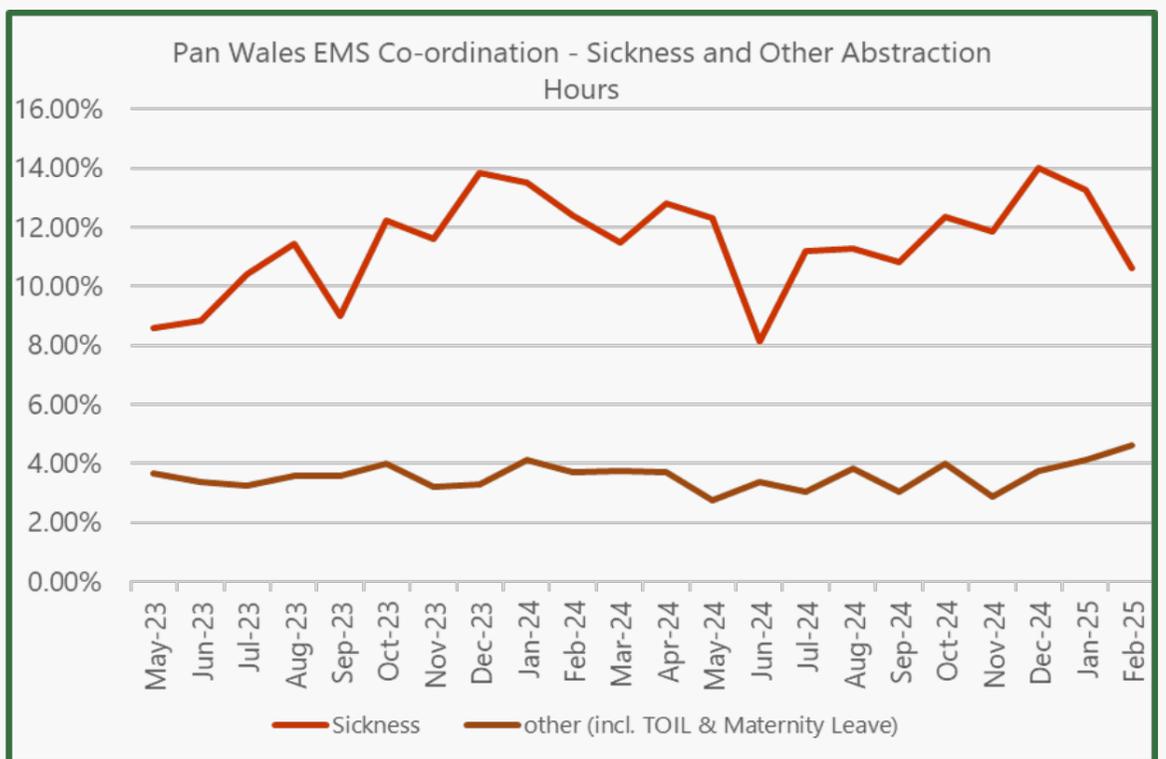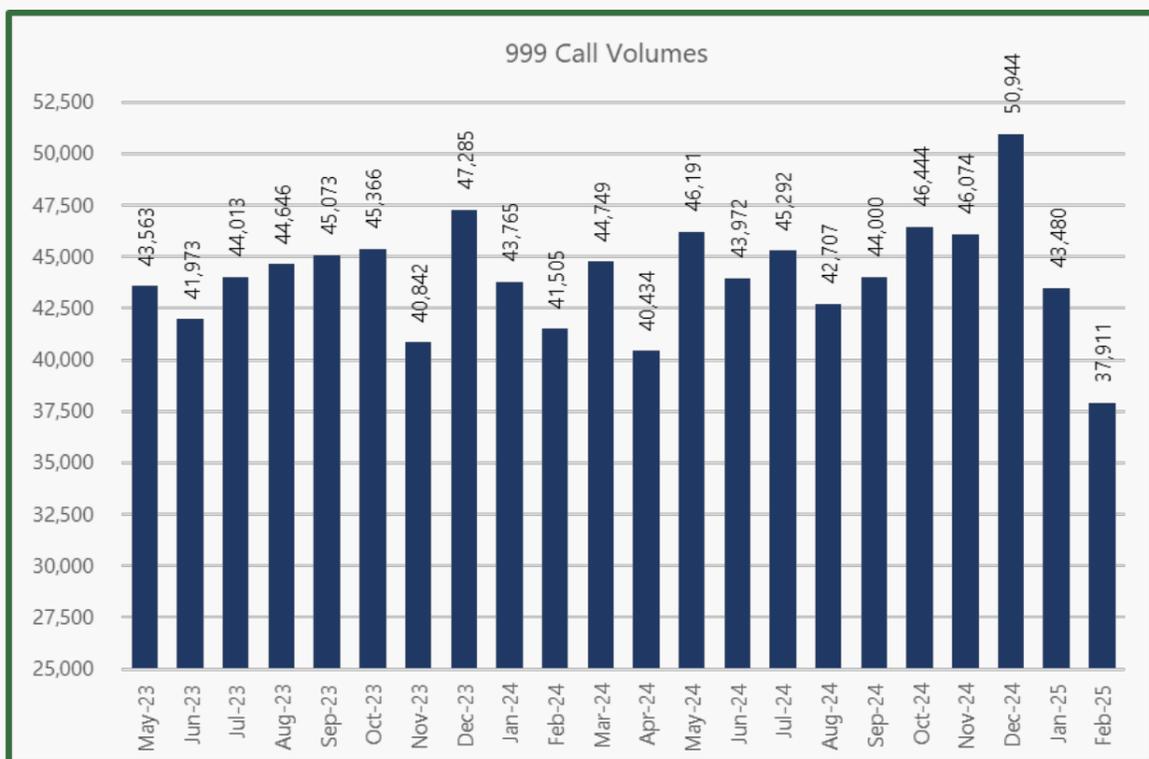
Our Patients: Quality, Safety & Patient Experience
Red Performance Indicators
Influencing Factors – Demand, Hours Produced and Hours Lost

(Responsible Officer: Lee Brooks)

8 Min
R

QUEST
FPC
CI

% of Responses to Red Calls Arriving Within 8, 9 & 10 Minutes Against Red Calls 95th Percentile

8 minute % — Target 65% — 9 minute — 10 minute ••••• Red Calls - 95th percentile response time

Red 8-Minute Response % Against Handover Lost Hours

Total Lost Hours — RED 8-Minute %

Red Incidents Responded to within 8-Minutes Against Red Demand

Total Verified Red Demand — Number of Red Calls Attended within 8-Minutes

Analysis
Red 8-minute performance continues to remain below the 65% target increasing marginally in February 2025 to 51.11%.

Red 10-minute performance for February 2025 was 62.2%, which is marginally above the 2-year average (61.1%).

One of the main determinants is **red demand**, which has **increased** over the last few years, with red demand in February 2025 being 11.28% higher than that seen in February 2024. As red demand has increased, so too has the number of red incidents responded to within 8-minutes, with the figure for February 2025 of 2,586, being 13.92% higher than the figure for February 2024, i.e. the Trust is reaching more red calls in 8 minutes, but the denominator is also increasing.

The lower left graph demonstrates the correlation between overall Red performance and **hospital handover lost hours**, which shows that as handover rates decrease, so red performance improves. There were 18,811 lost hours in February 2025.

Remedial Plans and Actions
The main improvement actions in the Trust's gift are:
• To maintain commissioned establishment in post levels overall: the Trust achieved its 95% UHP benchmark in February with 95% UHP (all resources);
• Full roll out of the Cymru High Acuity Response Unit (CHARU): the Trust achieved its highest ever CHARU UHP in January;
• The rapid deployment, before winter 2024/25 of the first phase of actions towards an updated clinical model e.g. rapid clinical screening, as outlined in our IMTP (the Trust achieved this); and
• The new Purple category.

Expected Performance Trajectory
Modelling for winter has now been completed and the results shared with Welsh Government as part of winter planning. The Trust submitted a comprehensive winter plan to Welsh Government.

Welsh Ambulance Services University NHS Trust
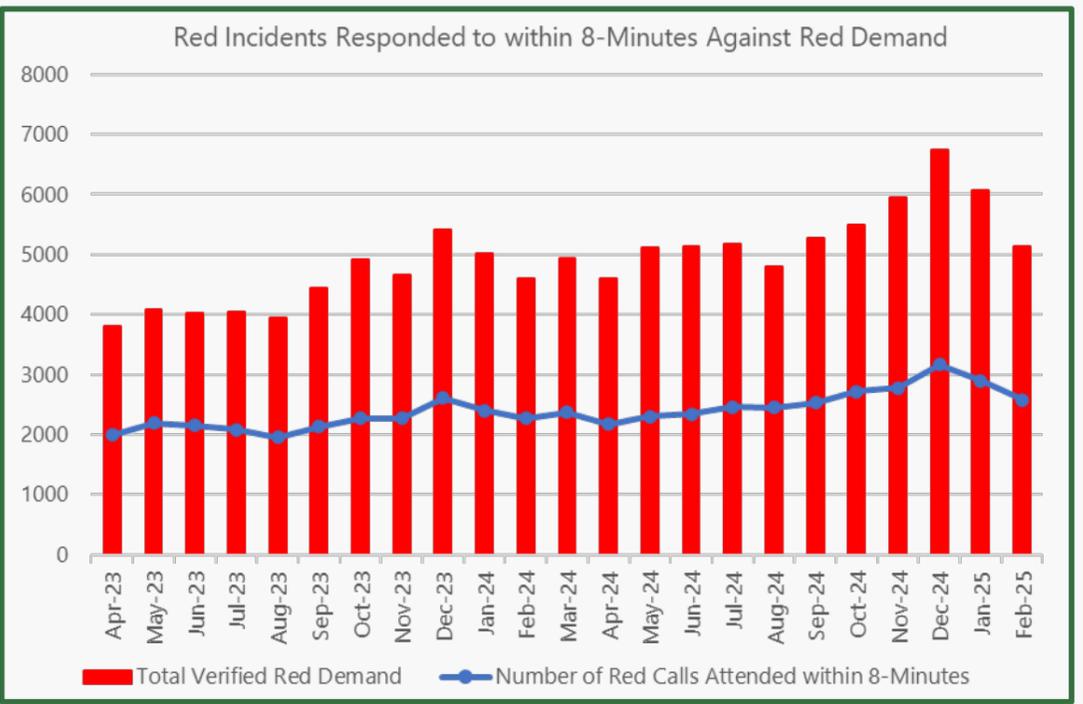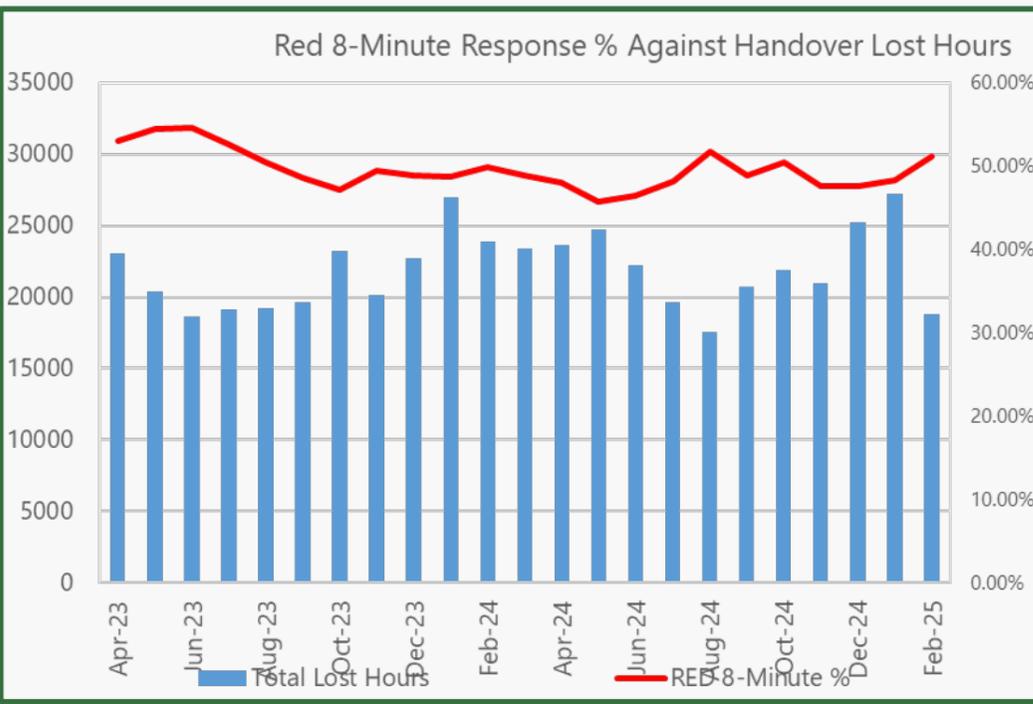
Our Patients: Quality, Safety & Patient Experience
Amber Performance Indicators
Influencing Factors – Demand, Hours Produced and Hours Lost

(Responsible Officer: Lee Brooks)

R

FPC

CI

QUEST

Amber 1 - Median

Amber Median Response Times against Handover Lost Hours

SB Lost Hours
AB Lost Hours
BCU Lost Hours
C&V Lost Hours
CTM Lost Hours
HD Lost Hours
Powys
AMBER Median

Amber Demand

Amber 1 & 2 - 95th Percentile

Amber 1 95th percentile
Amber 2 95th percentile
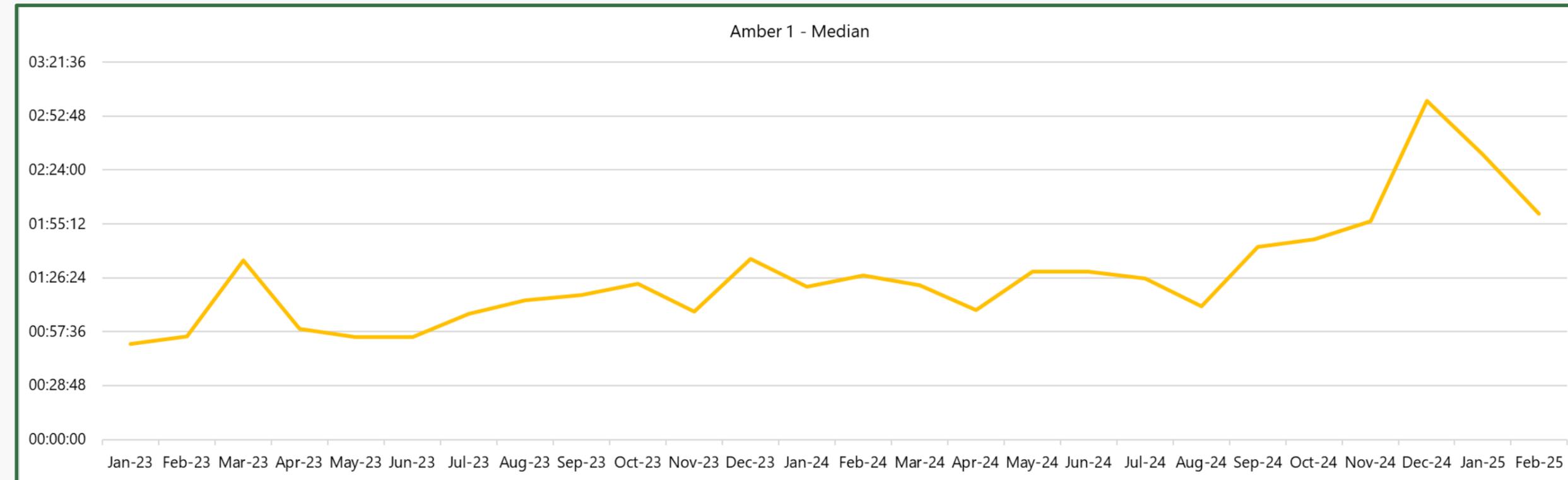
Analysis
The Amber 1 median performance time decreased during February 2025 to 2 hours compared to 2 hours and 32 minutes in January 2025. The ideal Amber 1 median response time remains at 18 minutes.

The Amber 1 95th percentile also decreased during February 2025 to 9 hours 6 minutes, down from 11 hours 45 minutes in January 2025. This time remains far too long and remained above the 2-year average figure of 6 hours 54 minutes.

As with Red, there is a strong correlation between Amber performance and lost hours due to handover delays.

Remedial Plans and Actions
The actions being taken are largely the same as those related to Red performance on the previous slide.

Expected Performance Trajectory
The Trust's commissioned level of production (its rosters) is designed to cope with 6,000 hours of handover lost hours. Unless there is a material reduction in handover lost hours and a transformation of the 999 emergency ambulance pathways, the Trust will continue to see long amber waits and avoidable patient harm. Trust expecting to join a WG led meeting on how handover can be reduced to the 6,000 level.

Welsh Ambulance Services University NHS Trust
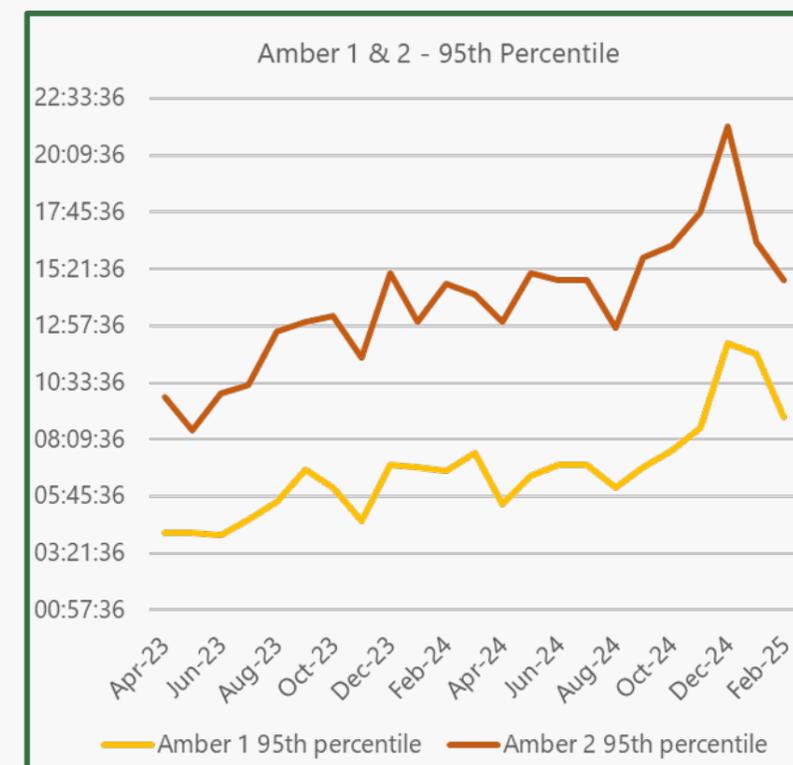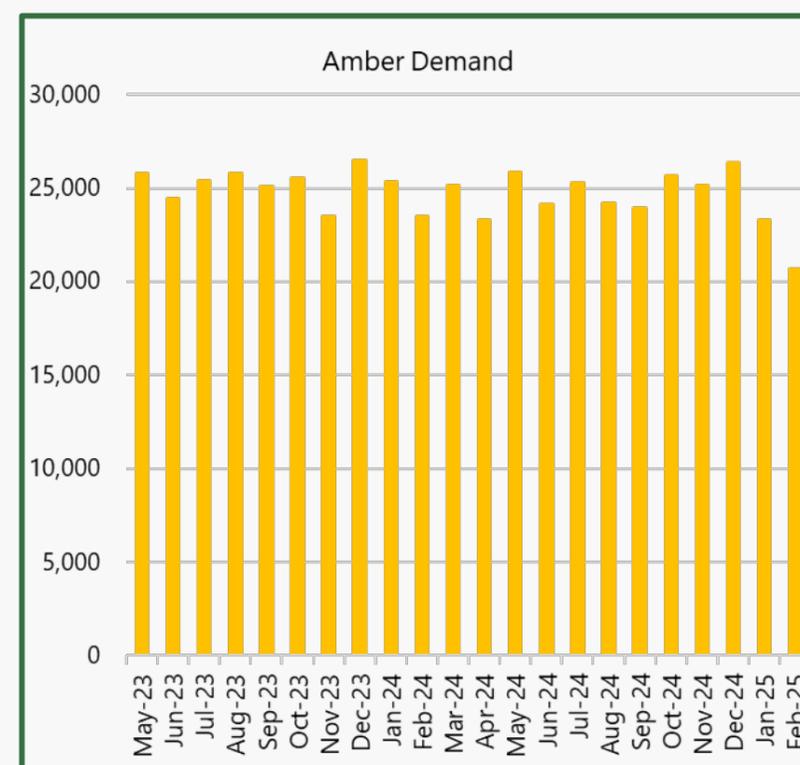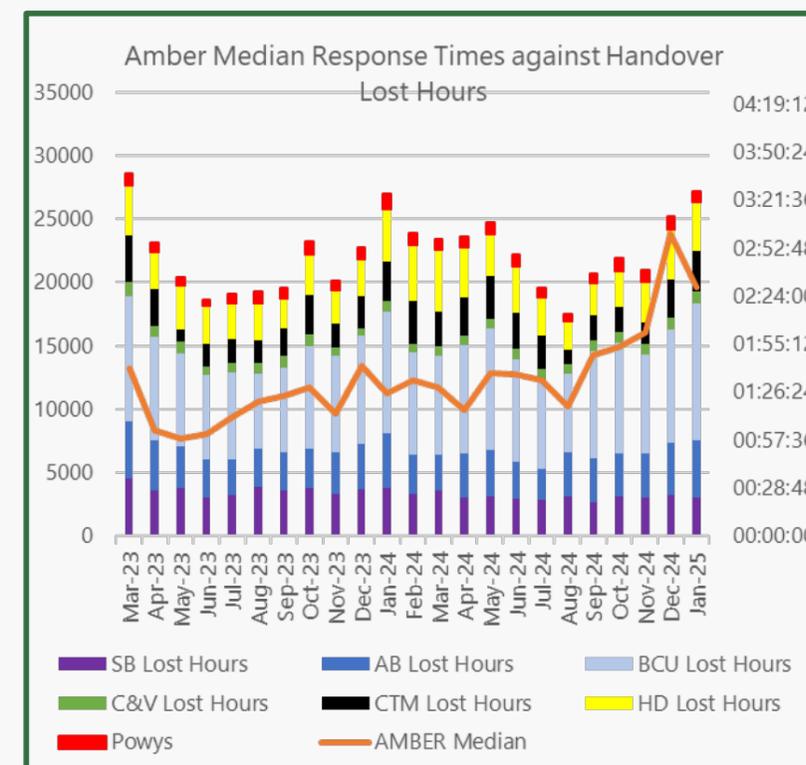
Our Patients: Quality, Safety & Patient Experience
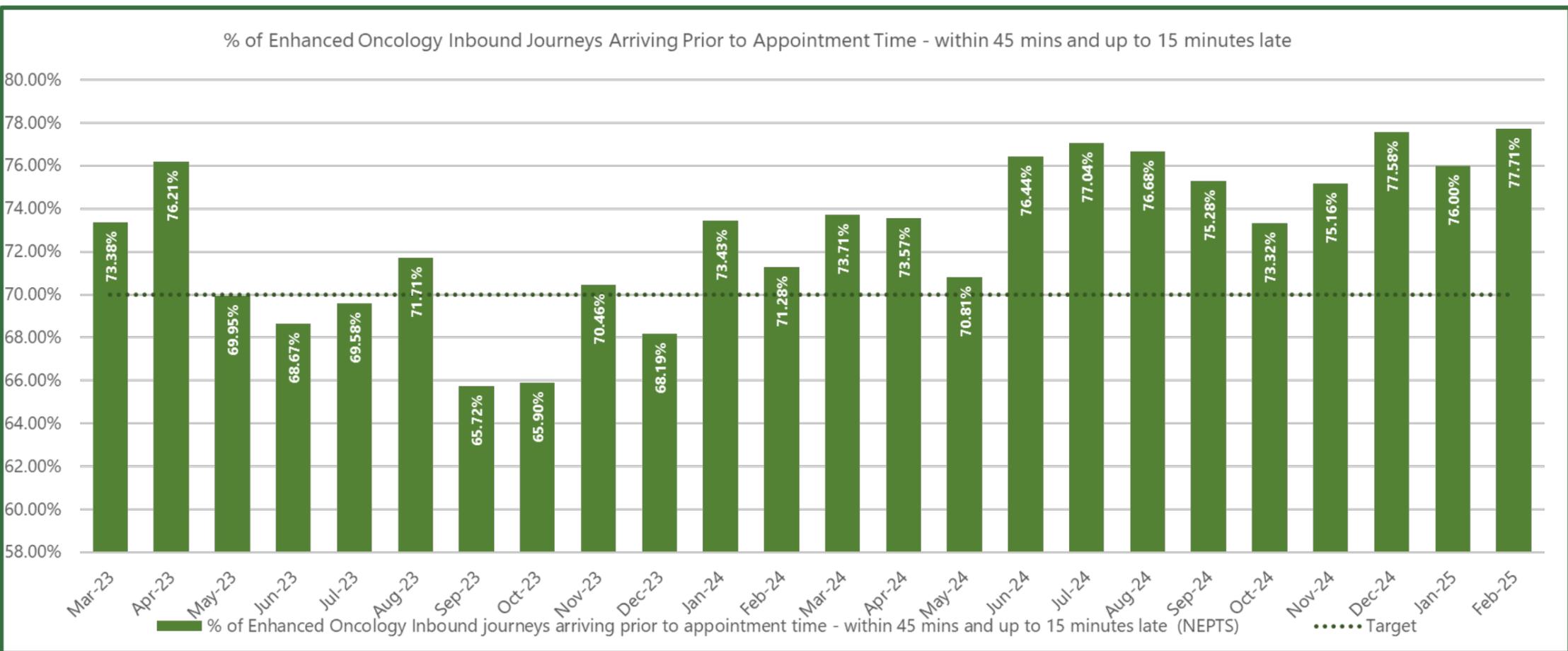## Patient Experience – Influencing Ambulance Care Indicators

(Responsible Officer: Lee Brooks)

D&T	Oncology	Welsh Calls
R	G	G

FPC

CI

% of Enhanced Oncology Inbound Journeys Arriving Prior to Appointment Time - within 45 mins and up to 15 minutes late

Values by month: Mar-23: 73.38%, Apr-23: 76.21%, May-23: 69.95%, Jun-23: 68.67%, Jul-23: 69.58%, Aug-23: 71.71%, Sep-23: 65.72%, Oct-23: 65.90%, Nov-23: 70.46%, Dec-23: 68.19%, Jan-24: 73.43%, Feb-24: 71.28%, Mar-24: 73.71%, Apr-24: 73.57%, May-24: 70.81%, Jun-24: 76.44%, Jul-24: 77.04%, Aug-24: 76.68%, Sep-24: 75.28%, Oct-24: 73.32%, Nov-24: 75.16%, Dec-24: 77.58%, Jan-25: 76.00%, Feb-25: 77.71%

Legend: % of Enhanced Oncology Inbound journeys arriving prior to appointment time - within 45 mins and up to 15 minutes late (NEPTS) ······ Target

NEPTS Completed Journey Runs

Legend: Renal, Oncology, OutPatient Inbound (Core)

% of Discharge & Transfer Journeys Booked in Advance & Same Day Collected within Set Timeframe

Legend: % of D&T journeys Booked in Advance - collected less than 60 minutes after their booked ready time; % of D&T journeys Booked On the Same Day - collected within 4 hours after their booked ready time; ······ Target

Pan Wales Ambulance Care Sickness Abstractions

Legend: ACA1 Sickness (incl. COVID Sick), ACA2 Sickness (incl. COVID sick)

Analysis

77.71% of enhanced Oncology journeys arrived within 45 minutes prior and up to 15 minutes late of their appointment time in February 2025, once again achieving the 70% target. Oncology performance continues to be an area of focus for the service, and we continue to invest both time and resources on these journeys.

Discharge and Transfer journeys booked in advance and collected less than 60 minutes after their appointment decreased marginally in February 2025 to 80% but remains below the 95% target. (95%).

Enhanced Renal journeys minimally increased for the third month in a row to 73.36%, which therefore achieved the agreed performance standard of 70% for only the second time since September 2024.

Call volumes answered decreased to 16,237 calls during February 2025, up from 18,808 in January 2025; however, the average speed of call answering improved from 4 minutes 21 seconds to 3 minutes 22 seconds.

ACA1 sickness remains above the 5.99% target, attaining 8.12% in February 2025. However, ACA2 sickness has remained below the target for the second consecutive month,, achieving 5.74% in February 2025.

Remedial Plans and Actions

Increased performance on data management and journey recording times is underway, with enhanced focus on weekend performance. Projecting an improvement in performance over next few months, although caution on achieving the 95% figure as this was always an aspirational target that needs engagement and system change from Health Boards which is complex and challenging to achieve.

New rosters keys have been finalised based on updated demand with the roster review now commenced.

Enhanced sickness monitoring has been implemented at the ADO/HoS level and all long term and complex cases are being reviewed regularly.

Expected Performance Trajectory

The re-roster, which will take six months to deliver will enable the Trust to reach more patients within the current resource envelope (+400 additional patient journeys per week).

Welsh Ambulance Services University NHS Trust
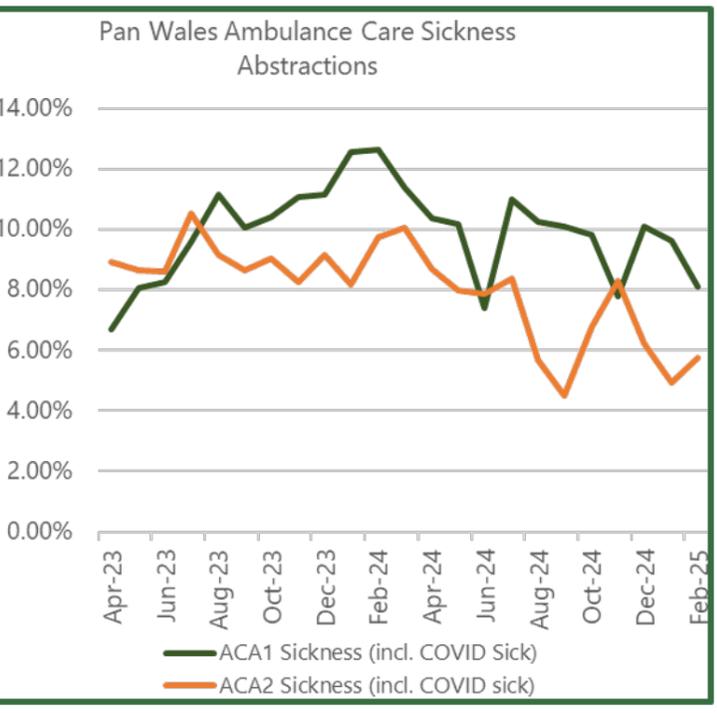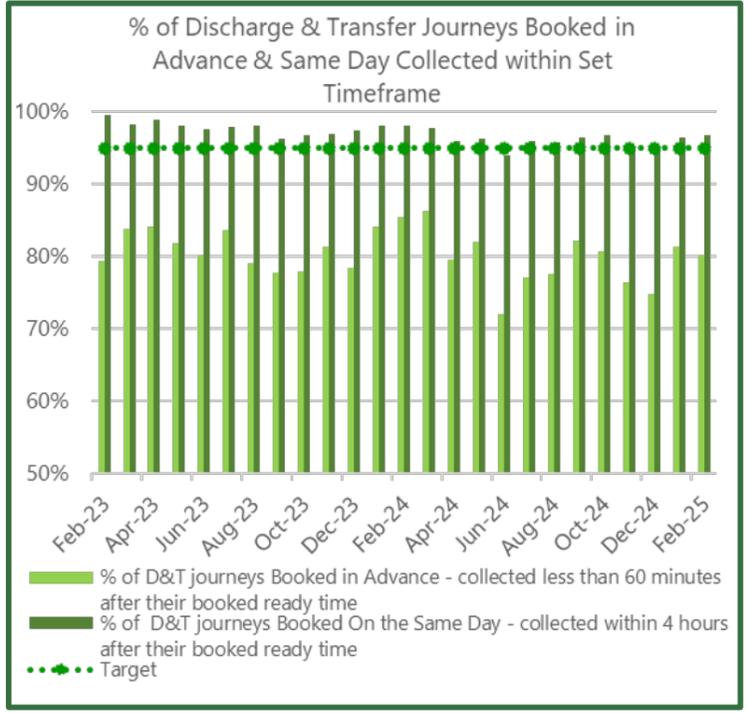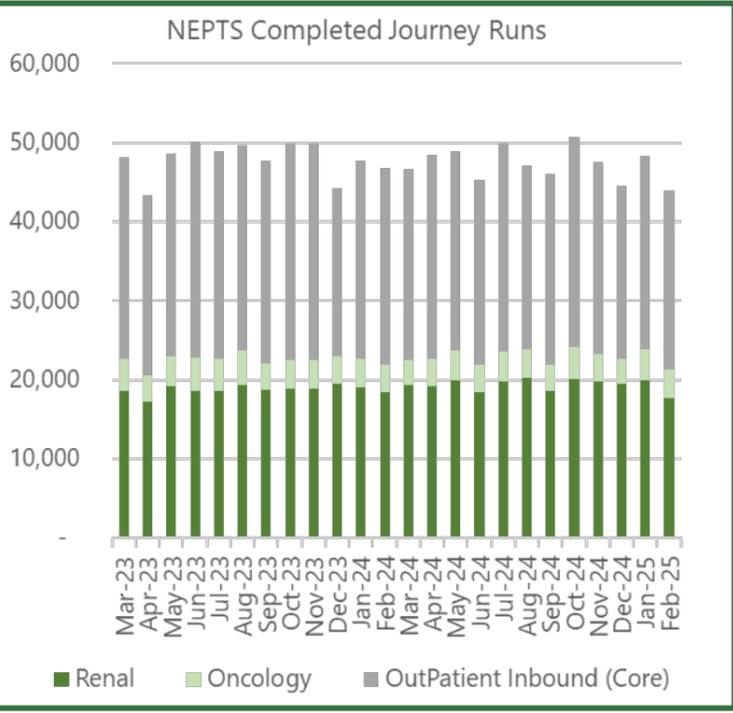
Our Patients: Quality, Safety & Patient Experience Clinical Indicators

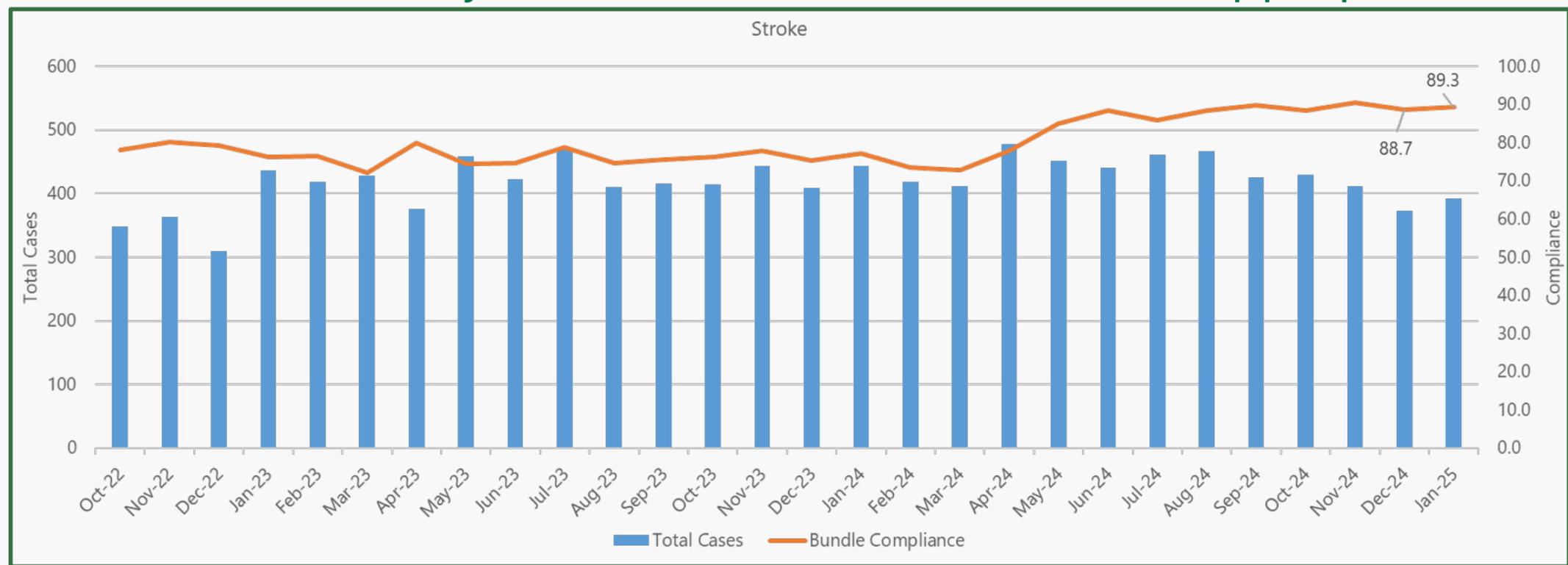| Stroke	ROSC	STEMI
A	G	R

Self-Assessment: Strength of Internal Control: Moderate

Return of Spontaneous Circulation, Suspected Stroke Patients with Appropriate Care, ST-elevation myocardial infarction (STEMI) with Appropriate Care

(Responsible Officer: Andy Swinburn)

QUEST

Stroke

Return of Spontaneous Circulation (ROSC) at Hospital

ST Elevation Myocardial Infarction (STEMI)

Analysis

The percentage of patients documented as receiving appropriate care bundles in January 2025 was:

Stroke – 89.3%, a slight increase from 88.7% in December 2024. There is a close correlation between documenting FAST (a test to detect symptoms of stroke) and care bundle compliance.

STEMI (heart attack) – 64.5%, a decrease from 76.7% in December 2024. There was a marked decrease in documenting all criteria in January with a reduction in the recording of analgesia component. The number of cases remained low (61) therefore, increasing the volatility of the compliance data so this could be natural variance.

Return of Spontaneous Circulation at hospital (from cardiac arrest) – 19.2%, a decrease from 22.3% in December. An update was made to the ROSC coding scripting which affected the data from July 2024. This resulted in a step change with August 2024 being the highest since ePCR was implemented. A 'nudge' to improve documentation for specific fields including outcome was implemented in October 2024. Both December and January continued to see higher numbers of cases in this indicator.

N.B. Due to the nature of this metric, common cause variation occurs which can result in a marked reduction in performance from small numbers of unsuccessful resuscitations attempts. The factors that influence this are multifactorial and as such it is not possible to identify the specific element.

Following the switch to the electronic Patient Clinical Record , the way data is collected has changed. Automated Clinical Indicator reports are generated from data directly inputted by clinicians. As a result of the anticipated low compliance, risk 535 was generated with three key mitigations to work on:

- Design of the electronic Patient Clinical Record User Interface
- Clinician interaction with the electronic Patient Clinical Record
- Accuracy of the scripting to extract the data from the data warehouse to create the reports.

Further electronic Patient Clinical Record User Interface changes are planned for the next update scheduled for Spring 2025, the impact will be monitored by the Clinical Intelligence & Assurance Group.

Welsh Ambulance Services University NHS Trust
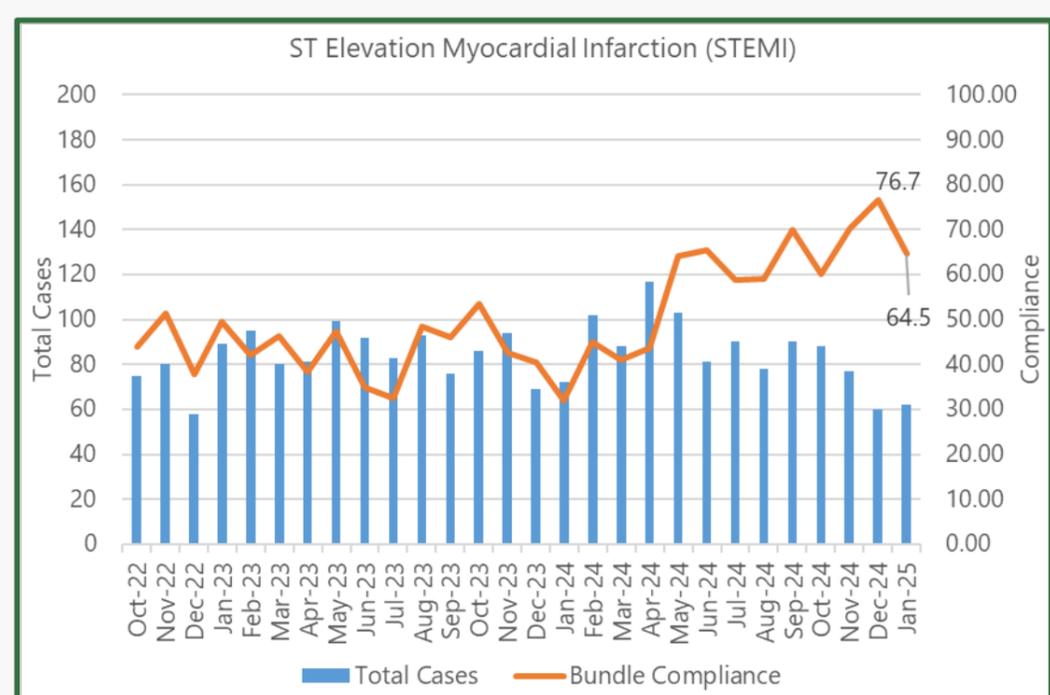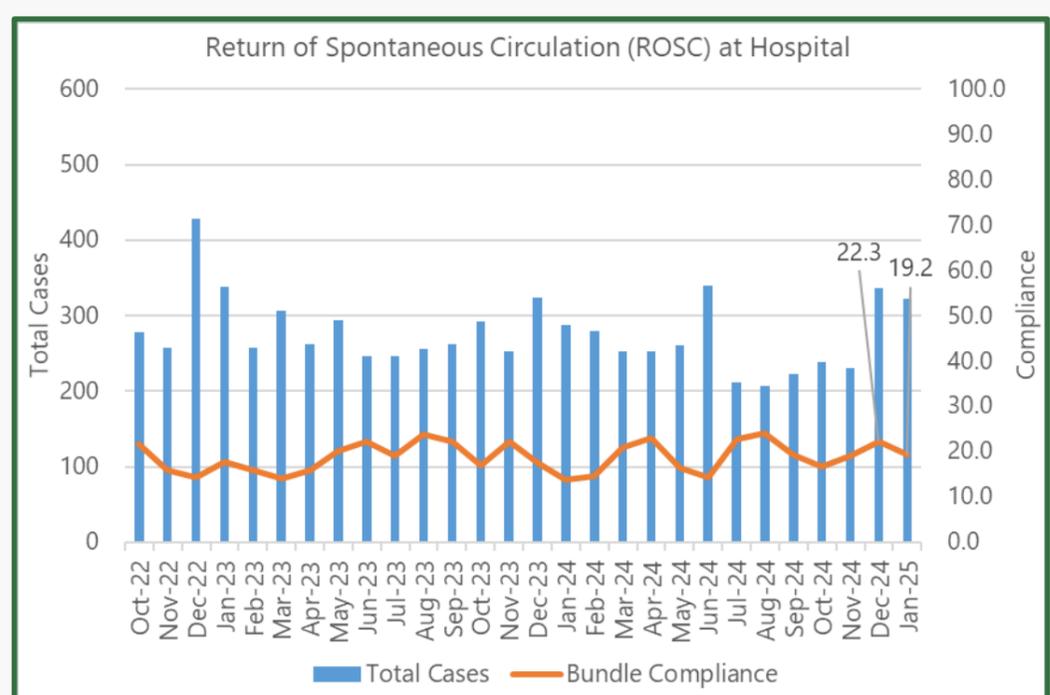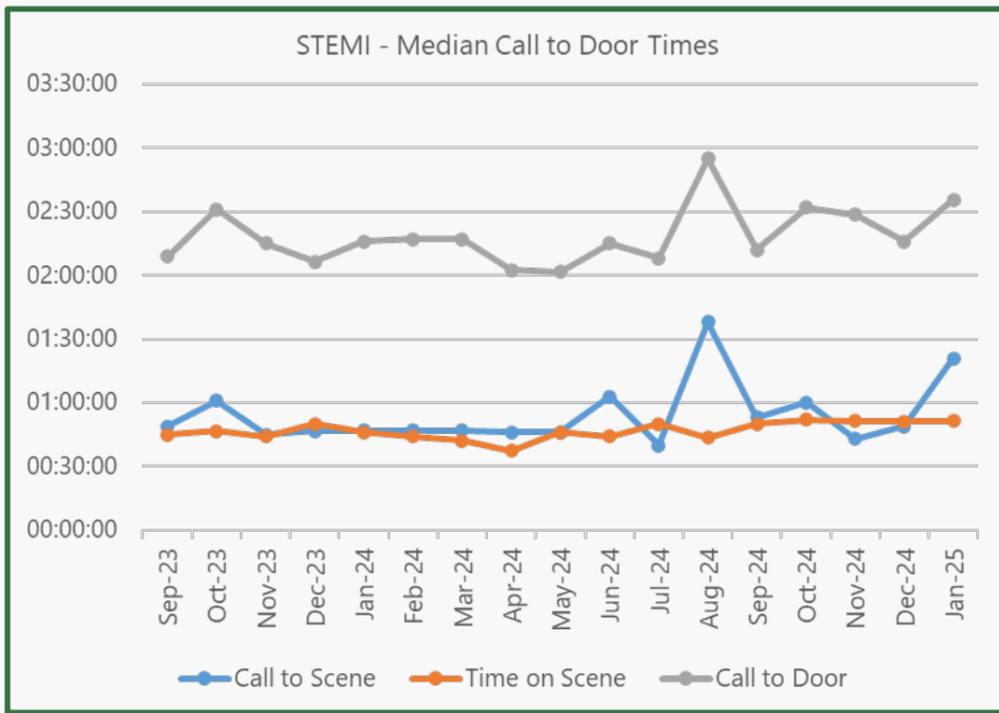
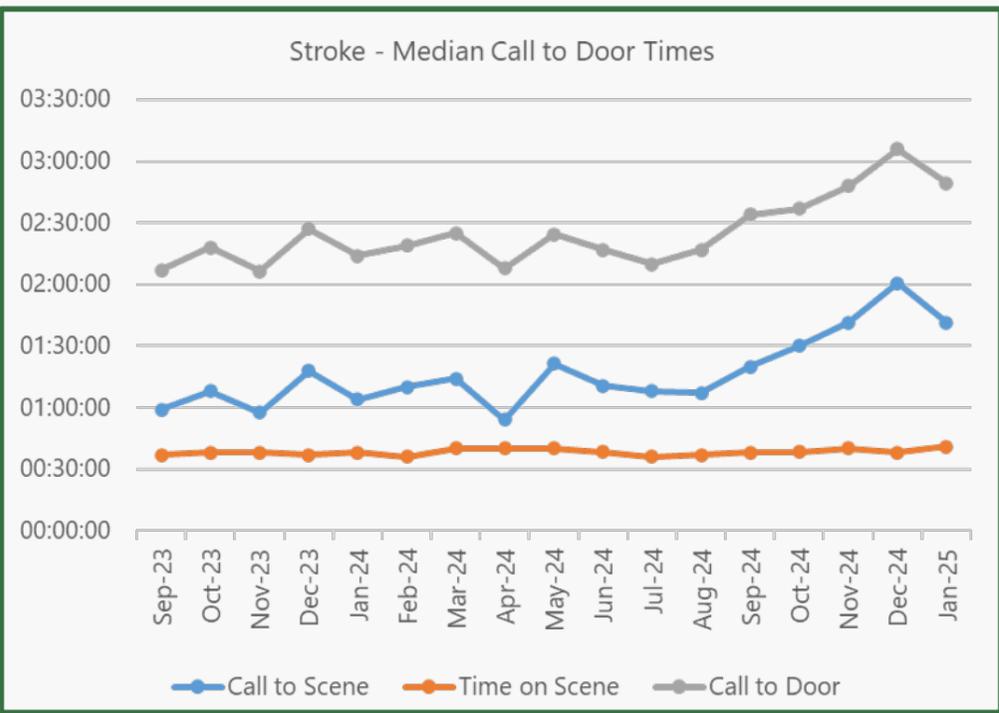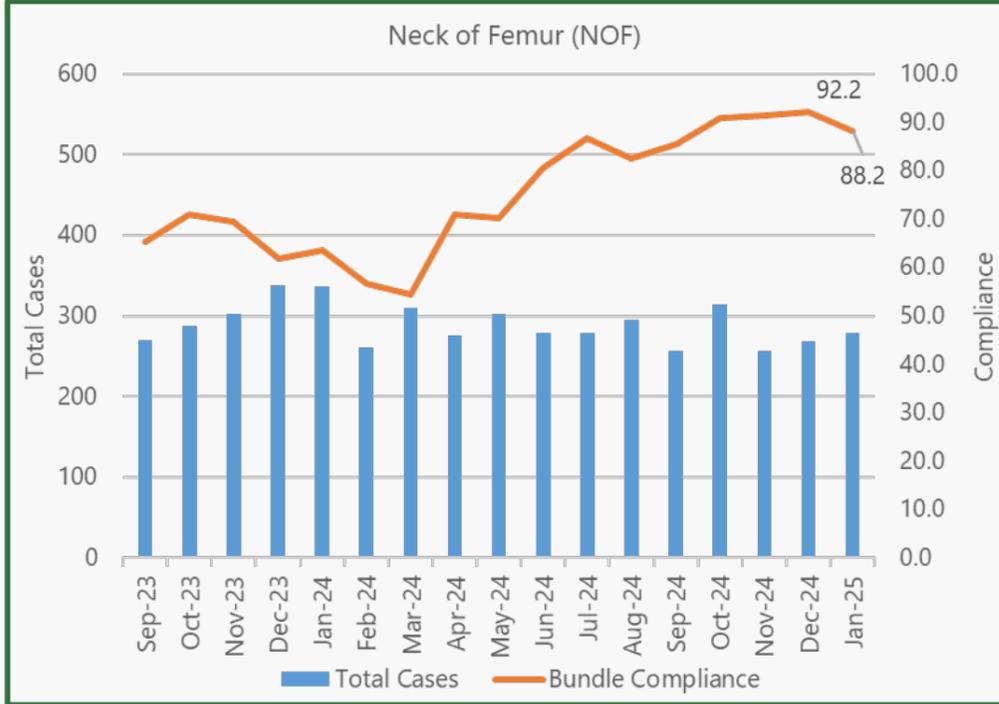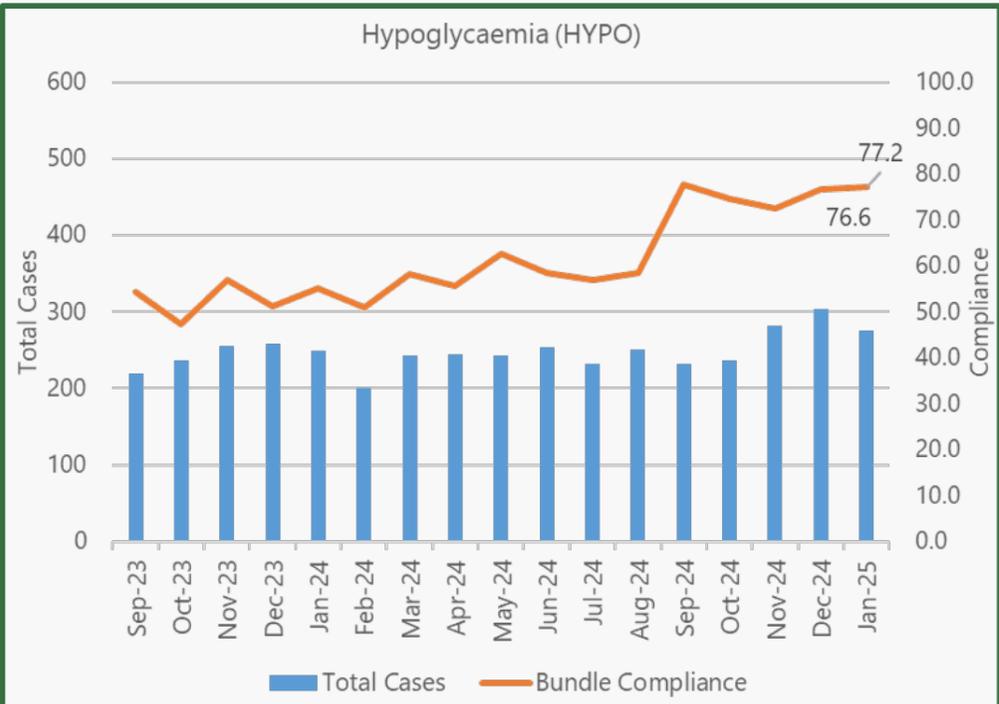# Our Patients: Quality, Safety & Patient Experience Clinical Indicators

Hypoglycaemia, Fractured Neck of Femur (#NOF) and Time-Based metrics (Stroke & STEMI)

Call to Door
A

Self-Assessment: Strength of Internal Control: Moderate

(Responsible Officer: Andy Swinburn)

QUEST

Hypoglycaemia (HYPO)

Total Cases — Bundle Compliance (77.2, 76.6)

Neck of Femur (NOF)

Total Cases — Bundle Compliance (92.2, 88.2)

Stroke - Median Call to Door Times

Call to Scene — Time on Scene — Call to Door

STEMI - Median Call to Door Times

Call to Scene — Time on Scene — Call to Door

Analysis

The percentage of patients documented as receiving appropriate care bundles in January 2025 was:

Hypoglycaemia (diabetic patients with low blood glucose) – 77.2%, an increase from 76.6 % in December. Continuing with a slight increase in compliance in January although with a slight reduction in the number of cases from 303 (dec 24) to 276 for January. This is likely to be within the natural variation.

Fractured Neck of Femur (hip fracture) – 88.2%, a slight decrease from 92.2% in December. Although only a slight decrease in compliance this can be attributed to a decrease in the documenting pain scores element.

Call to door times for Stroke and STEMI – Although call to door times extended for STEMI during January, the corresponding report for stroke improved with the changes both being attributed to the call to door element of the call cycle. There have been changes in the clinical model in this period and more analysis over an extended period will be required to understand the underlying trend and route cause of this.

Remedial Plans and Actions

- A recovery plan implemented from April – September 2024 and remains BAU monitored through CIAG to maintain the improvements:
- Continued focus on communication with clinicians to use the bespoke electronic Patient Clinical Record fields (in addition to the narrative).
- Provided weekly non-compliant data to support Senior Paramedics conversations with clinicians to improve compliance.
- Promoted Clinical Indicators, care bundles and electronic Patient Clinical Record completion at Health Board area focussed workshops.
- Review of the ePCR interface led by the Digital Directorate.

Expected Performance Trajectory

As a result of the work from the CI Recovery Group T&F group and the ongoing improvement interventions, a continued increase in compliance rates is expected and will be monitored by the Clinical Intelligence & Assurance Group.

Welsh Ambulance Services University NHS Trust

Our Patients: Quality, Safety & Patient Experience
Patient National Reportable Incidents & Patient Concerns

Concerns.

A

Self-Assessment: Strength of Internal Control: Moderate

QUEST

Health & Care Standard
Health - Safe Care / Timely Care

Responses Indicators

Number of National Reportable Incidents (NRIs) Reported to the NHS Executive - All Wales

Number of Times Duty of Candour was Triggered Each Month

% of Concerns with a Response within 30 Working Days against Volumes

- Concerns Volumes ((Formal, Early & Local Resolution), by 'date complaint received')
- Concerns Response (% of concerns that received a response (Reg 24, or Interim Reg 26) within the 30 working day timeframe, from the date concern was first received, by "due date")
- Target 75%

Number of Incidents Reviewed at SCIF Reported to the Health Board on the Joint Investigation Framework

■ ABU ■ BCU ■ CTM ■ C&V ■ HDU ■ P ■ SBU

Analysis
Compliance with the 30 working day complaints target has decreased again last month, continuing to reflect the challenges associated with increased pressures across the organisation during the winter period. Open complaint volumes have also continued to grow.

The number of NRIs reported shows a demonstrable 'winter peak' following a period of Critical Incident declaration and sustained high levels of operational activity. The Trust continues to develop maturity in identifying Moderate harm incidents that trigger the statutory Duty of Candour, in addition to those which meet the threshold for NRI reporting.
Historically high volumes of incidents are being shared with Health Boards under joint investigation arrangements.

Remedial Plans and Actions
- Ongoing monitoring of national incident reporting, enactment of the Duty of Candour
- Complaints performance is monitored by team leads on a regular basis and all teams are working to achieve national timescales and a benchmarking position comparative to other NHS Wales organisations as visible in the national Quality and Safety dashboard, Beacon.

Expected Performance Trajectory
Operational frontline focus over the winter period is likely to continue to influence complaints performance over coming months.

*NB: Data correct on the date and time it was extracted; therefore, these figures are subject to change **NB: 30 Day Compliance reported from Power BI and therefore data is not yet validated*

Welsh Ambulance Services University NHS Trust

NRI & Concerns Data source: Datix / Longest Waits Data Source: Report Manager
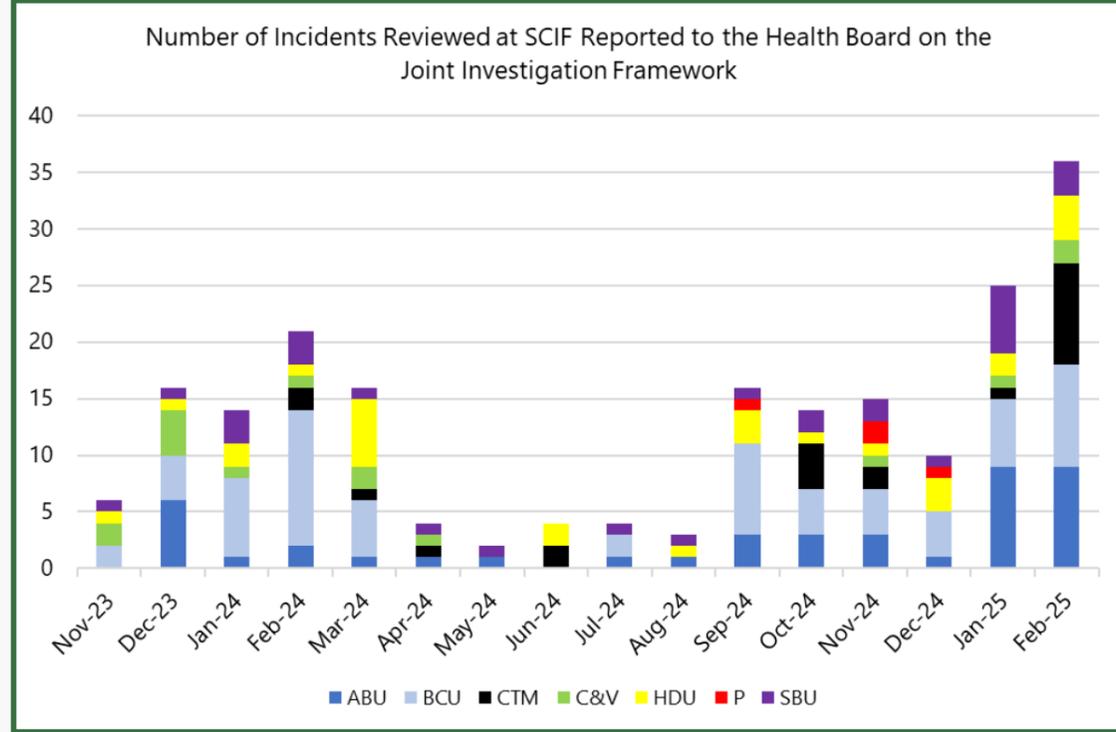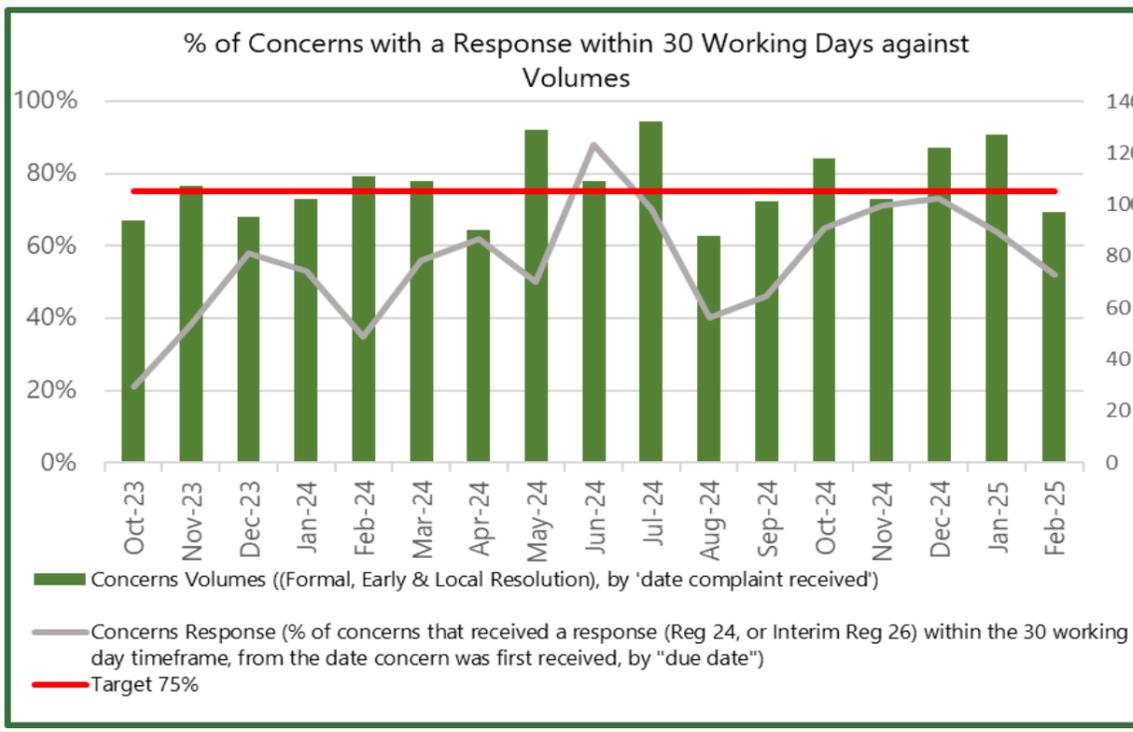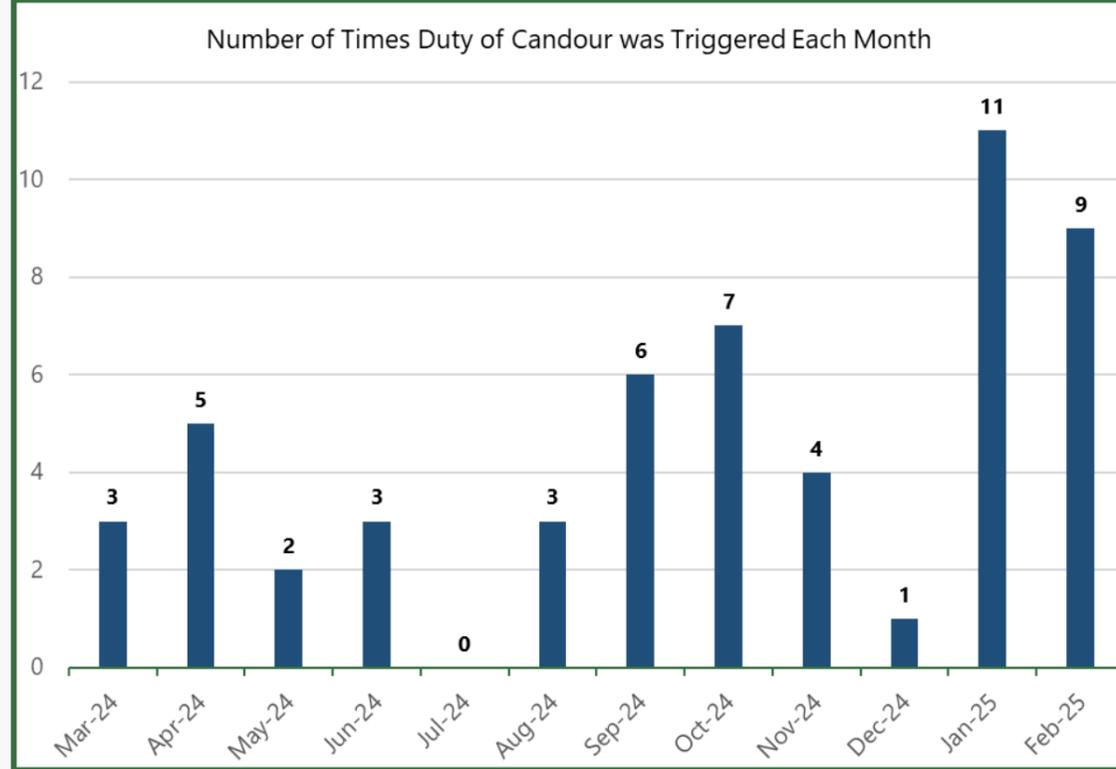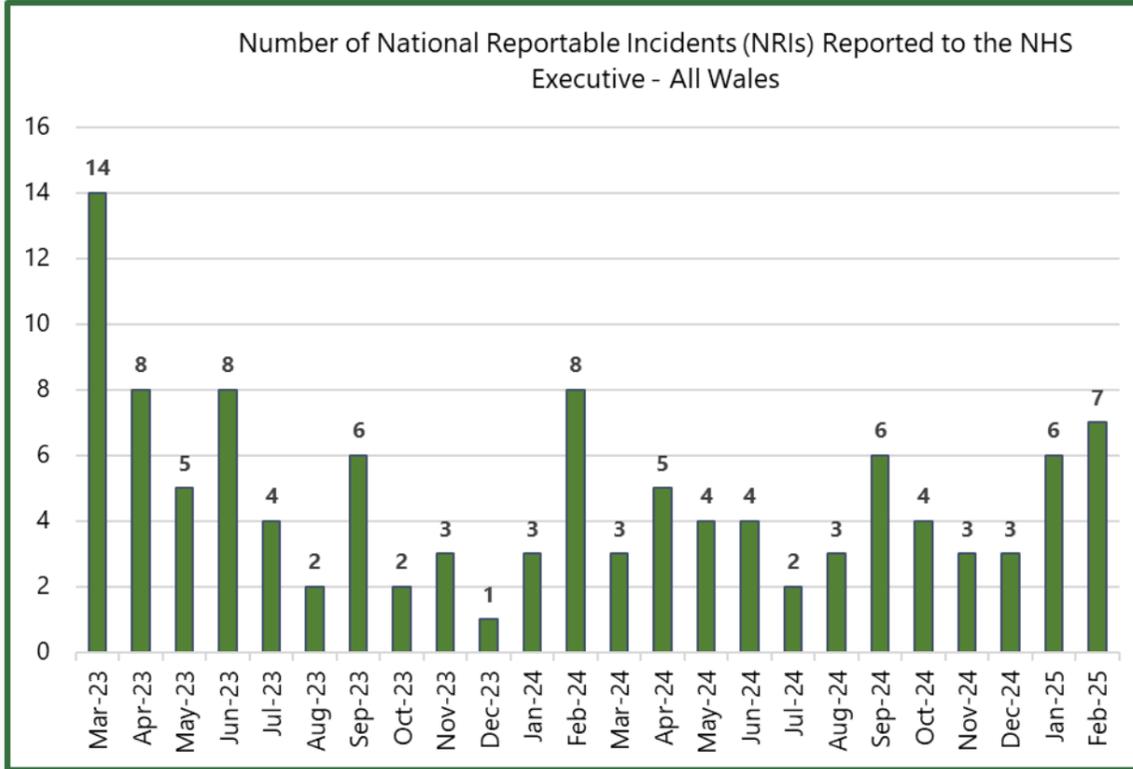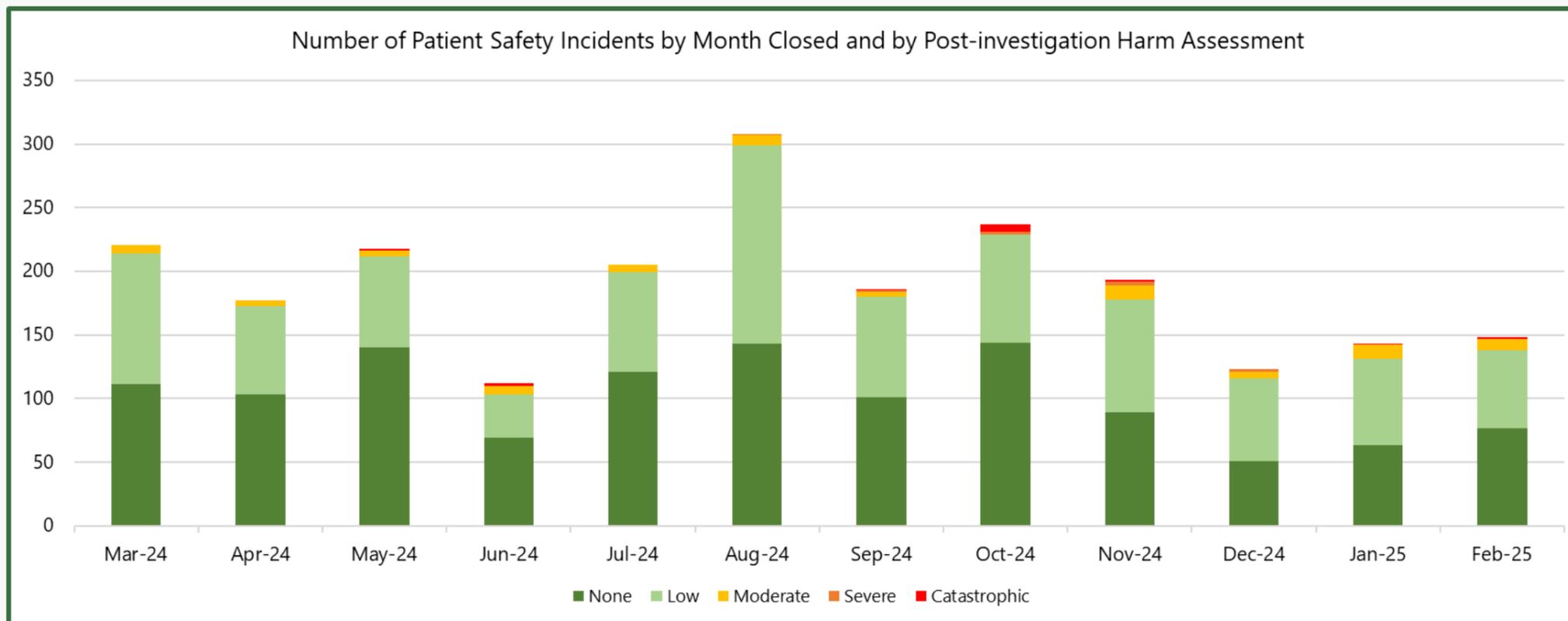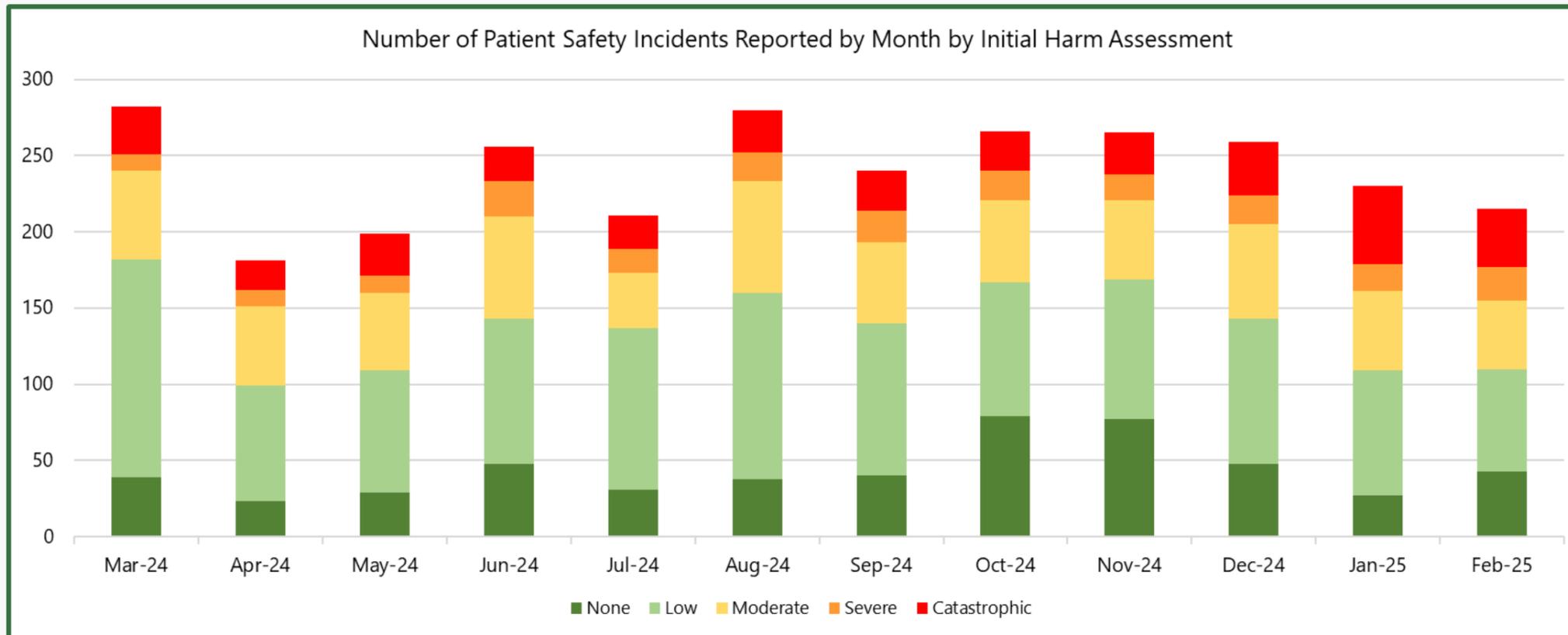
Our Patients: Quality, Safety & Patient Experience
Patient & People Safety Indicators

(Responsible Officer: Liam Williams)

Health & Care Standard
Health – Safe Care

Number of Patient Safety Incidents Reported by Month by Initial Harm Assessment

Legend: None, Low, Moderate, Severe, Catastrophic

Number of Patient Safety Incidents by Month Closed and by Post-investigation Harm Assessment

Legend: None, Low, Moderate, Severe, Catastrophic

Analysis
Incident reporting volumes have reduced since the last quarter, mainly across No harm reporting. Near miss reporting is being encouraged during daily operational meetings to ensure we learn from all opportunities. Closed incidents continue to demonstrate that validated levels of severe or catastrophic harm remain consistently low.

Monthly volumes should be interpreted with caution as incidents can be duplicated on the system (for example two crews submitting the same incident); however, the introduction of the Rejection SOP by the Quality Team has reduced the risk of duplication. Incident volumes include those reported internally by WAST staff, but also those reported by Health Board colleagues about WAST services or care.

Harm levels for February 2025 were: -
- No harm or hazard - 43
- Low - 67
- Moderate - 45
- Severe harm - 22
- Catastrophic/Death - 38

Remedial Plans and Actions
- Incident management culture is being supported through newly established Datix User and Datix Governance Groups (Datix Cymru is the electronic reporting software for incident reporting).

Expected Performance Trajectory
Incident volumes and harm levels are being closely monitored and triangulated with other sources of intelligence related to Clinical Model Transformation changes.

Data source: Datix

Welsh Ambulance Services University NHS Trust

Our Patients: Quality, Safety & Patient Experience Coroners, Mortality and Ombudsmen Indicators
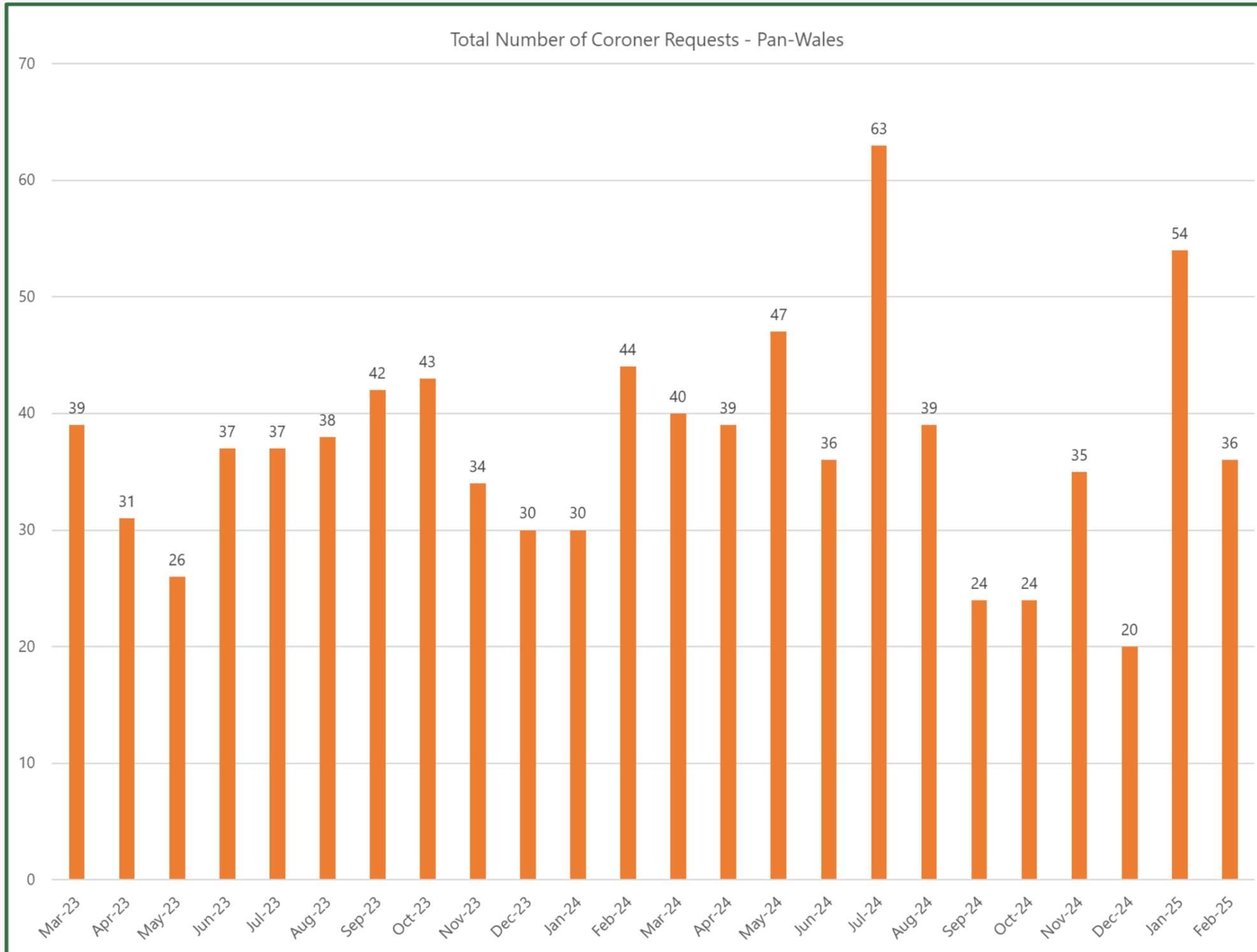
Coroners Self-Assessment: Strength of Internal Control: Moderate

Mortality Self-Assessment: Strength of Internal Control: Moderate

QUEST

Health & Care Standard Health – Safe Care

Total Number of Coroner Requests - Pan-Wales

Mortality Reviews Data source: Internal Web Application

Analysis
The number of coroner approaches continues to bring a high level of activity to the Trust. Inquest cases continue to present with increased complexity and large numbers of statements and witnesses being called. It is noticeable that many requests are accompanied by short timescales. These factors combined makes this an area of continued pressure across Trust services and for the Individual staff involved in representing the organisation.
The Trust continues to mature its Learning from Mortality approaches, through a quarterly meeting on thematic learning, weekly triage of Medical Examiner referrals and fortnightly learning panels for Medical Examiner feedback.

Mortality - The Trust is developing a multi-directorate approach to reviewing Medical Examiner Service Feedback, in line with the revised All Wales Learning from Mortality Reviews Model Framework (Second Edition). This has included a Level 1 triage meeting and a Level 2 Medical Examiner Learning Panel. Level 1 triage is now being undertaken contemporaneously by Patient Safety Team with no concerns about timeliness / performance. There is a backlog of Level 2 cases, but it is anticipated that this will be recouped over the next two quarters as the Panel approach embeds and familiarity enables more efficient reviews.

There is a decreasing number of Medical Examiner referrals since April 2024 which is believed to be due to relational work undertaken with other health bodies to reduce the duplication of cases, whereby the same case was, at times, previously being sent by both the ME service and the associated Health Board. This trend will however be monitored closely to assess whether there are other influencing factors.

Remedial Plans and Actions
• Additional temporary resource in the Legal Services team is supporting the management of inquest coordination and activity across the Trust.

Expected Performance Trajectory
Coroner activity will continue to be monitored and delays in statement gathering escalated and prioritised internally as appropriate.

Welsh Ambulance Services University NHS Trust

Our Patients: Quality, Safety & Patient Experience Safeguarding, Data Governance & Public Engagement Indicators

Volume of High Level Breaches of the UK General Data Protection Regulation (GDPR) 2018 (Date Reported)

Legend:
- Access or Admission Issues
- Vehicle Incident / Issues
- Violence and Abuse Resulting in Injury
- Medication/IV Fluids
- IT, Radio and Telecommunications
- Health and Wellbeing
- Confidentiality (Prior to May 2022 this reported Consent, Communications, Confidentiality)
- Implementation of care and ongoing monitoring / review
- Protection of Vulnerable Adults Issues
- Records/Information
- Communication
- Treatment/Procedure
- Infrastructure
- Transfer or Discharge Issues
- Violence and Abuse No Injury Recorded
- Assessment, Diagnosis, Investigations
- Equipment / Devices
- Security
- Meal Break / Shift Issues
- NHSDW/111 - Call Handling Issues
- Documentation
- Uniform and PPE Issues
- Information Technology 1 0 7 7 4 2 3 1 3
- Behaviour/Aggression
- Safeguarding 1 1 0 1

Number and percentage of child safeguarding reports sent within 24 hours

Child Safeguarding Reports values: 193, 190, 204, 236, 213, 243, 215, 249, 204, 188, 212, 218, 251, 221, 242, 198, 222, 220, 212, 205, 229, 191, 211, 236

Legend: Child Safeguarding Reports — % Compliance

Number and percentage of adult at risk reports sent within 24 hours

Adult at Risk Reports values: 162, 157, 162, 155, 179, 221, 185, 192, 189, 186, 198, 182, 203, 182, 199, 188, 213, 190, 163, 180, 163, 186, 234, 199

Legend: Adult at Risk Reports — % Compliance

*NB: Data Governance Incidents are based on 'Date Reported' rather than 'Incident Date' as the process is currently manual until a dashboard is implemented and is therefore subject to change

Safeguarding Data source: Doc Works

Welsh Ambulance Services University NHS Trust

Analysis

Safeguarding: In February 2025 WAST colleagues submitted a total of 199 Adult at Risk Reports, 87% of these were processed within 24 hours. Whilst the Trust does not report on Adult Need for Care & Support reports (wellbeing); 631 reports were shared with local authorities across Wales during this reporting period. There have been 236 Child Safeguarding Reports submitted in February 2025, 94% of these were processed within 24 hours.

Data Governance: In February 2025, there were 17 information governance (IG) related incidents reported on Datix Cymru categorised as an Information Governance (IG) breach. Of these 17 breaches, 4 related to Information Technology, 4 Communication, 3 Records/Information, 3 IG/Confidentiality, 2 Equipment/Devices, and 1 Infrastructure.

Public Engagement: During December, PECI attended 18 community engagement opportunities, engaging with approx. 500 people. This included attending Newport 50+ Forum, Cardiff Southwest Healthy Lifestyle Event, Helal Lifestyle Expo, Cardiff Health Inequalities Fair and Newport Carers Network. Attended further 'Winter Messaging' event at Ystradgynlais Community Hospital to discuss and promote the NHS 111 Wales service.

Remedial Plans and Actions

Safeguarding: The Trust manages all safeguarding reports digitally via Doc-works Scribe and regular monitoring of the system by the Safeguarding Team provides a means to identify any problems with delayed reports with appropriate action taken to support WAST colleagues with using the Doc-works Scribe system and liaising with local authorities when required. Only minimal paper safeguarding reports are now received, they are used as a back-up and are sent directly to the Safeguarding Team for actioning. The Safeguarding Team monitor any paper reports received and provide direct feedback to colleagues to improve practice.

Data Governance: During the reporting period, of the 17-information governance related incidents reported on Datix, no incidents were reported to the Information Commissioner's Office (ICO). The IG Team continues to monitor, and review reported incidents where applicable.
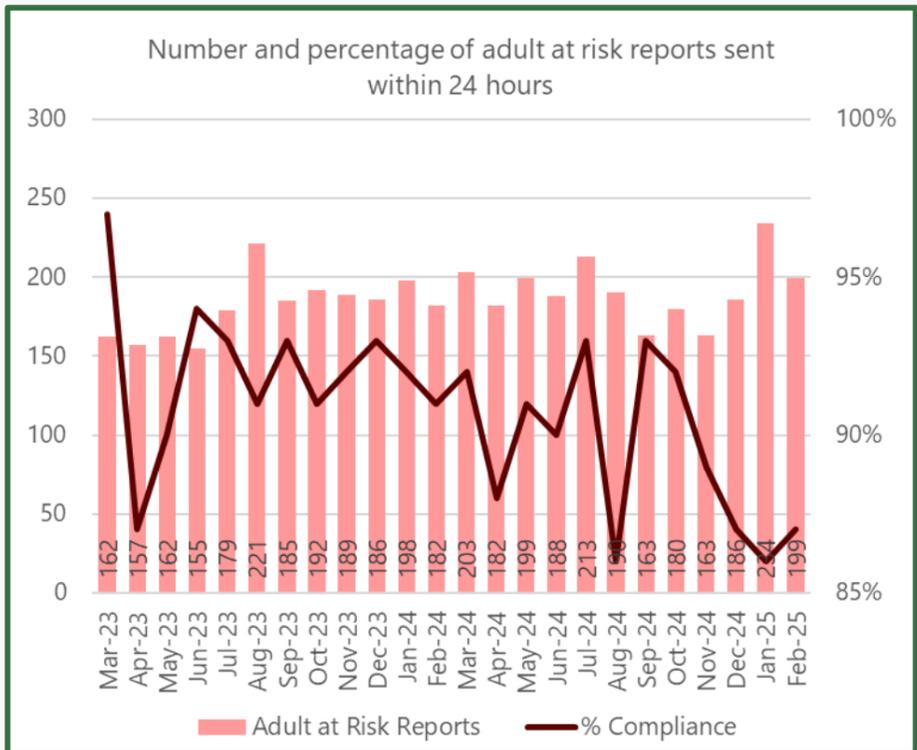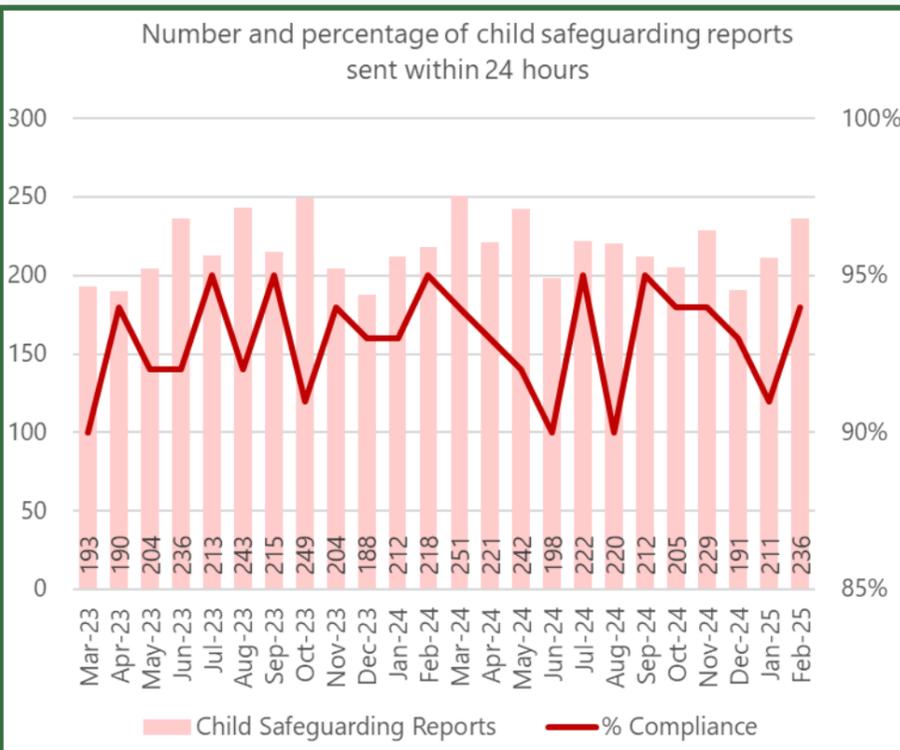
Public Engagement: The work delivered by the PECI Team is supporting the Trust's principles of providing the highest quality of care and service user experience as a driver for change and delivering services which meet the differing needs of communities we serve without prejudice or discrimination.

Expected Performance Trajectory

Safeguarding: The Trust continues to aim to achieve 100% of Adult and Children at risk referrals within 24 hours.

Data Governance: The IG Toolkit Improvement Action Plan continues to be progressed in readiness for the submission deadline in March 2025. The status of the Action Plan is reported to and monitored by IGSG.

Public Engagement: All feedback received is shared with relevant Teams and Managers and continues to be used to influence ongoing service improvement. Patient experience and community engagement information is now shared weekly at the Senior Quality Team meeting.

Our Patients: Quality, Safety & Patient Experience
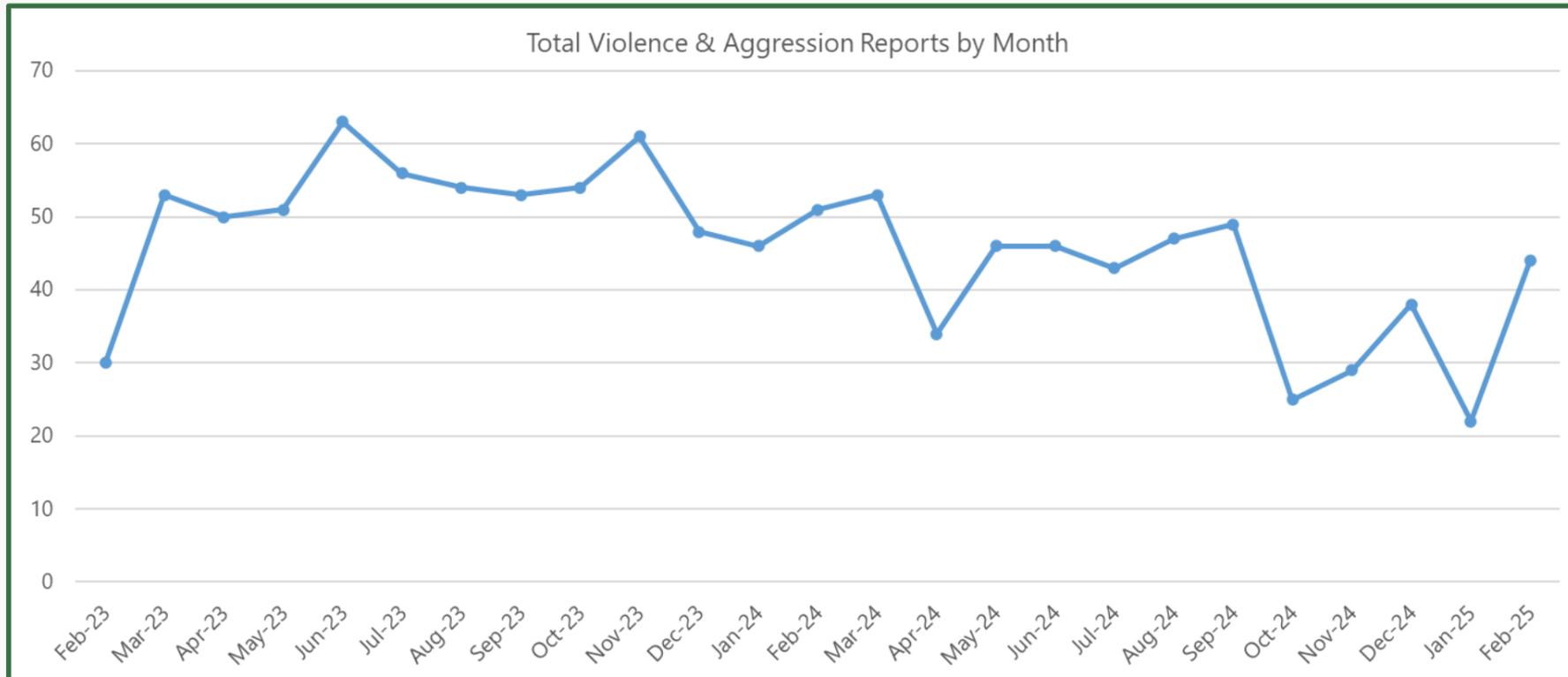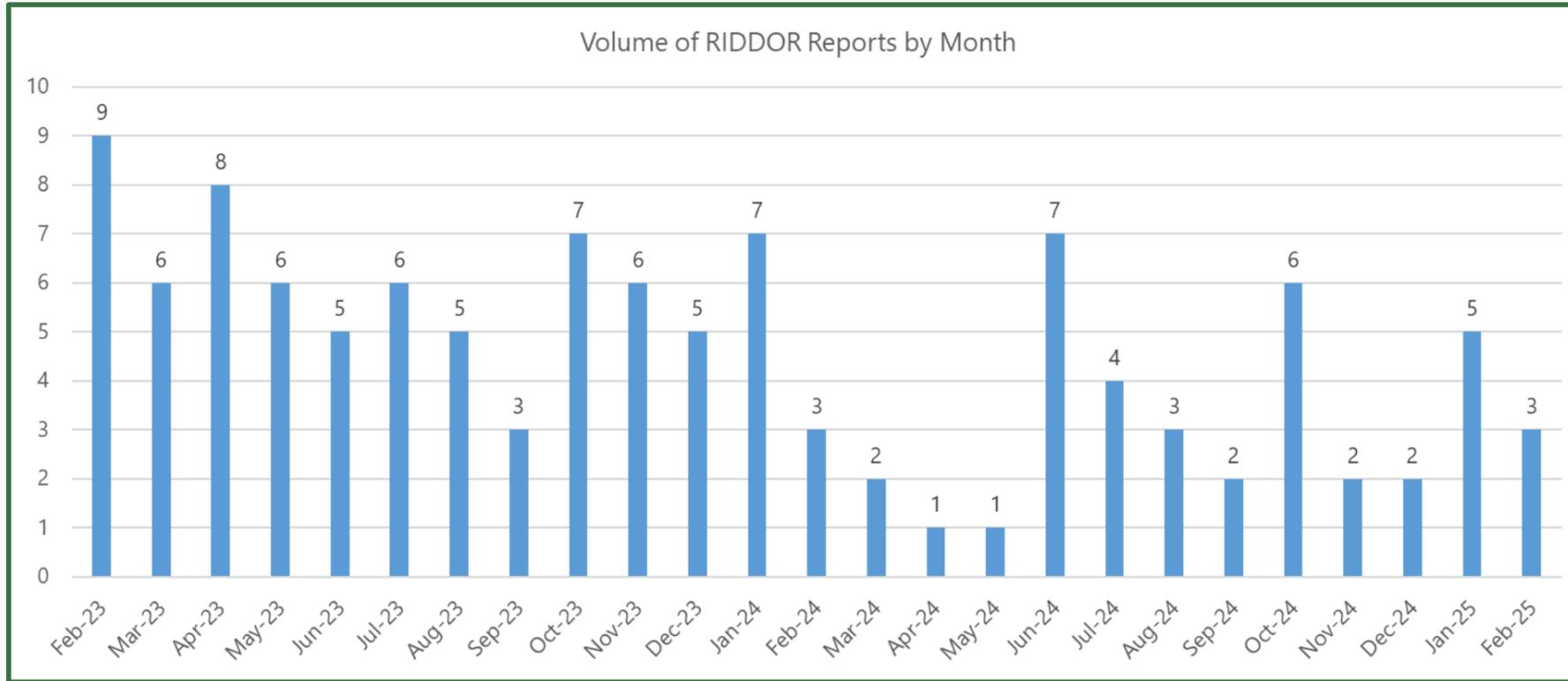# Health & Safety (RIDDORS) Indicators

Self-Assessment: Strength of Internal Control: Moderate

PCC

Health & Care Standard
Health – Safe Care

Volume of RIDDOR Reports by Month

Total Violence & Aggression Reports by Month

Analysis
RIDDOR: There were 3 incidents requiring reporting under RIDDOR during February 2025 2 were for an injury requiring over 7 days of work and 1 was noted as a specified injury.
100% of the RIDDOR's were submitted within the HSE reporting timelines due to good working relationships with the H&S and Operational Teams.
1 fracture (Specified Injury) was 7-day a staff member falling from height whilst mopping the saloon of the ambulance
1 over 7-day injury was a result of manually handling equipment on the tail lift of a vehicle.
1 over 7-day injury was acquired whilst placing an oxygen cylinder into the ambulance side cupboard and the door shutting on their hands

Violence and Aggression: A total of 44 incidents have been reported of V&A in February.
1 Physical Assault on staff was reported during the quarter with 43 incidents of verbal abuse
10 incidents were reported as Moderate in harm and 19 noted as low harm with 0 cases being noted as causing severe harm.
The number of verbal assault incidents increased significantly during the month with aggressive and threatening behaviour accounting for 19 of the 43 incidents.

Remedial Plans and Actions
RIDDOR: A weekly Datix incident meeting is being used to identify RIDDOR reportable incidents and assign a Safety Advisor to assist with the investigation and reporting to the HSE.
Violence and Aggression: V&A incident causation is being trended to identify the suitability of recording incidents in response to the volume of low harm and no harm incidents to with the aim of undertaking suitable investigations and providing sufficient support for staff members affected. Of note is a number of staff on staff reported incidents
The team continue working with the Clinical Support Desk to explore mechanisms to better protect staff by use of Community Behavioural Orders via the Patient Care Plans.

Expected Performance Trajectory
RIDDOR: As the weather improves over the coming months there us expected to be a lower number of slip and trip incidents reported due to improvement in ground conditions at patient properties.

Violence and Aggression: The number of verbal assaults is expected to rise over the coming months as staff become more confident in the support provided by the V&A team.
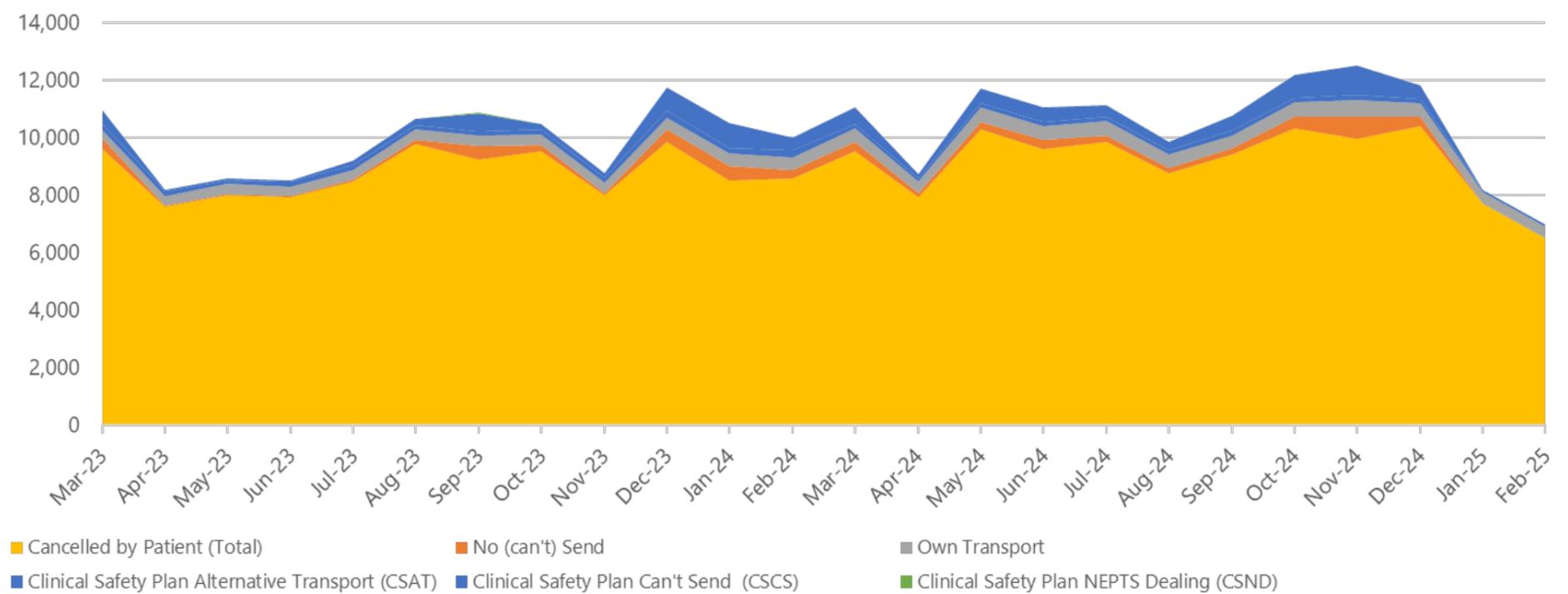
Data source: Datix

Welsh Ambulance Services University NHS Trust

Our Patients: Quality, Safety & Patient Experience
Potential Patient Harm Indicators

(Responsible Officer: Andy Swinburn)

R | FPC

Numbers of Patients with No Send or Cancelling Ambulance

Legend:
- Cancelled by Patient (Total)
- No (can't) Send
- Own Transport
- Clinical Safety Plan Alternative Transport (CSAT)
- Clinical Safety Plan Can't Send (CSCS)
- Clinical Safety Plan NEPTS Dealing (CSND)

Modelled Harm Coming to Patients Who Wait Over 60 Minutes for a Hospital Handover

Legend:
- 15% No Harm
- 53% Low Harm
- 23% Moderate Harm
- 9% Severe Harm

Pan-Wales Immediate Red Release

Legend:
- Red Accepted
- Red Not Accepted

Analysis

In February 2025, 63 ambulances were stopped due to Clinical Safety Plan (CSP) alternative transport. In addition, 6,449 ambulances were cancelled by patients (including patients refusing treatment at scene) a decrease from the 7,707 in January 2025. There is a downward trend in patient cancellations which the Trust thinks is connected to the implementation of Rapid Clinical Screening.

There were 720 requests made to Health Board EDs for immediate release of Red or Amber 1 calls in February 2025. Of these 166 were accepted and released in the Red category, with 1 not being accepted. Further to this, 183 ambulances were released to respond to Amber 1 calls, but 370 were not.

The graph in the bottom left shows that in February 2025 of the 5,144 patients who waited outside an ED for over an hour to be handed over to the care of the hospital, the Trust could assume that 15% (772 patients) would experience no harm, 53% (2,726 patients) would experience low harm, 23% (1,183 patients) would experience moderate harm and 9% (463 patients) would experience severe harm.

In February 2025 CSP levels for the Trust were:

| 56%	30%	14%

Remedial Plans and Actions
Red immediate release is monitored weekly by the Chief Executive and reported through to Health Board CEOs with the expectation that there are no declines for Red Release from any of the 7 Health Boards. All health boards have agreed to this measure. Integrated Commissioning Action Plan (ICAP) meetings had been paused as the Trust moves into the new commissioning arrangements with new arrangements expected from Q1. The NHS Wales Performance Delivery framework 2024/25 has a target of no handovers of more than one hour, this equates to 7,500 hours of handover lost hours.

Expected Performance Trajectory
The Trust continues to monitor CSP levels both daily through the ODU and weekly through the Weekly Operations Performance Meeting and mitigations are actioned to reduce the impact on the Trust's ability to respond to demand. See also slides on Red performance and Amber performance in particular, remedial actions.

NB: Data correct on the date and time it was extracted, therefore, these figures are subject to change

Welsh Ambulance Services University NHS Trust
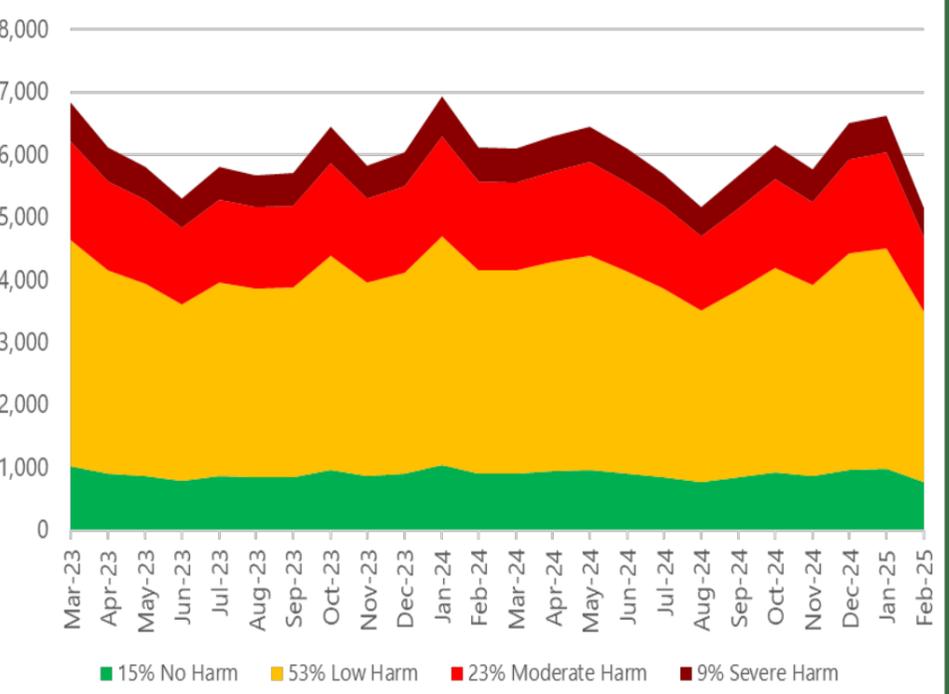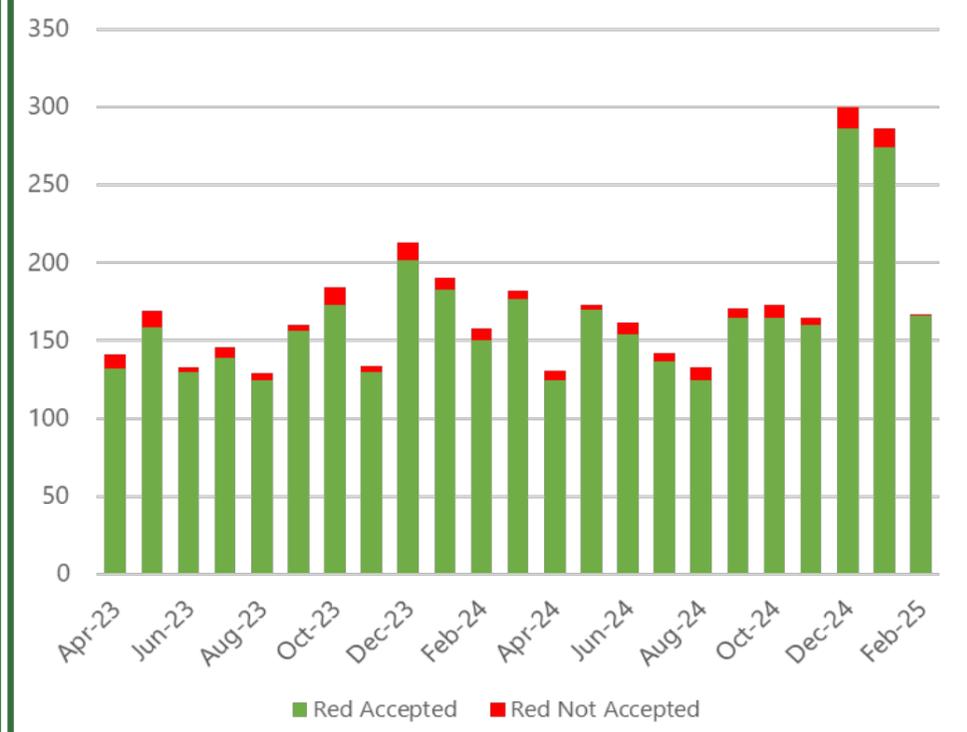
Our Patients: Quality, Safety & Patient Experience
Patient Experience Surveys

(Responsible Officer: Liam Williams)

Self-Assessment: Strength of Internal Control: Moderate

PCC

Health & Care Standard
Health – Safe Care

January & February 2025		
NEPTS (527 responses)	Benchmark	Score
How long did you wait for your transport to take you home after your appointment.	85	83
Were you happy with the transport you received?	85	95
999 (15 responses)	Benchmark	Score
The 999-call taker who answered your call was reassuring.	85	92
The 999-call taker who answered your call explained what was going to happen next.	85	92
You felt confident in the call taker ability to manage your call and provide appropriate advice.	85	92
The length of time I waited for an ambulance to arrive was acceptable.	85	55
111 (34 responses)	Benchmark	Score
Do you feel your call to 111 Wales was helpful?	85	50
Did you follow the advice given to you by NHS 111 Wales?	85	79
Would you consider using NHS 111 Wales again?	85	52
WAST Overall - Friends & Family Test How was your overall experience with the service today?	Ranked from very poor to very good.	
o Ambulance care	92.46% Good	4.66% Poor
o Integrated Care (NHS 111 Wales Telephone line only)	33.33% Good	41.67% Poor
o EMS (including CSD)	86.67% Good	0.00% Poor
o NHS 111 Wales Online	54.39% Good	22.81% Poor
	* Where totals above do not add up to 100%, this is because a 'Do Not Know' answer was given, these are excluded from overall total.	

Analysis
Within the NEPTs survey the response provided did not hit the benchmark in relation to the question 'How long did you wait for your transport to take you home after your appointment, while the question 'Were you happy with the transport your received', came out above the 85-benchmark figure (n=95).
In the 999 survey-all questions reported on exceeded the 85-benchmark except for one, this being 'The length of time waited for an ambulance to arrive was acceptable' (n=55). Whilst within 111 survey no reported-on questions achieved the 85-benchmark.
Response rates to the 999 and 111 surveys remain low and it's acknowledged that these do not reflect an entirely representative picture based on overall call volumes.

Remedial Plans and Actions
We continue to make available 4 core Patient Experience surveys, covering the Trust's main service delivery areas:
- 999 EMS Response (incorporating CSD)
- Ambulance Care (NEPTS)
- NHS 111 Wales Telephony
- NHS 111 Wales Online

A DPIA to allow distribution of surveys to patients via SMS Texting is currently with the IG Team. Expediting the approval of this DPIA has been raised with senior colleagues in the Digital Directorate.
Plans to place QR codes in the back of EMS vehicles to increase patient feedback are also progressing and we continue to work with IPC and Fleet colleagues.

We continue to work closely with the Trust's Falls Improvement Lead to deliver a targeted survey looking at the experiences of people who are responded to by either a Level 1 or Level 2 falls responder. Plans are in place to duplicate this method of survey delivery with patients attended to by a CWR Volunteer.

We continue to engage with the Once for Wales Programme Board who have updated the 'All Wales Patient Experience Question Set' and 'People's Experience Framework'. The Framework and new questions will be formally launched by WG in the coming months.

Expected Performance Trajectory
An overall aim of increasing visibility of experience surveys and maximising opportunities to capture patient experience data.

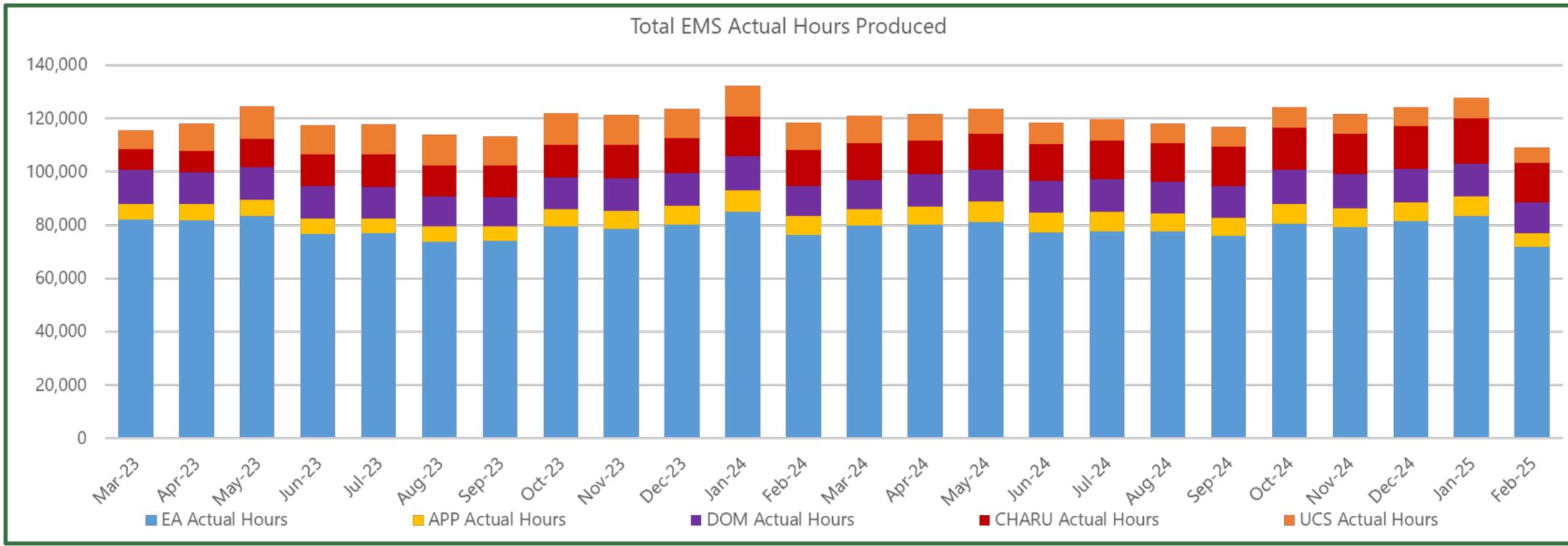Welsh Ambulance Services University NHS Trust

Our People
Capacity - Ambulance Abstractions and Production Indicators

(Responsible Officer: Lee Brooks)

EA Production	Abstractions
G	**R**

CI   PCC   FPC

Total EMS Actual Hours Produced

Legend: EA Actual Hours | APP Actual Hours | DOM Actual Hours | CHARU Actual Hours | UCS Actual Hours

Pan-Wales EMS Total Rota Abstraction Hours

Legend: Alt- Alternative Duties Other | Alt - PRTW | Alt - Temp Redeployment | Annual Leave (15.73%) | COVID 0% | Maternity (1.2%) | Other (inc. TOIL, Special Leave (1%) IA Dec+ | Sickness (5.99%) | Training - Other (3%) | Benchmark 29.91%

Analysis

The total EMS hours produced is a key metric for patient safety. The Trust produced 109,257 hours during February 2025, a decrease compared to the 118,349 hours produced during February 2024. The Trust is delivering good levels of production.

As shown in the bottom graph, monthly abstractions from the rosters are key to managing the number of hours the Trust has produced, as are the total number of staff in post. February 2025, saw a total EMS abstractions (excluding Induction Training) of 29.36%. This was a minimal increase on the 29.19% recorded in January 2025 and achieves the 29.91% benchmark. The highest proportion of abstractions was due to annual leave at 10.90% followed by sickness at 7.10%.

Emergency Ambulance Unit Hours Production (UHP) achieved 92% in February 2025 which equated to 71,840 Actual Hours.

In February 2025 CHARU UHP was 91% against the full roll out requirement.

Remedial Plans and Actions
- Continued focus on managing attendance across the Trust and managing abstractions from rosters.
- Full roll out of CHARUs.
- Continued focus on staff in post to establishment, aiming for 95% benchmark.
- Smoothing of staff between urban and rural areas.
- Focus on recruitment to reduce identified vacancy gap, in particular, EMTs and APPs.
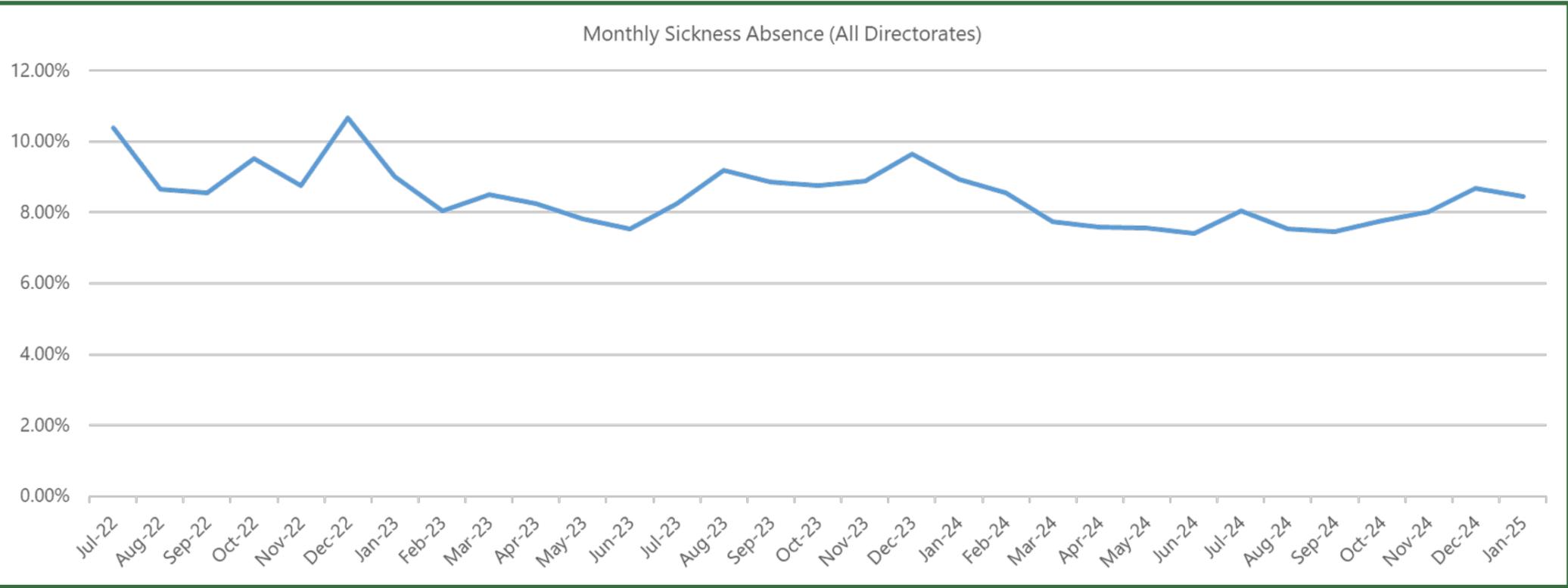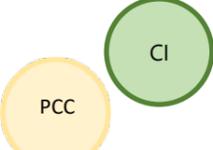
Expected Performance Trajectory
UHP estimates, based on recruitment levels, estimated abstractions and overtime have been provided to ELT. Production is good.
The Trust maintains an ambition to reduce sickness to 6% and maintain abstractions to 30%. This has not yet been achieved for sickness, but the direction of travel is good, while the abstractions benchmark has been achieved a number of times this year.

Welsh Ambulance Services University NHS Trust
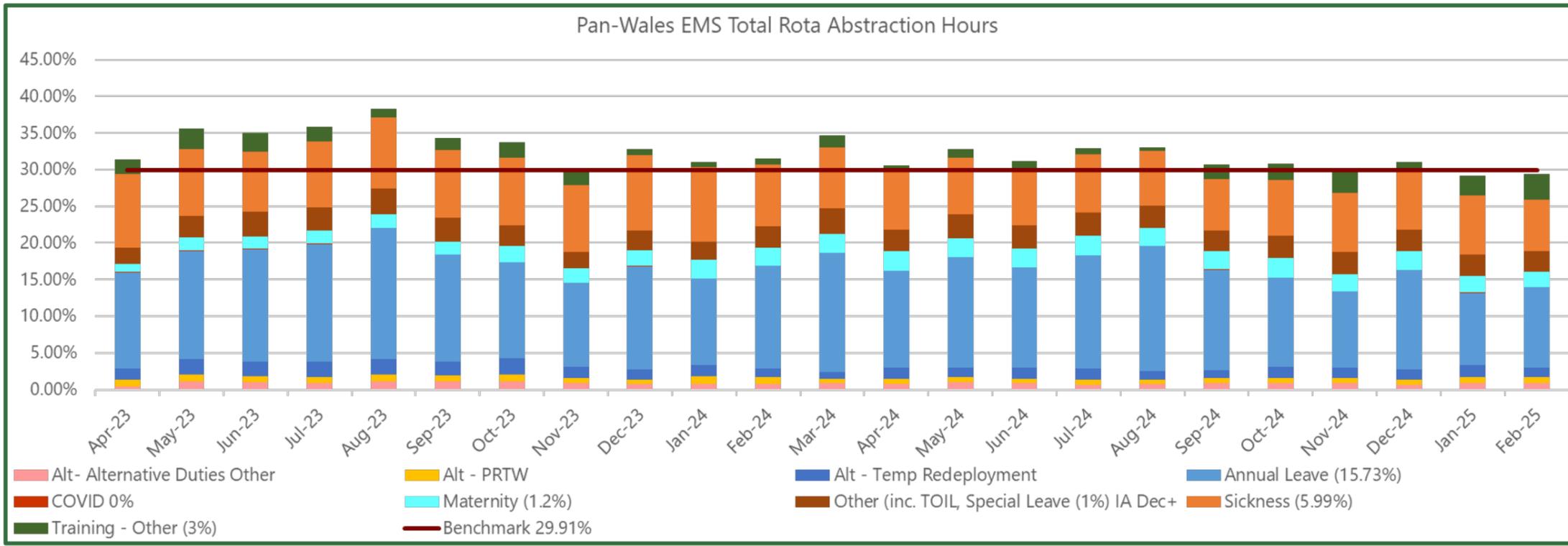
Our People
Capacity - Sickness Absence Indicators

(Responsible Officer: Angela Lewis)

Mental Health
R

CI

PCC

Monthly Sickness Absence (All Directorates)

Absence due to Anxiety, Depression and Other Psychiatric Illnesses FTE%

Average working days lost per FTE (Annual)	
18.02	days

Single month Absence %	
8.46%	

Long Term	Short Term
5.30%	3.16%

Mental Health	Other MSK
(S10 Stress/Anxiety)	(excluding Back)
2.78%	0.79%

All Sickness Reasons LT/ST%

Long Term — Short Term — Absence%

January 2025

NB: Sickness data will always be reported one month in arrears
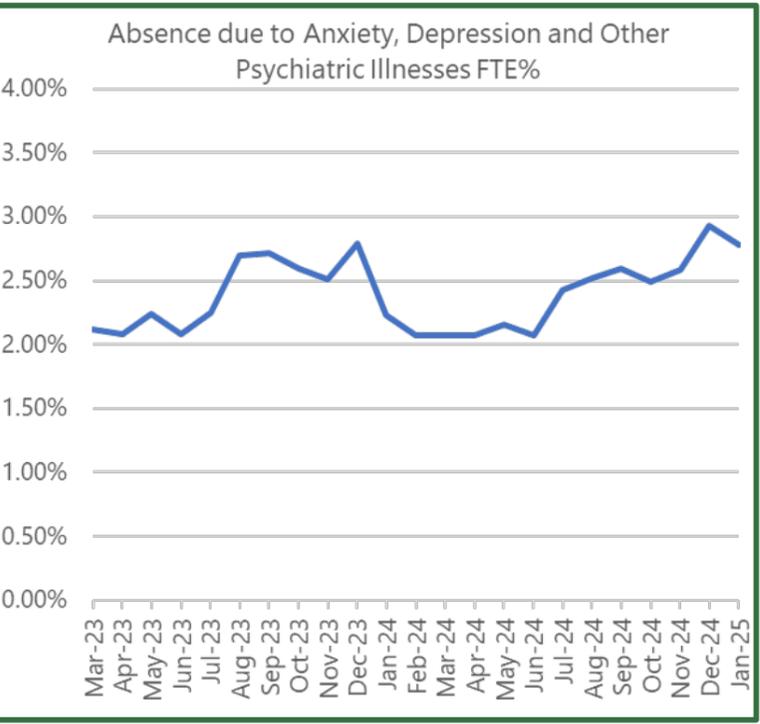
Welsh Ambulance Services University NHS Trust
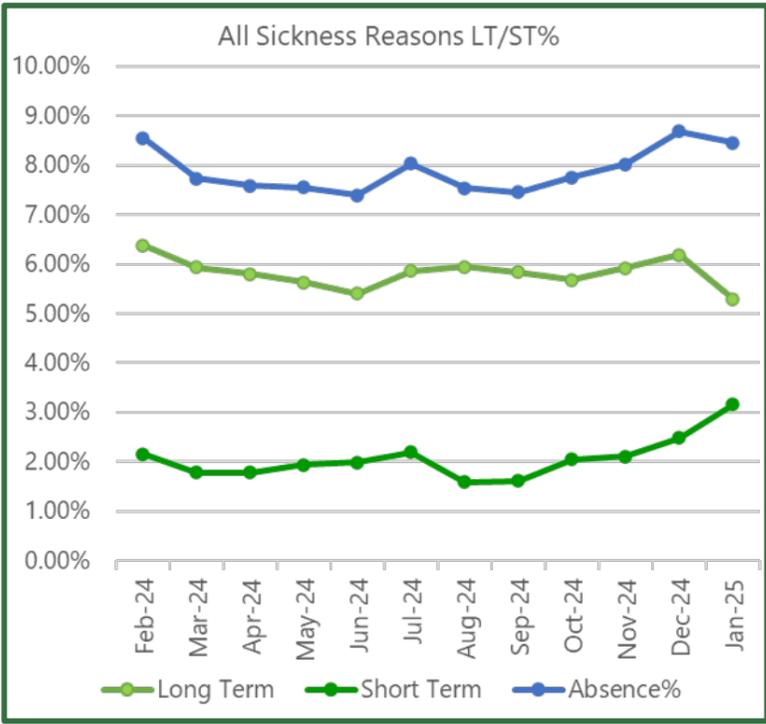
Analysis
There was a slight decrease in overall sickness absence rates between December 2024 and January 2025, dropping from 8.69% to 8.46%. Long term absence decreased from 6.19% in December 2024 to 5.30 % in January 2025, while short-term absence increased slightly to 3.16% in January from December 2024 (2.49%).

The highest reasons for absence in January 2025 were Anxiety/ Stress/ Depression, cold/cough/flu/influenza, other musculoskeletal problems, Gastrointestinal problems and injury fracture. Absence due to Mental Health decreased slightly from 2.93% in December 2024 to 2.78% in January 2025.

From the start of the flu campaign until 3rd Feb-25, 1,422 flu vaccines have now been administered by our WAST OH / Peer Vaccinators. 1,039 were given to WAST employed staff with 222 WAST staff also confirming they have received the flu vaccine elsewhere i.e. GP / Pharmacy, therefore, 28.5% of the WAST workforce has now been vaccinated. A further 244 WAST staff have completed our Microsoft Form to state they wish to opt-out from having the flu vaccine this year.

Remedial Plans and Actions
- The team have been working closely with the Clinical Directorate flu project team for the 2024/25 flu campaign, they have been holding flu clinics across the regions. Due to limited resource within the team, we have revised the programme plan for the pilot Health Check Programme, Health Diagnostics, (HD), which looks at reducing risk of cardiac ill health in our older workforce, by implementing a screening programme. We have been working closely with the provider to arrange relevant training and to launch the programme in February.
- Communications will continue to drive and promote the Flu Campaign to engage with the highest number of staff possible. Many events have been attended by Occupational Health / Peer Vaccinators so far and there are still several key events upcoming where Vaccinators will be available to further promote the flu vaccine. The flu campaign ended on 28th February 2025.

Expected Performance Trajectory
The Trust has indicated through its IMTP that sickness levels will fall in this financial year, but the Trust is not going to achieve the 6% target for the year.

Our People
Capacity – Staff Turnover

Staff Turnover Rate FTE (% Employees leaving the Organisation) (12m)

Month	Rate
Mar-23	10.38%
Apr-23	10.28%
May-23	9.89%
Jun-23	9.79%
Jul-23	9.58%
Aug-23	9.48%
Sep-23	9.28%
Oct-23	9.10%
Nov-23	9.34%
Dec-23	9.50%
Jan-24	8.95%
Feb-24	8.83%
Mar-24	8.73%
Apr-24	8.89%
May-24	9.00%
Jun-24	8.64%
Jul-24	8.12%
Aug-24	8.10%
Sep-24	8.21%
Oct-24	8.02%
Nov-24	8.45%
Dec-24	7.95%
Jan-25	7.95%
Feb-25	7.98%

FTE as of 01/02/2025

Categories: 020 Ambulance Care L4 (NX10), 020 Emergency Medical Services L4 (DX04), 020 Integrated Care L4 (DX03), 020 Resourcing & EMS Coordination L4 (DX05)

■ Sum of FTE Budgeted ■ Sum of FTE Actual ■ Sum of FTE Variance

Analysis

Staff turnover rates in February 2025 were 7.98%, increasing minimally from 7.95% in January 2025. February saw 29 leavers (25.98 FTE). Turnover in months at the end of the quarter are generally higher. This was compensated by 34 joiners (31.78 FTE) in February. Of those leaving, the group with the greatest number were Technicians (7 people), Paramedic (5 people) and Ambulance Care Assistants or Patient Transport Drivers (5 people).

Occupational Health continue to meet national KPIs set by the All-Wales Occupational Health standards and scope of practice, i.e., regarding turnaround times for referrals the national KPI states: The 1st offered appointment date will be within 29 calendar days of the date referral received. KPI that this is achieved 80% of the time.

Our waiting times have fluctuated over the past months, this has been due to staff changes and staff sickness. The current waiting time for a referral (management referral or self-referral is 3 weeks).

Staff are currently waiting approx. 4.3 days for pre- employment screenings from date of this has been due to submission to first offered appointment.

Remedial Plans and Actions

- The team continue to work closely with Civica to improve the system, including a text reminder service for appointments.
- The Wellbeing team continue to support colleagues and managers by attending regular meetings, providing targeted support and facilitating drop-in sessions for colleagues.
- Team members from OH/Wellbeing/TRiM continue to promote our services via Siren, outstation visits/ drop-in clinics, presenting to newly recruited staff and through attendance at managers' meetings.
- The Health and Wellbeing Plan for 2025-29 was approved by the WAST Board in Q3 2024/25. The delivery period will begin in the April 2025. The focus of the plan is to highlight improve workplace relationships, increase the trauma-awareness of the organisation and address health and wellbeing challenges increasingly on a systemic level, in addition to providing support on an individual level.

Expected Performance Trajectory

The team continue to review the Occupational Health and Wellbeing provision, so that we ensure that services/interventions offered are relevant, appropriate, and up to date, our focus is on continuous improvement.

Welsh Ambulance Services University NHS Trust
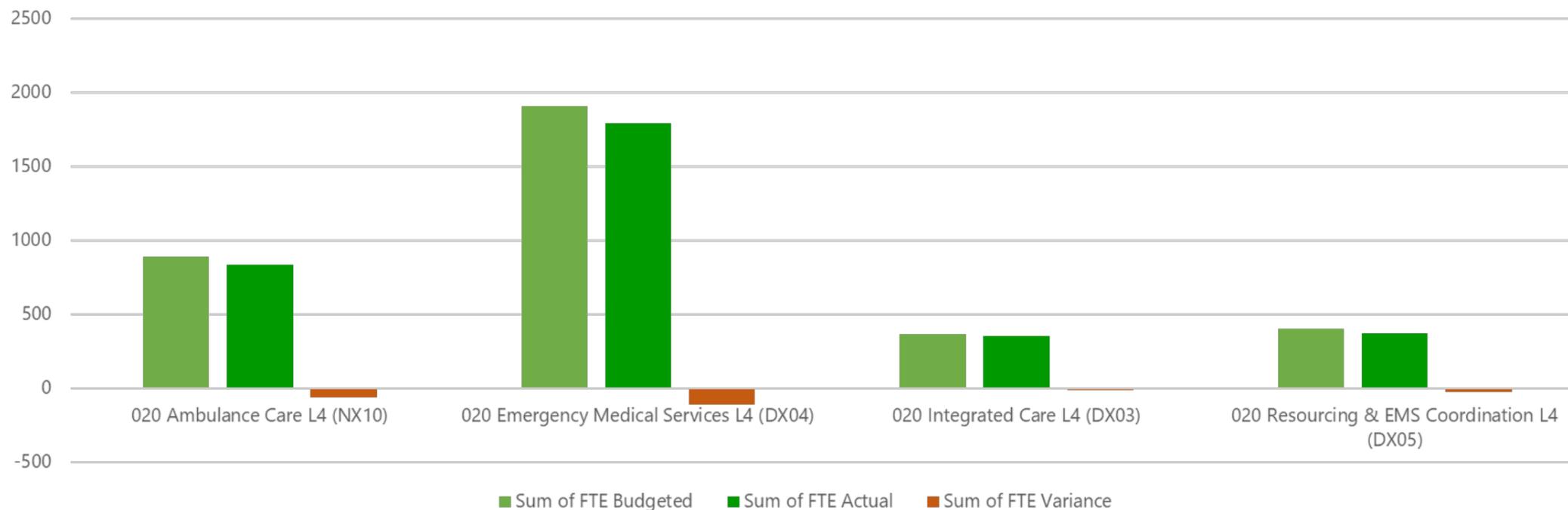
Our People Capability - PADR and Training Rates Indicators

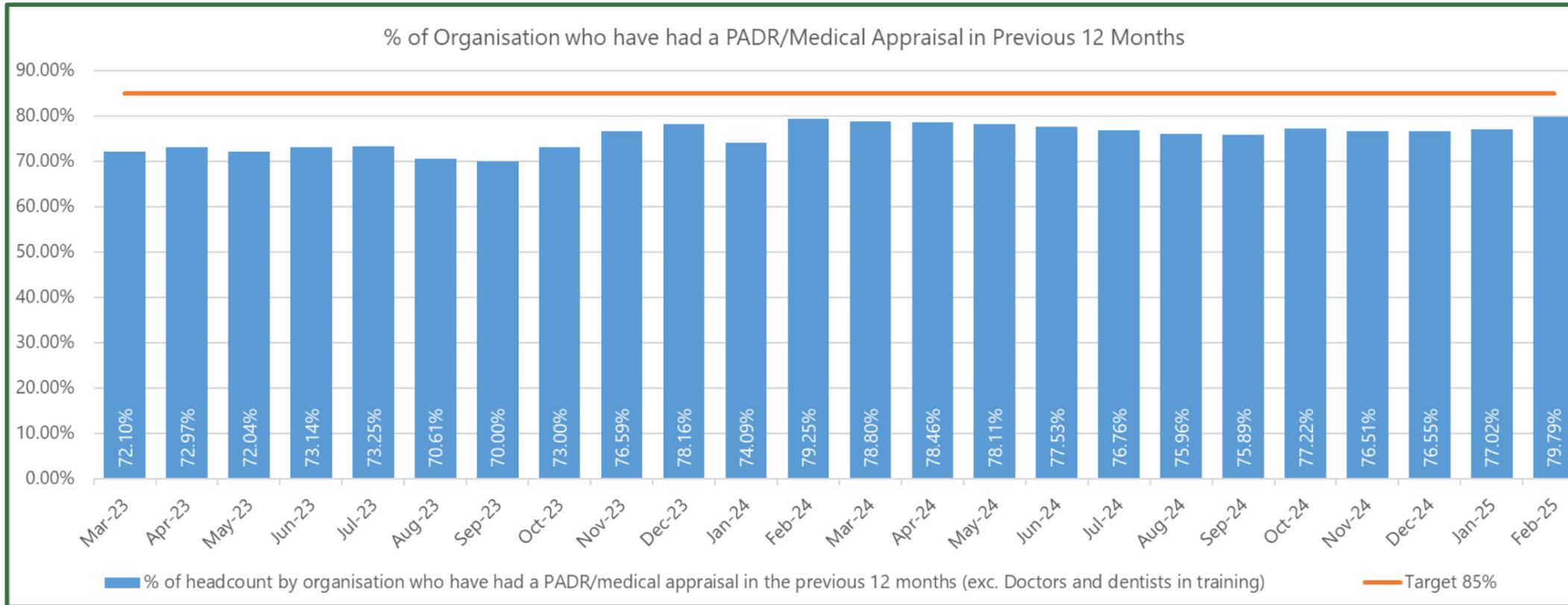| PADR	Stat & Mand
A	G

CI   PCC

Health & Care Standard
Health – Staff & Resources

Self-Assessment:
Strength of Internal Control: Strong

% of Organisation who have had a PADR/Medical Appraisal in Previous 12 Months

Bar values (Mar-23 to Feb-25): 72.10%, 72.97%, 72.04%, 73.14%, 73.25%, 70.61%, 70.00%, 73.00%, 76.59%, 78.16%, 74.09%, 79.25%, 78.80%, 78.46%, 78.11%, 77.53%, 76.76%, 75.96%, 75.89%, 77.22%, 76.51%, 76.55%, 77.02%, 79.79%

Legend:
- % of headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (exc. Doctors and dentists in training)
- Target 85%

% Compliance for each completed Level 1 competency within Core Skills & Training framework

Legend:
- % compliance for each completed Level 1 competency within the Core Skills and Training framework by organisation
- Target 85%

% Compliance Statutory and Mandatory Training (10 CSTF Modules)

Bar values (Apr-23 to Feb-25): 75.55%, 76.82%, 77.53%, 77.98%, 75.78%, 76.21%, 76.43%, 76.56%, 76.55%, 77.13%, 81.00%, 81.89%, 82.73%, 83.28%, 84.05%, 84.47%, 84.66%, 83.79%, 83.35%, 84.47%, 85.51%, 85.64%, 85.93%

Legend:
- Statutory & Mandatory Training
- Target >85%

Analysis

PADR rates minimally increased from 77.02% in January 2025 to 79.79% in February 2025 and is close the 85% target. Over the reporting period this target has only been achieved once, in December 2022.

In January 2025 Statutory & Mandatory Training rates reported a combined compliance of 85.93% exceeding the 85% target for the third consecutive month. However, only Dementia Awareness (97.23%), Moving & Handling (94.29%) and Safeguarding Adults (91.59%), achieved the 85% target. Equality & Diversity (82.29%) Fire Safety (77.06%), Paul Ridd (75.03%), Information Governance (74.40%), Fraud Awareness (73.73%), Violence Against Women, Domestic Abuse & Sexual Violence (73.12%) and Welsh Language Awareness (69.74%) all remain below this target.

There are currently 18 Statutory and Mandatory courses that NHS employees must complete in their employment. These are listed in the table:
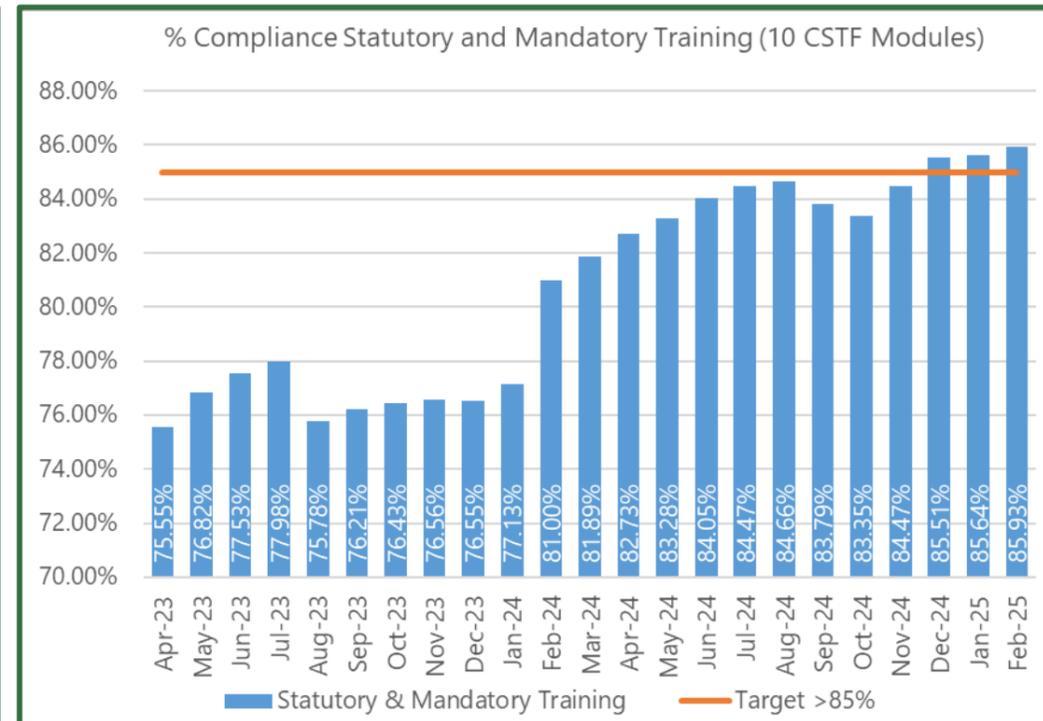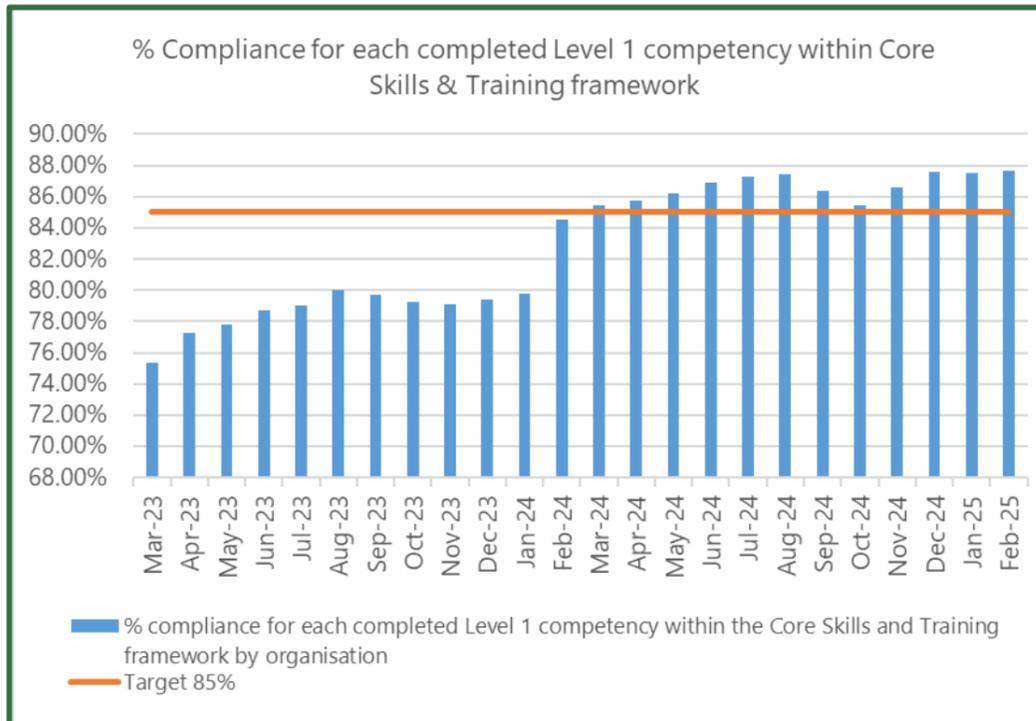
Remedial Plans and Actions

Engagement in the PADR process serves as a Key metric for evaluating team cultural health. By increasing engagement with the PADR process, our goal is to enhance employee Development, support better Communication between managers and employees and develop a culture of accountability and continual improvement.

There has been a continuation of the climb toward achievement of the 85% target across the remainder of the Core Skills Training Framework competencies which is projected to continue to increase as more learning content is moved to the user friendly environment enabling easier access to these reportable competencies.

Expected Performance Trajectory

Performance is improving as compliance has risen.

Skills and training Framework	NHS Wales Minimum Renewal Standard
Equality, Diveristy & Human Rights (Treat me Fairly)	3 years
Fire Safety	2 years
Health, Safety & Welfare	3 years
Infection Prevention & Control Level 1	3 years
Information Governance (Wales)	2 years
Moving and Handling Level 1	2 years
Resuscitation	Yearly
Safeguarding Adults Level 1	3 years
Safeguarding Children Level 1	3 years
Violence & Aggression (Wales) Module A	No Renewal
Mandatory Courses	
Violence Against Women, Domestic Abuse and Sexual Violence	3 years
Dementia Awareness	No renewal
Welsh Language Awareness	3 years
Paul Ridd Learning Disability Awareness	No Renewal
Enviroment, Waste and Energy (Admin & Clerical Staff only)	Yearly
Duty of Quality	3 years
Fraud Awareness	3 years
Prevent Awareness	No Renewal

Data source: ESR   **Welsh Ambulance Services University NHS Trust**

Our People
Health and Well-being – Shift Overruns

Overruns

R

CI

FPC   PCC

Average Shift Overrun Time (All Resource Types)

Pan-Wales Shift Overruns by Time Band (hourly)

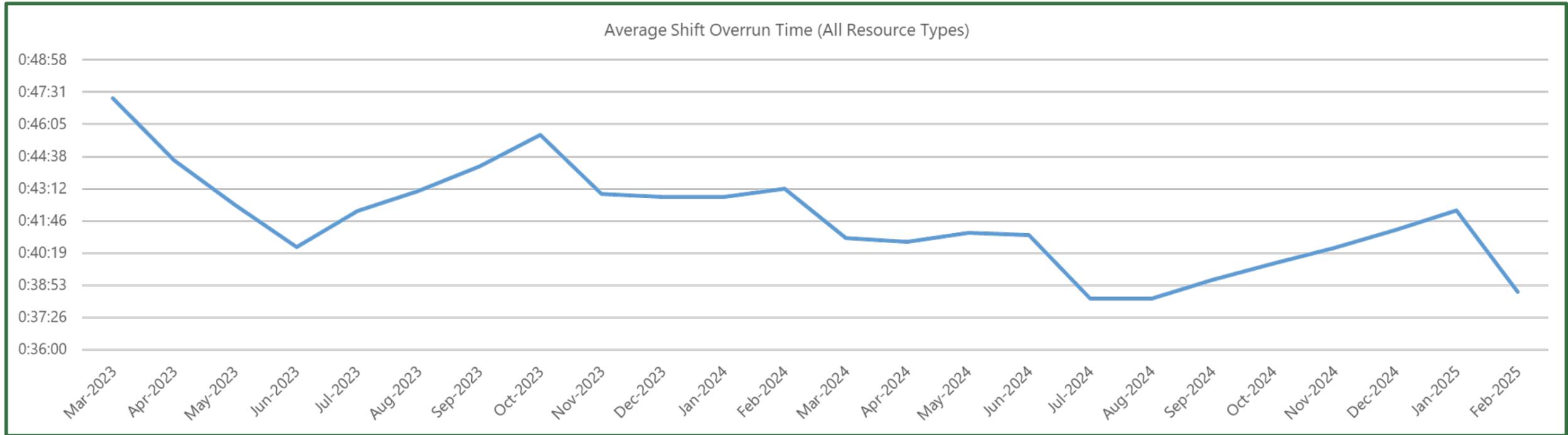Legend: 0 <= x < 60 | 60 <= x < 120 | 120 <= x < 180 | 180 <= x < 240 | 240 <= x < 300 | 300 <= x < 360 | 360 <= x < 420 | 420 <= x < 480 | 480 >

Analysis

There were 3,599 shift overruns during February 2025.

The average overrun figure for February 2025 was 38 minutes and 36 seconds, a minimal decrease from January 2025 (00:42:14). The trend continues to be downward over the past two years.

The highest volume of shift overruns occur within the 0 to 60-minute category, accounting for 75.1% of the total. 19.2% fall within the 61 to 120-minute category, 4.6% in the 121 to 180-minute category, 0.3% in the 181 to 240-minute category and 0.2% in the 241 minutes and over category.
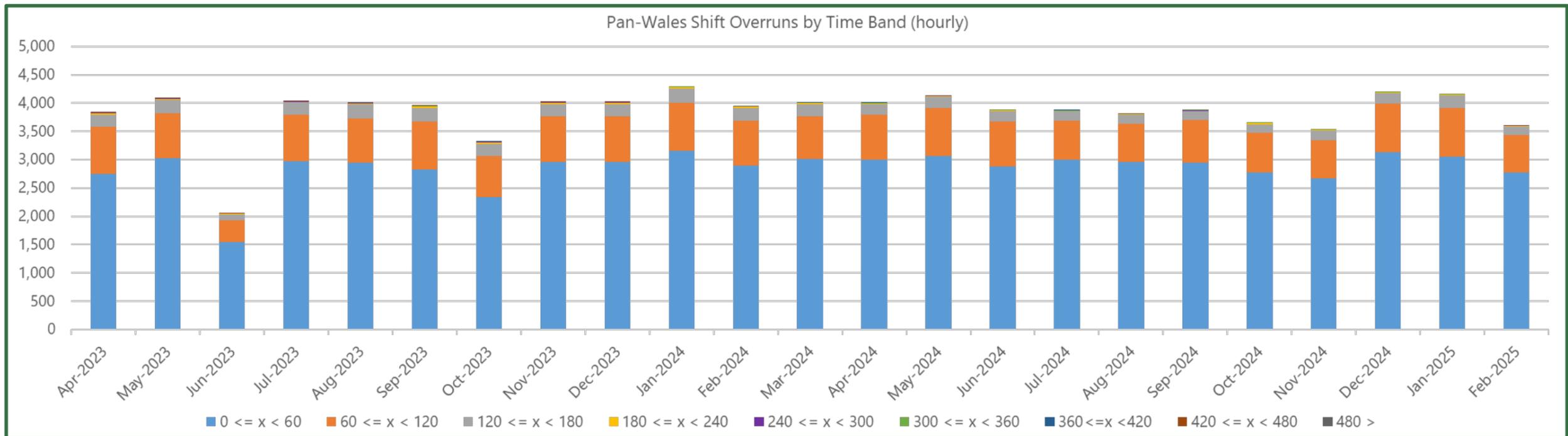
Remedial Plans and Actions

Shift overruns are a key element of staff wellbeing and work is ongoing to mitigate these in conjunction with handovers, as although not shown here there is a clear correlation.

As part of the Trust's winter resilience planning, it introduced "pods" at some hospital locations to aid staff finishing on time. These are continuing, at this time, into 2024/25.
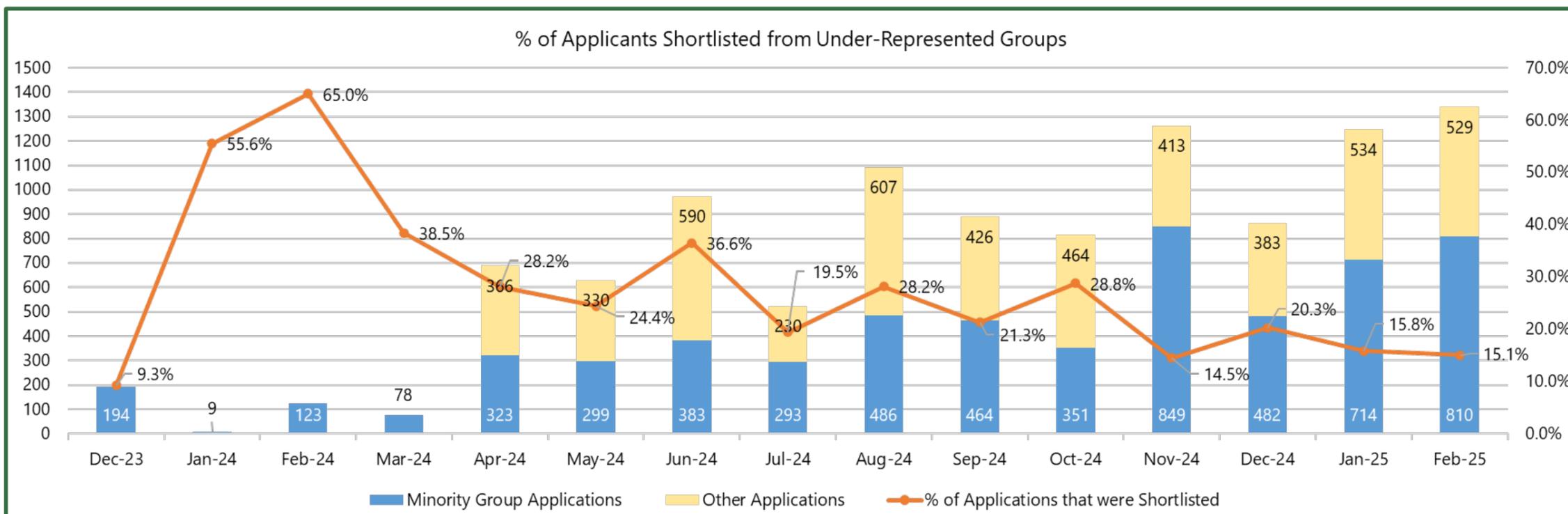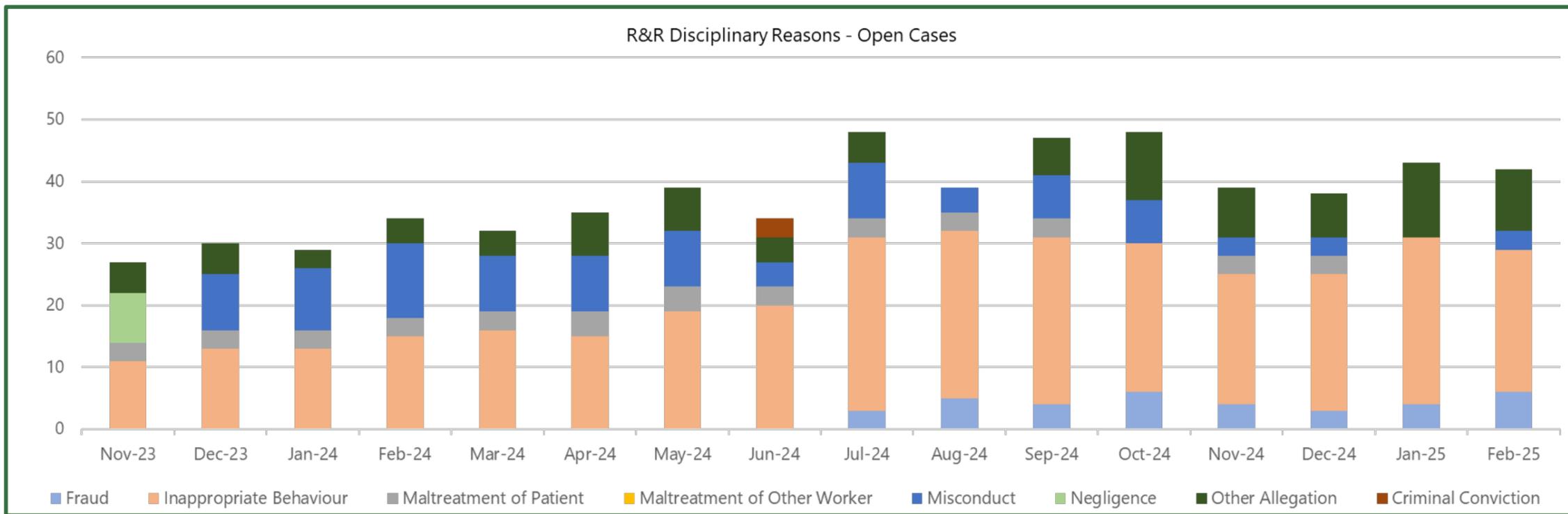
Expected Performance Trajectory

Overruns correlate with handover lost hours and may continue to increase.

Welsh Ambulance Services University NHS Trust

Our People
Culture – Number of R&R Disciplinary Hearings and Number of Applicants Shortlisted from Under-Represented Groups

Self-Assessment: Strength of Internal Control: Moderate

PCC

R&R Disciplinary Reasons - Open Cases

Legend: Fraud, Inappropriate Behaviour, Maltreatment of Patient, Maltreatment of Other Worker, Misconduct, Negligence, Other Allegation, Criminal Conviction

% of Applicants Shortlisted from Under-Represented Groups

Legend: Minority Group Applications, Other Applications, % of Applications that were Shortlisted

Analysis
There were 42 open formal disciplinary cases recorded at the end of February 2025, which is a slight decrease compared to 43 in January 2024. Of these Disciplinary cases, the majority are again due to allegations of inappropriate behaviour, followed by fraud.

There were 16 open formal Respect and Resolution cases submitted by employees in February 2025, remaining consistent with January 2025 (16). These are a mixture of both Respect and Resolution Grievances and Dignity at work.

The bottom graph shows that in February 2025, 1,339 job applications were processed, and 333 interviews planned.

Of the 1,339 applications, a total of 810 were from under-represented groups with 510 in the category of Ethnicity, 141 within Disability and 159 identifying within Sexual Orientation.

In February 2025, 15.1% (n=122) of all applications from under-represented groups made it through shortlisting and were invited for interview. This was a slight decrease from the 15.8% in January 2025.

Remedial Plans and Actions
R&R Formal Disciplinary Cases: Continue to monitor. The Trust has a substantial programme of work in place, connected to behaviours.

Applications: The inclusive recruitment work is ongoing to develop targeted recruitment campaigns and events. Two workshops have taken place to recruit for Black, Asian and Ethnically diverse applicants into our digital roles. Unconscious bias training for the managers that will be involved in their recruitment is underway.
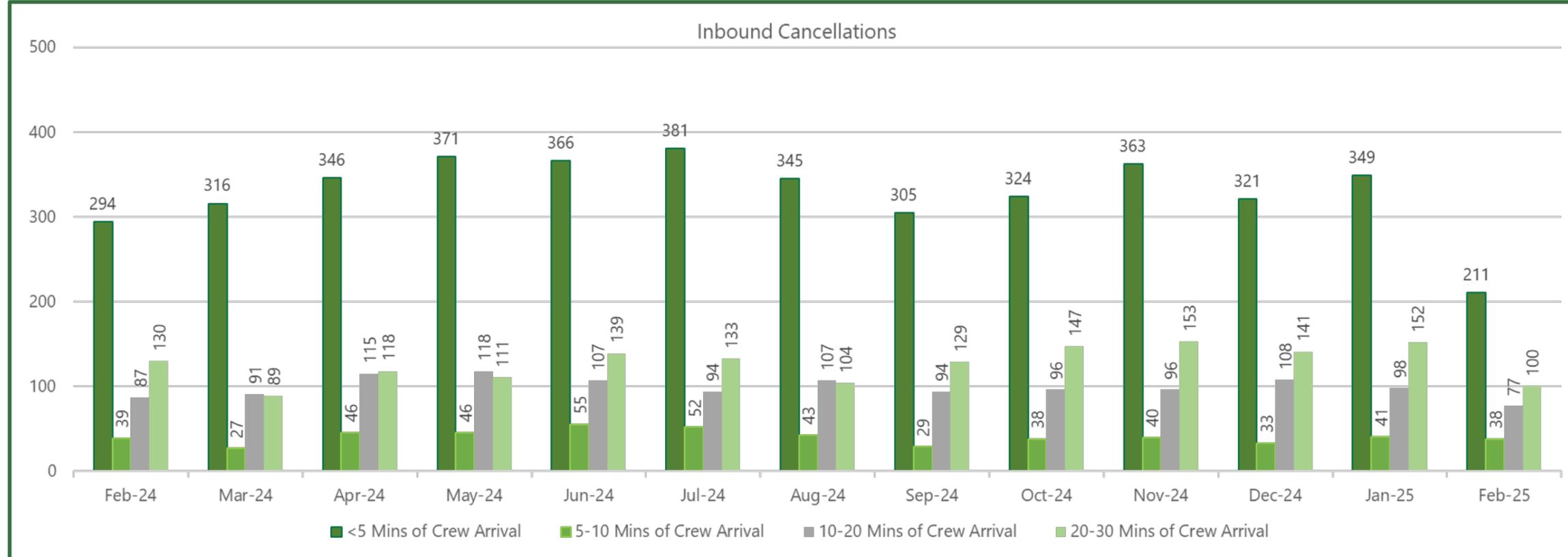
Expected Performance Trajectory
Continue to monitor levels, no trajectory for this measure.

Welsh Ambulance Services University NHS Trust

Finance, Resources and Value
Value: Ambulance Care Indicators

(Responsible Officer: Lee Brooks)

Cancellations

R

FPC

Inbound Cancellations

Legend: <5 Mins of Crew Arrival | 5-10 Mins of Crew Arrival | 10-20 Mins of Crew Arrival | 20-30 Mins of Crew Arrival

<5 Minute Patient Cancellation Reasons

Legend: Address Not Located | Covid Issues | Deceased | No Appointment | Escort issues | Not Ready At Home | Own Transport In/Out | Pt Not Aware of App | Pt Not Located | Pt Refused | Staff At Risk | Too ill to Travel | Treatment Finished | Cancelled By Pt

Volume of on the Day Cancellations

Analysis

Inbound cancellations of 5 minutes or less of the crew arrival time saw a decrease in February 2025 to 211, compared to 349 in January 2025. The total number of cancellations within 30 minutes also decreased from 640 in January 2025 to 426 in February 2025.

In February 2025 there were 51 travel bookings cancelled by patients (including via SMS), decreasing from 92 in January 2025.

The other top reasons for less than 5-minute cancellations included: 21 patients not located, 14 unwell/too ill to travel and 11 no appointment.

Same day cancellations increased slightly in February 2025 to 12.2%, up from 12% in January 2025.

Remedial Plans and Actions

Work with Hywel Dda to develop a direct link between their PAS system and our CAD, has been delayed by a clash of organisational priorities. Once in place this will allow for WAST to be notified once the health board cancels or alters an appointment, that requires WAST transport.

Work is also underway to enhance the service's text messaging options to improve notification to patients.

Expected Performance Trajectory

Until this work is completed, we do not anticipate a significant shift in the trajectory as many of the factors affecting this are outside of our direct control.

Please note that that figures may be lower than overall totals due to some records having no cancellation date.

Please note that MDTs do not appear to provide specific cancellation reasons for either inbound or outbound journeys. There are at present multiple and duplicated reasons both crews, control and the liaison desk can select.

Welsh Ambulance Services University NHS Trust
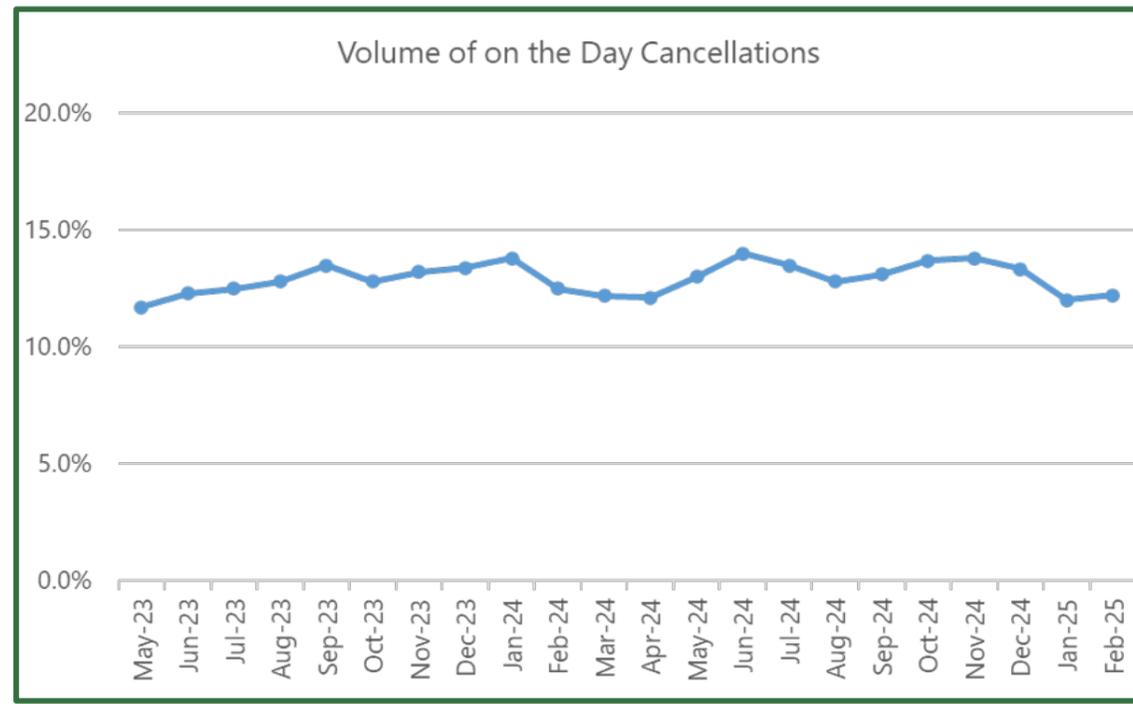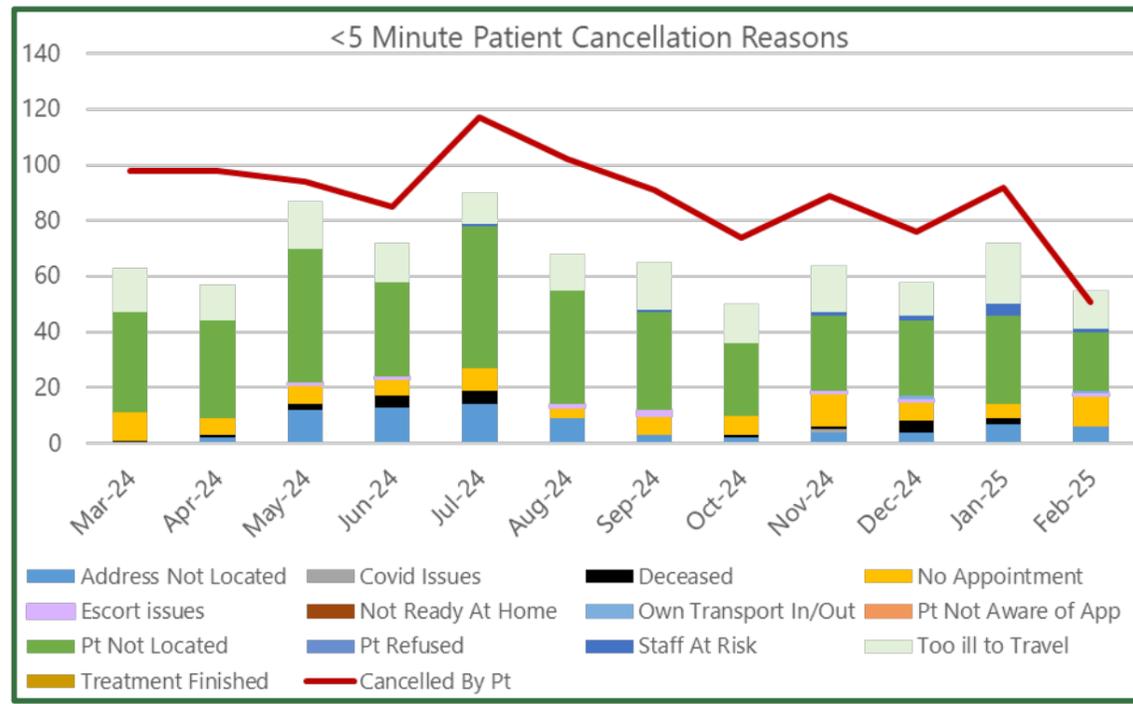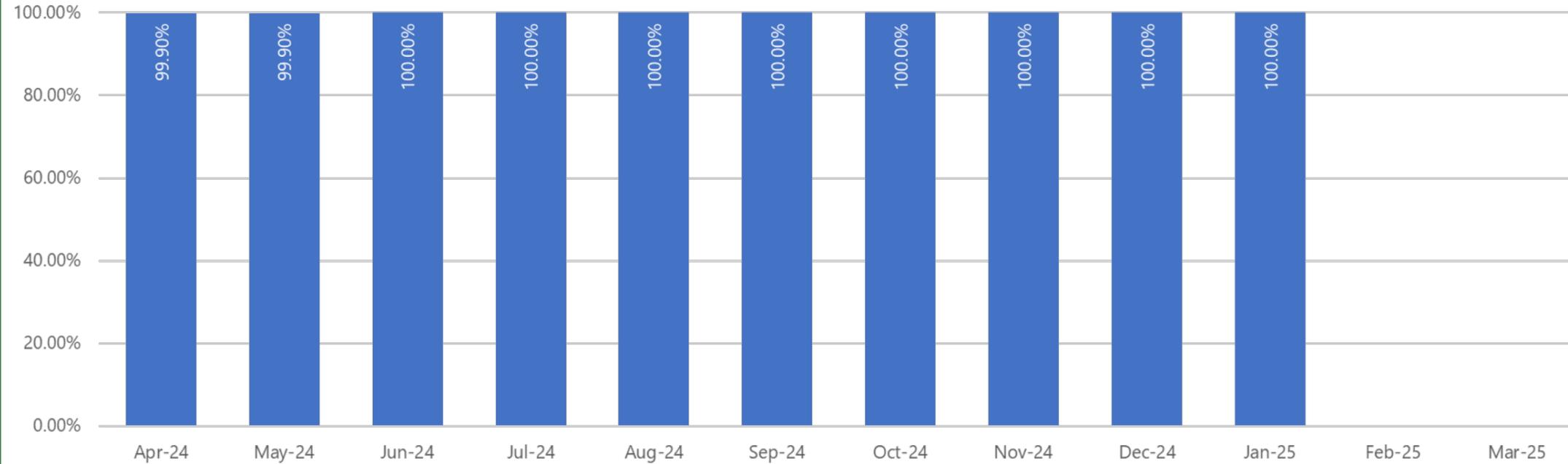
Finance, Resources and Value
Value - Finance Indicators

(Responsible Officer: Chris Turley)

G   FPC

Financial Balance - Annual Expenditure YTD as % of Budget Expenditure YTD

Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
99.90%	99.90%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

Analysis
The reported outturn performance at Month 10 is a surplus of £42k, with a forecast to the yearend of breakeven

For Month 10 the Trust is reporting planned savings of £5.084m and actual savings of £5.481m (an achievement rate of 107.1%).

The Trust's cumulative performance against PSPP as at Month 10 is 97.7% against a target of 95%.

At Month 10 the Trust is forecasting to achieve both its External Financing Limit and its Capital Expenditure Limit.
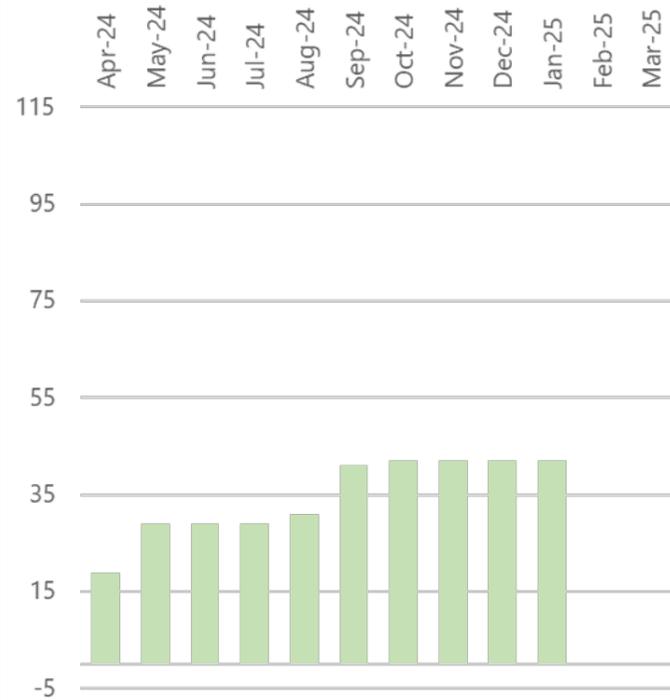
Remedial Plans and Actions
There is no remedial plan required given the Trust is forecasting to breakeven; however, key areas of focus include:-

• Undertaking a review of commercial opportunities for income generation (Report being considered by FSP group).
• A continued focus on the Trust's financial sustainability programme.
• Improved governance for Value Based Health Care, with a particular focus on benchmarking; and
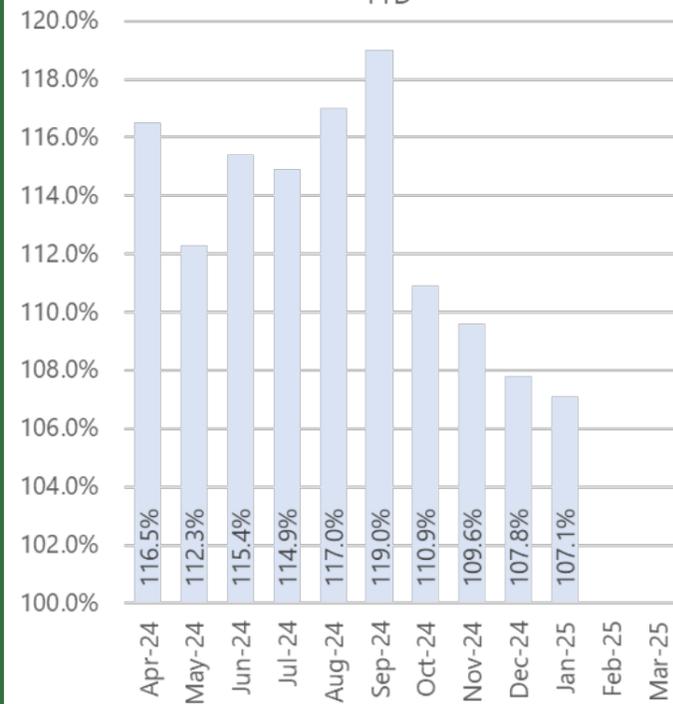• An improved approach to benefits realisation

Expected Performance Trajectory
The expectation is that the Trust will continue to meet its statutory financial duties, as outlined in its IMTP for the 2024/25 financial year; however, it is expected that the Trust will continue to operate in a challenging financial environment and will need to deliver a planned level of savings in the 2024/25 financial year of c£6.4m.

Actual Trust Surplus/(Deficit) YTD - £000

Actual Savings YTD as % of Planned Savings YTD

Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
116.5%	112.3%	115.4%	114.9%	117.0%	119.0%	110.9%	109.6%	107.8%	107.1%

YTD % of Non NHS Invoices Paid Within 30 Days - By Number & Value

Legend:
- YTD % of Non-NHS Invoices Paid within 30 Days - by Number
- YTD % of Non-NHS Invoices Paid within 30 Days - by Value
- Target

Welsh Ambulance Services University NHS Trust
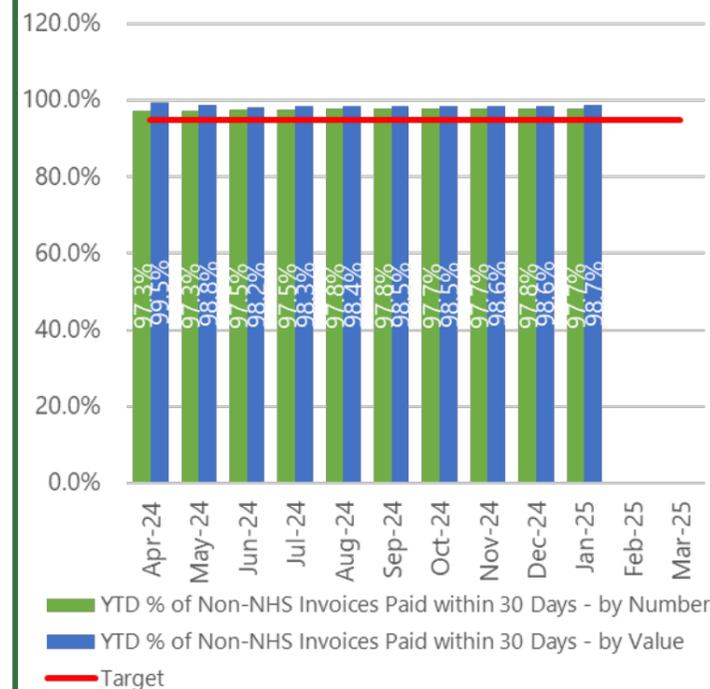
Finance, Resources and Value
EMS Utilisation & Average Job/Shift Times

(Responsible Officer: Lee Brooks)

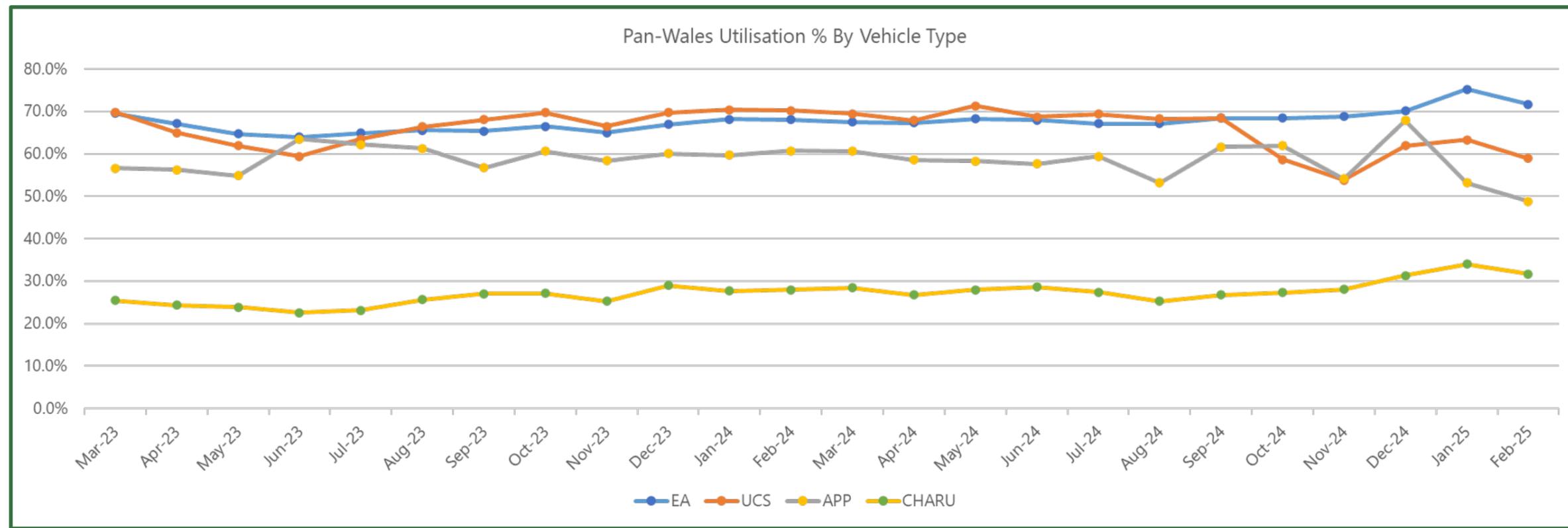| Jobs Per Shift	CHARU Utilisation
R	G

FPC

NB: Data quality issues have been identified within APP data. These are currently being addressed.

Pan-Wales Utilisation % By Vehicle Type

Legend: EA, UCS, APP, CHARU

Average Jobs per Shift by Vehicle Type (EA, CHARU, APP & UCS)

Legend: Emergency Ambulance, Cymru High Acuity Response Unit, Advanced Paramedic Practitioner, Unscheduled Care Services

Average Job Cycle by Vehicle Type (EA, CHARU, APP & UCS)

Legend: Average Job Cycle - APP, Average Job Cycle - EA, Average Job Cycle - CHARU, Average Job Cycle - UCS

Analysis

Pan Wales Utilisation metrics in February 2025 were 63.8% for all vehicles types, an increase from 67% in January 2025. EA saw the highest rate during the month at 71.7%, which is the first month this metric has decreased in seven months. The optimal utilisation rate for EAs needs to be lower so that they are free to respond to incoming calls.

As demonstrated in the bottom left graph, the average job cycle increased in February 2025 only for APPs (1 hour 23 minutes). The others reduced, UCS (2 hours 39 minutes), EAs (2 hours 16 minutes) and CHARU (48 minutes).

Overall average jobs per shift was 2.55 in February 2025, indicating a slight increase from January 2025 (2.46). EAs averaged 2.62 jobs per shift and UCS crews 2.02. This is lower than what would be ideal and a product of handover delays.

APPs attended on average 2.89 jobs per shift and CHARU's 2.41. Both sets of data are under review.

Remedial Plans and Actions
EA and UCS jobs per shift is fundamentally a product of handover delays.

For APPs, the newly created APP Recruitment Task & Finish Group will give a focus on further improvement, in particular, improved information and a re-roster.

CHARU is a particular area of focus. Initial analysis indicates that CHARU contribution to Red compares favourably with the previous resource: RRVs.

Expected Performance Trajectory
The Trust's ability to reduce the high utilisation rates for EAs and UCS is a product of handover, which it does not control. The Trust would expect an increase in APP and CHARU utilisation during 2024/25 linked to the remedial actions identified above.

Welsh Ambulance Services University NHS Trust
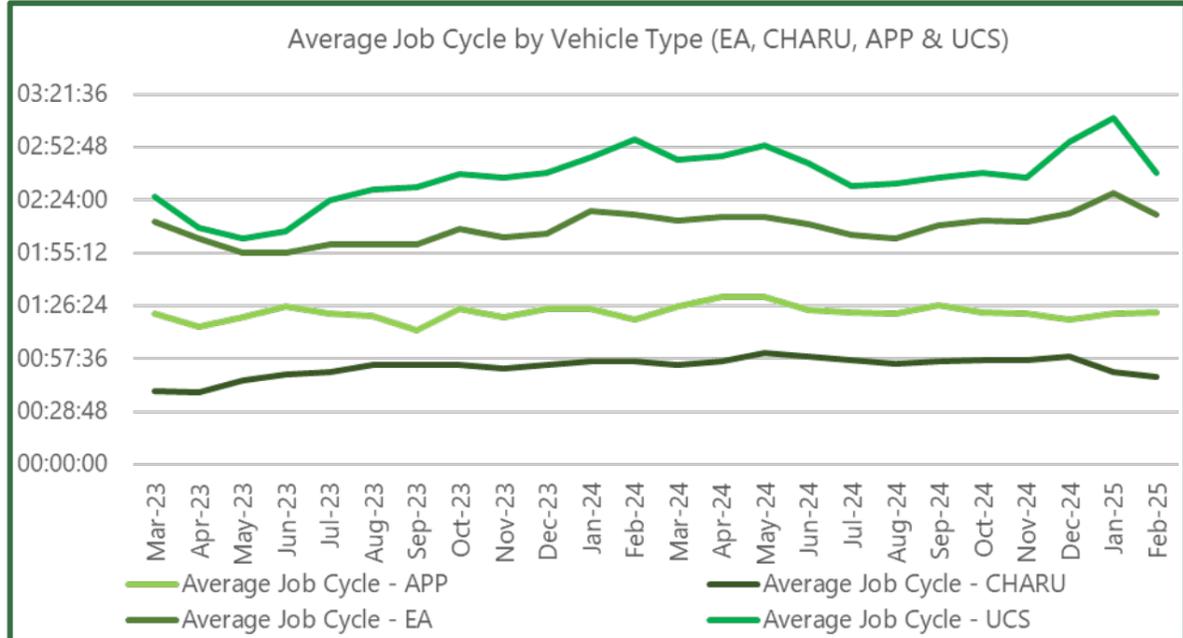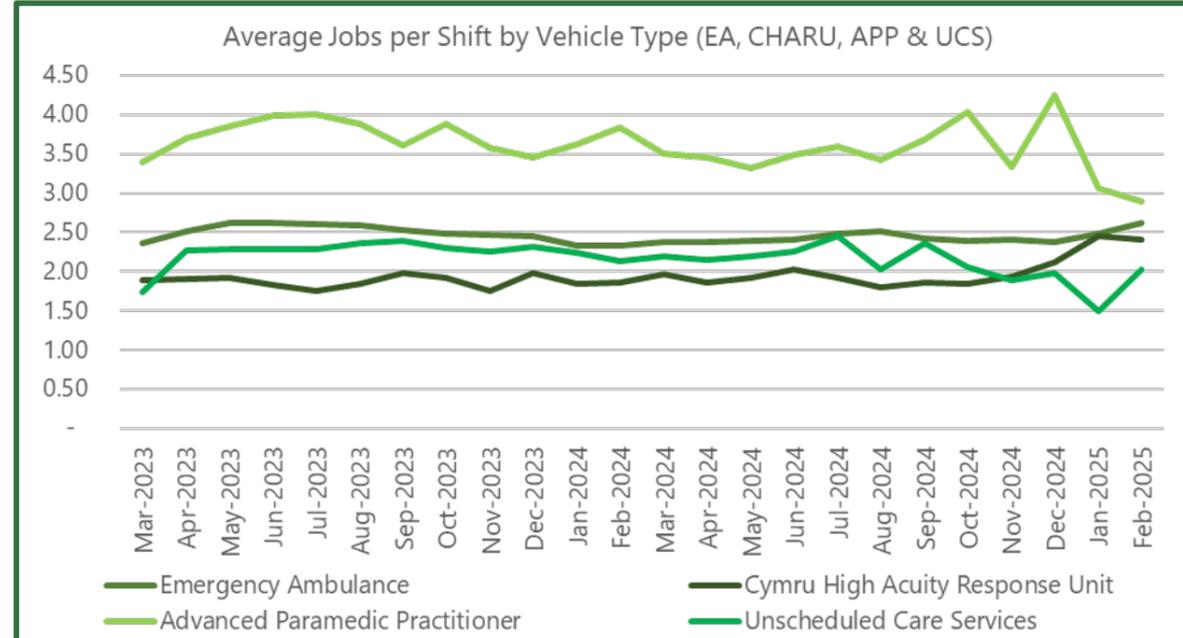
Partnerships / System Contribution
NHS111 Hand Off Metrics and NHS111 Consult & Close Indicators
Influencing Factors – Demand and Clinical Hours Produced

(Responsible Officer: Lee Brooks)

NB: Data quality issues have been identified in 111. These are currently being addressed.

111 Calls By Final Outcome

Legend:
- Urgent Primary Care (UPC) (Referred to GP)
- Emergency Department (ED)
- Dental Urgent
- Primary Care (Referred to GP)
- EMS (999)
- 111 First
- Self Care
- Pharmacy
- Health Board Self-Referral
- Dental Routine
- Maternity (Referred to another Health Professional)
- Community Services (Referred to another Health Professional)
- Minor Injury Unit (MIU)
- Mental Health (Referred to another Health Professional)

111 Calls by Final Outcome Type

Legend:
- Stopped at Source
- Referred to 999/ED
- Referred to Alternative Pathway

Percentage of 111 Calls Answered in Welsh

Analysis

During February 2025, 51,833 calls were allocated into the 14 categories displayed in the graph opposite, a decrease compared to the 59,707 seen during January 2025. However, data quality issues continue within 111 reporting which are currently being addressed.

Calls Referred to a General Practitioner (handover of care) continued to be the top outcome for NHS111 accounting for 35.59% of all calls during February 2025, but there has been a material drop since the implementation of new 111CAS.

As the bottom left graph highlights, in February 2025, 5,801 calls were 'Stopped at Source', with no onward referral, a slight decrease from 6,471 in January 2025. 10,928 calls were referred to 999/ED in February 2025.

The percentage of 111 calls answered in Welsh increased from 0.88% in September 2024 to 1.20% in October 2024. This equated to 68% of all 111 calls being offered in Welsh being answered. A data quality review is being undertaken meaning this metric is currently unavailable .

Remedial Plans and Actions
There is currently a 111 Measures Task and Finish Group. This is a collaborative meeting between WAST, Six Goals, commissioners and DHCW. The focus is the development of a nationally reportable 111 data set. Similar to what is currently in place for Ambulance Service Indicators (ASIs). Part of this work involves looking at the reporting of disposition final outcomes.

Expected Performance Trajectory
No performance trajectory is set at this time, as the Trust develops its measures and systems around these metrics. Once developed there will be an opportunity to develop benchmarks. The focus remains to shift left, where it is clinically safe and appropriate to do so.
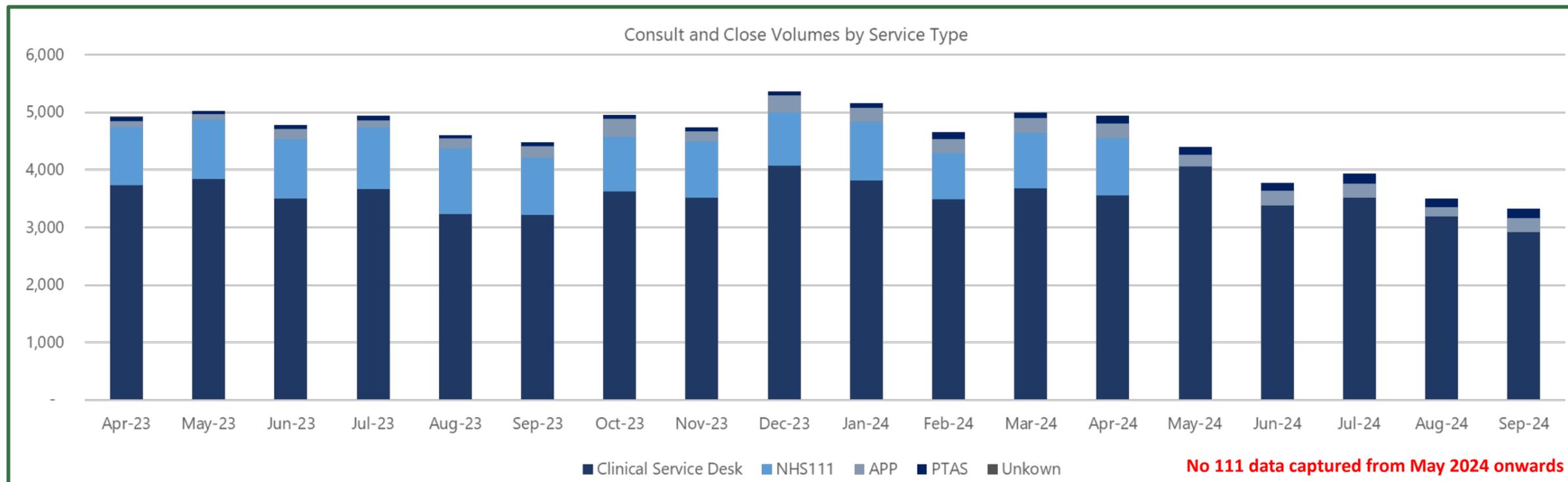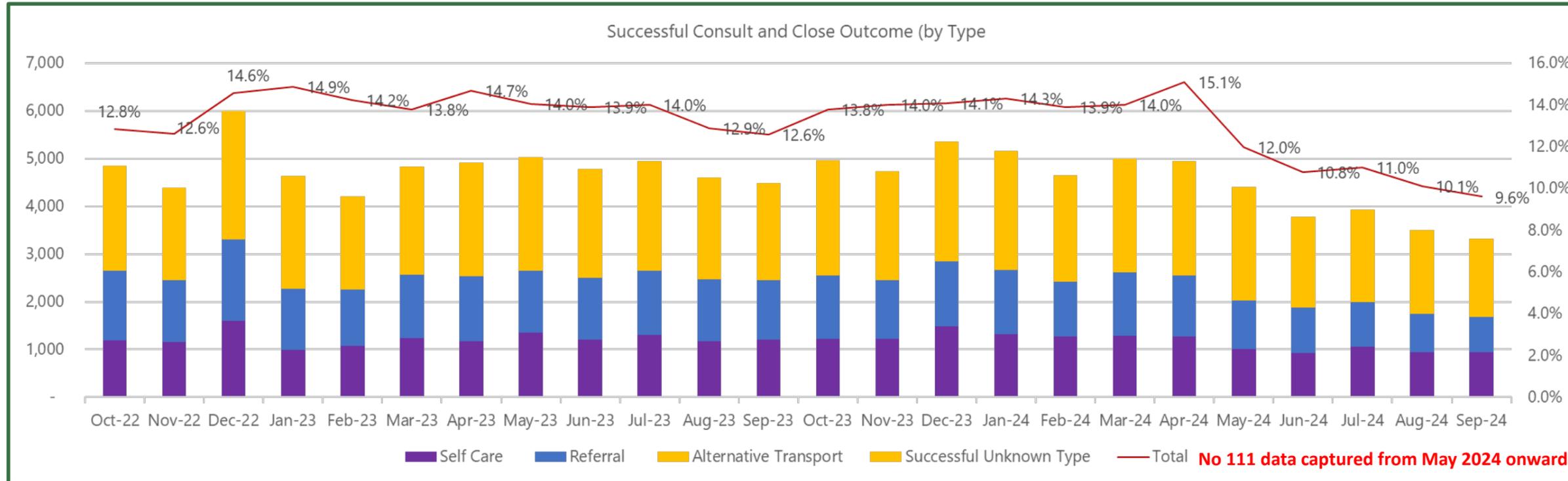
Welsh Ambulance Services University NHS Trust
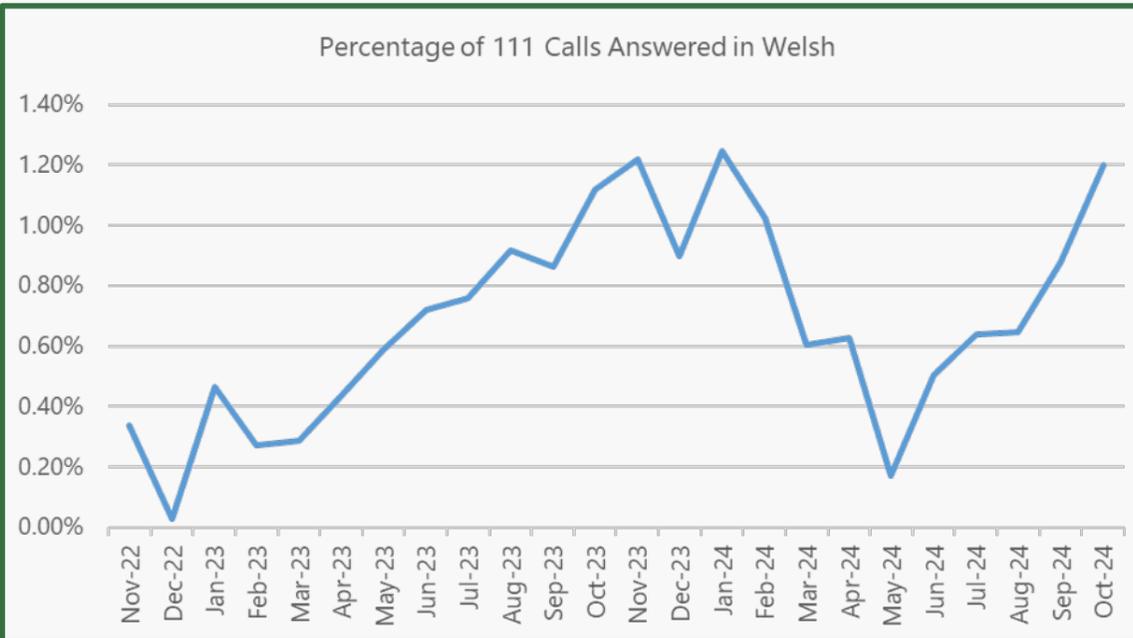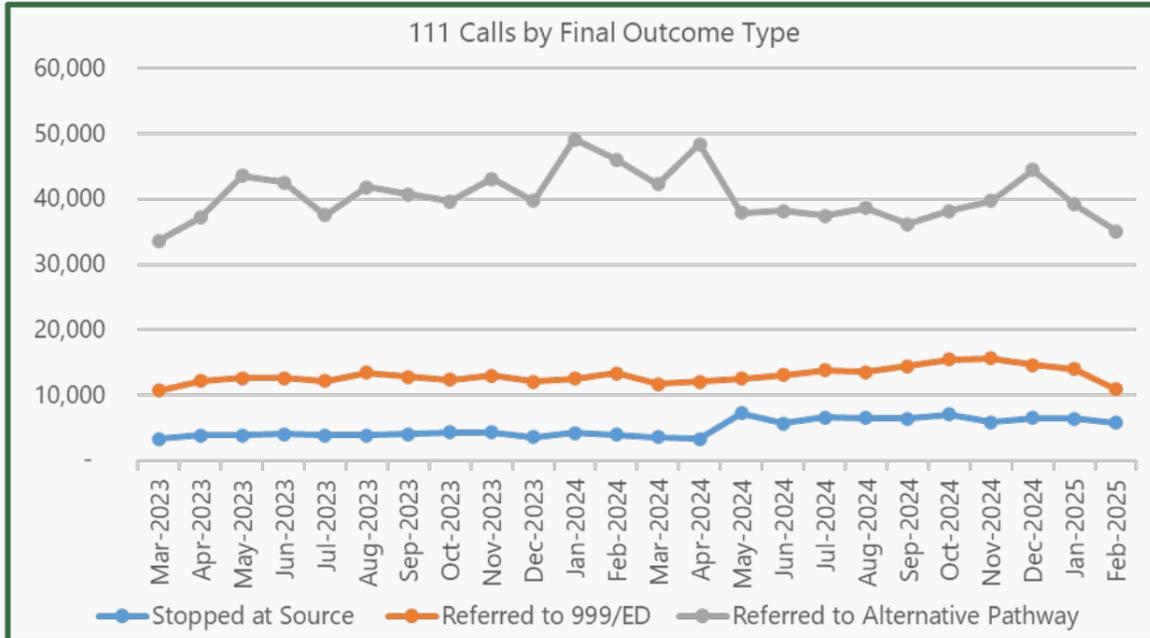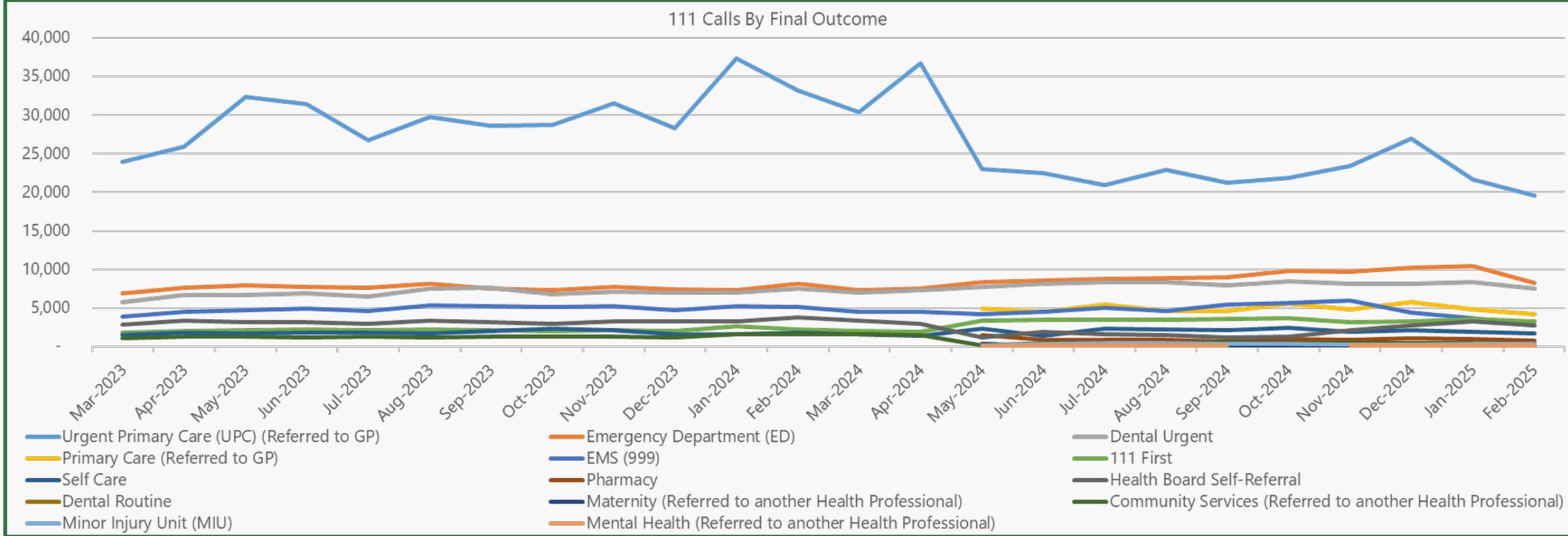
Partnerships / System Contribution
Consult & Close Indicators

C&C Outcomes

FPC

NB: Data quality issues have been identified in 111. These are currently being addressed.

No additional analysis possible given no 111 data is currently available on these metrics.

A revised metric is under development.

See separate patient harm mitigations report to Trust Board.

New metric definition agreed. Required Executive and Commissioner sign off before it be used.

A one-off IDS assured graph indicates that the Trust is achieving a +20% consult & close rate.

Successful Consult and Close Outcome (by Type

Legend: Self Care, Referral, Alternative Transport, Successful Unknown Type, Total

No 111 data captured from May 2024 onwards

Consult and Close Volumes by Service Type

Legend: Clinical Service Desk, NHS111, APP, PTAS, Unkown

No 111 data captured from May 2024 onwards

Welsh Ambulance Services University NHS Trust

Partnerships / System Contribution Conveyance to ED Indicators

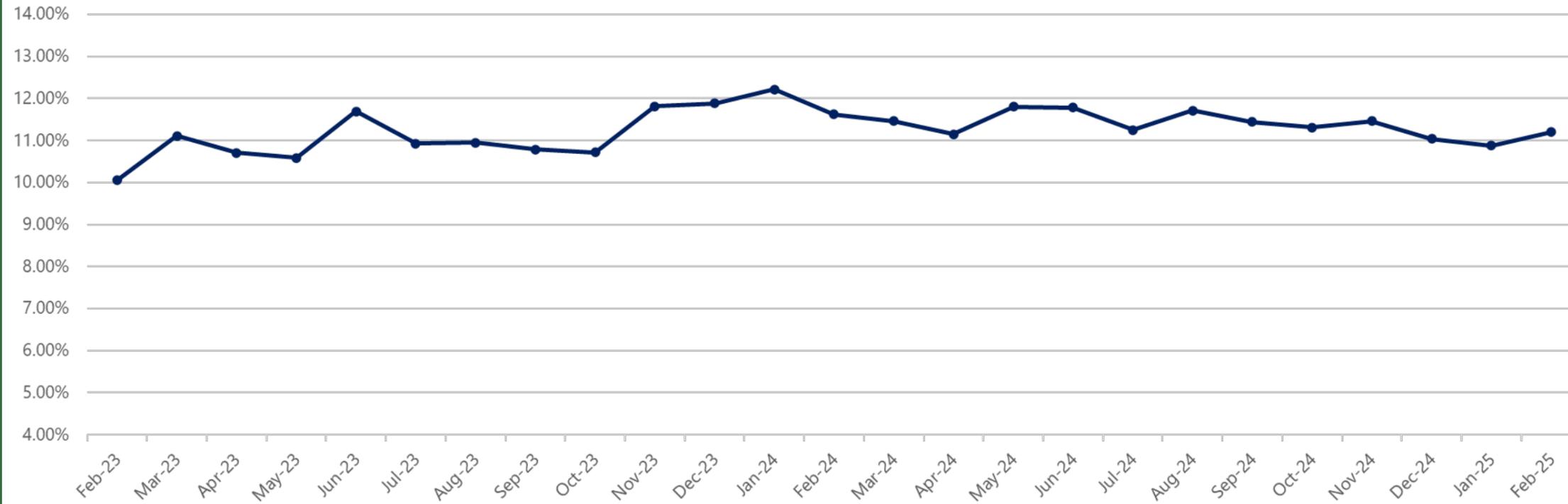(Responsible Officer: Andy Swinburn)

Conveyances
G

FPC

Ministerial Measure

NB: Data quality issues have been identified in APP data. These are currently being addressed.

% of Total Conveyances taken to a Service other than a Type One Emergency Department

% Patients Conveyed to SDEC Units Pan-Wales

APP vs Non-APP Conveyance Rates

— APP Conveyance — Non-APP Conveyance

Incidents Treated at Scene VS Incidents Referred to Alternative Providers (Ambulances Stopped)

— No. of incidents that were referred to an alternative provider
— No. of incidents which were treated at scene

Analysis

In February 2025 11.20% of patients (1,311) were conveyed to a service other than a Type One ED, while 34.73% of patients were conveyed to a major ED, as a percentage of verified incidents.

The combined number of incidents treated at scene or referred to alternate providers decreased, from 3,684 in January 2025 to 3,124 in February 2025.

The APP conveyance rate was 46.6% in October 2024 and continues to experience a generally increasing trend since March 2023; whilst the DCR table highlights by code the incidents where the preferred response should be an APP (if available). Pilot schemes are in place to clinically dispatch advanced and enhanced clinical resource to safely manage care closer to home, however, data quality is being undertaken and therefore no further data is available.
Patients conveyed to SDEC's in October 2024 remained low at 0.14%. No further data is available.

Remedial Plans and Actions

- Continued contribution to the SDEC strategy the 6 goals programme with HB actions around reporting measures from referral and bedding of SDECs in times of escalation. It should be noted that WAST data reflects a direct referral to an SDEC where some HB models require a conveyance to ED initially and then streaming to SDEC on this basis.
- Further investment in the APP workforce in 2024/25 (+32 APPs).
- Formal education support and induction package for APPs agreed trust-wide.
- Embedding the Urgent Care response within the Clinical Model Transformation, tasking optimisation (alongside HB partners if available), scheduling care and APP development and workforce.
- Inclusion of specific Frailty and Falls workstream within Urgent Care Response Service with involvement in the review of the All Wales Falls Response Framework alongside NHS Executive Colleagues.

Expected Performance Trajectory

The 2023 EMS Demand & Capacity Review (strategic) models various future states. The modelled scenarios indicate that the Trust will need to evolve its clinical model with health boards also significantly reducing handover e.g. 12,000 hours or 7,500 hours, alongside varying levels of investment. Seasonal modelling continues to be undertaken.
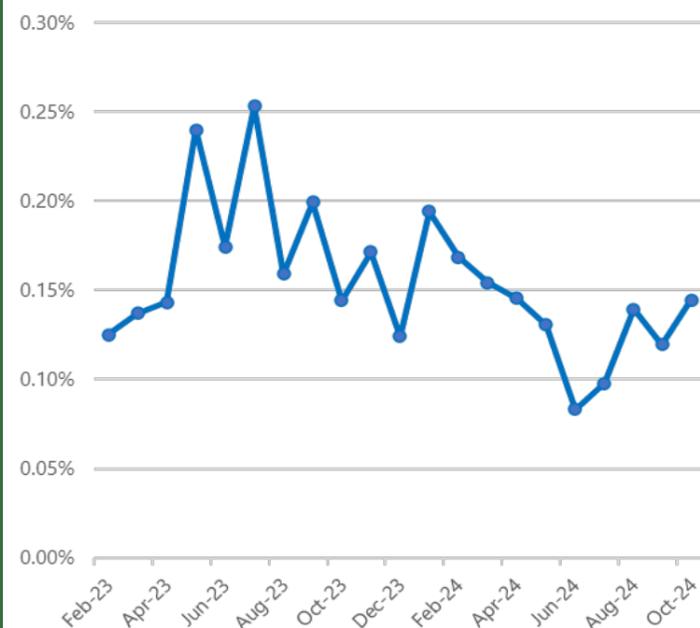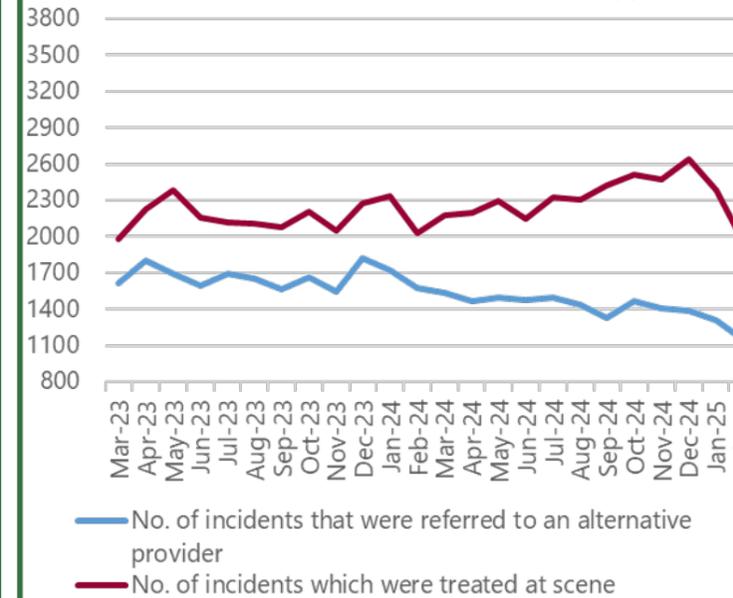
Welsh Ambulance Services University NHS Trust
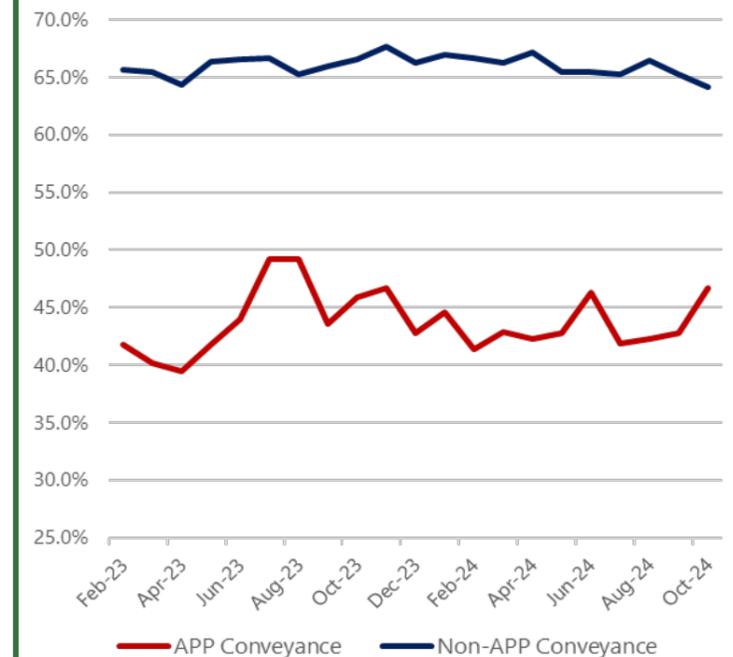
Partnerships / System Contribution Handover Indicators

Lost Hours
R
CI
QUEST

Notification to Handover Lost Hours by Health Board

Legend:
- SB Lost Hours
- C&V Lost Hours
- Powys Lost Hours
- AB Lost Hours
- CTM Lost Hours
- BCU Lost Hours
- HD Lost Hours
- % of not. to handover within 15 mins of arrival at hosp.

Handover Rates Over 1 Hour (including first 15 minutes)

Number of Patient Waits over 12 hours by Priority Type
Cumulative Position over last 12 months (Mar-24 to Feb-25)

Legend:
- AMBER1
- AMBER2
- GREEN2
- GREEN3
- RED
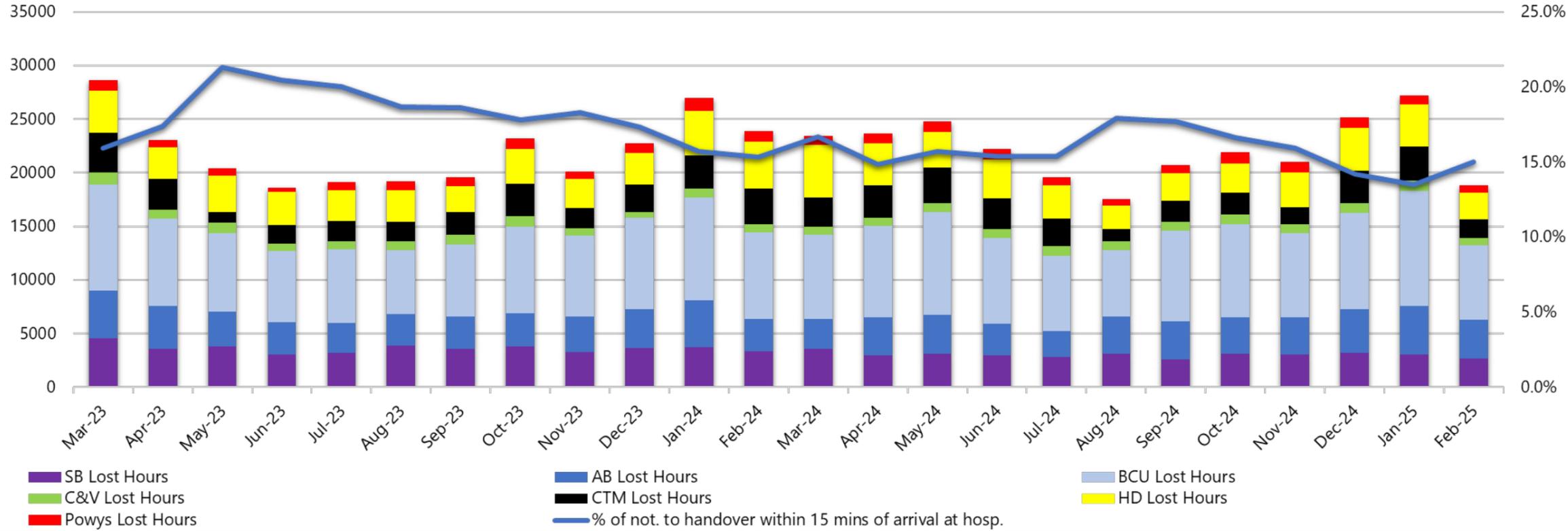
Analysis

265,944 hours were lost to Notification to Handover, i.e. hospital handover delays, over the last 12 months (Mar-24 to Feb-25), compared to 265,615 hours over the same timeframe the previous year. There were 18,811 hours lost in February 2025, which is 21.27% lower than the 23,896 hours lost during February 2024.

The hospitals with the highest levels of handover delays during February 2025 were:

- Grange University Hospital (ABUHB) at 3,526 lost hours
- Morriston Hospital (SBUHB) at 2,616 lost hours
- Ysbyty Maelor Hospital (BCUHB) at 2,400 lost hours
- Ysbyty Gwynedd Hospital (BCUHB) at 2,206 lost hours
- Glan Clwyd Hospital (BCUHB) at 2,002 lost hours

Notification to handover lost hours averaged 672 hours per day during February 2025 (28 days) compared to 878 hours per day (31 days) in January 2025.

In February 2025, the Trust could have responded to approximately 5,934 more patients if handovers were reduced, which highlights the impact these numbers are still having on the service.

In February 2025, 858 patients waited over 12 hours for an ambulance response.

Remedial Plans and Actions

Significant time has been spent by all Executives and non-Executives highlighting this patient safety issue to Commissioners, HBs and Welsh Government/Ministers, and this will continue through the year as we seek to influence and put pressure on the system to improve.
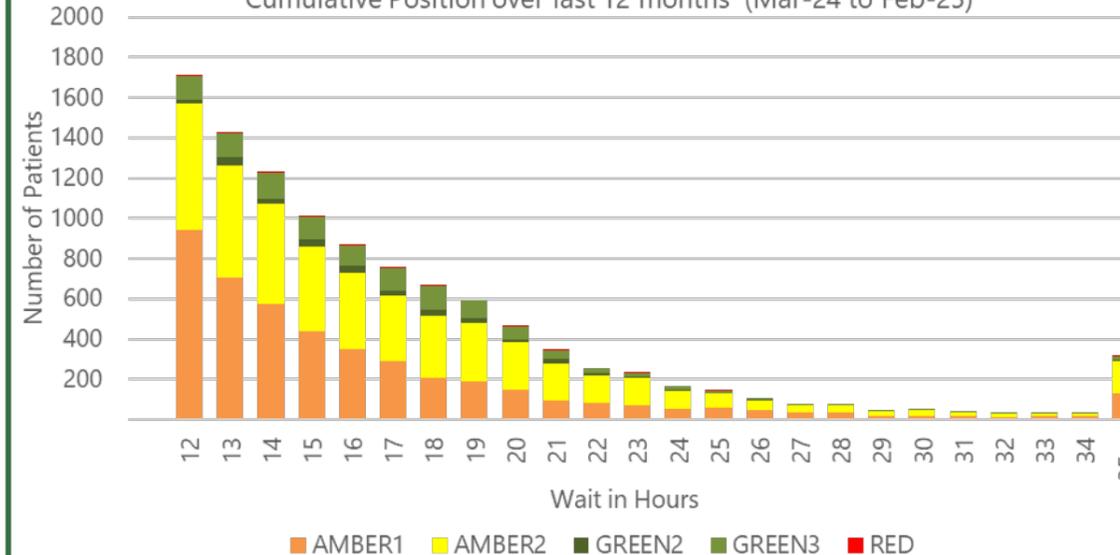
Expected Performance Trajectory

The Welsh Government handover target for 2024/25 is no waits over one hour; this equates to 7,500 hours lost to handover delays per month. There would need to be a 60% reduction in current handover levels for this to be achieved.
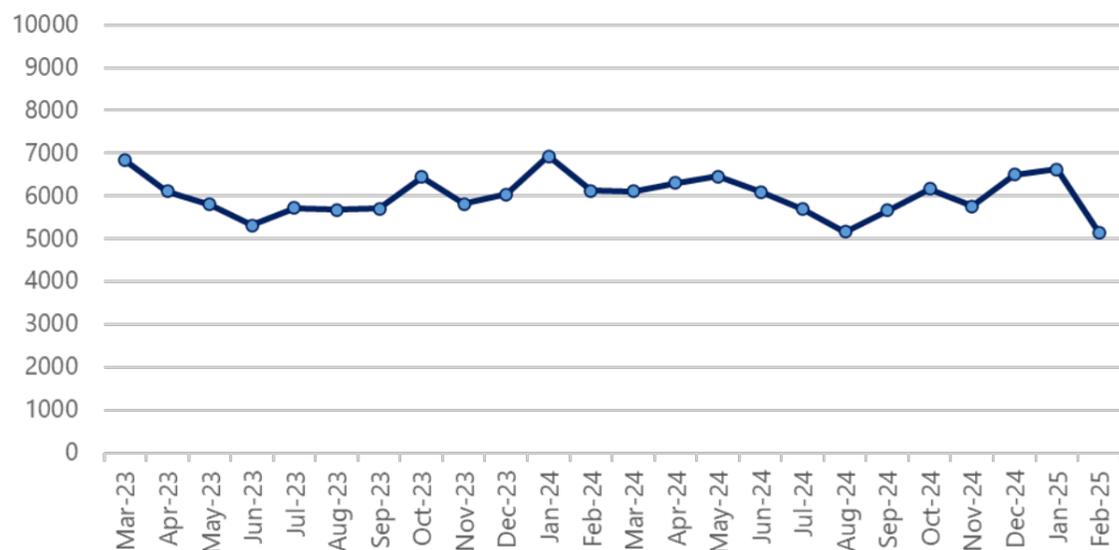
Welsh Ambulance Services University NHS Trust

Partnerships / System Contribution
Handover Lost Hours Against Red & Amber 1 Responded Incidents

(Responsible Officer: Health Boards)

CI QUEST

Handover Lost Hours at Hospital Against RED Responded Incidents

Legend: Lost Hours at Hospital — Redsponded RED Incidents

Total Planned hours VS Total Hours Lost

Legend: Total Planned EA & UCS Hours — Total Hours lost

Handover Lost Hours at Hospital Against Amber 1 Responded Incidents

Legend: Lost Hours at Hospital — Responded Amber 1 Incidents
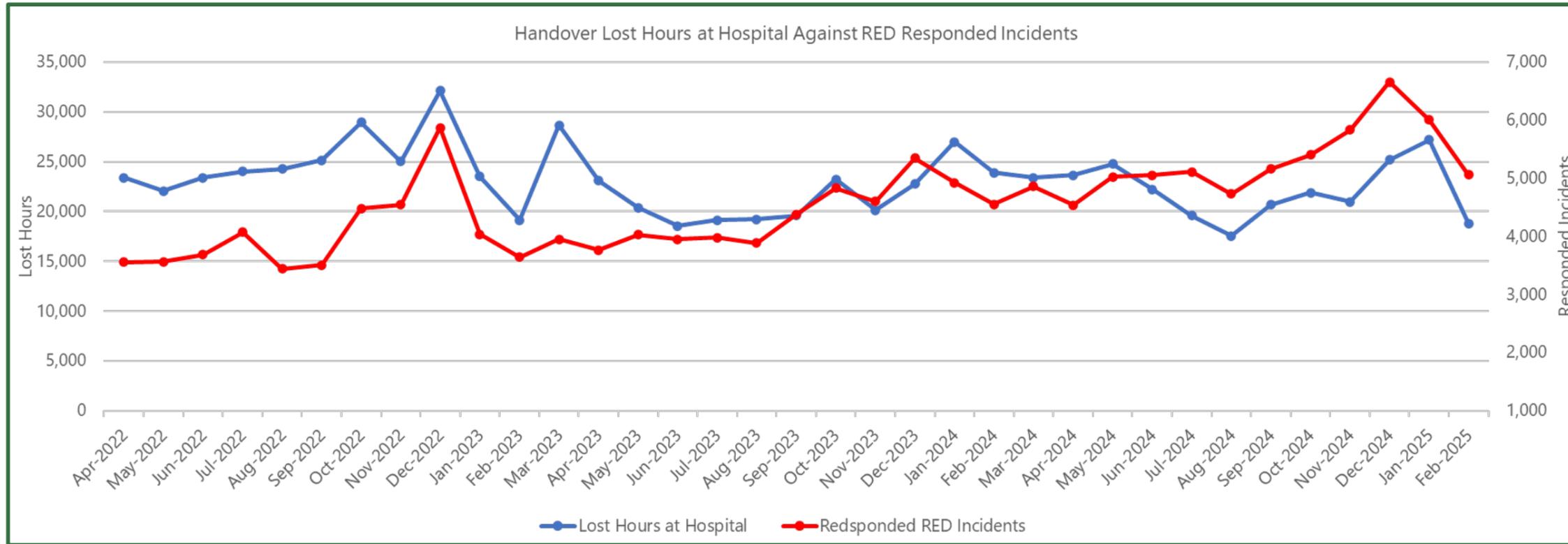
Analysis
The top graph highlights that as handover lost hours have increased since February 2022, so too have the number of Red incidents being responded to. This shows that when CSP is in periods of high demand and hospital handover increases, Red responses are protected, even during high pressure within the system.

However, as the bottom right graph illustrates, there is a correlation between lost hours increasing and a decrease in the number of Amber 1 incidents being responded to, particularly at times of high demand, such as during December 2022. This is notwithstanding that some of these patients within the Amber 1 category will still be seriously ill.

Remedial Plans and Actions
Significant time has been spent by all Executives and non-Executives highlighting this patient safety issue to Commissioners, Health Boards and Welsh Government/Ministers, and this will continue through the year as we seek to influence and put pressure on the system to improve.

Expected Performance Trajectory
The Welsh Government target is no patient handovers of more than one hour, which equates to 7,500 lost hours a month. The Welsh Government target was to see a 30% reduction in this metric by December 2024. However, this has not been achieved, with the 18,812 hours lost in February 2025.
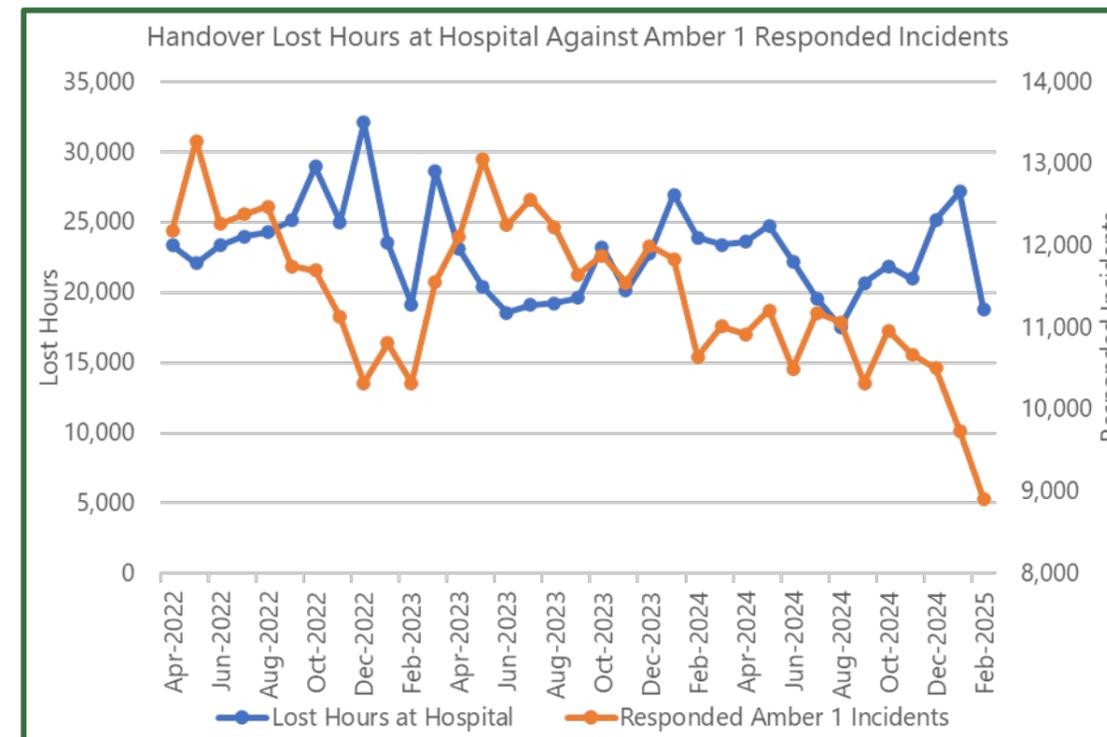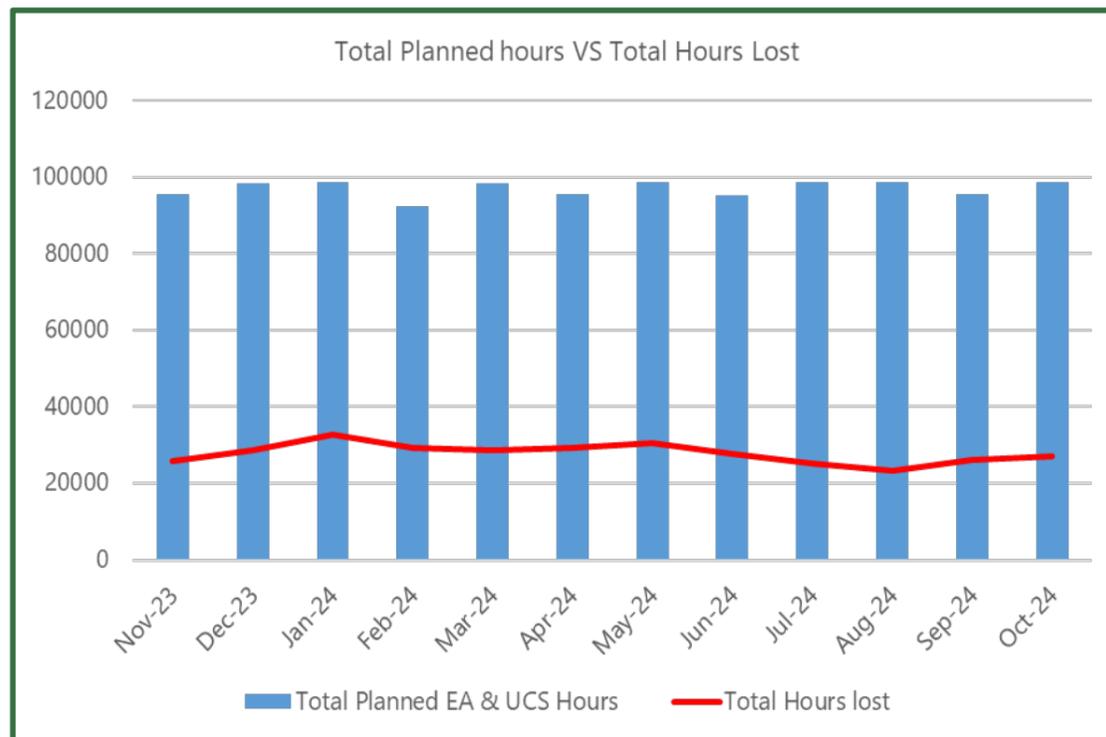
NB: Data correct at time of abstraction

Welsh Ambulance Services University NHS Trust

Term	Definition	Term	Definition	Term	Definition	Term	Definition	Term	Definition
AB / ABHB	Aneurin Bevan / Aneurin Bevan Health Board	CTM / CTMHB	Cwm Taf Morgannwg Health Board	HIW	Health Inspectorate Wales	NHSDW	National Health Service Direct Wales	ROSC	Return Of Spontaneous Circulation
AOM	Area Operations Manager	C&V / C&VHB	Cardiff & Vale / Cardiff & Vale Health Board	HI	Health Informatics	NPUC	National Programme for Unscheduled Care		
APP	Advanced Paramedic Practitioner	DAG	Delivery & Assurance Group	H&W	Health & Wellbeing	NQPs	Newly Qualified Paramedic	RRV	Rapid Response Vehicle
AQI	Ambulance Quality Indicator	D&T	Discharge & Transfer	HR	Human resources	NRI	Nationally Reportable Incident	SB / SBUHB	Swansea Bay / Swansea Bay Health Board
BCU / BCUHB	Betsi Cadwaladr / Betsi Cadwaladr university Health Board	DU	Delivery Unit	HSE	Health and Safety Executive	OBC	Outline Business Case	SCIF	Serious Concerns Incident Forum
CASC	Chief Ambulance Services Commissioner	EAP	Employee Assistance Provider	IG	Information Governance	OD	Organisational Development	STEMI	ST segment Evaluation Myocardial Infarction
CCC	Clinical Contact Centre	ED	Emergency Department	IMTP	Integrated Medium Term Plan	ODU	Operational Delivery Unit	TPT	Tactical Pandemic Team
CCP	Complex Case Panel	ELT	Executive Leadership Team	IPR	Integrated Performance Report	OH	Occupational Health	TU	Trade Union
CEO	Chief Executive Officer	EMD	Emergency Medical Department	JCC	Joint Commissioning Committee	P / PHB	Powys / Powys Health Board	UCA	Unscheduled Care Assistant
CFR	Community First Responder	EMS	Emergency Medical services	KPI	Key Performance Indicator	PCR / PCRs	Patient Care Record(s)	UCS	Unscheduled Care System
CI	Clinical Indicator	ePCR	Electronic Patient Care Record	LTS	Long Term Strategy	JRCALC	Joint Royal Colleges Ambulances Liaison Committee	UHP	Unit Hours Production
CHARU	Cymru High Acuity Response Unit	FTE	Full Time Equivalent	MACA	Military Aid to the Civil Authority	PECI	Patient Engagement & community Involvement	U/A RTB	Unavailable – return to Base
COOs	Chief Operating Officers	GDPR	General Data Protection Regulations	MIU	Minor Injury Unit	POD	Patient Offload department	VPH	Vantage Point House (Cwmbran)
COPD	Chronic Obstructive Pulmonary Disease	GPOOH	General Practitioner Out of Hours	MPDS	Medical Priority Dispatch System	PPLH	Post Production Lost Hours	WAST	Welsh Ambulance Services University NHS Trust
COVID-19	Corona Virus Disease (2019)	GTN	Glyceryl Trinitrate	NCCU	National Collaborative Commissioning Unit	PSPP	Public Sector Purchase Programme	WG	Welsh Government
CMT	Clinical Model Transformation	HB	Health Board	NEPTS	Non-Emergency Patient Transport Services	QPSE	Quality, Patient Safety & Experience	WIIN	WAST Improvement & Innovation Network
CSD	Clinical Service Desk	HCP	Health Care Professional	NEWS	National Early Warning Score	RCS	Rapid Clinical Screening		
CSP	Clinical Safety Plan	HD / HDHB	Hywel Dda / Hywel Dda Health Board	NHS	National Health Service	RICS	Remote Integrated Care Service		

Definition of Indicators

Indicator	Definition	Indicator	Definition
111 Abandoned Calls	An offered call is one which has been through the Interactive Voice Response messages and has continued to speak to a Call Handler. There are several options for the caller to self-serve from the options presented in the IVR and a proportion of callers choose these options. An example is to guide the caller to 119 if they wish to speak to someone about a Coronavirus test. Once the caller is placed in the queue for the Call Handler if they hang up, they are counted as "abandoned" as we did not answer the call. The threshold starts at 60 seconds after being placed into the queue as this allows the callers to respond to the messages and options presented as it often takes a short while for the caller to react. Starting the count at 60 seconds provides a picture of abandonment where the caller has chosen not to wait, despite wanting to speak to a Call Handler	**Hours Produced for Emergency Ambulances**	Proportion of hours produced within the calendar month for Emergency Ambulance Vehicles (Target 95%).
111 Patients Called back within 1 hours (P1)	(Welsh Government performance target) which prescribes that 111 has up to 1 hour (longer for lower priory callers) for a 111 Clinician to call the patient to discuss their medical issue. These callers will already have been screened by Call Handlers and received an outcome which needs a conversation with a 111 Clinician. WAST operates a queue and call back method for all Clinical Calls.	**Sickness Absence (all staff)**	Staff sickness volumes as a percentage for all staff employed within the Welsh Ambulance Services NHS Trust.
999 Call Answer Times 95th Percentile	Time taken (in Minutes) to answer 999 emergency calls by call handlers. A percentile (or a centile) is a measure used in statistics indicating the value below which a given percentage of observations in a group of observations fall. For example, the 95th percentile is the value below which 95 percent of the observations may be found.	**Frontline COVID-19 Vaccination Rates**	Volume of frontline (patient facing and non-patient facing) who have received a second COVID-19 vaccination.
999 Red Response within 8 Minutes	Percentage of 999 incidents within the Red (immediately life-threatening) category which received an emergency response at scene within 8 minutes.	**Statutory and Mandatory Training**	Combined percentage of staff who are compliant with required statutory training undertaken by staff where a statutory body has dictated that an organisation must provide training based on legislation and mandatory training which relates to trade-specific training that the employer considers essential or compulsory for a specific job. (A detailed list of these can be found on slide 20).
Red 95th Percentile	Time taken (in minutes) for emergency response to arrive at scene for Red (immediately life-threatening) calls (NB: The 95th percentile is the value below which 95 percent of the observations may be found).	**PADR/Medical Appraisal**	Proportion of staff who have undertaken their annual Performance Appraisal & Development Review (PADR) or Medical Appraisal. This is a process of self-review supported by information gathered from an employees work to reflect on achievements and challenges and identify aspirations and learning needs. It is protected time once a year.
999 Amber 1 95th Percentile	Time taken (in minutes) for emergency response to arrive at scene for Amber 1 calls (other life-threatening emergencies – including cardiac chest pains or stroke). (NB: The 95th percentile is the value below which 95 percent of the observations may be found.	**Ambulance Response FTEs in Post**	Number of Emergency Medical Services, Full Time Equivalent (FTE) staff working for the Welsh Ambulance Services NHS Trust.
Return of Spontaneous Circulation (ROSC)	Percentage of patients for whom Return Of Spontaneous Circulation occurs. This refers to signs of restored circulation (more than occasional gasp, occasional fleeting pulse or arterial waveform) evidenced by breathing, a palpable pulse or a measurable blood pressure.	**Ambulance Care, Integrated Care, Resourcing & EMS Coordination FTEs in Post**	Number of Ambulance Care, Integrated Care, Resourcing & EMS Coordination Full Time Equivalent (FTE) staff working for the Welsh Ambulance Services NHS Trust.
Stroke Patients with Appropriate Care	Proportion of suspected stroke patients who are documented as receiving an appropriate stroke care bundle (a bundle is a group of between three and five specific interventions or processes of caret hat have a greater effect on patient outcomes if done together in a time-limited way ,rather than separately).	**Financial Balance – Annual Expenditure YTD as % of budget Expenditure**	Annual expenditure (Year to Date) as a proportion of budget expenditure.
Acute Coronary Syndrome Patients with Appropriate Care	Proportion of STEMI patients who receive appropriate care. ST segment elevation myocardial infarction - occurs when a coronary artery is totally occluded by a blood clot.	**Duty of Candour**	A notifiable adverse outcome is any incident whereby harm (moderate harm, severe harm and death) is caused, which is unintended or unexpected and that the provision of the health care was or may have been a factor in the service user suffering that outcome.
Renal Journeys arriving within 30 minutes of their appointment (NEPTS)	Proportion of renal journeys which arrive at hospital appointments within 30 minutes (+/-) of their appointment time.	**111 Consult and Close**	Consult and Close refers to the response to 999 callers where an alternative to a scene response has been provided. A cohort of 999 calls are passed to 111 where they are low acuity and the Clinicians in 111 may be able to help the caller with self-care, referral, etc. This is similar to the work of the Clinical Support Desk but for a lower acuity of caller. Where the outcome from the 111 clinical consultation ends in a Consult and Close outcome (self-care, referral, alternative transport) this is captured and forms part of the Trust's Consult and Close reporting. Over 50% of calls passed to 111 in this way are successfully closed without an ambulance response.
Discharge & Transfer journeys collected less than 60 minutes after booked ready time (NEPTS)	Proportion of journeys being discharged from and/or transferred between hospitals which were collected within 60 minutes of the hospital booked ready time.	**999 / 111 Hear and Treat**	Proportion of 999/111 calls which are successfully completed (closed) without dispatching an ambulance vehicle response. This may include advice, self-care or referral to other urgent care services.
National reportable Incidents (NRI)	Volume of patient safety incidents reported in the month which caused or contributed to the unexpected or avoidable death, or severe harm, of one or more patients, staff or members of the public, during NHS funded healthcare.	**% Incidents Conveyed to Major EDs**	Proportion of patients transported to a hospital Emergency Department following initial assessment at scene by a Welsh Ambulance Services NHS Trust Clinician, as a proportion of total verified incidents. (NB: An ED provides a wide range of acute in-patient and out-patient specialist services together with the necessary support systems, which allow emergency admissions, and which usually has an Accident and Emergency Department).
Concerns Response within 30 Days	Proportion of concerns responded to by the complaints team within 30 working days of receiving the concern.	**Number of Handover Lost hours**	Number of hours lost due to turnaround times at EDs taking more than 15 minutes. Transferring the care of a patient from an ambulance to an ED is expected to take no longer than 15 minutes, with a further 15 minutes for ambulance crews to make their vehicle ready for the next call.
EMS Abstraction Rate	The percentage of Emergency Medical Services (EMS) staff unavailable for rostered duties due to reasons, such as: annual leave, sickness, alternative duties, training, other and COVID-19.	**Immediate Release requests**	The number of requests submitted to Health Boards for the immediate release of vehicles at Emergency Departments to release them back into the community to respond to other urgent and life-threatening calls