

Welsh Ambulance Services University NHS Trust

Monthly Integrated Quality & Performance Report

March 2025 /April 2025

Annex 1 – Top Indicator Dashboard



GIG
CYMRU
NHS
WALES

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

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

by Commissioning & Performance Team

Section 1: Monthly Indicators / Top Indicator Dashboard



Top Monthly Indicators		Target 2024/25	Mar-25	Apr-25	2 Year Average	RAG	Top Monthly Indicators		Target 2024/25	Mar-25	Apr-25	2 Year Average	RAG				
Our Patients						Health & Well-being											
Timeliness Indicators							Sickness Absence (all staff)						6.0%	7.38%	7.04%	7.79%	R
NHS111 Call Handling Abandonment Rates	< 5%	11.2%	11.7%	8.5%	R	Mental Health Absence Rates						Reduction Trend	2.31%	2.22%	2.32%	R	
111 Clinical Triage Call Back Time (P1)	90%	97.5%	97.0%	97.8%	G	Staff Turnover Rate						Reduction Trend	8.42%	8.28%	8.42%	G	
999 Call Answer Times 95th Percentile	00:06	00:27	00:46	00:21	R	Statutory & Mandatory Training						>85%	87.96%	87.93%	78.29%	G	
999 Red Response within 8 minutes	65%	50.3%	50.9%	49.6%	R	PADR/Medical Appraisal						>85%	82.38%	82.04%	73.33%	A	
999 Amber 1 Median	00:18	01:53	01:48	01:32	R	Number of Shift OVERRUNS						Reduction Trend	3,839	3,773	3,681	R	
Oncology Journeys arriving within 45 mins and up to 15 minutes after appointment time	70%	74.8%	79.6%	73.0%	G	Inclusion & Engagement / Culture											
Advanced Discharge & Transfer journeys collected less than 60 minutes after booked time (NEPTS)	90%	78.2%	75.1%	79.7%	R	NEPTS % of Total Calls Answered in Welsh						Increasing Trend	1.90%	2.30%	1.8%	G	
Clinical Outcomes / Quality Indicators						Value											
Return of Spontaneous Circulation (ROSC)	Increasing Trend	19.8%	21.8%	19.9%	A	Financial balance - annual expenditure YTD as % of budget expenditure YTD						100%	100%	N/A	100%	G	
Stroke Patients with Appropriate Care	95%	91.6%	90.1%	82.4%	A	EMS Utilisation Metric (CHARU)						Increasing Trend	30.7%	29.4%	28%	G	
Stroke Call to Hospital Door Times	Reduction Trend	02:41	02:35	10.1%	A	Average Jobs per Shift (All Vehicles)						Increasing Trend	2.56	2.64	2.35	A	
ST-Elevation Myocardial Infarction (STEMI) with Appropriate Care	95%	70.0%	60.3%	54.1%	R	NEPTS on the Day Cancellations						Reduction Trend	12.9%	12.9%	13%	R	
National Reportable Incidents reports (NRI)		6	5	4	TBD	Partnerships / System Contribution											
Can't Send & Cancelled by Patient Volumes	Reduction Trend	6,431	6,433	8,686	G	Inverting the Triangle											
Concerns Response within 30 Days	75%	55%	68%	54%	R	Successful Consult & Close Outcome						17.0%	N/A	N/A	13.1%	TBD	
Enactment of the Duty of Candour Total		6	5	5	TBD	% Of Total Conveyances taken to a Service Other Than a Type One Emergency Department						Increasing Trend	10.48%	10.19%	11.3%	R	
Our People						NHS111											
Capacity						NHS111 Dental Calls						Increasing Trend	N/A	N/A	7,137	TBD	
Hours Produced for Emergency Ambulances	95-100%	91%	93%	90%	A	Consult & Close Volumes by NHS111						Increasing Trend	N/A	N/A	962	TBD	

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)

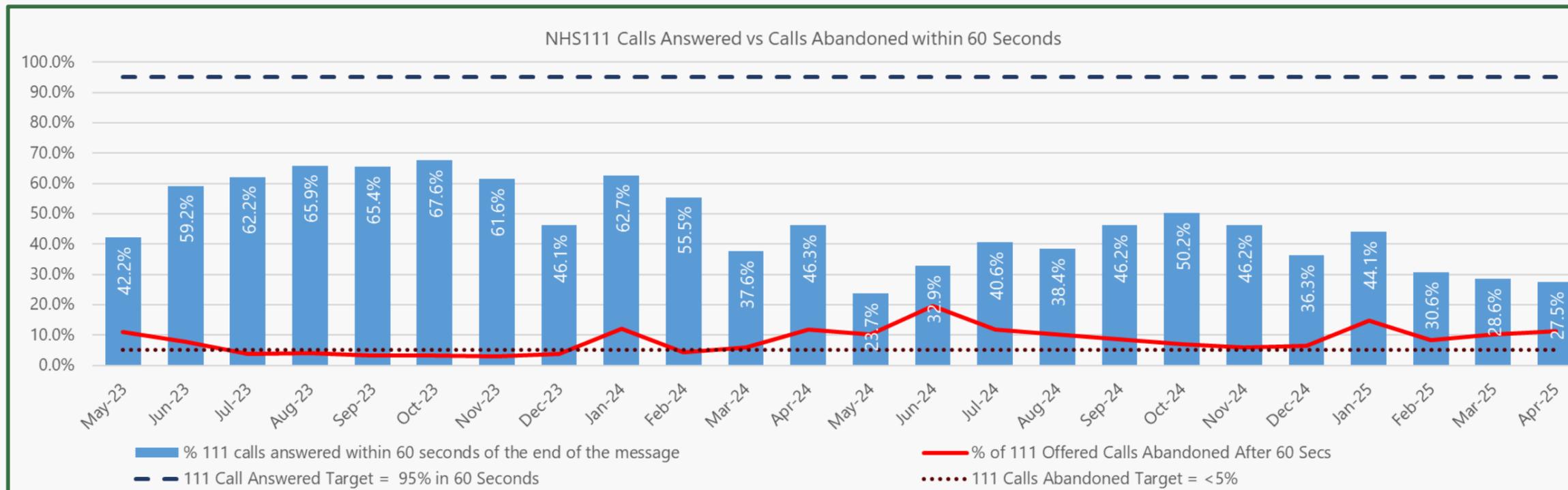
Our Patients: Quality, Patient Safety & Experience

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 11.7% in April 2025 from 11.2% in March 2025. The percentage of 111 calls answered within 60 seconds decreased, from 28.6% in March 2025 to 27.5% in April 2025 and continues to remain significantly below the 95% target.

Following a decline in performance during the middle part of 2024, due mainly to the introduction of the new 111CAS system, which went live on 30th April 2024, performance did improve during the latter months of 2024, however March and April 2025 have seen a further dip in performance levels. This follows a similar pattern to the last few years, which has seen demand increase during April. This is at a time when UHP capacity for call handlers has reduced slightly, compared to January 2025 and abstraction levels have decreased slightly to 34.55% with an increase in inductions, maternity and special leave in April.

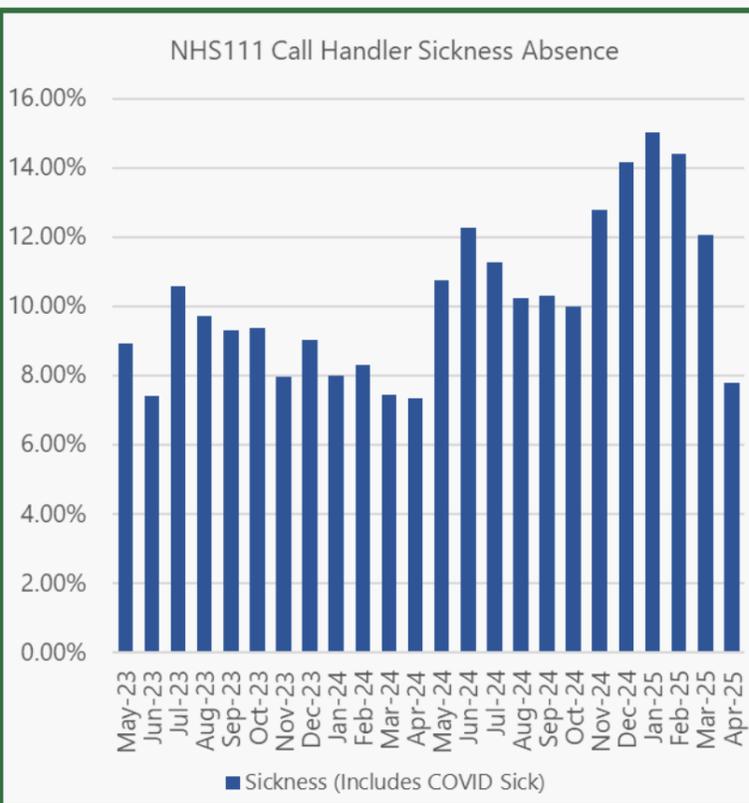
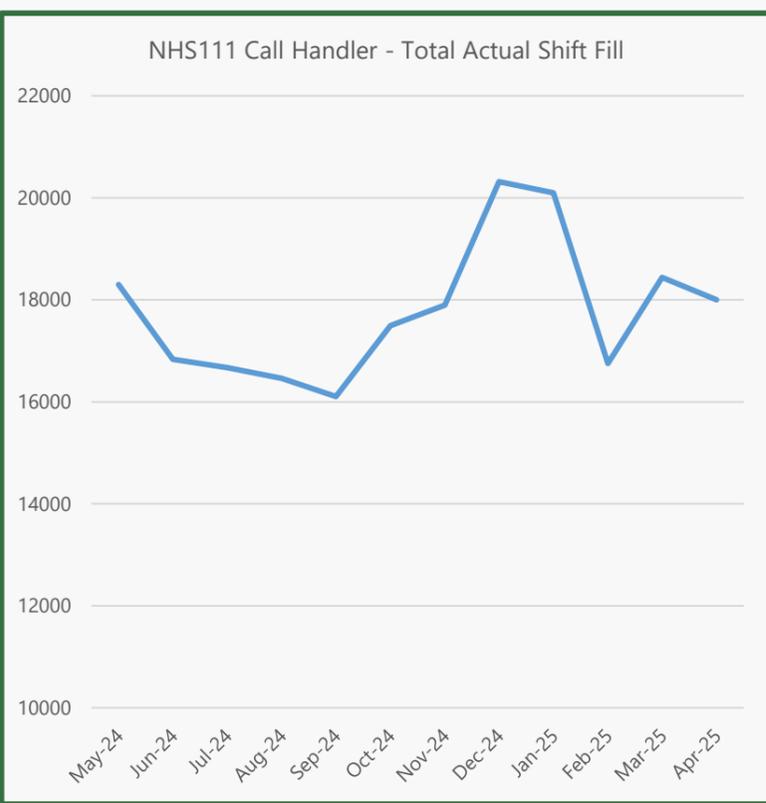
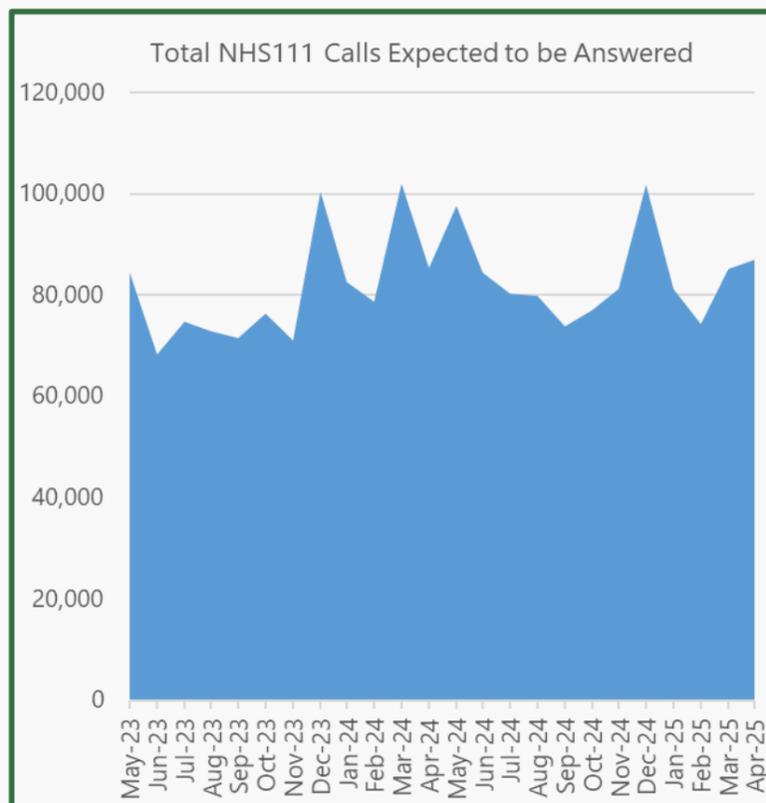
Remedial Plans and Actions

Key actions include:

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

Expected Performance Trajectory

We might expect to see an improvement in performance in the spring, traditionally a period with lower demand and sickness.

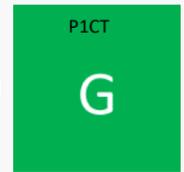


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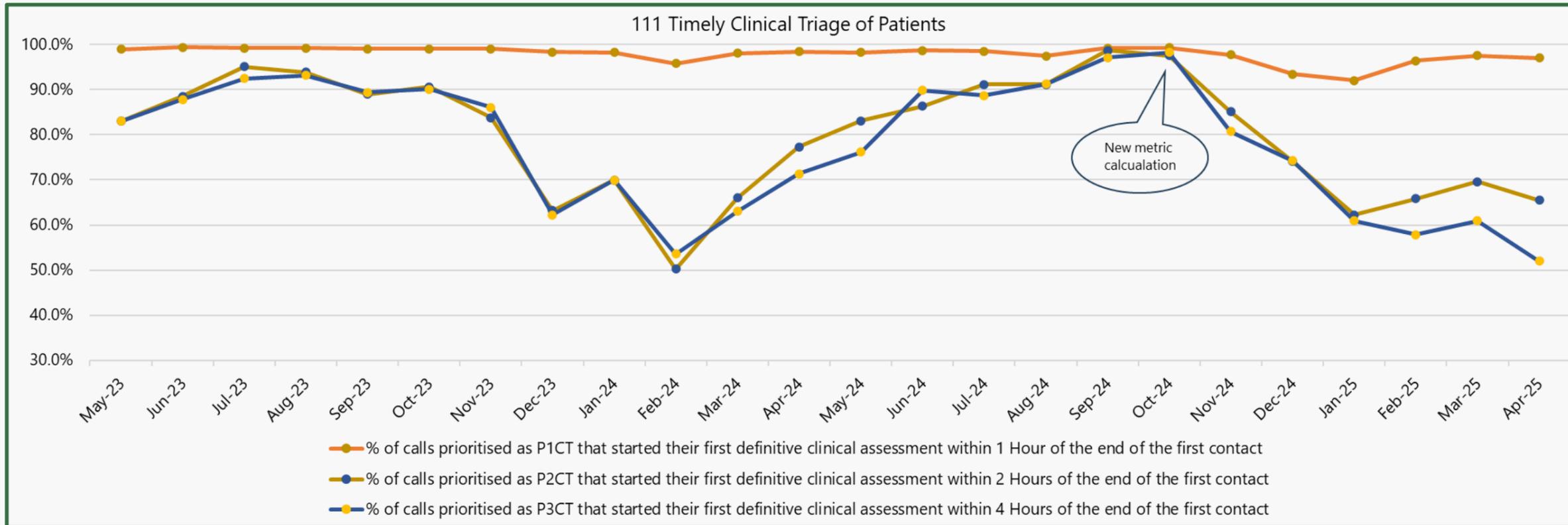
111 Clinical Assessment Start Time Performance Indicators

Influencing Factors – Demand and Clinical Hours Produced

(Responsible Officer: Lee Brooks)



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



Analysis

The highest priority calls, P1CT, achieved the 90% target, recording 97% in April 2025.

Ring back times for lower category calls did decline during April 2025, with P2CT calls falling to 65.5% and P3CT to 52%.

Numbers of clinician hours produced decreased slightly last month, reducing from 11,460 hours in March 2025 (31 days) to 11,172 hours in April 2025 (30 days). This was a 14.65% increase on April 2024. Clinician sickness absence rose slightly during April 2025 was 9.22%.

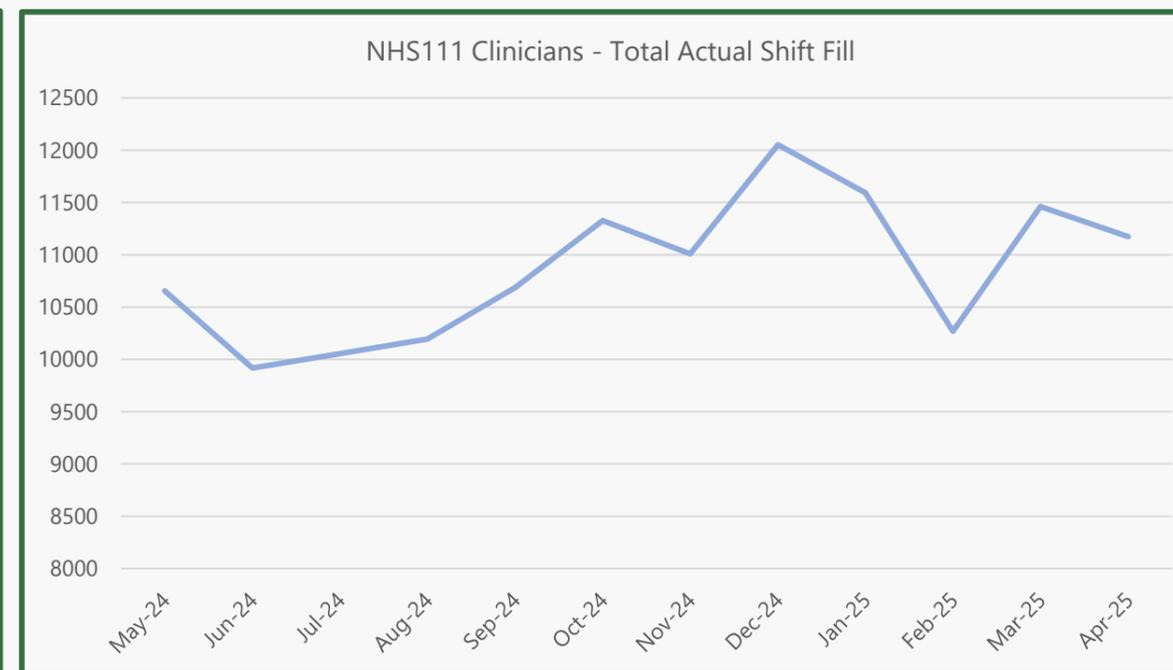
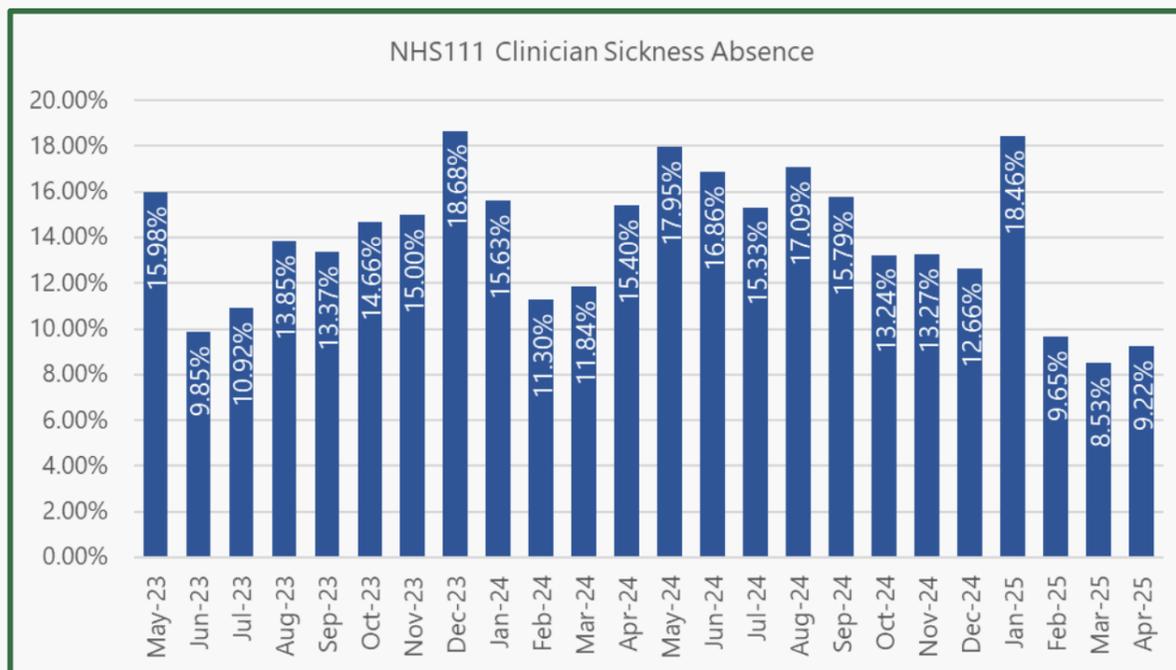
Remedial Plans and Actions

The key actions include:

- A focus on delivering the benefits of the new 111CAS.
- Recruitment up to commissioned levels of clinicians (forecasts reported to WG, which are stable and increasing to/at target).
- A review to determine appropriate levels of capacity to meet increasing demand, including rostering practice (review now live, initial report in June).
- 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

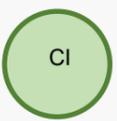
The new 111CAS will bring performance benefits. Initial approach to performance prediction developed, but further work being undertaken to refine the accuracy of the predictor.



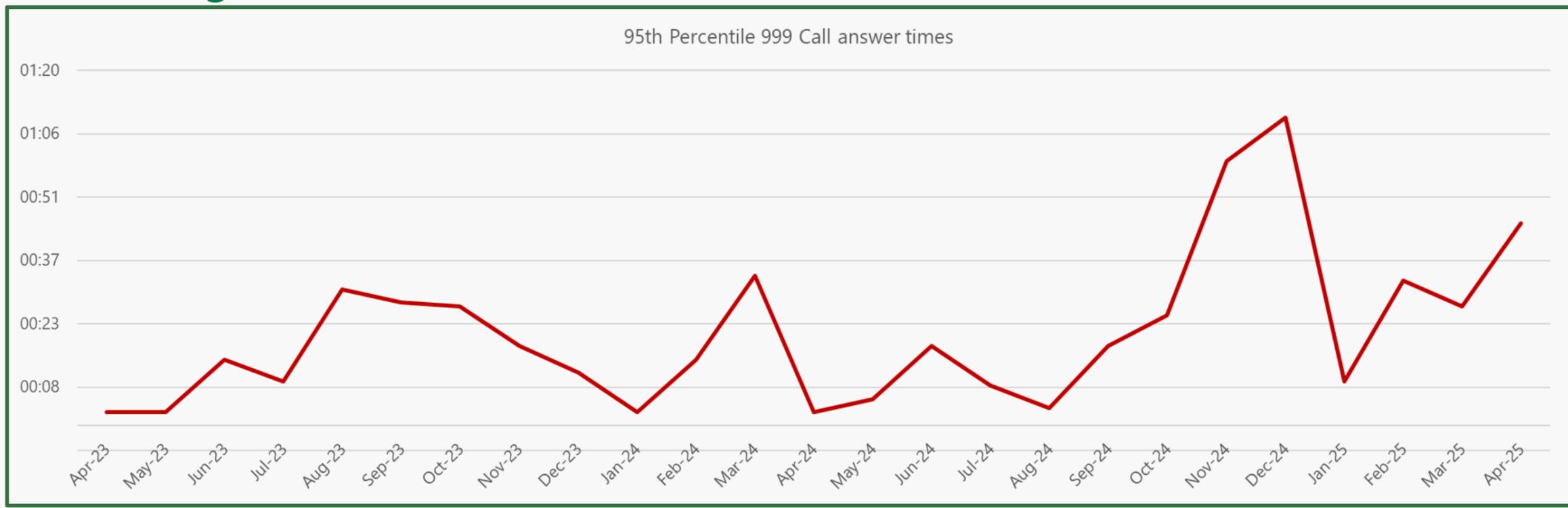
Our Patients: Quality, Safety & Patient Experience

999 Call Performance Indicators

(Responsible Officer: Lee Brooks)



Influencing Factors – Demand and Hours Produced



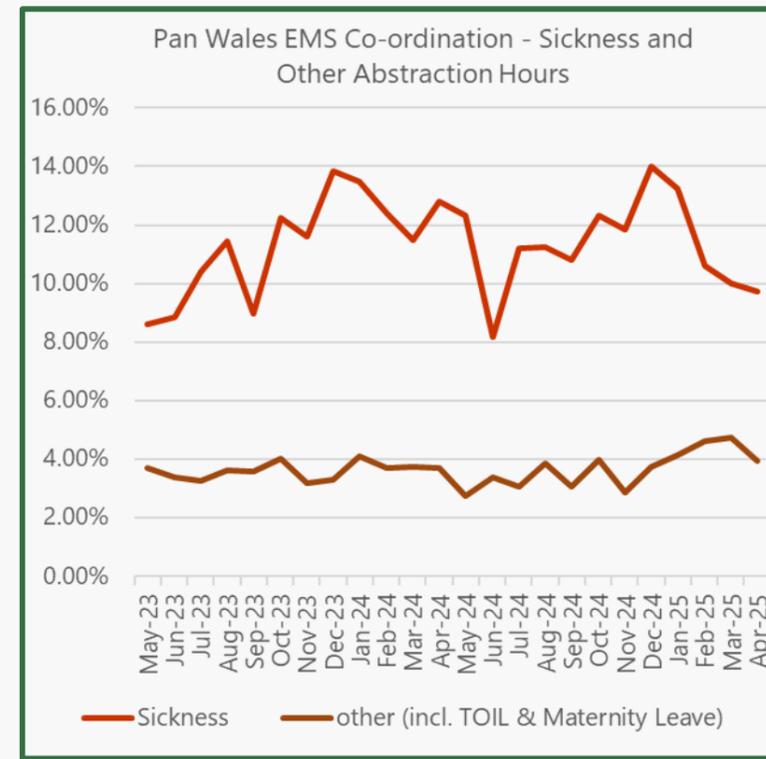
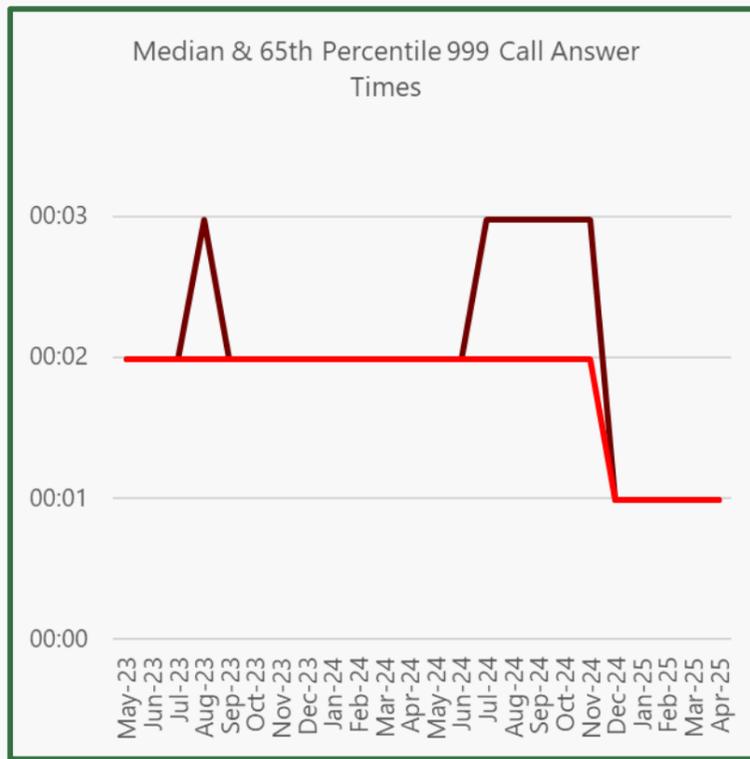
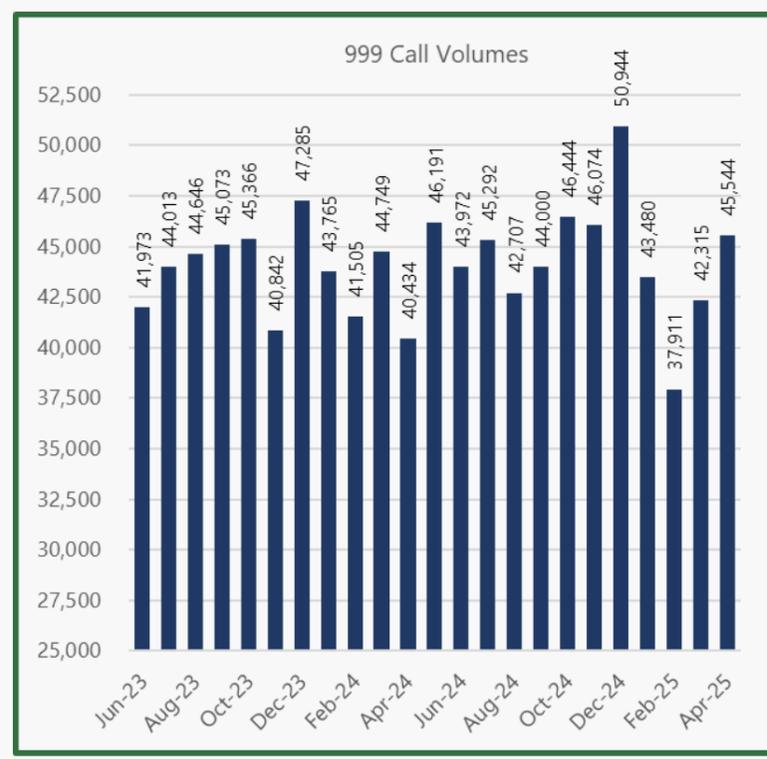
Analysis
 The 95th percentile 999 call answering performance increased to 46 seconds in April 2025 and failed to achieve the 6 second target; however, the median call answer time for the 999-service has been consistently good at 1 second. The new system is now aligned with reporting and is signed off.

There was an increase in demand in April 2025 to 45,544 calls from 42,315 in March 2025. this was a 12.6% increase when compared to April 2024.

Sickness levels saw a slight improvement, reducing from 9.99% in March 2025 to 9.73% in April 2025. This was also a 24.04% decrease from April 2024.

Remedial Plans and Actions

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



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. Further information being sought, with possible re-modelling.
- 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.
- We need to keep under review the consequences on allocators of changing/increasing resources e.g. APPs, Falls Resource etc.

Expected Performance Trajectory

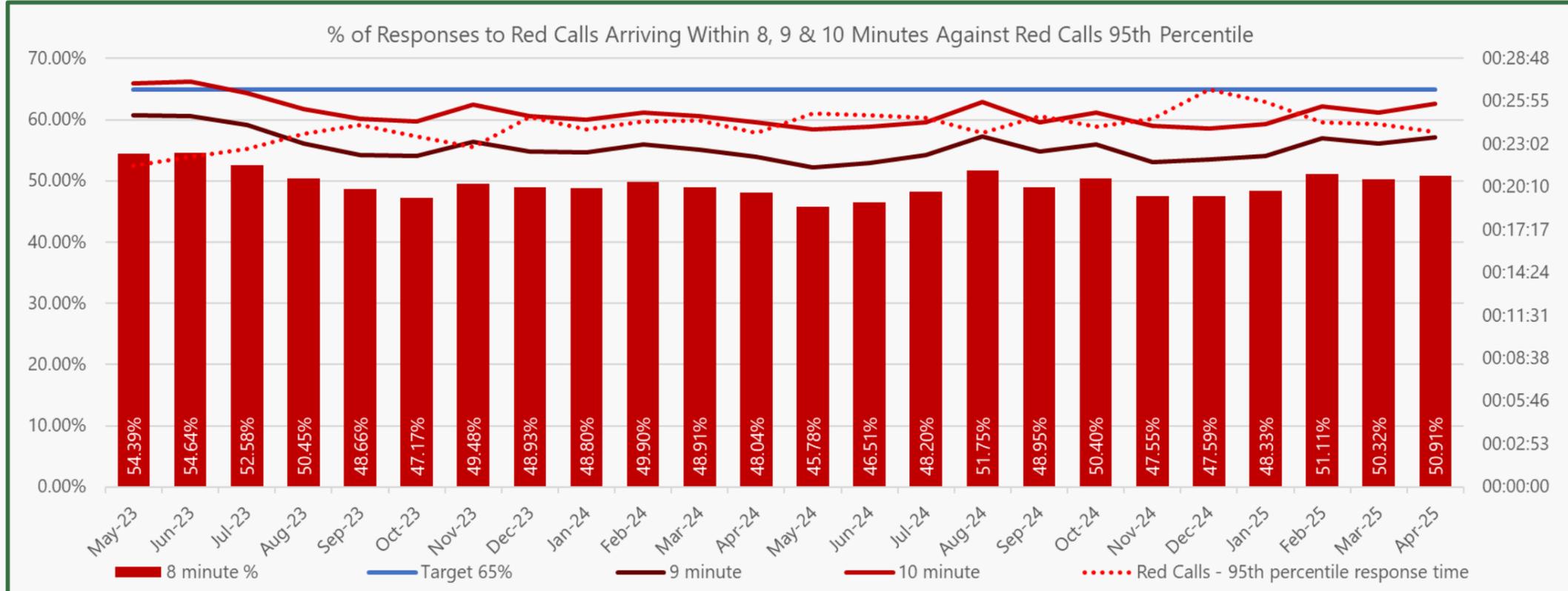
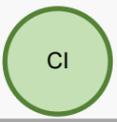
The median and 65th percentile are performing very well and are stable. Paper currently to be drafted on future resilience of EMSC i.e. winter demand v capacity (with efficiencies).

Our Patients: Quality, Safety & Patient Experience

Red Performance Indicators

Influencing Factors – Demand, Hours Produced and Hours Lost

(Responsible Officer: Lee Brooks)



Analysis

Red 8-minute performance improved slightly in April 2025 to 50.9% from 50.3% in March 2025, but remained below the 65% target.

Red 10-minute performance for April 2025 was 62.6%, which is marginally above the 2-year average (61.1%).

One of the main determinants is **red demand**, which has **increased** over the last few years, with red demand in April 2025 being 12.5% higher than that seen in April 2024. As red demand has increased, so too has the number of red incidents responded to within 8-minutes, with the figure for April 2025 of 2,600, being 19.5% higher than the figure for April 2024, i.e. the Trust is reaching more red calls in 8-minutes, but the denominator is also increasing.

The lower left graph demonstrates the correlation between overall Red performance and **hospital handover lost hours**, which shows that as handover rates decrease, so red performance improves. There were 21,183 lost hours during April 2025.

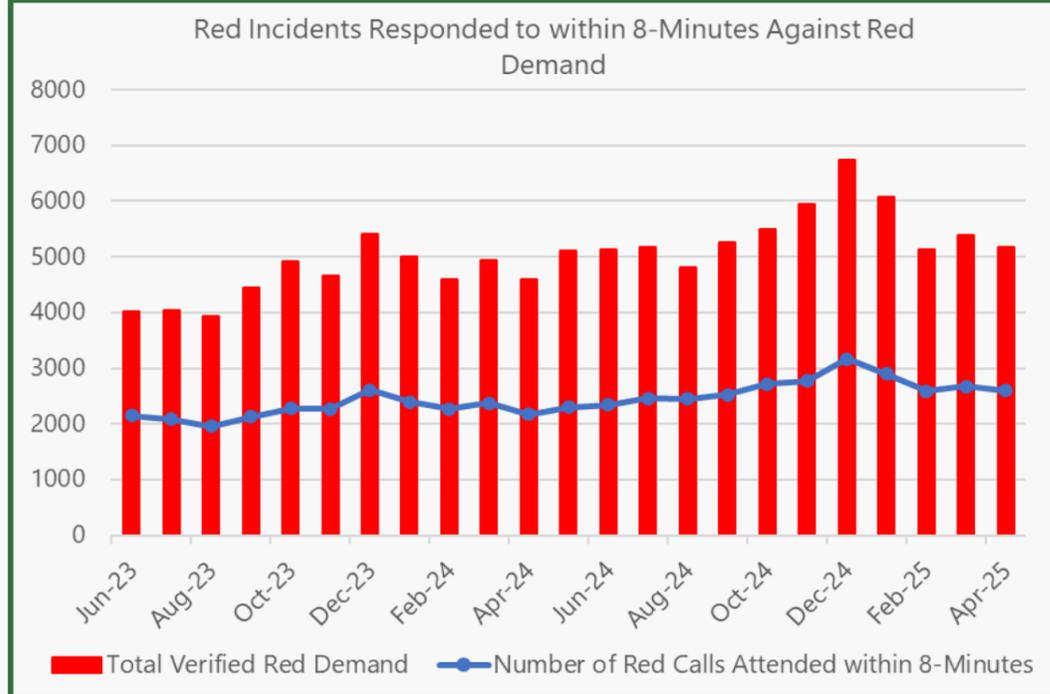
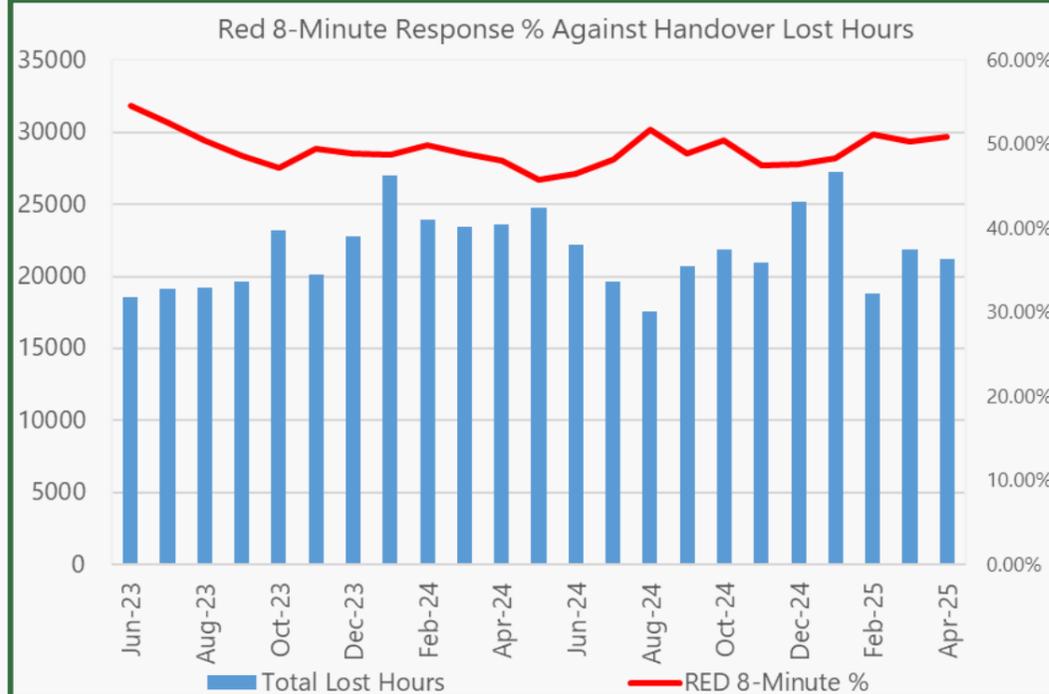
Remedial Plans and Actions

The main improvement actions in the Trust's gift are:

- To maintain commissioned establishment in post levels overall: the Trust remains close to achieving its 95% UHP benchmark in March with 91% UHP (all resources);
- Full roll out of the Cymru High Acuity Response Unit (CHARU): the Trust achieved its highest ever CHARU UHP in January;
- The deployment of rapid clinical screening, as outlined in our IMTP (the Trust achieved this); and

Expected Performance Trajectory

On the 11th March 2025 the Cabinet Secretary for Health & Social Care announced that the current Red category will be replaced with a new arrest category and emergency category from 01 July 2025, with the focus moving to measures of the chain of survival and patient outcomes i.e. saving lives, rather than a hit/miss time target.

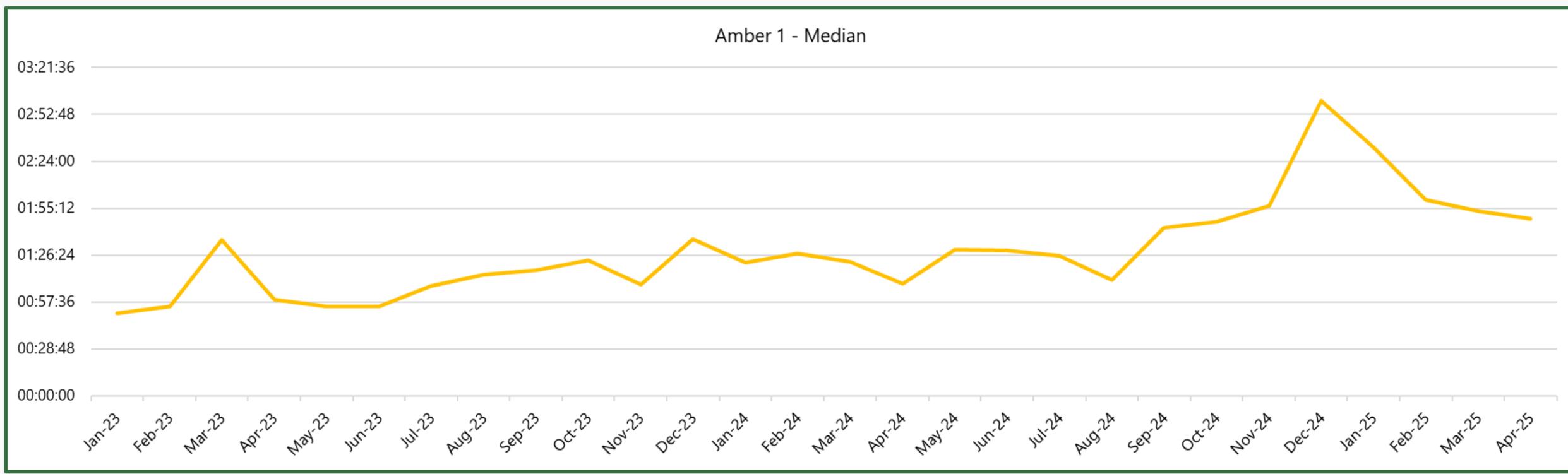
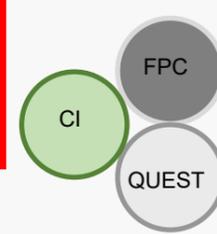


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Amber Performance Indicators

Influencing Factors – Demand, Hours Produced and Hours Lost

(Responsible Officer: Lee Brooks)



Analysis

The Amber 1 median performance time decreased during April 2025 to 1 hour and 48 minutes compared to 1 hour 53 minutes in March 2025. The ideal Amber 1 median response time remains at 18 minutes.

The Amber 1 95th percentile also decreased during April 2025 to 7 hours 26 minutes, down from 7 hours 53 minutes in March 2025. This time remains far too long and remains above the 2-year average figure of 7 hours 02 minutes.

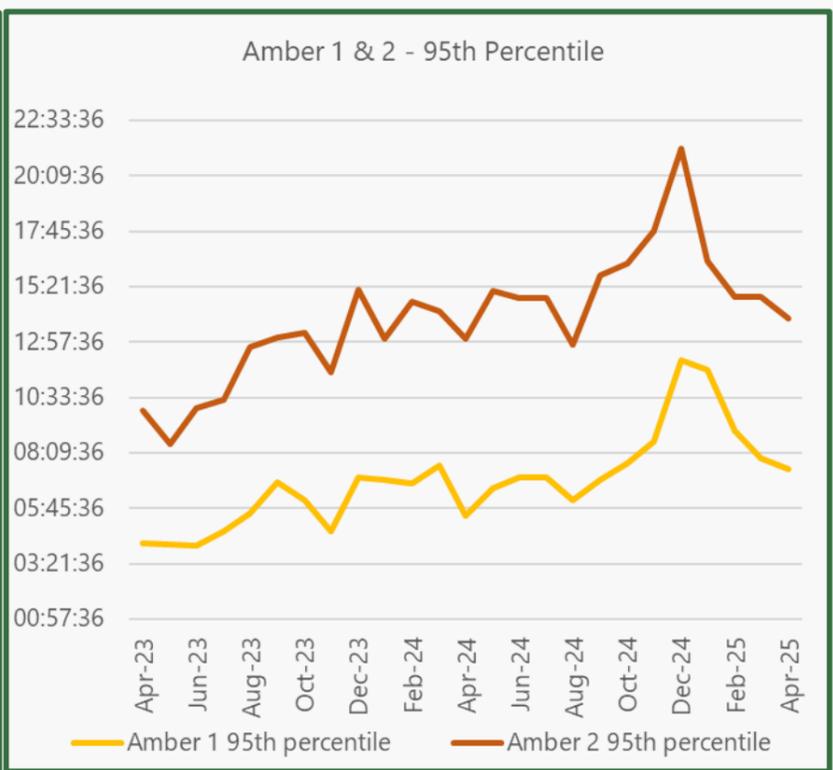
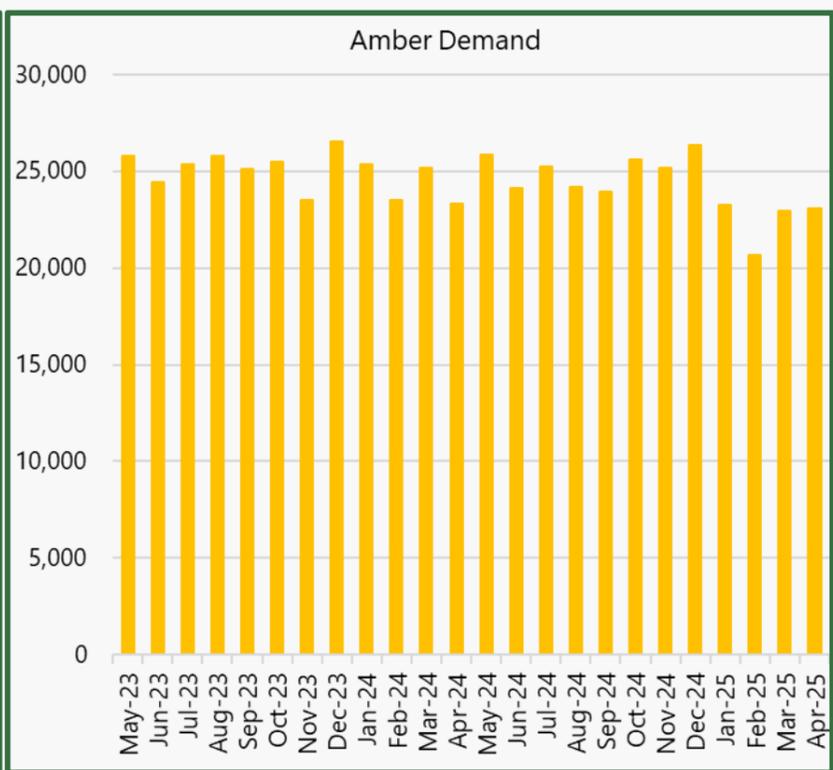
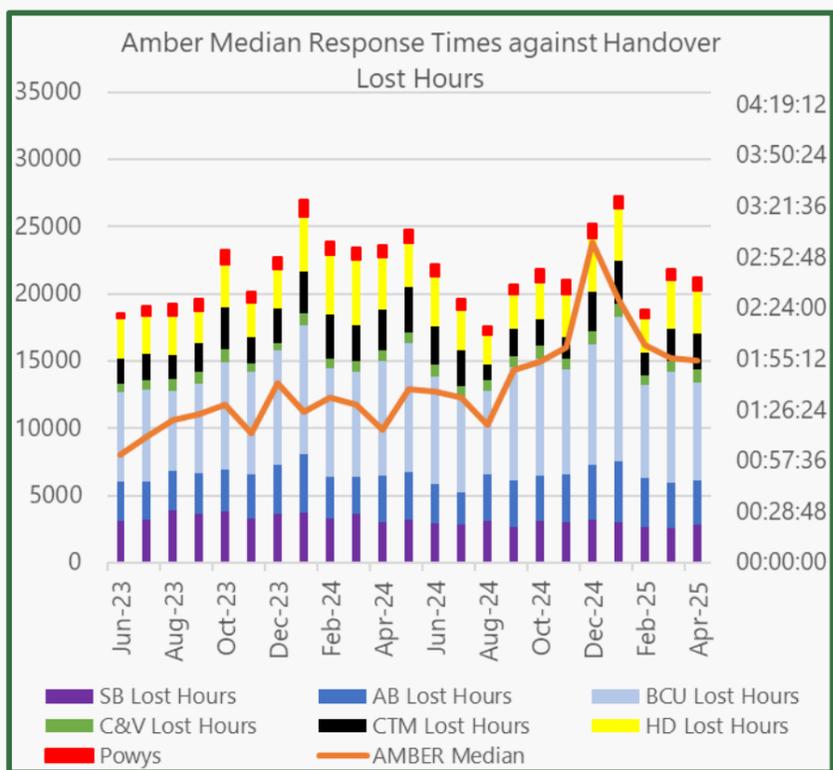
As with Red, there is a strong correlation between Amber performance and lost hours due to handover delays.

Remedial Plans and Actions

The actions being taken are largely the same as those related to Red performance on the previous slide. A Welsh Government review of Amber response times is due to start imminently.

Expected Performance Trajectory

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



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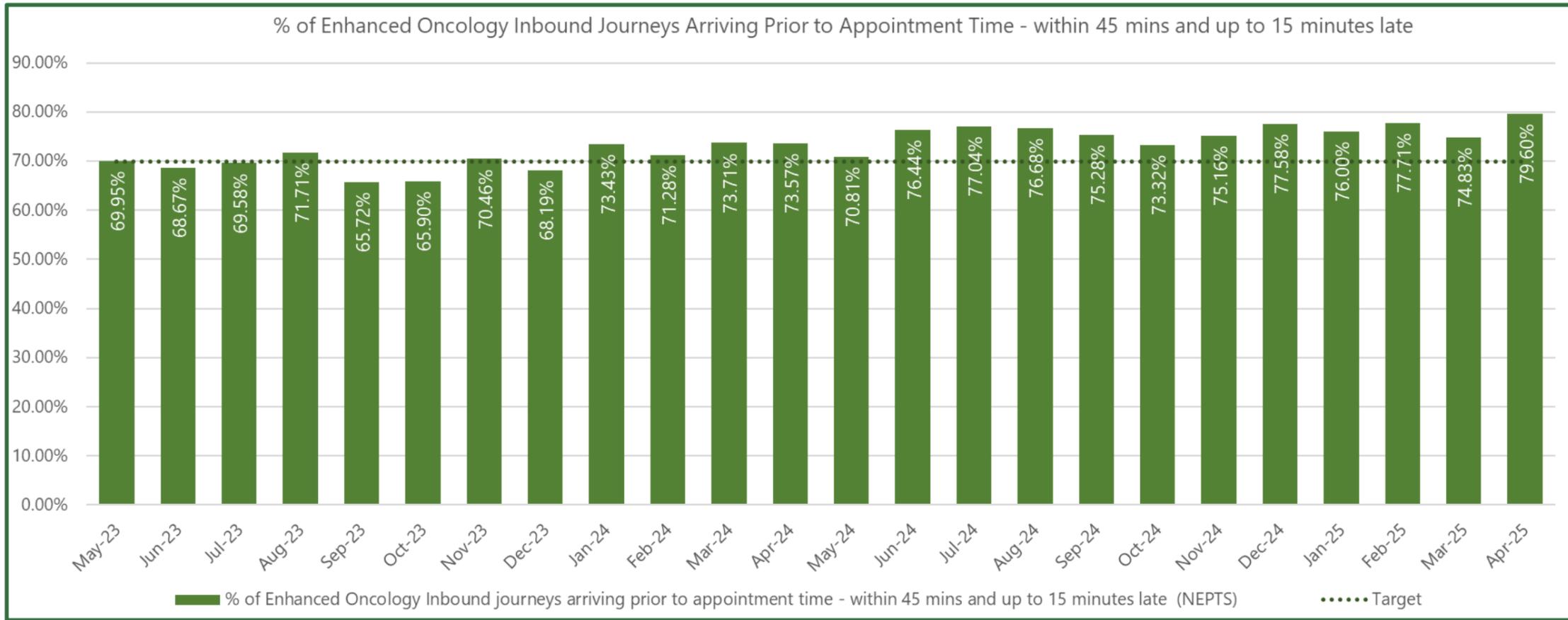
Patient Experience – Influencing Ambulance Care Indicators

(Responsible Officer: Lee Brooks)

D&T	Oncology	Welsh Calls
R	G	G

FPC

CI



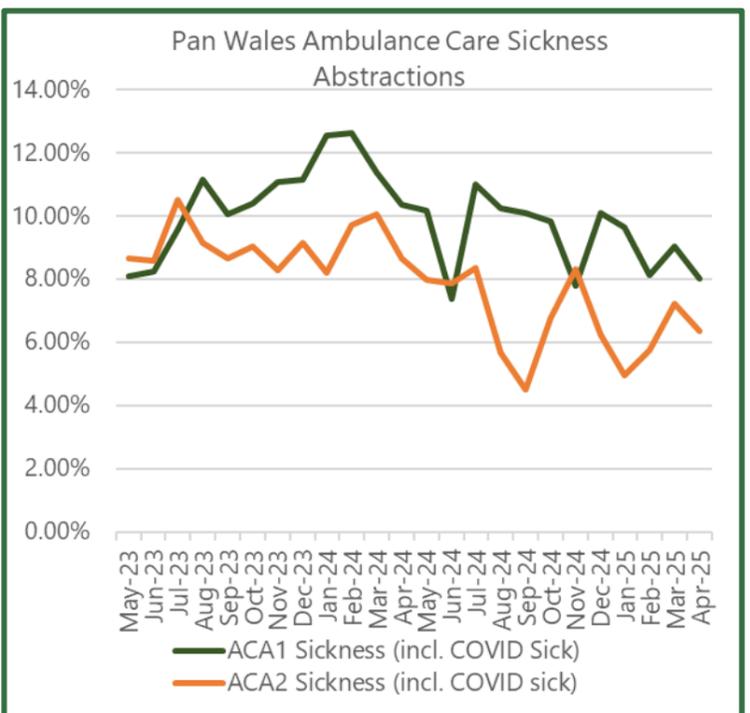
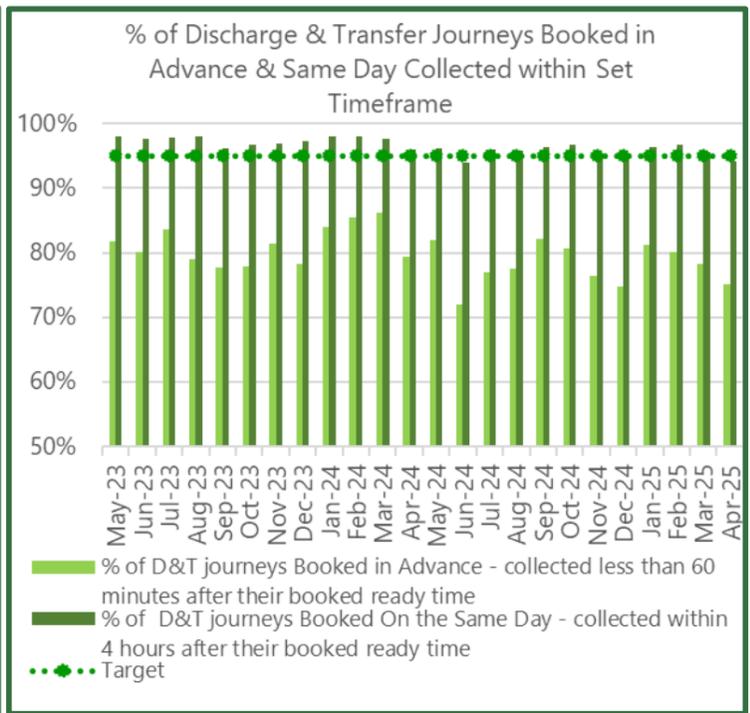
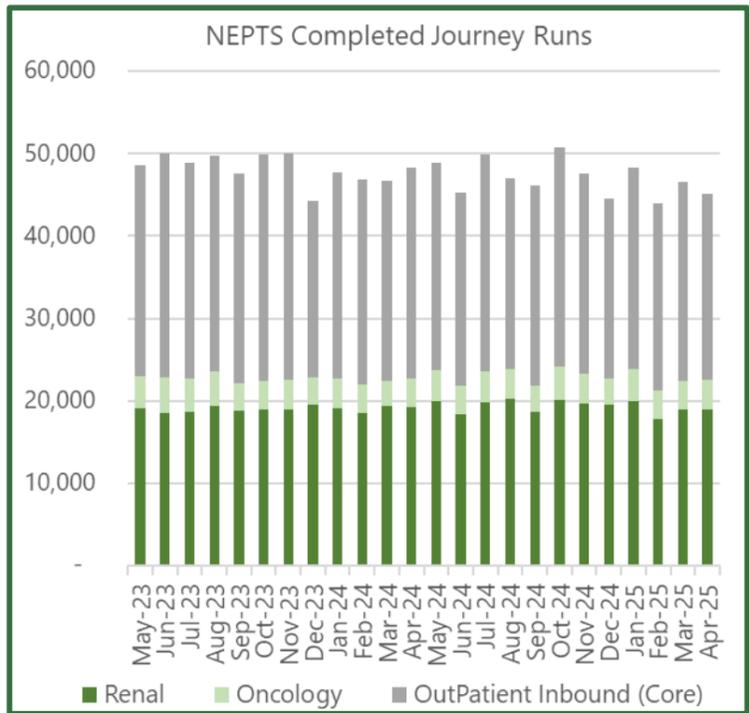
Analysis
79.60% of enhanced Oncology journeys arrived within 45 minutes prior and up to 15 minutes late of their appointment time in April 2025, once again achieving the 70% target. Oncology performance continues to be an area of focus for the service, and we continue to invest both time and resources on these journeys.

Discharge and Transfer journeys booked in advance and collected less than 60 minutes after their appointment decreased in April 2025 to 75% and remains below the 95% target. Discharge and Transfer journeys booked on the same day also failed to reach the 95% target in April 2025, achieving 94%. The lowest percentage since before the performance targets changed in April 2023.

Enhanced Renal journeys minimally decreased from 73.74% in March 2025 to 72.81%, however therefore achieving the agreed performance standard of 70% for only the fourth time since September 2024.

Call volumes answered decreased to 14,469 calls during April 2025, down from 16,389 in March 2025; however, the average speed of call answering increased from 7 minutes 52 seconds to 11 minutes 7 seconds.

ACA1 sickness remains above the 5.99% target, at 8.03% in April 2025. ACA2 sickness also remains above the 5.99% target at 6.36% in April 2025.



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

New roster keys have been finalised based on updated demand with the roster review now commenced; however, the review is proving complex and is being reset once further modelling has been undertaken. Enhanced sickness monitoring has been implemented at the ADO/HoS level and all long term and complex cases are being reviewed regularly.

Expected Performance Trajectory
The re-roster, which will take six months to deliver will enable the Trust to reach more patients within the current resource envelope

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Clinical Indicators

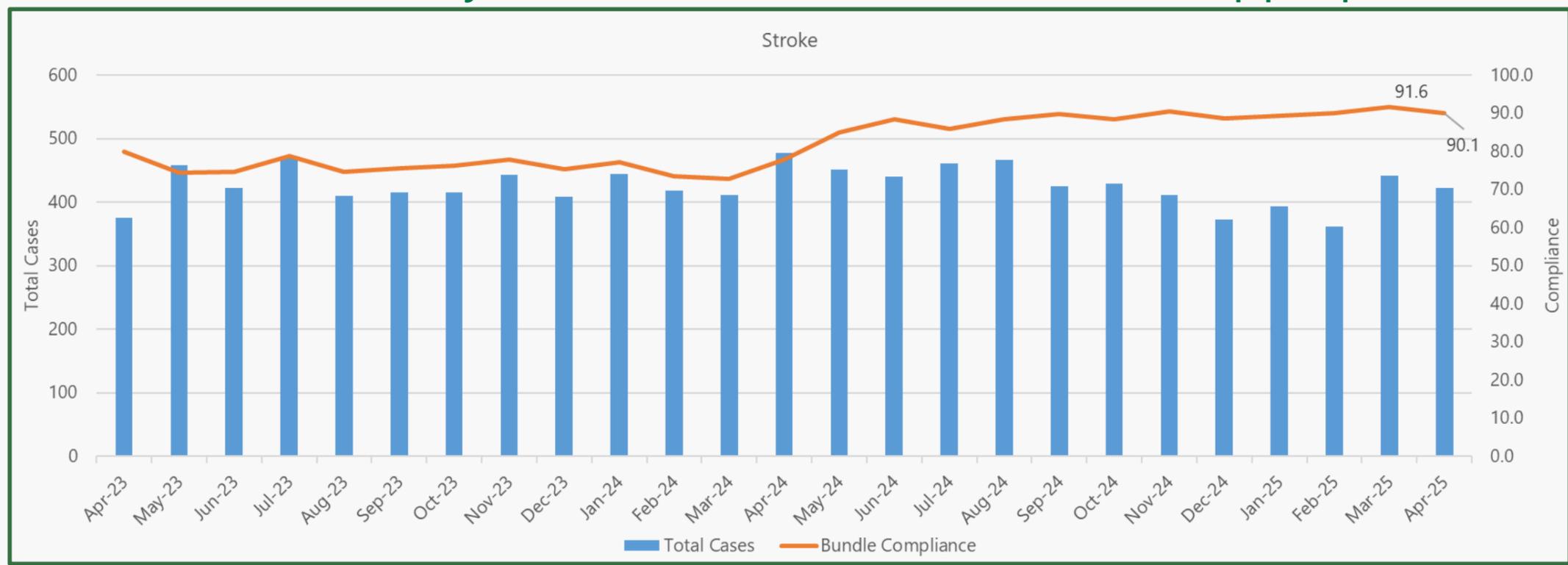
Return of Spontaneous Circulation, Suspected Stroke Patients with Appropriate Care, ST-elevation myocardial infarction (STEMI) with Appropriate Care

Stroke	ROSC	STEMI
A	A	R

Self-Assessment:
Strength of Internal Control: Moderate

(Responsible Officer: Andy Swinburn)

QUEST



Analysis

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

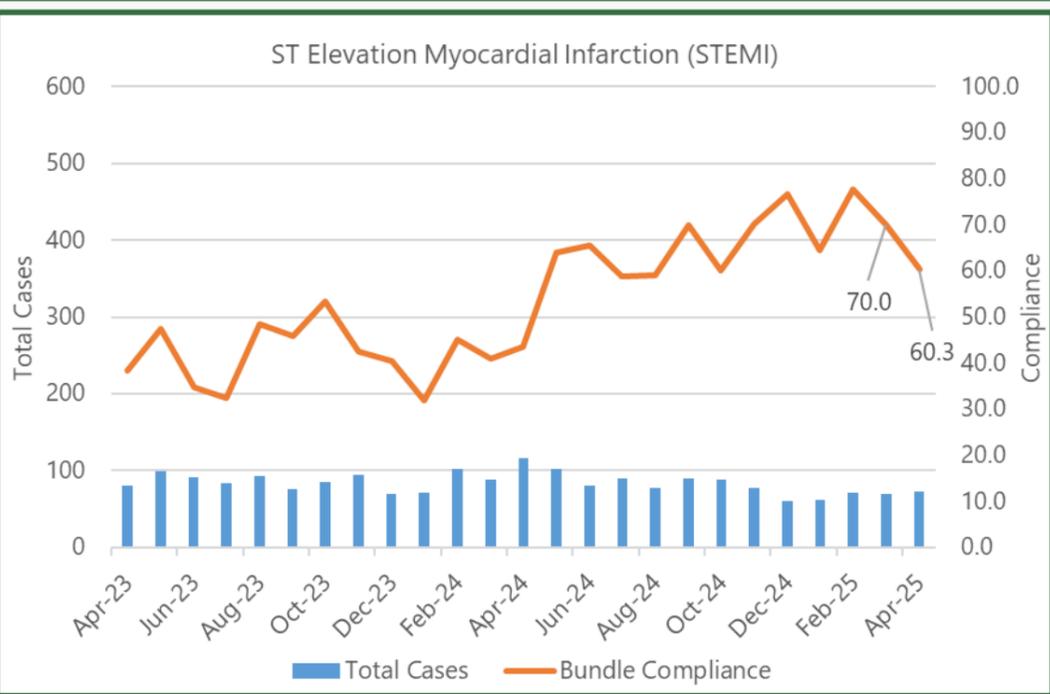
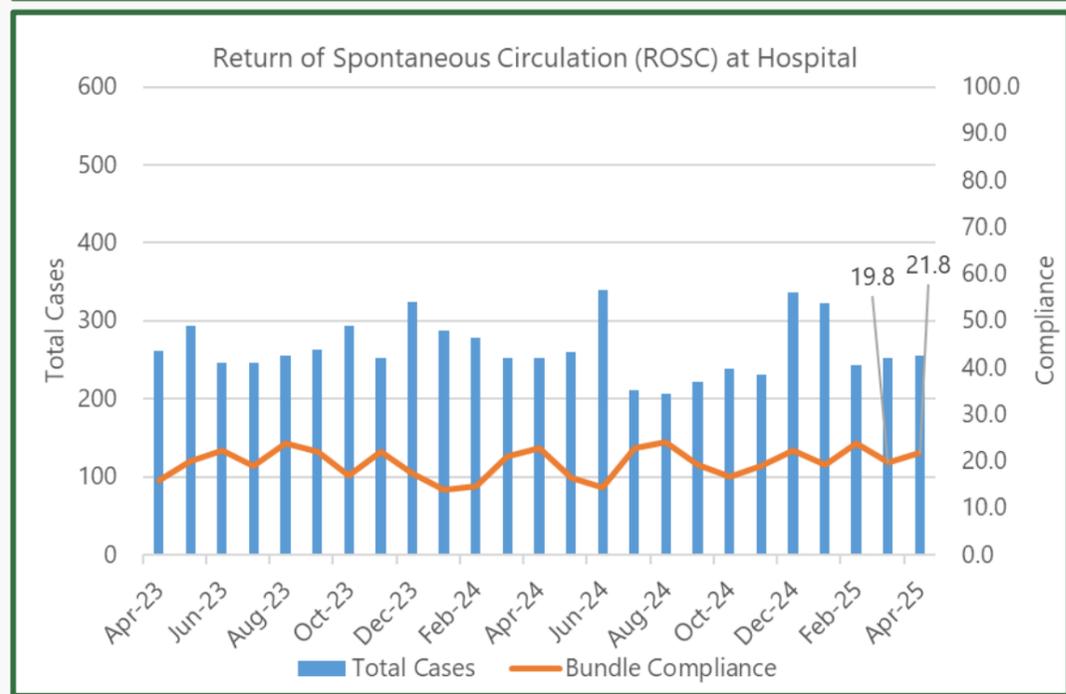
Stroke – 91.1%, a slight decrease from 90.6% in March 2025. There is a close correlation between documenting FAST (a test to detect symptoms of stroke) and care bundle compliance.

STEMI (heart attack) – 60.3%, a decrease from 70% in March 2025. There has been a decrease in documenting all criteria in Q1, particularly in the pain score and analgesia components. The number of cases remained low (73) therefore, increasing the volatility of the compliance data so this could be natural variance.

Return of Spontaneous Circulation at hospital (from cardiac arrest) – 21.8%, an increase from 19.8% in March 2025. An update was made to the ROSC coding scripting which affected the data from July 2024. This resulted in a step change with August 2024 being the highest since ePCR was implemented. A 'nudge' to improve documentation for specific fields including outcome was implemented in October 2024. Both December and January continued to see higher numbers of cases in this indicator.

N.B. Due to the nature of this metric, common cause variation occurs which can result in a marked reduction in performance from small numbers of unsuccessful resuscitations attempts. The factors that influence this are multifactorial and as such it is not possible to identify the specific element. Following the switch to the electronic Patient Clinical Record, the way data is collected has changed. Automated Clinical Indicator reports are generated from data directly inputted by clinicians. As a result of the anticipated low compliance, risk 535 was generated with three key mitigations to work on:

- Design of the electronic Patient Clinical Record User Interface
 - Clinician interaction with the electronic Patient Clinical Record
 - Accuracy of the scripting to extract the data from the data warehouse to create the reports.
- Further electronic Patient Clinical Record User Interface changes are planned for the next update scheduled for Autumn 2025, the impact will be monitored by the Clinical Intelligence & Assurance Group.



Our Patients: Quality, Safety & Patient Experience

Clinical Indicators

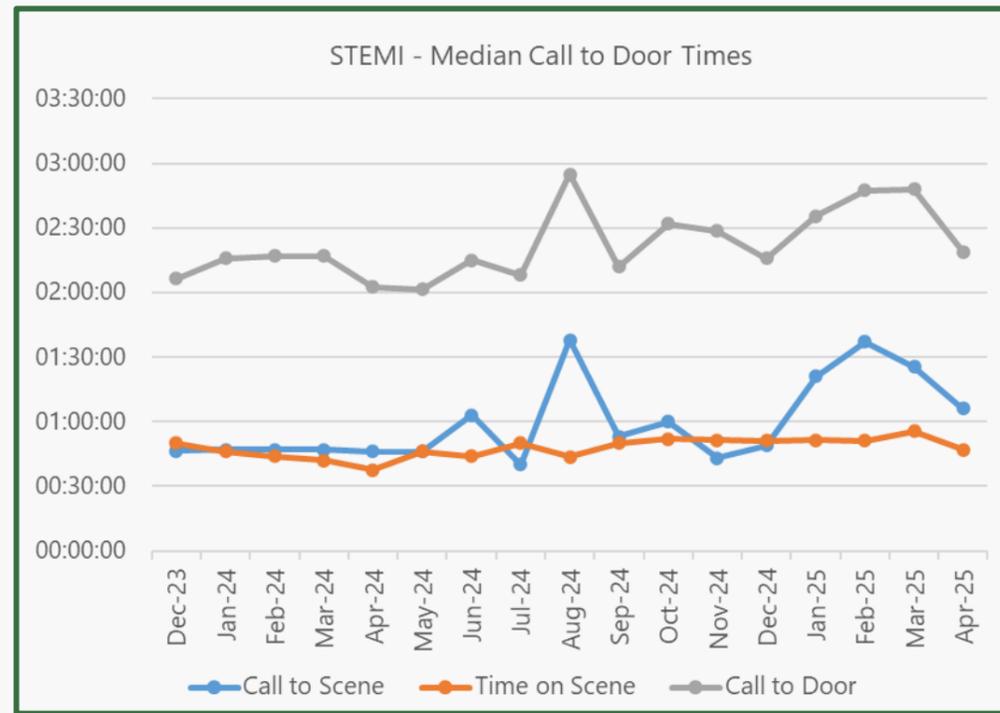
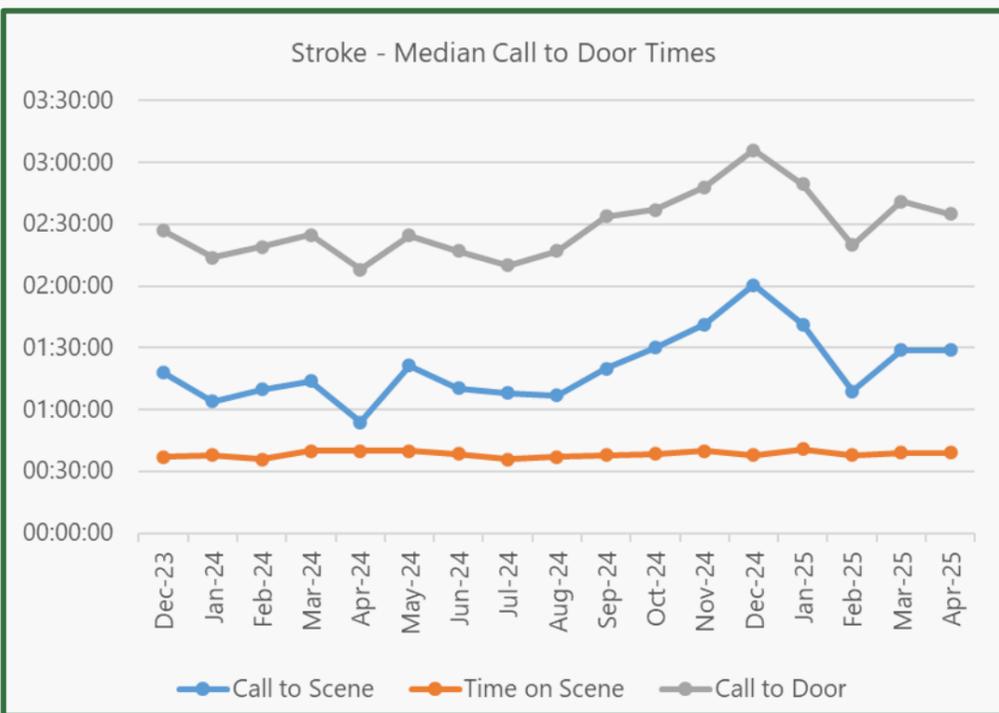
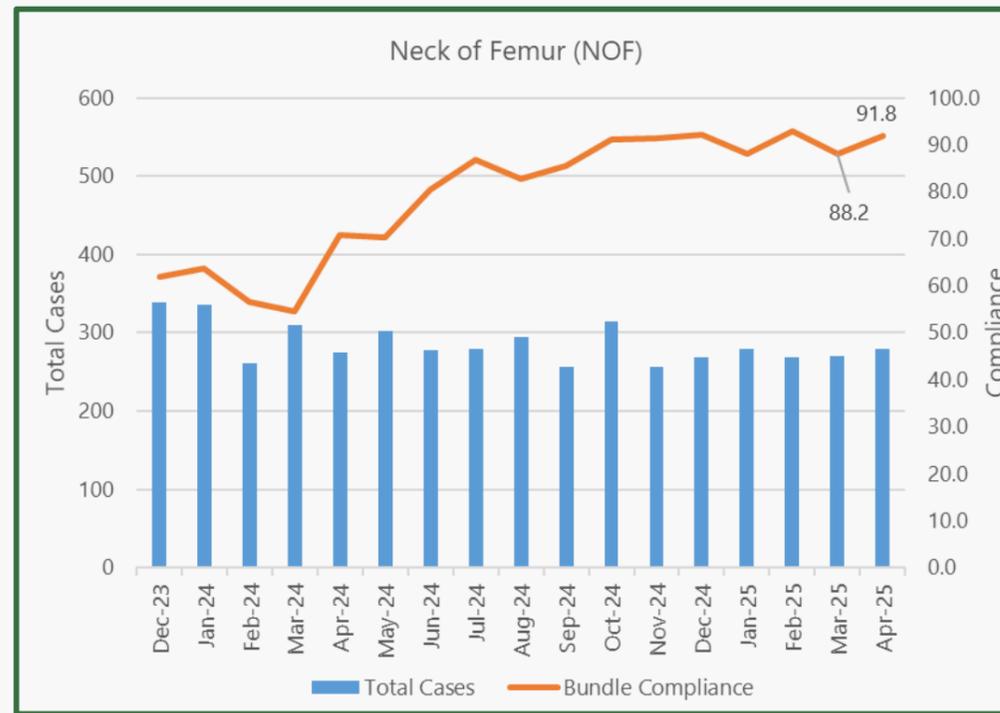
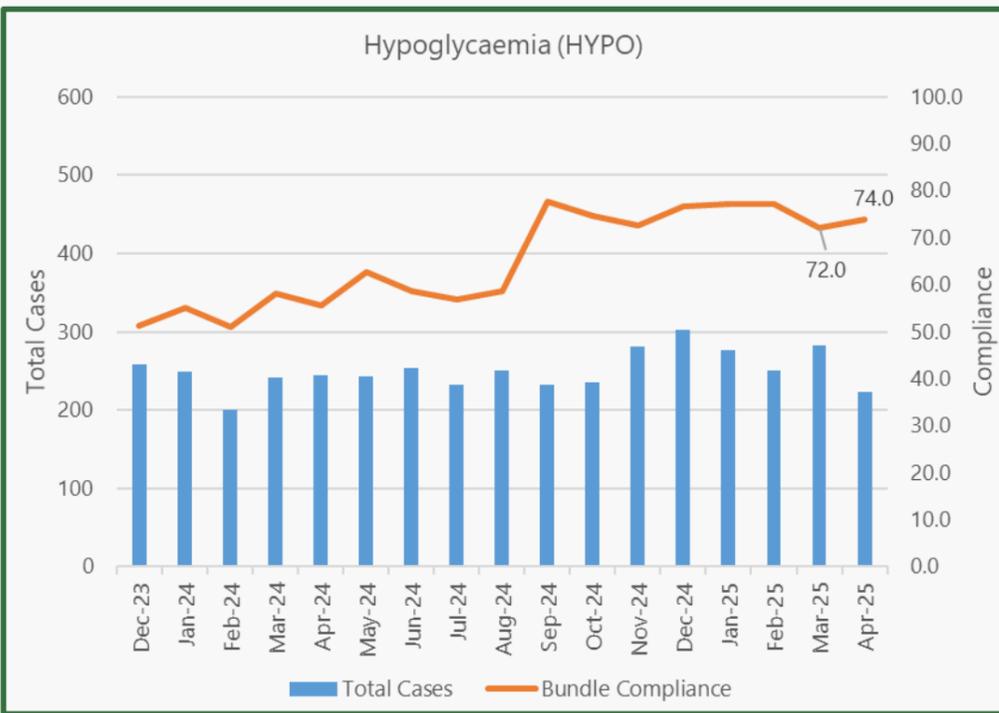
Hypoglycaemia, Fractured Neck of Femur (#NOF) and Time-Based metrics (Stroke & STEMI)

Call to Door
A

Self-Assessment:
Strength of Internal
Control: Moderate

QUEST

(Responsible Officer: Andy Swinburn)



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

Hypoglycaemia (diabetic patients with low blood glucose) – 74%, an increase from 72% in March. Compliance has remained quite static through Q1, although with a slight decrease in the number of cases from 276 (Jan 25) to 223 for April. This is likely to be within the natural variation.

Fractured Neck of Femur (hip fracture) – 91.8%, an increase from 88.2% in March. Only a slight increase in compliance this can be attributed to a decrease in the documenting analgesia.

Call to door times for Stroke and STEMI – Call to door times have reduced for STEMI during Q1, the corresponding report for stroke improved with the changes both being attributed to the call to door element of the call cycle.

Remedial Plans and Actions

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

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

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Patient National Reportable Incidents & Duty of Candour Responses Indicators

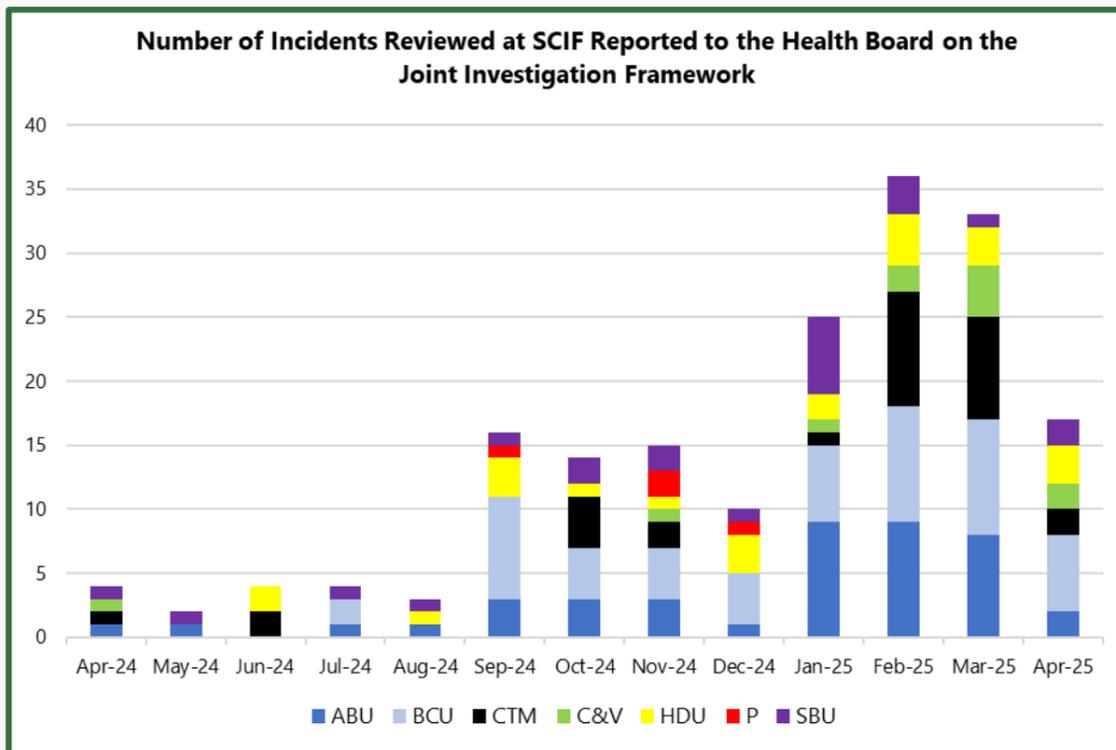
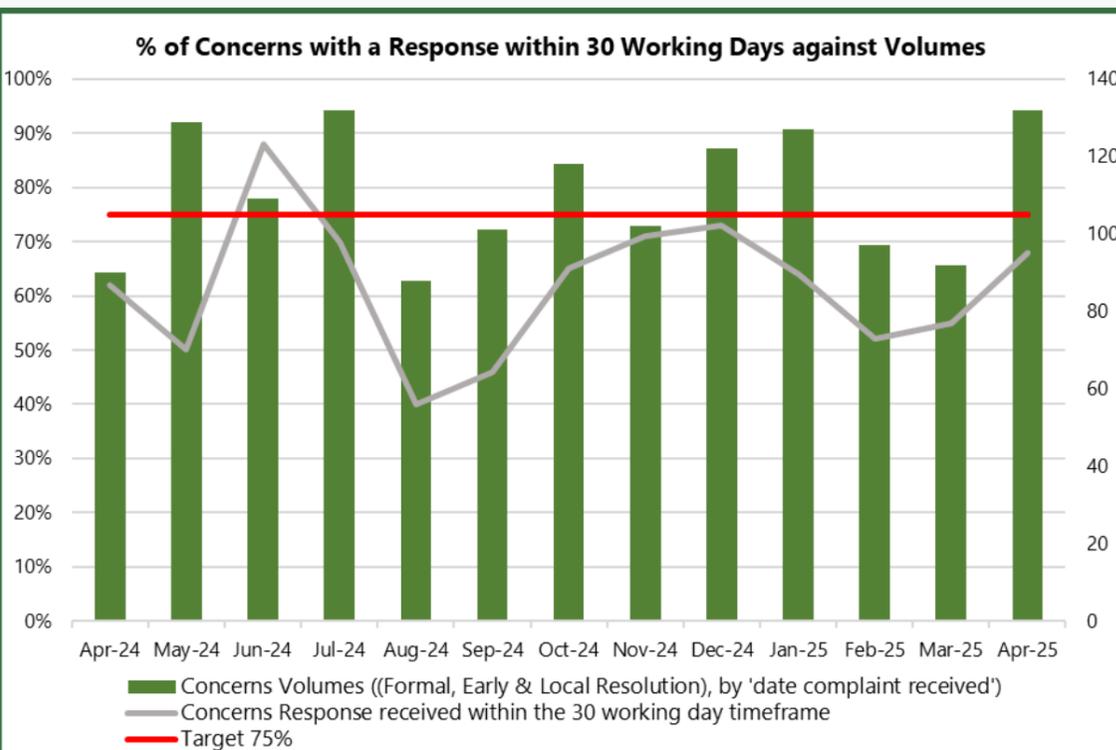
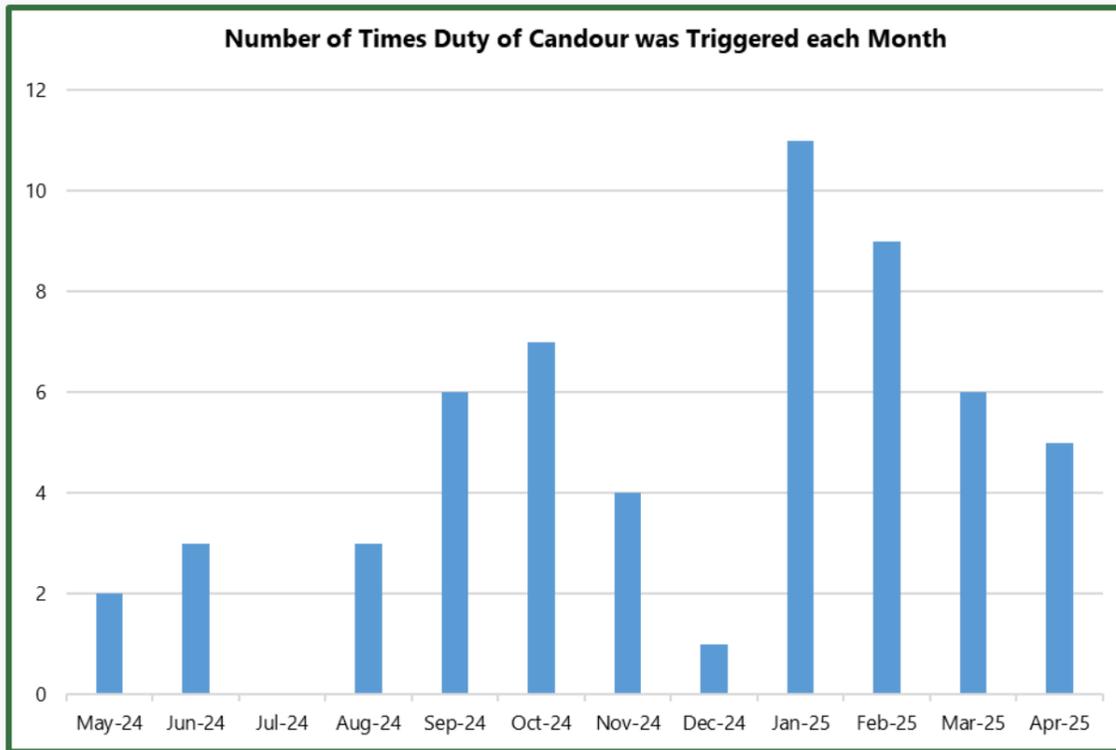
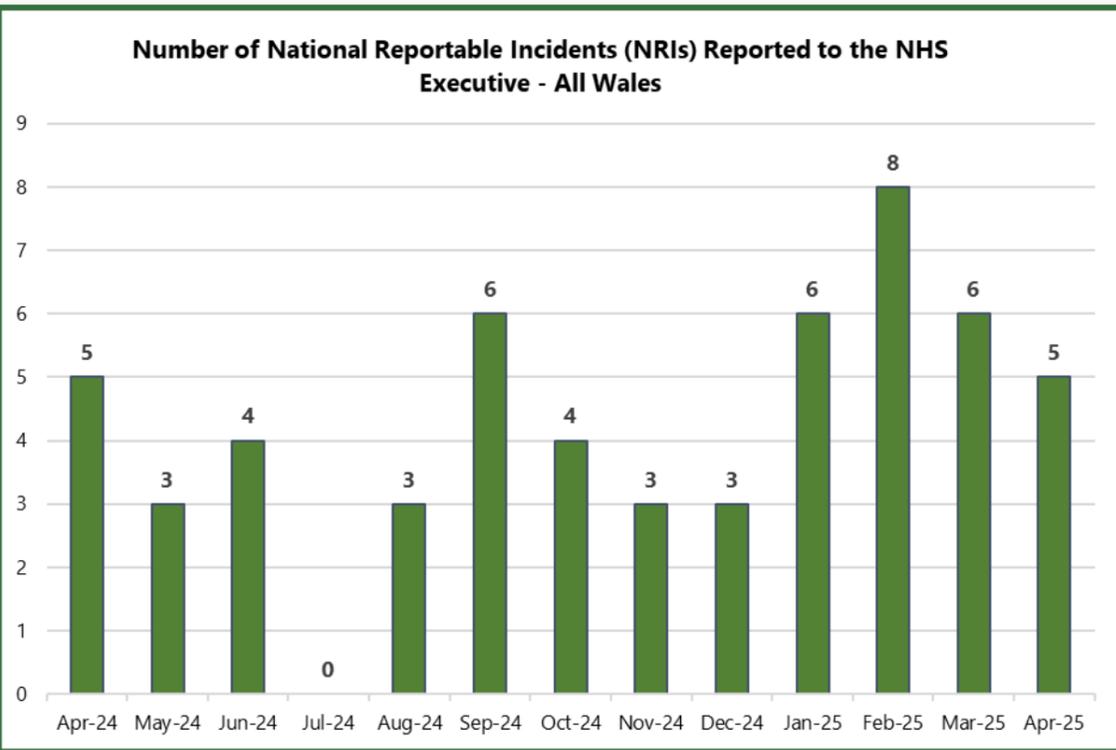
(Responsible Officer: Liam Williams)

Concerns. **R**

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 is not achieved but remains at a reasonable level. The performance for closed complaints however masks a concerning picture of growing open and overdue complaints. This is due to increased complexity of investigations within the Trust and an increased volume of incidents. These may have arisen from changes in the Clinical Safety Plan that increased the Trust risk on behalf of the wider NHS system, plus the need to recruit additional staff to support audit of the different interventions now in place.

NRI reporting has returned to a more average level following a spike during the winter months.

Remedial Plans and Actions

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

The Trust has approved increased investment within the Operations Auditing Team and the Remote Care Education Team to support timeliness of complaint and incident investigations

Expected Performance Trajectory

The increasing number of open complaints and the proportion of which are overdue presents a challenging picture of future performance. The complaints management process itself is well-assured, with families continuing to receive regular contact from the Trust. However, delays in completing investigations mean there is the potential of future PSOW findings against the Trust for cases where our response timescale is unreasonably lengthy

*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*

NRI & Concerns Data source: Datix / Longest Waits Data Source: Report Manager

Our Patients: Quality, Safety & Patient Experience

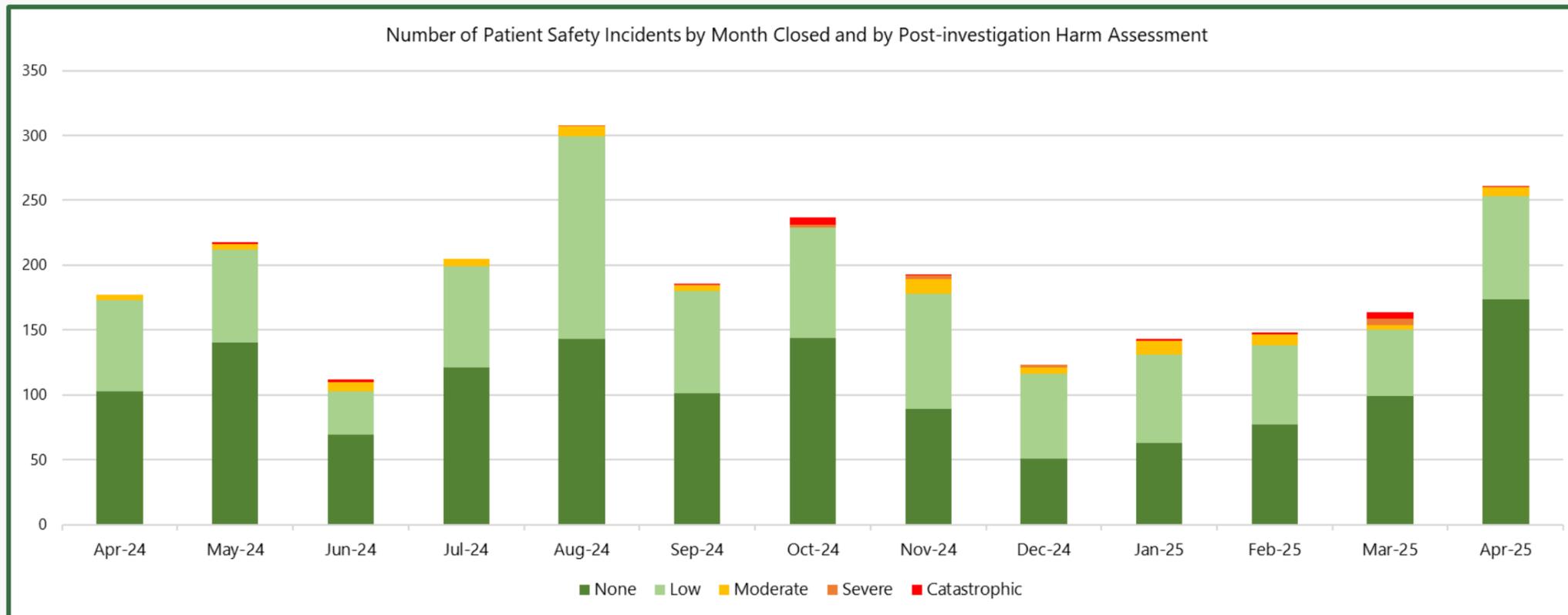
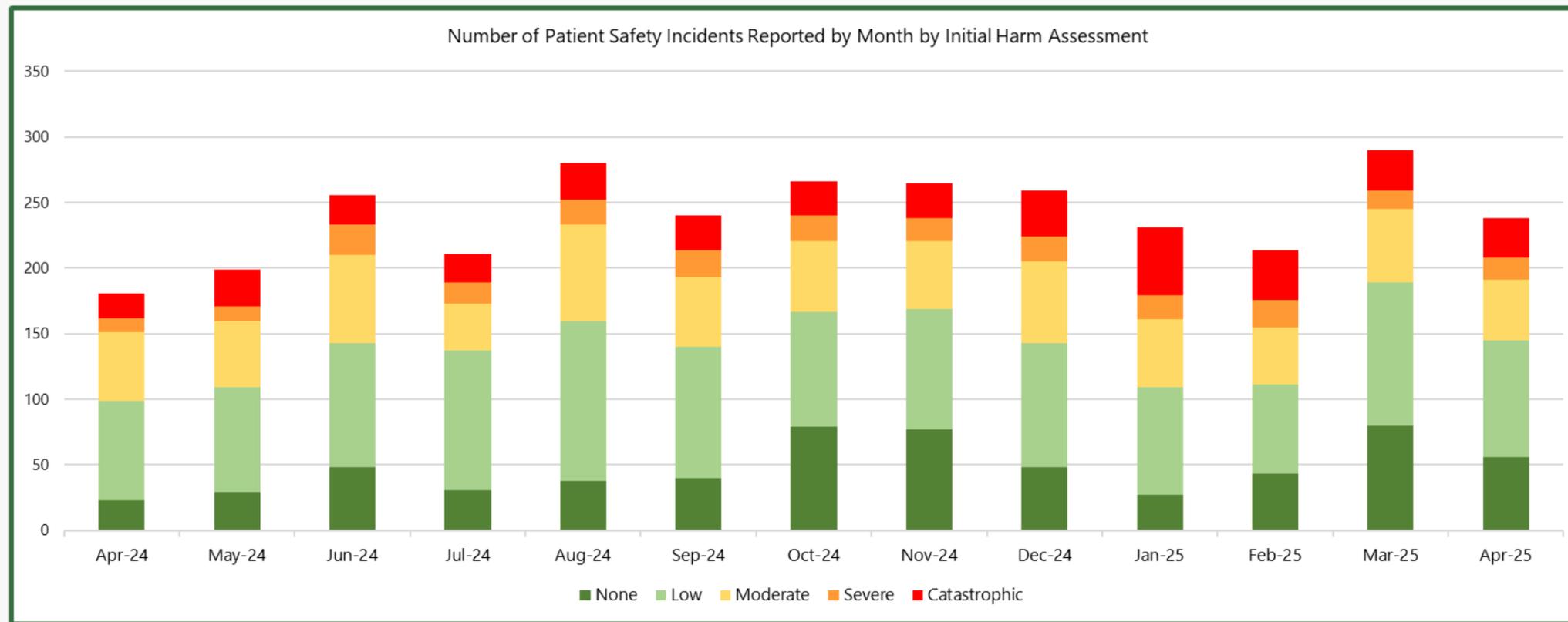
Patient & People Safety Indicators

Self-Assessment:
Strength of
Internal Control:
Moderate



(Responsible Officer: Liam Williams)

Health & Care
Standard
Health – Safe Care



Analysis

Incident reporting volumes have decreased back towards the organisational baseline. Incident closure rate has shown a marked improvement in the number of investigations being completed and closed down. This follows significant focus within service areas and improvement work of account permissions as part of the Datix Recovery & Improvement Plan. 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. NRI's that have been closed with the NHS Executive Wales have improved during the last month

Remedial Plans and Actions

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

Expected Performance Trajectory

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

Our Patients: Quality, Safety & Patient Experience

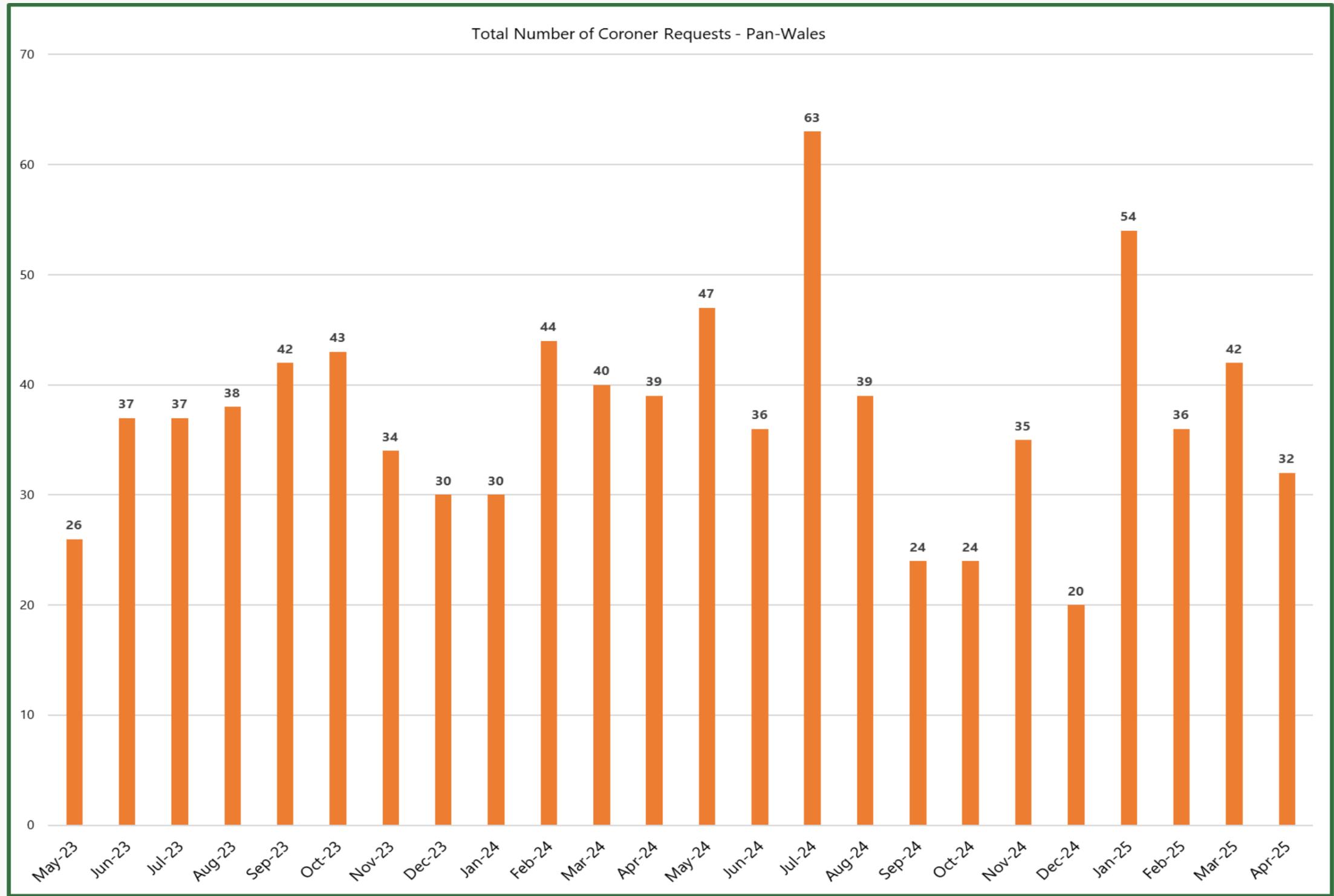
Coroners, Mortality and Ombudsmen Indicators

(Responsible Officer: Liam Williams)

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

Health & Care
Standard
Health – Safe Care



Analysis
The number of coroner approaches continues to bring a high level of activity to the Trust. Inquest cases continue to present with increased complexity and large numbers of statements and witnesses being called. These factors combined makes this an area of pressure across Trust services and for the individual staff involved.

Challenges to meet deadlines, in relation to EMSC with any form of remote clinical decision-making involvement continue to require extension of deadlines and the Trust has received two Schedule 5 notices in May 2025.

From 1 May 2025 the additional support that has been in place since 16 Jan 2023 has ceased. The Trust will do less of our own representation, leading to more Barristers being instructed by the Trust.

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.

Remedial Plans and Actions
Operations Quality have provided estimated completion dates for coronial deadlines, which will provide some assurance and expectations of completion dates to the coroner.

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. Short, medium and long-term plans continue to be developed to provide a solution to the challenges currently faced in timely completion of statements.

Our Patients: Quality, Safety & Patient Experience

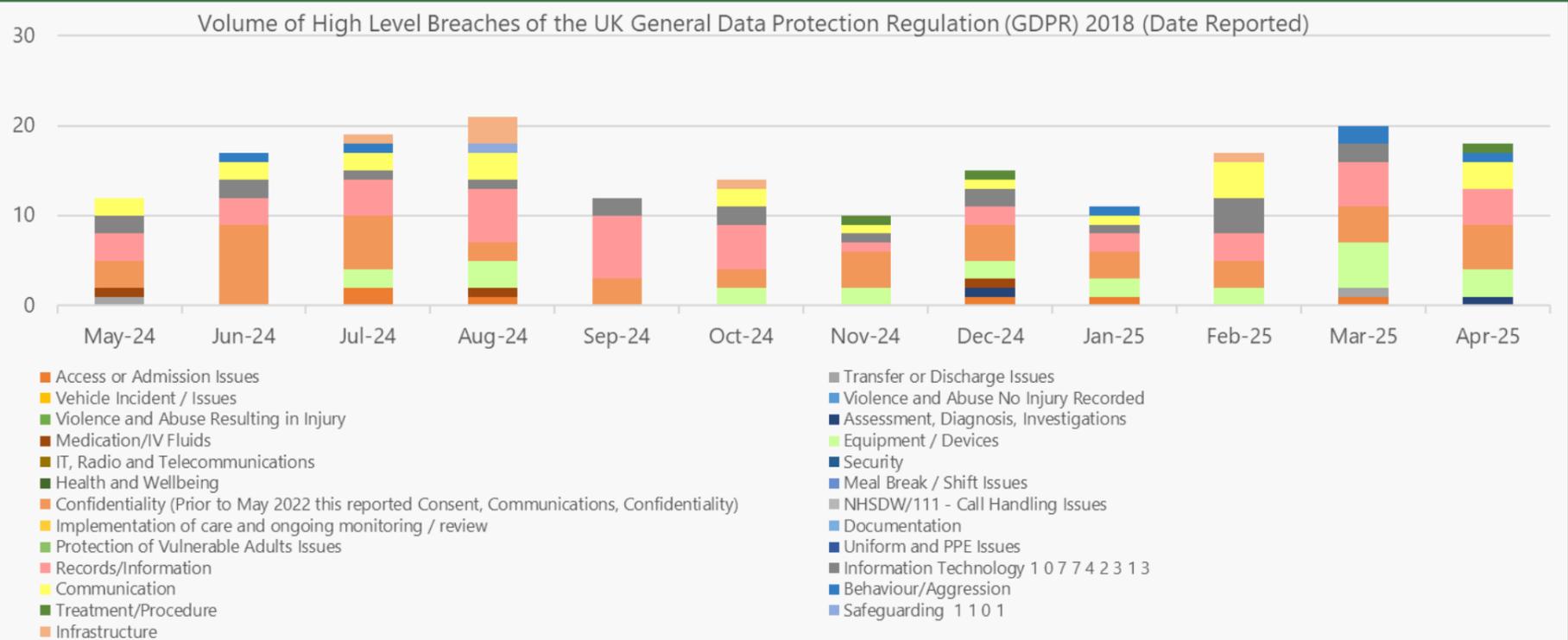
Safeguarding, Data Governance & Public Engagement Indicators

(Responsible Officers: Jonny Sammut & Liam Williams)

Health & Care Standard
Health – Safe Care

Self-Assessment:
Strength of Internal Control:
Strong

PCC



Analysis

Safeguarding: In April 2025 WAST colleagues submitted a total of 221 Adult at Risk Reports, 93% of these were processed within 24 hours. Whilst the Trust does not report on Adult Need for Care & Support reports (wellbeing); 767 reports were shared with local authorities across Wales during this reporting period. There have been 225 Child Safeguarding Reports submitted in April 2025, 92% of these were processed within 24 hours.

Data Governance: In April 2025, there were 18 information governance (IG) related incidents reported on Datix Cymru categorised as an Information Governance (IG) breach. Of these 18 breaches, 5 related to IG/Confidentiality, 4 Records/Information, 3 Communication, 3 Equipment, 1 Behaviour, 1 Assessment Investigation, and 1 Treatment/Procedure.

Public Engagement: During April, PECEI attended 23 community engagement opportunities, engaging with approx. 298 people. This included attending Whitchurch Memory Cafe for people with Dementia and their carers, Coleg Gwent Annual Health & Wellbeing Fair, Barry Over 50's Coffee Morning and Monmouth Parkinson's Support Group.

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.

Data Governance: During the reporting period, of the 18-information governance related incidents reported on Datix, no incidents were reported to the Information Commissioner's Office (ICO). The IG Team continues to monitor, and review reported incidents where applicable.

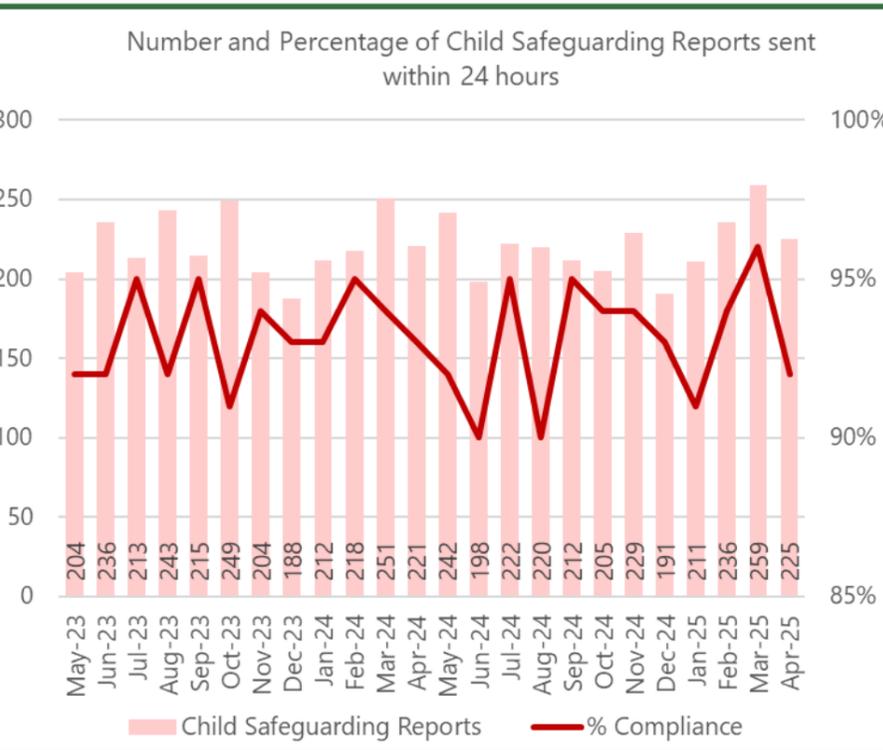
Public Engagement: As a result of The Service Review, CMT and other influencing factors, during April the PECEI Team were informed of an upcoming OCP which will see the Team restructured and re-aligned to meet the Trust's ongoing strategic objectives. The PECEI Team will continue to engage in an ongoing dialogue with the public about their experiences and expectations of our services, though it is unclear how this will change and what Team will be responsible for public engagement in the future.

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 is waiting to be opened for submissions.

Public Engagement: The Team is about to lose three members of staff to retirement or moving onto new positions elsewhere. The impending OCP means we are unable to back fill these posts. This will impact on our ability to support/attend community engagement opportunities.



Our Patients: Quality, Safety & Patient Experience

Health & Safety (RIDDORS) Indicators

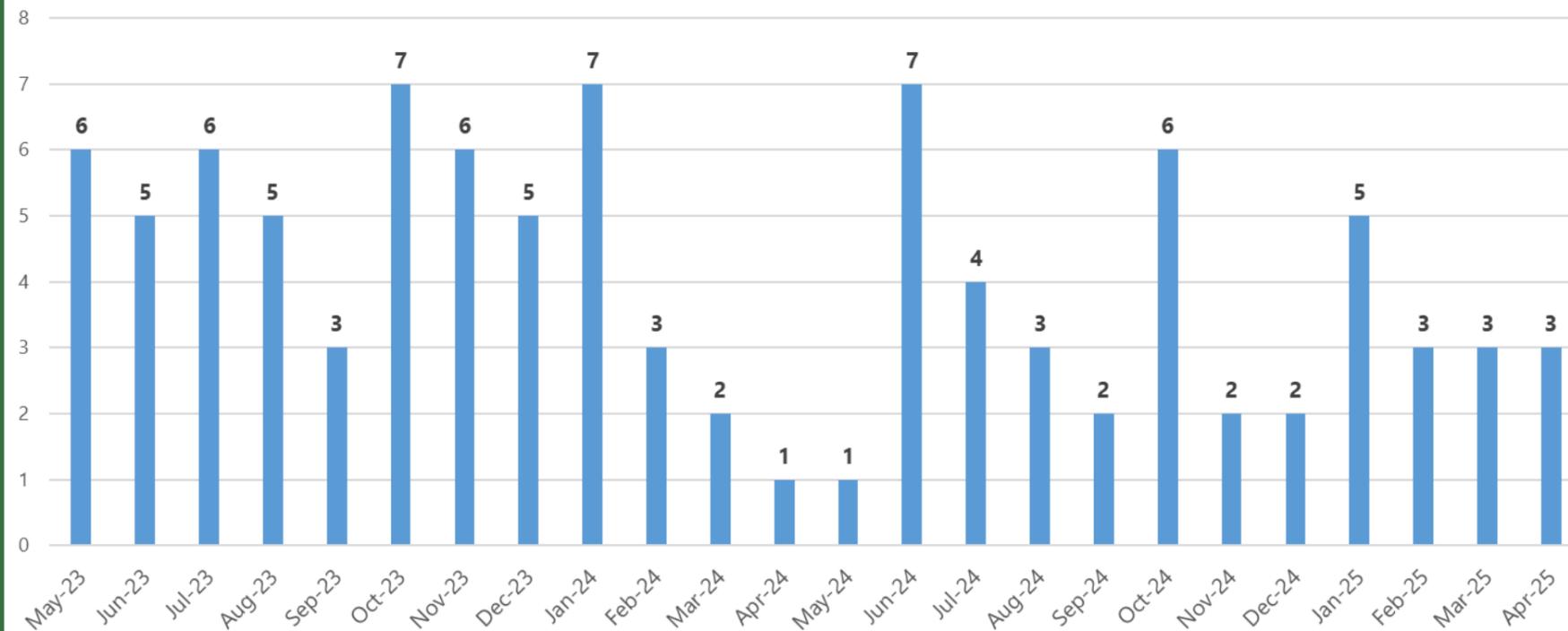
(Responsible Officer: Liam Williams)

Self-Assessment:
Strength of
Internal Control:
Moderate

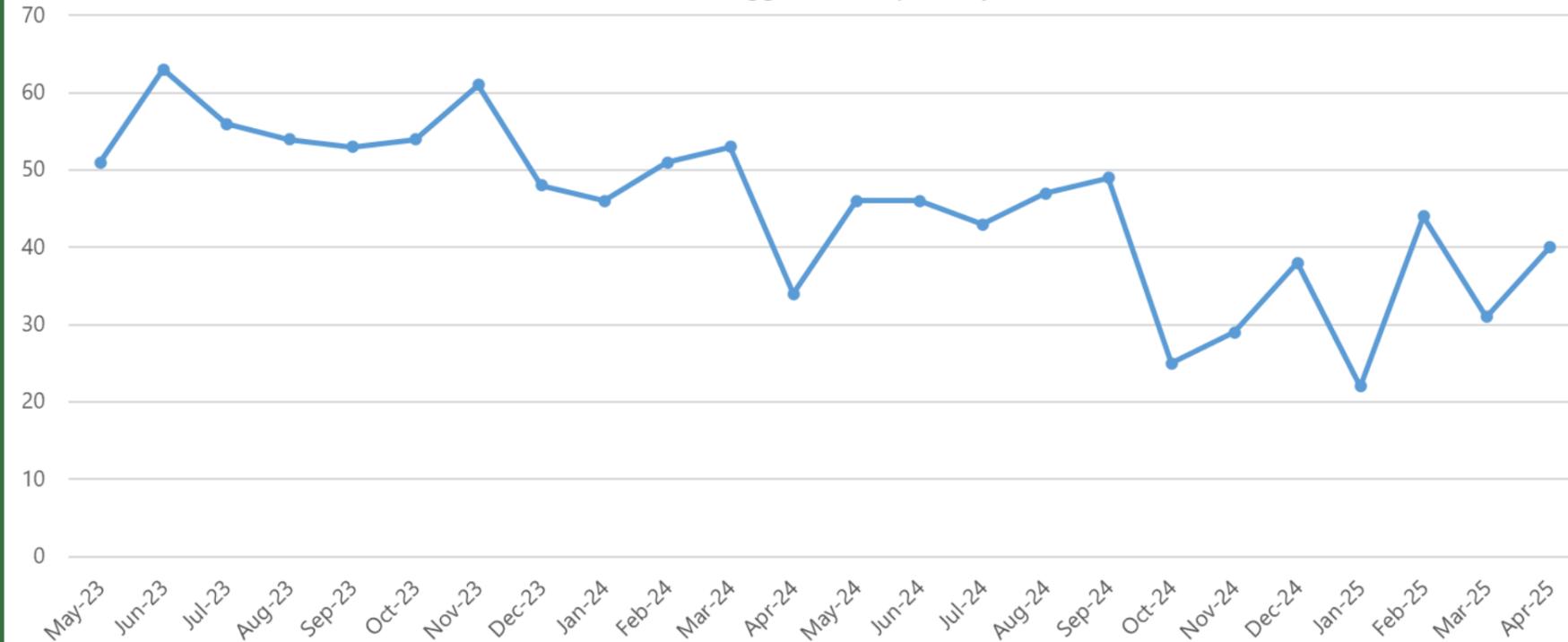
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Health & Care
Standard
Health – Safe Care

Volume of RIDDOR Reports by Month



Total Violence & Aggression Reports by Month



Analysis

RIDDOR:

There were 3 incidents requiring reporting under RIDDOR during April 2025 all 3 were for an injury requiring over 7 days of work.

67% of the RIDDOR's were submitted within the HSE reporting timelines, late identification of a RIDDOR reportable incident prevented 100% compliance with HSEW timescales.

Two RIDDOR's reported during the month were a result of manual handling patients and one whilst moving equipment from the vehicle.

Violence and Aggression:

A total of 40 incidents have been reported of V&A in April, an increase from the 31 in March 2025.

- 6 Physical Assault on staff was reported during the month with 3 incidents of verbal abuse
- 6 incidents were reported as Moderate in harm and 23 noted as low harm with 1 case being noted as causing severe harm.
- The number of verbal assault incidents remained during the month with aggressive and threatening behaviour accounting for 23 of the 34 incidents.

Remedial Plans and Actions

RIDDOR:

The weekly Datix incident meeting is being used to identify RIDDOR reportable incidents. A Safety Advisor is designated to assist with the investigation to find root cause and reporting to the Health and Safety Executive (HSE).

Violence and Aggression:

V&A Team continue to support staff with pursuing remedial action for V&A cases with 2 cases going to Magistrate court during the month and custodial sentences given for both. The team continue working with the Clinical Support Desk to explore mechanisms to better protect staff by use of Community Behavioural Orders via the Patient Care Plans.

Expected Performance Trajectory

RIDDOR:

It is apparent the Trust is experiencing a lower number of slip and trip incidents reported due to improvement in ground conditions at patient properties.

Violence and Aggression:

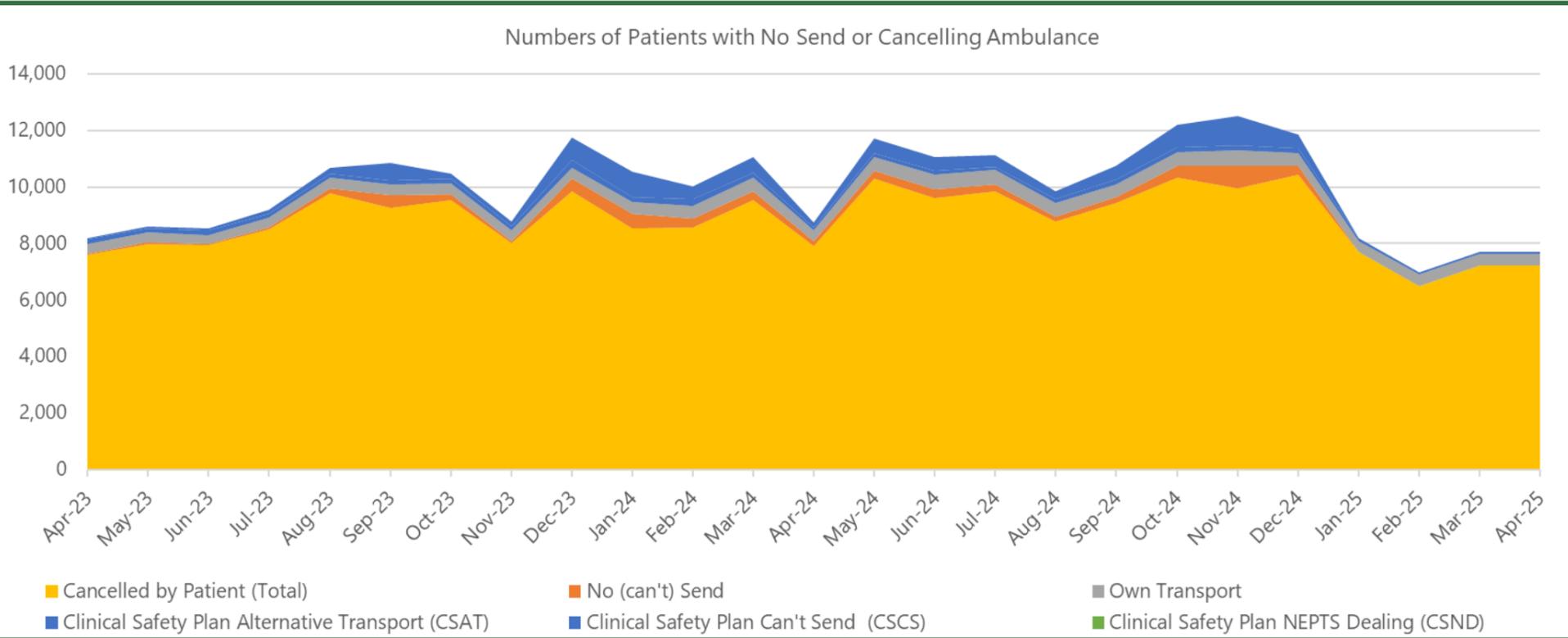
The number of verbal assaults has been on the increase as staff become more confident in the support provided by the V&A team.

Data source: Datix

Our Patients: Quality, Safety & Patient Experience

Potential Patient Harm Indicators

(Responsible Officer: Andy Swinburn)



Analysis

In April 2025, 71 ambulances were stopped due to Clinical Safety Plan alternative transport (CSPT). In addition, 6,431 ambulances were cancelled by patients (including patients refusing treatment at scene) a minimal decrease from the 6,433 in March 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.

There were 712 requests made to Health Board EDs for immediate release of Red or Amber 1 calls in April 2025. Of these 150 were accepted and released in the Red category, with 1 not being accepted and 192 ambulances were released to respond to Amber 1 calls, but 369 were not.

The graph in the bottom left shows the estimated level of patient harm during April 2025. Of the 6,025 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% (903 patients) would experience no harm, 53% (3,193 patients) would experience low harm, 23% (1,385 patients) would experience moderate harm and 9% (542 patients) would experience severe harm.

In April 2025 CSP levels for the Trust were:

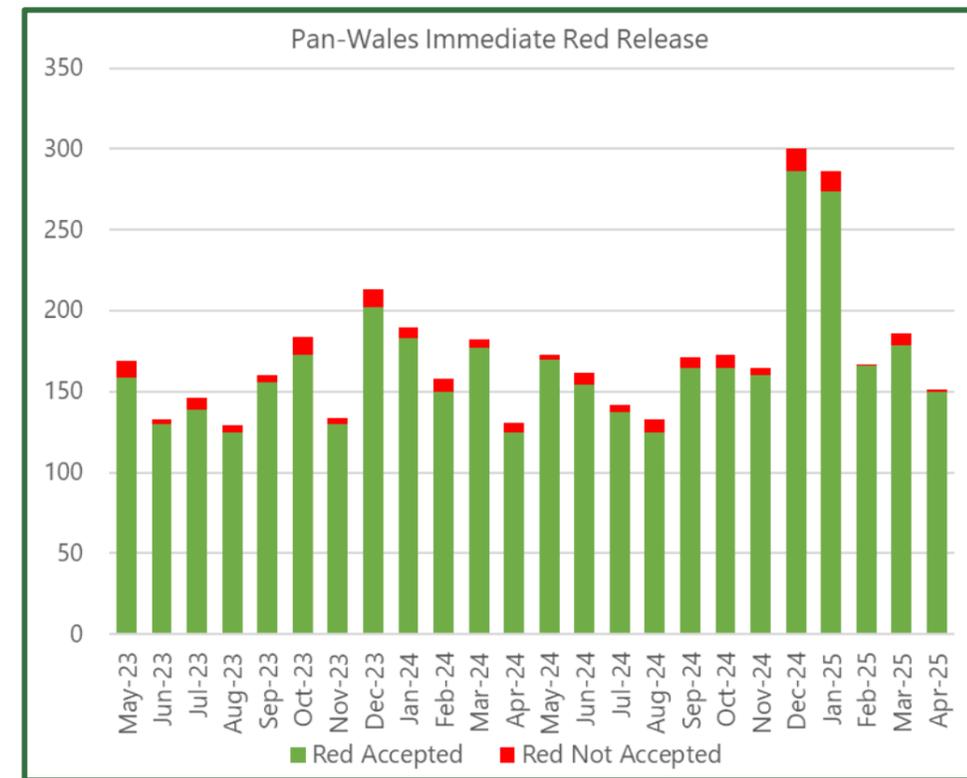
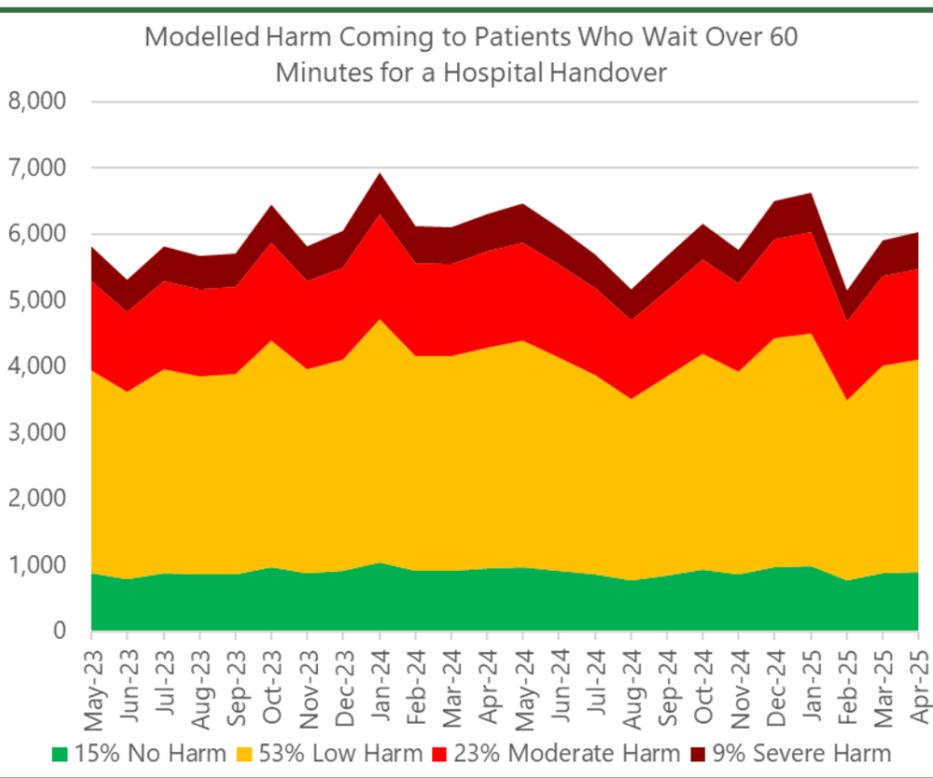


Remedial Plans and Actions

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

Expected Performance Trajectory

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



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

Our Patients: Quality, Safety & Patient Experience

Patient Experience Surveys

(Responsible Officer: Liam Williams)

Self-Assessment:
Strength of
Internal Control:
Moderate

PCC

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Health – Safe Care

April 2024		
NEPTS (233 responses)	Benchmark	Score
How long did you wait for your transport to take you home after your appointment.	85	79
Were you happy with the transport you received?	85	95
999 (18 responses)	Benchmark	Score
The 999-call taker who answered your call was reassuring.	85	93
The 999-call taker who answered your call explained what was going to happen next.	85	100
You felt confident in the call taker ability to manage your call and provide appropriate advice.	85	94
The length of time I waited for an ambulance to arrive was acceptable.	85	50
111 (25 responses)	Benchmark	Score
Do you feel your call to 111 Wales was helpful?	85	50
Did you follow the advice given to you by NHS 111 Wales?	85	100
Would you consider using NHS 111 Wales again?	85	50
WAST Overall - Friends & Family Test	Ranked from very poor to very good.	
How was your overall experience with the service today?		
○ Ambulance care	88.59% Good	7.07% Poor
○ Integrated Care (NHS 111 Wales Telephone line only)	50.00% Good	50.00% Poor
○ EMS (including CSD)	62.5% Good	18.75% Poor
○ NHS 111 Wales Online	46.15% Good	30.77% Poor
	* Where totals above do not add up to 100%, this is because a 'Do Not Know' answer was given, these are excluded from overall total.	

Analysis

Within the NEPTS survey the response provided did not hit the benchmark in relation to the question 'How long did you wait for your transport to take you home after your appointment, while the question 'Were you happy with the transport you received', came out above the 85-benchmark figure (n=95).

In the 999 survey 'The length of time waited for an ambulance to arrive was acceptable' question failed to meet its target. Whilst within 111 survey the only question to achieve its 85-benchmark was 'Did you follow the advice given by NHS 111 Wales?'

Response rates to the 999 and 111 surveys remain low and it's acknowledged that these do not reflect an entirely representative picture based on overall call volumes.

Throughout April 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

We continue to make available 4 core Patient Experience surveys, covering the Trust's main service delivery areas:

999 EMS Response (incorporating CSD)

Ambulance Care (NEPTS)

NHS 111 Wales Telephony

NHS 111 Wales Online

Response rates to some of our PREM's surveys continues to be disappointingly low and we acknowledge that this means we cannot report a truly reflective picture of what it feels like to be a user of some of our services. A DPIA has now been submitted to the ICO for consideration, which would allow us to contact certain 999 callers by SMS Text to ask them to provide feedback. We hope to receive a response within eight to ten weeks.

We continue to work closely with the Trust's Falls Improvement Lead to deliver a targeted survey looking at the experiences of people who are responded to by either a Level 1 or Level 2 falls responder. Plans are in place to duplicate this method of survey delivery with patients attended to by a CWR Volunteer. We continue to engage with the Once for Wales Programme Board who have updated the 'All Wales Patient Experience Question Set' and 'People's Experience Framework'. The Framework and new questions have now been formally released by Welsh Government alongside an updated Welsh Health Circular.

Expected Performance Trajectory

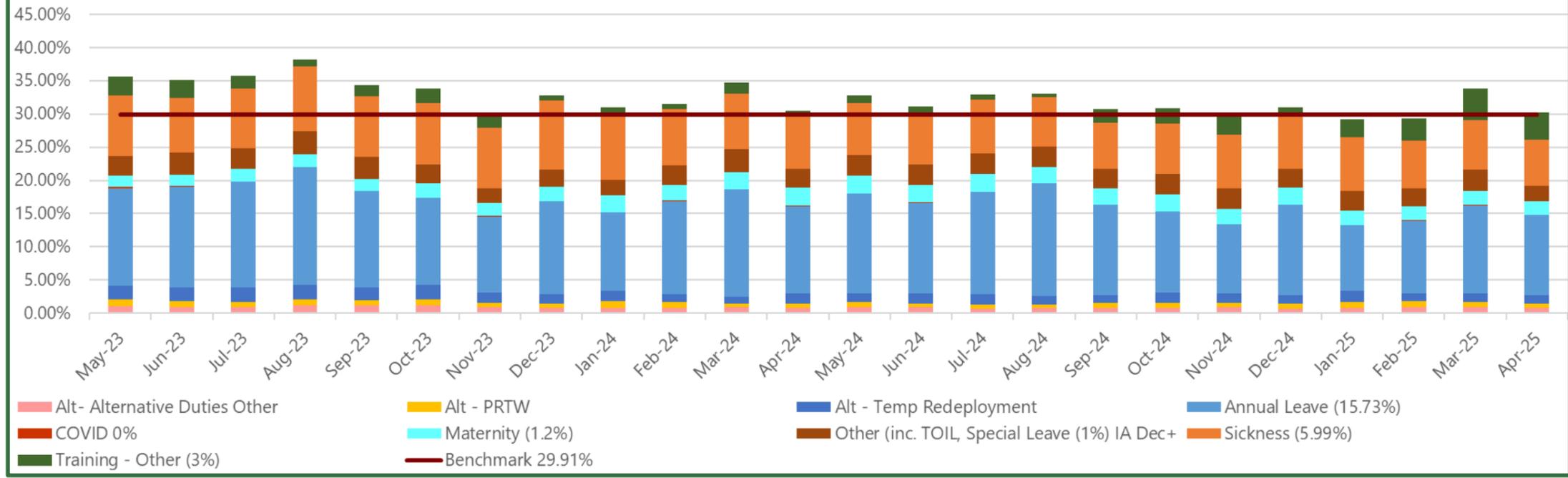
An overall aim of increasing visibility of experience surveys and maximising opportunities to capture patient experience data.

Our People Capacity - Ambulance Abstractions and Production Indicators

(Responsible Officer: Lee Brooks)

EA Production	Abstractions	CI	PCC
A	R		
			FPC

Pan-Wales EMS Total Rota Abstraction Hours



Analysis

As shown in the top graph, monthly abstractions from the rosters are key to managing the number of hours the Trust has produced, as are the total number of staff in post. April 2025, saw a total EMS abstractions (excluding Induction Training) of 30.26%. This was a decrease on the 33.86% recorded in March 2025 and is minimally above the 29.91% benchmark. The highest proportion of abstractions was due to annual leave at 12.08% followed by sickness at 6.88%.

The total EMS hours produced is a key metric for patient safety. The Trust produced 125,639 hours during April 2025, an increase compared to the 121,578 hours produced during April 2024. The Trust is delivering good levels of production.

Emergency Ambulance Unit Hours Production (UHP) achieved 93% in April 2025 which equated to 77,470 Actual Hours.

In April 2025 CHARU UHP was 91% against the full roll out requirement. The second highest UHP in the last four months.

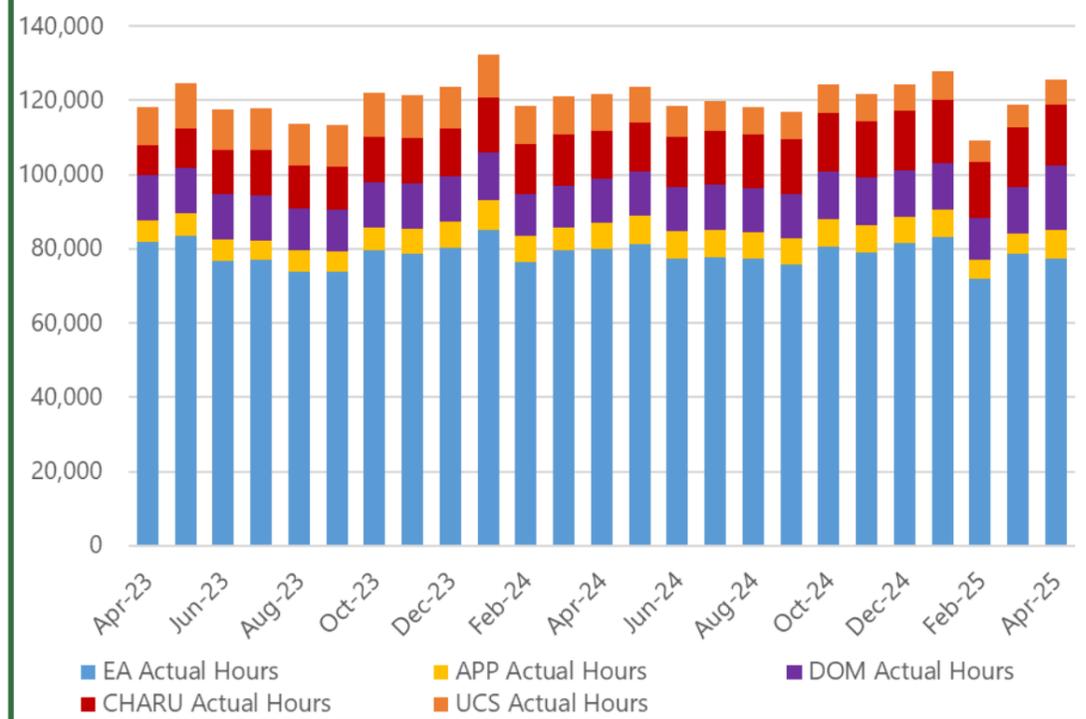
Remedial Plans and Actions

- 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.

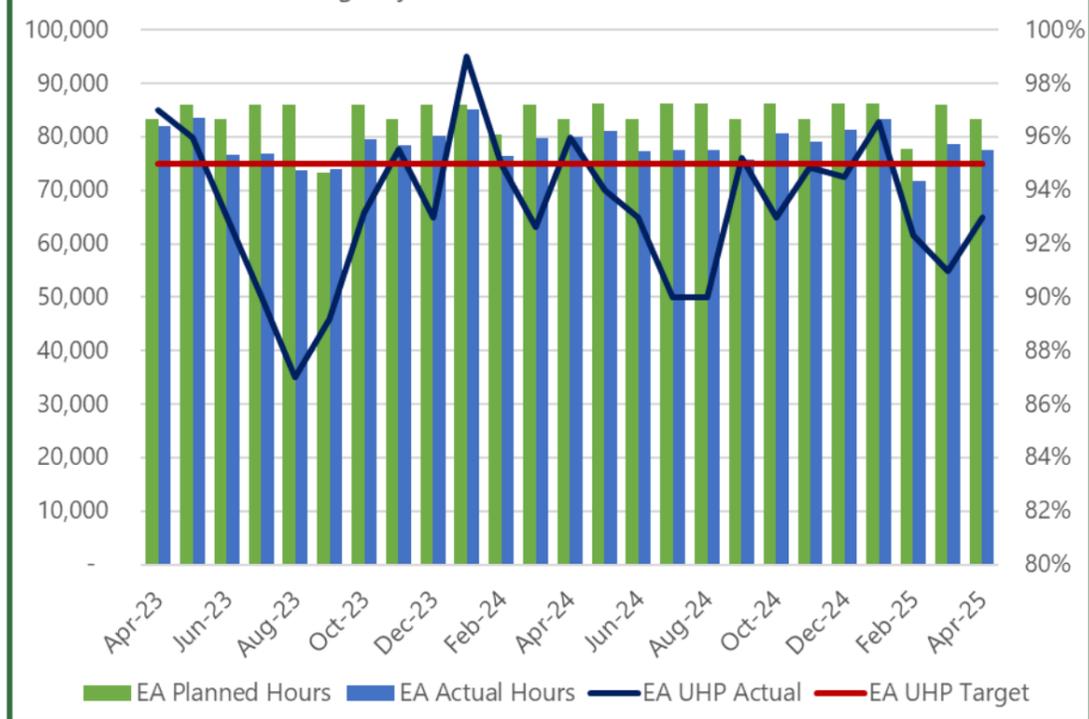
Expected Performance Trajectory

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

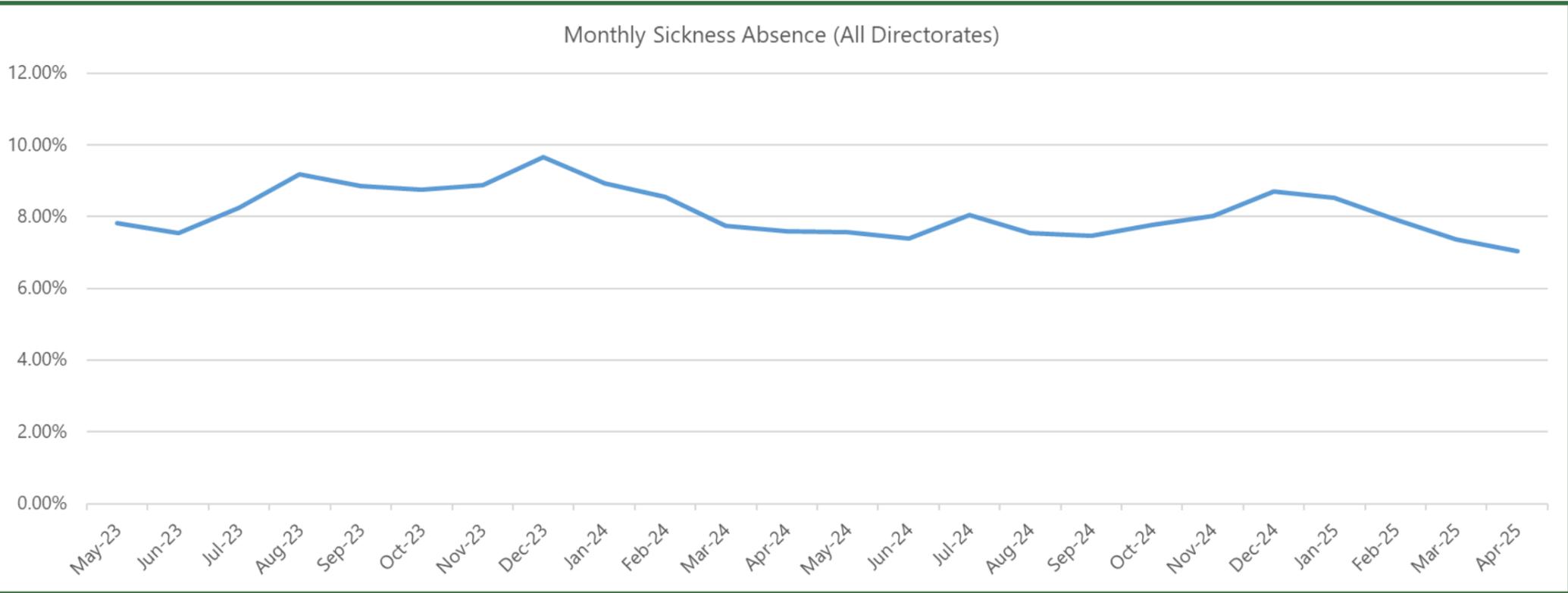
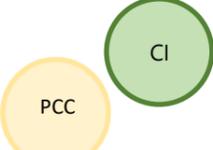


Emergency Ambulance Unit Hours Production



Our People Capacity - Sickness Absence Indicators

(Responsible Officer: Angela Lewis)



Analysis

There was a slight decrease in overall sickness absence rates between March 2025 and April 2025, dropping from 7.38% to 7.04%. Long term absence decreased from 5.57% in March 2025 to 4.75% in April 2025, while short-term absence increased slightly to 2.28% in April 2025 from March 2025 (1.81%). The highest reasons for absence in April 2025 were Anxiety/ Stress/ Depression, Gastrointestinal problems, other musculoskeletal problems, and injury fracture. Absence due to Mental Health decreased slightly for the fifth consecutive month from 2.31% in March 2025 to 2.22% in April 2025.

In April 2025, WAST Occupational Health continue to meet national KPIs set by the All-Wales Occupational Health standards and scope of practice, i.e., regarding turnaround times for referrals the national KPI states: The 1st offered appointment date will be within 29 calendar days of the date referral received. KPI that this is achieved 80% of the time. 140 management referrals and 22 self-referrals were made in April. The current average waiting time for an offered appointment date, from point of referral is 5.13 days.

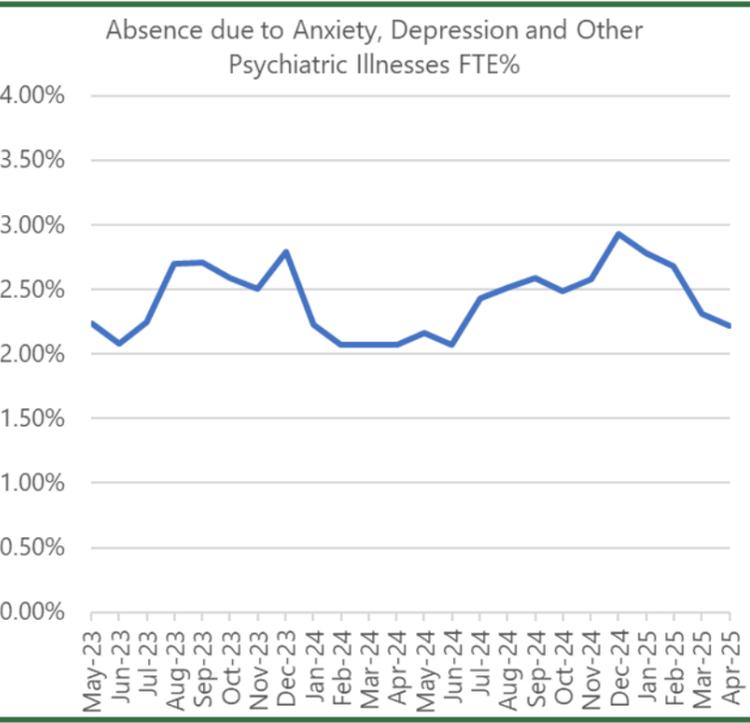
The Employee Assistance Programme service received a total of 65 calls, including 55 calls for counselling support and 10 call for advice, covering employment, divorce & separation, childcare and bereavement.

Remedial Plans and Actions

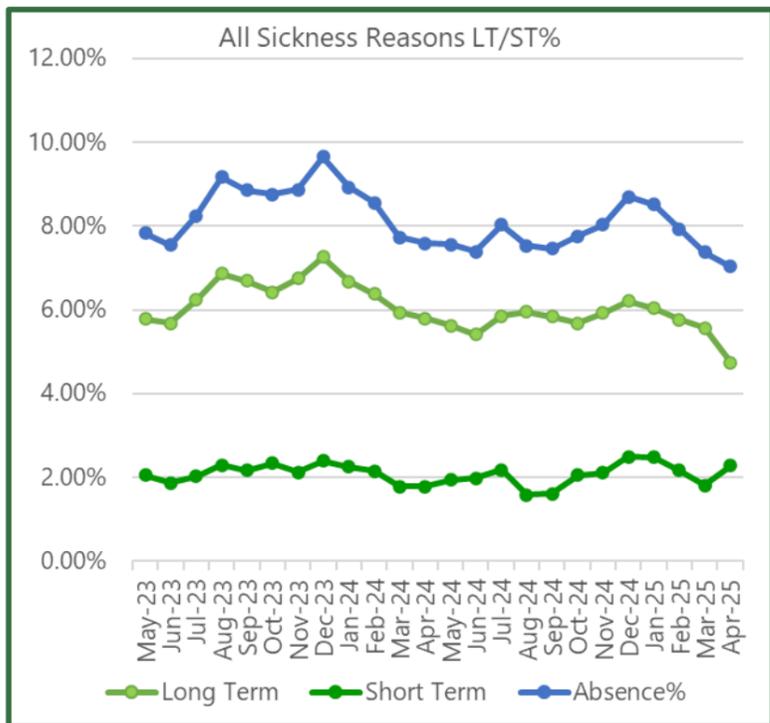
- The Health and Wellbeing Plan for 2025-29 has been approved by the WAST Board and a delivery plan has been developed and implemented. The focus of the plan is to improve workplace relationships, increase the trauma-awareness of the organisation and address health and wellbeing challenges increasingly 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.
- Continuous review of the Occupational Health and Wellbeing provision, so that we ensure that services/interventions offered are relevant, appropriate, and up to date, our focus remains on continuous improvement.
- The programme plan for the pilot Health Check Programme, Health Diagnostics, (HD), has now started. The programme was promoted and discussed with staff members at each of the Spring roadshows, 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 given continuing system pressures.



Average working days lost per FTE (Annual)	
17.76 days	
Single month Absence %	
7.04%	
Long Term	Short Term
4.75%	2.28%
Mental Health	Other MSK
(S10 Stress/Anxiety) 2.22%	(excluding Back) 0.72%



April 2025

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

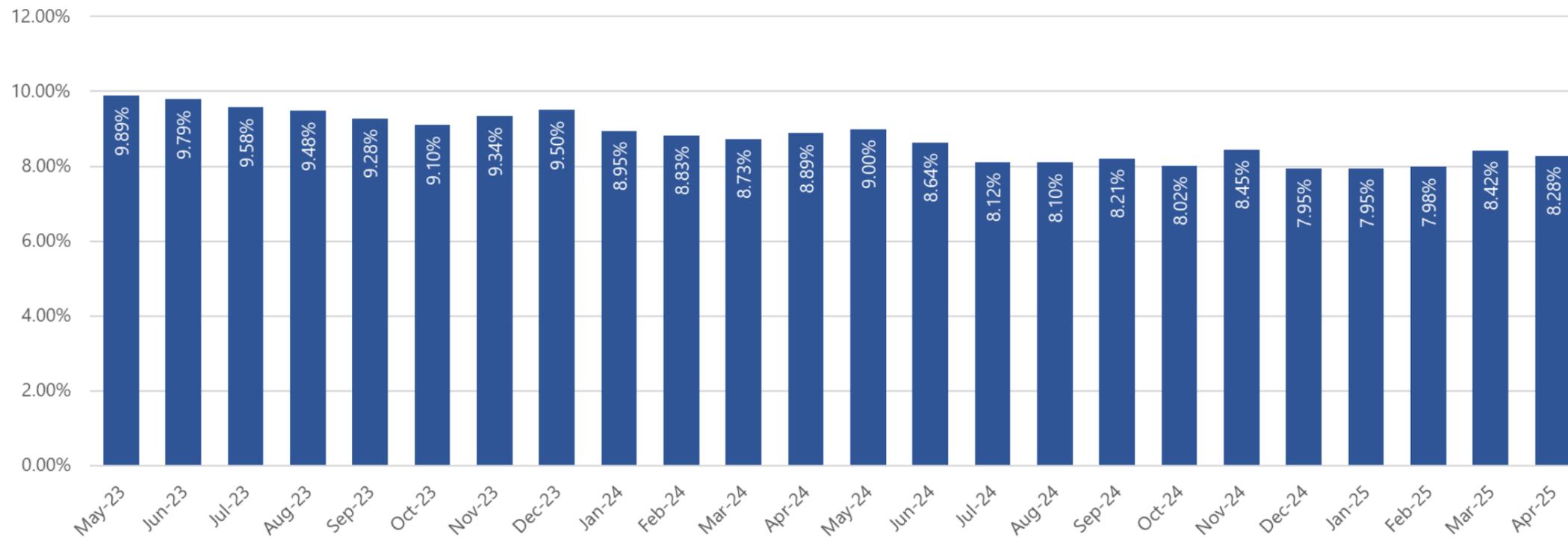
Our People Capacity – Staff Turnover

(Responsible Officer: Angela Lewis)

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PCC

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



Analysis

Staff turnover rates in April 2025 were 8.28%, decreasing from 8.42% in March 2025. April saw 22 leavers (18.34 FTE). Of those leaving, the group with the greatest number were.

- Ambulance Care Assistants or Patient Transport Drivers (4 people),
- Technicians (4 people), and
- Paramedic (4 people).

In April, this was compensated by 45 joiners (41.74 FTE). A headcount of 9 people into Corporate roles and 36 people into Operational roles including:

- Ambulance Care Assistants or Patient Transport Drivers (11 people),
- Staff Nurse (8 people)
- Emergency Call Handler (5 people)

Currently it has been noted that in early months of the year and start of the financial year sees a peak occurs, predominately due to retirements.

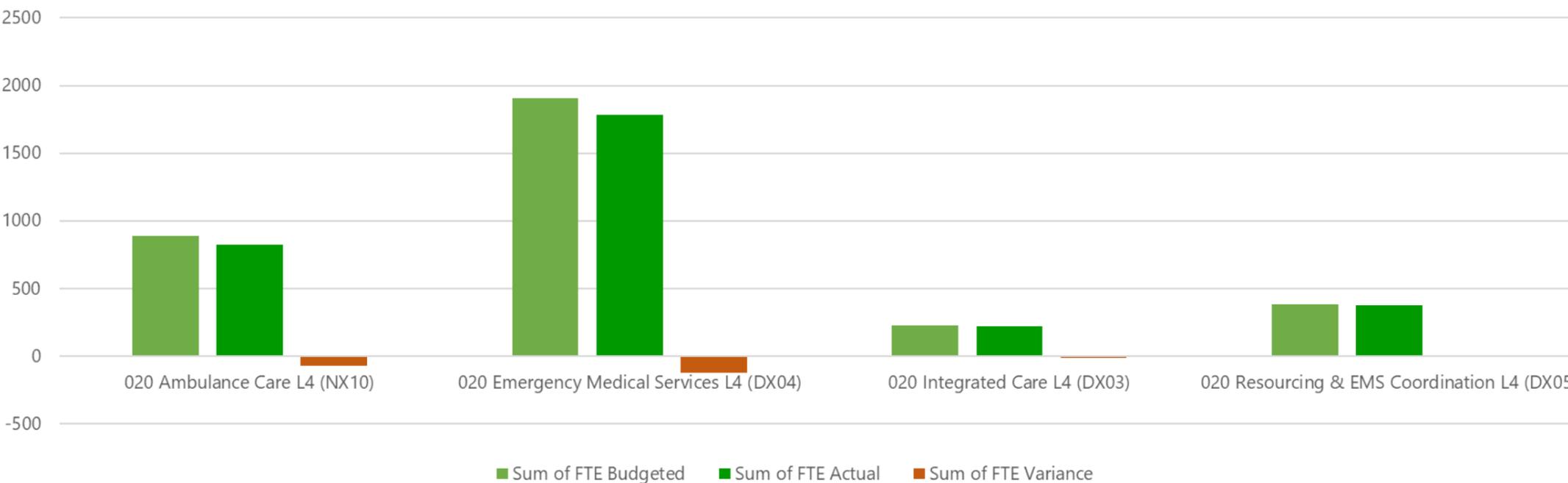
Remedial Plans and Actions

- The Trust is looking at longer term models to grow our APP cohort to support our future ambitions, which will include the recruitment of additional NQPs to support our B6 paramedics movement into APP roles.
- 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.

FTE as of 01/04/2025



Our People Capability - PADR and Training Rates Indicators

(Responsible Officer: Angela Lewis)

PADR
A

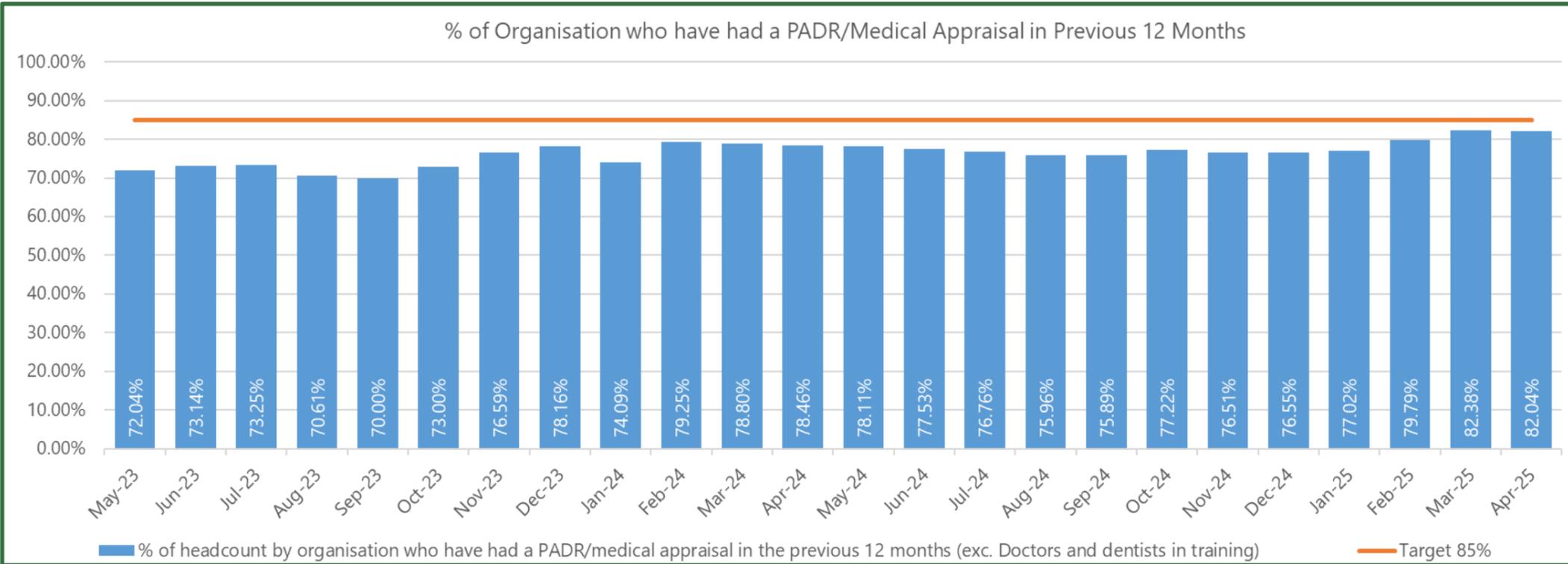
Stat & Mand
G

CI

PCC

Health & Care Standard
Health – Staff & Resources

Self-Assessment:
Strength of Internal Control: Strong



Analysis

PADR rates minimally decreased from 82.38% in March 2025 to 82.04% in April 2025 and remains close the 85% target. Over the reporting period this target has only been achieved once, in December 2022.

In April 2025 Statutory & Mandatory Training rates reported a combined compliance of 87.93% exceeding the 85% target for the fifth consecutive month. However, only Dementia Awareness (98.19%), Moving & Handling (95.47%) and Safeguarding Adults (95.16%), achieved the 85% target. Equality & Diversity (82.59%), Information Governance (82.13%), Fire Safety (77.91%), Paul Ridd (76.60%), Fraud Awareness (76.76%), Violence Against Women, Domestic Abuse & Sexual Violence (73.38%) and Welsh Language Awareness (71.34%) all remain below this target.

There are currently 19 Statutory and Mandatory courses that NHS employees must complete in their employment. These are listed in the table:

Remedial Plans and Actions

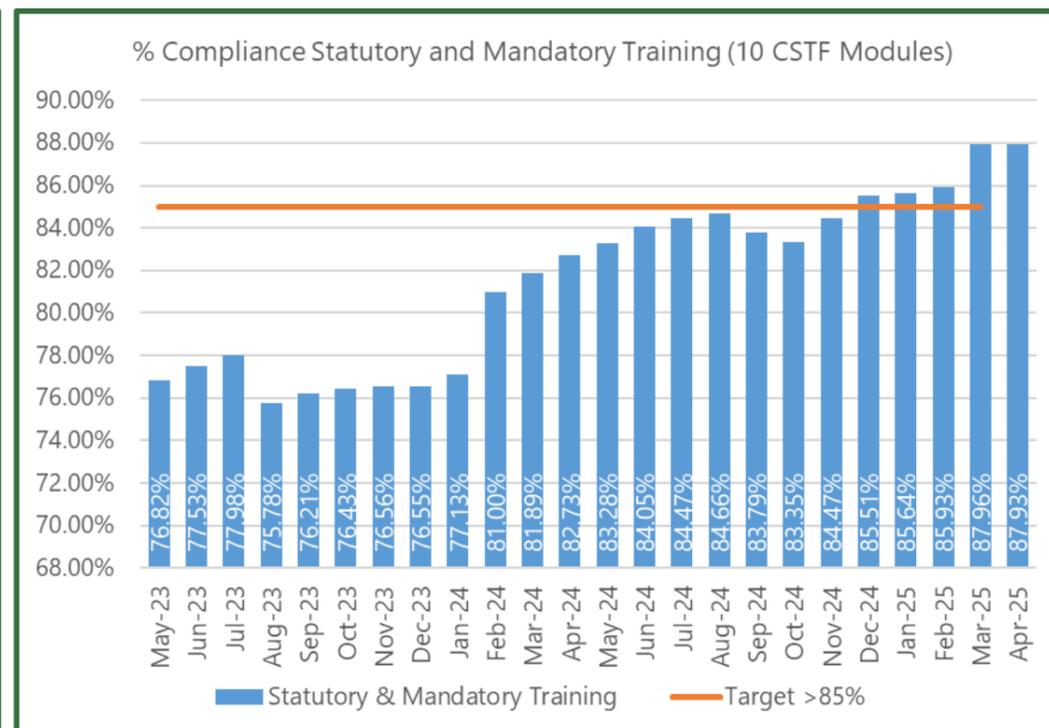
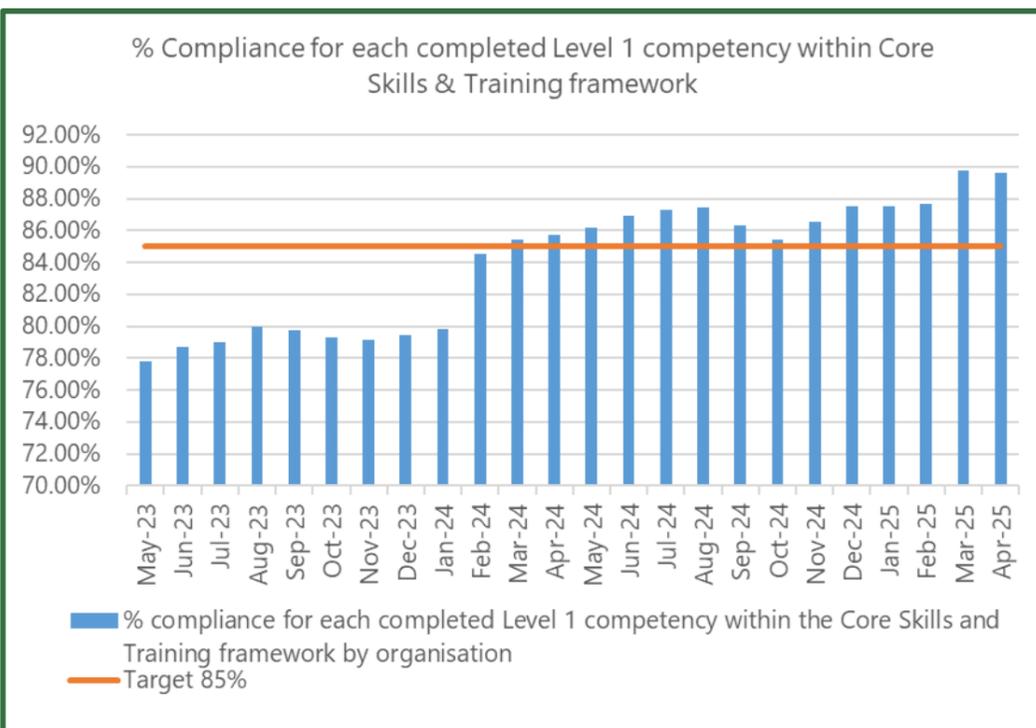
Engagement in the PADR process serves as a Key metric for evaluating team cultural health. By increasing engagement with the PADR process, our goal is to enhance employee development, support better Communication between managers and employees and develop a culture of accountability and continual improvement.

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
Mandatory Courses	
Violence Against Women, Domestic Abuse and Sexual Violence	3 years
Dementia Awareness	No Renewal
Welsh Language Awareness	3 years
Paul Ridd (Learning Disability Awareness)	No Renewal
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



Our People

Health and Well-being – Shift Overruns

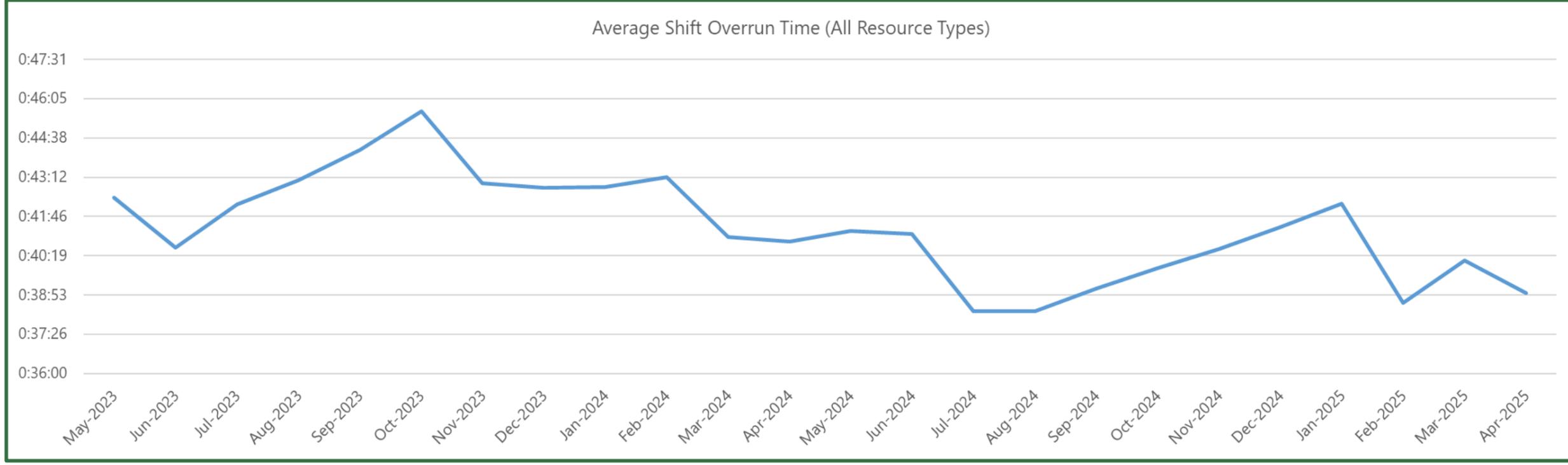
(Responsible Officer: Angela Lewis)

Overruns
R

CI

PCC

FPC



Analysis

There were 3,773 shift overruns during April 2025.

The average overrun figure for April 2025 was 38 minutes and 58 seconds, a minimal decrease from March 2025 (00:40:08). The trend continues to be downward over the past two years.

The highest volume of shift overruns occur within the 0 to 60-minute category, accounting for 75.8% of the total. 19.3% fall within the 61 to 120-minute category, 4.4% in the 121 to 180-minute category, 0.3% in the 181 to 240-minute category and 0.2% in the 241 minutes and over category.

Remedial Plans and Actions

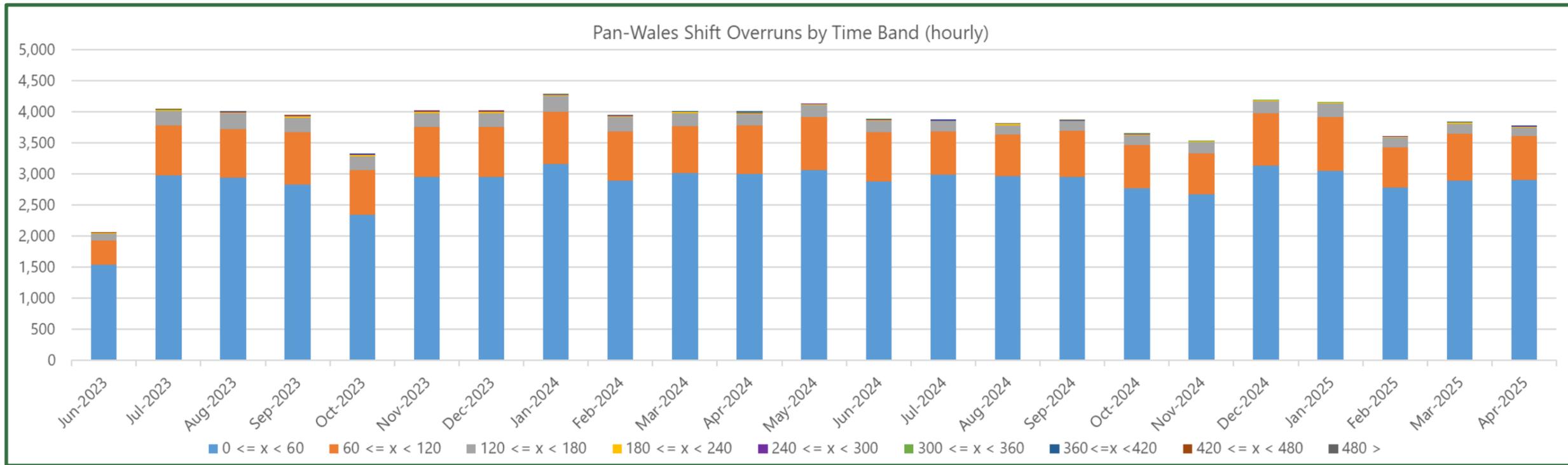
Shift overruns are a key element of staff wellbeing and work is ongoing to mitigate these in conjunction with handovers, as although not shown here there is a clear correlation.

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, into 2025.

Expected Performance Trajectory

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

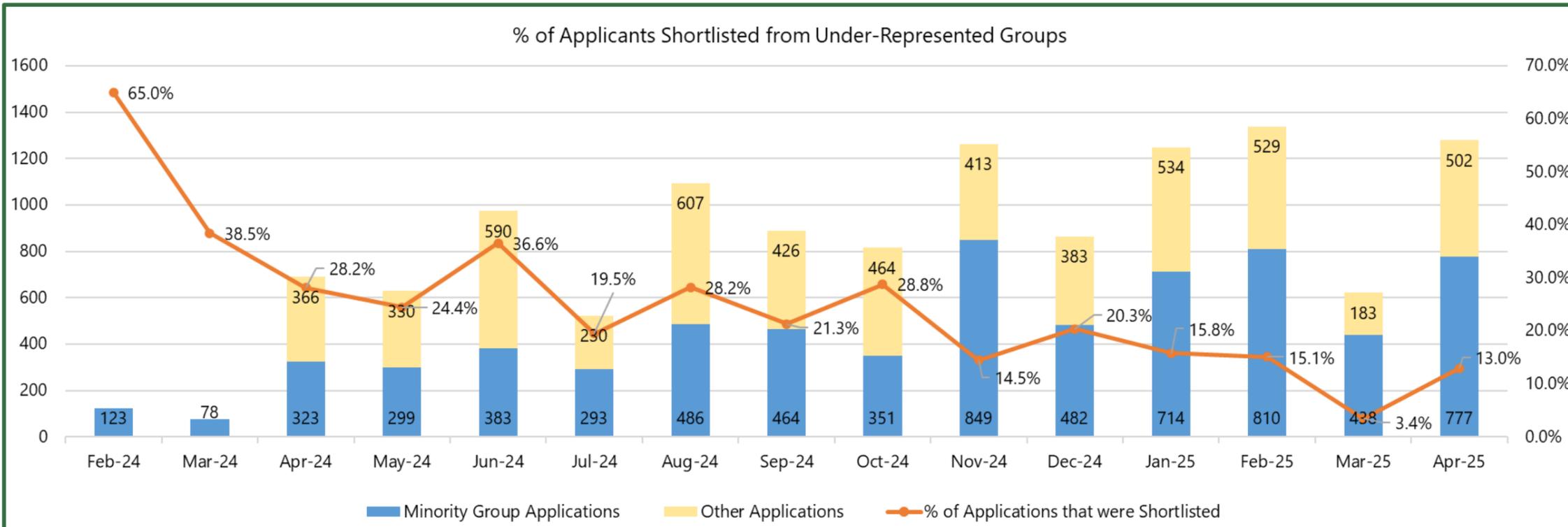
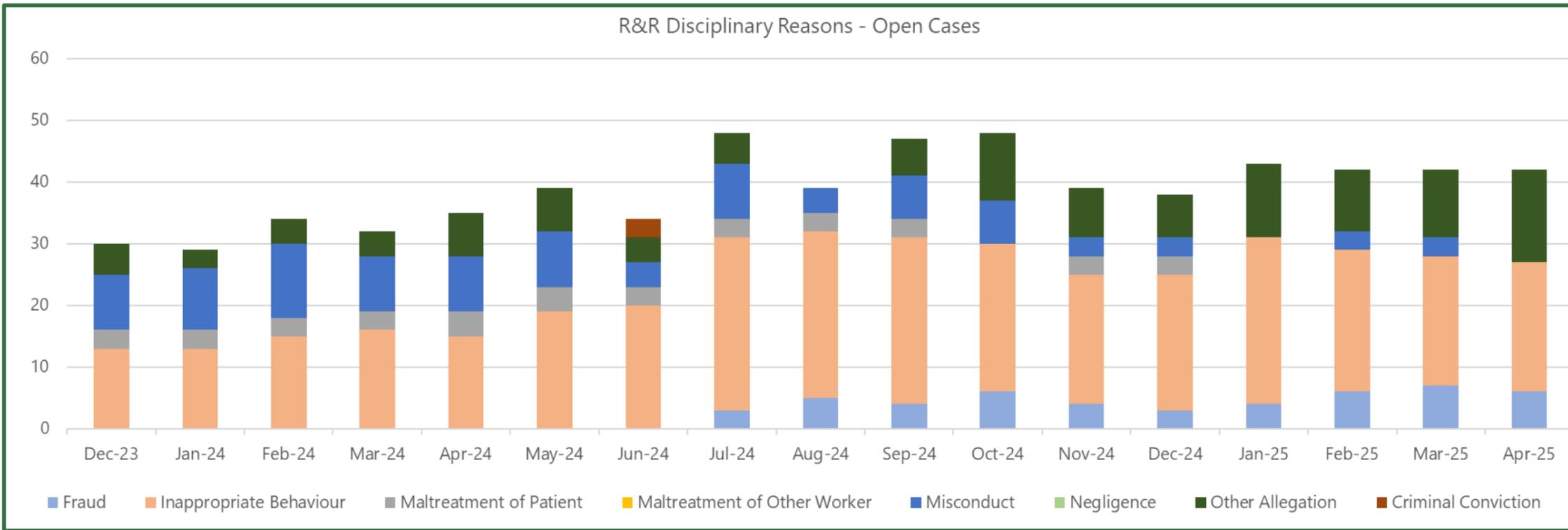


Our People

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 April 2025, which remains consistent with the previous month. Of these Disciplinary cases, the majority are again due to allegations of inappropriate behaviour, followed by fraud.

There were 11 open formal Respect and Resolution cases submitted by employees in April 2025, three more than the 14 recorded in March 2025. These are a mixture of both Respect and Resolution Grievances and Dignity at work.

The bottom graph shows that in April 2025, 1,279 job applications were processed, and 265 interviews planned.

Of the 1,279 applications, a total of 777 were from under-represented groups with 580 in the category of Ethnicity, 115 within Disability and 82 identifying within Sexual Orientation.

In April 2025, 13% (n=101) of all applications from under-represented groups made it through shortlisting and were invited for interview. This was an increase from the 3.4% in March 2025.

Remedial Plans and Actions

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

Applications: The inclusive recruitment work is ongoing to develop targeted recruitment campaigns and events. Work continues with recruitment workshops for Black, Asian and Ethnically diverse applicants into our digital roles. These workshops have expanded to applicants with protected characteristics who have been invited to interview as Graduate Paramedics. Unconscious bias training for the managers that will be involved in their recruitment is underway.

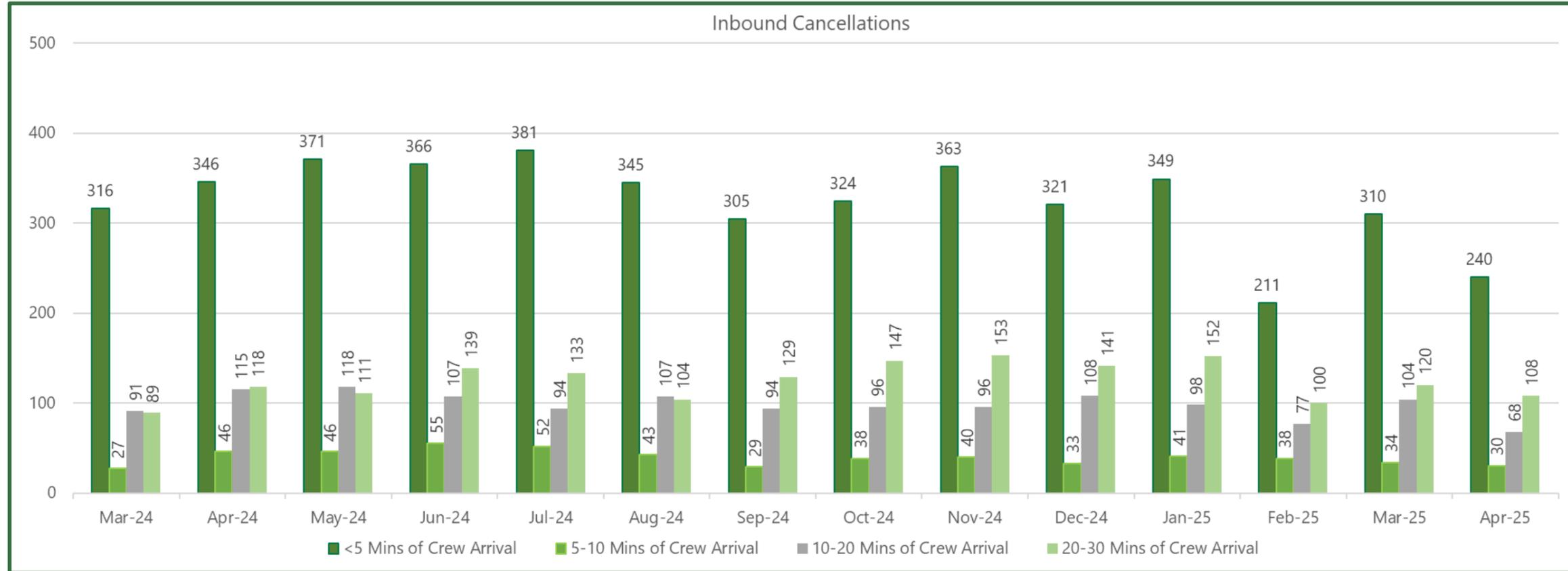
Expected Performance Trajectory

Continue to monitor levels, no trajectory for this measure.

Finance, Resources and Value

Value: Ambulance Care Indicators

(Responsible Officer: Lee Brooks)



Analysis

Inbound cancellations of 5 minutes or less of the crew arrival time saw a decrease in April 2025 to 240, compared to 310 in March 2025. The total number of cancellations within 30 minutes also decreased from 568 in March 2025 to 446 in April 2025.

In April 2025 there were 70 travel bookings cancelled by patients (including via SMS), decreasing from 96 in March 2025.

The other top reasons for less than 5-minute cancellations included: 20 patients not located, 6 unwell/too ill to travel, 6 no appointment and 5 address not located.

Same day cancellations remained consistent in April with March at 12.9%.

Remedial Plans and Actions

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

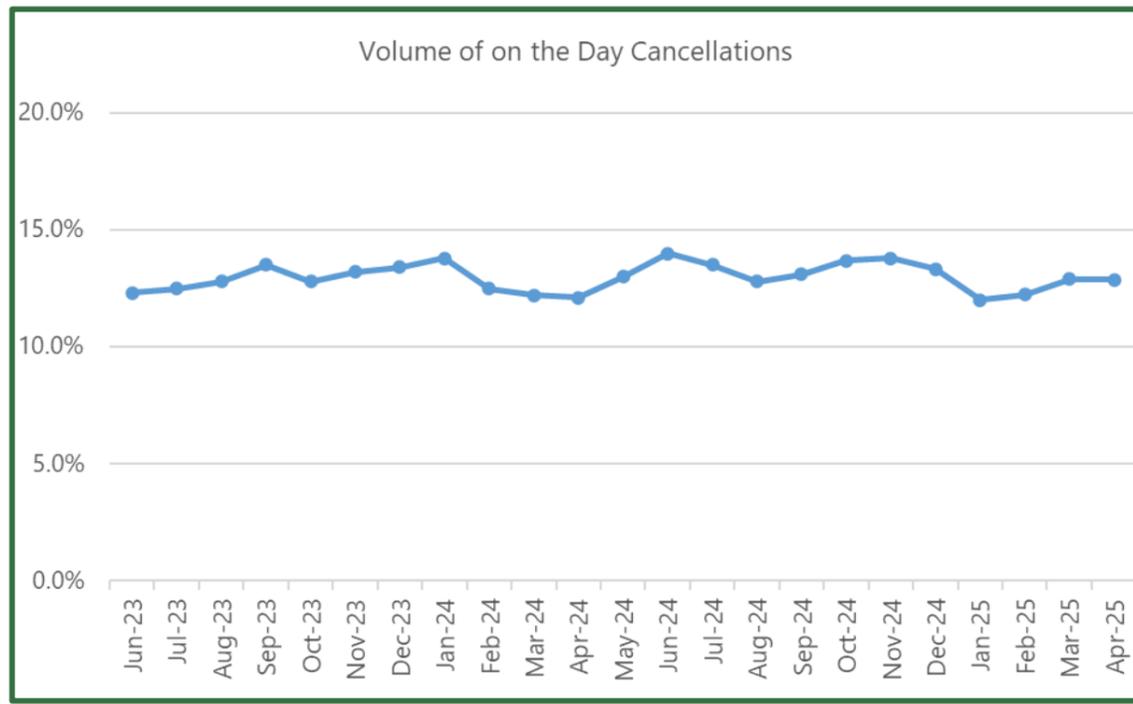
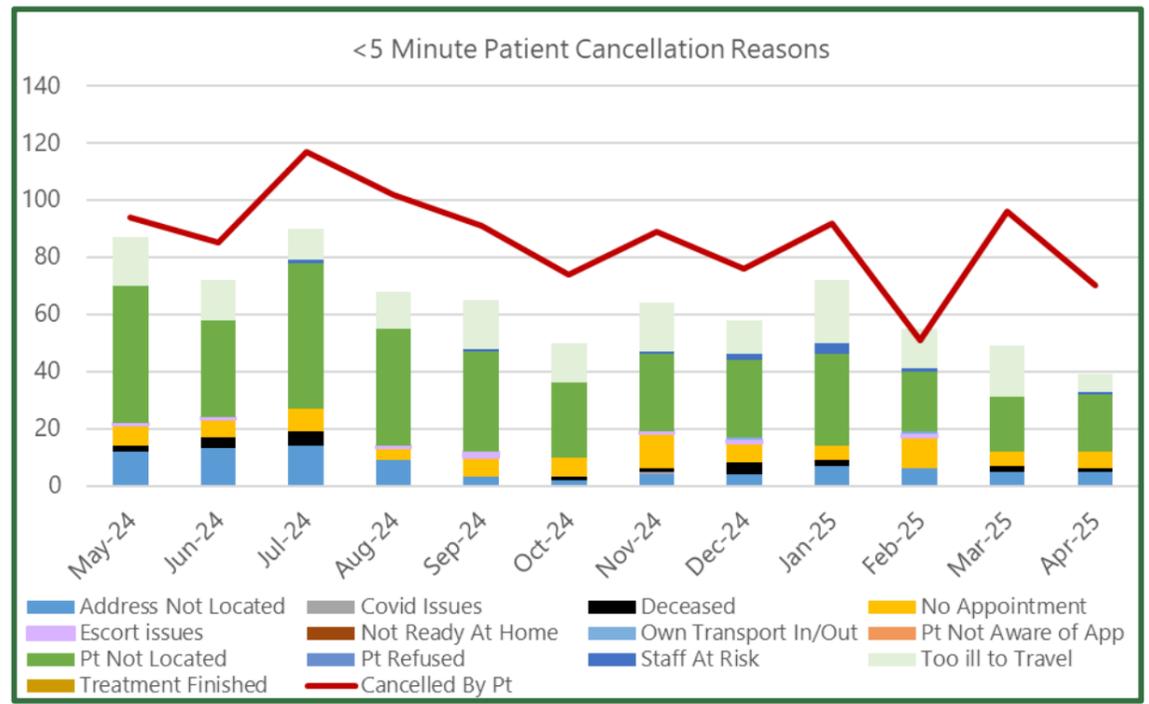
Work is also underway to enhance the service's text messaging options to improve notification to patients.

Expected Performance Trajectory

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

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

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



Finance, Resources and Value

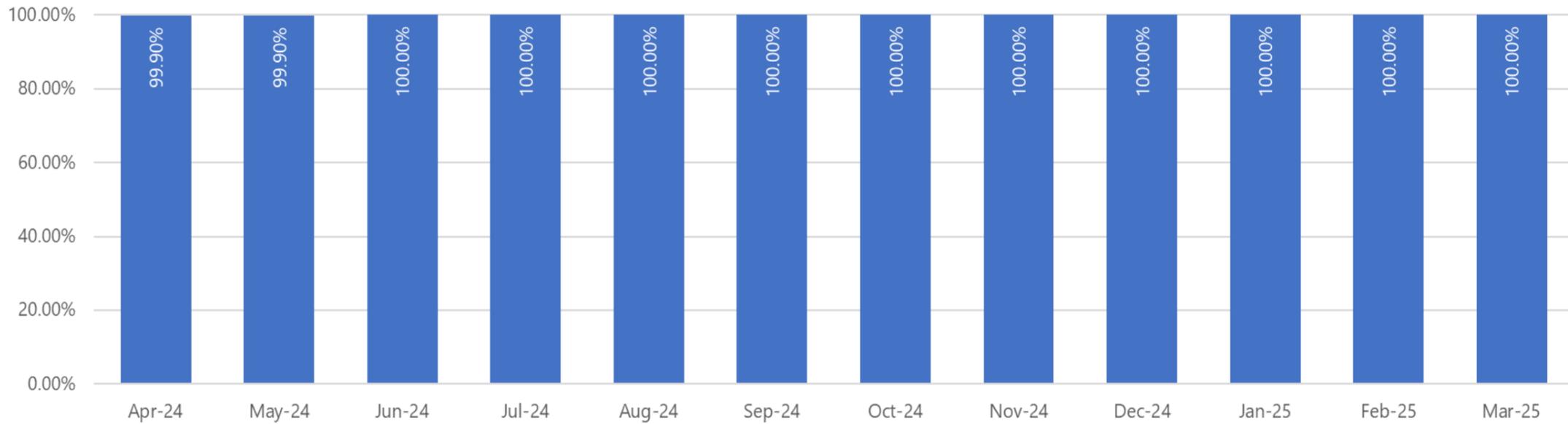
Value - Finance Indicators

(Responsible Officer: Chris Turley)

G

FPC

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



Analysis

The reported outturn performance at Month 12 is a surplus of £70k.

For Month 12 the Trust is reporting planned savings of £6.421m and actual savings of £6.838m (an achievement rate of 106.5%).

The Trust's cumulative performance against PSPP as at Month 12 is 97.7% against a target of 95%.

At Month 12 the Trust achieved both its External Financing Limit and its Capital Expenditure Limit.

Remedial Plans and Actions

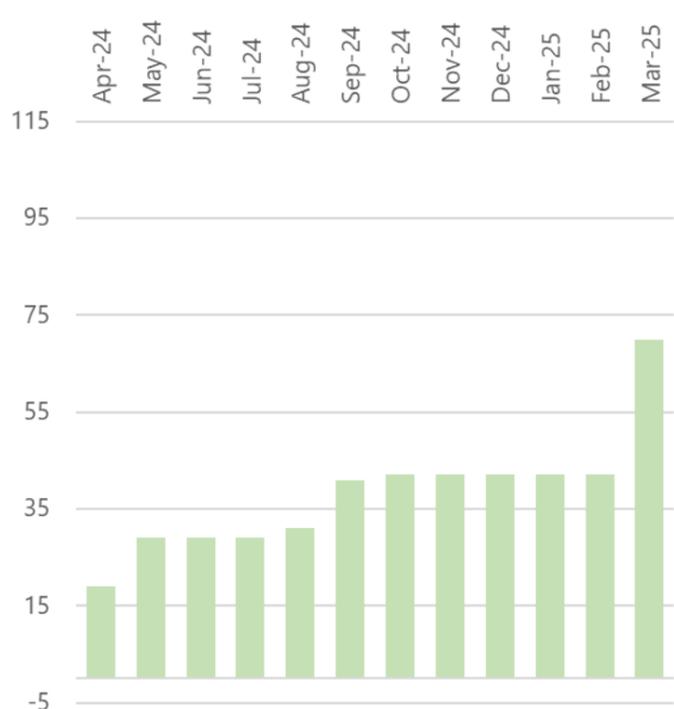
There is no remedial plan required given the Trust closed the year with a small surplus of £70k (subject to audit); however, key areas of focus in future years include:-

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

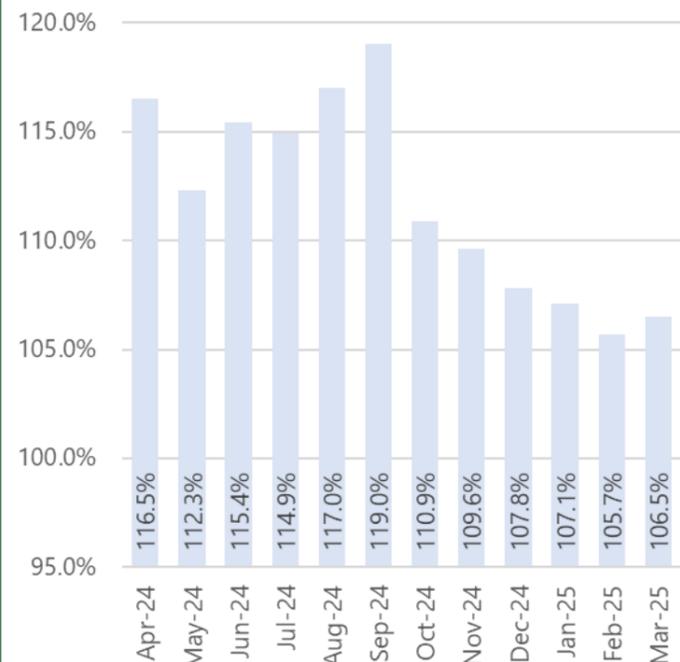
Expected Performance Trajectory

The month 12 / year end position was a small surplus of £70k (subject to audit)

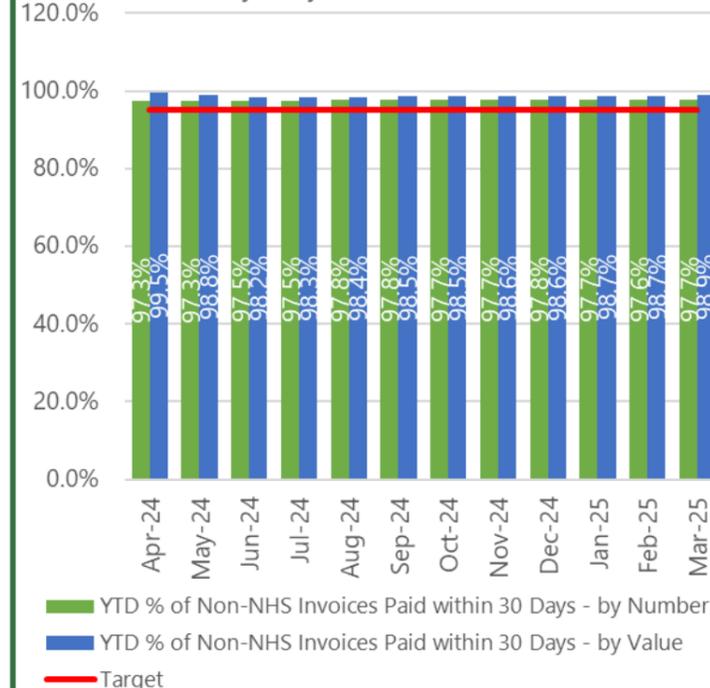
Actual Trust Surplus/(Deficit) YTD - £000



Actual Savings YTD as % of Planned Savings YTD



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



Finance, Resources and Value

EMS Utilisation & Average Job/Shift Times

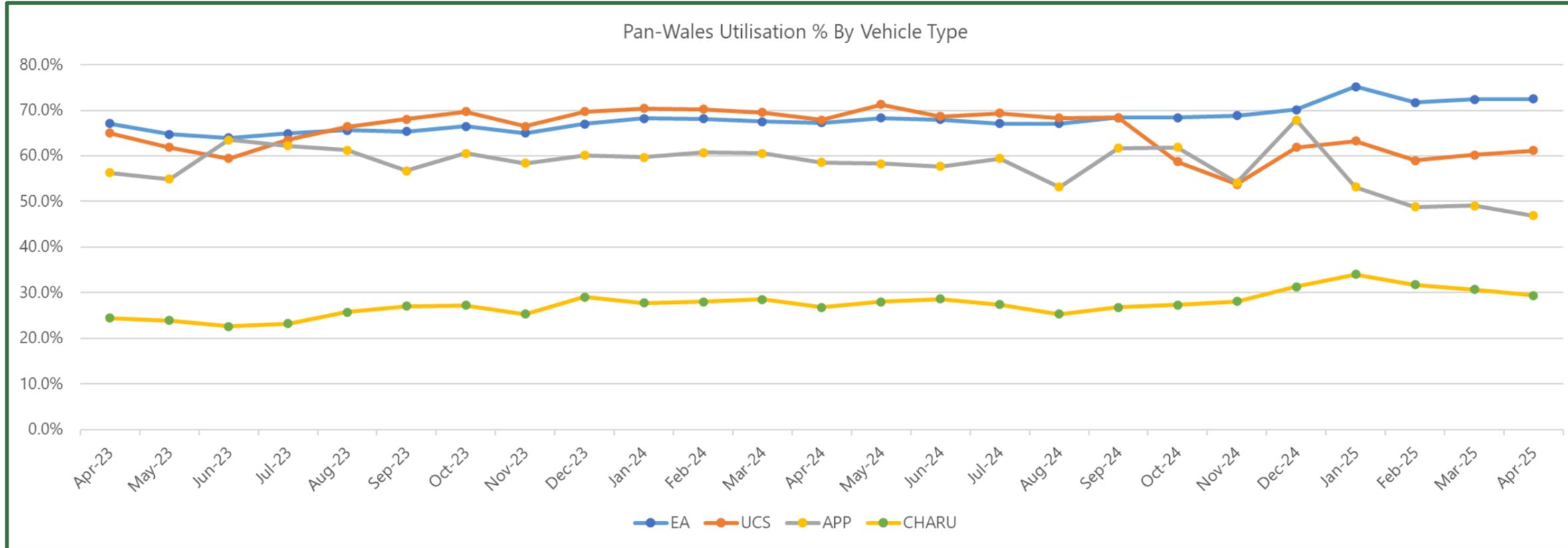
(Responsible Officer: Lee Brooks)

Jobs Per Shift
A

CHARU Utilisation
G

FPC

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



Analysis

Pan Wales Utilisation metrics in April 2025 were 63.7% for all vehicles types, a decrease from 64.4% in March 2025. EA saw the highest rate during the month at 72.5%, returning to the upward trend seen over the past year. The optimal utilisation rate for EAs needs to be lower so that they are free to respond to incoming calls.

As demonstrated in the bottom left graph, the average job cycle increased in April 2025 for EAs (2 hours 15 minutes) and APPs (1 hour 25 minutes). UCS (2 hours 47 minutes) remained the same as the previous month: however, CHARU minimally increased (46 minutes).

Overall average jobs per shift was 2.64 in April 2025, a minimal increase from March 2025 (2.56). EAs averaged 2.74 jobs per shift and UCS crews 2.08. This is lower than what would be ideal and a product of handover delays.

APPs attended on average 2.73 jobs per shift and CHARU's 2.39. However, both sets of data are under review.

Remedial Plans and Actions

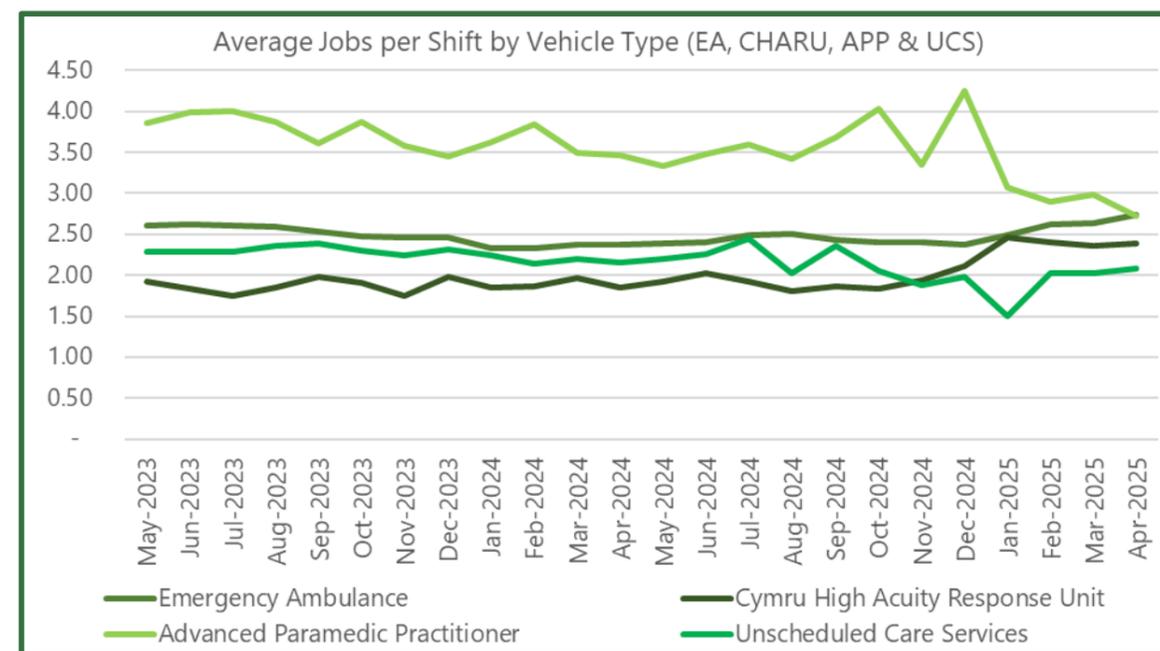
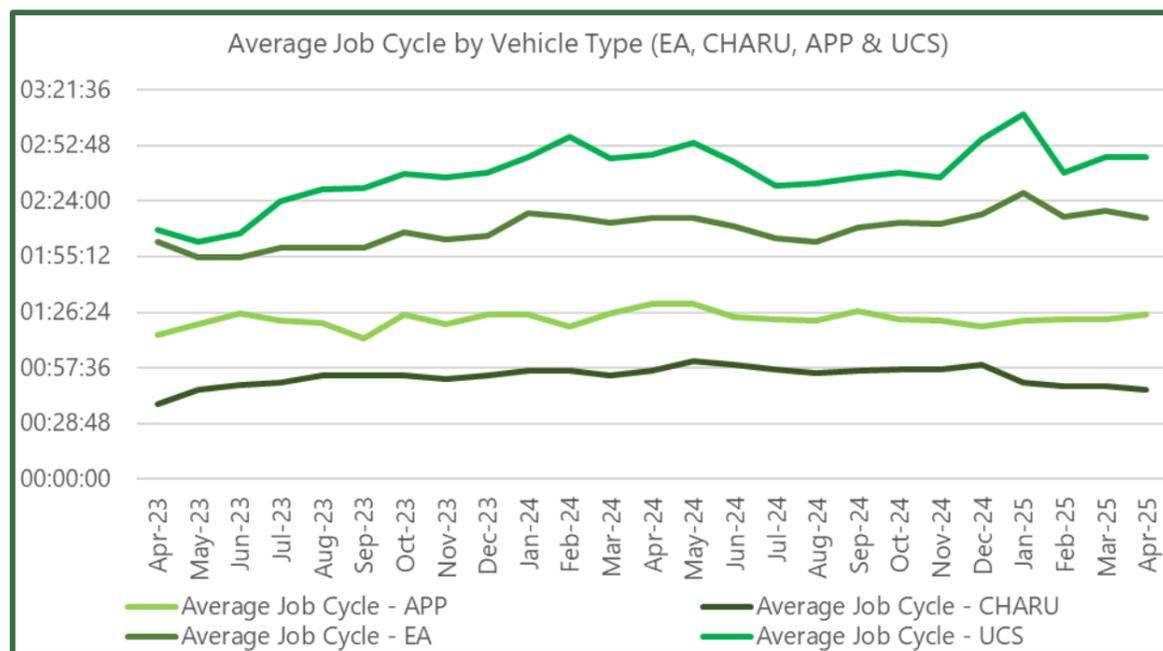
EA and UCS jobs per shift is fundamentally a product of handover delays.

For APPs, the 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.

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.



Partnerships / System Contribution

NHS111 Hand Off Metrics and NHS111 Consult & Close Indicators

Influencing Factors – Demand and Clinical Hours Produced

(Responsible Officer: Lee Brooks)

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

Analysis
 During April 2025, 59,345 calls were allocated into the 14 categories displayed in the graph opposite; an increase compared to the 58,114 seen during March 2025. However, data quality issues continue within 111 reporting which are currently being addressed.

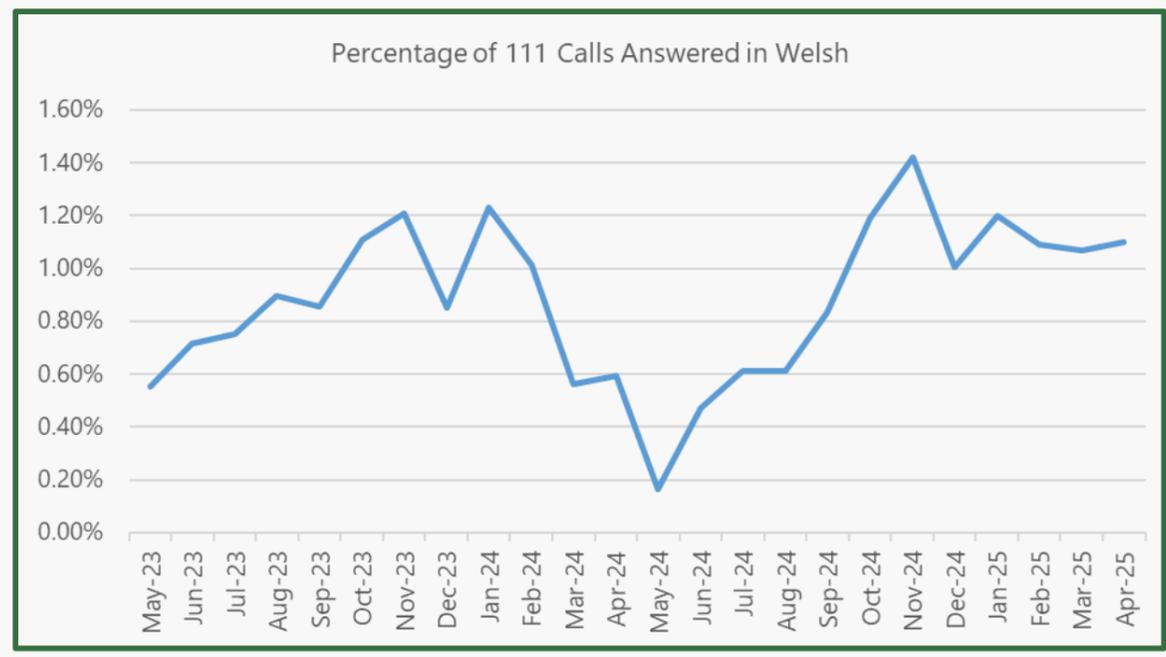
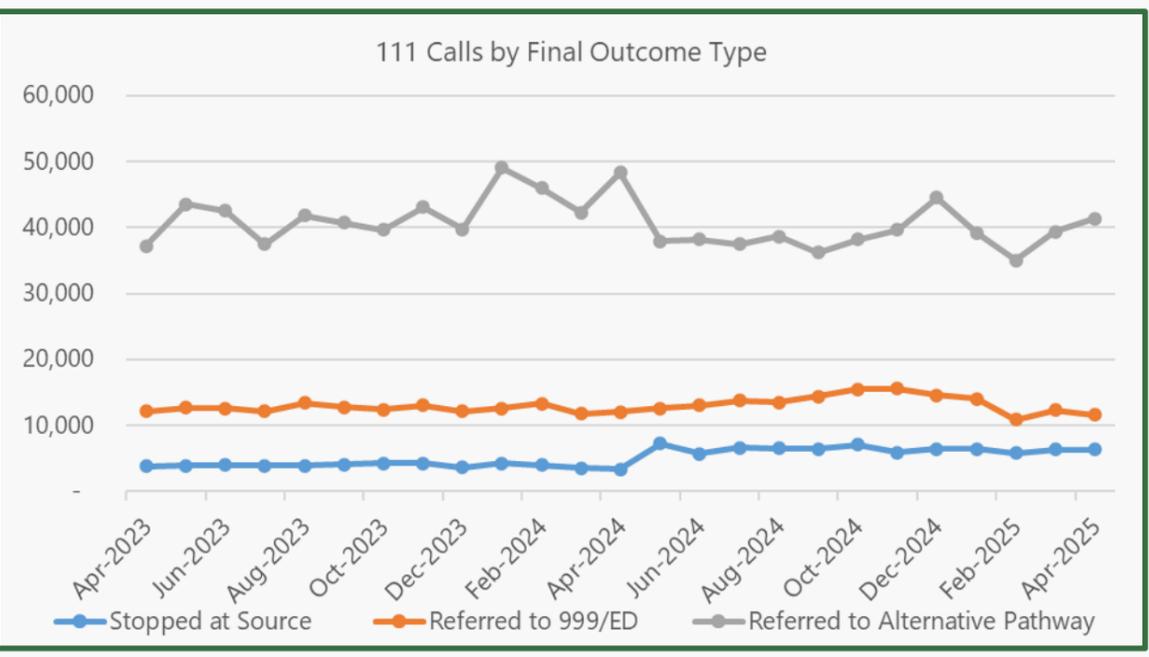
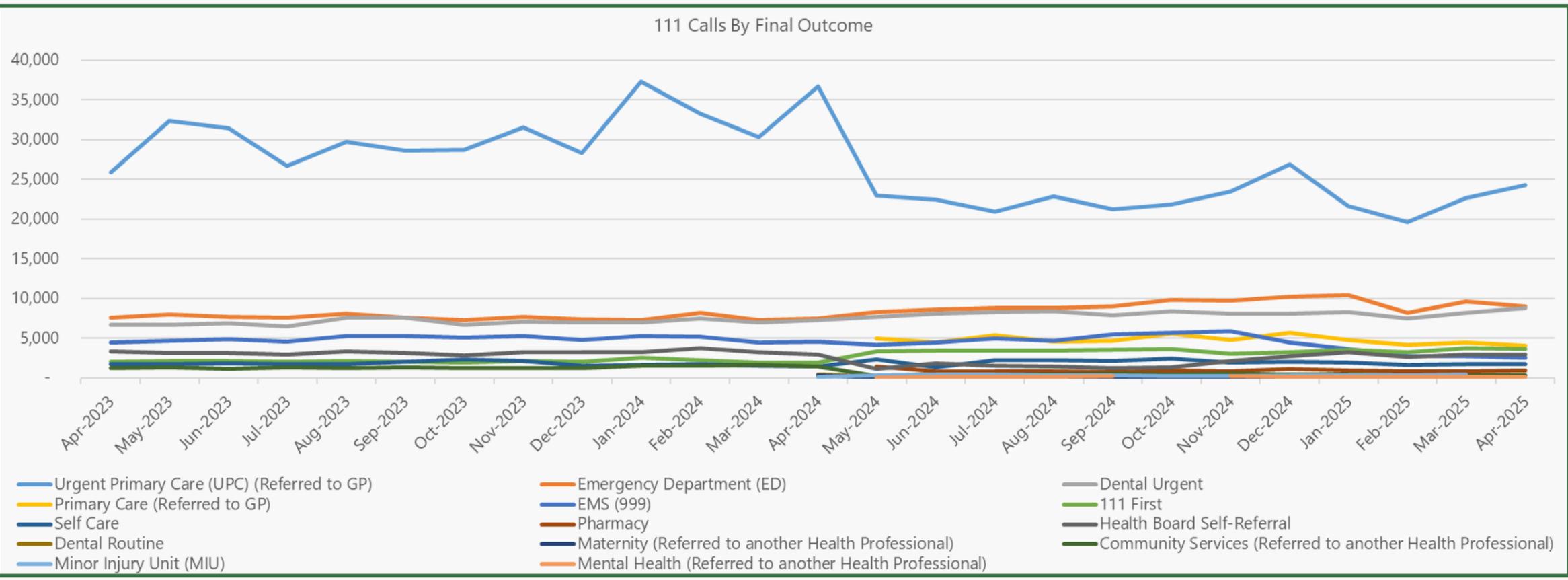
Calls Referred to a General Practitioner (handover of care) continued to be the top outcome for NHS111 accounting for 35.24% of all calls during April 2025, but there has been a material drop since the implementation of the new 111CAS system.

As the bottom left graph highlights, in April 2025, 6,344 calls were 'Stopped at Source', with no onward referral, a slight decrease from 6,363 in March 2025. 11,615 calls were referred to 999/ED in April 2025.

The percentage of 111 calls answered in Welsh increased slightly from 1.07% in March 2025 to 1.10% in April 2025. This equated to 55.4% 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.



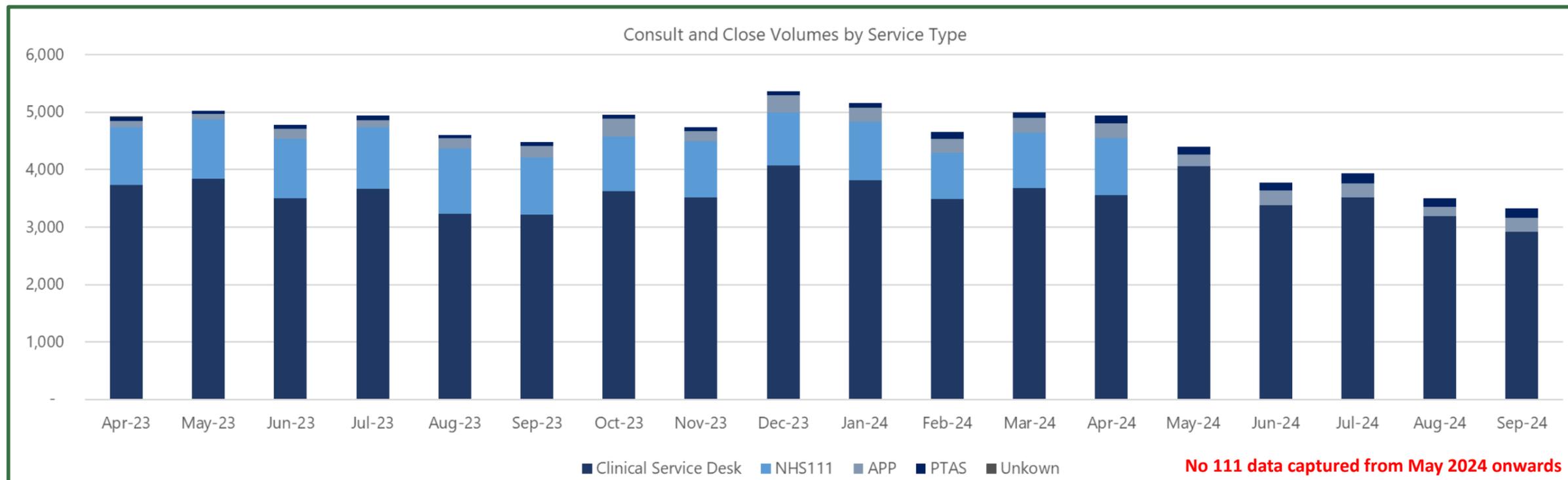
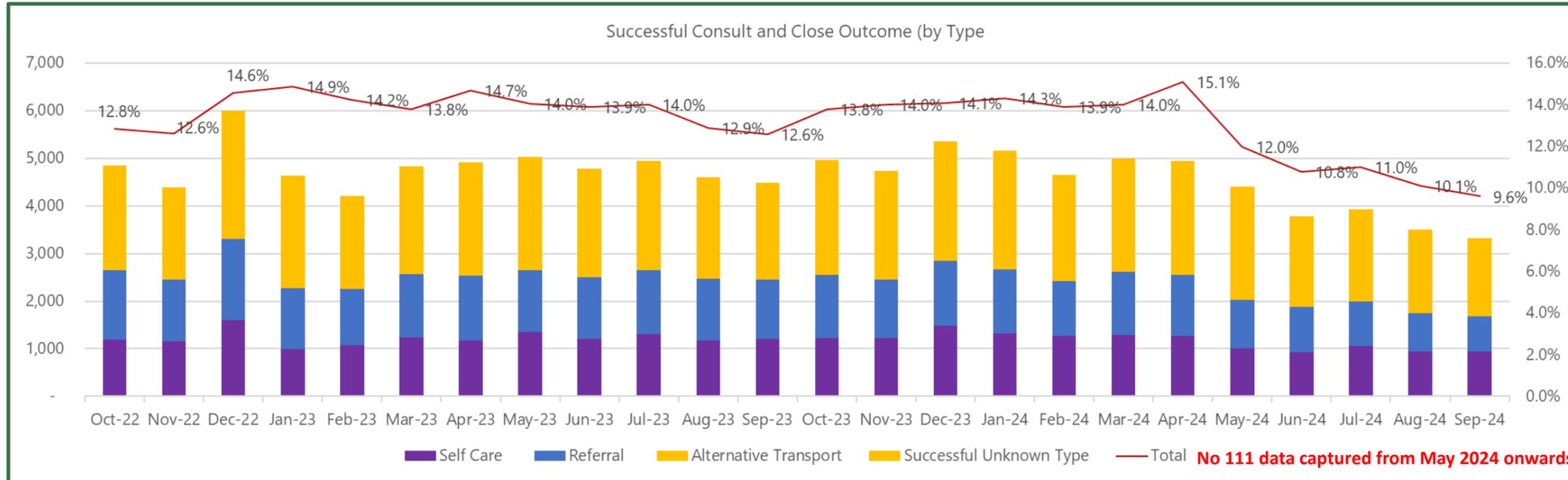
Partnerships / System Contribution Consult & Close Indicators

(Responsible Officer: Lee Brooks)

C&C
Outcomes

FPC

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



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

A revised metric is under development.

See separate patient harm mitigations report to Trust Board.

New metric definition agreed. With commissioners for approval.

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

The definition is now approved by the Commissioner (w/e 16/05/25), so reporting of this metric can recommence.

Partnerships / System Contribution Conveyance to ED Indicators

(Responsible Officer: Andy Swinburn)

Conveyances

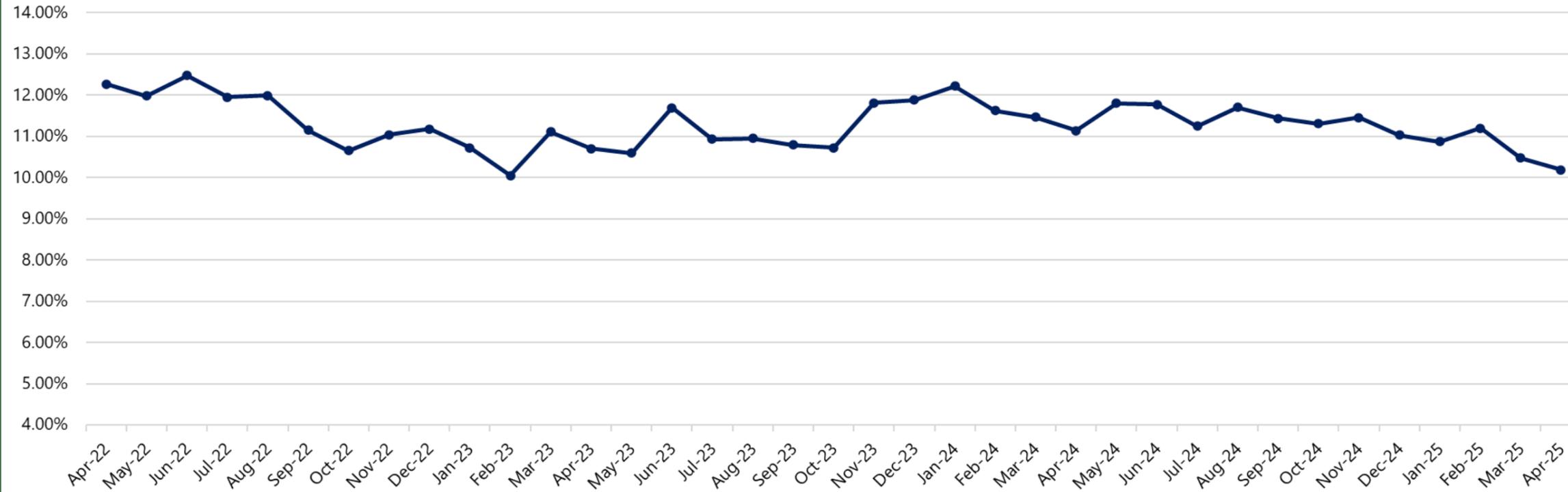
G

FPC

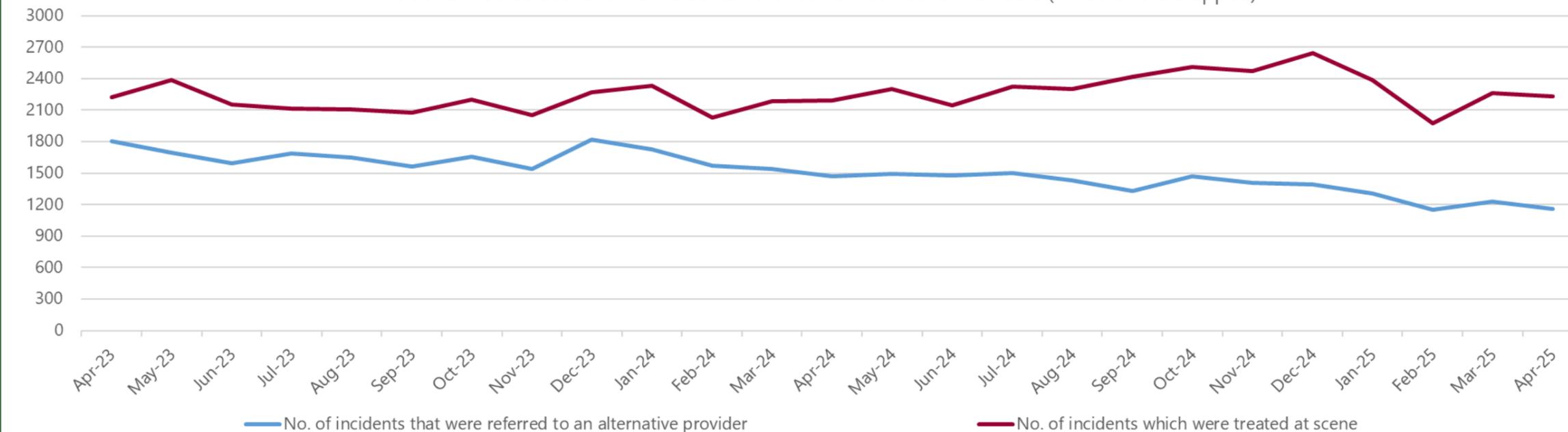
Ministerial Measure

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

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



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



Analysis

In April 2025 10.19% of patients (1,321) were conveyed to a service other than a Type One ED, while 34.81% 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 3,494 in March 2025 to 3,395 in April 2025.

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)

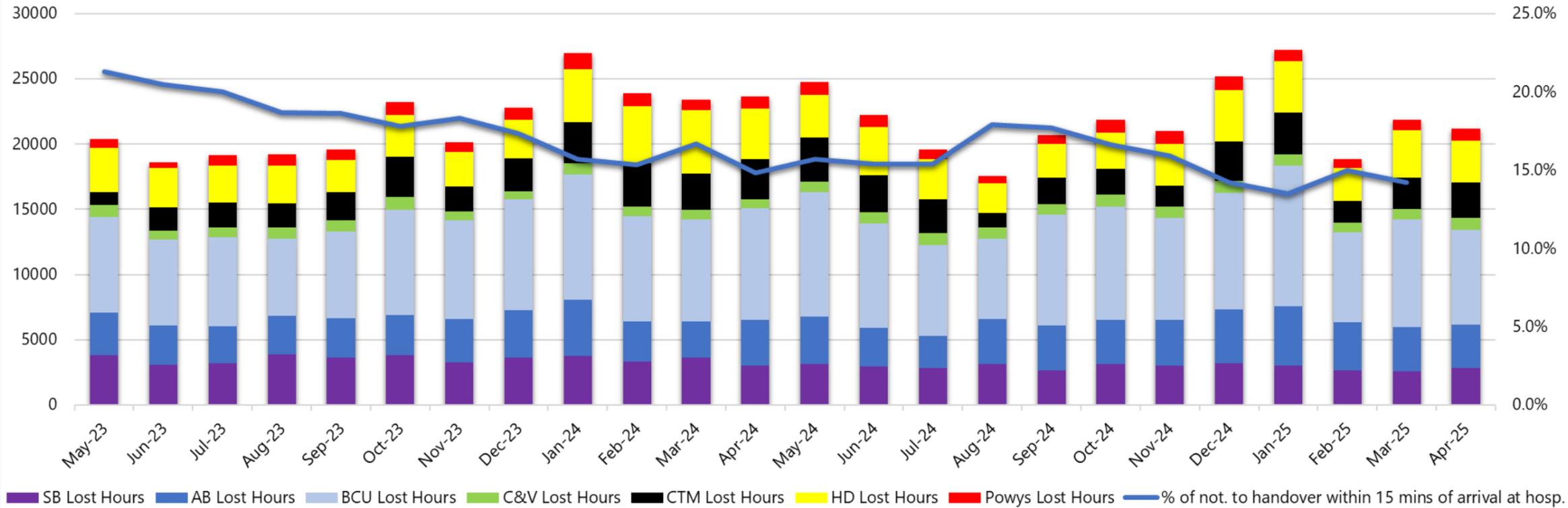
Lost Hours

R

CI

QUEST

Notification to Handover Lost Hours by Health Board



Analysis

261,945 hours were lost to Notification to Handover, i.e. hospital handover delays, over the last 12 months (May-24 to Apr-25), compared to 260,947 hours over the same timeframe the previous year. There were 21,183 hours lost in April 2025, which is 10.3% lower than the 23,631 hours lost during April 2024.

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

- Grange University Hospital (ABUHB) at 3,169 lost hours
- Morriston Hospital (SBUHB) at 2,791 lost hours
- Ysbyty Maelor Hospital (BCUHB) at 2,578 lost hours
- Ysbyty Gwynedd Hospital (BCUHB) at 2,265 lost hours
- Glan Clwyd Hospital (BCUHB) at 2,246 lost hours

Notification to handover lost hours averaged 706 hours per day during April 2025 (30 days) compared to 705 hours per day (31 days) in March 2025.

In April 2025, the Trust could have responded to approximately 6,682 more patients if handovers were reduced, which highlights the impact these numbers are still having on the service.

In April 2025, 776 patients waited over 12 hours for an ambulance response.

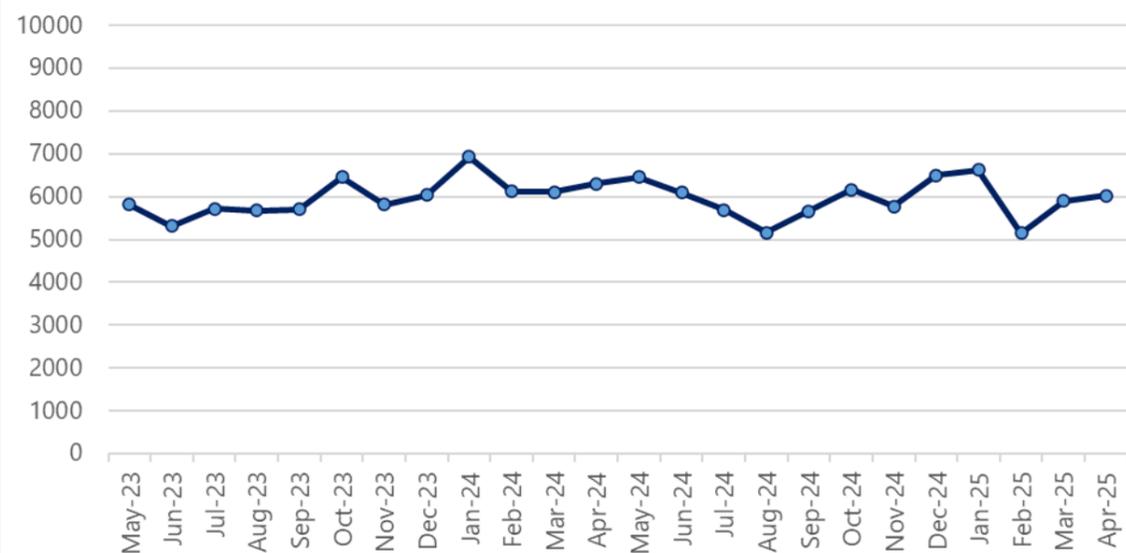
Remedial Plans and Actions

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

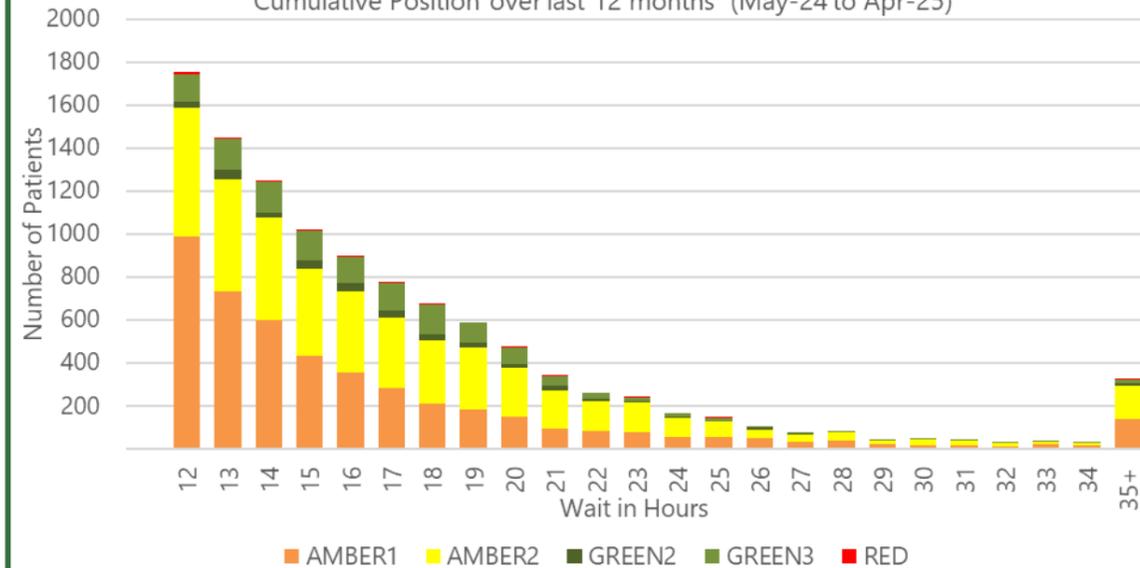
Expected Performance Trajectory

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

Handover Rates Over 1 Hour (including first 15 minutes)



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



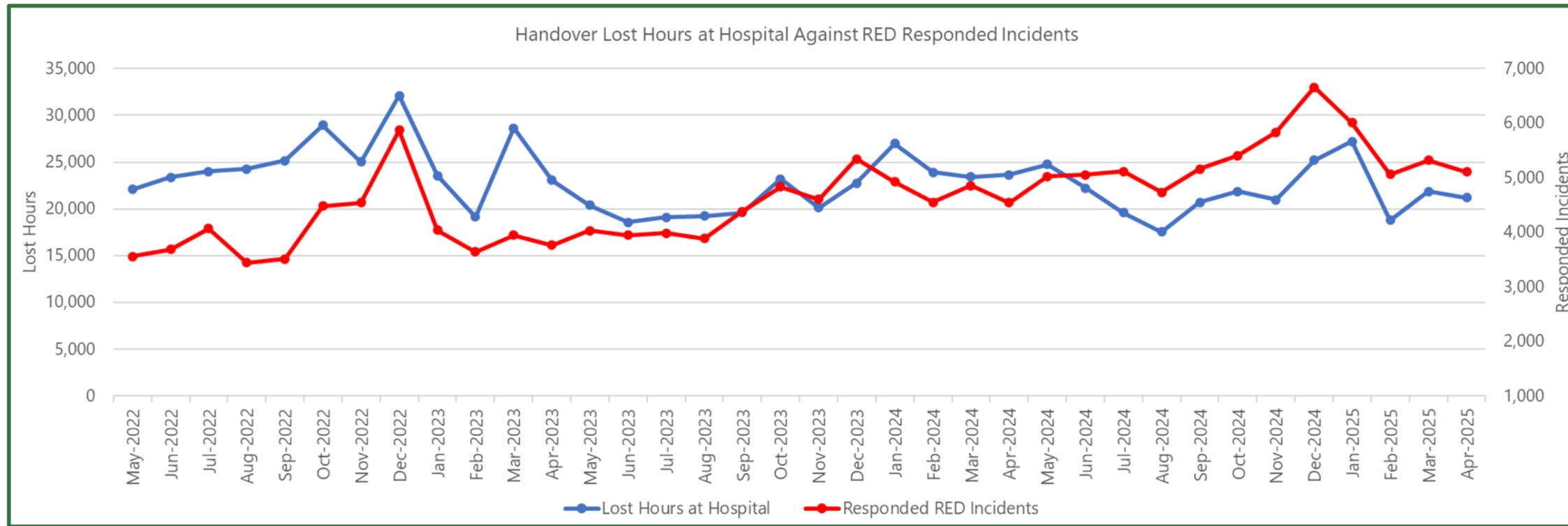
Partnerships / System Contribution

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 increase, so too do the number of Red incidents being responded to. This shows that when CSP is in periods of high demand and hospital handover increases, Red responses are protected, even during high pressure within the system.

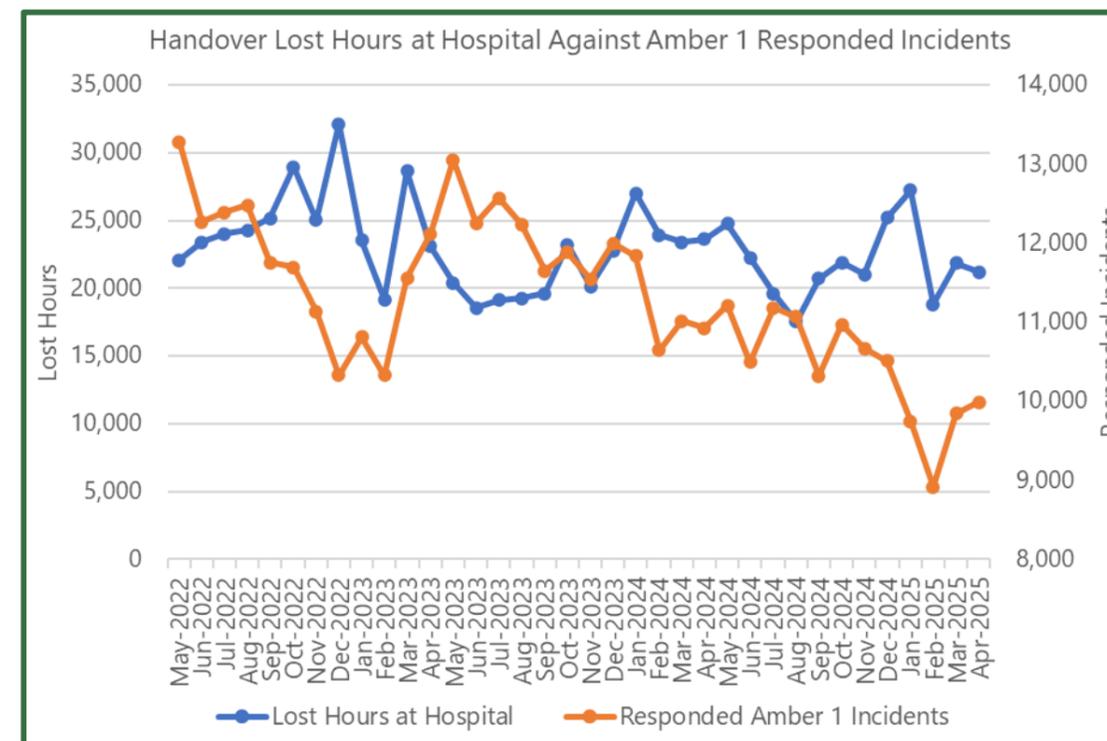
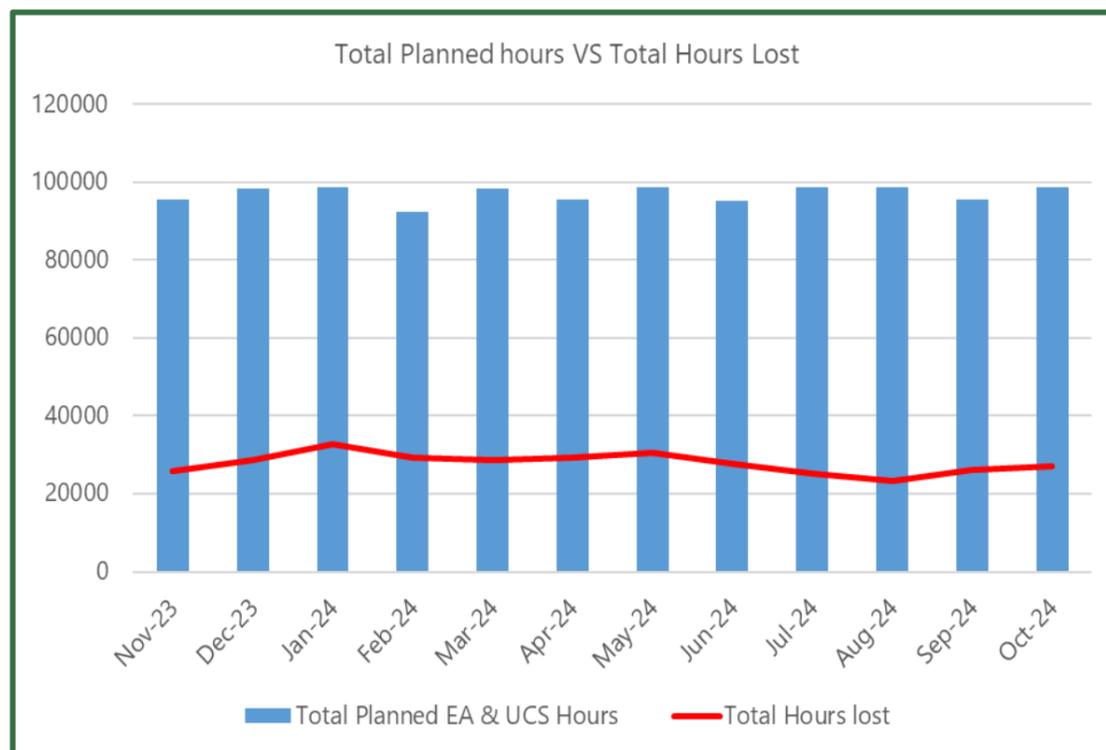
The bottom right graph illustrates, that there is also a correlation between lost hours increasing and a decrease in the number of Amber 1 incidents being responded to, particularly at times of high demand, such as during December 2022. This is notwithstanding that some of these patients within the Amber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

Remedial Plans and Actions

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

Expected Performance Trajectory

The Welsh Government target is no patient handovers of more than one hour, which equates to 7,500 lost hours a month. The Welsh Government target was to see a 30% reduction in this metric by December 2024. However, this has not been achieved, with the 21,183 hours lost in April 2025.



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