

Welsh Ambulance Services University NHS Trust

# Monthly Integrated Quality & Performance Report

July / August 2025

Annex 1 – Top Indicator Dashboard



GIG  
CYMRU  
NHS  
WALES

Ymddiriedolaeth Brifysgol GIG  
Gwasanaethau Ambiwllans Cymru  
Welsh Ambulance Services  
University NHS Trust

---

Annex 1 – Top Indicator Dashboard  
Version 1.0  
Released: September 2025

---

by Commissioning & Performance Team

# Section 1: Monthly Indicators / Top Indicator Dashboard



Top Monthly Indicators		Target 2025/26	Jun-25	Jul-25	Aug-25	2 Year Average	RAG	Top Monthly Indicators		Target 2025/26	Jun-25	Jul-25	Aug-25	2 Year Average	RAG
<b>Our Patients</b>							<b>Health &amp; Well-being</b>								
<b>Timeliness Indicators</b>								Sickness Absence ( <i>all staff</i> )		6.0%	7.49%	7.82%	N/A	8.06%	R
NHS111 Call Handling Abandonment Rates	< 5%	10.1%	10.3%	10.8%	9.4%	R	Mental Health Absence Rates		Reduction Trend	2.58%	2.78%	N/A	2.47%	R	
111 Clinical Triage Call Back Time (P1)	90%	96.5%	99.0%	98.8%	97.6%	G	Staff Turnover Rate		Reduction Trend	8.44%	8.23%	8.15%	8.53%	G	
999 Call Answer Times 95th Percentile	00:06	00:26	00:12	00:23	00:22	R	Statutory & Mandatory Training		>85%	88.05%	88.98%	84.95%	83.30%	G	
Arrest (Purple) Median	6-8 Minutes	N/A	07:35	07:15	N/A	G	PADR/Medical Appraisal		>85%	81.81%	75.46%	75.53%	74.33%	A	
Emerg. (Red) Median	6-8 Minutes	N/A	08:47	09:15	N/A	R	Number of Shift Overruns		Reduction Trend	3,441	3,551	3,501	3,837	R	
999 Amber 1 Median	00:18	01:29	01:19	01:25	01:36	R	<b>Inclusion &amp; Engagement / Culture</b>								
Oncology Journeys arriving within 45 mins and up to 15 minutes after appointment time	70%	76.3%	75.6%	77.0%	74.0%	G	NEPTS % of Total Calls Answered in Welsh		Increasing Trend	2.53%	2.19%	2.00%	1.9%	R	
Advanced Discharge & Transfer journeys collected less than 60 minutes after booked time (NEPTS)	90%	80.0%	83.0%	79.3%	79.7%	R	<b>Value</b>								
<b>Clinical Outcomes / Quality Indicators</b>							Financial balance - annual expenditure YTD as % of budget expenditure YTD		100%	100%	100%	100%	100%	G	
Return of Spontaneous Circulation (ROSC)	Increasing Trend	19.3%	21.4%	27.4%	20.1%	G	EMS Utilisation Metric (CHARU)		Increasing Trend	26.6%	25.3%	25.5%	28%	R	
Stroke Patients with Appropriate Care	95%	89.8%	87.8%	90.8%	84.6%	A	Average Jobs per Shift (All Vehicles)		Increasing Trend	2.74	2.83	2.36	2.40	R	
Stroke Call to Hospital Door Times	Reduction Trend	02:24	02:19	02:27	02:25	R	NEPTS on the Day Cancellations		Reduction Trend	14.7%	15.4%	14.7%	13%	A	
ST-Elevation Myocardial Infarction (STEMI) with Appropriate Care	95%	70.4%	76.6%	75.9%	59.7%	R	<b>Partnerships / System Contribution</b>								
National Reportable Incidents reports (NRI)		8	4	3	4	TBD	<b>Inverting the Triangle</b>								
Can't Send & Cancelled by Patient Volumes	Reduction Trend	5,953	5,816	5,822	8,386	G	Successful Consult & Close Outcome		17.0%	19.1%	18.9%	19.1%	15.7%	G	
Concerns Response within 30 Days	75%	89%	53%	83%	59%	G	% Of Total Conveyances taken to a Service Other Than a Type One Emergency Department		Increasing Trend	10.09%	9.58%	9.55%	11.1%	G	
Enactment of the Duty of Candour Total		10	6	0	5	TBD	Number of Handover Lost Hours		7,500	15,278	12,565	13,160	21,093	R	
<b>Our People</b>							<b>NHS111</b>								
<b>Capacity</b>							NHS111 Dental Calls		Increasing Trend	8,749	8,803	8,920	8,000	G	
Hours Produced for Emergency Ambulances	95-100%	91%	90%	90%	93%	A	Consult & Close Volumes by NHS111		Increasing Trend	2,238	2,175	2,365	1,414	A	

### 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*)

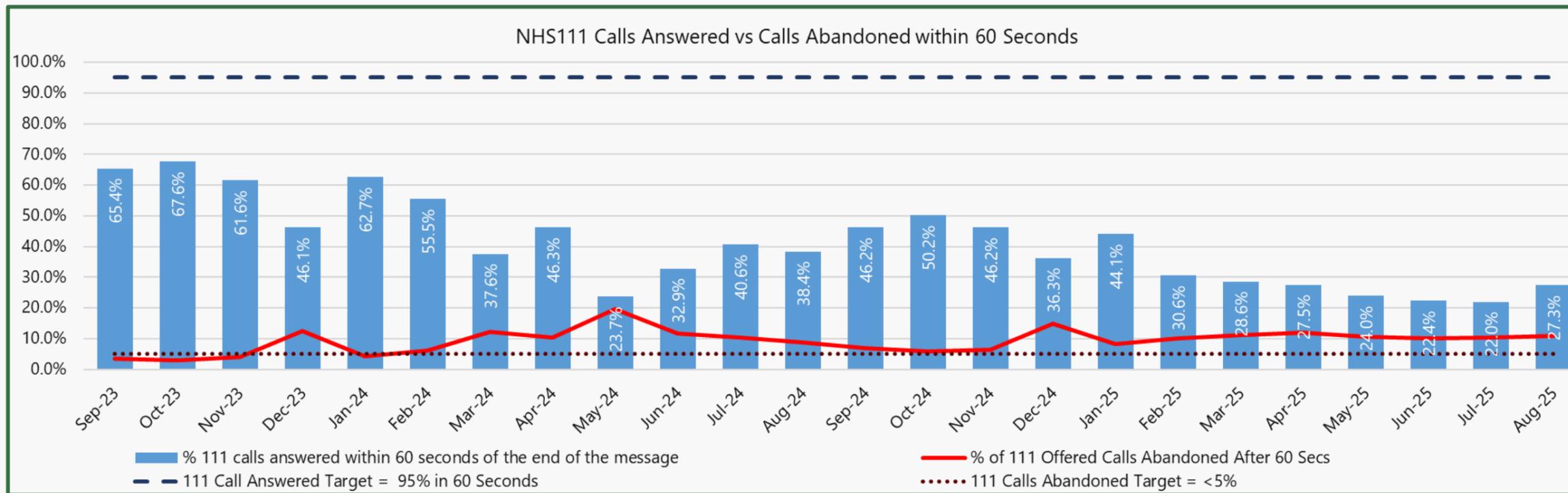
# Our Patients: Quality, Patient Safety & Experience

## 111 Call Answering/Abandoned Performance Indicators

(Responsible Officer: Lee Brooks)



### Influencing Factors – Demand and Call Handling Hours Produced



#### Analysis

The 111-call abandonment rate increased slightly to 10.8% in August 2025 from 10.3% in July 2025. The percentage of 111 calls answered within 60 seconds increased from 22% in July 2025 to 27.3% in August 2025 but continues to remain significantly below the 95% target.

This call answer rate of 27.3% in August 2025 is the third lowest seen in the past two years and is significantly below the 65.9% recorded in August 2023. This is at a time when UHP capacity for call handlers has increased slightly and is higher than the levels seen in August 2024.

However, the external rostering review suggests there is a demand and capacity gap within the current funded establishment, and the Trust is therefore unlikely to achieve the performance targets without an increased workforce.

#### Remedial Plans and Actions

Key actions include:

Actions have been undertaken to try and improve the call handling resourcing position through the summer; this includes an active recruitment plan.

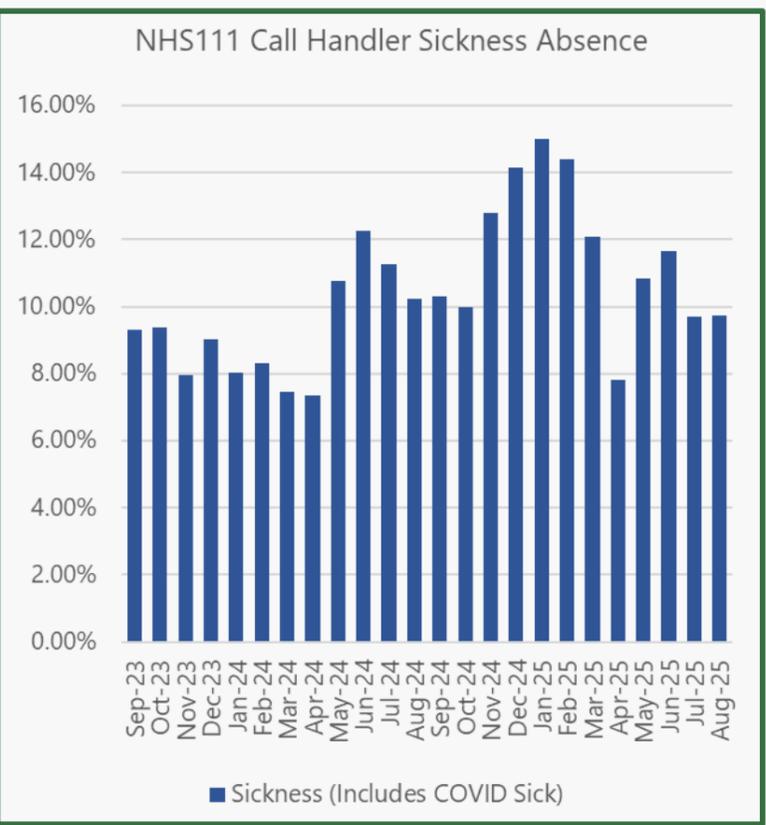
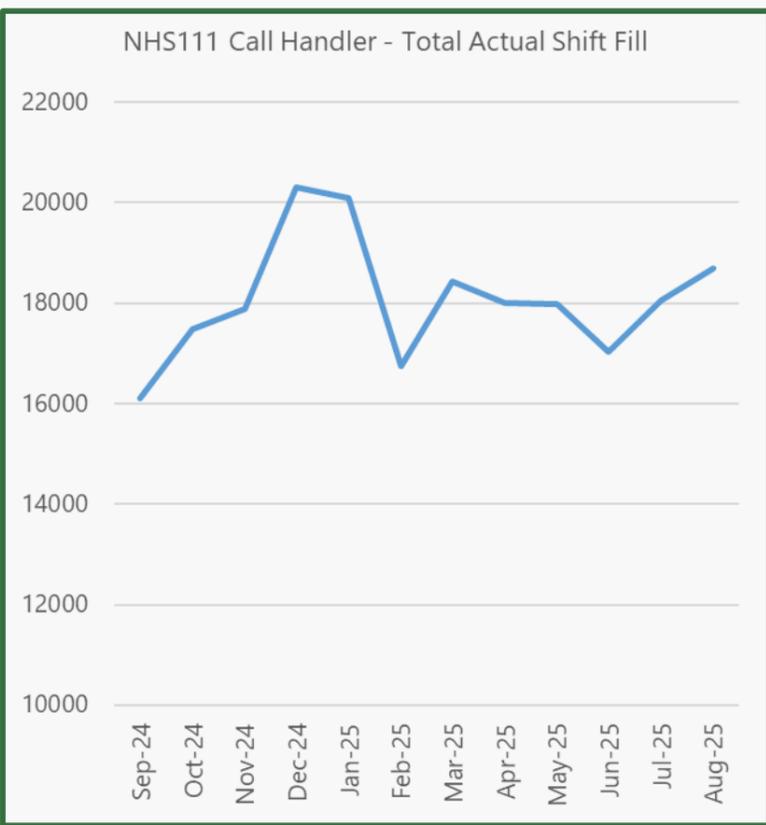
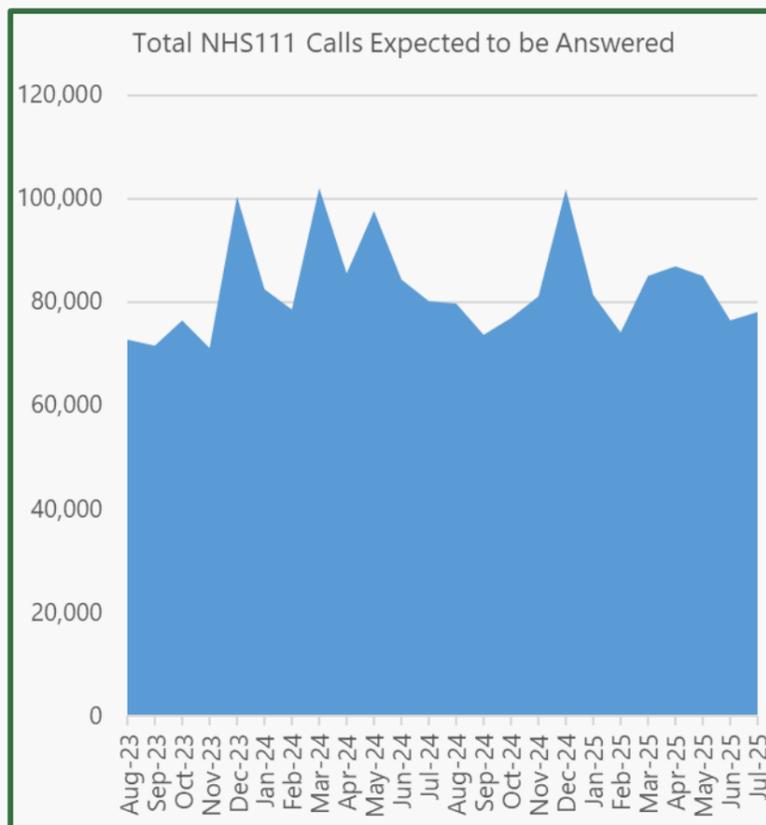
A 111-re-roster pre-work review, is underway, that takes account of the increased demand the Trust is seeing; what levels of performance commissioners want and the mix of capacity and efficiencies to achieve this.

The 111-re-roster project is also considered a key response to improving sickness levels i.e. more workable patterns.

Actions are underway to increase the utilisation of virtual queuing and review the way patients who are re-accessing for the same care episode could be managed differently.

#### Expected Performance Trajectory

We would expect to see performance levels improve slightly during the autumn if abstraction levels continue to fall.

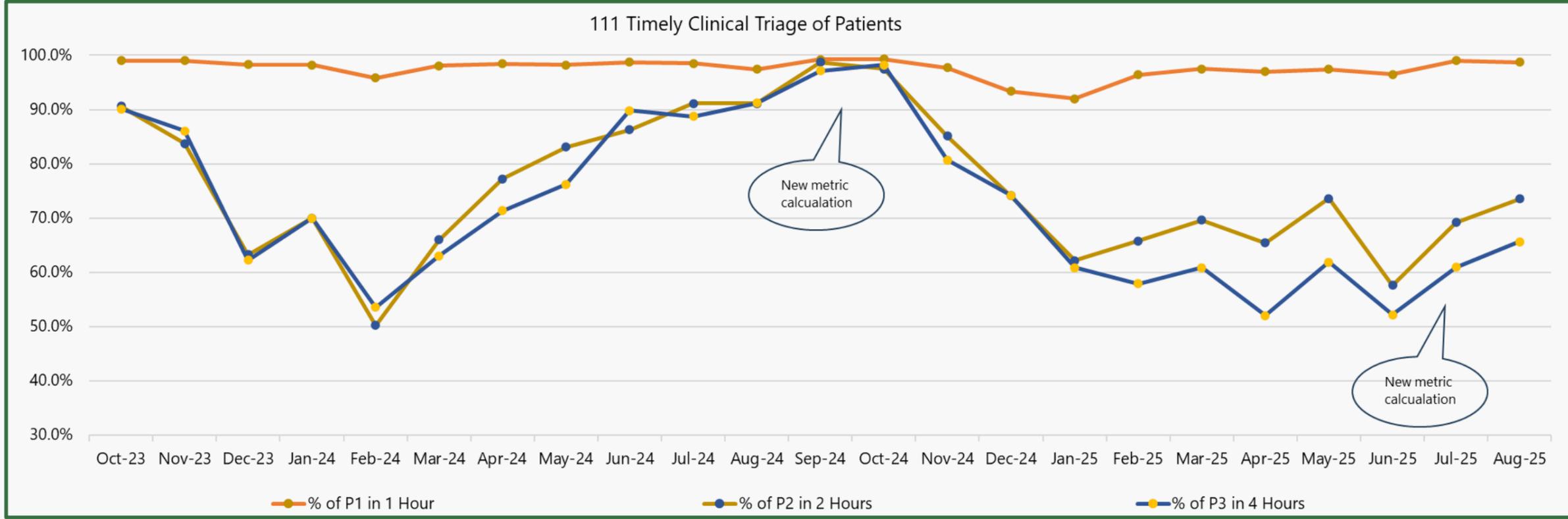
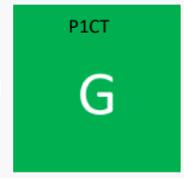


# Our Patients: Quality, Safety & Patient Experience

## 111 Clinical Assessment Start Time Performance Indicators

### Influencing Factors – Demand and Clinical Hours Produced

(Responsible Officer: Lee Brooks)



**Analysis**  
The highest priority calls, P1CT, achieved the 90% target, recording 98.8% in August 2025.

Ring back times for lower category calls increased during August 2025, with P2CT calls at 73.6% and P3CT at 65.7%.

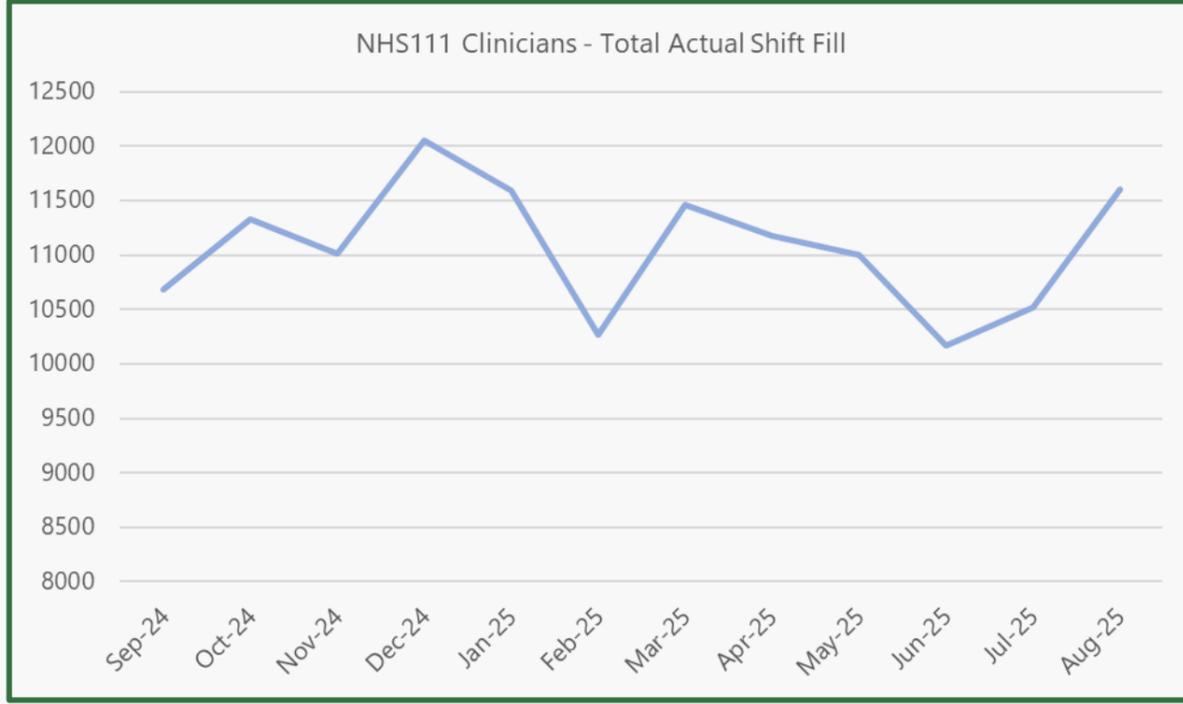
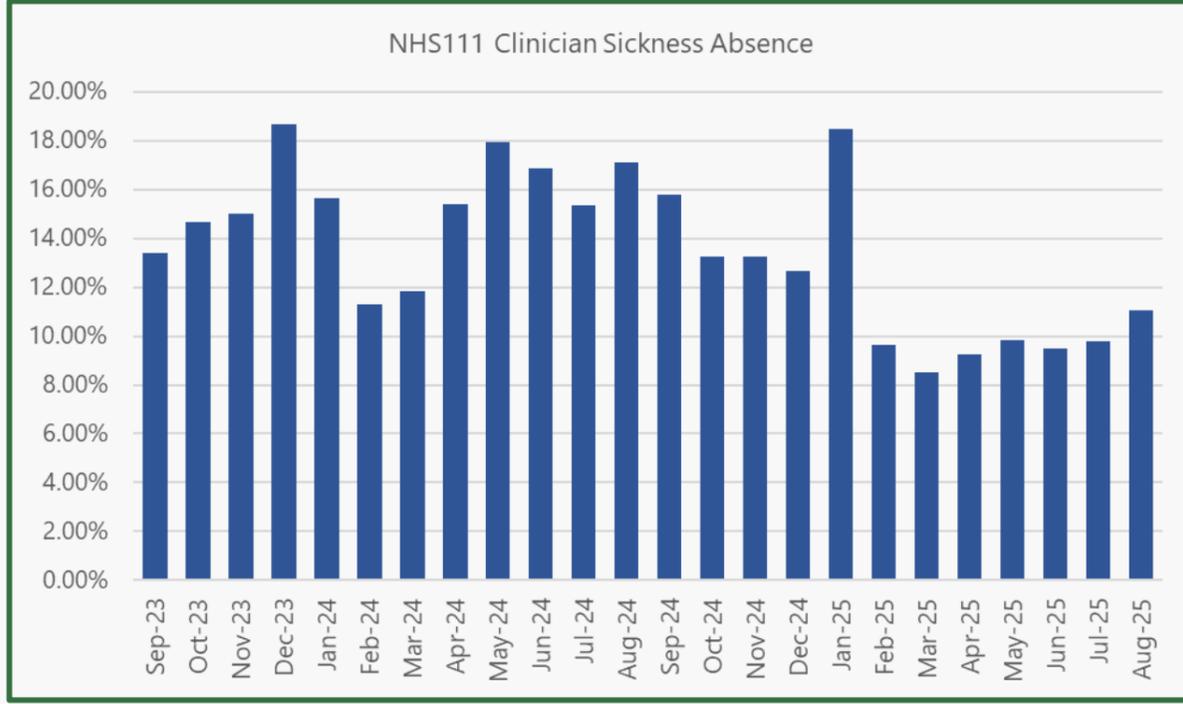
Number of clinician hours produced increased slightly, from 10,519 hours in July 2025 to 11,604 hours in August 2025. However, they remain below those being produced during the first half of the year.

**Remedial Plans and Actions**  
The key actions include:  
A focus on delivering the benefits of the new 111CAS. 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.

The P1-P3 metric calculation has changed. Previously it was when the Trust called back, now it is when the patient answers.

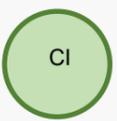
**Expected Performance Trajectory**  
It is likely we will see performance levels improve slightly during the autumn however the external rostering review suggests there is a demand and capacity gap within the current funded establishment, and the Trust is therefore unlikely to reach performance without an increased workforce.



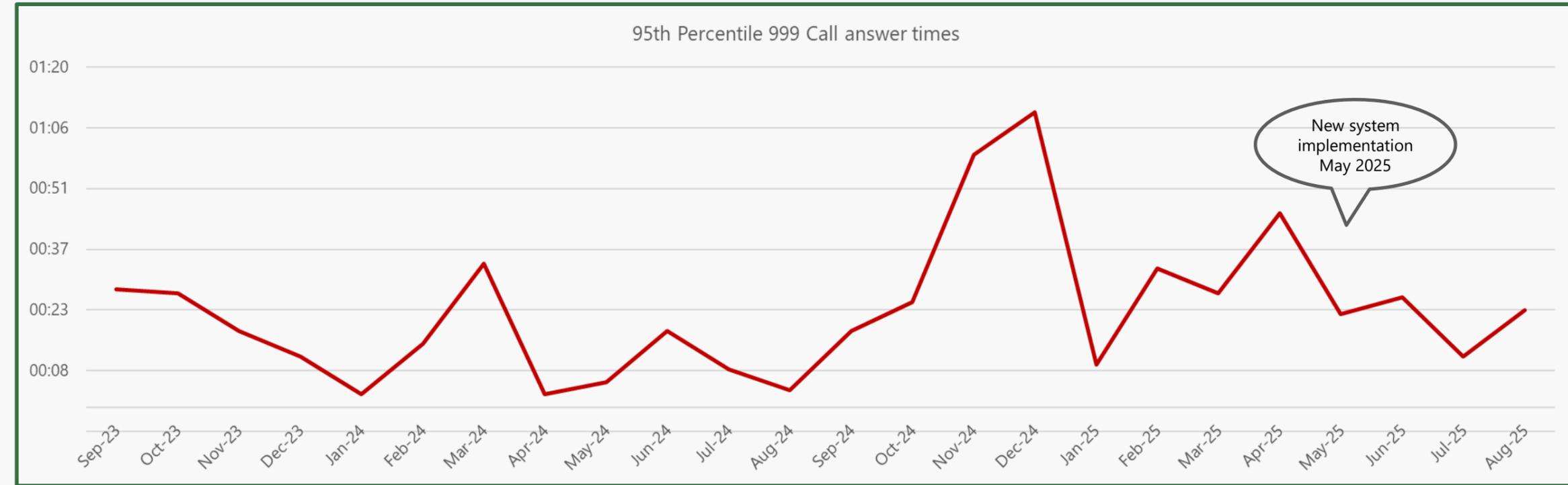
# Our Patients: Quality, Safety & Patient Experience

## 999 Call Performance Indicators

(Responsible Officer: Lee Brooks)



### Influencing Factors – Demand and Hours Produced



#### Analysis

The 95<sup>th</sup> percentile 999 call answering performance increased, rising to 23 seconds in August 2025, and remaining above the 6 second target; however, the median call answer time for the 999-service has been consistently good at 1 second. The new system is now aligned with reporting and is signed off.

There was a minimal increase in demand during August 2025 to 46,951 calls from 46,610 in July 2025.

UHP for the month of August was at 90% and sickness levels saw an increase, from 10.10% in July 2025 to 12.24% in August 2025.

#### Remedial Plans and Actions

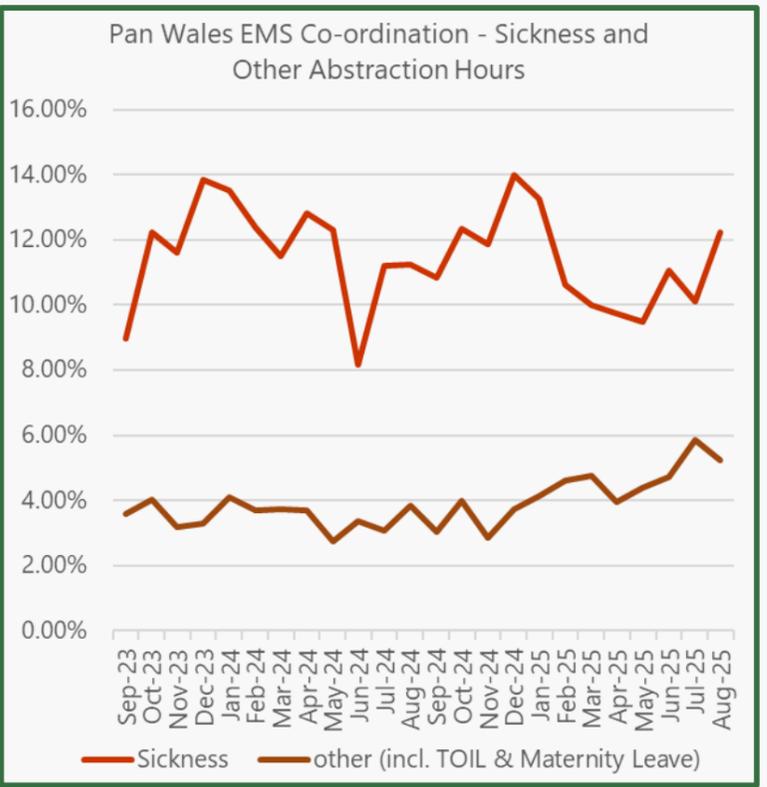
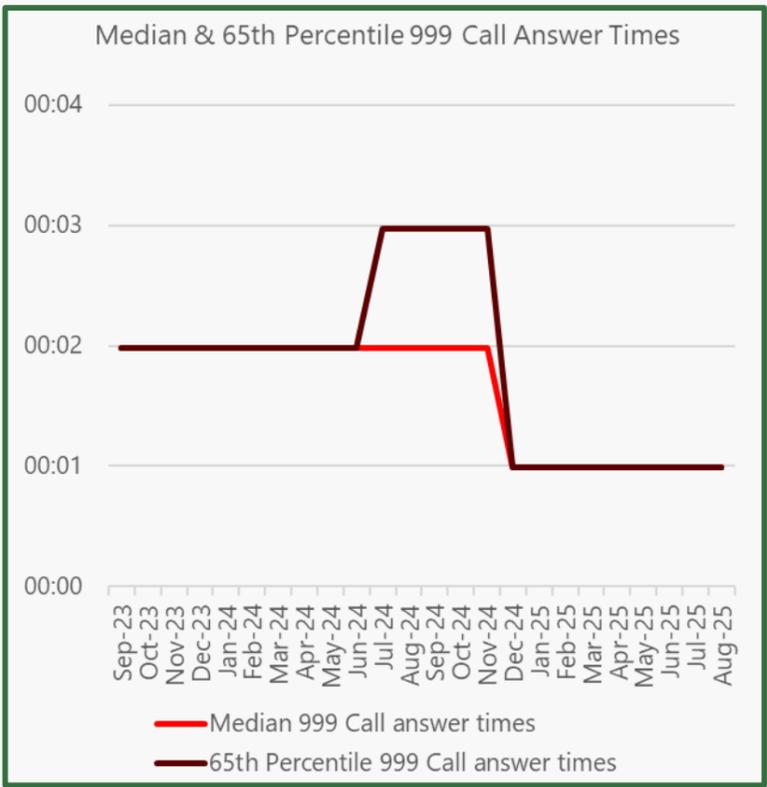
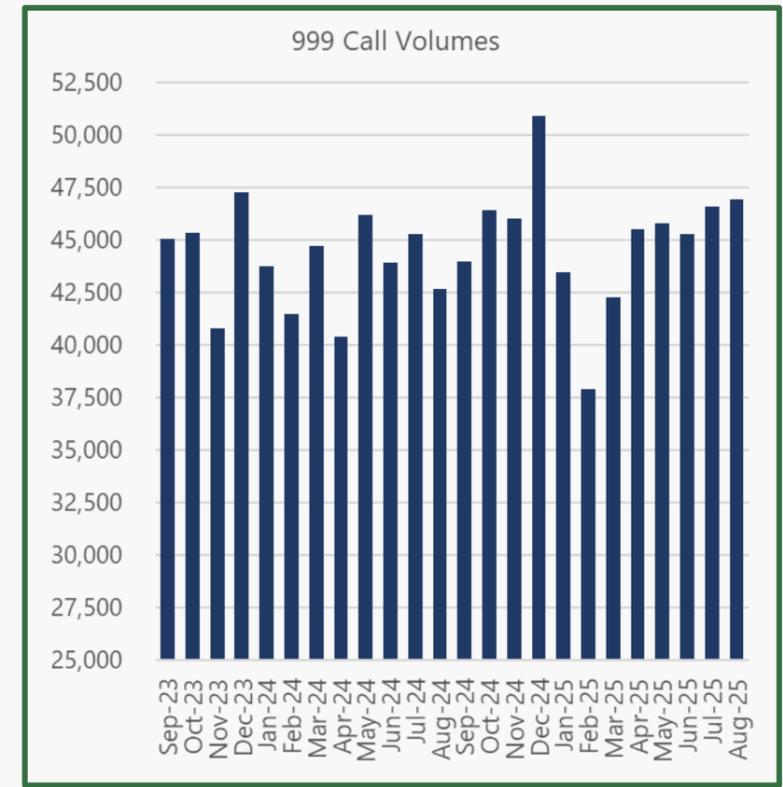
- Currently 10.45 above establishment with EMDs and Call Handlers at 99.45WTE. Training ongoing with 5, who are due to go-live at the end of September. A further training cohort will commence on September 8<sup>th</sup>.
- Work is ongoing to identify what is contributing to high sickness via the Managing Attendance at Work Policy and attrition via the recruitment and selection processes.

Whilst the EMSC transformation programme has concluded, there are various follow up actions:

- There is feedback from EMS that the new dispatch boundaries are adversely affecting performance, particularly within the South-East region. Further analysis of this issue is currently being undertaken.
- The Executive Director of Operations has asked for some additional modelling on EMD capacity. Capacity was not increased through the transformation programme but is an area of interest.
- There is a need to keep under review the consequences on allocators of changing/increasing resources e.g. APPs, Falls Resource etc.

#### Expected Performance Trajectory

The median and 65<sup>th</sup> percentile are performing very well and are stable. Paper currently to be drafted on future resilience of EMSC i.e. winter demand v capacity (with efficiencies).



# Our Patients: Quality, Safety & Patient Experience

## Arrest Purple Performance Indicators

Influencing Factors – Demand, Hours Produced and Hours Lost

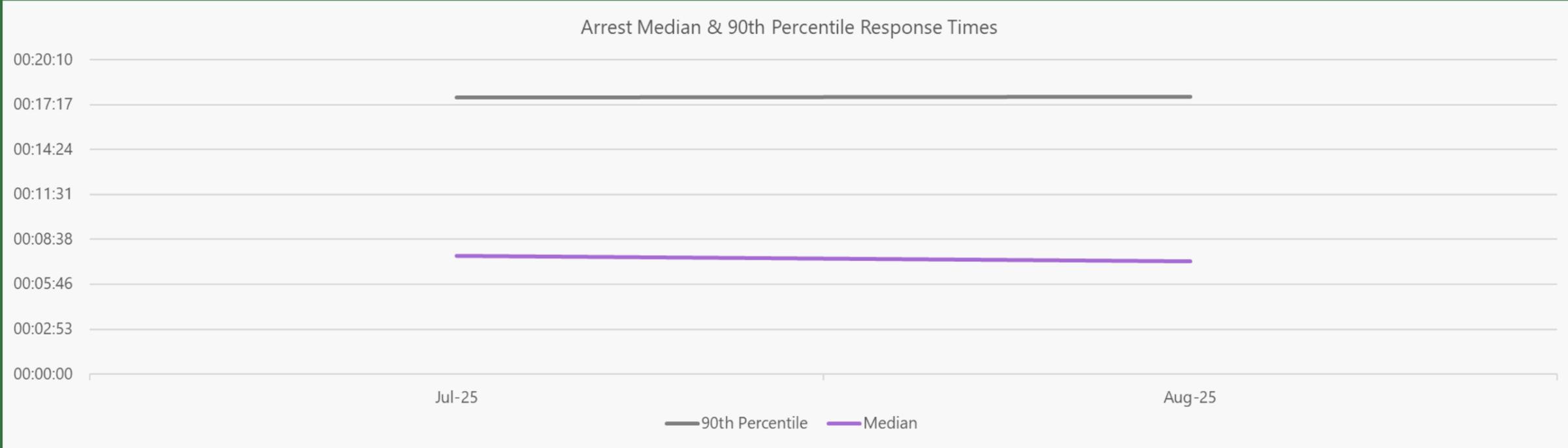
G

CI

QUEST

FPC

(Responsible Officer: Lee Brooks)



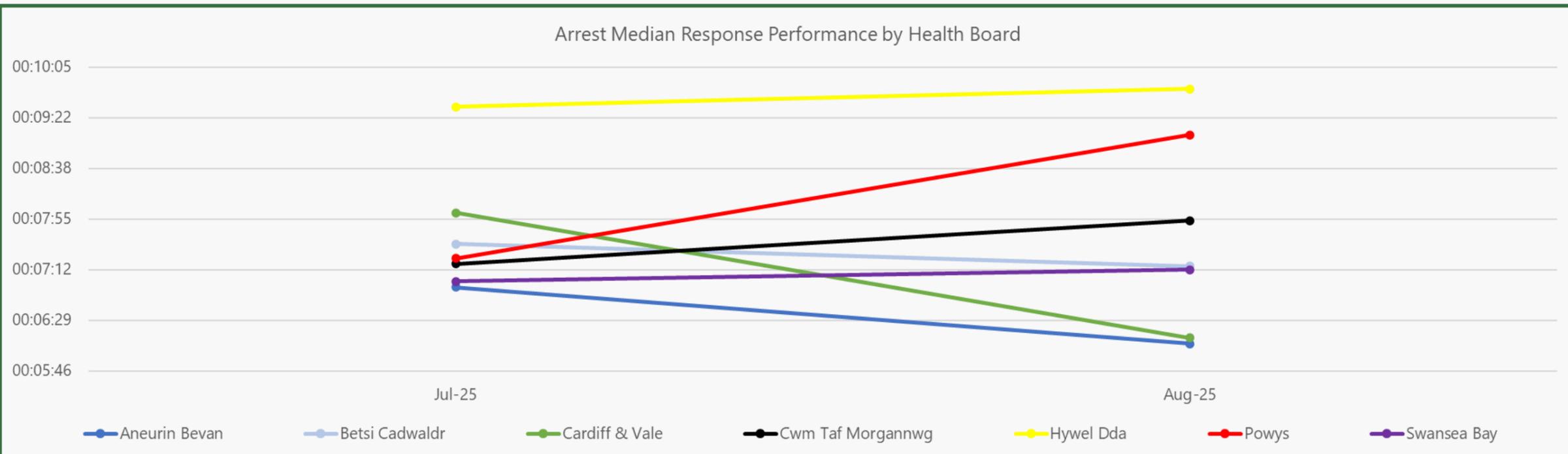
**Analysis**  
 On 1 July, our new ambulance response model was implemented, and two new response categories replaced the previous (old) Red category. The new categories are Arrest( Purple), for cardiac and respiratory arrests, and Emergency (Red), for major trauma and other incidents where patients are at significant risk of cardiac or respiratory arrest if they do not receive a rapid response.

In August there were 819 Arrest (purple) calls received, around 2.3% of all calls.

The median response times for Arrest (purple) was 7 minutes 15 seconds. Aneurin Bevan had the lowest median time of 6 minutes and 9 seconds and Hywel Dda had the highest at 9 minutes and 46 seconds.

The 90th percentile response time for Arrest (purple) calls was 17 minutes 49 seconds. For which, Cardiff and Vale had the lowest time of 12 minutes and 44 seconds, and Powys had the highest at 26 minutes and 23 seconds.

For both Arrest (purple) and Emerg (red) calls the median and 90th percentile response time targets are 6-8 minutes and 20 minutes, respectively.

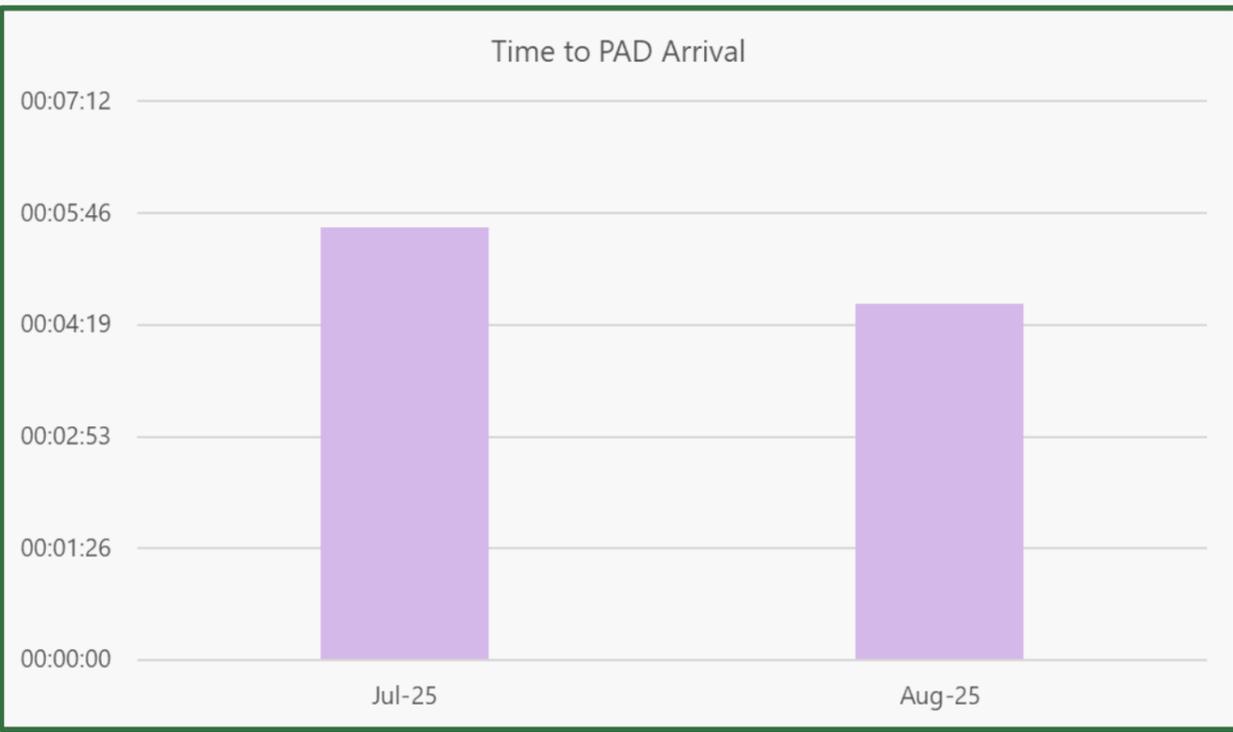
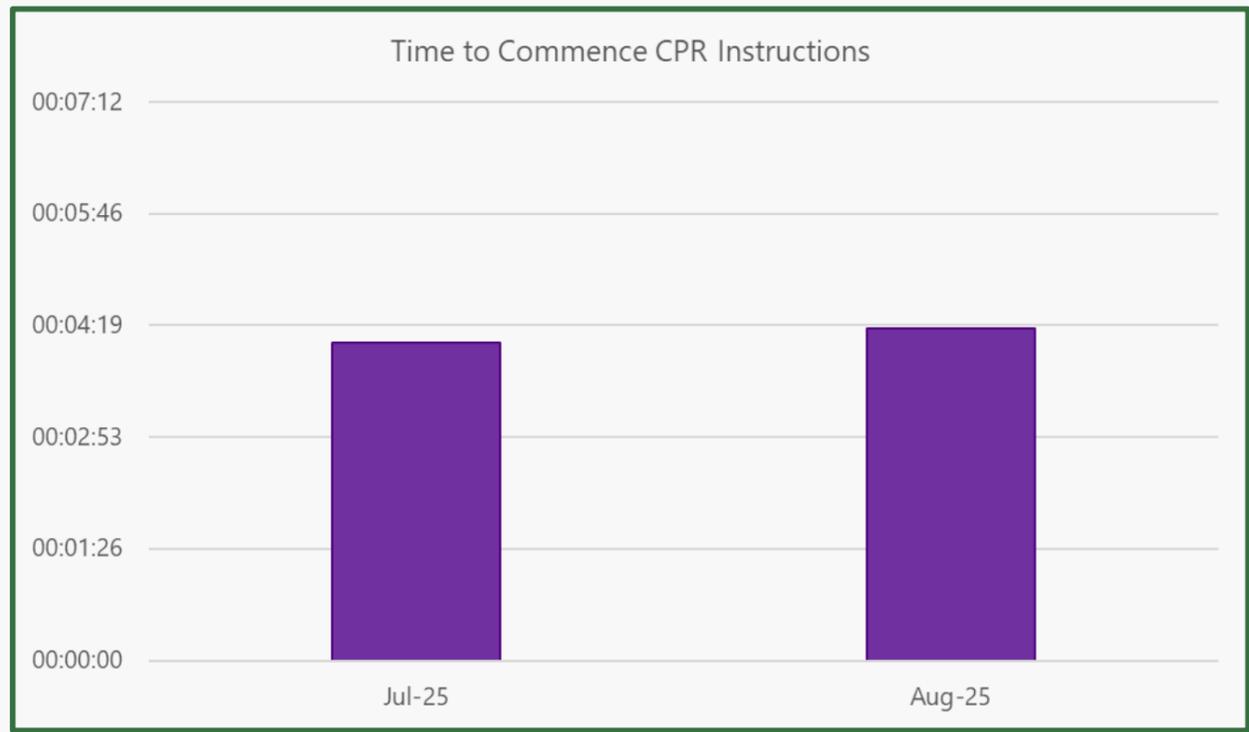
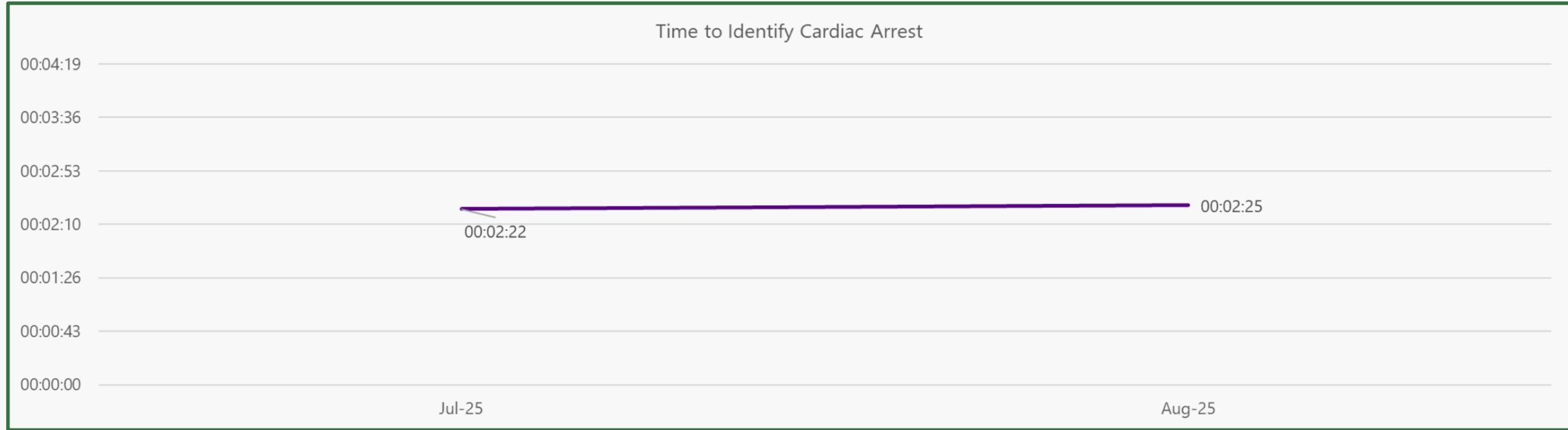
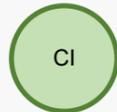


# Our Patients: Quality, Safety & Patient Experience

## Arrest Purple Performance Indicators

Influencing Factors – Demand, Hours Produced and Hours Lost

(Responsible Officer: Lee Brooks)



**Analysis**

As part of the go live on Purple (Arrest) more measures have been introduced to help better understand and manage the chain of survival.

In August 2025, the:  
Average Median time to identify cardiac arrest was 2 minutes and 25 seconds.

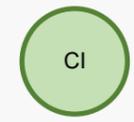
Average Median time to commence CPR instructions was 4 minutes and 17 seconds.

Average (Median) time for a defibrillator (PAD) arrival to scene was 4 minutes and 36 seconds. A decrease from July (5 minutes and 35 seconds).

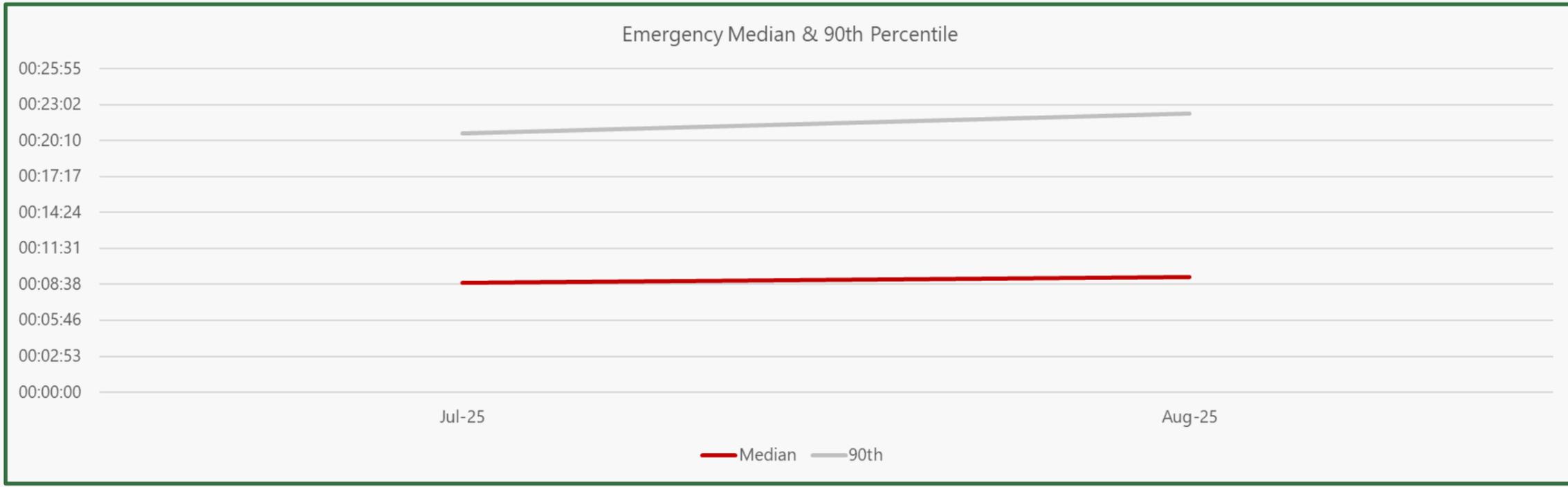
# Our Patients: Quality, Safety & Patient Experience

## RED EMERG Performance Indicators

Influencing Factors – Demand, Hours Produced and Hours Lost



(Responsible Officer: Lee Brooks)



**Analysis**

In August 2025 there were 4,380 Emerg (red) calls, around 12.5% of all calls.

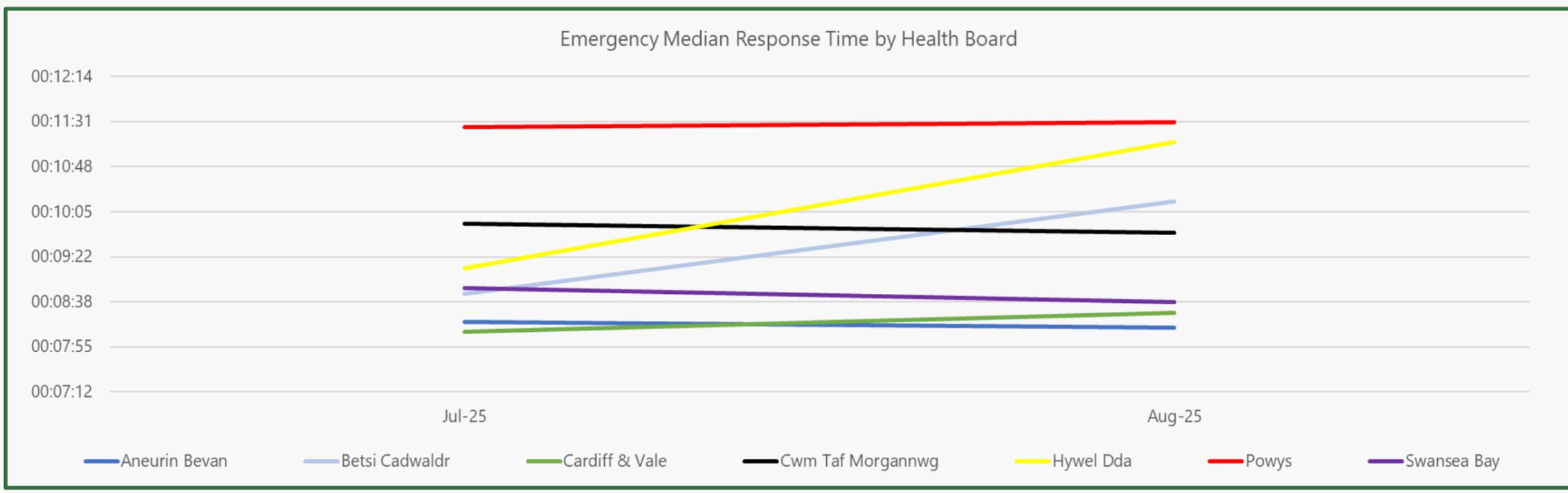
The median response time in August 2025 for Emerg (red) was 9 minutes 15 seconds. Aneurin Bevan health board had the lowest median time of 8 minutes and 14 seconds, and Powys had the highest at 11 minutes and 31 seconds.

For Emerg calls, 90th percentile response times was 22 minutes 20 seconds. For which, Cardiff and Vale had the lowest time of 17 minutes and 17 seconds, and Powys had the highest at 32 minutes and 25 seconds.

For both Arrest (purple) and Emerg (red) calls the median and 90th percentile response time targets are 6-8 minutes and 20 minutes, respectively.

**Remedial Plans & Actions**

Purple (Arrest) is performing better than the Trust modelled, but Red (Emergency) is performance worse than the Trust modelled. A small divergence between Purple and Red was expected, but the divergence is bigger than expected. The Trust is currently undertaking a deep dive on its month one data to look at what may be causing this.



# Our Patients: Quality, Safety & Patient Experience

## Amber Performance Indicators

(Responsible Officer: Lee Brooks)

R

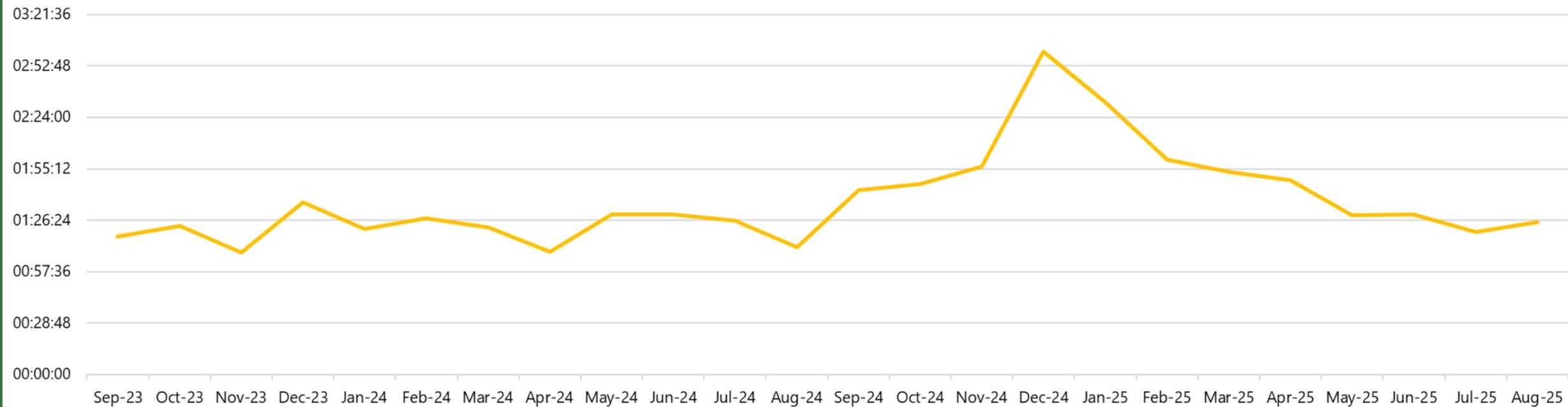
CI

FPC

QUEST

## Influencing Factors – Demand, Hours Produced and Hours Lost

Amber 1 - Median



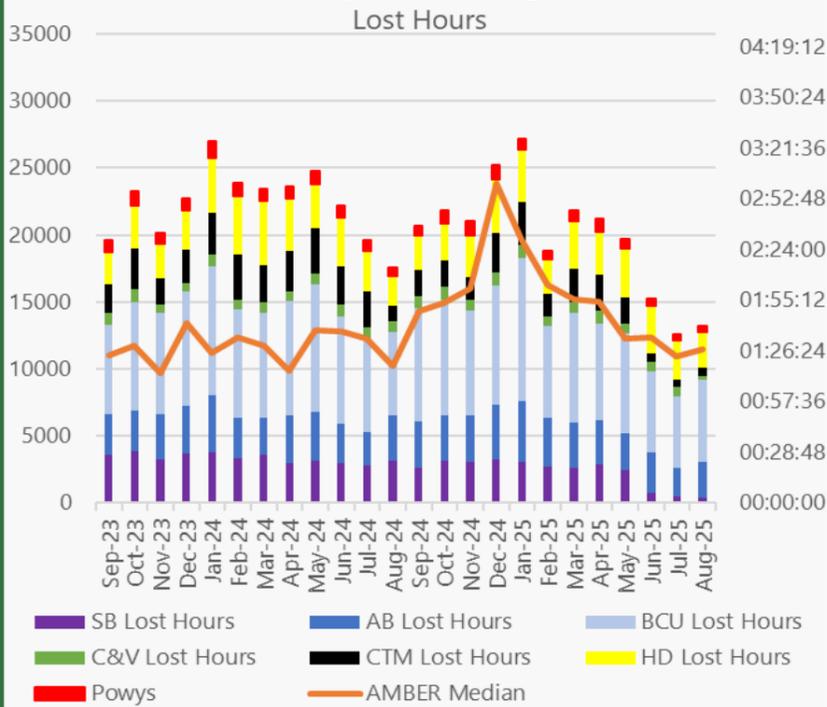
### Analysis

The Amber 1 median performance time increased during August 2025 to 1 hour and 25 minutes. The ideal Amber 1 median response time remains at 18 minutes.

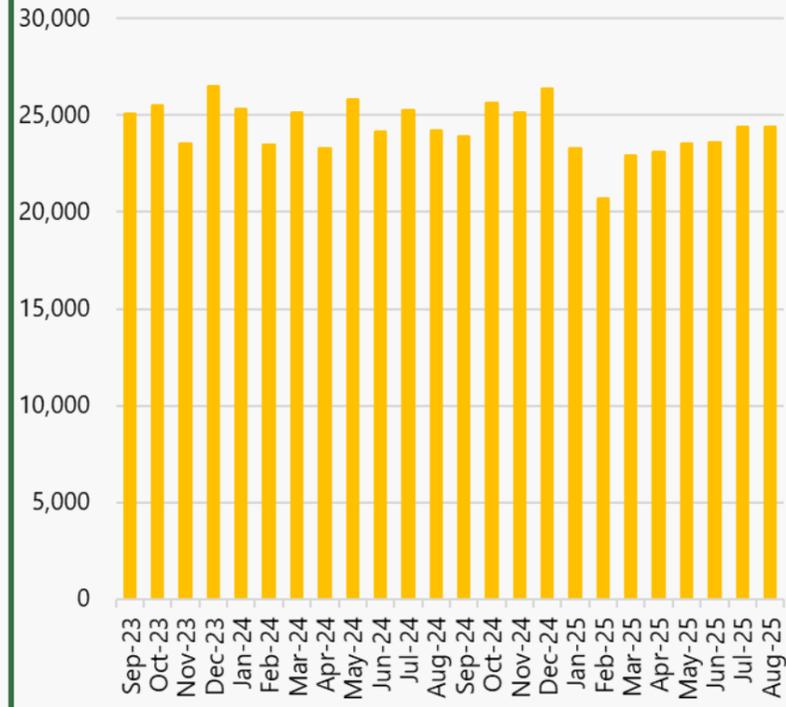
The Amber 1 95<sup>th</sup> percentile also increased during August 2025 to 5 hours 9 minutes, up from 4 hours 34 minutes in July 2025. However, this time remains below the 2-year average figure of 7 hours 8 minutes.

There is a strong correlation between Amber performance and lost hours due to handover delays, so if handover rates continue to remain below the 3-year average it would be expected that Amber 1 median response rates will continue to improve.

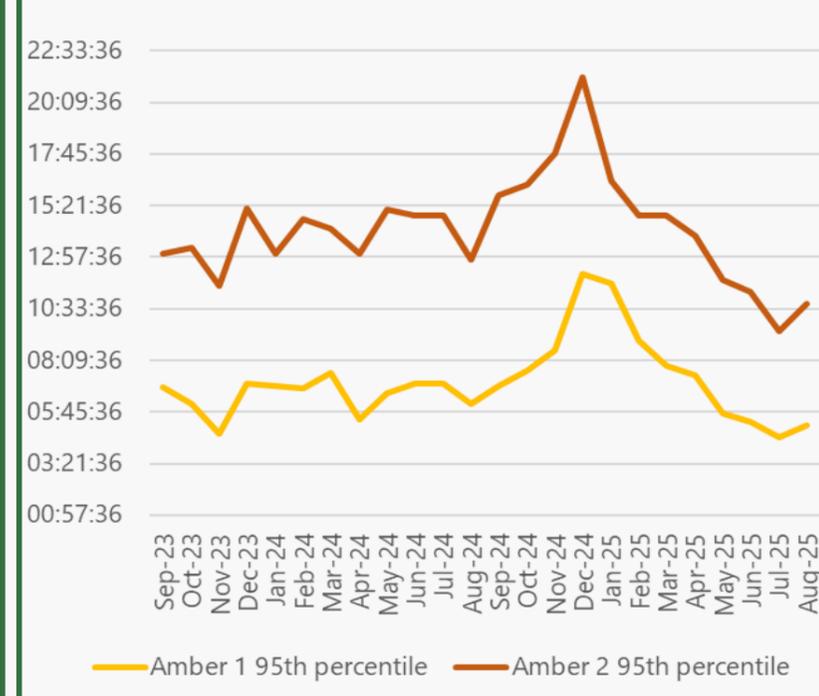
Amber Median Response Times against Handover



Amber Demand



Amber 1 & 2 - 95th Percentile



### Remedial Plans and Actions

Welsh Government has recently announced further changes to the Ambulance Performance Framework that will affect the existing Amber category at the of 2025.

### Expected Performance Trajectory

The Trust's commissioned level of production (its rosters) is designed to cope with 6,000 hours of handover lost hours. The Trust is now part of a WG led meeting on how handover can be reduced with a recommendation to reduce handover waits to 45 minutes. Reduced handover lost hours is a critical element of improving patient safety in this category.

# Our Patients: Quality, Safety & Patient Experience

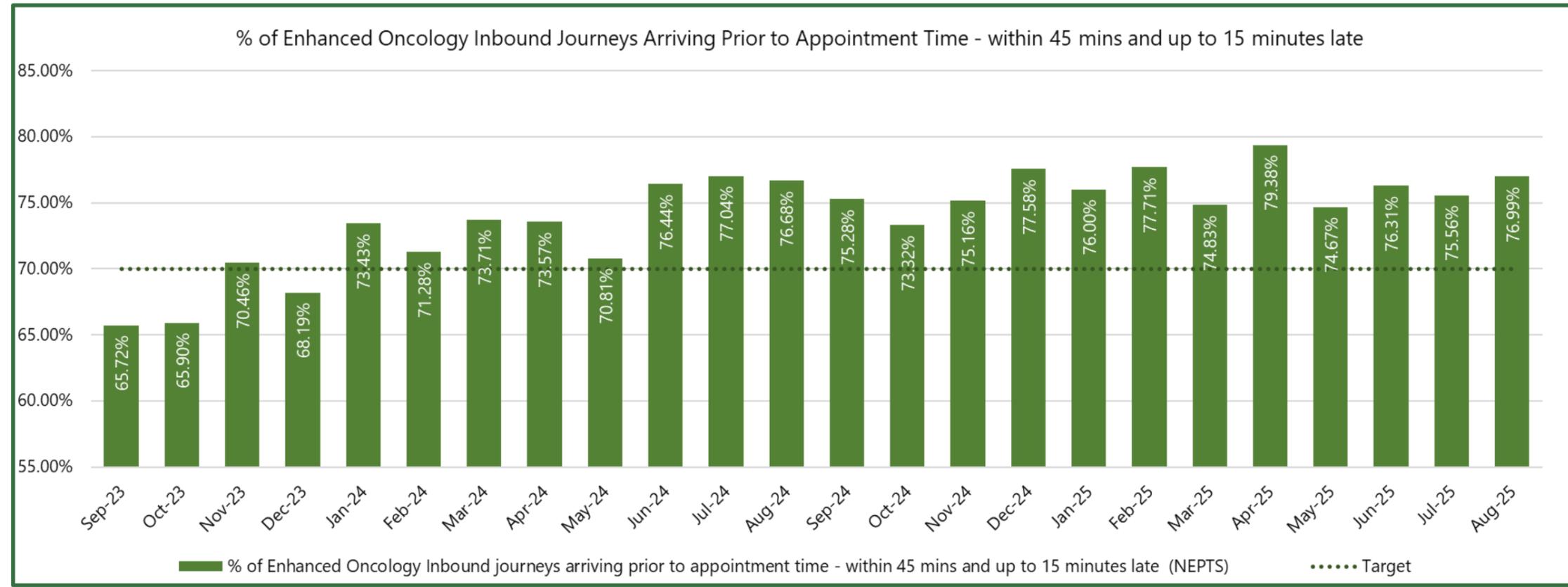
## Patient Experience – Influencing Ambulance Care Indicators

(Responsible Officer: Lee Brooks)

D&T	Oncology	Welsh Calls
R	G	R

FPC

CI



**Analysis**  
76.9% of enhanced Oncology journeys arrived within 45 minutes prior and up to 15 minutes late of their appointment time in August 2025, once again achieving the 70% target.

Discharge and Transfer journeys booked in advance and collected less than 60 minutes after their appointment decreased in August 2025 to 79% and remains below the 95% target. Discharge and Transfer journeys booked on the same day achieved 94% in August 2025, dropping just below the target (95%).

Renal journeys arriving within 30 minutes prior to their appointment time decreased from 70.7% in July 2025 to 69.1% in August 2025 and marginally falls below the agreed performance standard of 70% for only the third time in the past 12 months.

Call volumes answered decreased to 14,629 calls during August 2025, from 16,088 in July 2025; but the average speed of call answering improved from 10 minutes to 7 minutes 30 seconds.

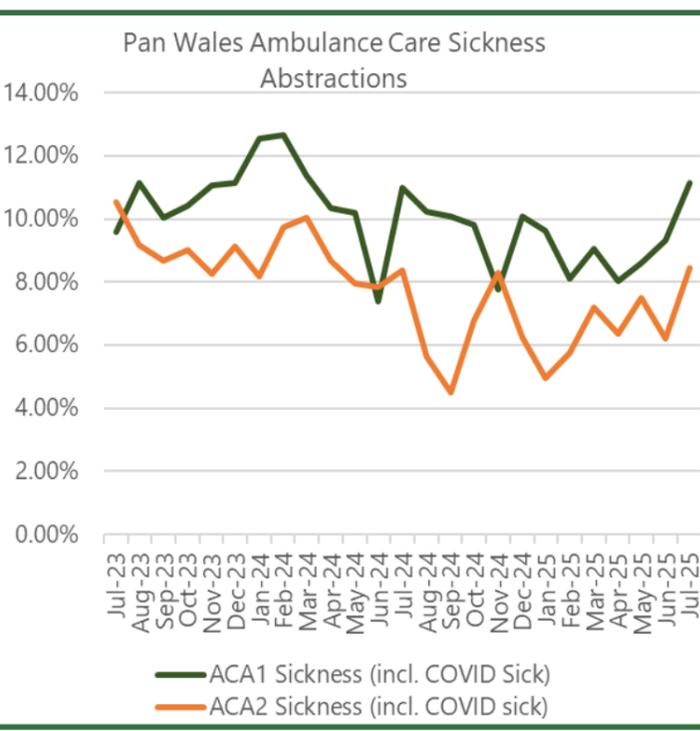
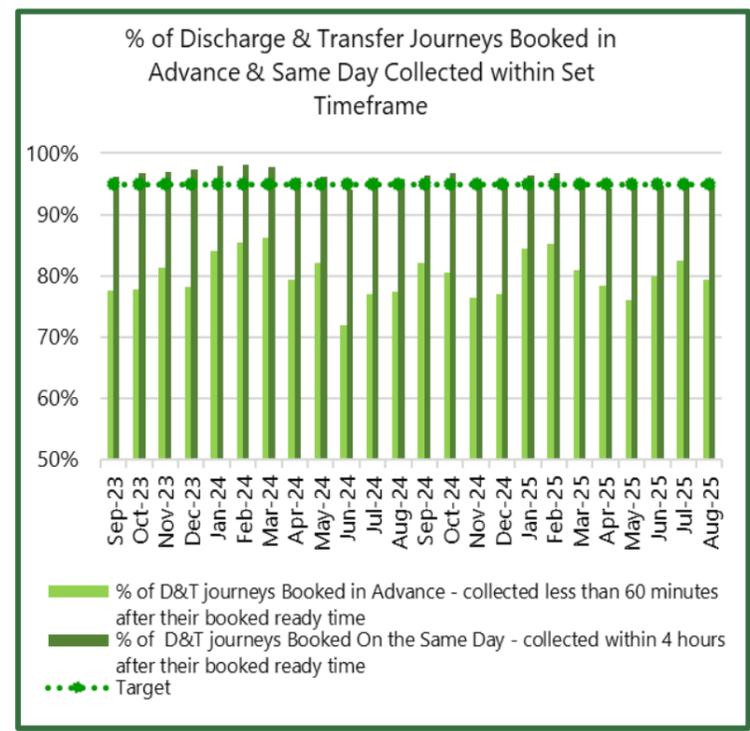
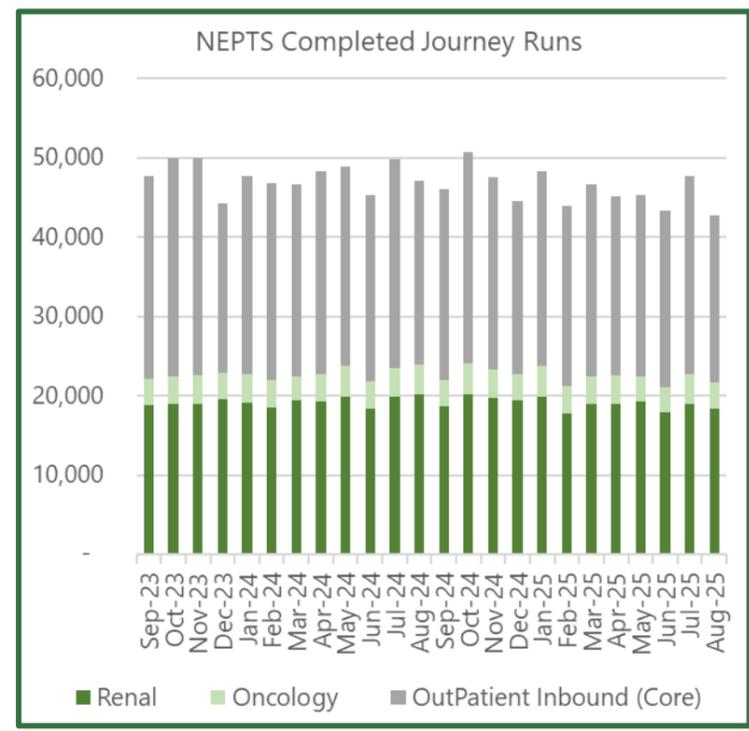
ACA1 sickness remains above the 5.99% target, at 11.15% and ACA2 sickness also remains above the 5.99% target at 8.45% in July 2025.

**Remedial Plans and Actions**  
Oncology performance continues to be in excess of the service standards nationally, however there is some regional variation to this. Work is underway in the areas where performance is lower to address the underlying reasons for this. However, it is unlikely that significant inroads will be made until the completion of the NEPTS roster review.

Performance on advanced discharges and transfers has been challenged through the quarter. This has been addressed by the team and has begun to recover. It is important to note that this measure was always deemed aspirational and requires a shift in booking practice by Health Boards for this to be achieved.

Sickness levels have seen an increase during the quarter, with long term sickness within ACA1 cohort being a feature. Actions have been put in place across the service areas to increase focus on this area.

**Expected Performance Trajectory**  
An improvement to sickness absence levels and advanced discharge and transfer is anticipated within the next quarter. Oncology performance is above the standard nationally and expected to sustain this.



# Our Patients: Quality, Safety & Patient Experience

## Clinical Indicators

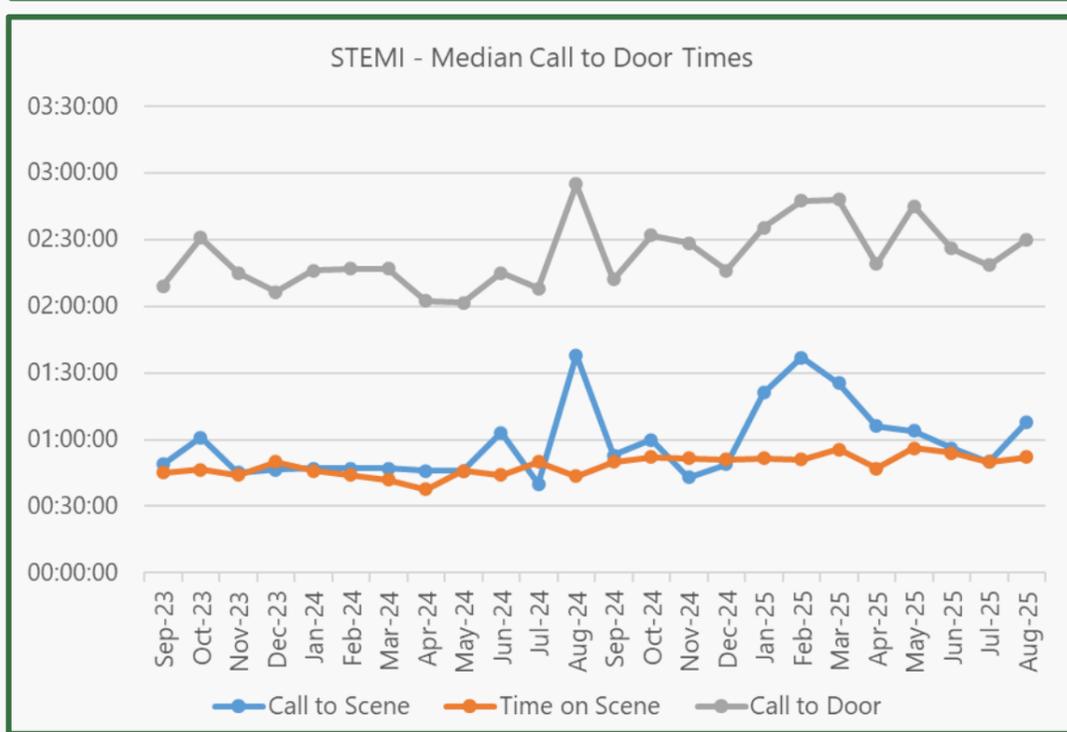
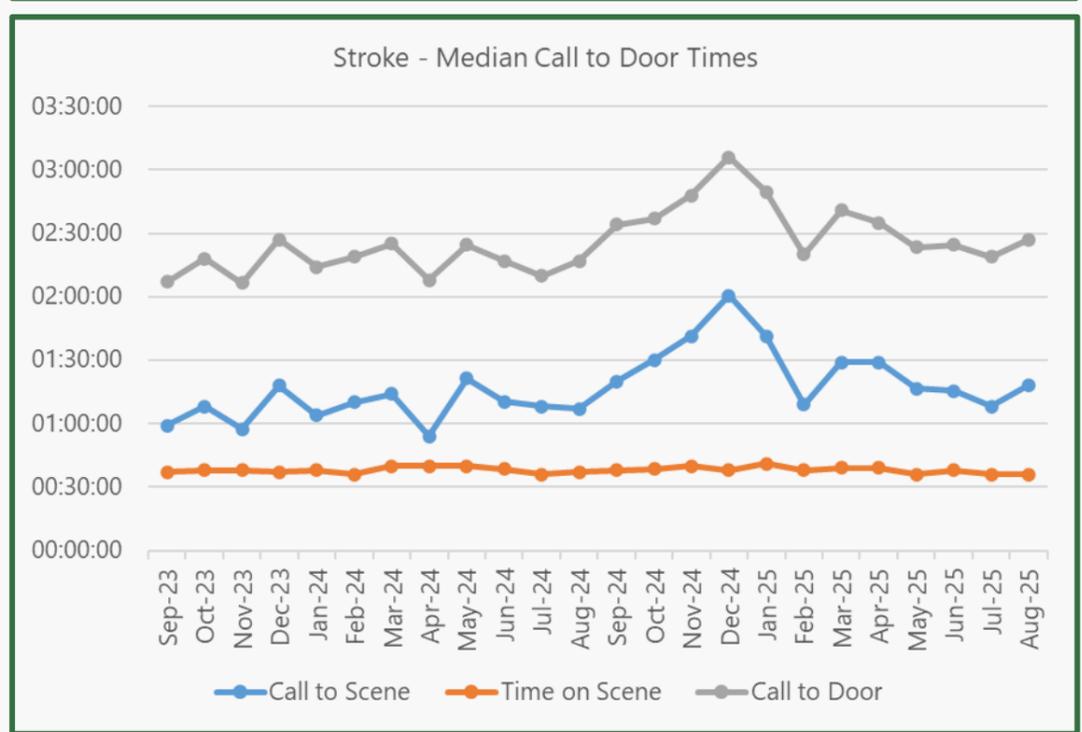
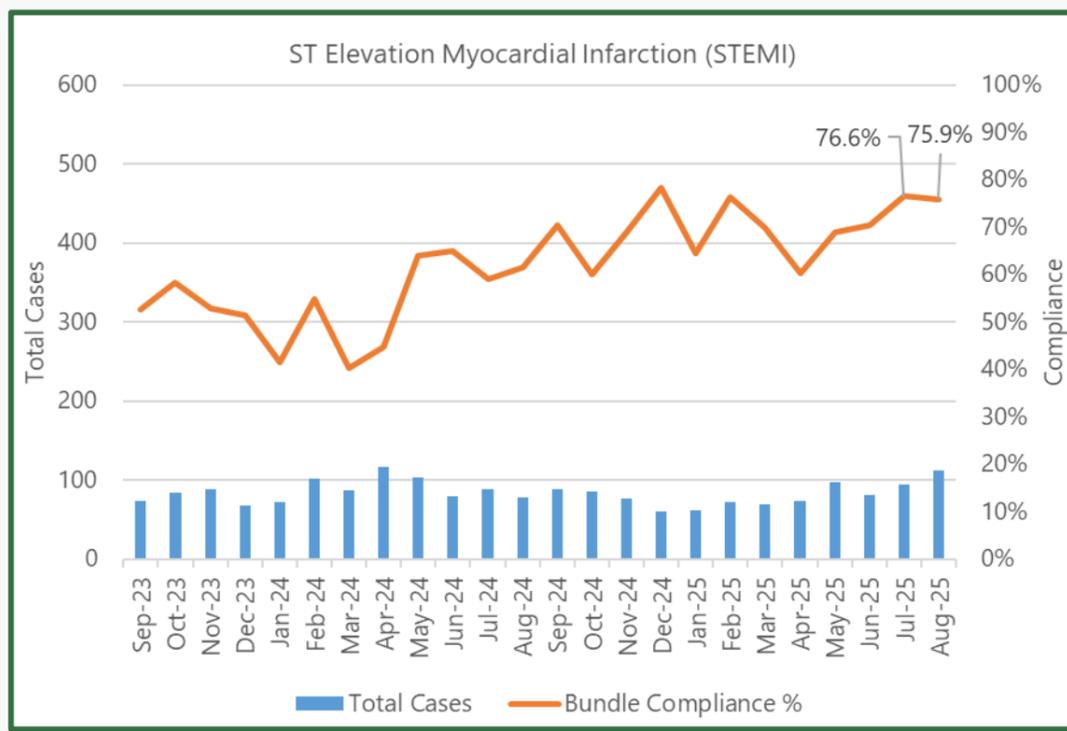
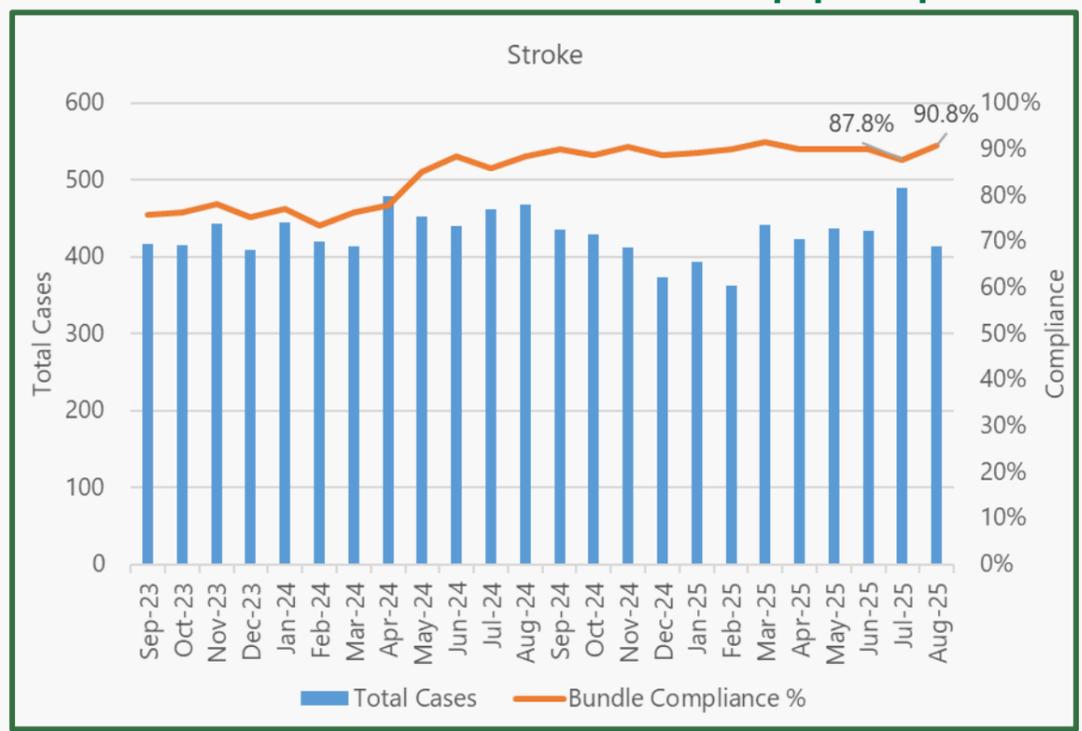
Suspected Stroke Patients with Appropriate Care, ST-elevation myocardial infarction (STEMI) with Appropriate Care and Time-Based metrics.

Stroke	Stroke Call to Door	STEMI
A	R	R

Self-Assessment:  
Strength of Internal Control: Moderate

QUEST

(Responsible Officer: Andy Swinburn)



**Analysis:**  
The percentage of patients documented as receiving appropriate care bundles during August 2025 was:

**Stroke – 90.8% - performance has consistently remained at or above 85% since May 2024.** There is a close correlation between documenting FAST (a test to detect symptoms of stroke) and care bundle compliance.

**STEMI (heart attack) – 75.9%, a significant improvement from 76.6% in July 2025.** There has been an increase in compliance across all elements of the care bundle. The number of cases remained low (112) therefore, increasing the volatility of the compliance data so this could be natural variance.

**Call to door times for Stroke** – call to door times increased marginally for stroke in August (02:27:00). All three elements of the bundle have seen consistency on time.

**Call to door times for STEMI** – Call to door time has increased since last month (02:30:00).

**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 Autumn 2025.

# Our Patients: Quality, Safety & Patient Experience

## Clinical Indicators

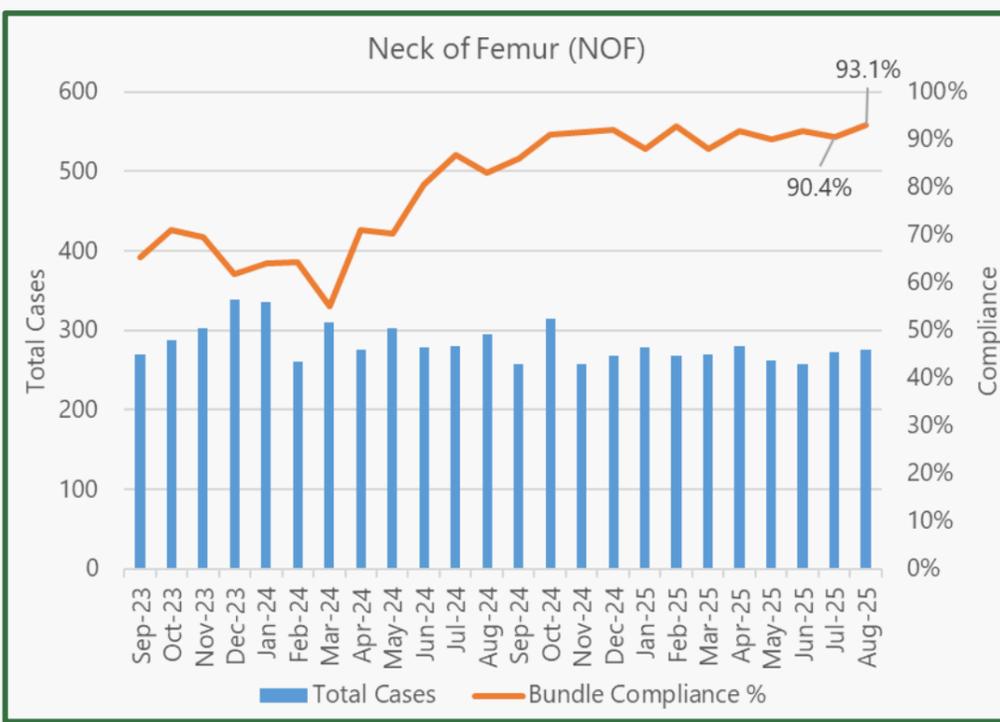
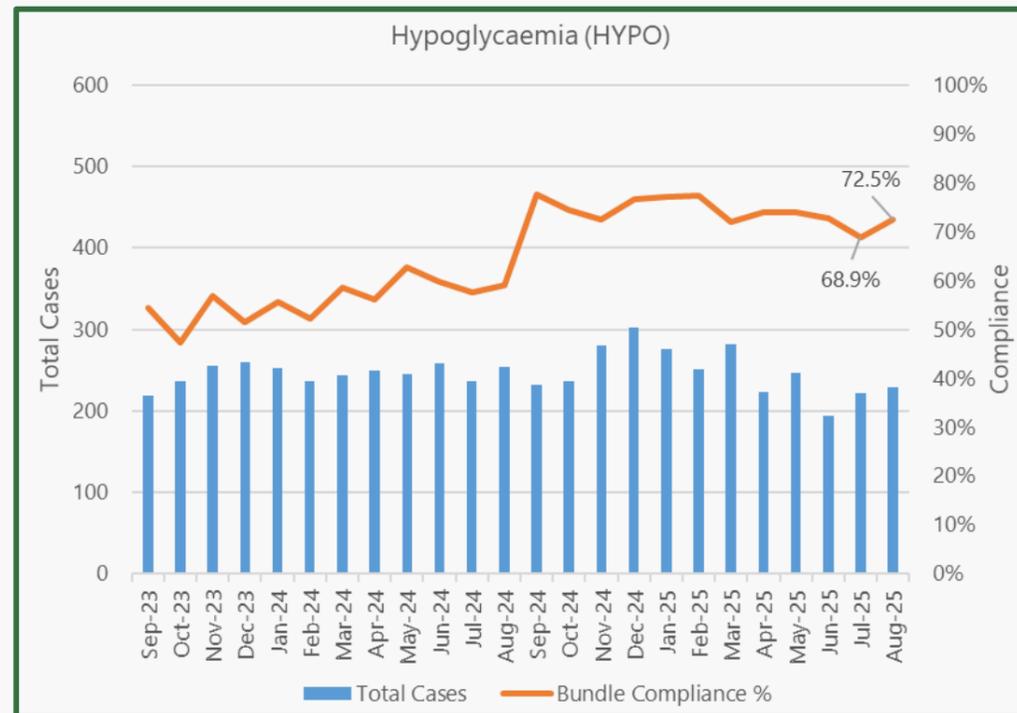
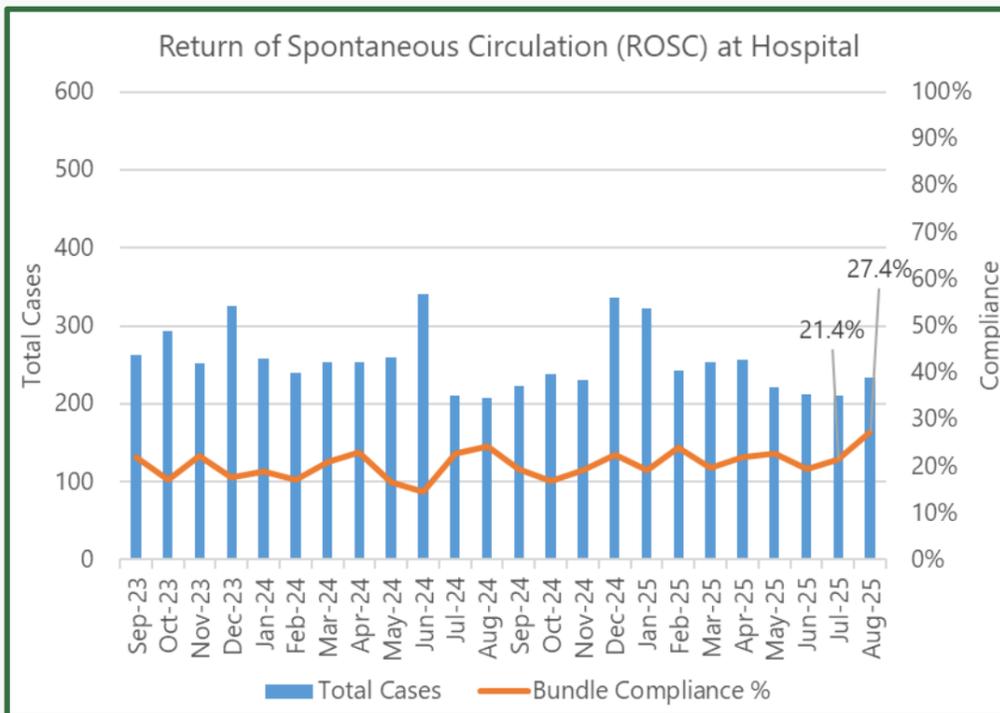
### Return of Spontaneous Circulation, Hypoglycaemia, Fractured Neck of Femur (#NOF) and Time-Based metrics (#NOF)



Self-Assessment:  
Strength of Internal  
Control: Moderate



(Responsible Officer: Andy Swinburn)



#NOF Call 2 Door in development

**Analysis:**

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

**Return of Spontaneous Circulation at hospital (from cardiac arrest) – 27.4%, an increase from 21.4% in July.** 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. Low case numbers means a volatile percentage dataset.

**Hypoglycaemia (diabetic patients with low blood glucose) – 72.5%, an increase from last month (68.9%).** Compliance has remained quite static through Q2, although there has been a slight drop in compliance across the bundle.

**Fractured Neck of Femur (hip fracture) – 93.1%, a slight increase in performance from July.** Only a slight increase in compliance which is evident across the care bundle.

**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.
- Ongoing development of the Tennant Structure within ePCR to facilitate clinical feedback to clinicians.

**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.

# Our Patients: Quality, Safety & Patient Experience

## Patient National Reportable Incidents & Duty of Candour

### Responses Indicators

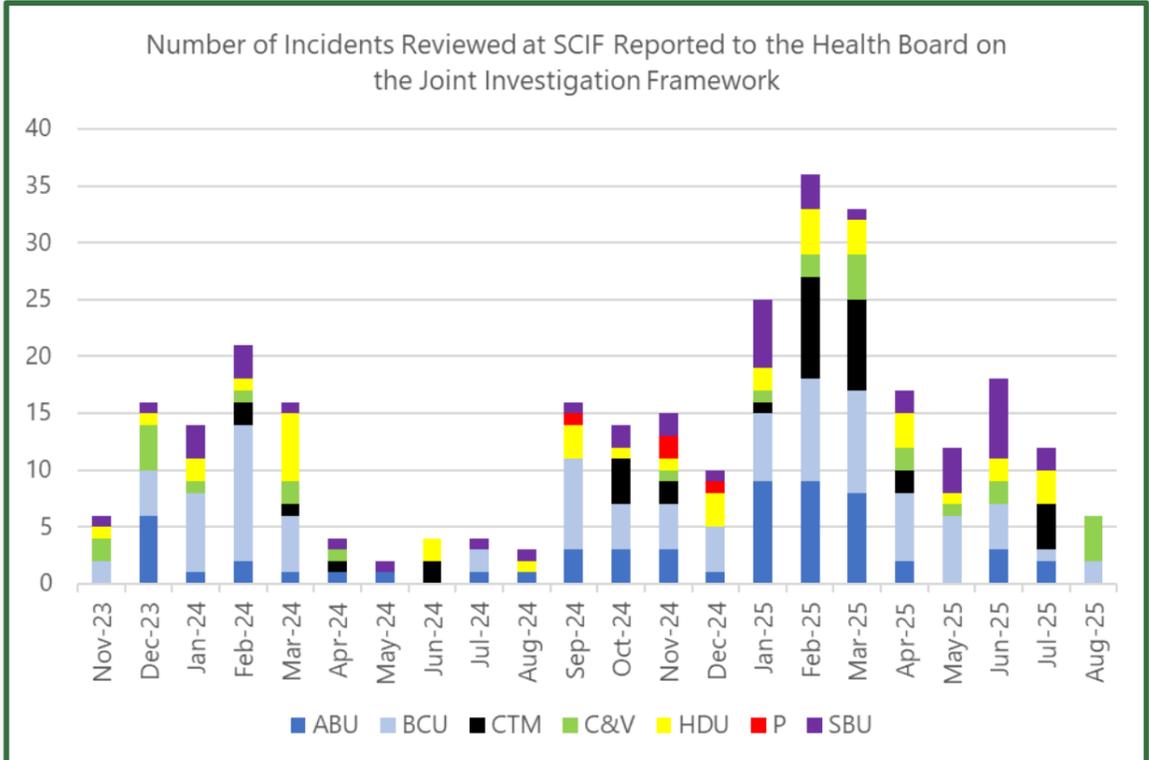
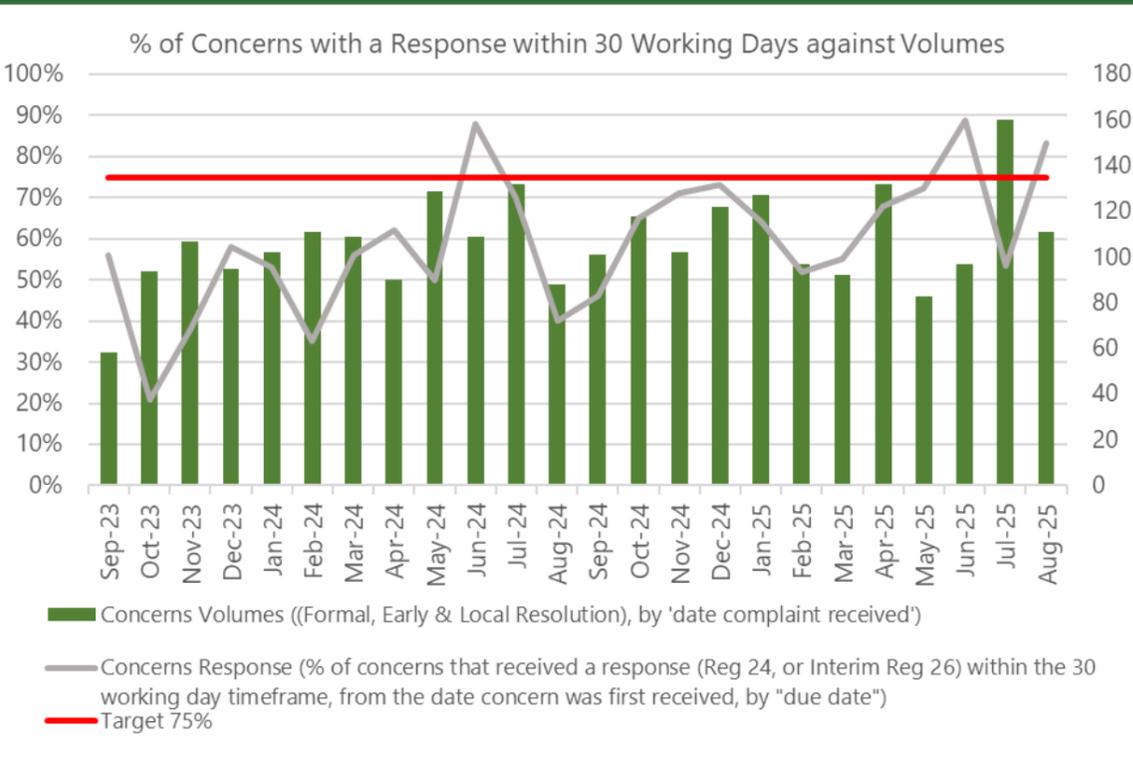
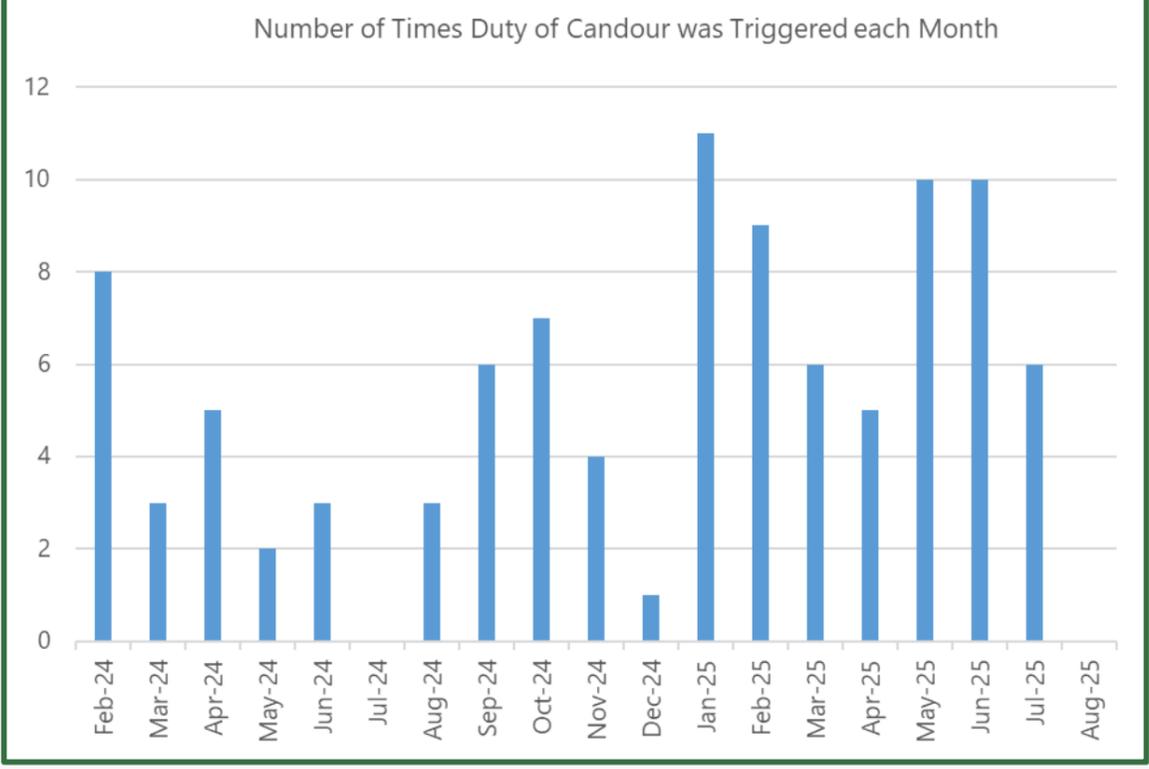
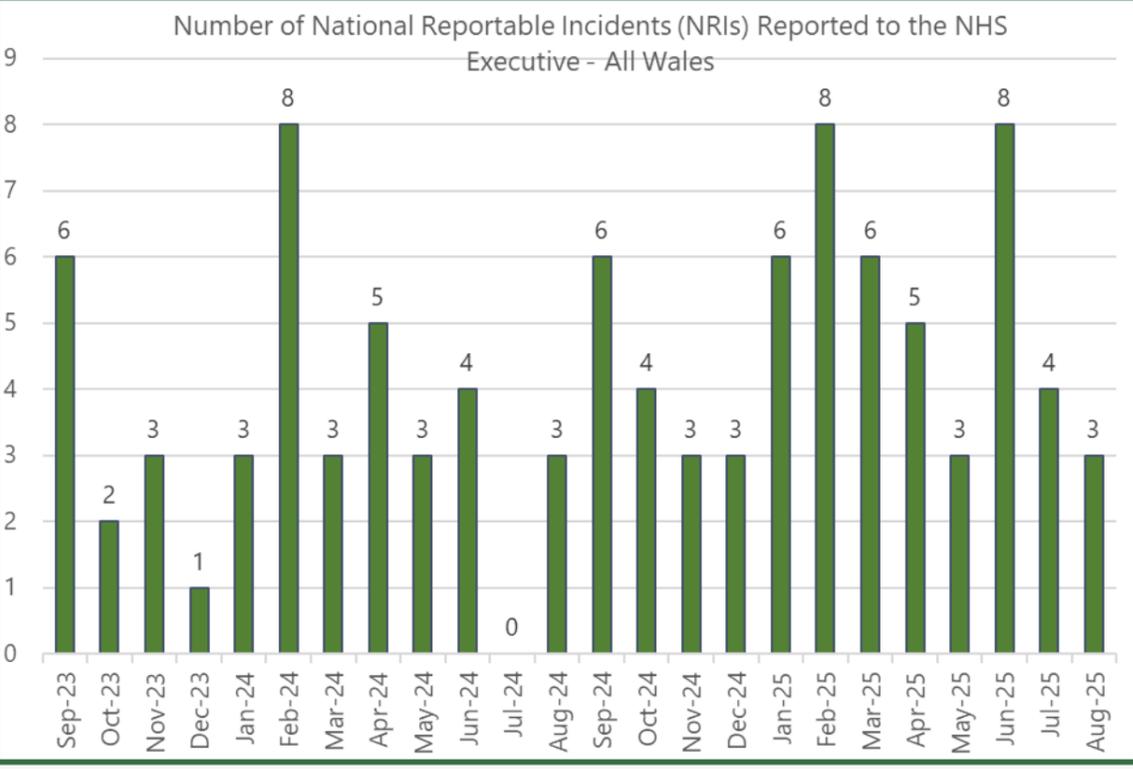
(Responsible Officer: Liam Williams)

Concerns.  
**G**

Self-Assessment:  
Strength of Internal Control:  
Moderate

QUEST

Health & Care Standard  
Health - Safe Care / Timely Care



**Analysis**  
Compliance with the 30 working day complaints target has increased in August to 83.3% and is now above the 75% target. The Trust has been ordered to pay fines to some affected patients by the PSOW.

The Trust also has received its highest number of complaints in August in comparison to the previous two years. This high volume has been driven by the number of cancellations under the Ambulance Care Service Capacity Management Plan.

The Serious Case Incident Forum agreed for 3 incidents to be reported as NRIs, mostly relating to call management issues.

**Remedial Plans and Actions**  
A Putting Things Right and Legal Services Recovery Plan has been developed to address the number of overdue concerns (complaints and incidents). This is being monitored through our internal governance structure and reported on in QuEst Committee.

**Expected Performance Trajectory**  
As service areas focus on reducing the number of open overdue complaints, it is expected that the 30-working day performance will decrease. This is predicted to last until the number of open in-date complaints makes up the majority of open cases and, depending on the success of Recovery Plan actions, may take many months before it picks up again.

\*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

# Our Patients: Quality, Safety & Patient Experience

## Patient & People Safety Indicators

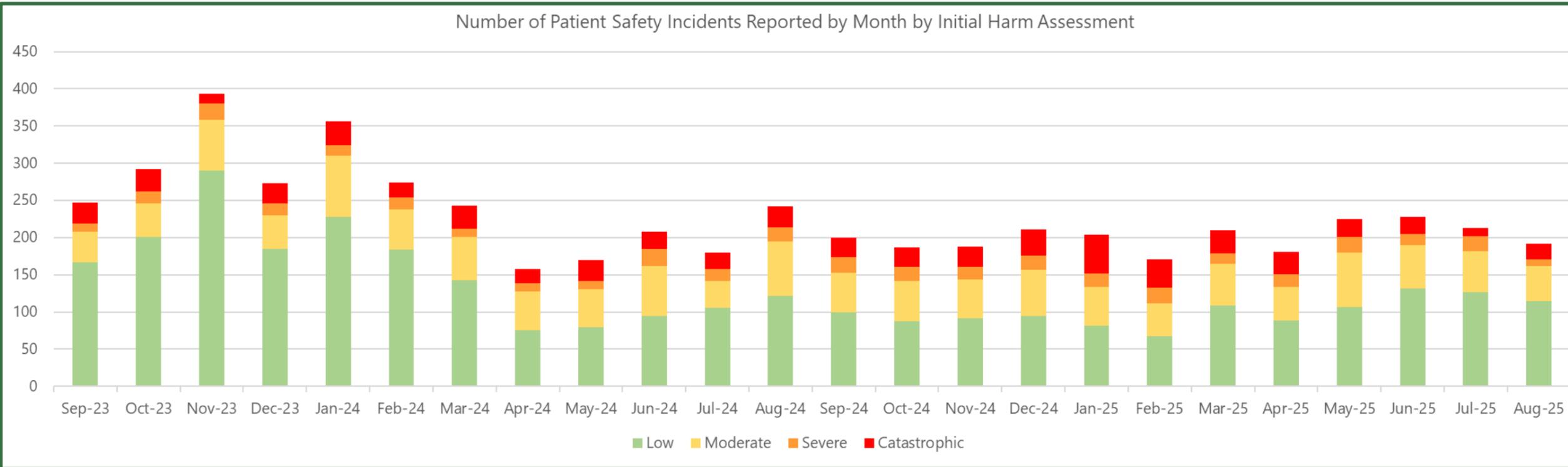
(Responsible Officer: Liam Williams)

Self-Assessment:  
Strength of  
Internal Control:  
Moderate

QUEST

Health & Care  
Standard  
Health – Safe Care

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



### Analysis

Incident reporting volumes remain stable and incident closure rate has decreased in August. The volume of closed incidents, does however, remain lower than the volume of reported incidents each month, meaning the overall total of open records continues to increase.

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.

NRIs that have been closed with NHS Performance & Improvement have improved again in comparison to the previous month

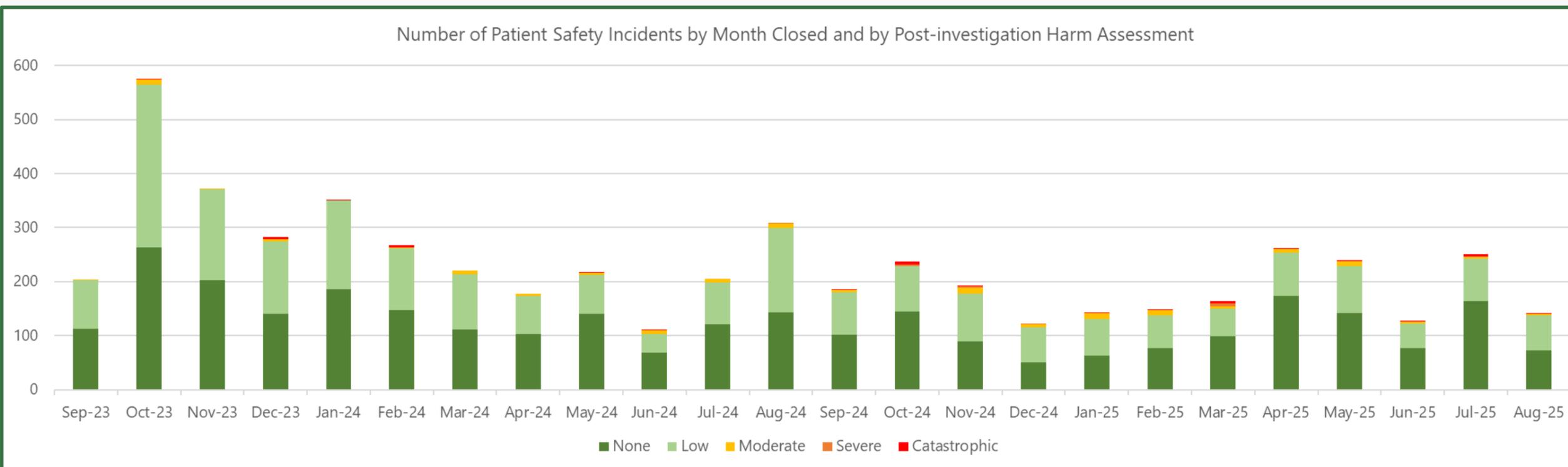
### Remedial Plans and Actions

Incident closures are being monitored through Quality Management Group.

### 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.

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



# Our Patients: Quality, Safety & Patient Experience

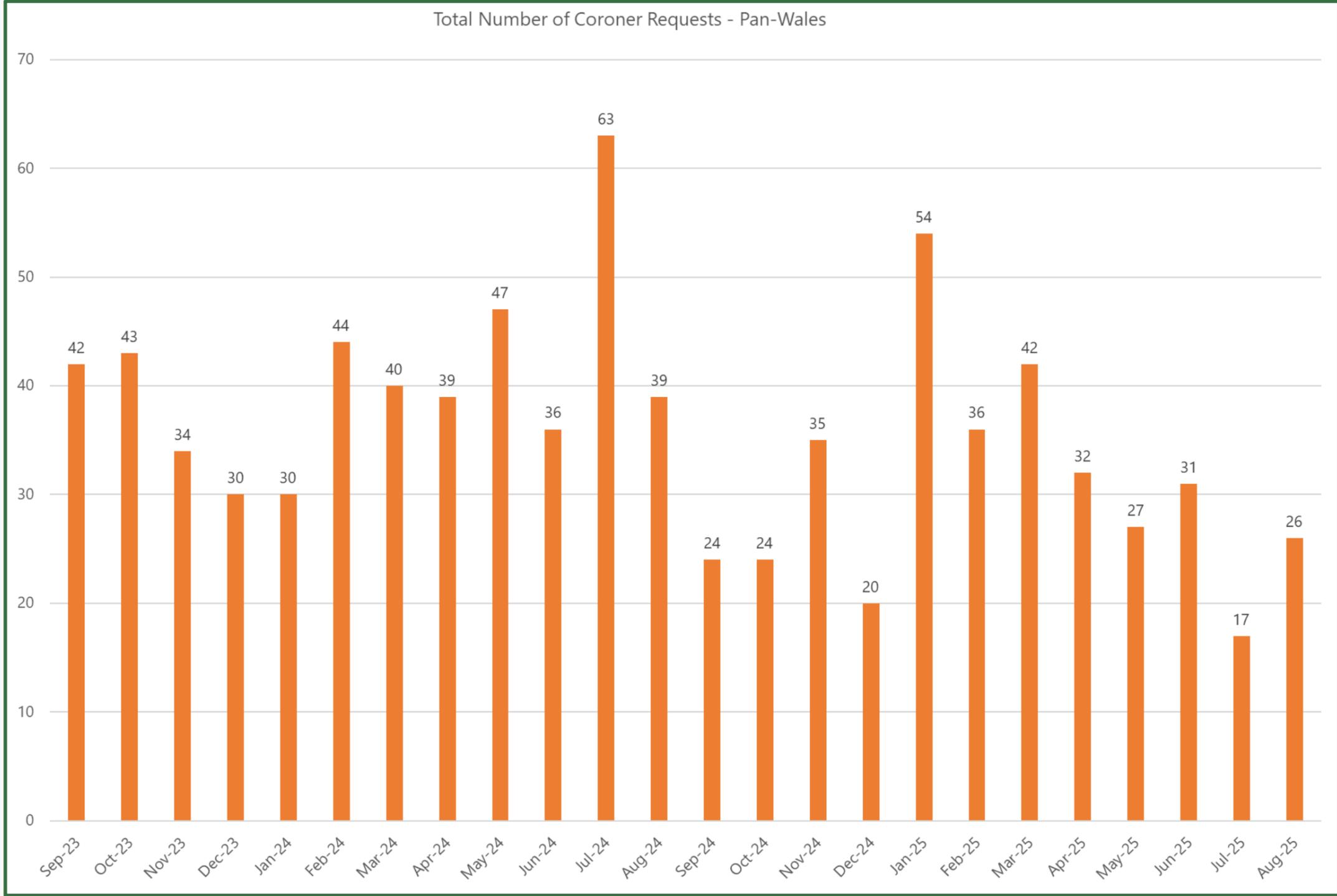
## Coroners, Mortality and Ombudsmen Indicators

(Responsible Officer: Liam Williams)

Coroners Self-Assessment: Strength of Internal Control: Moderate	Mortality Self-Assessment: Strength of Internal Control: Moderate
------------------------------------------------------------------------------	-------------------------------------------------------------------------------

QUEST

Health & Care  
Standard  
Health – Safe Care



**Analysis**  
The number of coroner approaches has increased slightly on last month and is lower than the previous year's approaches, allowing opportunity to continue focusing on overdue statement requests.

Inquest cases continue to present with increased complexity and large numbers of statements and witnesses being called. These factors combined makes this an area of continued pressure across Trust services and for the individual staff involved in representing the organisation.

Medical Examiner Level 1 triage occurs regularly, ensuring prompt recognition of cases where learning and/or potential harm are identified. The Level 2 Medical Examiner Learning Panel is now effectively reviewing the management and learning from cases although continues to operate retrospectively, reflecting the competing operational demands on senior clinical capacity.

**Remedial Plans and Actions**  
A Putting Things Right and Legal Services Recovery Plan has been developed to address the number of overdue concerns (complaints and incidents). This is being monitored through our internal governance structure and reported on in QuEst Committee.

**Expected Performance Trajectory**

- Coroner activity will continue to be monitored and delays in statement gathering escalated and prioritised internally as appropriate.
- Cross directorate teams continue to work together to ensure cases are prioritised, and the coroner is provided with estimated times of completion.
- The ability to provide senior review of Medical Examiner feedback cases will depend on availability of the appropriate professional attendance at Learning Panel.

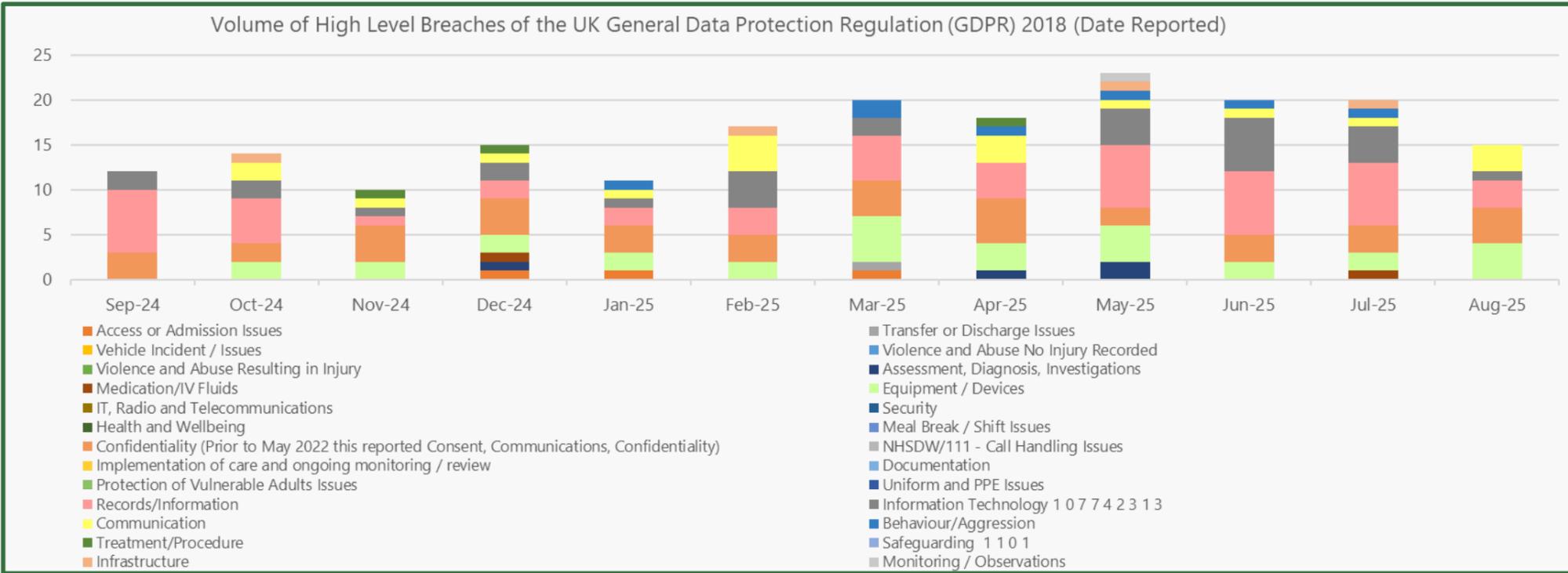
# Our Patients: Quality, Safety & Patient Experience Safeguarding, Data Governance & Public Engagement Indicators

(Responsible Officers: Jonny Sammut & Liam Williams)

Health & Care Standard  
Health – Safe Care

Self-Assessment:  
Strength of Internal Control:  
Strong

PCC



## Analysis

**Safeguarding:** In August 2025 WAST colleagues submitted a total of 258 Adult at Risk Reports, 94% of these were processed within 24 hours. Whilst the Trust does not report on Adult Need for Care & Support reports (wellbeing); 861 reports were shared with local authorities across Wales during this reporting period. There have been 316 Child Safeguarding Reports submitted in August 2025, 94% of these were processed within 24 hours.

**Data Governance:** In August 2025, there were 15 information governance (IG) related incidents reported on Datix Cymru categorised as an Information Governance (IG) breach. Of these 15 breaches, 3 related to Records/Information, 4 IG/Confidentiality, 3 Communication, 4 Equipment, and 1 Information Technology.

## Remedial Plans and Actions

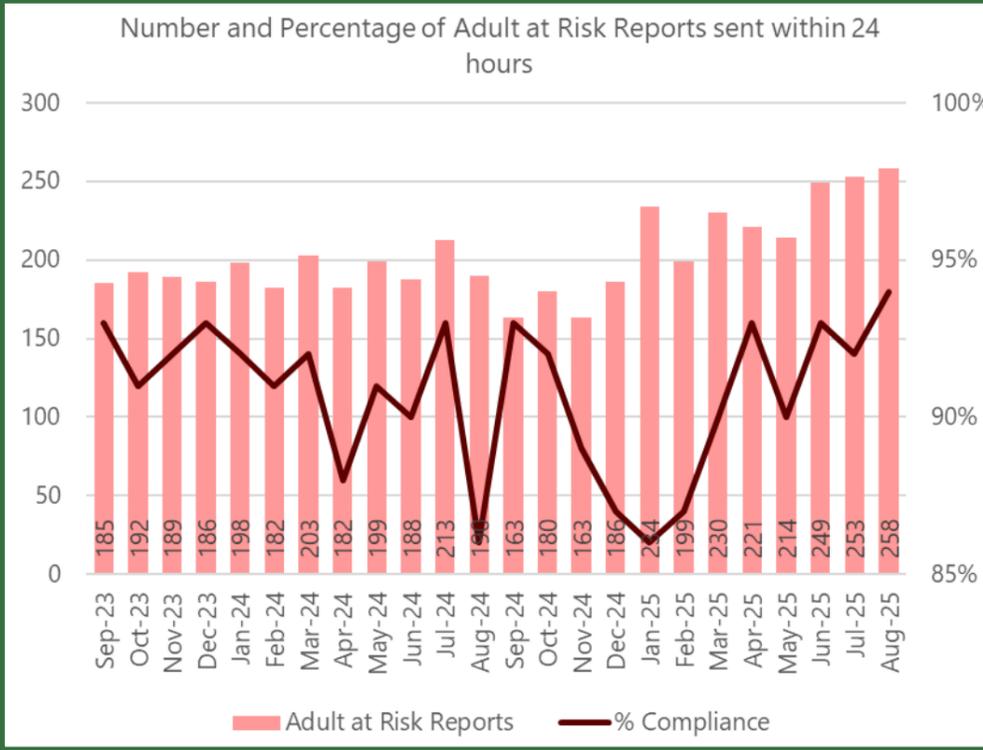
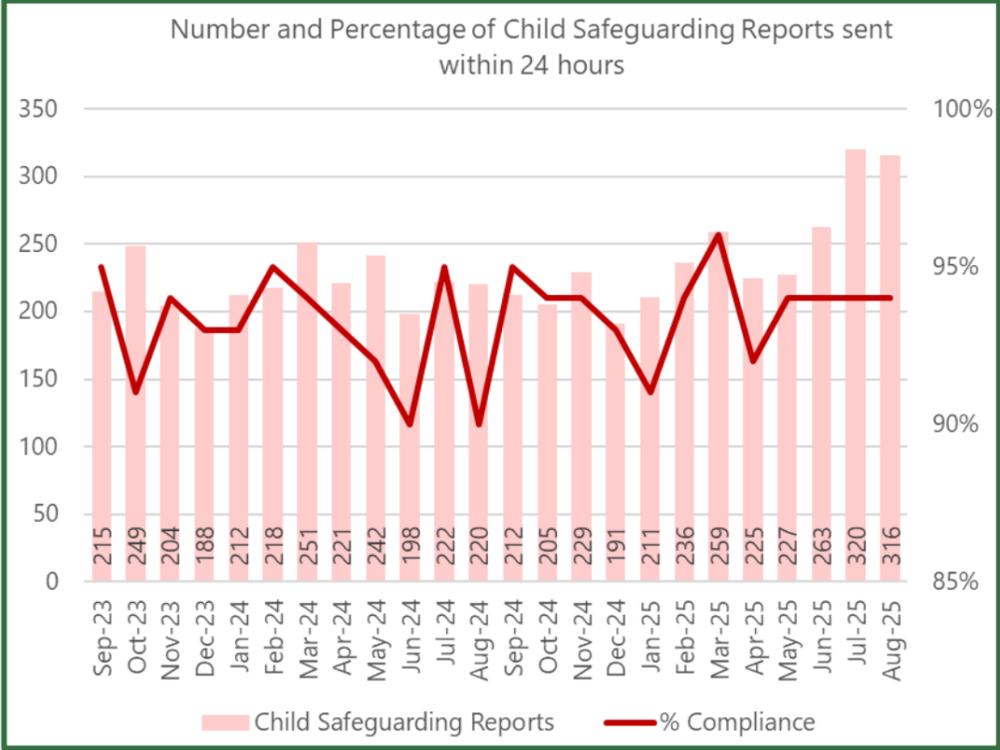
**Safeguarding:** The Trust manages all safeguarding reports digitally via Doc-works Scribe and regular monitoring of the system by the Safeguarding Team provides a means to identify any problems with delayed reports with appropriate action taken to support WAST colleagues with using the Doc-works Scribe 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 15-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.

## 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 submission was completed on 31st March 2025. The next iteration of the IG Toolkit has now opened for FY25/26 submissions.



\*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

# Our Patients: Quality, Safety & Patient Experience

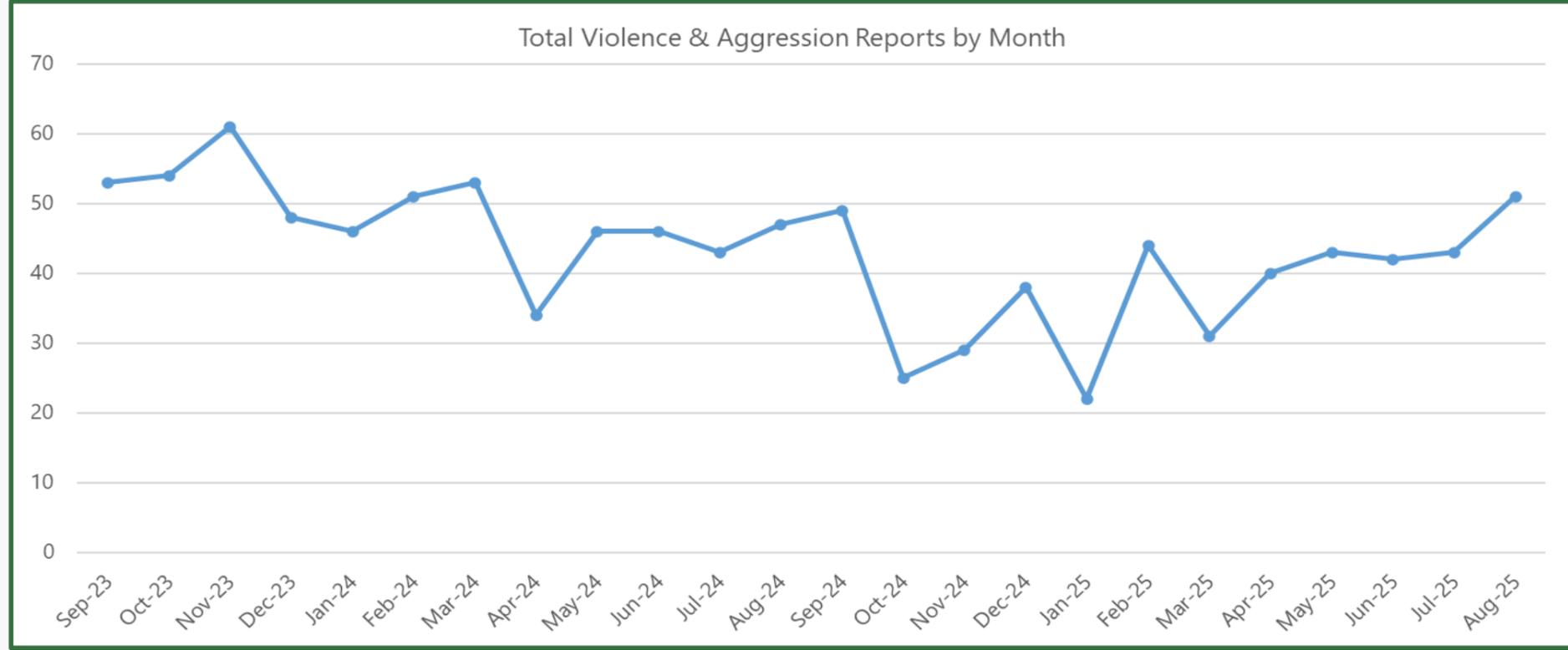
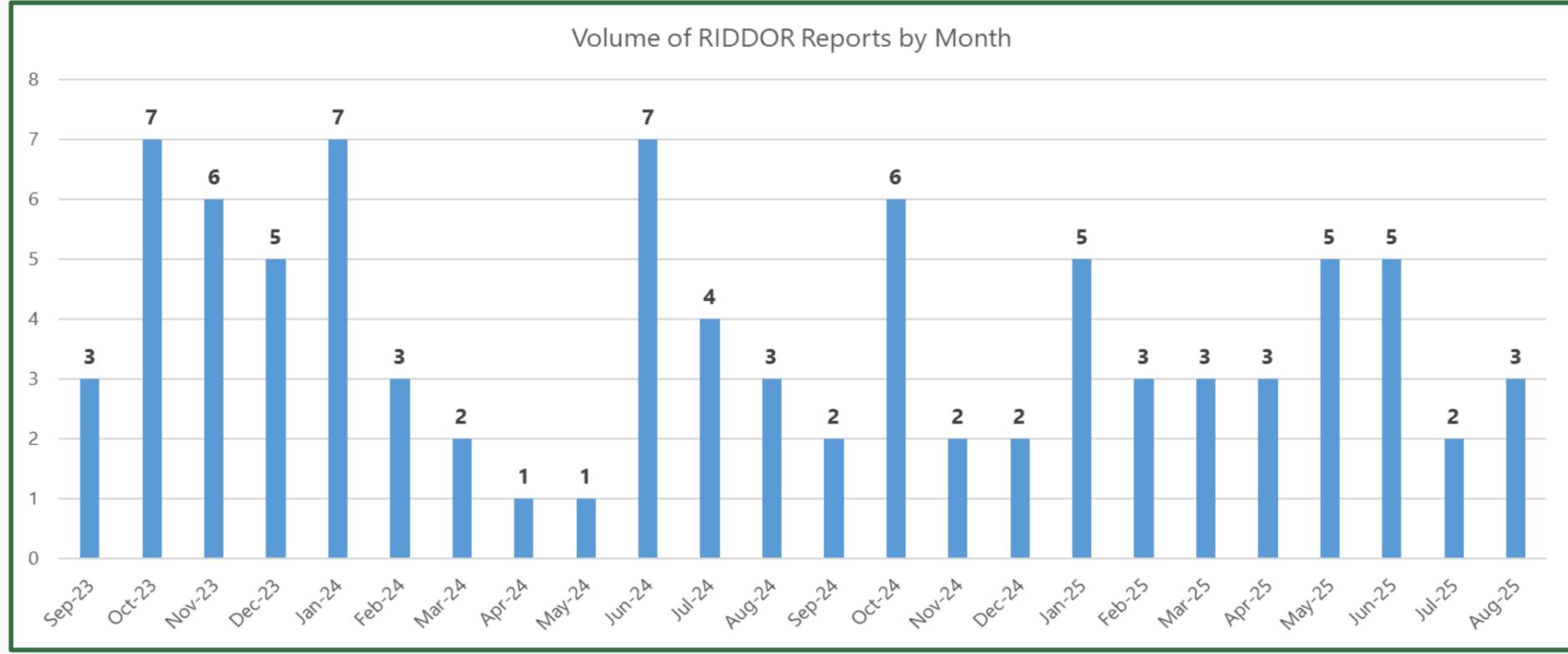
## Health & Safety (RIDDORS) Indicators

(Responsible Officer: Liam Williams)

Self-Assessment:  
Strength of  
Internal Control:  
Moderate

PCC

Health & Care  
Standard  
Health – Safe Care



### Analysis

**RIDDOR:** There were 3 incidents requiring reporting under RIDDOR during August 2025 all were for an injuries requiring over 7 days of work.

- 33% of the RIDDOR's were submitted within the HSE reporting timelines, the main reason for not reporting in time was seen to be the late reporting of incidents onto Datix
- 3 RIDDORs reported during the month were as a result of manual handling incident whilst handling patients. 1 resulted from the use of a carry chair on the stairs of a patient's home and another happened when using a lift to load a patient onto a vehicle.

### Violence and Aggression:

- A total of 51 incidents have been reported of V&A in August
- There was an increase in the number of Aggressive/Threatening behaviour.
- 5 Physical Assault on staff was reported during the month with incidents of verbal assault that included swearing.

### Remedial Plans and Actions

**RIDDOR:** The weekly Datix incident meeting continues to be used to identify RIDDOR reportable incidents. A Safety Advisor is designated to assist with the investigation to find root cause and reporting to the HSE. Consistent effort to investigate incidents by line manager is making an improvements in causation and reporting to the HSE.

**Violence and Aggression:** The use of appropriate Hashtags to flag incidents of verbal aggression within the Trust call centres is being progressed to provide a greater understanding of the verbal abuse experienced by staff.

### Expected Performance Trajectory

**RIDDOR:** The actions arising out of the recent deep dive into manual handling incidents aim to address the issues identified in the manual handling incidents this month.

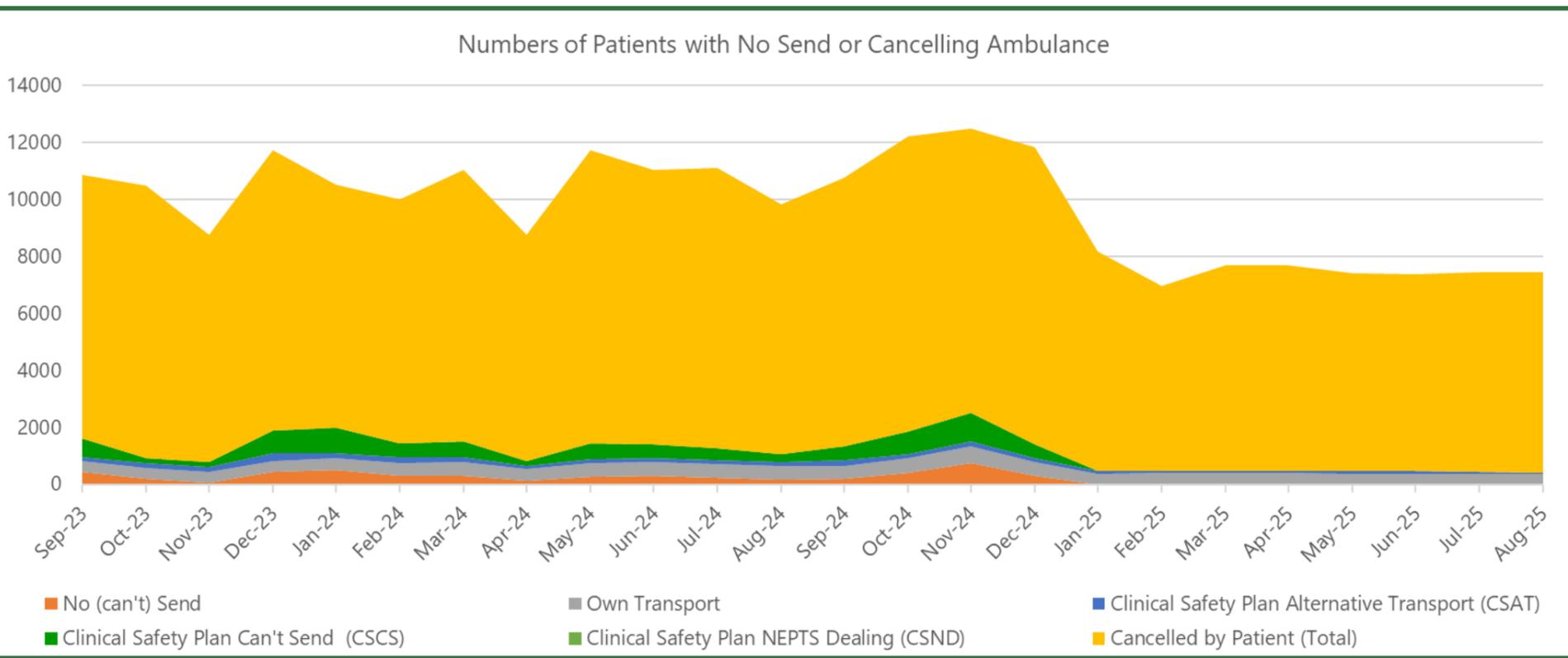
**Violence and Aggression:** It is expected that the number of verbal V&A incidents will increase over the next few months as a result of increased awareness of reporting mechanisms within the call centre teams.

Data source: Datix

# Our Patients: Quality, Safety & Patient Experience

## Potential Patient Harm Indicators

(Responsible Officer: Andy Swinburn)



### Analysis

In August 2025, 45 ambulances were stopped due to Clinical Safety Plan alternative transport (CSPT). In addition, 7,028 ambulances were cancelled by patients (including patients refusing treatment at scene) an increase from the 6,996 in July 2025. There has been a downward trend in patient cancellations since December 2024 which the Trust believes is connected to the implementation of Rapid Clinical Screening during the winter.

There were 431 requests made to Health Board EDs for immediate release of Arrest, Emergency or Amber 1 calls in August 2025. Of these 14 were accepted and released in the Arrest category, with none not being accepted, 62 were accepted in the Emerg category, with 1 not accepted and 118 ambulances were released to respond to Amber 1 calls, but 236 were not.

The graph in the bottom left shows the estimated level of patient harm during August 2025. Of the 3,945 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% (592 patients) would experience no harm, 53% (2,091 patients) would experience low harm, 23% (907 patients) would experience moderate harm and 9% (355 patients) would experience severe harm.

In August 2025 CSP levels for the Trust were:

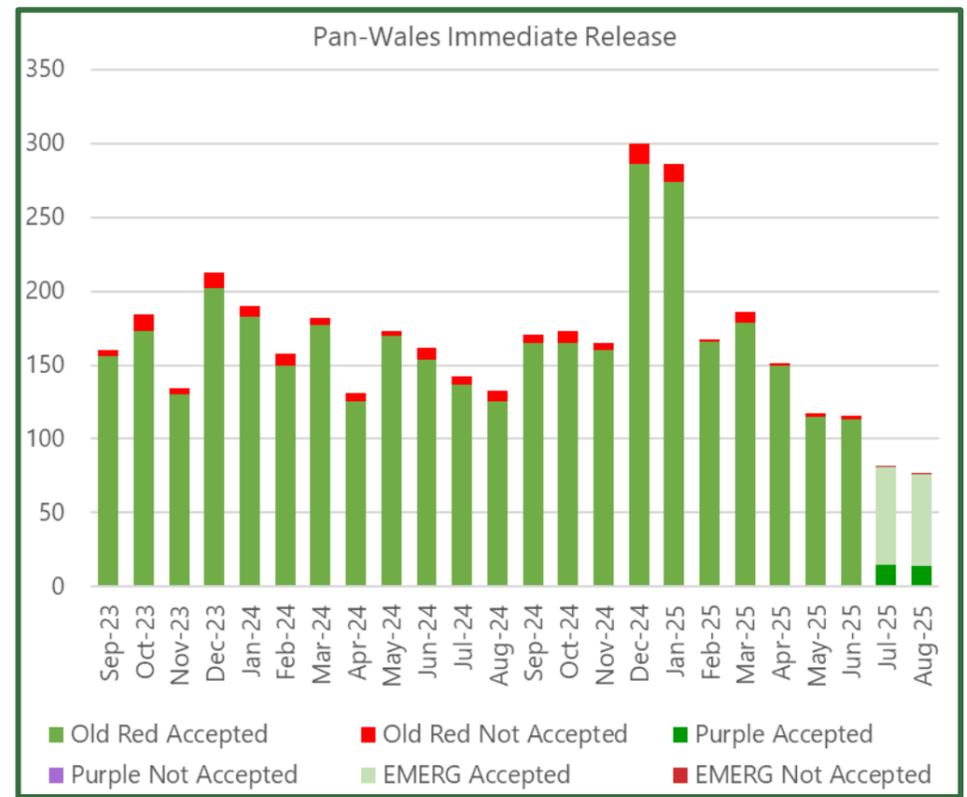
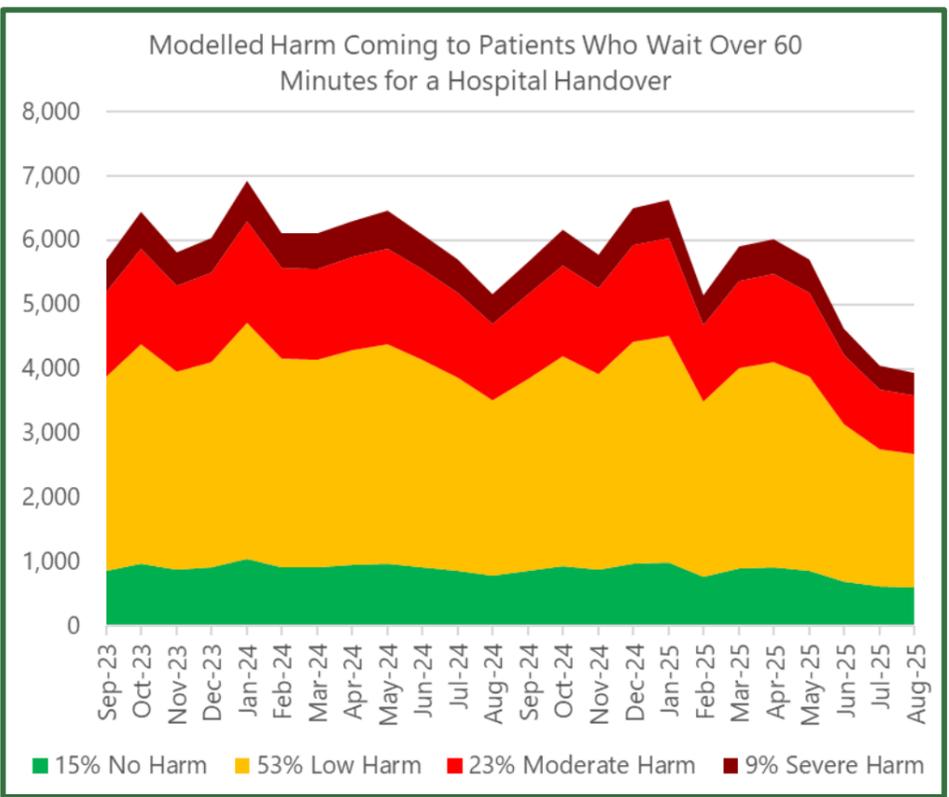


### Remedial Plans and Actions

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 Arrest and Emerg 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 later this year. The WG target for 2025/26 has a target of no handovers of more than 45 minutes.

### 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.



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

# 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

August 2025		
<b>NEPTS</b> (221 responses)	Benchmark	Score
How long did you wait for your transport to take you home after your appointment.	85	87
Were you happy with the transport you received?	85	94
<b>999</b> (6 responses)	Benchmark	Score
The 999-call taker who answered your call was reassuring.	85	82
The 999-call taker who answered your call explained what was going to happen next.	85	100
The length of time I waited for an ambulance to arrive was acceptable.	85	70
<b>111</b> (13 responses)	Benchmark	Score
Do you feel your call to 111 Wales was helpful?	85	63
Did you follow the advice given to you by NHS 111 Wales?	85	75
Would you consider using NHS 111 Wales again?	85	57
<b>WAST Overall - Friends &amp; Family Test</b>	Ranked from very poor to very good.	
How was your overall experience with the service today?		
o Ambulance care	91.12% Good	5.33% Poor
o Integrated Care (NHS 111 Wales Telephone line only)	57.14% Good	42.86% Poor
o EMS (including CSD)	80.00% Good	0.00% Poor
o NHS 111 Wales Online	50.00% Good	18.18% 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

During August 2025, PEI attended 13 community engagement opportunities, engaging with approximately 922 people.

Engagement this month included attending the Denbigh & Flint Show, offering an opportunity to engage with rural and farming communities and attending the National Eisteddfod in Wrexham, offering an opportunity to engage with young people - especially those who use Welsh as a first language. We also continued to attend several sessions organised by Food Fun Wales school summer holiday enrichment programme where we visited schools in socially deprived areas of Cardiff and spoke to pupils attending about appropriate use of 999, what happens when you call 999 & demonstrated lifesaving skills that pupils can do while help is on its way.

Throughout August we continued to make available 4 patient experience surveys covering the Trust's main service delivery areas. Engagement and survey outcomes remain largely consistent and tell us that people continue to be very concerned about response times in the community and frustrated at hospital handover delays.

- 111 callers have told us that they experienced long waits for call backs.
- NEPTS users told us that overall, they continue to be happy with the transport they receive but experience delays when waiting for their transport home following their appointment.

### Remedial Plans and Actions

Work is underway to enact the findings of the service review in relation to public and patient engagement. The ICO responded to our DPIA with 7 recommendations which were presented to IGSG who gave permission to continue working on the recommendations.

### Expected Performance Trajectory

Vacancies and the work to enact the recommendations of the service review will have some impact on team capacity over the coming months.

# Our People Capacity - Ambulance Abstractions and Production Indicators

(Responsible Officer: Lee Brooks)

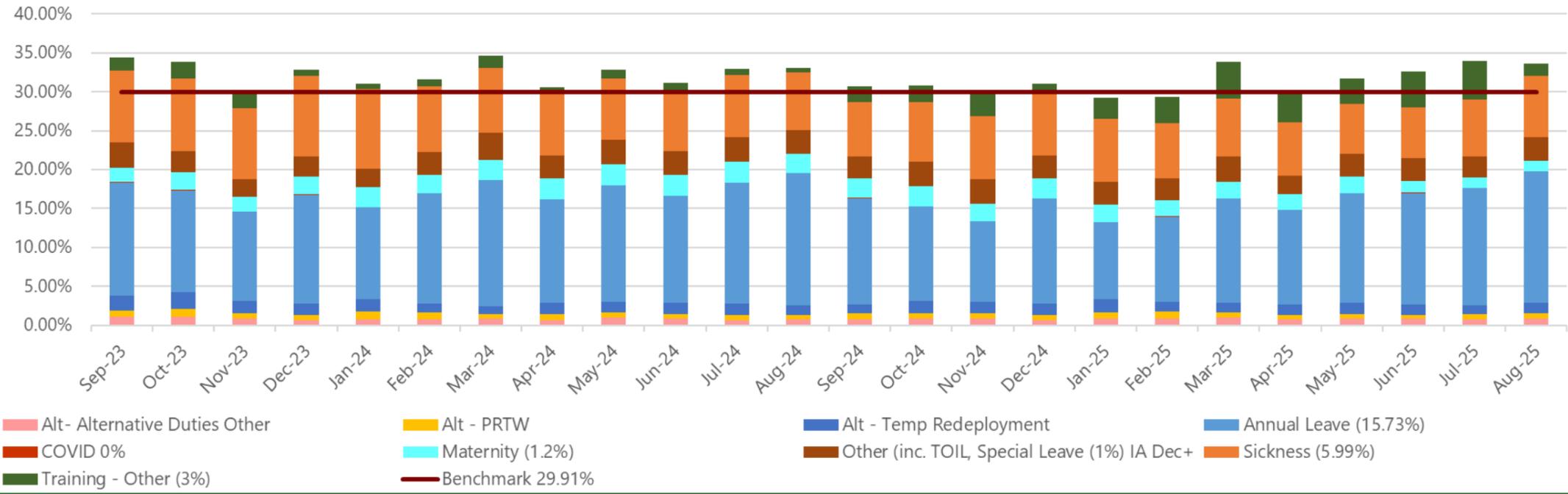
EA Production  
**A**

CI

PCC

FPC

Pan-Wales EMS Total Rota Abstraction Hours



### Analysis

Monthly abstractions from the rosters are key to managing the number of hours the Trust produces, as are the total number of staff in post. August 2025, saw total EMS abstractions (excluding Induction Training) of 33.65%. This was a minimal decrease on the 33.98% recorded in July 2025 and remains above the 29.91% benchmark. The highest proportion of abstractions was due to annual leave at 16.89% followed by sickness at 7.89%.

The total EMS hours produced is a key metric for patient safety. The Trust produced 118,756 hours during August 2025; a slight increase compared to the 118,091 hours produced during August 2024. The Trust is delivering good levels of production.

**Emergency Ambulance Unit Hours Production (UHP) achieved 90% in August 2025** which equated to 77,712 Actual Hours.

In August 2025 CHARU UHP was 84% against the full roll out requirement.

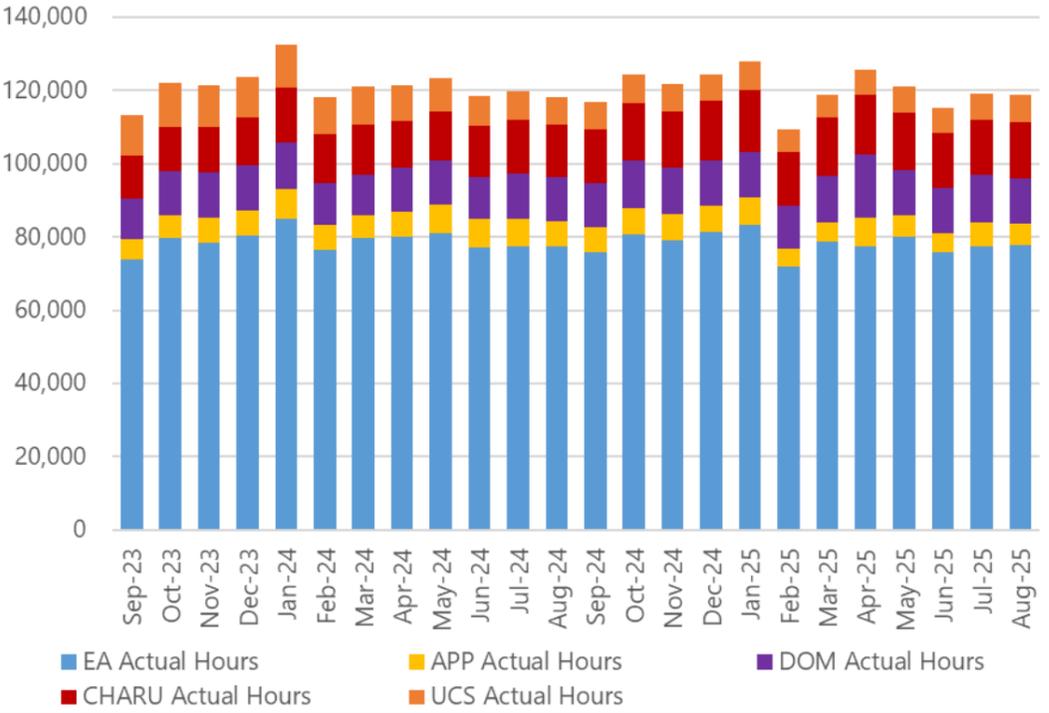
### Remedial Plans and Actions

- 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.

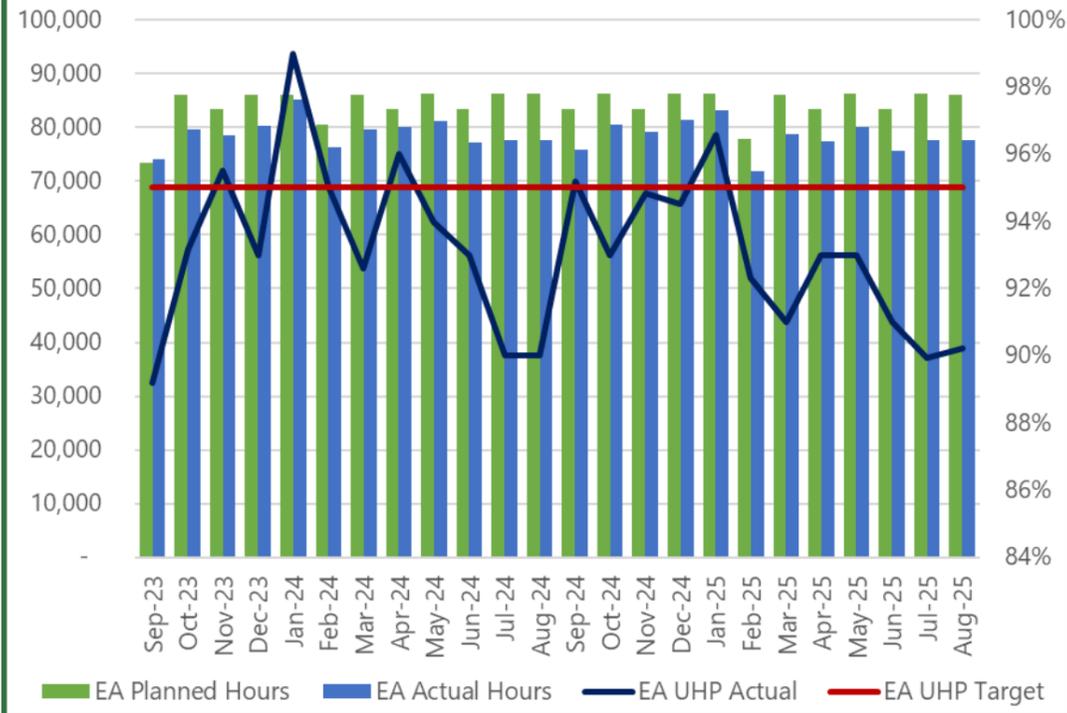
### Expected Performance Trajectory

UHP estimates, based on recruitment levels, estimated abstractions and overtime have been provided to ELT. Production is just below target. 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.

Total EMS Actual Hours Produced



Emergency Ambulance Unit Hours Production

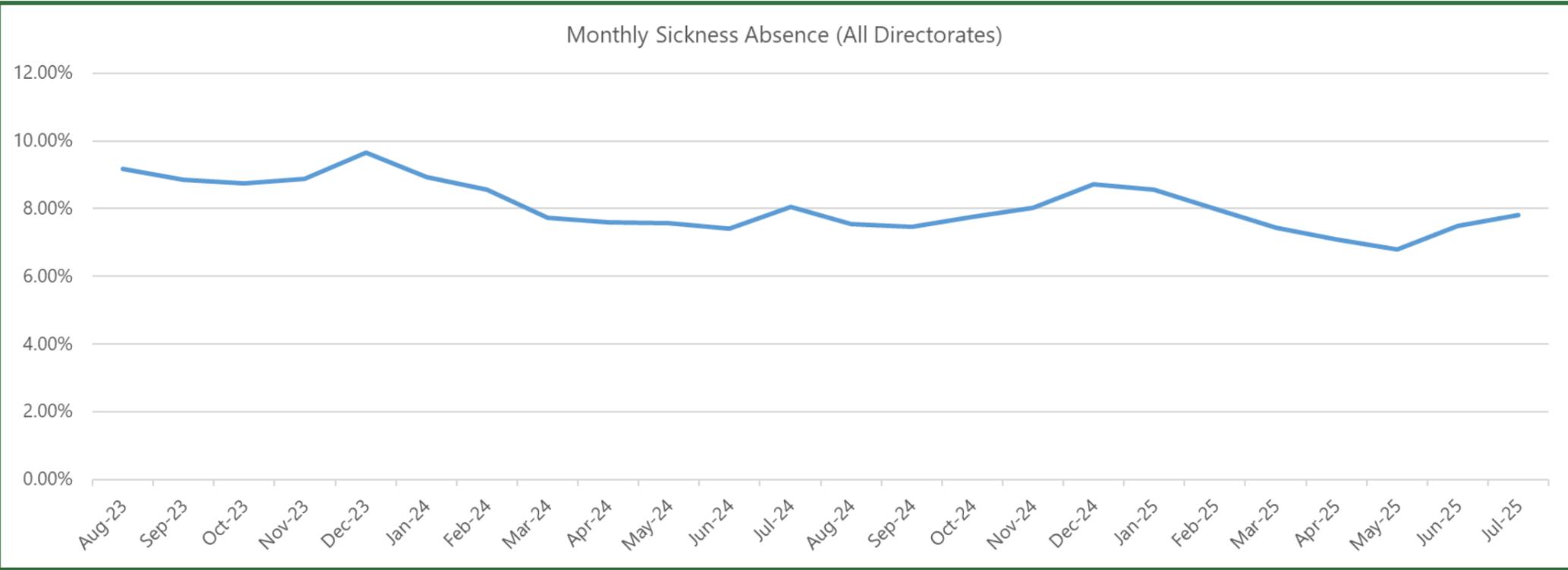


# Our People Capacity - Sickness Absence Indicators

(Responsible Officer: Carl Kneeshaw)

Sickness **R** Mental Health **R**

PCC **CI**



**Analysis**

There was a slight increase in overall sickness absence rates between June 2025 and July 2025, rising from 7.49% to 7.82%. Long term absence decreased from 5.91% in June 2025 to 5.50% in July 2025, while short-term absence increased slightly to 2.32% (June 2025 - 1.58%).

The highest reasons for absence in July 2025 were Anxiety/ Stress/ Depression, other musculoskeletal problems, injury fracture and gastrointestinal problems. Absence due to Mental Health increased slightly from 2.58% in June 2025 to 2.78% in July 2025.

WAST Occupational Health continue to meet national KPIs set by the All-Wales Occupational Health standards and scope of practice, which states the 1st offered appointment date will be within 29 calendar days of the date referral received. The waiting time for a management referral in July was 11.2 days.

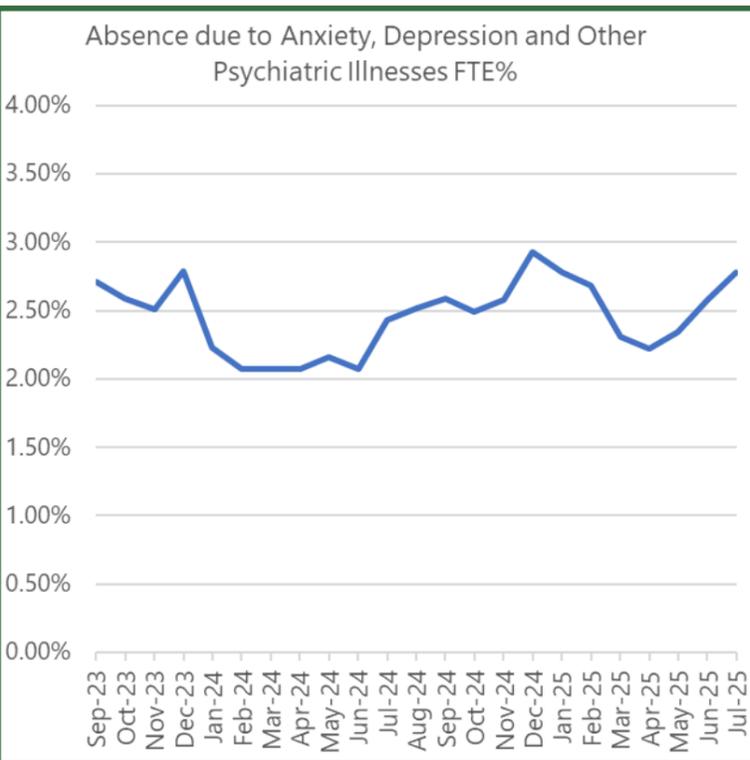
The team continue to triage all referrals and enquiries to ensure prioritisation of anything that requires urgent attention.

**Remedial Plans and Actions**

- The Health and Wellbeing Plan for 2025-29 has been developed and implemented. The focus of the plan is to 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.
- Team members from OH/Wellbeing/TRiM continue to promote our services via Siren, outstation visits and drop-in clinics. We regularly give presentations to newly recruited staff to highlight and promote the Occupational Health & Wellbeing service.
- The programme plan for the pilot Health Check Programme, Health Diagnostics, (HD), has now started, and the team are scheduling clinics inviting staff to book screening appointments.

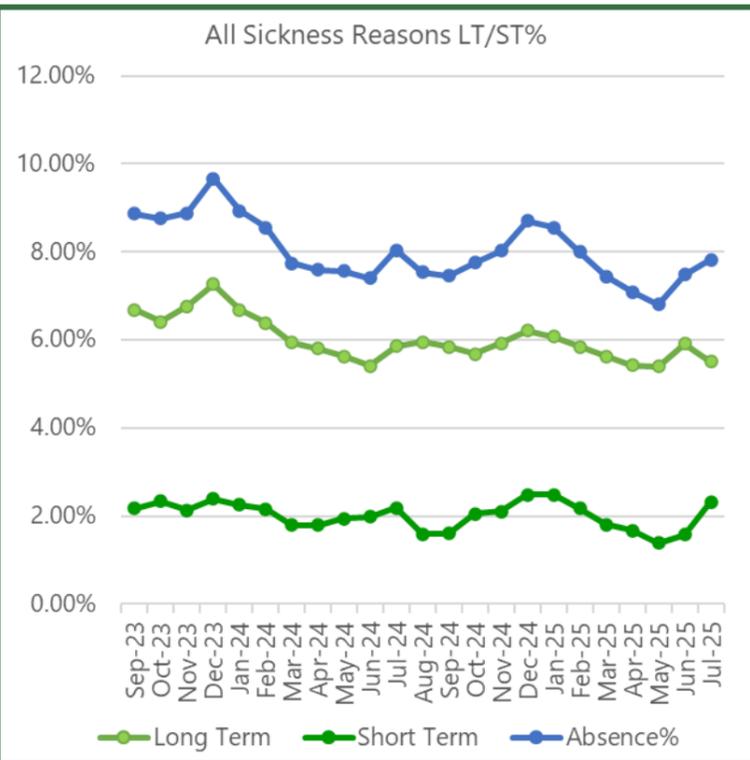
**Expected Performance Trajectory**

The Trust has indicated through its IMTP that sickness levels will fall in this financial year, but the Trust is unlikely to achieve the 6% target for the year.



Jul-25	
Average working days lost per FTE (Annual)	
17.62 days	
Single month Absence %	
7.82%	
Long Term	Short Term
5.50%	2.32%
Mental Health	Other MSK
(S10 Stress/Anxiety)	(excluding Back)
2.78%	0.74%

July 2025



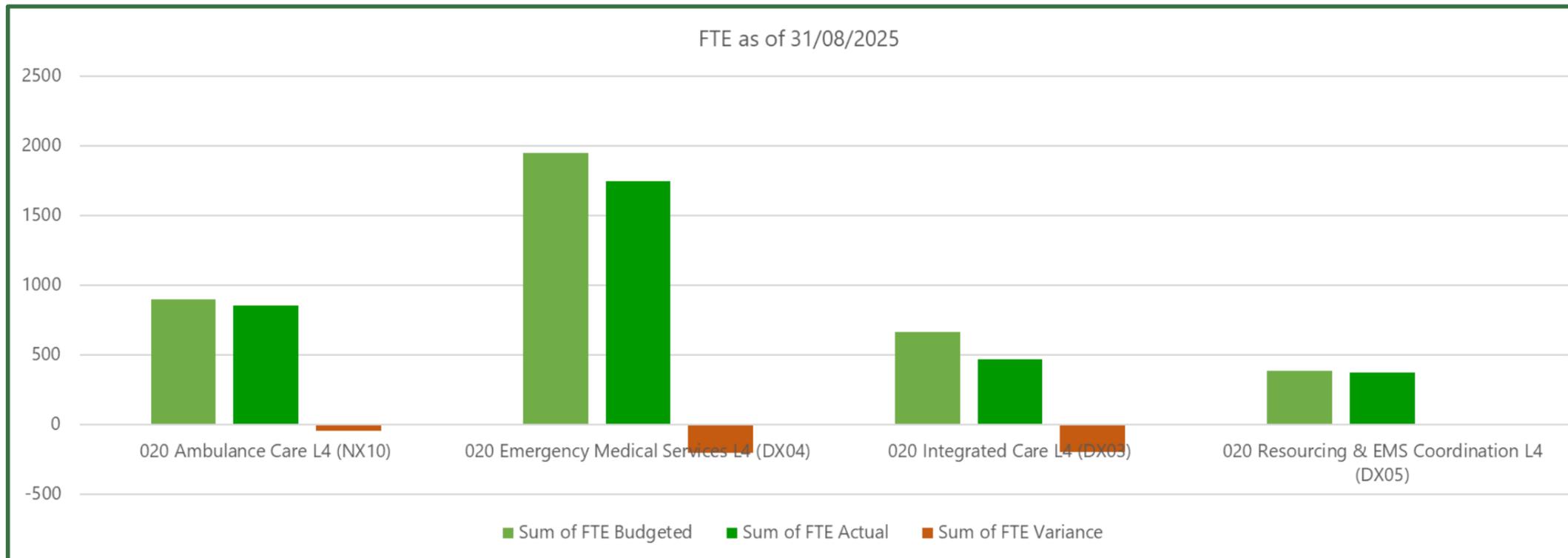
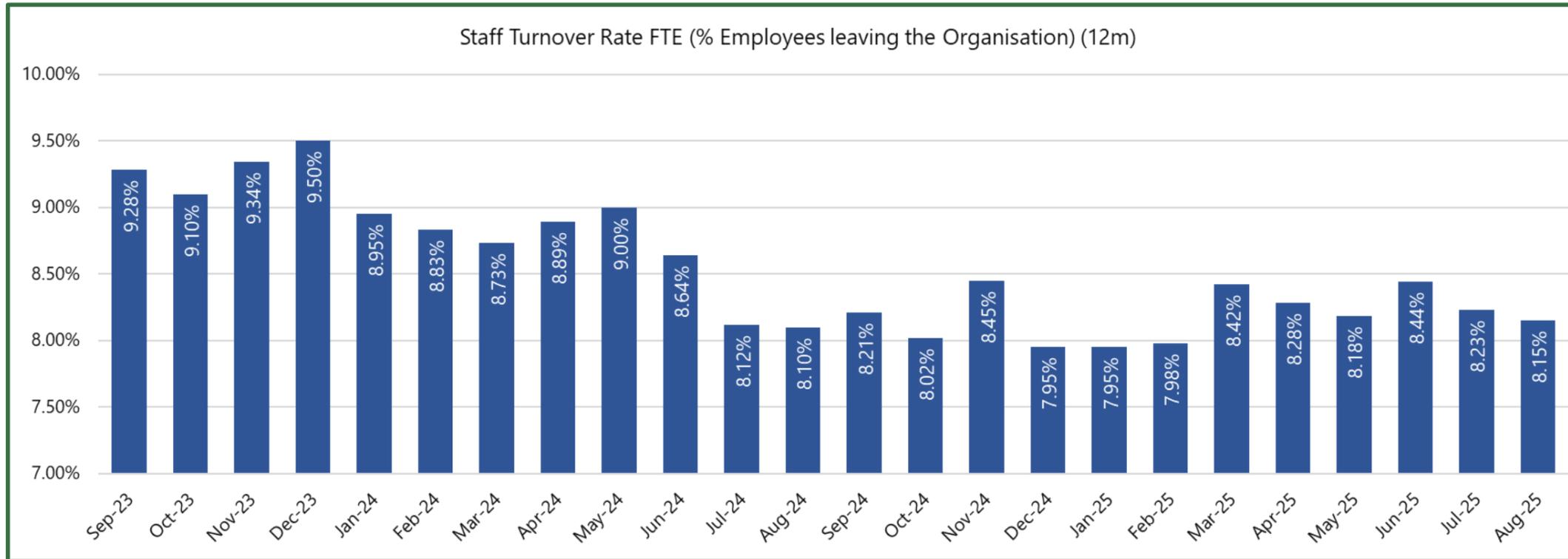
\*NB: Sickness data will always be reported one month in arrears

# Our People Capacity – Staff Turnover

(Responsible Officer: Carl Kneeshaw)

G

PCC



## Analysis

The staff turnover rate in August 2025 was 8.15%, minimally decreasing from 8.23% in July 2025. August saw 35 leavers (27.78 FTE). Of those leaving, the greatest number were Operational and included;

- Ambulance Care Assistants/Patient Transport Drivers (6 people)
- Call Operators (5 people)
- Paramedics (4 people)
- Staff Nurses (4 people)
- Technician (4 people)

Current trends are being monitored via the leaver's questionnaires; however, these are not mandatory.

In August, this was partially compensated by 36 joiners (33.89 FTE). A headcount of 32 people into Operational roles and 4 people into Corporate roles, the top including:

- Staff nurse (12 people)
- Paramedic (4 people)
- Clerical Worker (3 people)
- Emergency Call Handler (3 people)

## Remedial Plans and Actions

- Discussions around the future skill mix of our EMS workforce are ongoing, this could have considerable impact on the EMS workforce going forward. However, sufficient training capacity has been planned during 2025-26 to enable the trust to recruit any staff into the organisation, regardless of what grade that may be.

## Expected Performance Trajectory

Turnover and FTE trends and themes are being monitored with plans adjusted accordingly.

# Our People Capability - PADR and Training Rates Indicators

(Responsible Officer: Angela Lewis)

PADR  
**A**

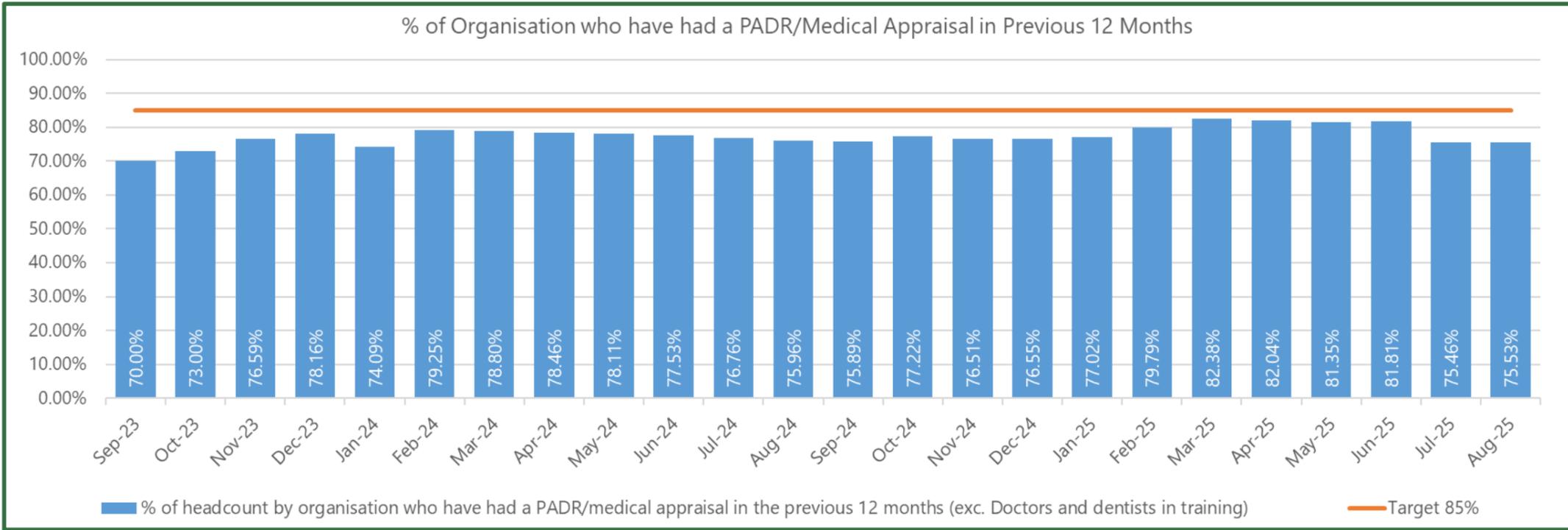
Stat & Mand  
**G**

CI

PCC

Health & Care Standard  
Health – Staff & Resources

Self-Assessment:  
Strength of Internal Control: Strong



### Analysis

PADR rates (excluding pay progression meetings) minimally increased from 75.46% in July 2025 to 75.53% in August 2025 and remain close the 85% target. Over the reporting period this target has only been achieved once, in December 2022.

In August 2025 Statutory & Mandatory Training rates reported a combined compliance of 84.95% dropping below the 85% target for the first time in eight months.

There are currently 20 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.

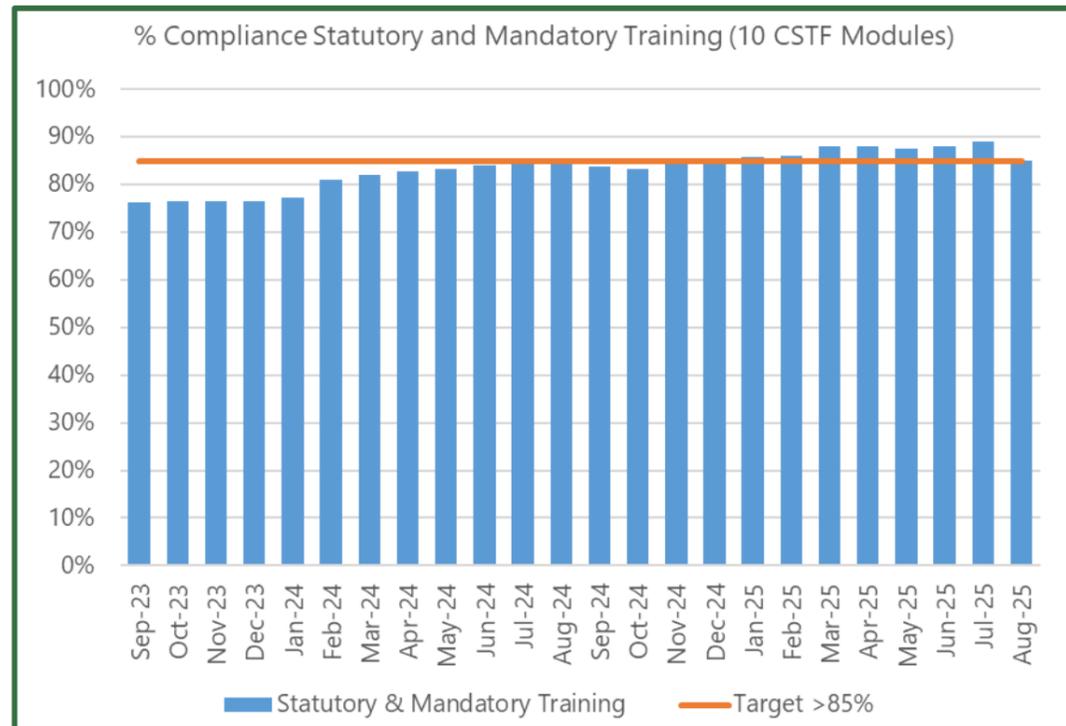
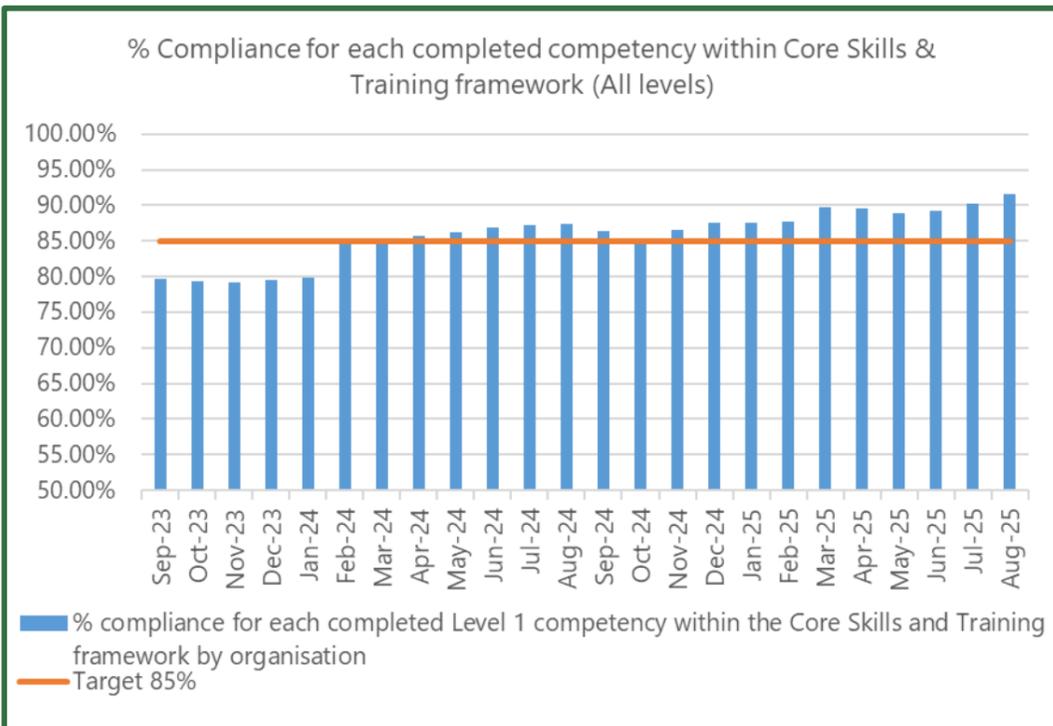
There has been a continuation of the climb toward achievement of the 85% target across the remainder of the Core Skills Training Framework competencies which is projected to continue to increase as more learning content is moved to the user friendly environment enabling easier access to these reportable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

### Expected Performance Trajectory

Performance is improving as compliance has risen.

Skills & Training Framework	NHS Wales Minimum Renewal Standard
Equality, Diversity & 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 & Handling (Level1)	2 years
Resuscitation	Annually
Safeguarding Adults (Level 1)	3 years
Safeguarding Children (Level 1)	3 years
Violence & Aggression (Wales) Module A	No Renewal
<b>Mandatory Courses</b>	
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
Environment, Waste & Energy (Admin & Clerical Staff Only)	Annually
Duty of Quality	3 years
Fraud Awareness	3 years
Prevent Course 1 – Awareness	No Renewal
Duty of Candour	3 years
Anti-Racism	3 years

ESR Data correct at time of export. PADR data does not include pay progression.



# Our People

## Health and Well-being – Shift OVERRUNS

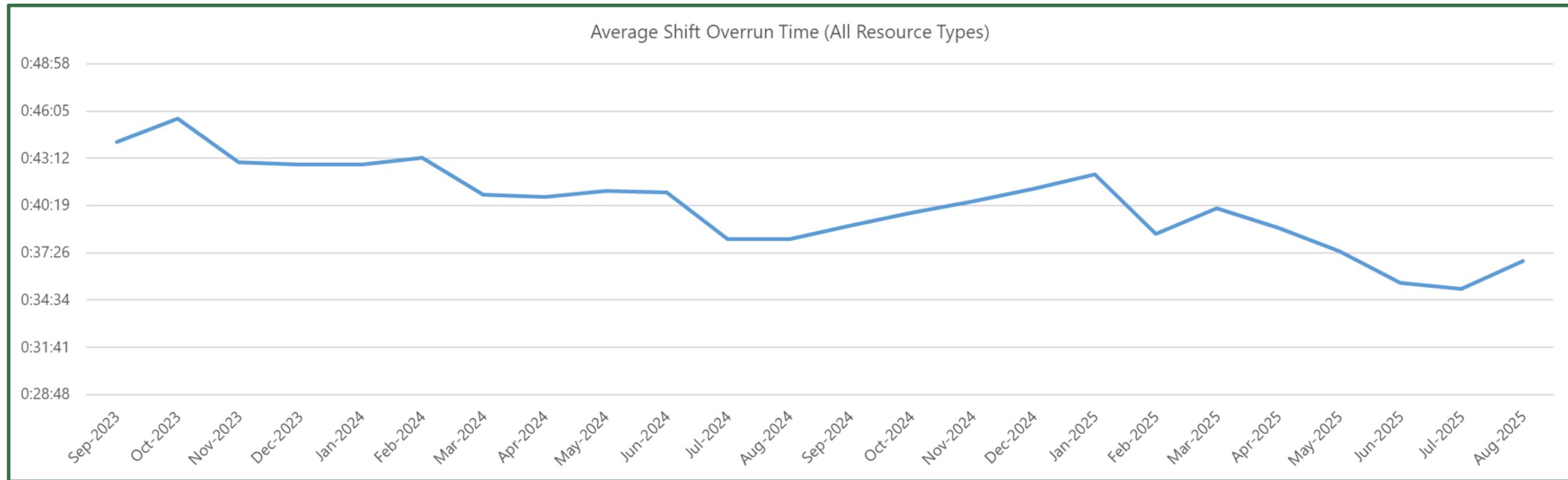
(Responsible Officer: Angela Lewis)

Overruns  
**R**

CI

PCC

FPC



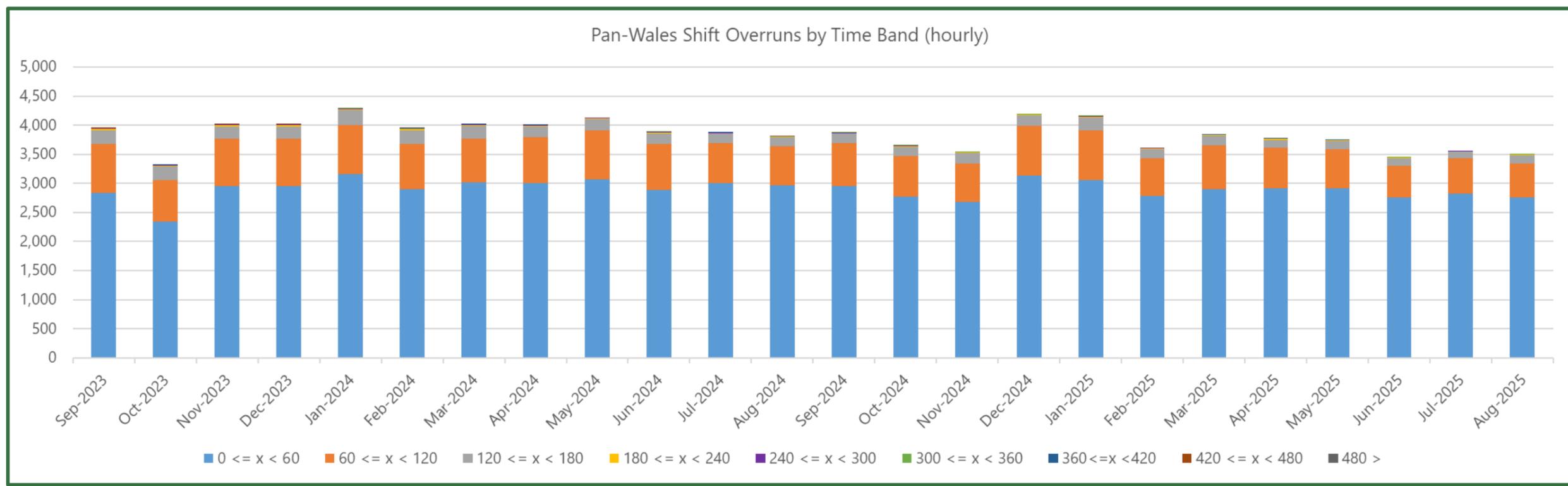
**Analysis**  
 There were 3,737 shift overruns during August 2025.  
 The average overrun figure for August 2025 was 36 minutes and 58 seconds, a slight increase from July 2025 (35 minutes 14 seconds). The trend continues to be downward over the past two years.

The highest volume of shift overruns occur within the 0 to 60-minute category, accounting for 76.7% of the total. 18.6% fall within the 61 to 120-minute category, 4.2% in the 121 to 180-minute category, 0.4% in the 181 to 240-minute category and 0.1% 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.  
 Collaborative work is ongoing with our Trade Union Partners via a dedicated Task and Finish group to find ways to reduce overruns for our people.

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, in 2025.

**Expected Performance Trajectory**  
 Overruns correlate with handover lost hours and may begin to decrease as handover times continue to reduce.

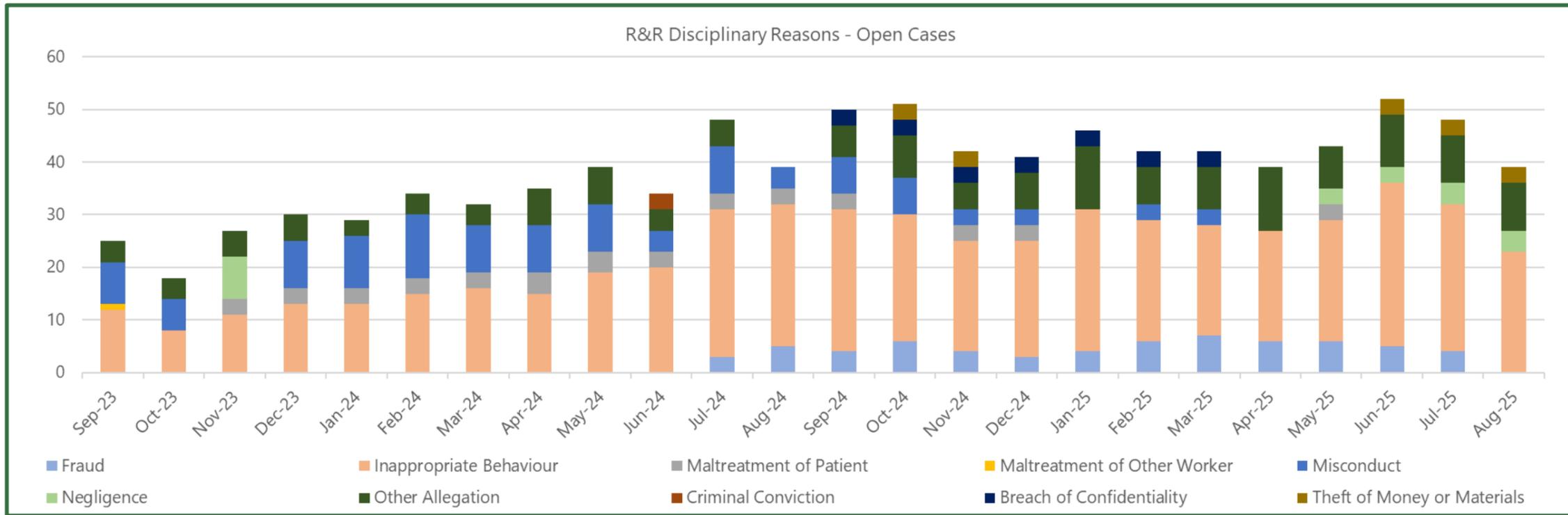


# Our People

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

(Responsible Officer: Angela Lewis)

Self-Assessment:  
Strength of Internal  
Control: Moderate



### Analysis

There were 42 open formal disciplinary cases recorded at the end of August 2025, compared to 51 in July 2025. Of these Disciplinary cases, 55% are due to allegations of inappropriate behaviour.

There were 13 open formal Respect and Resolution cases in August 2025, a slight decrease from 22 reported in July 2025. (Previous increase due to R&Rs in relation to Roster Reviews).

The bottom graph shows that in August 2025, 2,227 job applications were processed, and 430 interviews planned.

Of the 2,227 applications, a total of 1,416 were from under-represented groups with 1,061 in the category of Ethnicity, 204 within Disability and 151 identifying within Sexual Orientation.

In August 2025, 12% (n=170) of all applications from under-represented groups made it through shortlisting and were invited for interview. This was a decrease from the 20.2% in July 2025.

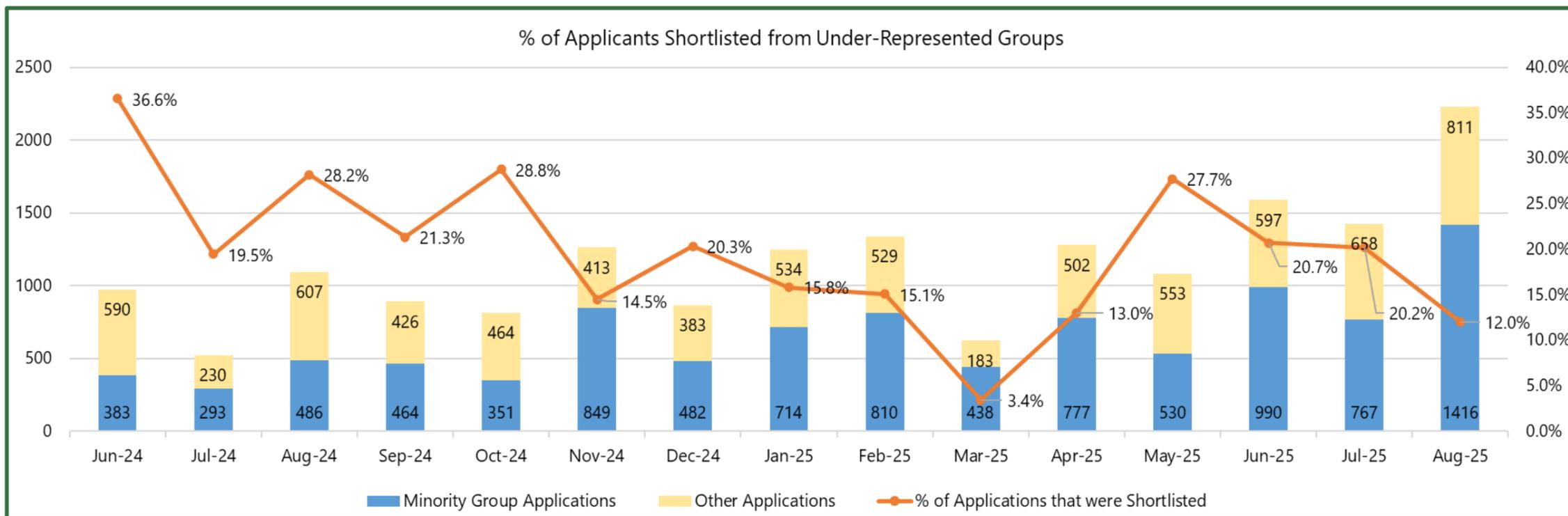
### Remedial Plans and Actions

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

**Applications:** Work continues with the digital directorate and the ED&I team to host recruitment workshops for Black, Asian and Ethnically diverse applicants and unconscious bias training for the managers as well as interviewers for our annual Graduate Paramedic recruitment. Support workshops for applicants that have a protected characteristic that have been invited to interview for the Graduate Paramedic position have been established, with a plan to role out to other recruitment areas across the Trust.

### Expected Performance Trajectory

Continue to monitor levels, no trajectory for this measure.



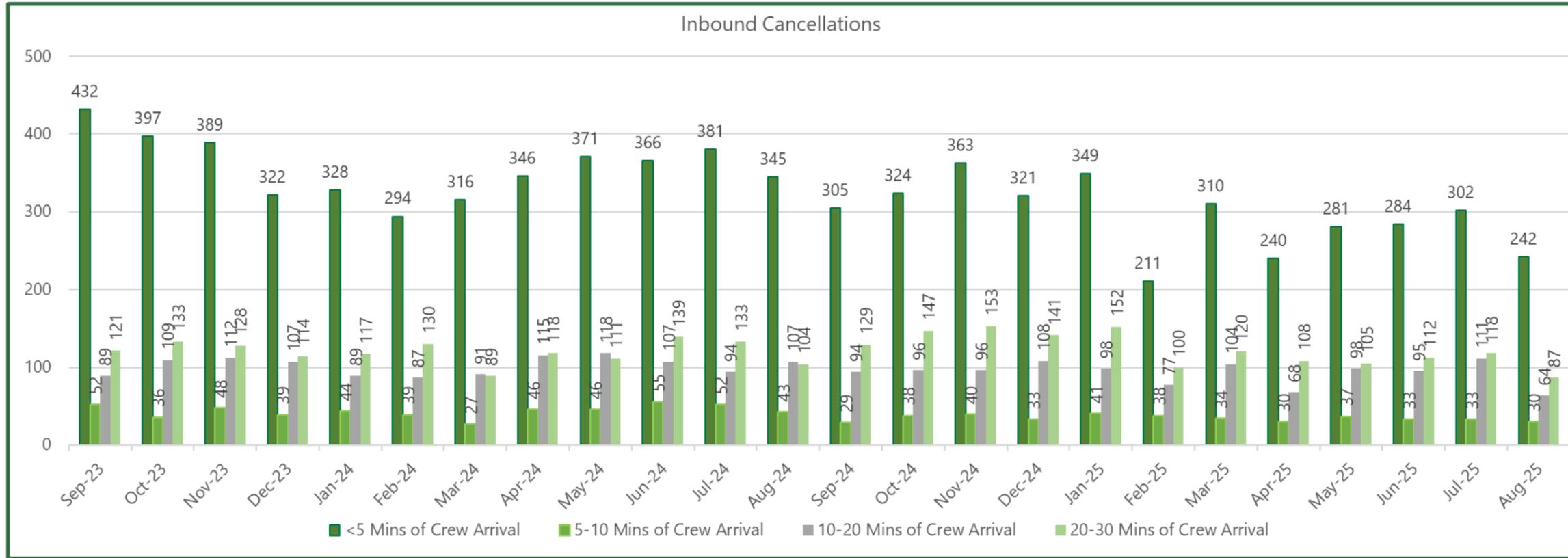
# Finance, Resources and Value

## Value: Ambulance Care Indicators

(Responsible Officer: Lee Brooks)

Cancellations  
A

FPC



### Analysis

Inbound cancellations of 5 minutes or less of the crew arrival time saw a decrease in August 2025 to 242, compared to 302 in July 2025. The total number of cancellations within 30 minutes also decreased from 564 in July 2025 to 423 in August 2025.

Same day cancellations decreased slightly in August 2025 to 14.7% compared to July 2025 (15.4%).

Capacity Management Plan (CMP) cancellations decreased from 3,757 in July 2025 to 2,734 in August 2025.

### Remedial Plans and Actions

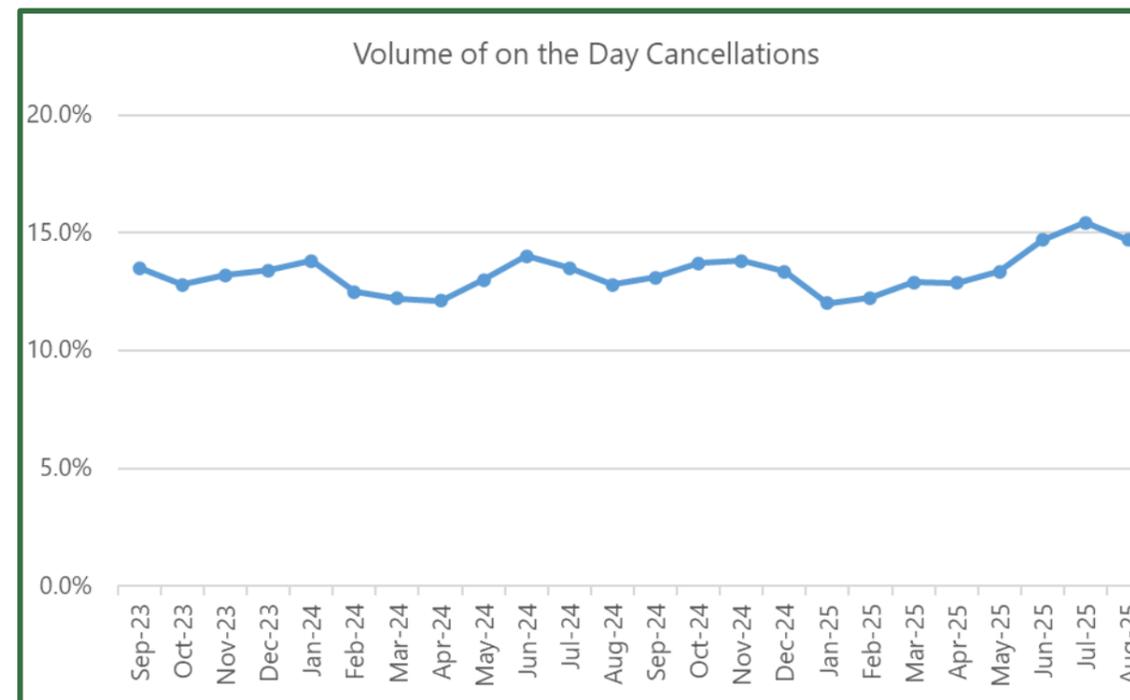
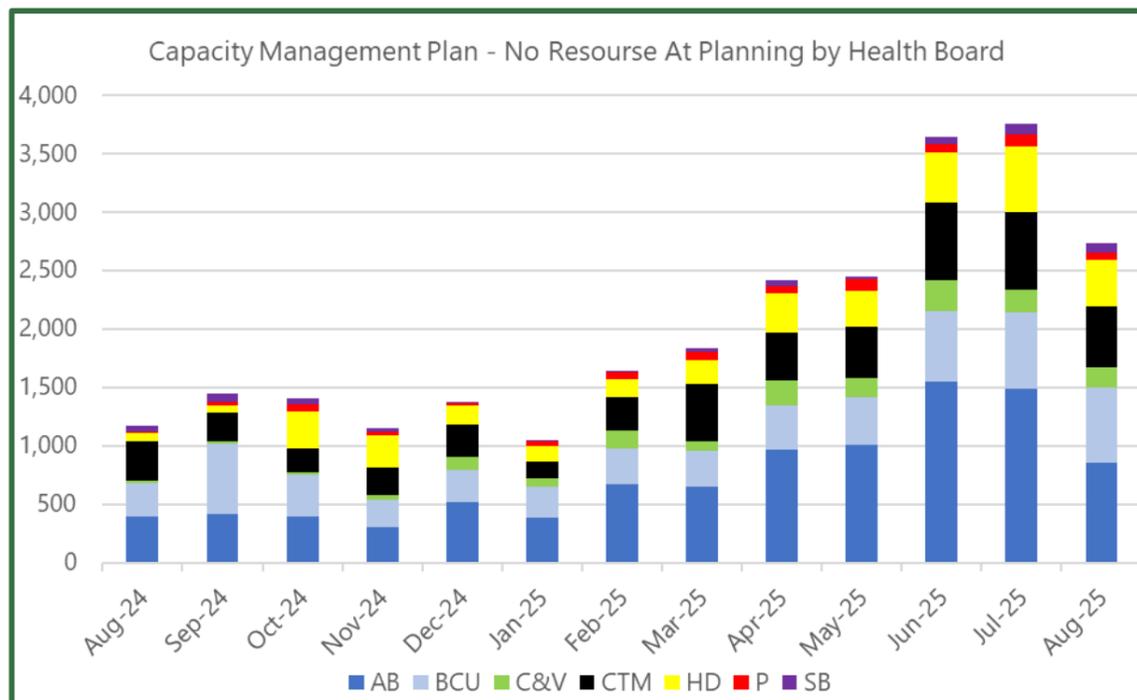
The work with Hywel Dda to connect patient management systems went live in August. The process is still in live testing but expected to roll out as BAU in September. Although still in its infancy, a very small reduction in cancellations has been observed.

The biggest challenge and risk to the service lies in the level of capacity management cancellations. Focused work has commenced in Aneurin Bevan and a significant decrease in cancellations has been observed. Similar work will commence in BCU through September.

### Expected Performance Trajectory

It is anticipated that CMP cancellations will continue to reduce in September.

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



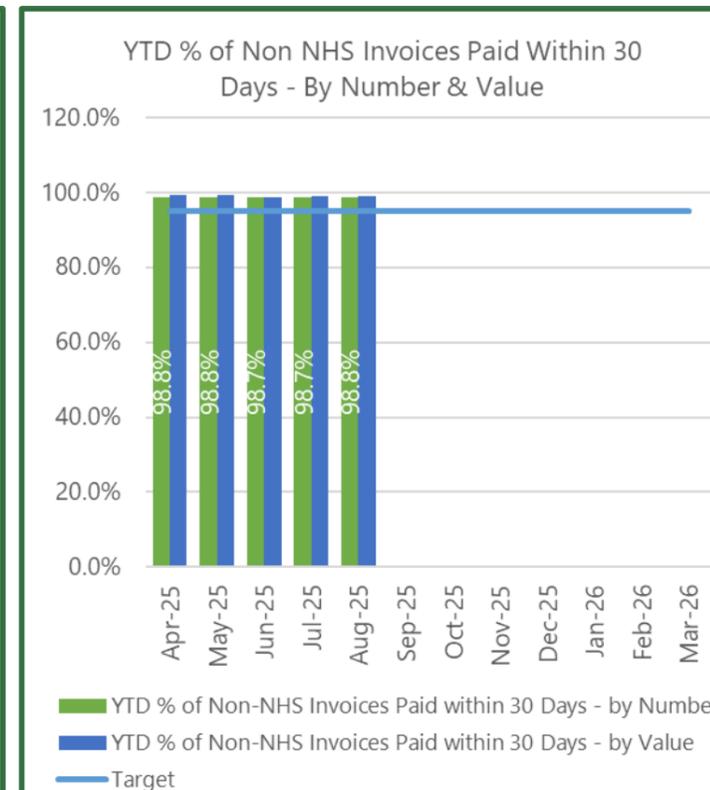
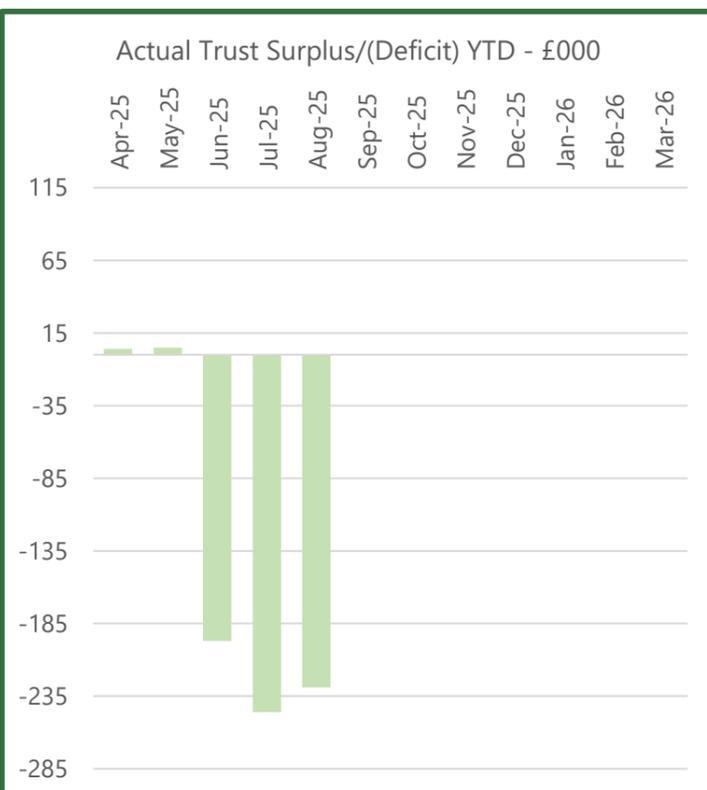
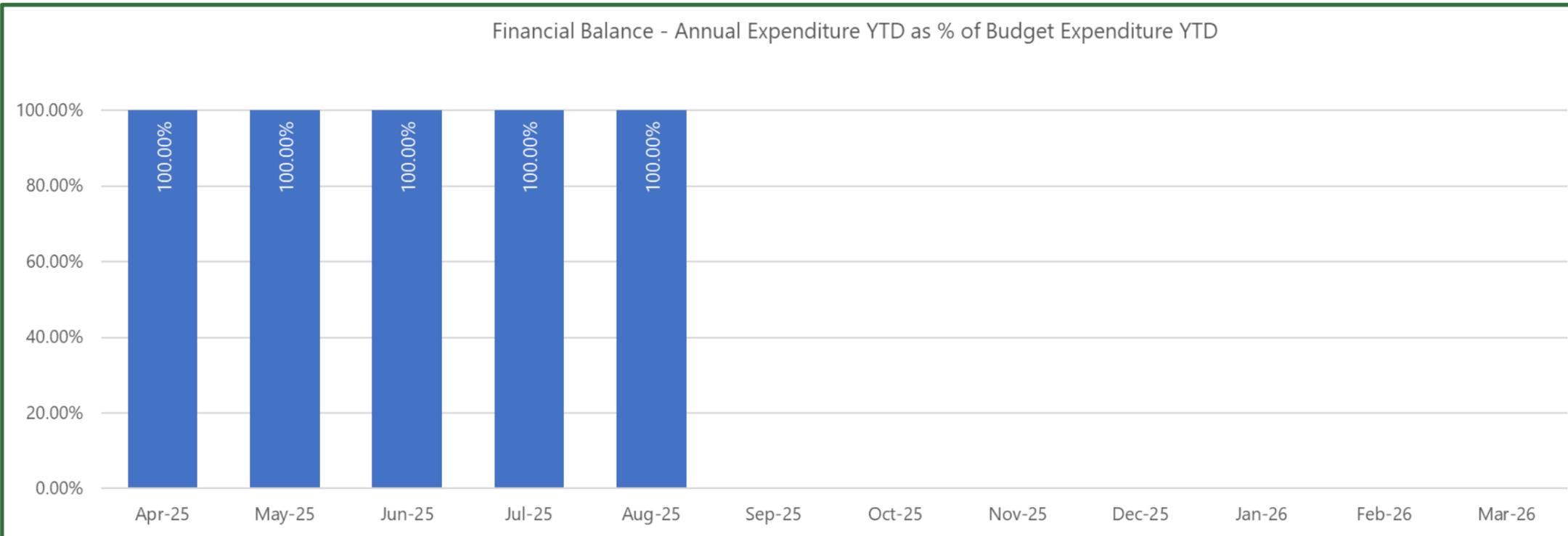
# Finance, Resources and Value

## Value - Finance Indicators

(Responsible Interim Officer: Ed Ringrose)

G

FPC



### Analysis

The reported outturn performance at Month 5 is a deficit of £0.229m, with a forecast to the yearend of breakeven.

For Month 5 the Trust is reporting planned savings of £3.486m and actual savings of £3.582m (an achievement rate of 102.8%).

The Trust's cumulative performance against PSPP as at Month 5 is 98.8% against a target of 95%.

At Month 5 the Trust is forecasting achievement of both its External Financing Limit and its Capital Resource Limit.

### Remedial Plans and Actions

There is no remedial plan required given the Trust is forecasting to breakeven; however, as the Trust moves into 2025/26 key areas of focus include:-

- Undertaking a review of commercial opportunities for income generation (once Head of Commercial Development is in post) .
- 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 2025/26 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 2025/26 financial year of c£8.5m.

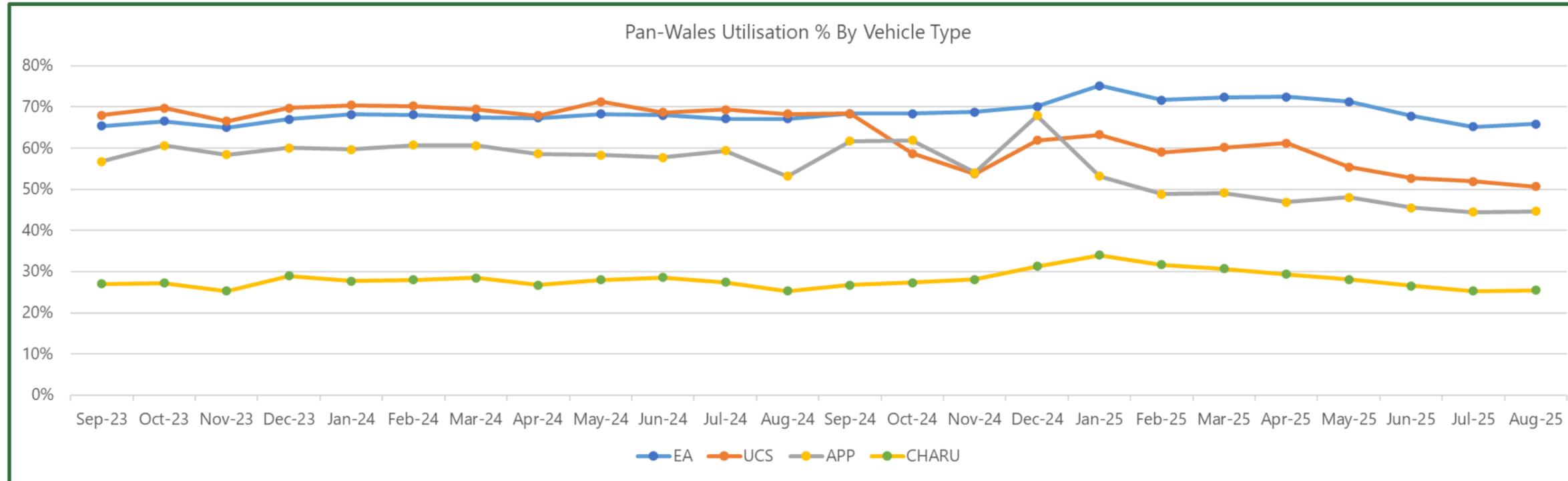
# Finance, Resources and Value

## EMS Utilisation

(Responsible Officer: Lee Brooks)



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



### Analysis

**Pan Wales Utilisation metrics in August 2025 were 51.7% for all vehicles types, a minimal increase from 51% in July 2025.** EA saw the highest rate during the month at 65.9%, an increase and returning to an upward trend for the beginning of the year. The optimal utilisation rate for EAs needs to be lower so that they are free to respond to incoming calls.

CFR data collation is under review due to the new Assemble system going live in June 2025. At present hours for which a CFR volunteers are entered manually by the individual, however, there is work ongoing to connect this to the current CAD system from which they are dispatched to appropriate call codes. From the data available, in August we can see that CFRs were allocated to 734 EMS incidents and responded to 417. In August 2025 81.3% Community First Responders attendances where they were the first response arriving at the scene.

### Remedial Plans and Actions

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

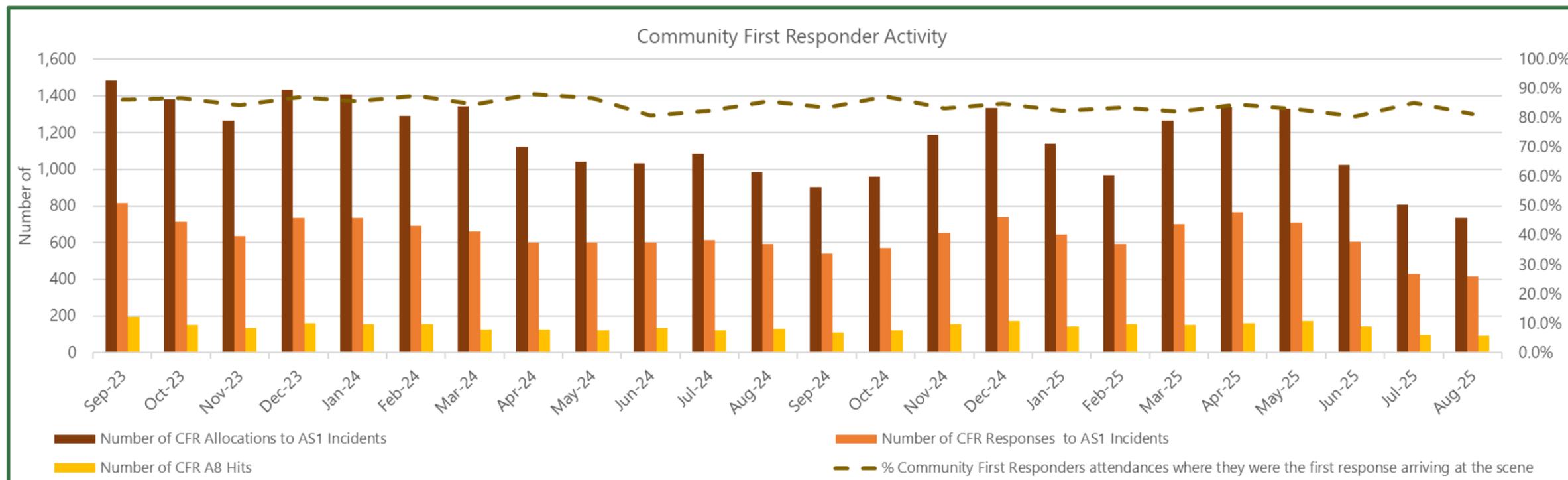
For APPs, the APP Recruitment Task & Finish Group will give a focus on further improvement, in particular, improved information and a re-roster.

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

Work ongoing to connect Assemble and CAD for all CFR and Community Welfare Responders (CWR) hours.

### 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 CHARU utilisation and a decrease in EA utilisation during 2025/26 linked to the remedial actions identified above.



# Finance, Resources and Value

## Average Job/Shift Times

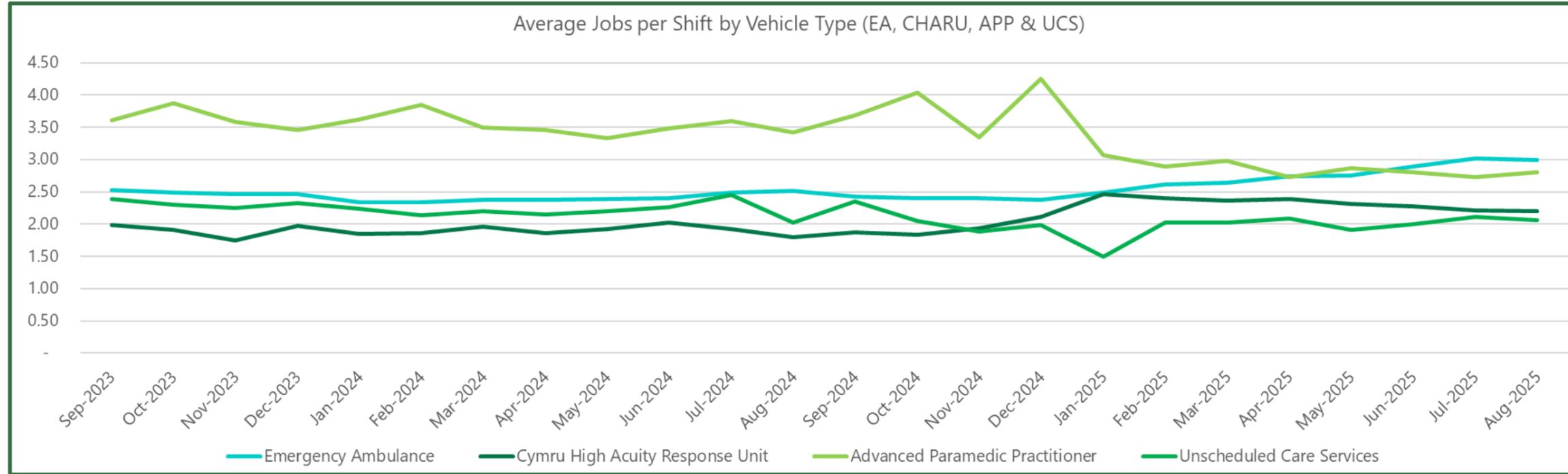
(Responsible Officer: Lee Brooks)

Jobs Per Shift

R

FPC

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

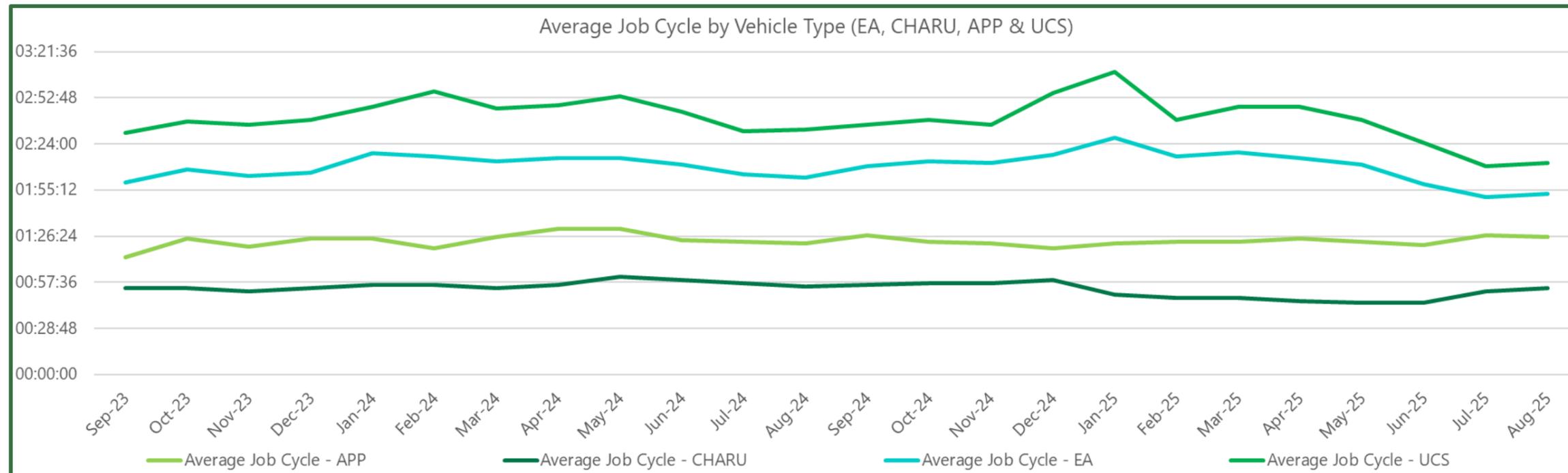


### Analysis

Overall average jobs per shift was 2.36 in August 2025, a decrease from July 2025 (2.83). EAs averaged 3 jobs per shift and UCS crews 2.07. Discussions with ORH indicate that 3.02 jobs per shift for EAs is higher than might be expected with the current levels of handover, with a definite upward trend as handover lost hours have come down.

APPs attended on average 2.81 jobs per shift and CHARU's 2.20. However, both sets of data need to be reviewed. The current priority is phase 2 of the Ambulance Performance Framework, with further capacity being recruited into to support the Insight & Data Services function.

As demonstrated in the bottom graph, the average job cycle increased slightly in August 2025 for EAs (1 hours 53 minutes) and UCS (2 hours 12 minutes) and CHARU (54 minutes). APPs (1 hour 26 minutes) a minimal decrease from the previous month.



# Partnerships / System Contribution

## NHS111 Hand Off Metrics and NHS111 Consult & Close Indicators

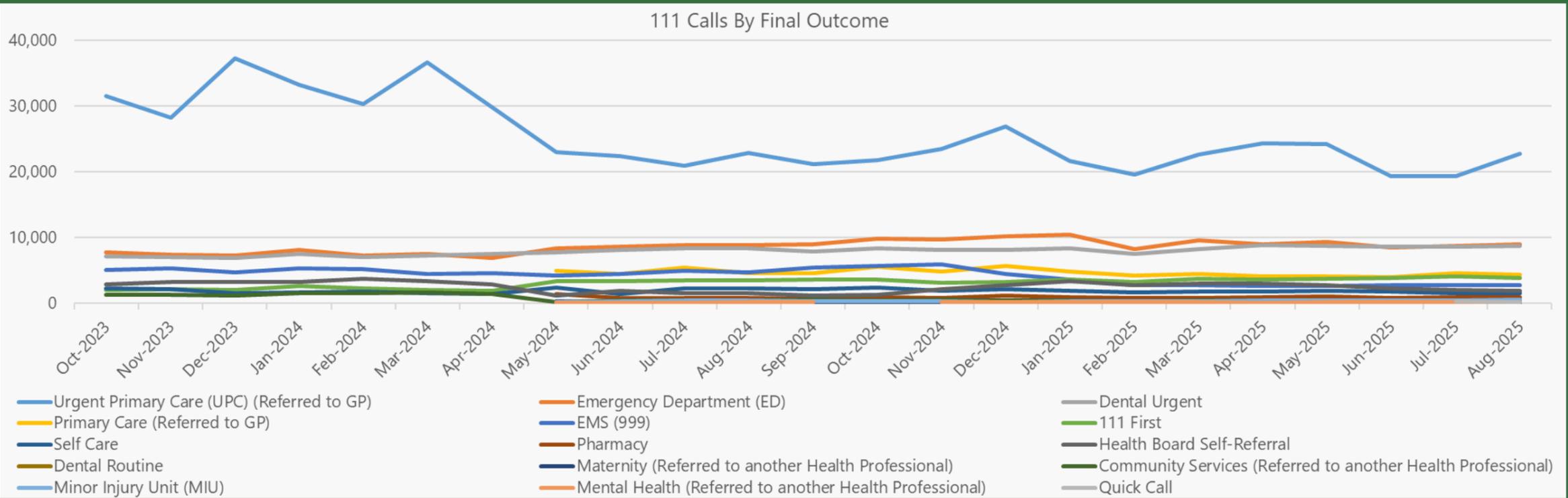
### Influencing Factors – Demand and Clinical Hours Produced

Dental  
**G**

C&C Volumes  
**A**

FPC

(Responsible Officer: Lee Brooks)



**Analysis**  
 During August 2025, 57,446 calls were allocated into the 14 categories displayed in the graph opposite; an increase compared to the 54,060 seen during July 2025. However, data quality issues within 111 reporting have been addressed.

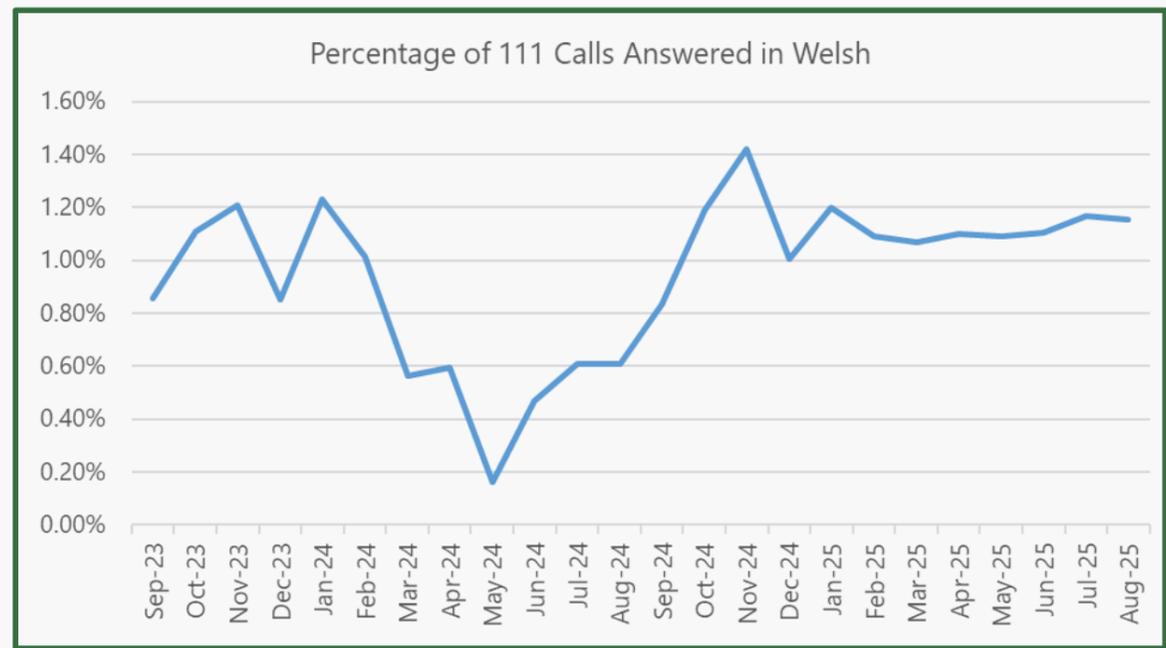
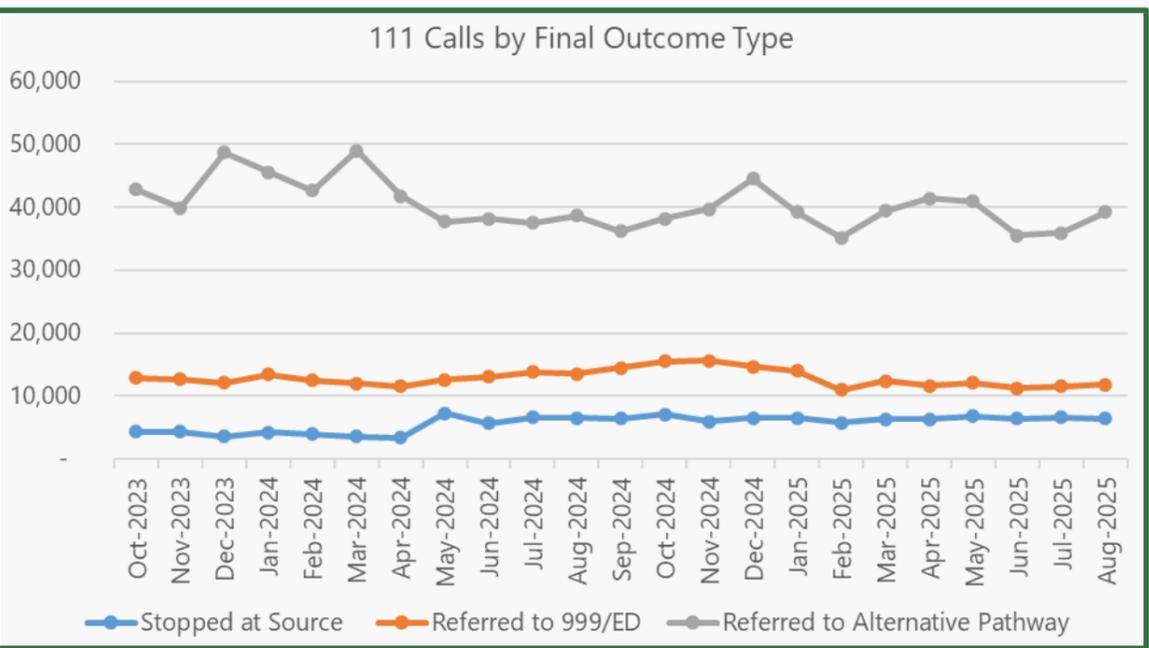
Calls Referred to a General Practitioner (handover of care) continued to be the top outcome for NHS111 accounting for 37.07% of all calls during August 2025, but there has been a material drop since the implementation of the new 111CAS system.

As the bottom left graph highlights, in August 2025, 6,427 calls were 'Stopped at Source', with no onward referral, a slight decrease from 6,624 in July 2025. 11,779 calls were referred to 999/ED in August 2025.

The percentage of 111 calls answered in Welsh decreased slightly from 1.17% in July 2025 to 1.15% in August 2025. This equated to 67.5% of all 111 calls being offered in Welsh being answered.

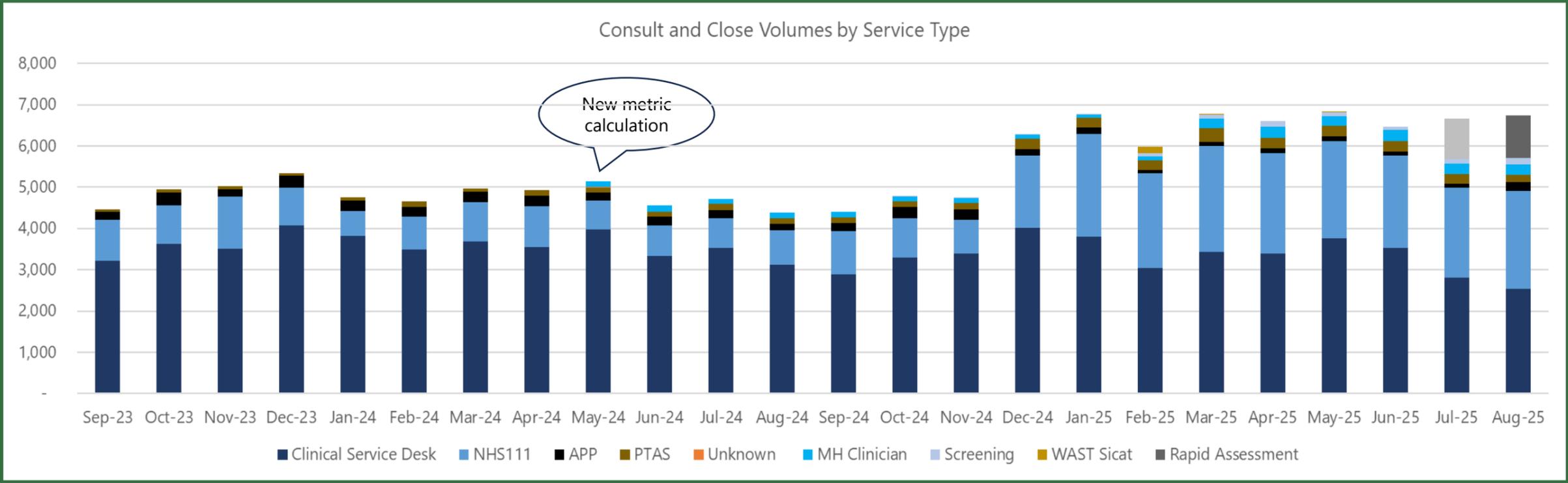
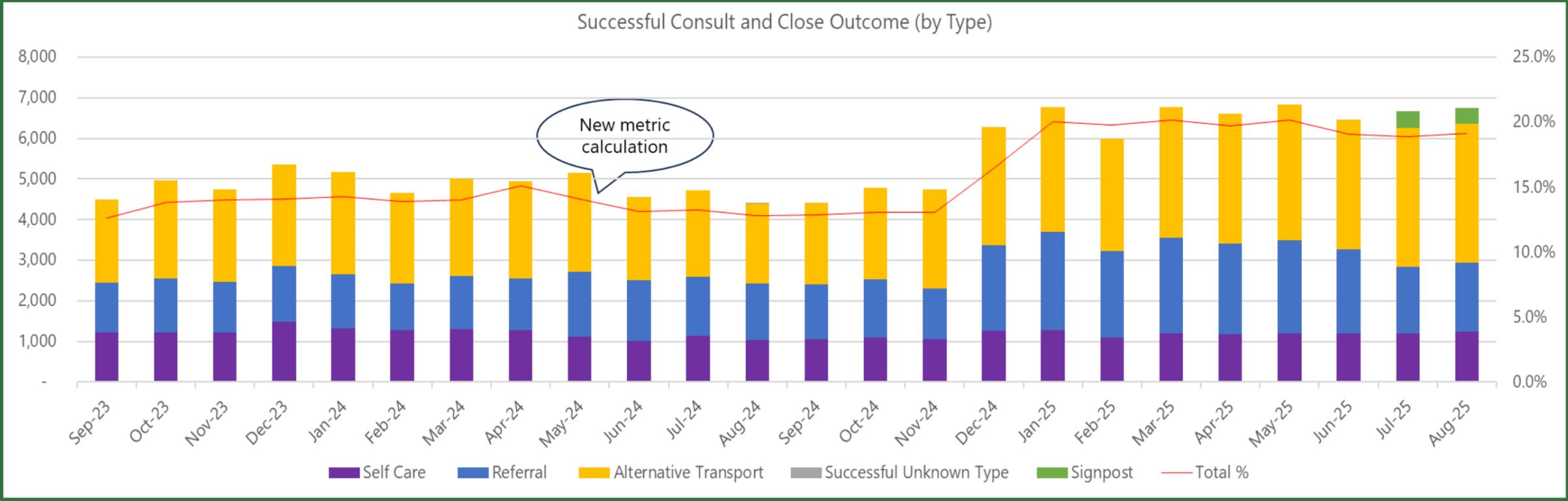
**Remedial Plans and Actions**  
 There is currently a 111 Measures Task and Finish Group. This is a collaborative meeting between WAST, Six Goals, commissioners and DHCW. The focus is the development of a nationally reportable 111 data set, similar to what is currently in place for Ambulance Service 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.



# Partnerships / System Contribution Consult & Close Indicators

(Responsible Officer: Lee Brooks)



## Analysis

The new **Consult and Close** definition was agreed by Commissioners in May 2025 with reporting recommencing in June 2025 after backdating data collation to May 2024.

Contributions from Clinical Service Desk (CSD) (7.22%), NHS111 (6.72%), WAST APP (0.63%), Health Boards using Physician Triage and Streaming Service (PTAS) (0.47%), Mental Health Clinician (0.72%), Screening (0.43%) and Rapid Assessment (2.95%) achieved 19.1% in August 2025, a minimal increase of 0.05% compared to July 2025, and still achieving the 17% IMTP ambition for the eighth consecutive month. In August 2025, the number of 999 calls resulting in a Consult and Close outcome was 6,745, up from 4,396 in August 2024.

Of the calls successfully closed in August 2025, 85 patients received an outcome of self-care; 952 patients were referred to other services (including to Minor Injury Units and SDEC), 998 were advised to seek alternative transport services to acquire treatment and 330 were signposted.

## Remedial Plans and Actions

- Work underway reviewing processes, has yielded efficiencies in remote clinical support.
- Implementation of 15 recommendations from commissioner review.

## Expected Performance Trajectory

Further improvement is expected linked to CSD staff attendance (reduced abstractions and less vacancies) and the CMT model. The ambition remains 17%.

# Partnerships / System Contribution Conveyance to ED Indicators

(Responsible Officer: Andy Swinburn)

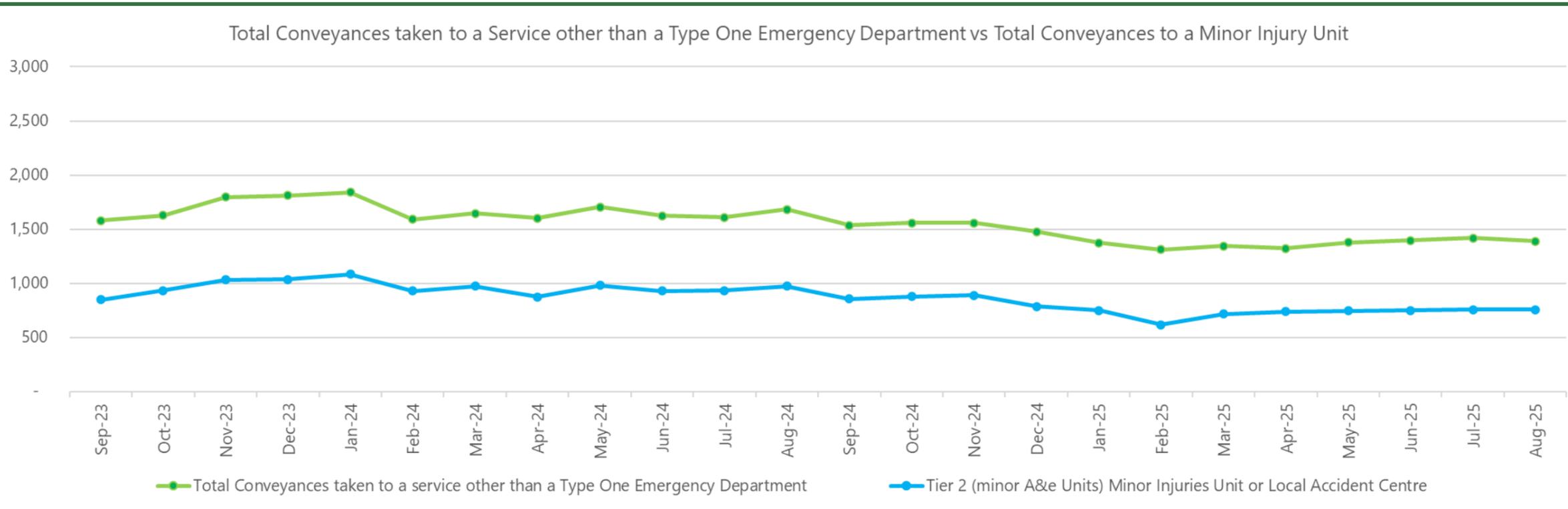
Conveyances

G

FPC

Ministerial Measure

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



**Analysis**  
In August 2025 9.55% of patients (1,387) were conveyed to a service other than a Type One ED. 5.2% (757) were conveyed to a Tier two Minor Injuries Unit or Local Accident Centre while 37.34% 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 3,728 in July 2025 to 3,703 in August 2025.

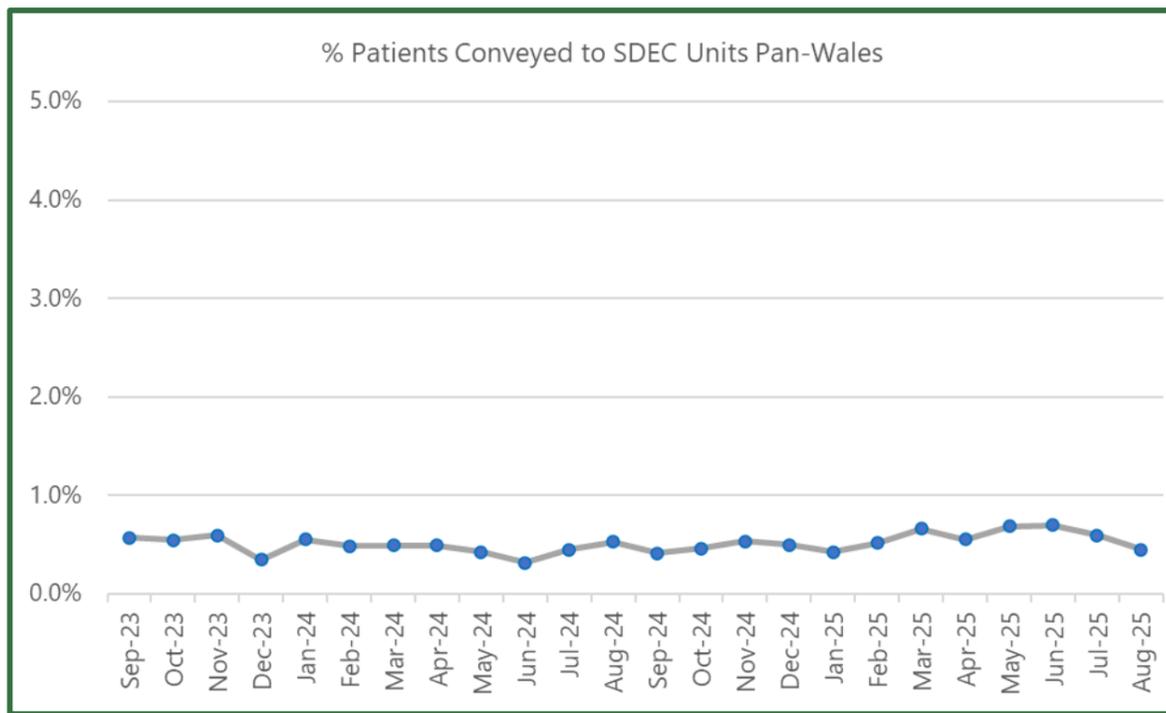
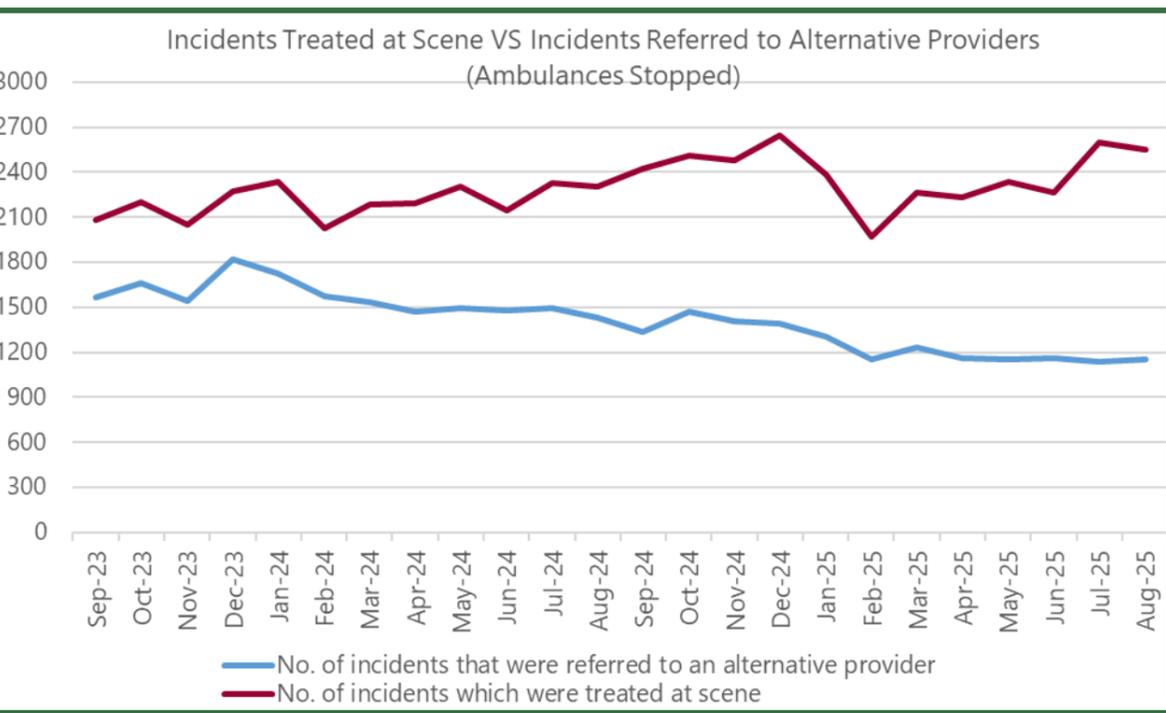
Percentage of patients conveyed to SDEC units decreased in August 2025 to 0.44% from 0.59% the previous month.

Taxi conveyance has remained consistent for the past 12 months, averaging 829 per month to hospitals.

**Remedial Plans and Actions**

- Further investment in the APP workforce.
- 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.



# Partnerships / System Contribution

## Handover Indicators

(Responsible Officer: Health Boards)

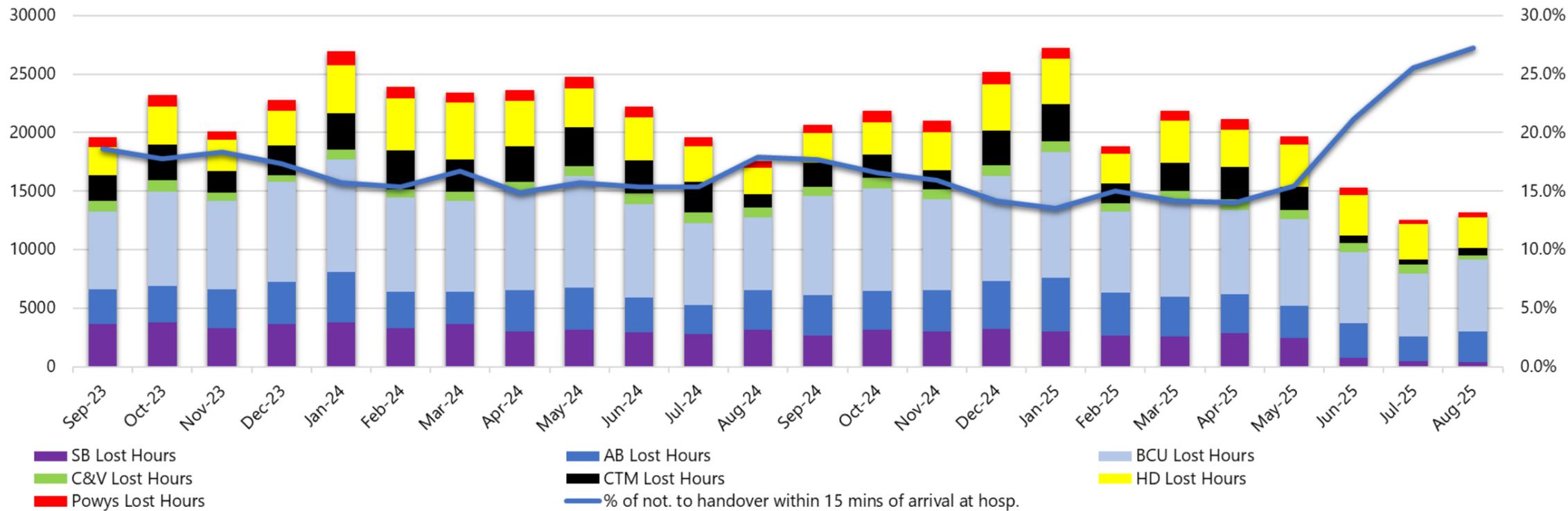
Lost Hours

R

CI

QUEST

Notification to Handover Lost Hours by Health Board



### Analysis

**238,500 hours were lost to Notification to Handover, i.e. hospital handover delays, over the last 12 months (Sep-24 to Aug-25), compared to 267,742 hours over the same timeframe the previous year.** There were 13,160 hours lost in August 2025, which is 24.97% lower than the 17,570 hours lost during August 2024 and is the second lowest monthly figure since July 2021. Three health boards have seen further reductions, compared to last month, particularly Cardiff & Vale (56.78%), Hywel Dda (12.35%) and Swansea Bay (19.88%).

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

- Grange University Hospital (ABUHB) at 2,591 lost hours
- Ysbyty Maelor Hospital (BCUHB) at 2,549 lost hours
- Ysbyty Gwynedd Hospital (BCUHB) at 2,285 lost hours
- Glangwilli Hospital (HDUHB) at 1,222 lost hours
- Ysbyty Glan Clwyd (BCUHB) at 1,219 lost hours

Notification to handover lost hours averaged 424 hours per day during August 2025 (31 days) compared to 405 hours per day (31 days) in July 2025.

In August 2025, the Trust could have responded to approximately 4,151 more patients if handovers were reduced, which highlights the impact these numbers are still having on the service.

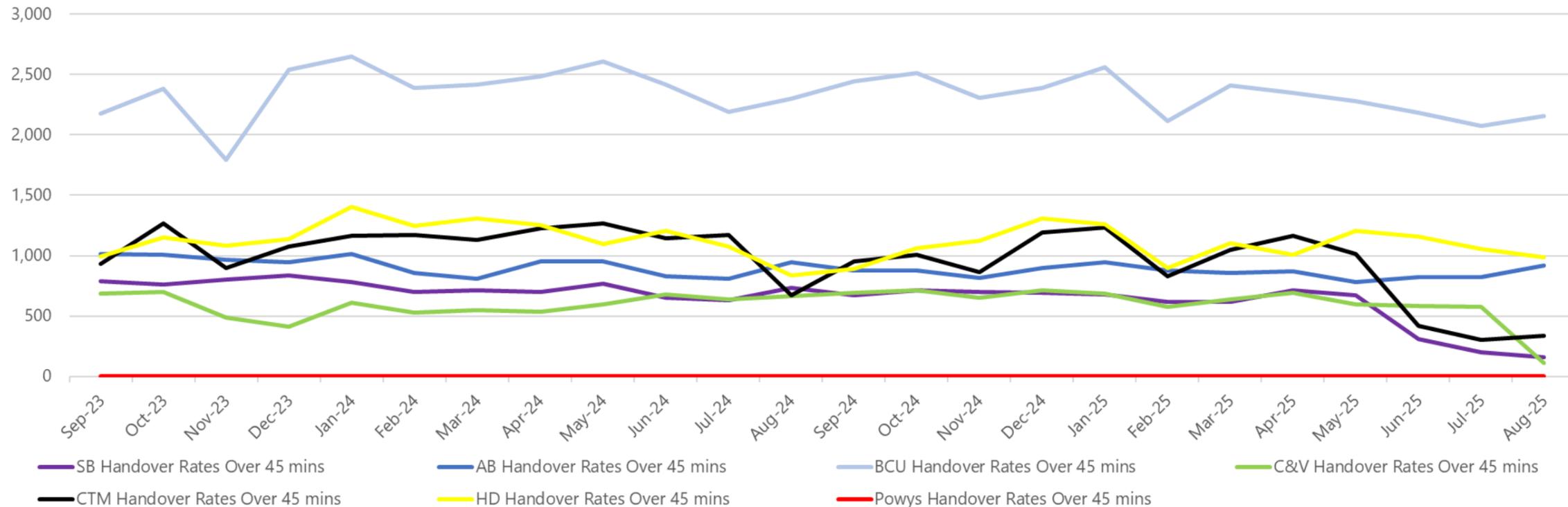
### Remedial Plans and Actions

Significant time has been spent by all Executives and non-Executives highlighting this patient safety issue to Commissioners, HBs and Welsh Government/Ministers, which have been listened to.

### Expected Performance Trajectory

The likely expected ambition from Welsh Government is no waits over 45 minutes. W45 workshops currently being facilitated with each health board by NHS Wales Performance & Improvement (previously the NHS Executive).

Handover Rates Over 45 Minutes (including first 15 minutes) by Health Board



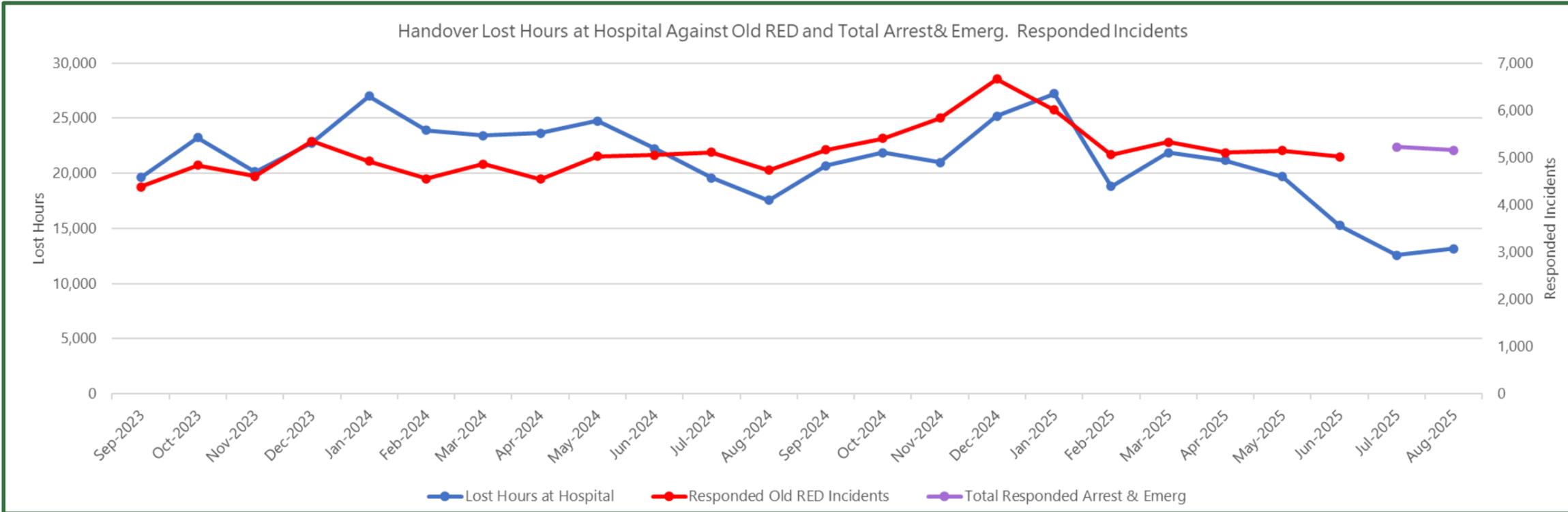
# Partnerships / System Contribution

## Handover Lost Hours Against Red & Amber 1 Responded Incidents

(Responsible Officer: Health Boards)

CI

QUEST



### Analysis

The top graph highlights that when handover lost hours have increased, so too do the number of Old Red, Arrest and Emerg 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.

The bottom right graph illustrates, that there is also a correlation between lost hours decreasing and Amber 1 incidents being responded to.

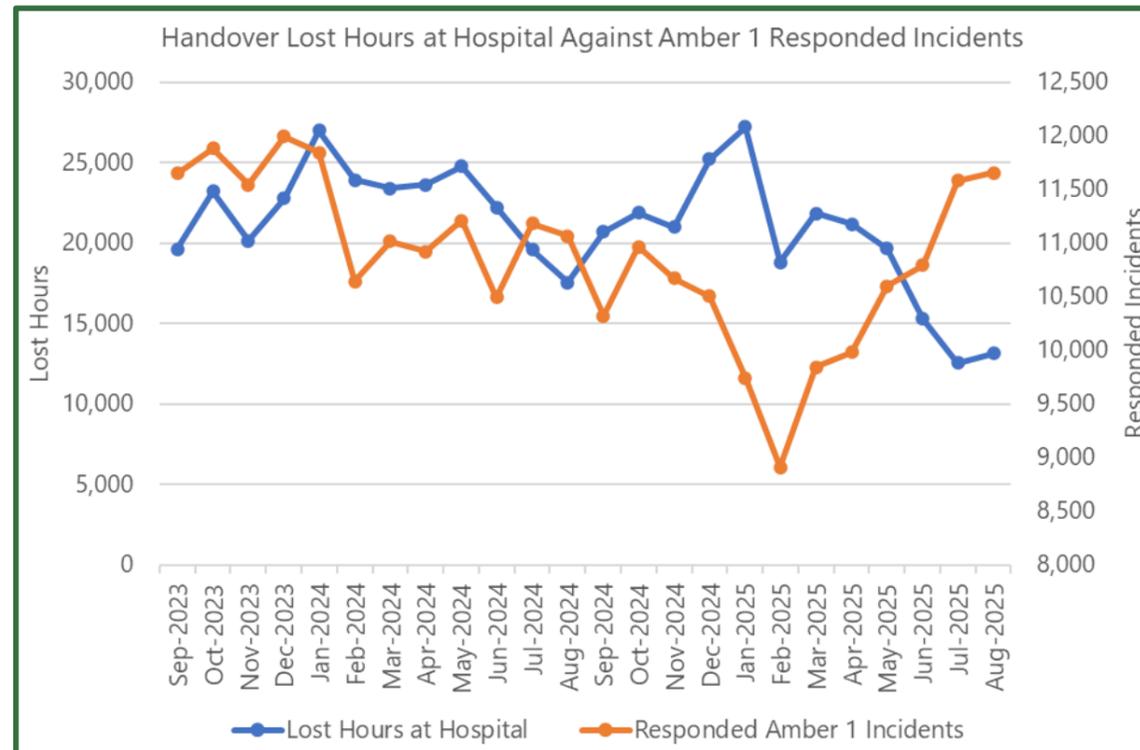
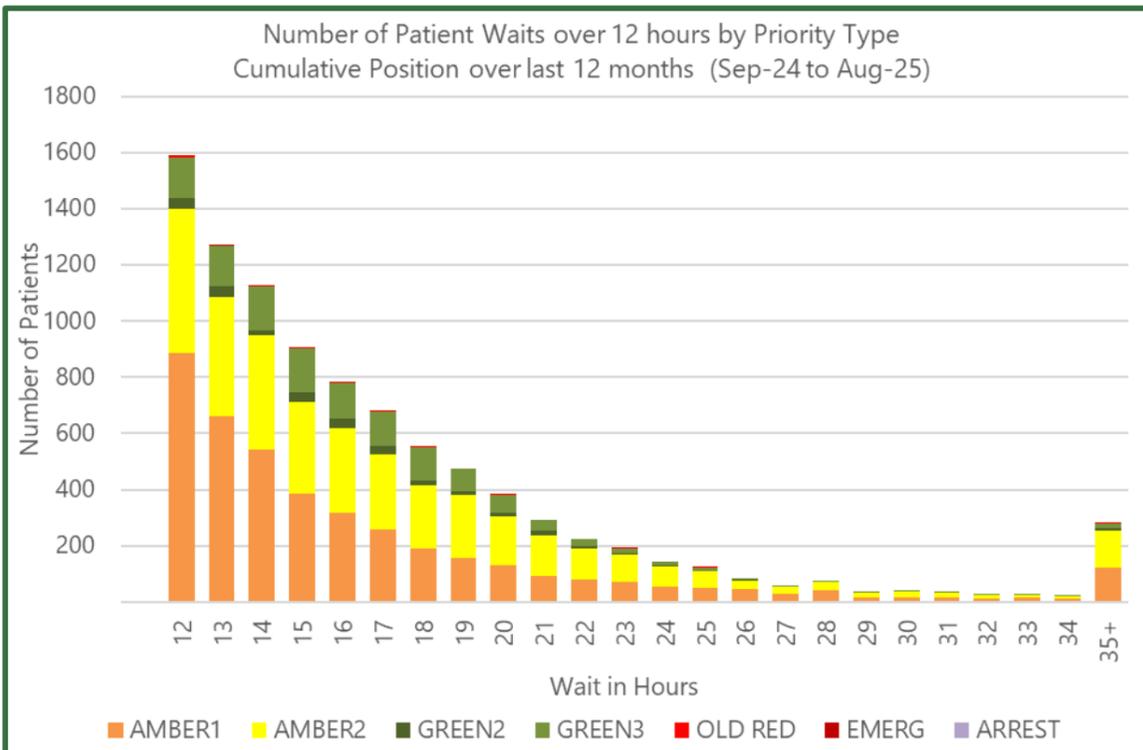
In August 2025, 363 patients waited over 12 hours for an ambulance response.

### Remedial Plans and Actions

NHSWales Performance & Improvement is currently leading on health board workshops on handover improvement, in line with the W45 ambition by by October 2025.

### Expected Performance Trajectory

The likely expected ambition from Welsh Government is no waits over 45 minutes.



\*NB: Data correct at time of abstraction

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	RRV	Rapid Response Vehicle
APP	Advanced Paramedic Practitioner	DAG	Delivery & Assurance Group	H&W	Health & Wellbeing	NQPs	Newly Qualified Paramedic	SB / SBUHB	Swansea Bay / Swansea Bay Health Board
AQI	Ambulance Quality Indicator	D&T	Discharge & Transfer	HR	Human resources	NRI	Nationally Reportable Incident	SCIF	Serious Concerns Incident Forum
BCU / BCUHB	Betsi Cadwaladr / Betsi Cadwaladr university Health Board	DU	Delivery Unit	HSE	Health and Safety Executive	OBC	Outline Business Case	STEMI	ST segment Evaluation Myocardial Infarction
CASC	Chief Ambulance Services Commissioner	EAP	Emergency Ambulance Practitioner	IG	Information Governance	OD	Organisational Development	TPT	Tactical Pandemic Team
CCC	Clinical Contact Centre	ED	Emergency Department	IMTP	Integrated Medium Term Plan	ODU	Operational Delivery Unit	TU	Trade Union
CCP	Complex Case Panel	ELT	Executive Leadership Team	IPR	Integrated Performance Report	OH	Occupational Health	UCA	Unscheduled Care Assistant
CEO	Chief Executive Officer	EMD	Emergency Medical Department	JCC	Joint Commissioning Committee	P / PHB	Powys / Powys Health Board	UCS	Unscheduled Care System
CFR	Community First Responder	EMS	Emergency Medical services	KPI	Key Performance Indicator	PCR / PCRs	Patient Care Record(s)	UHP	Unit Hours Production
CI	Clinical Indicator	ePCR	Electronic Patient Care Record	LTS	Long Term Strategy	JRCALC	Joint Royal Colleges Ambulances Liaison Committee	U/A RTB	Unavailable – return to Base
CHARU	Cymru High Acuity Response Unit	FTE	Full Time Equivalent	MACA	Military Aid to the Civil Authority	PECI	Patient Engagement & community Involvement	VPH	Vantage Point House (Cwmbran)
COOs	Chief Operating Officers	GDPR	General Data Protection Regulations	MIU	Minor Injury Unit	POD	Patient Offload department	WAST	Welsh Ambulance Services University NHS Trust
COPD	Chronic Obstructive Pulmonary Disease	GPOOH	General Practitioner Out of Hours	MPDS	Medical Priority Dispatch System	PPLH	Post Production Lost Hours	WG	Welsh Government
COVID-19	Corona Virus Disease (2019)	GTN	Glyceryl Trinitrate	NCCU	National Collaborative Commissioning Unit	PSPP	Public Sector Purchase Programme	WIIN	WAST Improvement & Innovation Network
CMT	Clinical Model Transformation	HB	Health Board	NEPTS	Non-Emergency Patient Transport Services	QPSE	Quality, Patient Safety & Experience		
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
<b>111 Abandoned Calls</b>	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	<b>Hours Produced for Emergency Ambulances</b>	Proportion of hours produced within the calendar month for Emergency Ambulance Vehicles (Target 95%).
<b>111 Patients Called back within 1 hours (P1)</b>	(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.	<b>Sickness Absence (all staff)</b>	Staff sickness volumes as a percentage for all staff employed within the Welsh Ambulance Services NHS Trust.
<b>999 Call Answer Times 95<sup>th</sup> Percentile</b>	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.	<b>Frontline COVID-19 Vaccination Rates</b>	Volume of frontline (patient facing and non-patient facing) who have received a second COVID-19 vaccination.
<b>999 Red Response within 8 Minutes</b>	Percentage of 999 incidents within the Red (immediately life-threatening) category which received an emergency response at scene within 8 minutes.	<b>Statutory and Mandatory Training</b>	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).
<b>Red 95<sup>th</sup> Percentile</b>	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).	<b>PADR/Medical Appraisal</b>	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.
<b>999 Amber 1 95<sup>th</sup> Percentile</b>	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).	<b>Ambulance Response FTEs in Post</b>	Number of Emergency Medical Services, Full Time Equivalent (FTE) staff working for the Welsh Ambulance Services NHS Trust.
<b>Return of Spontaneous Circulation (ROSC)</b>	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.	<b>Ambulance Care, Integrated Care, Resourcing &amp; EMS Coordination FTEs in Post</b>	Number of Ambulance Care, Integrated Care, Resourcing & EMS Coordination Full Time Equivalent (FTE) staff working for the Welsh Ambulance Services NHS Trust.
<b>Stroke Patients with Appropriate Care</b>	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 care that have a greater effect on patient outcomes if done together in a time-limited way, rather than separately).	<b>Financial Balance – Annual Expenditure YTD as % of budget Expenditure</b>	Annual expenditure (Year to Date) as a proportion of budget expenditure.
<b>Acute Coronary Syndrome Patients with Appropriate Care</b>	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.	<b>Duty of Candour</b>	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.
<b>Renal Journeys arriving within 30 minutes of their appointment (NEPTS)</b>	Proportion of renal journeys which arrive at hospital appointments within 30 minutes (+/-) of their appointment time.	<b>111 Consult and Close</b>	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.
<b>Discharge &amp; Transfer journeys collected less than 60 minutes after booked ready time (NEPTS)</b>	Proportion of journeys being discharged from and/or transferred between hospitals which were collected within 60 minutes of the hospital booked ready time.	<b>999 / 111 Hear and Treat</b>	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.
<b>National reportable Incidents (NRI)</b>	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.	<b>% Incidents Conveyed to Major EDs</b>	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).
<b>Concerns Response within 30 Days</b>	Proportion of concerns responded to by the complaints team within 30 working days of receiving the concern.	<b>Number of Handover Lost hours</b>	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.
<b>EMS Abstraction Rate</b>	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.	<b>Immediate Release requests</b>	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