

Welsh Ambulance Services University NHS Trust

Monthly Integrated Quality & Performance Report

June 2025

Annex 1 – Top Indicator Dashboard



GIG
CYMRU
NHS
WALES

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

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

by Commissioning & Performance Team

Section 1: Monthly Indicators / Top Indicator Dashboard



Top Monthly Indicators	Target 2025/26	May-25	Jun-25	2 Year Average	RAG
Our Patients					
Timeliness Indicators					
NHS111 Call Handling Abandonment Rates	< 5%	10.5%	10.0%	8.9%	R
111 Clinical Triage Call Back Time (P1)	90%	97.4%	96.4%	97.6%	G
999 Call Answer Times 95th Percentile	00:06	00:22	00:26	00:23	R
999 Red Response within 8 minutes	65%	50.0%	50.7%	49.2%	R
999 Amber 1 Median	00:18	01:29	01:29	01:35	R
Oncology Journeys arriving within 45 mins and up to 15 minutes after appointment time	70%	74.7%	76.3%	73.5%	G
Advanced Discharge & Transfer journeys collected less than 60 minutes after booked time (NEPTS)	90%	76.1%	80.0%	79.7%	R
Clinical Outcomes / Quality Indicators					
Return of Spontaneous Circulation (ROSC)	Increasing Trend	22.6%	19.3%	19.9%	A
Stroke Patients with Appropriate Care	95%	89.9%	89.8%	83.7%	A
Stroke Call to Hospital Door Times	Reduction Trend	02:23	02:24	02:25	R
ST-Elevation Myocardial Infarction (STEMI) with Appropriate Care	95%	69.1%	69.1%	56.5%	R
National Reportable Incidents reports (NRI)		3	8	4	TBD
Can't Send & Cancelled by Patient Volumes	Reduction Trend	6,015	5,953	8,601	G
Concerns Response within 30 Days	75%	72%	88%	57%	G
Enactment of the Duty of Candour Total		10	10	5	TBD
Our People					
Capacity					
Hours Produced for Emergency Ambulances	95-100%	93%	91%	89%	A

Top Monthly Indicators	Target 2025/26	May-25	Jun-25	2 Year Average	RAG
Health & Well-being					
Sickness Absence (<i>all staff</i>)	6.0%	6.83%	7.50%	7.76%	R
Mental Health Absence Rates	Reduction Trend	2.34%	N/A	2.33%	R
Staff Turnover Rate	Reduction Trend	8.18%	8.44%	8.30%	G
Statutory & Mandatory Training	>85%	87.56%	88.05%	79.16%	G
PADR/Medical Appraisal	>85%	81.35%	81.81%	74.05%	A
Number of Shift Overruns	Reduction Trend	3,745	3,441	3,723	G
Inclusion & Engagement / Culture					
NEPTS % of Total Calls Answered in Welsh	Increasing Trend	2.82%	2.53%	1.9%	G
Value					
Financial balance - annual expenditure YTD as % of budget expenditure YTD	100%	100%	100%	100%	G
EMS Utilisation Metric (CHARU)	Increasing Trend	28.1%	26.6%	28%	G
Average Jobs per Shift (All Vehicles)	Increasing Trend	2.64	2.33	2.35	R
NEPTS on the Day Cancellations	Reduction Trend	13.4%	14.7%	13%	R
Partnerships / System Contribution					
Inverting the Triangle					
Successful Consult & Close Outcome	17.0%	20.2%	19.1%	15.3%	G
% Of Total Conveyances taken to a Service Other Than a Type One Emergency Department	Increasing Trend	10.10%	10.09%	11.2%	R
Number of Handover Lost Hours	7,500	19,670	15,278	21,619	R
NHS111					
NHS111 Dental Calls	Increasing Trend	8,827	8,749	7,894	G
Consult & Close Volumes by NHS111	Increasing Trend	2,372	2,238	1,310	G

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*)

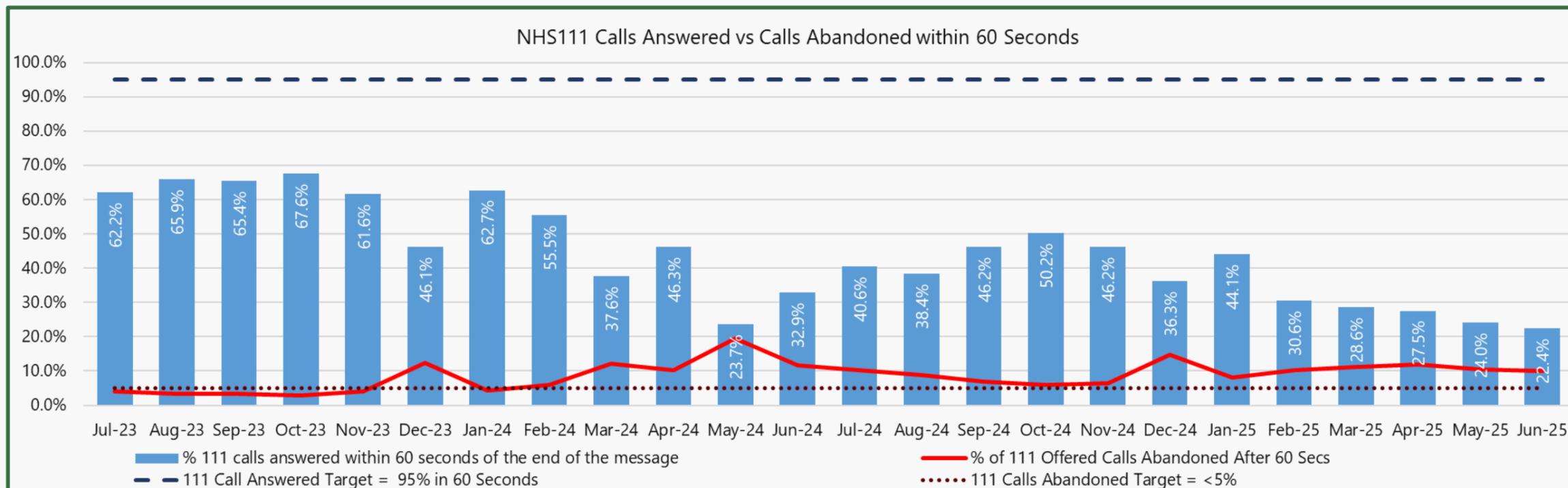
Our Patients: Quality, Patient Safety & Experience

111 Call Answering/Abandoned Performance Indicators

(Responsible Officer: Lee Brooks)



Influencing Factors – Demand and Call Handling Hours Produced



Analysis

The 111-call abandonment rate improved slightly to 10% in June 2025 from 10.5% in May 2025. However, the percentage of 111 calls answered within 60 seconds declined from 24% in May 2025 to 22.4% in June 2025 and continues to remain significantly below the 95% target.

Following a decline in performance during the middle of 2024, due mainly to the introduction of the new 111CAS system, performance did improve in October and November 2024. However, performance levels have continued to decline with the call answer rate within 60 seconds of 22.4% in June 2025, being the lowest seen in the past two years. This is at a time when UHP capacity for call handlers has continued to reduce compared with recent months and abstraction levels have increased, particularly in relation to Annual Leave and Secondments.

Remedial Plans and Actions

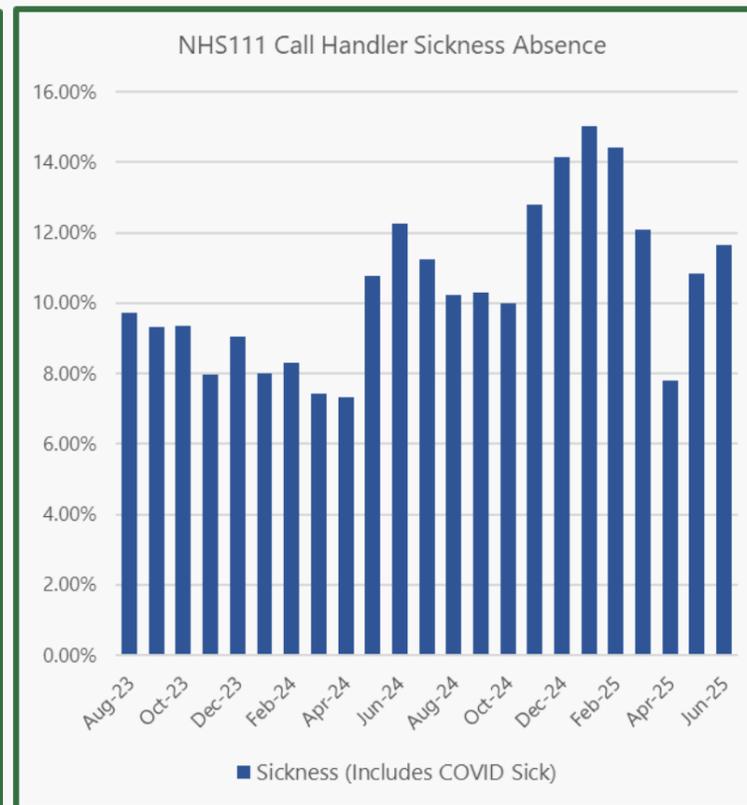
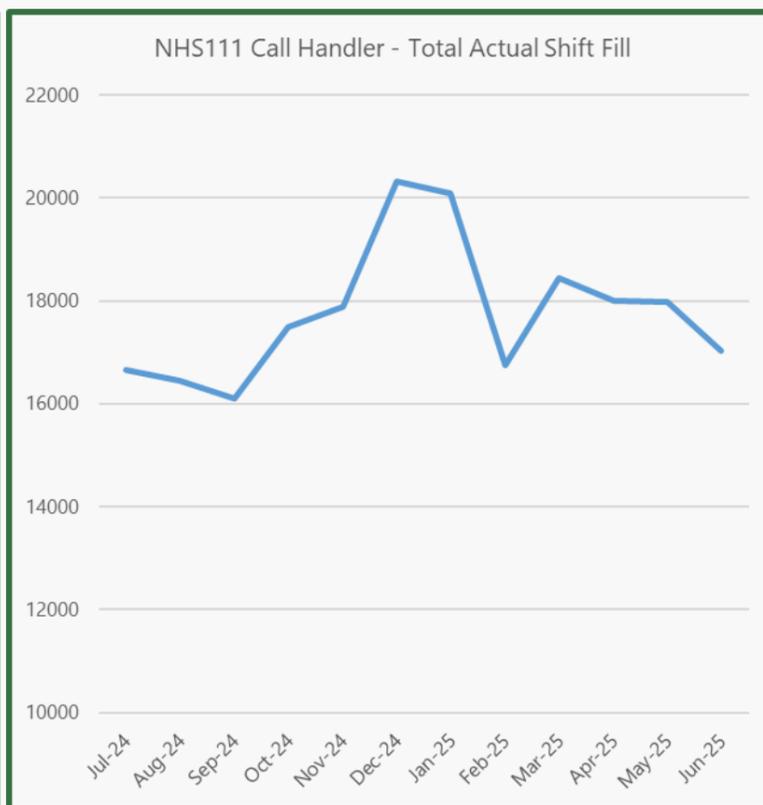
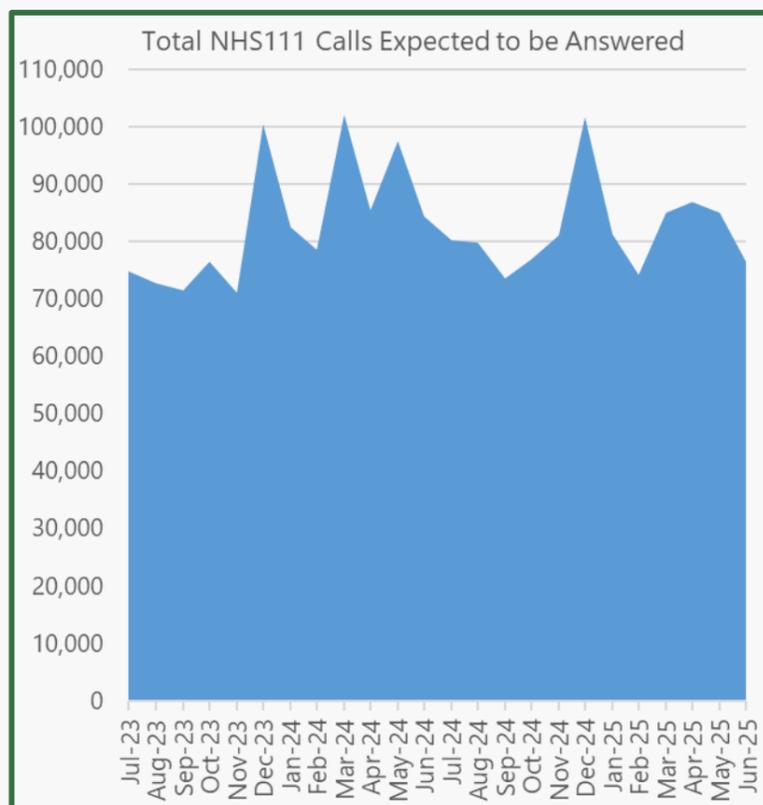
Key actions include:
 Actions have been undertaken to try and improve the call handling resourcing position through the summer; this includes an active recruitment plan.

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

Expected Performance Trajectory

We might expect to see an improvement in performance in the summer, traditionally a period with lower demand and sickness. However, the external rostering review suggests there is a demand and capacity gap within the current funded establishment and the Trust is therefore unlikely to reach performance without an increased workforce.

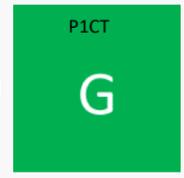


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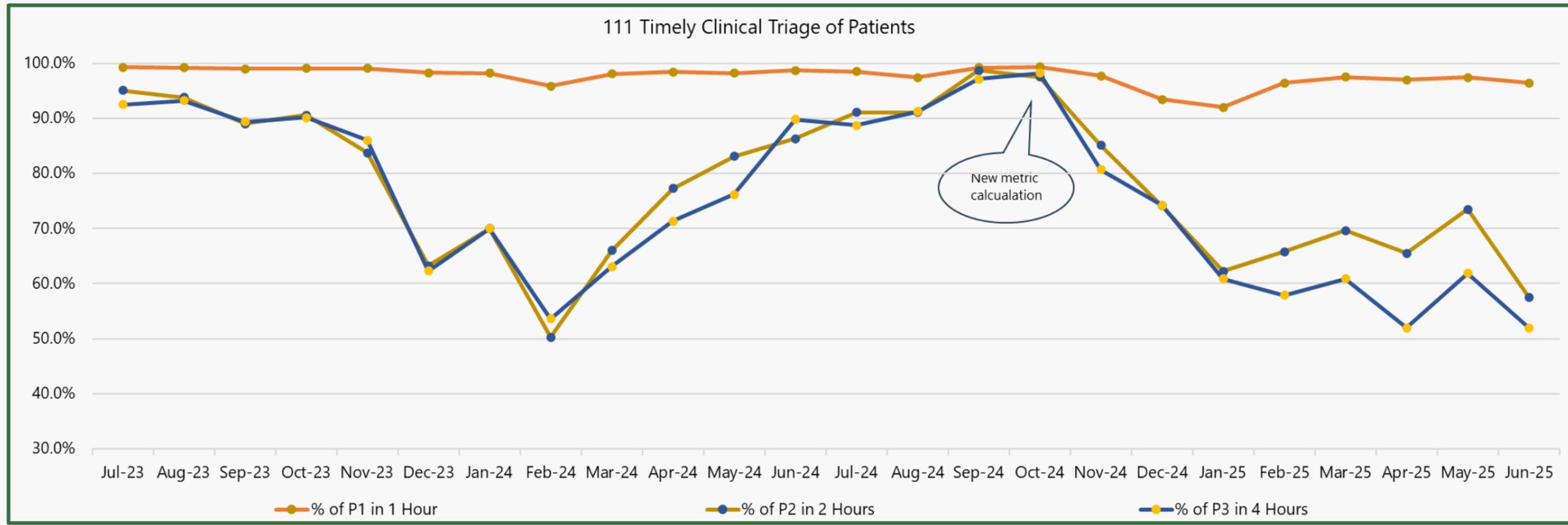
111 Clinical Assessment Start Time Performance Indicators

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 96.4% in June 2025.

Ring back times for lower category calls decreased during June 2025, with P2CT calls at 57.5% and P3CT at 52%.

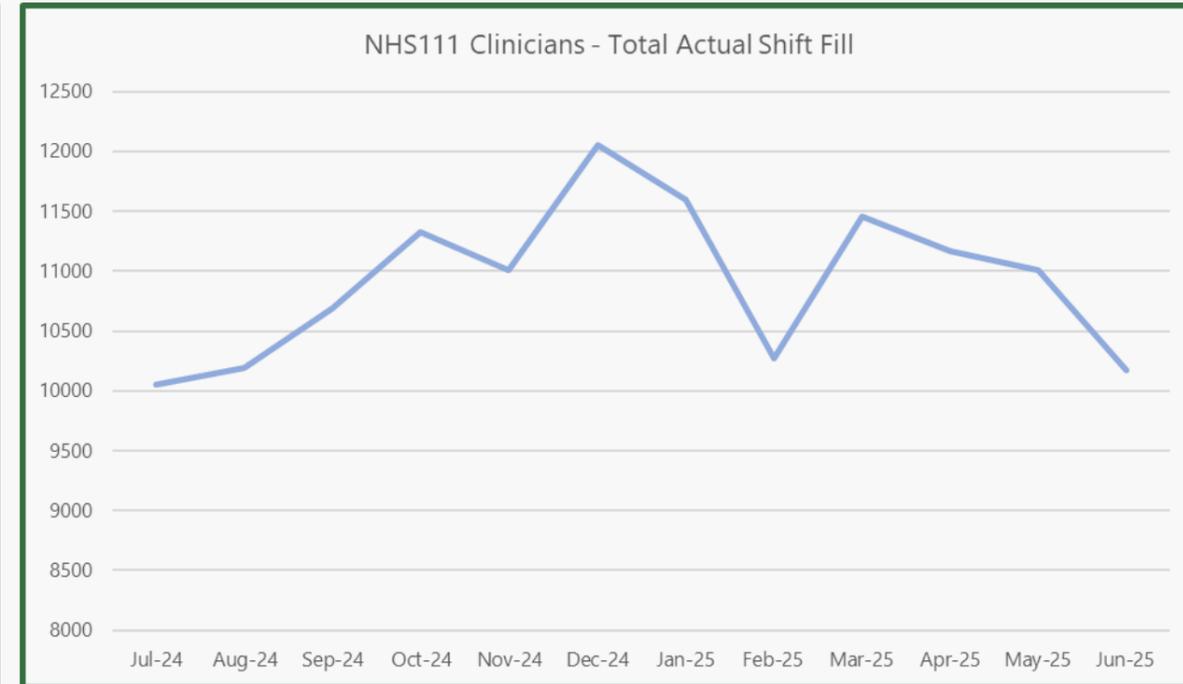
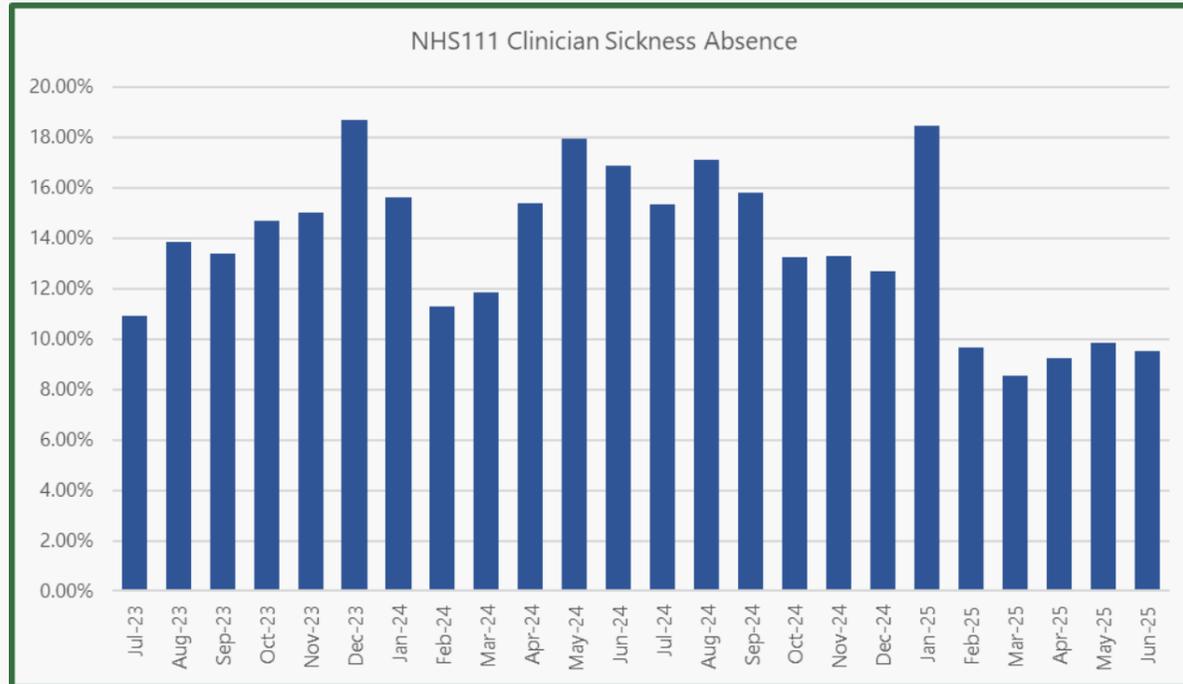
Numbers of clinician hours produced decreased again during June 2025, reducing from 11,004 hours in May 2025 to 10,173 hours in June 2025, albeit over one less day in the month. However, this was a 2.6% increase on the hours produced during June 2024. Clinician sickness absence decreased slightly during June 2025 at 9.50%.

Remedial Plans and Actions
The key actions include:
A focus on delivering the benefits of the new 111CAS.
A review to determine appropriate levels of capacity to meet increasing demand, including rostering practice (review now live).

This review also considered key to improving clinician sickness absence along with exploring rotation, as part of the Strategic Workforce Plan.

The P1-P3 metric calculation has changed. Previously it was when the Trust called back, now it is when the patient answers, this will be reversed in August,

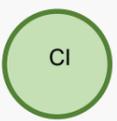
Expected Performance Trajectory
It is likely that there will be a performance improvement through the summer however the external rostering review suggests there is a demand and capacity gap within the current funded establishment and the Trust is therefore unlikely to reach performance without an increased workforce.



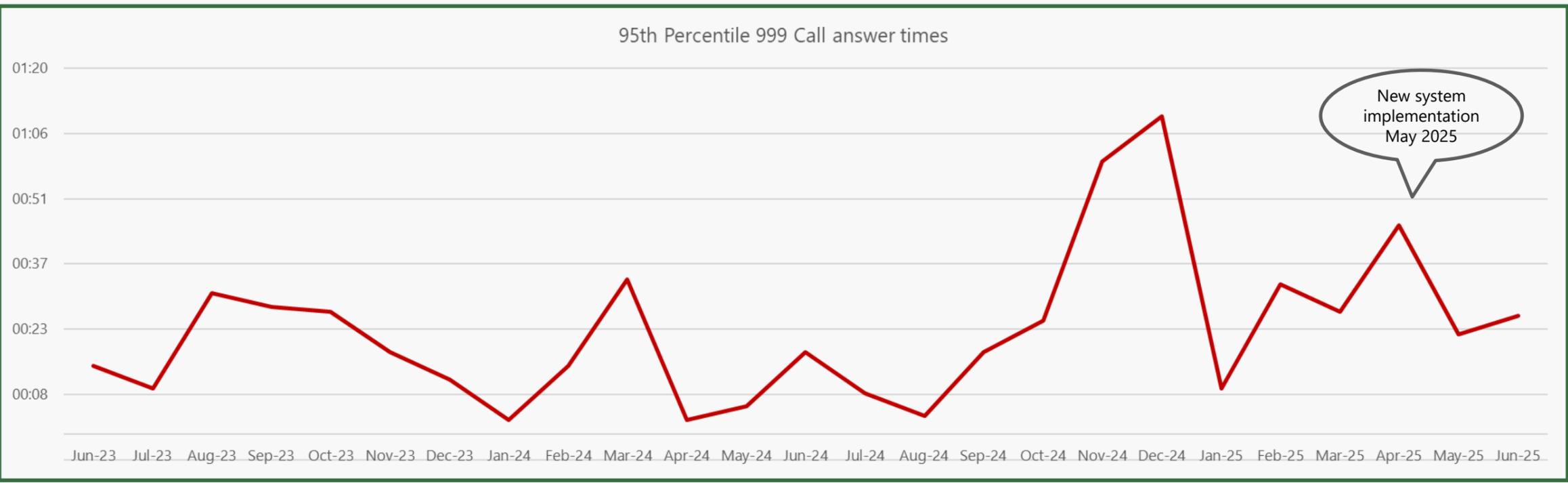
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999 Call Performance Indicators

(Responsible Officer: Lee Brooks)



Influencing Factors – Demand and Hours Produced



Analysis

The 95th percentile 999 call answering performance increased to 26 seconds in June 2025 and remaining above the 6 second target; however, the median call answer time for the 999-service has been consistently good at 1 second. The new system is now aligned with reporting and is signed off.

There was a slight decrease in demand during June 2025 to 45,286 calls from 45,814 in May 2025.

Sickness levels saw an increase, from 9.48% in May 2025 to 11.05% in June 2025.

Remedial Plans and Actions

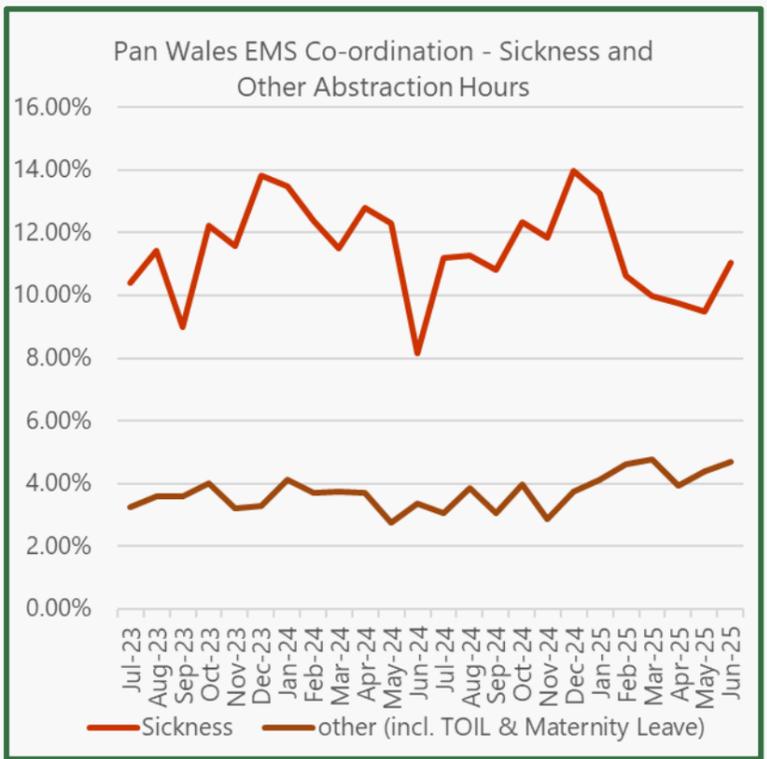
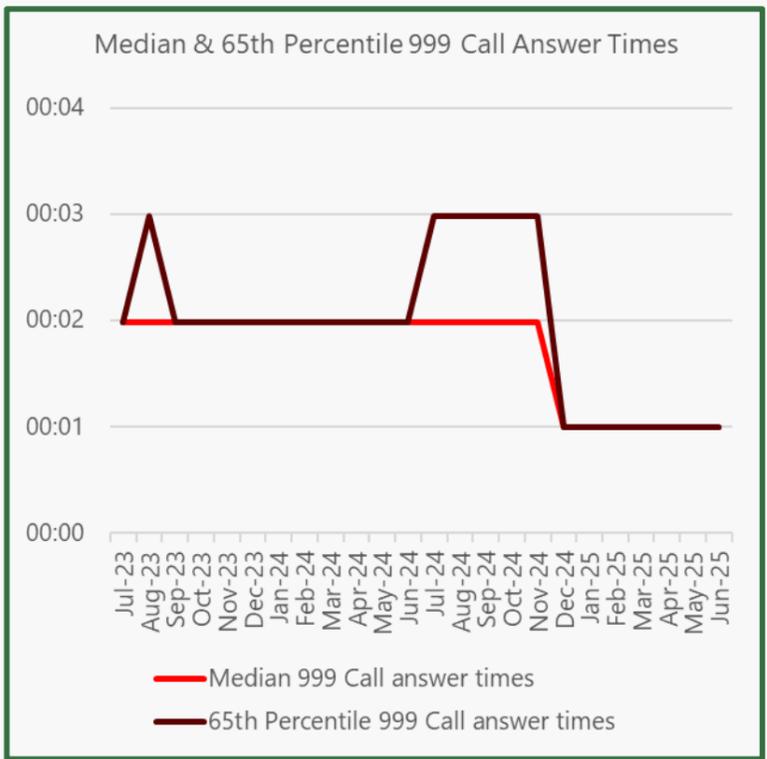
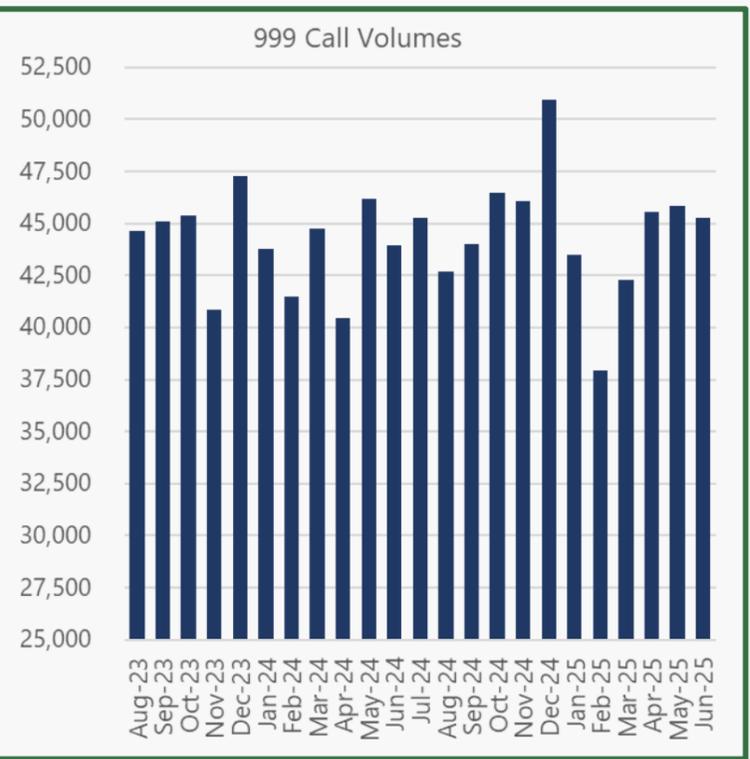
- Will continue to overrecruit for the next few months (as approved by the ADO and the EDoOps) which will also support potential losses from the Bryn Tirion move to Ty Elwy.
- Work is ongoing to identify what is contributing to high sickness via the Managing attendance at work and attrition via the recruitment 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, particularly within the South-East region. Further analysis of this issue is currently being undertaken.
- The Executive Director of Operations has asked for some additional modelling on EMD capacity. Capacity was not increased through the transformation programme but is an area of interest.
- There is a need to keep under review the consequences on allocators of changing/increasing resources e.g. APPs, Falls Resource etc.

Expected Performance Trajectory

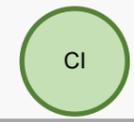
The median and 65th percentile are performing very well and are stable. Paper currently to be drafted on future resilience of EMSC i.e. winter demand v capacity (with efficiencies).



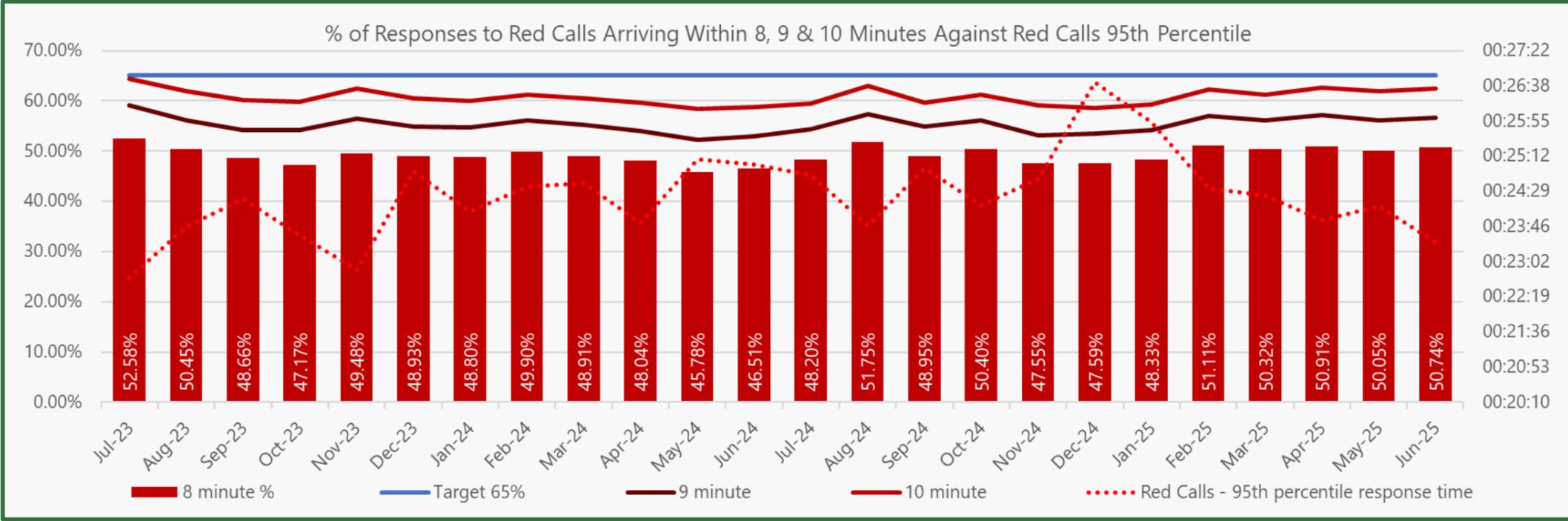
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Red Performance Indicators

(Responsible Officer: Lee Brooks)



Influencing Factors – Demand, Hours Produced and Hours Lost



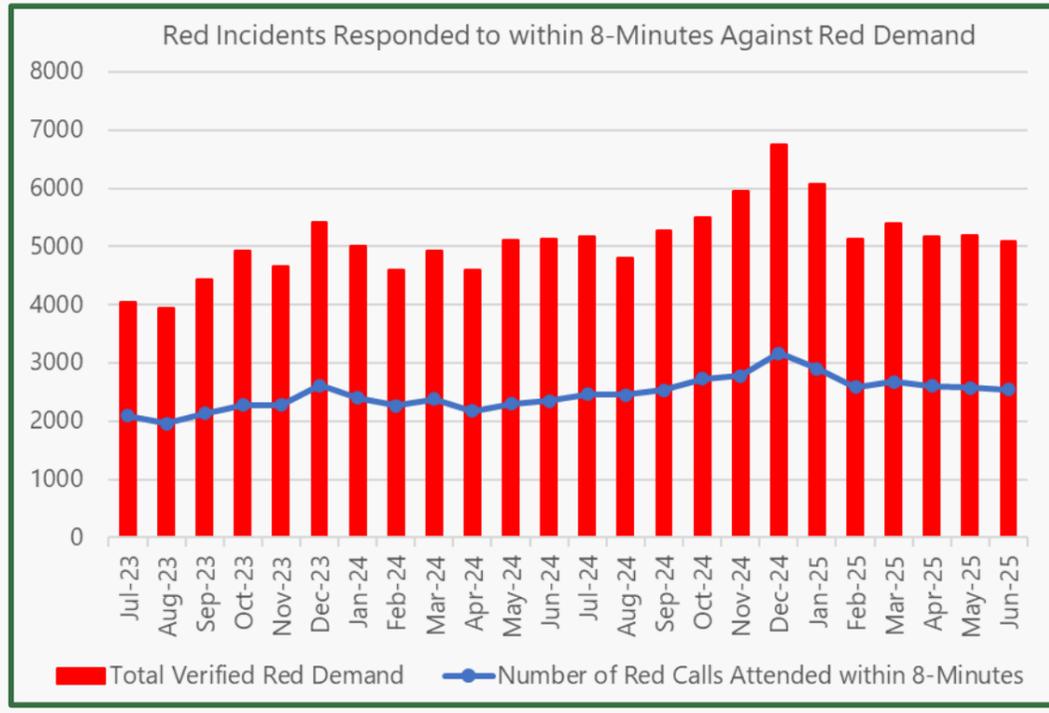
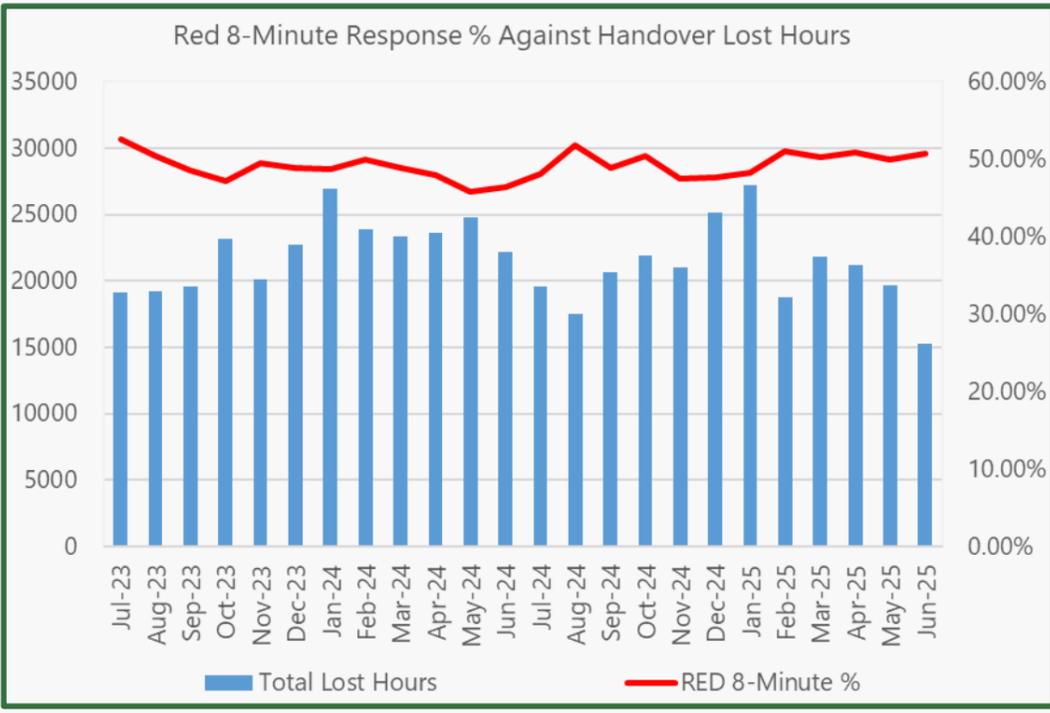
Analysis

Red 8-minute performance improved slightly in June 2025 to 50.74% from 50.05% in May 2025 but remains below the 65% target.

Red 10-minute performance for June 2025 was 62.4%, which is marginally above the 2-year average (60.8%).

One of the main determinants is **red demand**, which has **increased** over the last few years, with red demand in June 2025 being 26.8% higher than that seen in June 2023. As red demand has increased, so too has the number of red incidents responded to within 8-minutes, with the figure for June 2025 of 2,547, being 18.2% higher than the figure for June 2023, 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 15,278 lost hours during June 2025, which is the lowest figure recorded since September 2021.



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 June with 93.8% 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 and emergency category which went live on 1st July 2025. This will see the focus moving to measures of the chain of survival and patient outcomes i.e. saving lives, rather than a hit/miss time targets.

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Amber Performance Indicators

(Responsible Officer: Lee Brooks)

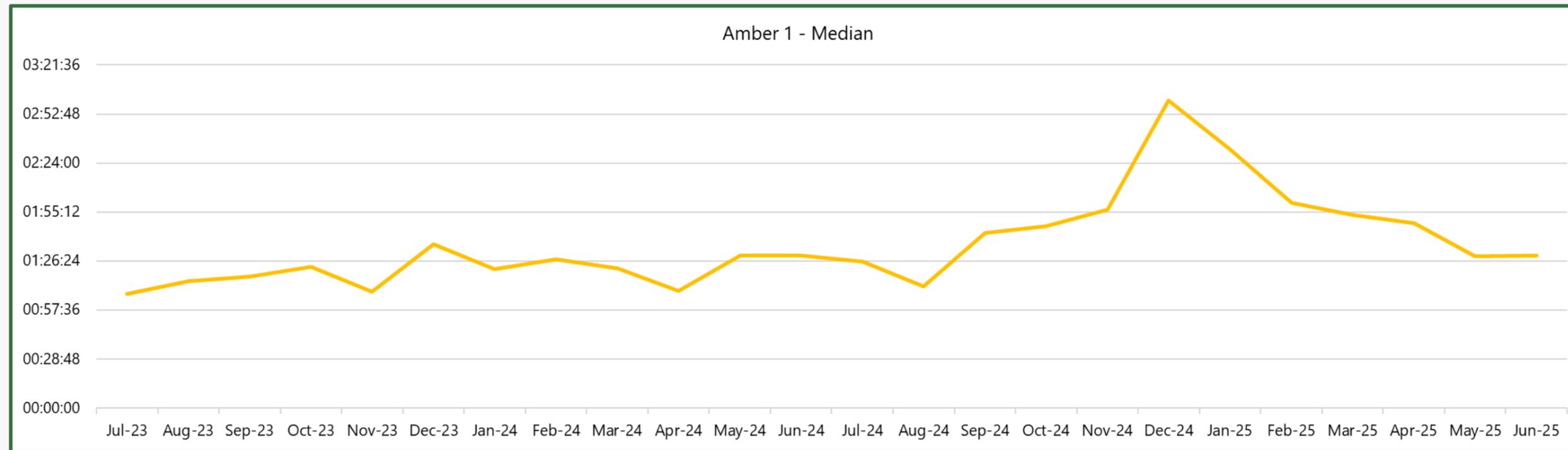
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CI

FPC

QUEST

Influencing Factors – Demand, Hours Produced and Hours Lost

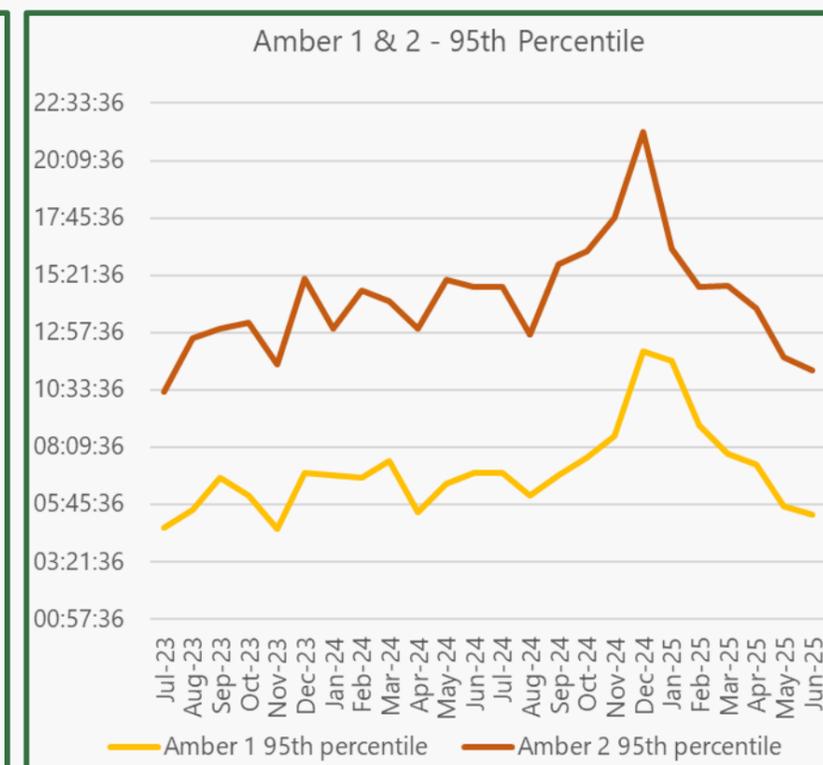
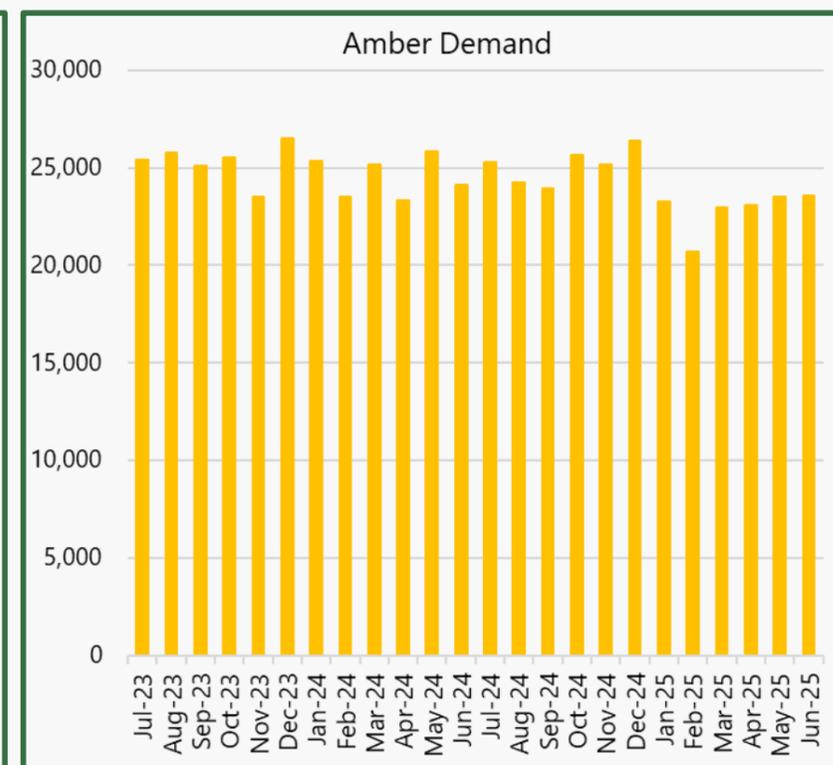
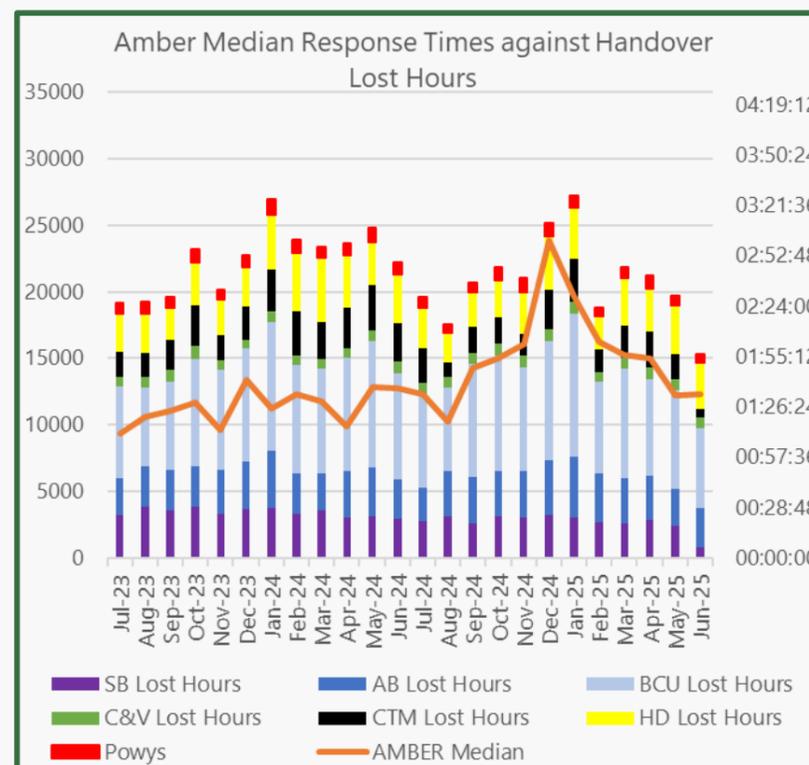


Analysis

The Amber 1 median performance time remained consistent during June 2025 at 1 hour and 29 minutes. The ideal Amber 1 median response time remains at 18 minutes.

The Amber 1 95th percentile decreased during June 2025 to 5 hours 18 minutes, down from 5 hours 40 minutes in May 2025. This time remains currently below the 2-year average figure of 7 hours 59 minutes.

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



Remedial Plans and Actions

The actions being taken are largely the same as those related to Red performance on the previous slide. Welsh Government has recently announced further changes to the Ambulance Performance Framework that will affect the existing Amber category.

Expected Performance Trajectory

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

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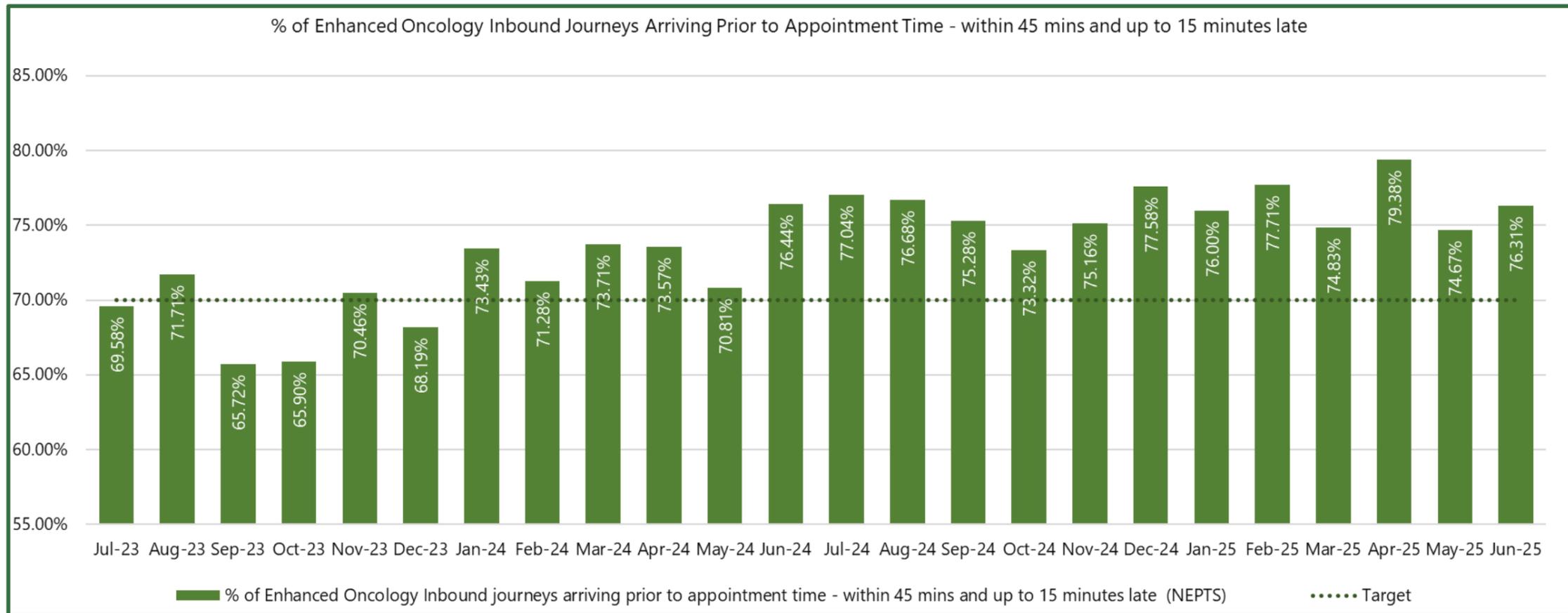
Patient Experience – Influencing Ambulance Care Indicators

(Responsible Officer: Lee Brooks)

D&T	Oncology	Welsh Calls
R	G	G

FPC

CI



Analysis
76.31% of enhanced Oncology journeys arrived within 45 minutes prior and up to 15 minutes late of their appointment time in June 2025, once again achieving the 70% target.

Discharge and Transfer journeys booked in advance and collected less than 60 minutes after their appointment improved in June 2025 to 80% but remains below the 95% target. Discharge and Transfer journeys booked on the same day achieved the 95% target in June 2025.

Renal journeys decreased marginally from 72.61% in May 2025 to 72.57% in June 2025, but achieving the agreed performance standard of 70% for only the seventh time since September 2024.

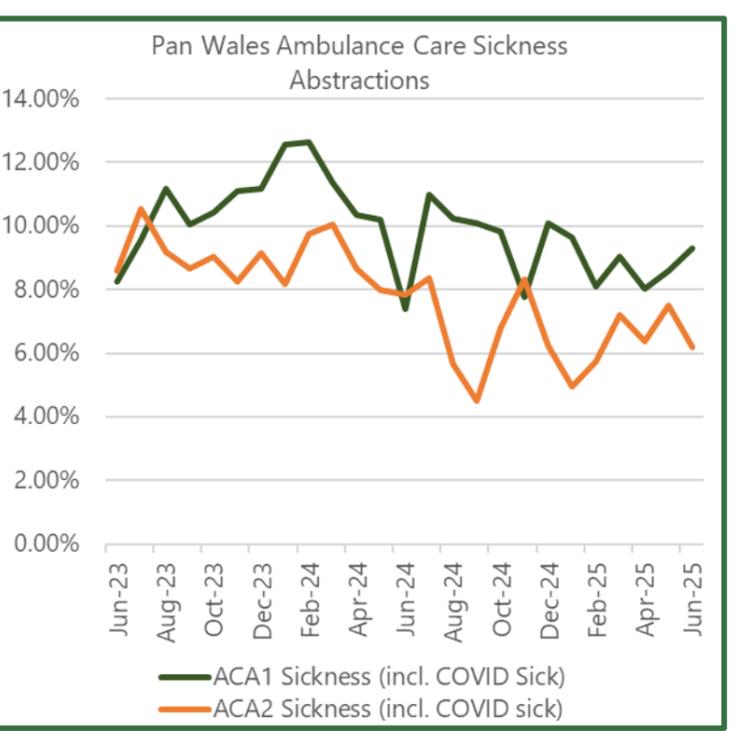
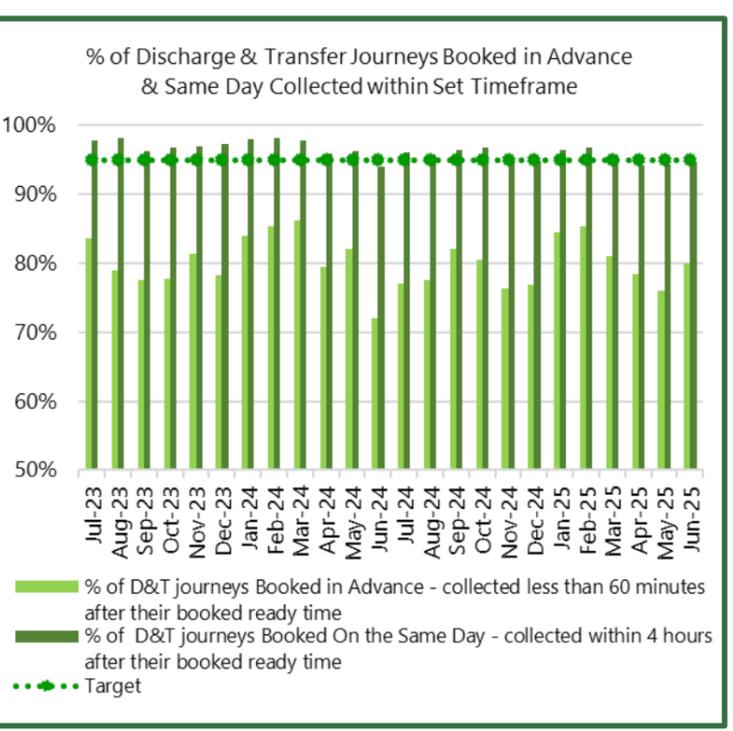
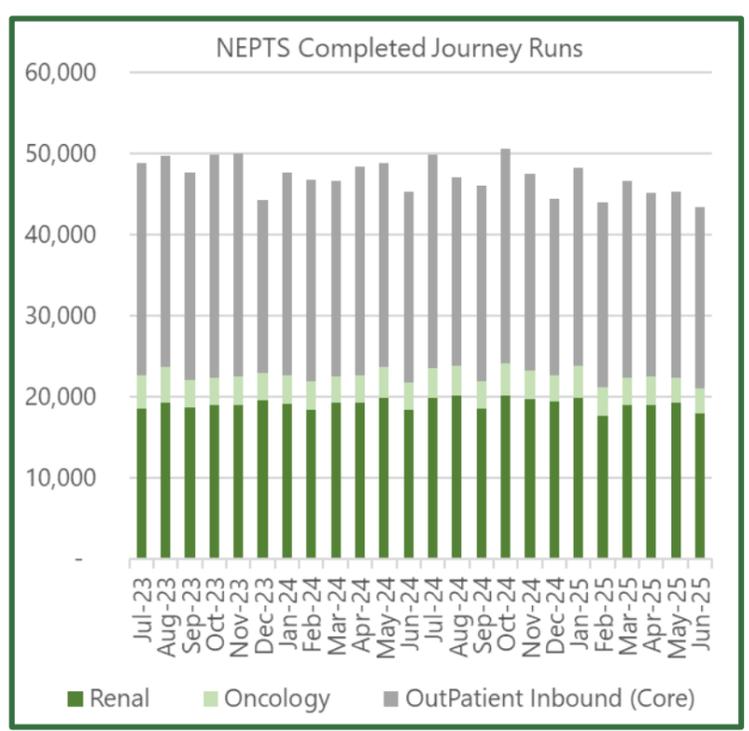
Call volumes answered decreased to 14,851 calls during June 2025, from 14,914 in May 2025; but the average speed of call answering increased from 12 minutes 47 seconds to 13 minutes 48 seconds.

ACA1 sickness remains above the 5.99% target, at 9.32% in June 2025. ACA2 sickness also remains above the 5.99% target at 6.20% in June 2025.

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

New rosters keys have been finalised based on updated demand with the roster review now commenced; 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
An improvement is expected in the next few months, although it is not anticipated that the target will be achieved without wider system change.



Our Patients: Quality, Safety & Patient Experience

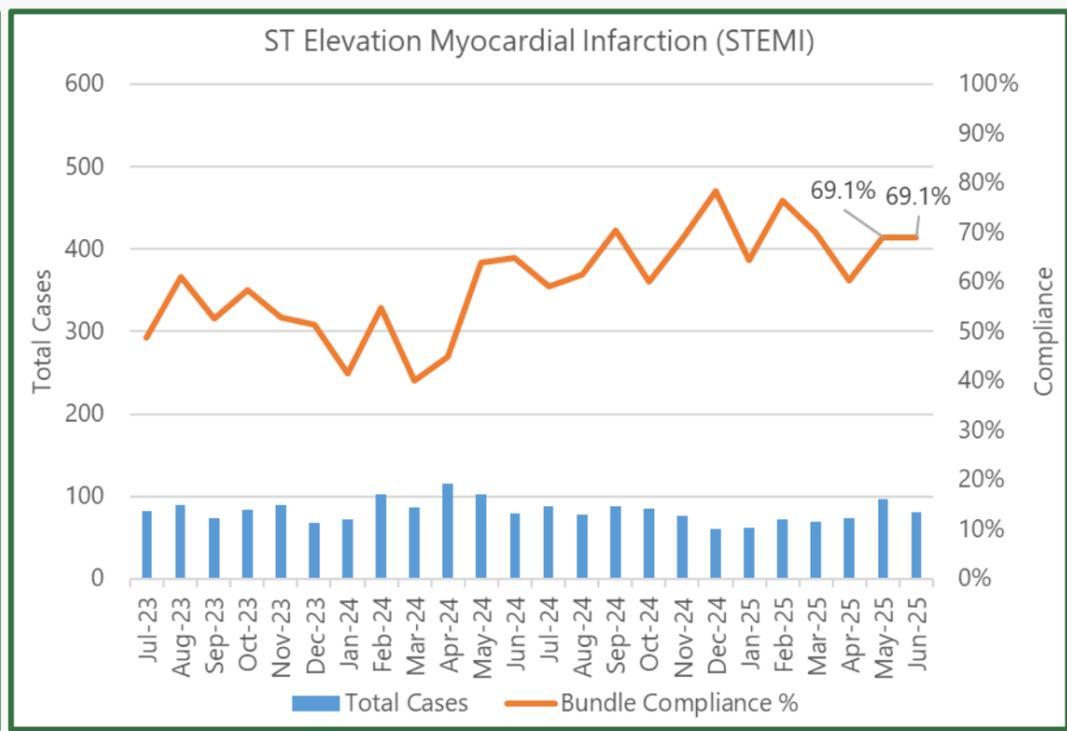
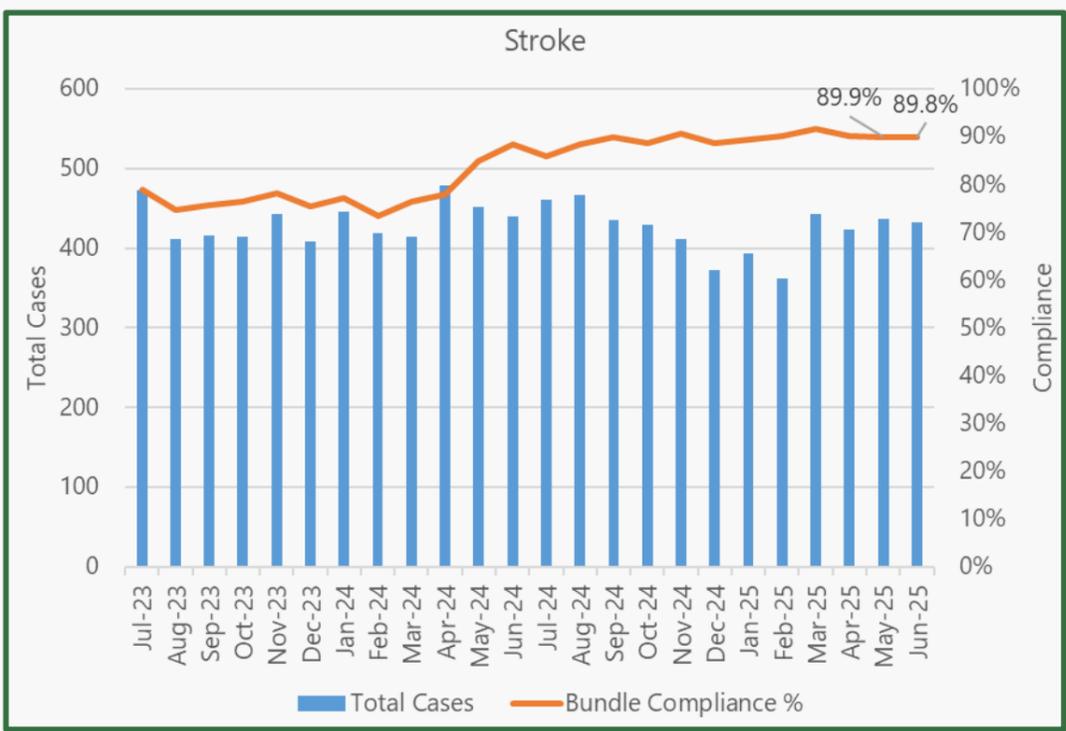
Clinical Indicators

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

Stroke	Stroke Call to Door	STEMI	Self-Assessment: Strength of Internal Control: Moderate
A	R	R	

(Responsible Officer: Andy Swinburn)

QUEST



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

Stroke – 89.8% - Performance has remained consistent at around 90% for the past three months. There is a close correlation between documenting FAST (a test to detect symptoms of stroke) and care bundle compliance.

STEMI (heart attack) – 69.1%, a significant improvement from 60% in April 2025 but consistent with May 2025. There has been an increase in compliance across all elements of the care bundle. The number of cases remained low (81) therefore, increasing the volatility of the compliance data so this could be natural variance.

Call to door times for Stroke – Call to door times minimally increased for stroke in June (02:14:30). All three elements of the bundle have seen consistency on time.

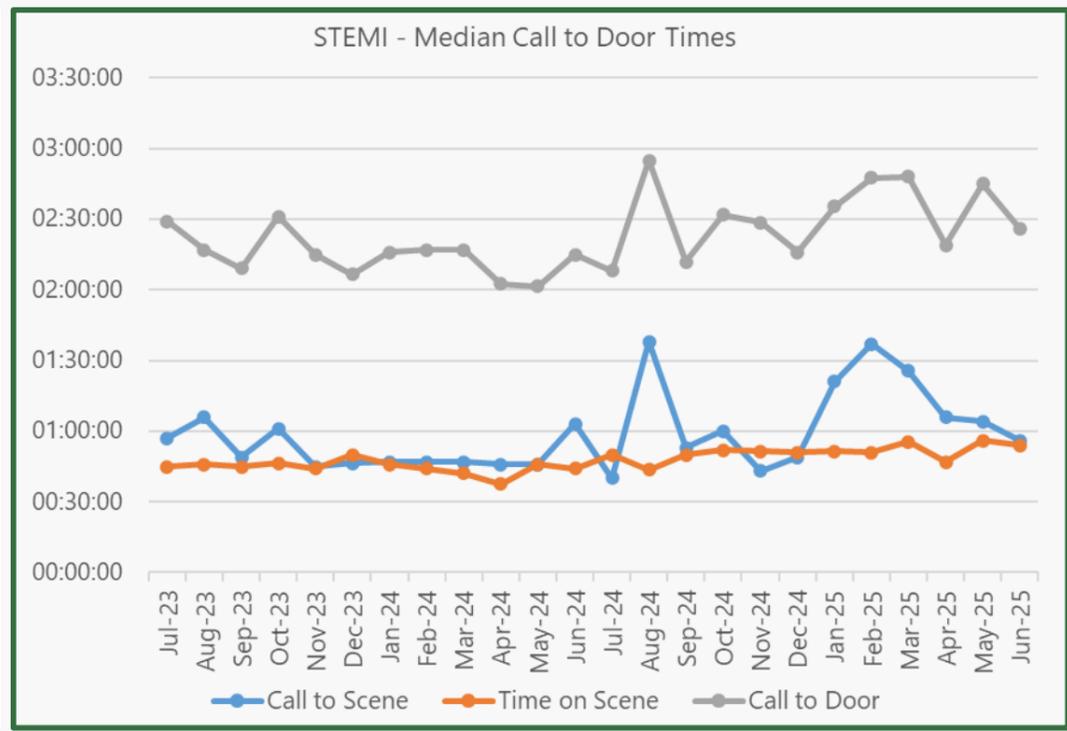
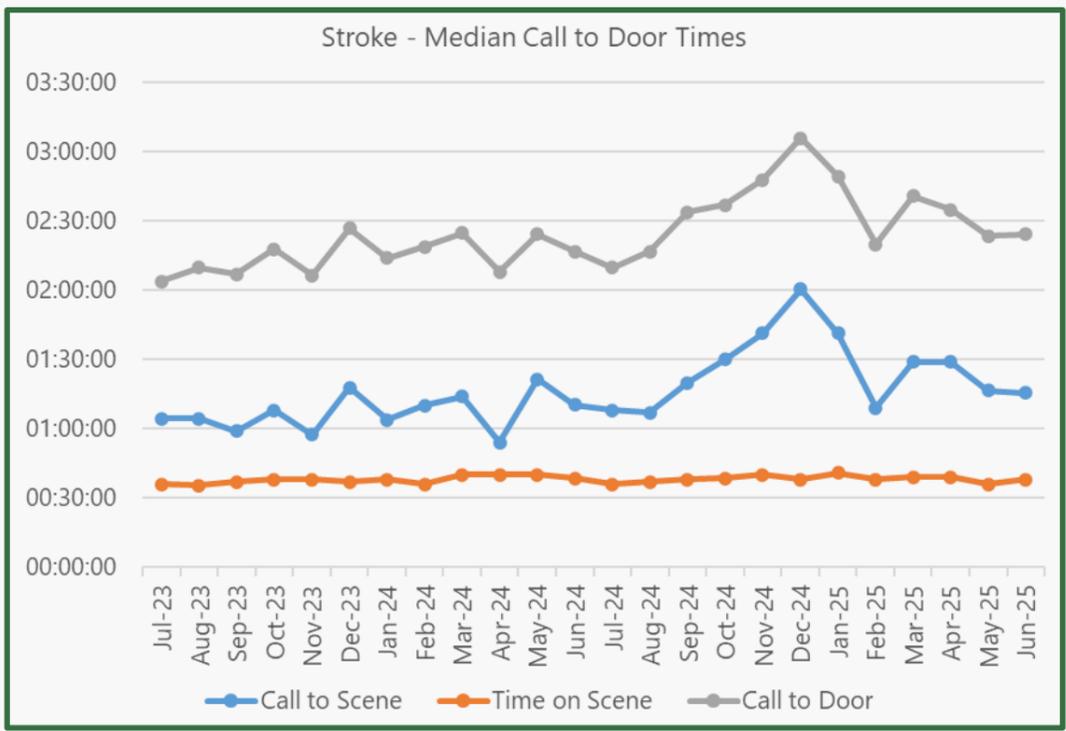
Call to door times for STEMI – Call to door time has decreased since last month (02:26:00).

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

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

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

Further electronic Patient Clinical Record User Interface changes are planned for the next update, scheduled for Autumn 2025.



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Clinical Indicators

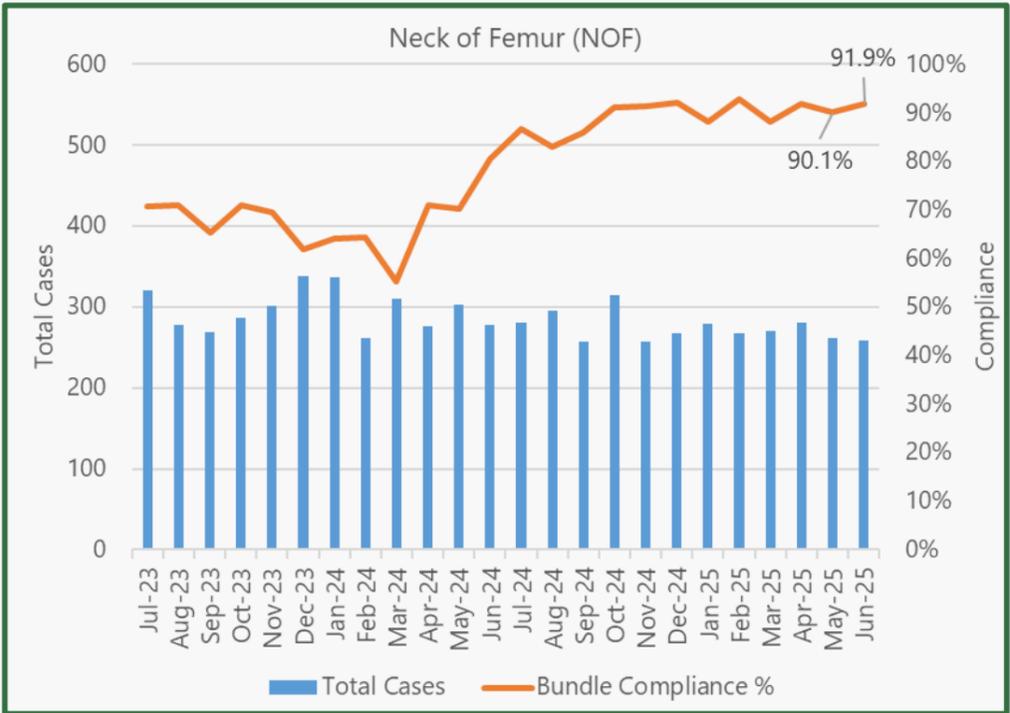
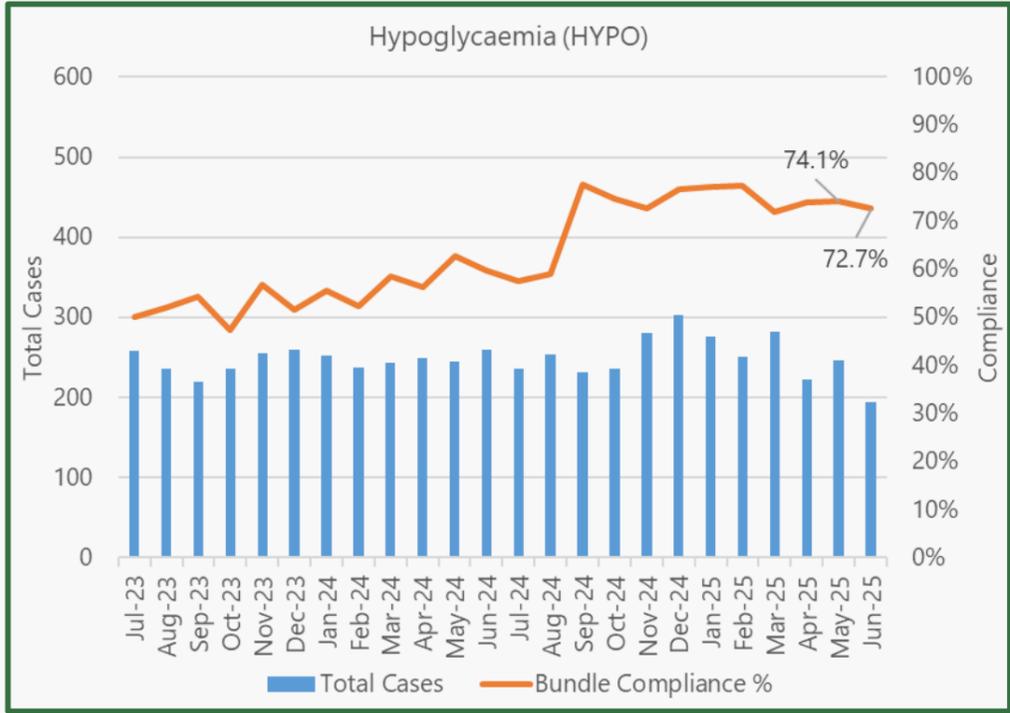
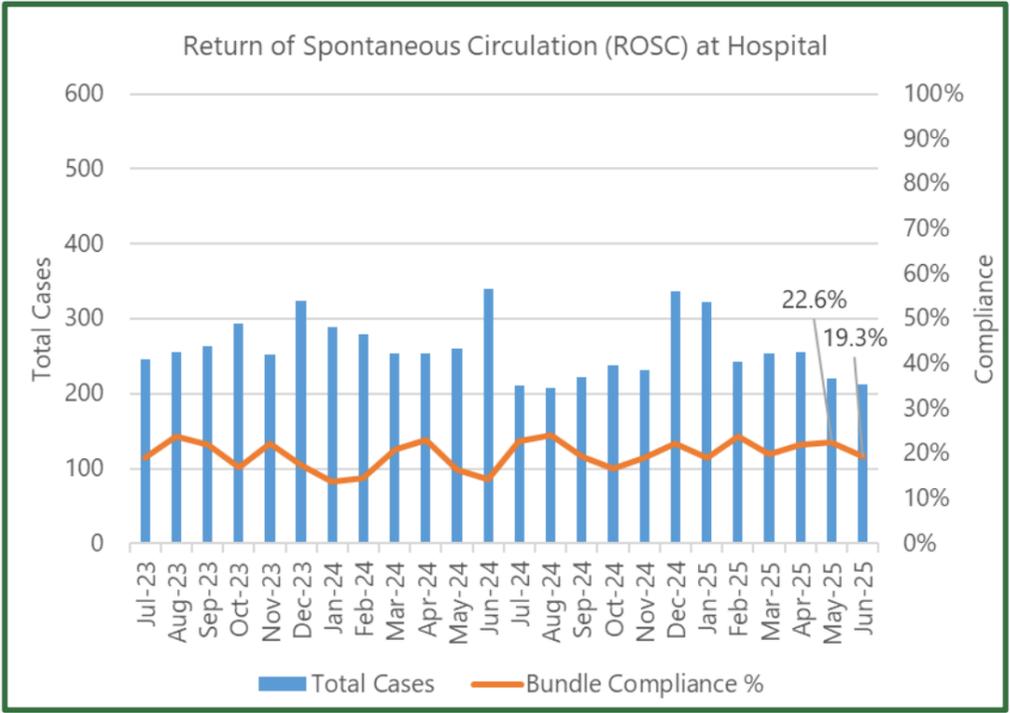
Return of Spontaneous Circulation, Hypoglycaemia, Fractured Neck of Femur (#NOF) and Time-Based metrics (#NOF)

ROSC
A

Self-Assessment:
Strength of Internal
Control: Moderate

(Responsible Officer: Andy Swinburn)

QUEST



#NOF Call 2 Door in development

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

Return of Spontaneous Circulation at hospital (from cardiac arrest) – 19.33%, a decrease from 22.6% in May. 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.

Hypoglycaemia (diabetic patients with low blood glucose) – 72.7%, a slight decrease from last month. Compliance has remained quite static through Q1, although there has been a slight drop in compliance across the bundle.

Fractured Neck of Femur (hip fracture) – 91.9%, maintaining consistent performance from May. Only a slight increase in compliance which is evident across the care bundle.

Remedial Plans and Actions

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

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

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Patient National Reportable Incidents & Duty of Candour Responses Indicators

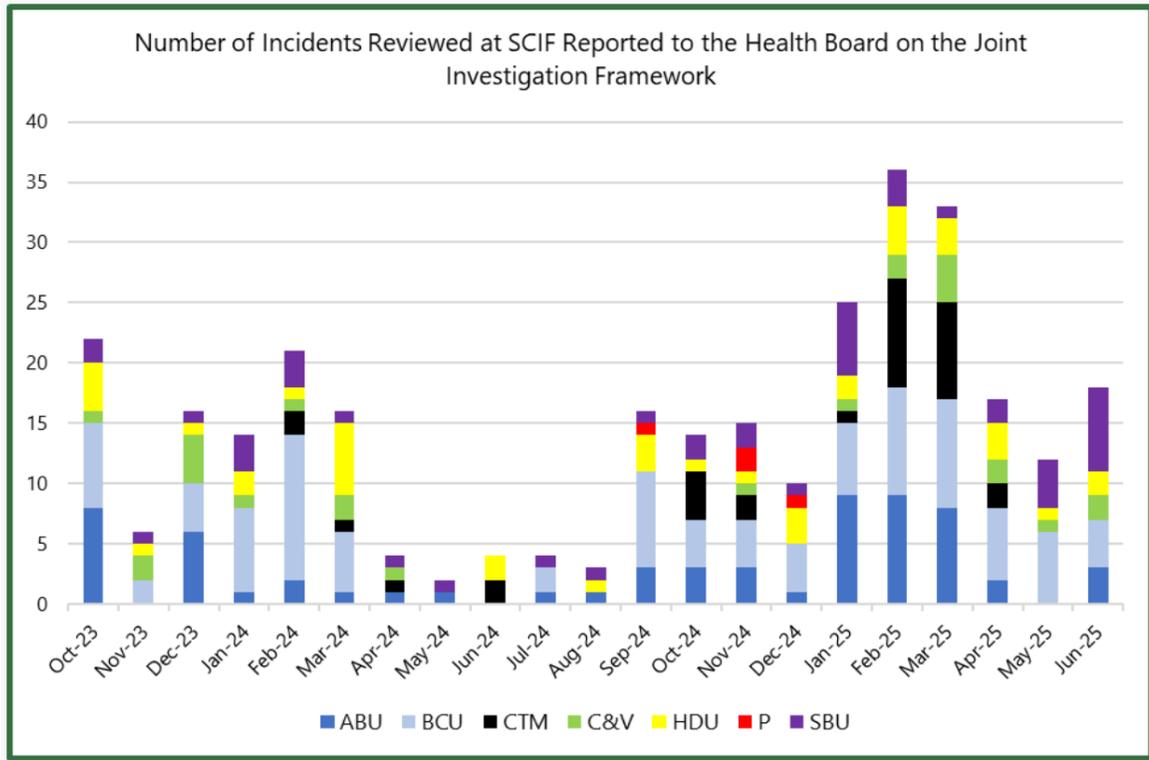
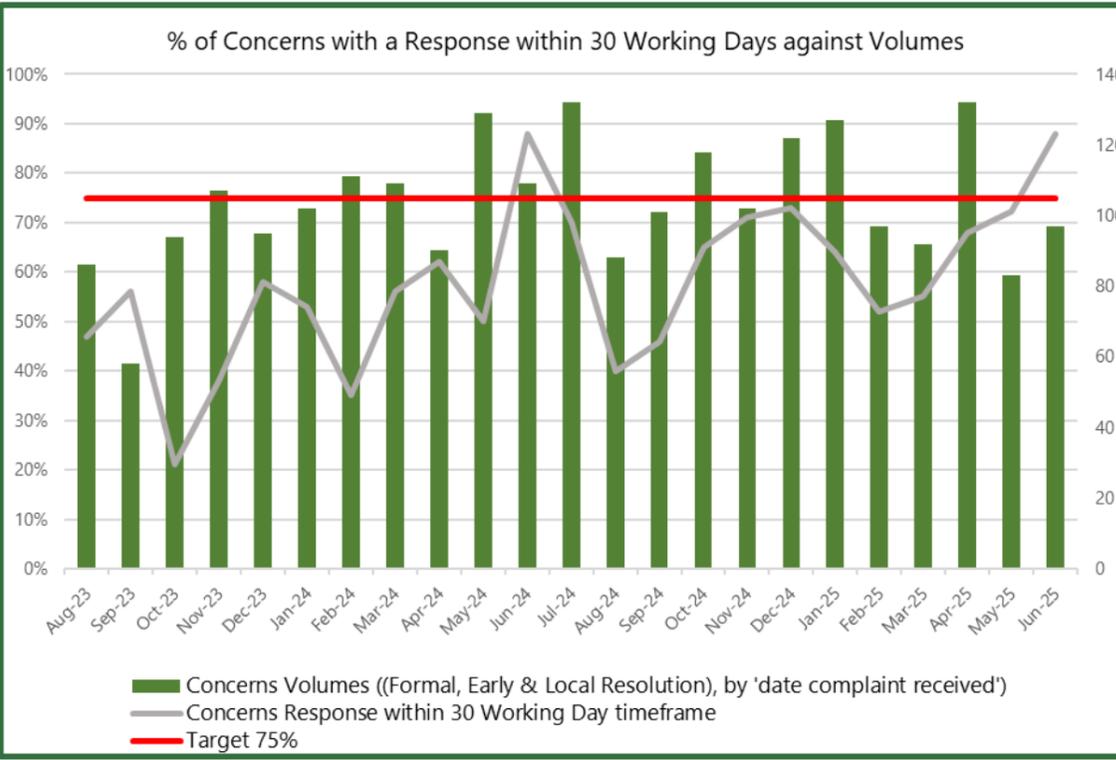
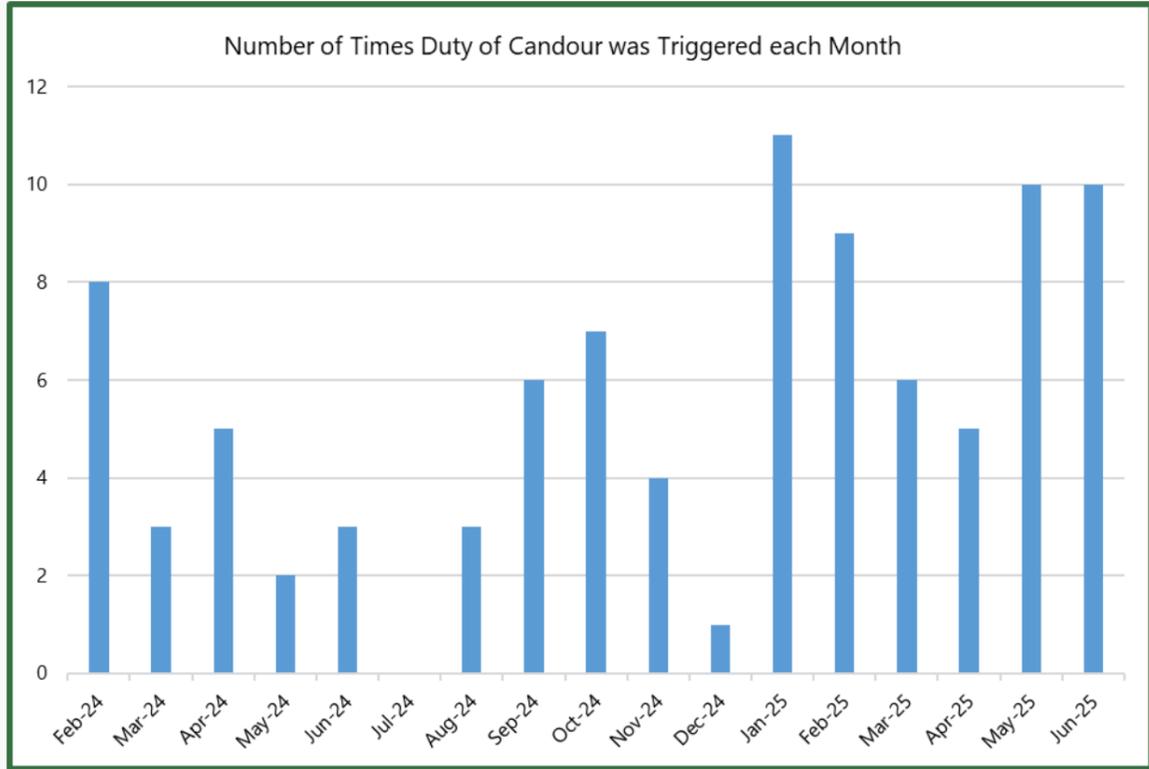
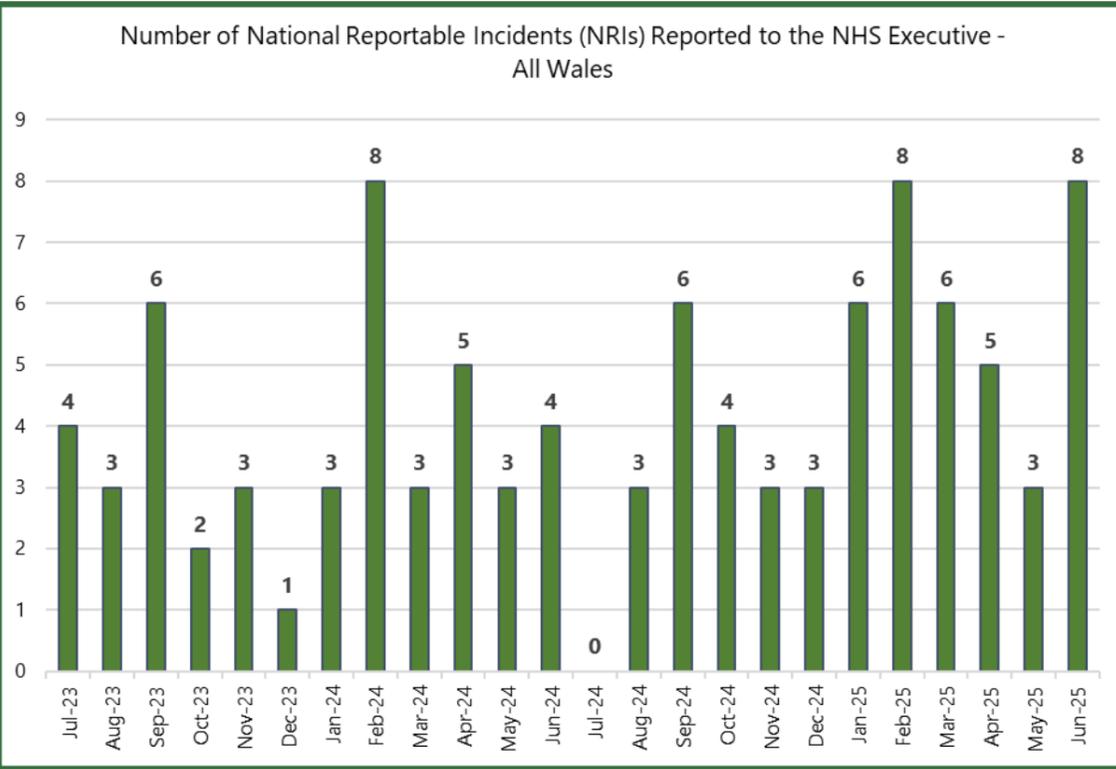
(Responsible Officer: Liam Williams)

Concerns.
G

Self-Assessment:
Strength of Internal Control:
Moderate

QUEST

Health & Care Standard
Health - Safe Care / Timely Care



Analysis
Compliance with the 30 working day complaints target was achieved for the first time since May 2024. Performance for closed complaints however masks a concerning picture of a growing number of open and overdue complaints. This is due to increased complexity of investigations within the Trust, an increased volume of incidents that may have arisen from planned changes in the Clinical Safety Plan and the need to recruit additional staff to support audit of the different interventions now in place across the Clinical Contact Centres; Clinical Navigators within Emergency Medical Service (EMS) and Emergency Communication Nurse System (ECNS) within 111Wales Integrated Care.

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.

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
An organisational PTR & Legal Services Recovery Plan is being developed and will be presented at the next QuEST Committee.

The complaints management process itself is well-assured, with families continuing to receive regular contact from the Trust.

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

Our Patients: Quality, Safety & Patient Experience

Patient & People Safety Indicators

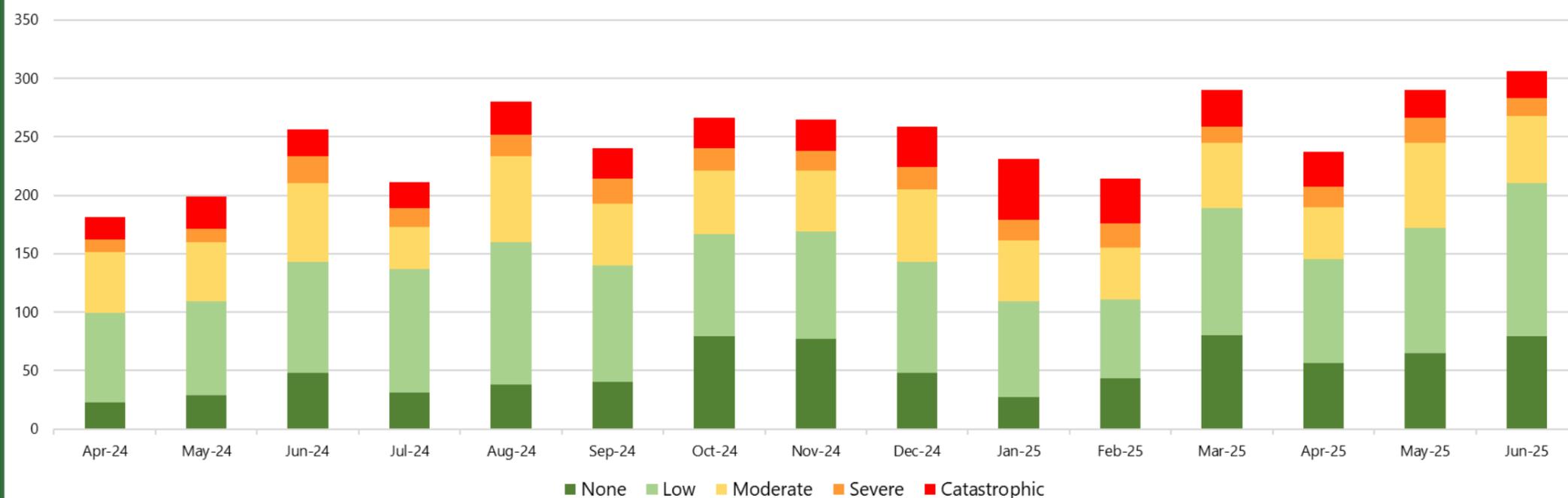
Self-Assessment:
Strength of
Internal Control:
Moderate

QUEST

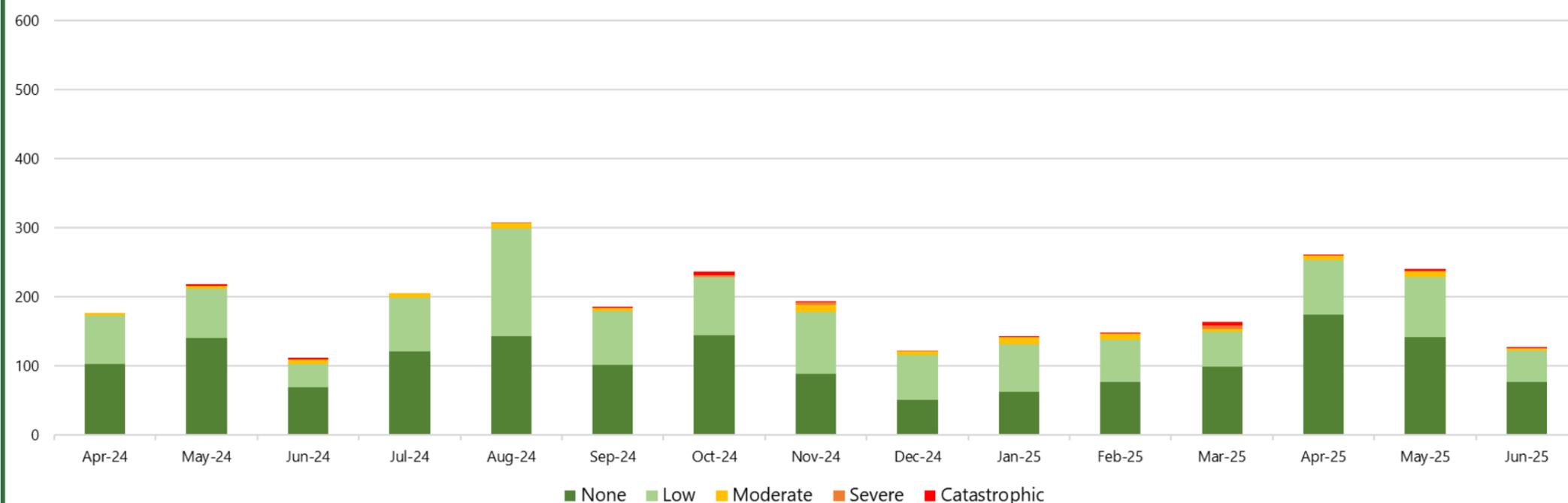
(Responsible Officer: Liam Williams)

Health & Care
Standard
Health – Safe Care

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



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



Analysis

Incident reporting volumes have decreased back towards the organisational baseline. Incident closure rate however has shown a marked improvement in the number of investigations being completed and closed. 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)

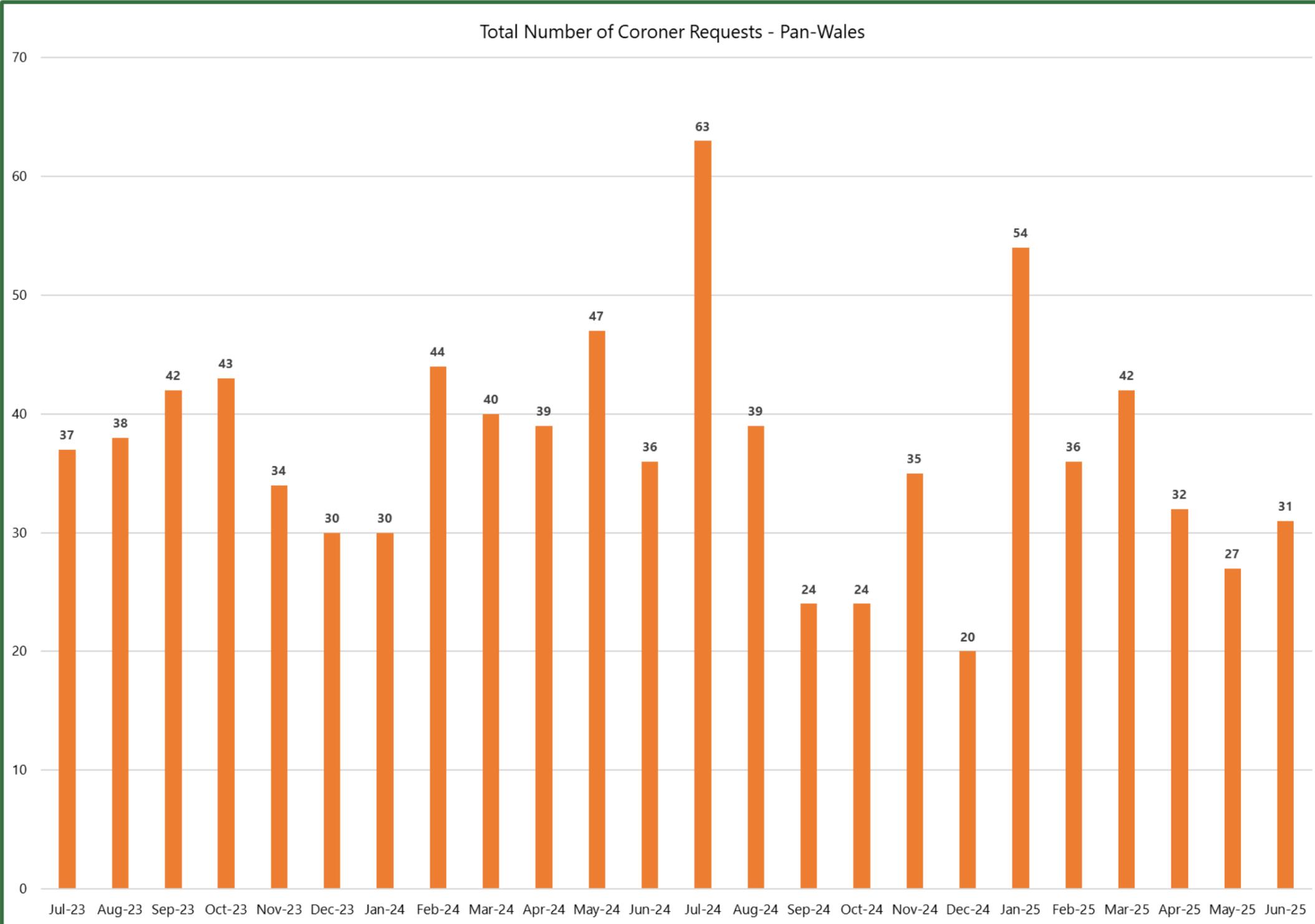
Coroners
Self-Assessment:
Strength of
Internal Control:
Moderate

Mortality
Self-Assessment:
Strength of
Internal Control:
Moderate

QUEST

Health & Care
Standard
Health – Safe Care

Total Number of Coroner Requests - Pan-Wales



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 continued pressure across Trust services and for the individual staff involved in representing the organisation.

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.

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.

The frequency of Level 2 Medical Examiner Learning Panels has been increased to weekly to address the high number of cases awaiting completion.

Expected Performance Trajectory

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

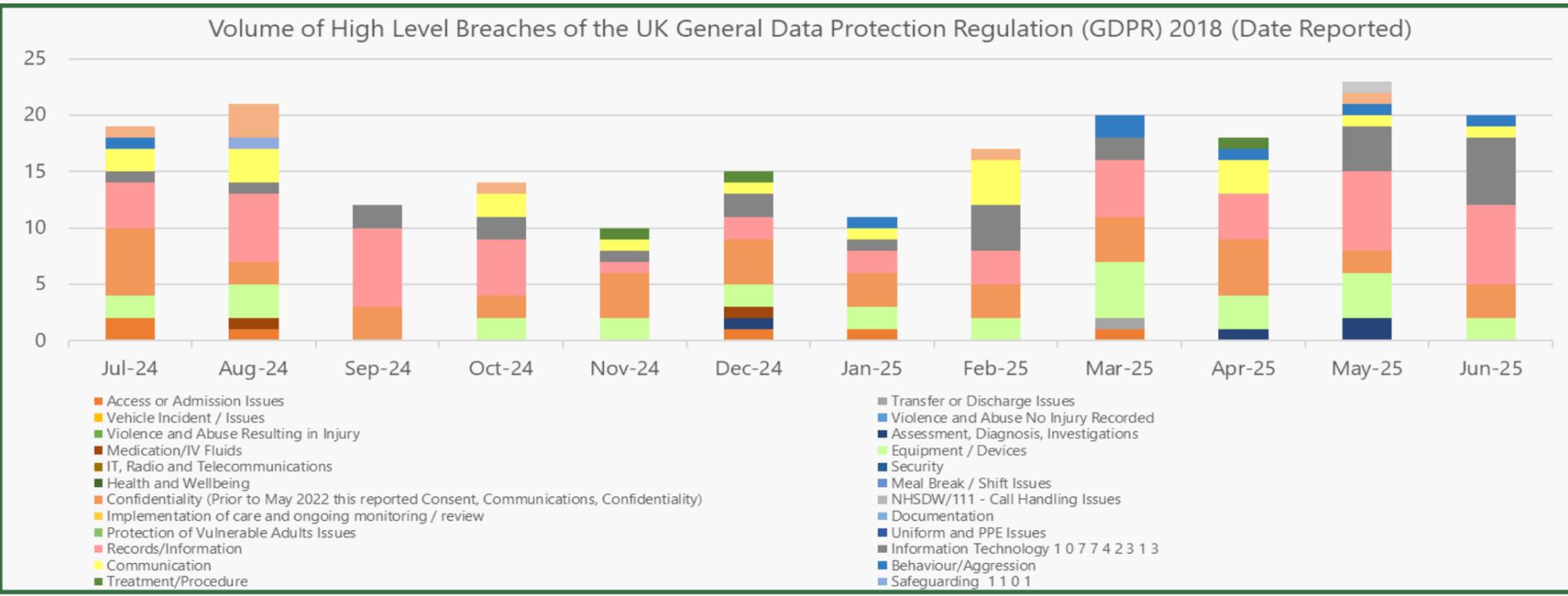
Our Patients: Quality, Safety & Patient Experience Safeguarding, Data Governance & Public Engagement Indicators

(Responsible Officers: Jonny Sammut & Liam Williams)

Health & Care Standard
Health – Safe Care

Self-Assessment:
Strength of Internal Control:
Strong

PCC



Analysis

Safeguarding: In June 2025 WAST colleagues submitted a total of 249 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); 790 reports were shared with local authorities across Wales during this reporting period. There have been 263 Child Safeguarding Reports submitted in June 2025, 94% of these were processed within 24 hours.

Data Governance: In June 2025, there were 20 information governance (IG) related incidents reported on Datix Cymru categorised as an Information Governance (IG) breach. Of these 20 breaches, 7 related to Records/Information, 3 IG/Confidentiality, 1 Communication, 2 Equipment, 1 Behaviour, and 6 Information Technology.

Remedial Plans and Actions

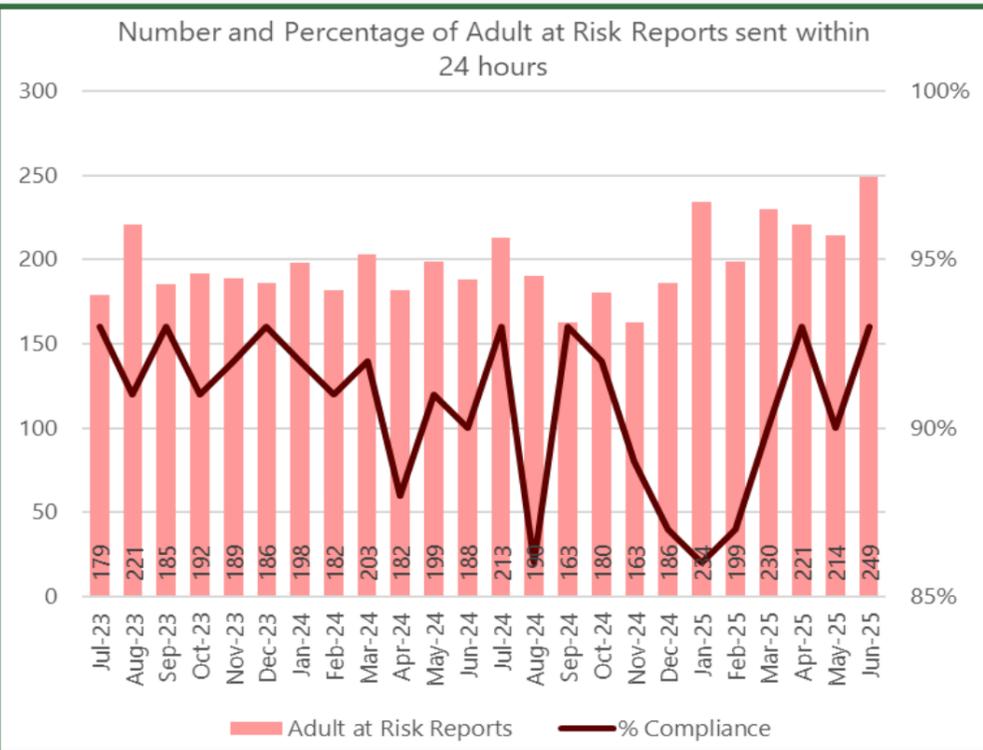
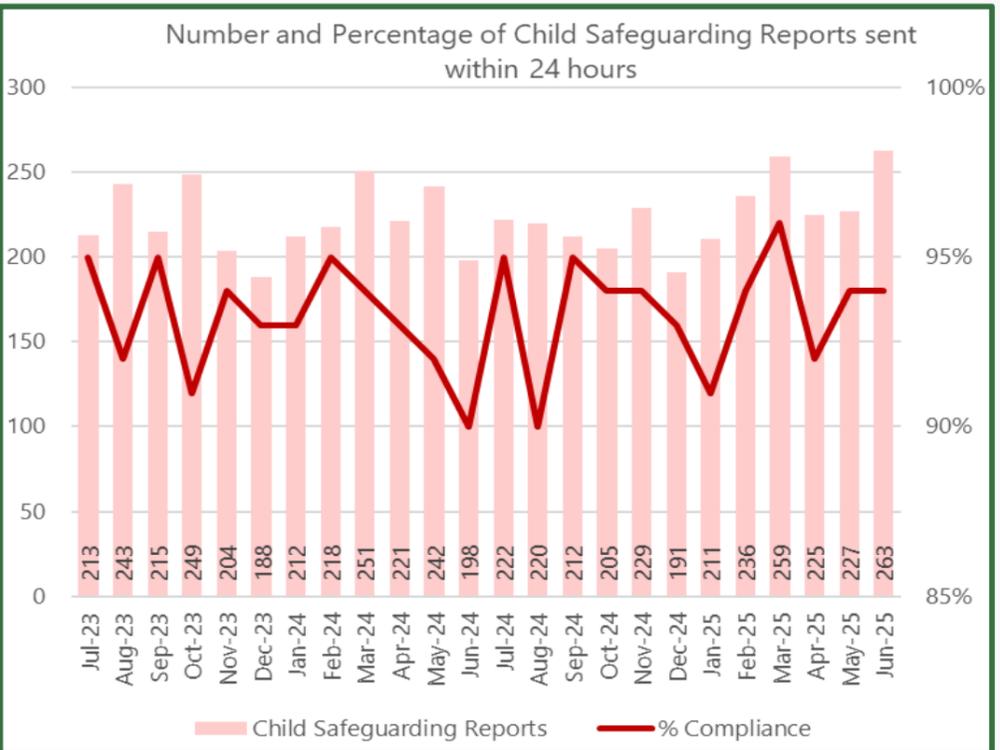
Safeguarding: The Trust manages all safeguarding reports digitally via Doc-works Scribe and regular monitoring of the system by the Safeguarding Team provides a means to identify any problems with delayed reports with appropriate action taken to support WAST colleagues with using the Doc-works Scribe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

Data Governance: During the reporting period, of the 20-information governance related incidents reported on Datix, no incidents were reported to the Information Commissioner's Office (ICO). The IG Team continues to monitor, and review reported incidents where applicable.

Expected Performance Trajectory

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

Data Governance: The IG Toolkit submission was completed on 31st March 2025. The next iteration of the IG Toolkit has now opened for FY25/25 submissions.



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

Safeguarding Data source: Doc Works

Our Patients: Quality, Safety & Patient Experience

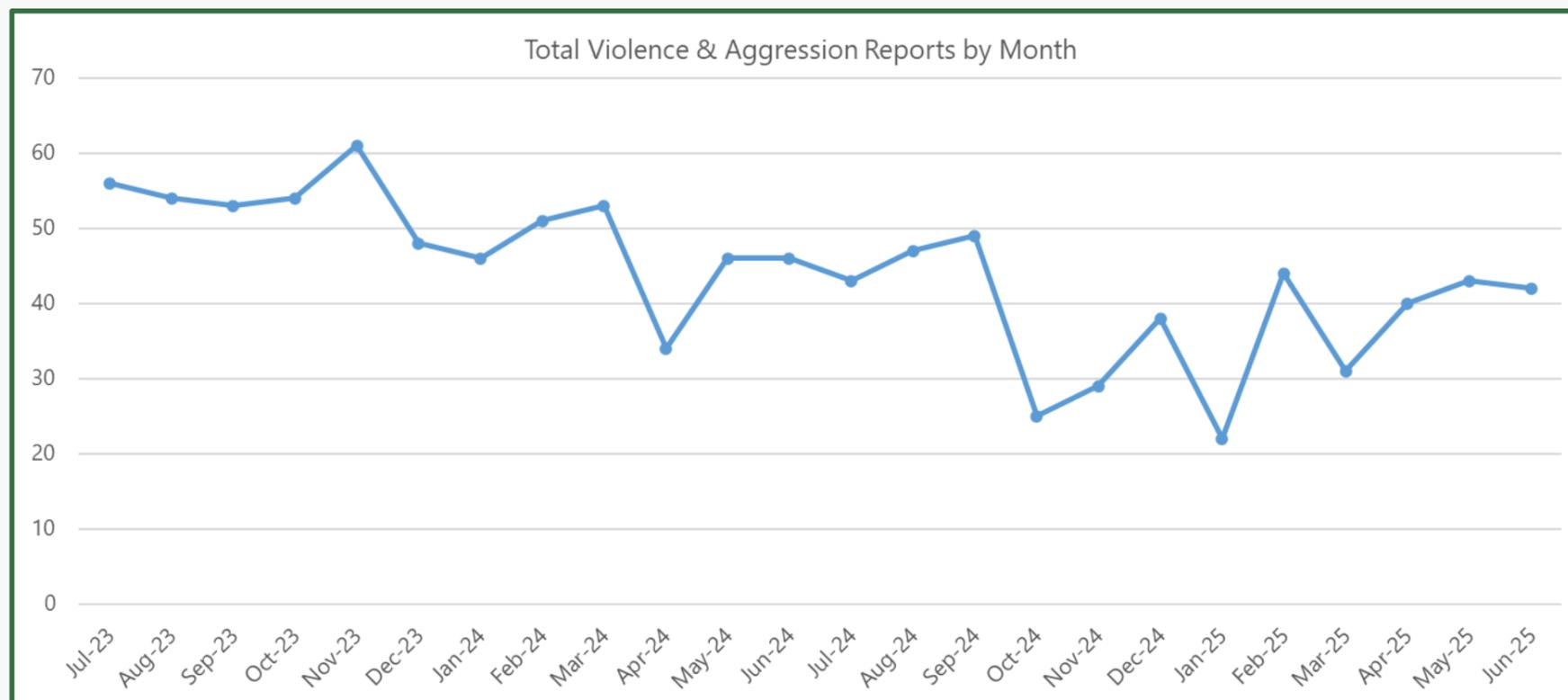
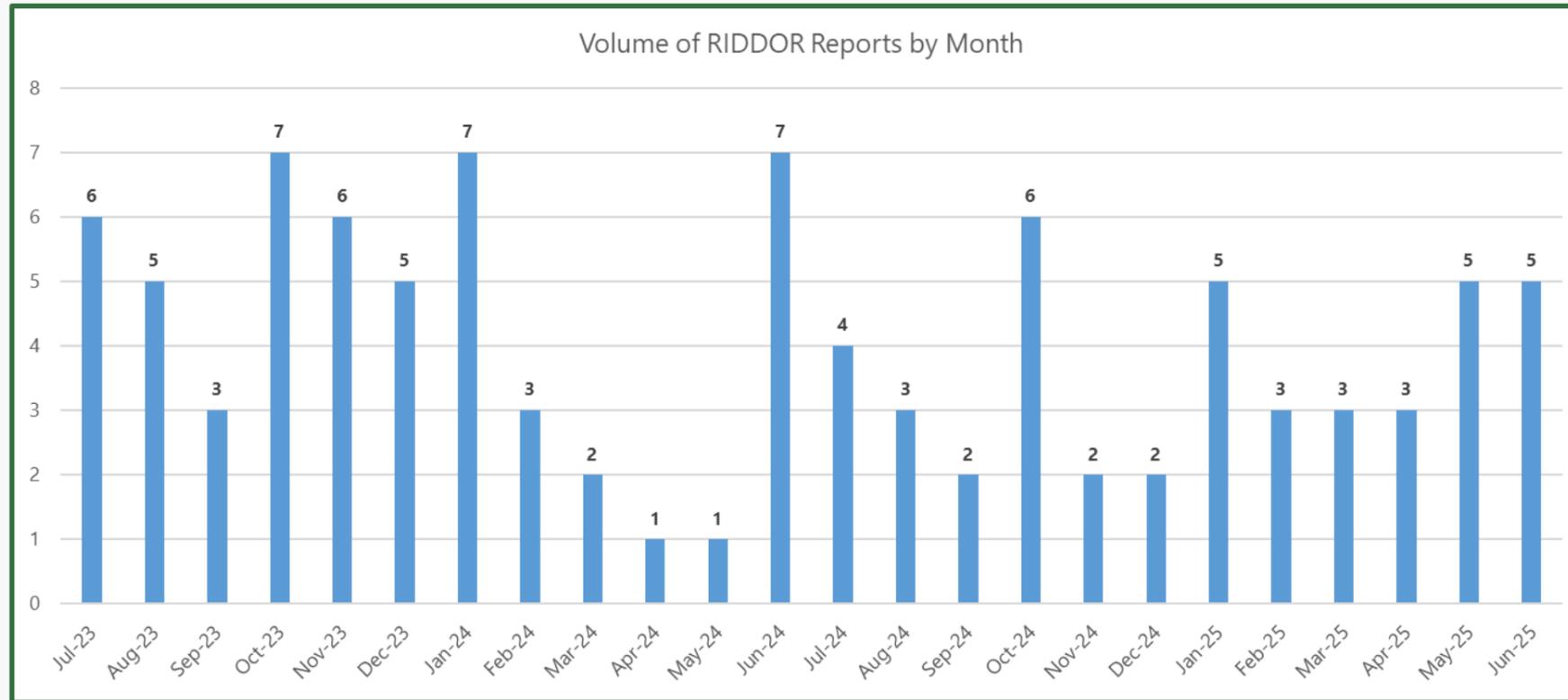
Health & Safety (RIDDORS) Indicators

(Responsible Officer: Liam Williams)

Self-Assessment:
Strength of
Internal Control:
Moderate

PCC

Health & Care
Standard
Health – Safe Care



Analysis

RIDDOR: There were 5 incidents requiring reporting under RIDDOR during June 2025 all were for an injuries requiring over 7 days of work.

- 100% of the RIDDOR's were submitted within the HSE reporting timelines, due in part to the effort put into investigating incidents by line managers.
- 4 RIDDOR's reported during the month were as a result of manual handling incidents 1 whilst handling equipment and 3 whilst handling patients and 1 was a slip trip on the stairs of a patient's home.

Violence and Aggression:

- A total of 42 incidents have been reported of V&A in June.
- 6 physical assaults on staff was reported during the month with 6 incidents of verbal abuse all of which were incidents of swearing.
- 7 incidents were reported as moderate in harm and 19 noted as low harm with 15 cases being noted as causing no harm.
- The number of verbal assault incidents remained high during the month with aggressive and threatening behaviour accounting for 20 of the 42 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 HSE. Consistent effort to investigate incidents by line managers is making improvements in causation and reporting to the HSE.

Violence and Aggression:

The challenges of the Right Care Right Person approach by Polices Services are being managed via the Risk Management process in partnership with the WAST Mental Health Team.

V&A Manager has met with TU partners to engage and explain workstreams aimed at reducing and preventing incidents advising on a process of risk assessment/incident reporting.

Work is underway with People Services and the V&A function in relation to recording sickness absences on staff electronic staff record (ESR) following being subject to an episode of V&A.

Expected Performance Trajectory

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

Violence and Aggression: There is a marked reduction in incidents reported over the last 12 months 29.8% which contradicts National reporting across the Sector, and this expected to be improved.

Data source: Datix

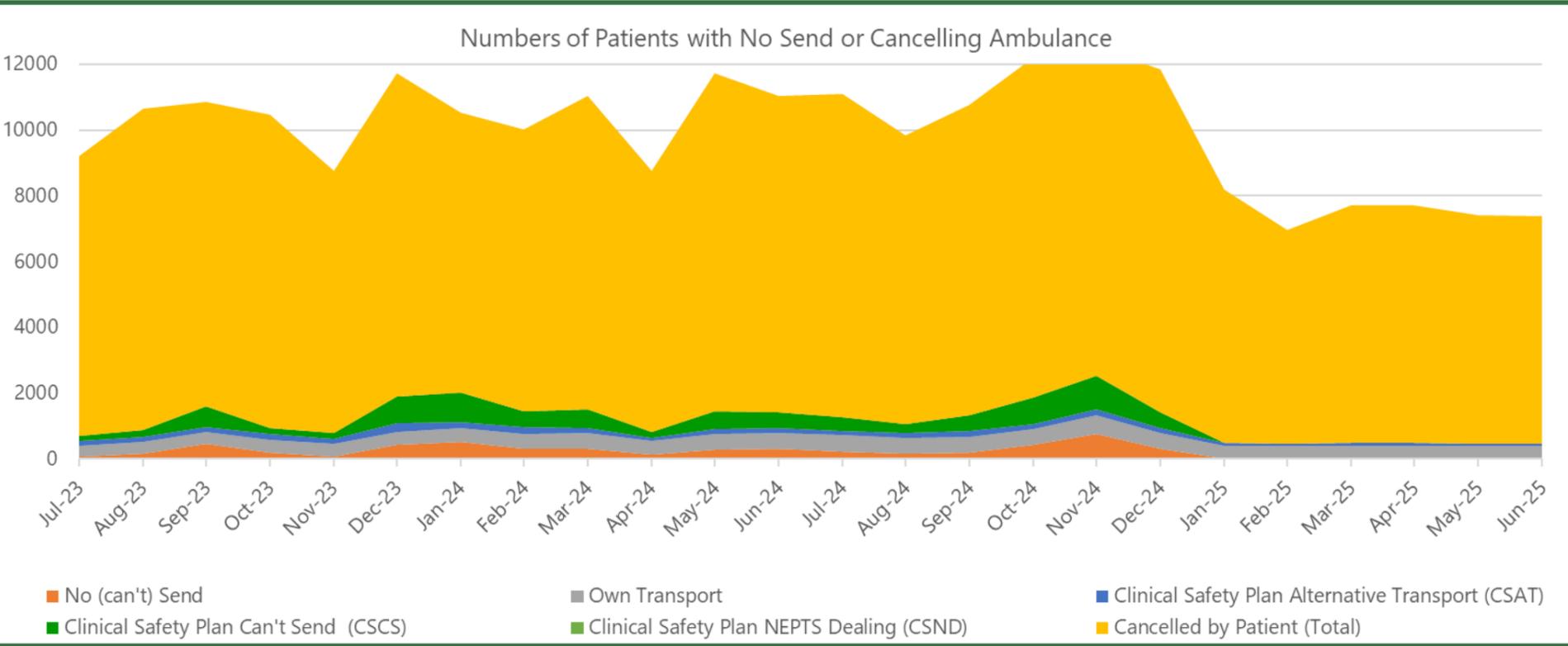
Our Patients: Quality, Safety & Patient Experience

Potential Patient Harm Indicators

(Responsible Officer: Andy Swinburn)

G

QUEST



Analysis

In June 2025, 78 ambulances were stopped due to Clinical Safety Plan alternative transport (CSPT). In addition, 6,926 ambulances were cancelled by patients (including patients refusing treatment at scene) a minimal decrease from the 6,962 in May 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 437 requests made to Health Board EDs for immediate release of Red or Amber 1 calls in June 2025. Of these 113 were accepted and released in the Red category, with 3 not being accepted and 131 ambulances were released to respond to Amber 1 calls, but 190 were not.

The graph in the bottom left shows the estimated level of patient harm during June 2025. Of the 4,625 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% (694 patients) would experience no harm, 53% (2,451 patients) would experience low harm, 23% (1,064 patients) would experience moderate harm and 9% (416 patients) would experience severe harm.

In June 2025 CSP levels for the Trust were:

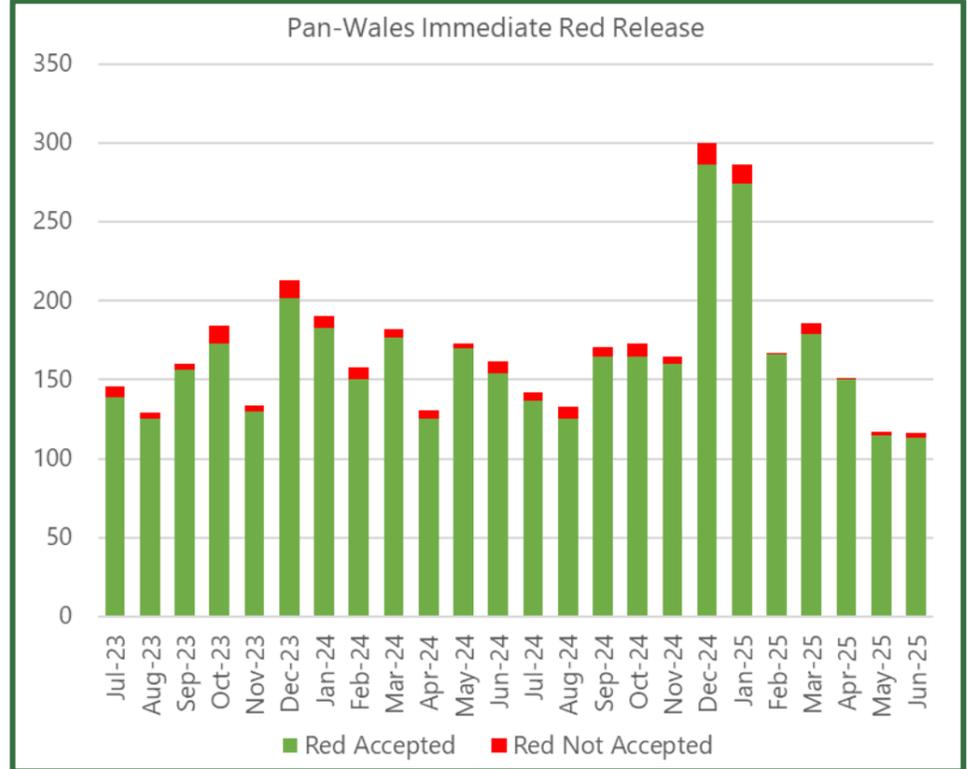
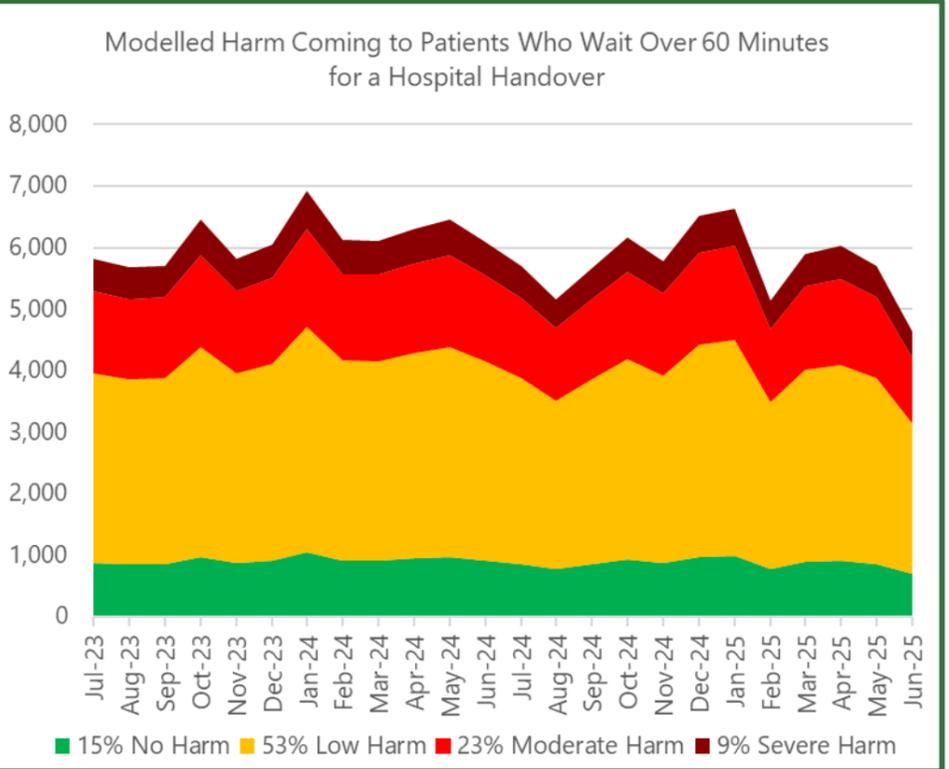


Remedial Plans and Actions

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

Health & Care
Standard
Health – Safe Care

May & June 2025 Combined		
NEPTS (503 responses)	Benchmark	Score
How long did you wait for your transport to take you home after your appointment.	85	85
Were you happy with the transport you received?	85	95
999 (43 responses)	Benchmark	Score
The 999-call taker who answered your call was reassuring.	85	79
The 999-call taker who answered your call explained what was going to happen next.	85	80
The length of time I waited for an ambulance to arrive was acceptable.	85	56
111 (29 responses)	Benchmark	Score
Do you feel your call to 111 Wales was helpful?	85	72
Did you follow the advice given to you by NHS 111 Wales?	85	87
Would you consider using NHS 111 Wales again?	85	91
WAST Overall - Friends & Family Test	Ranked from very poor to very good.	
How was your overall experience with the service today?		
o Ambulance care	92.22% Good	6.11% Poor
o Integrated Care (NHS 111 Wales Telephone line only)	53.85% Good	23.08% Poor
o EMS (including CSD)	63.34% Good	18.18% Poor
o NHS 111 Wales Online	32.43% Good	51.35% Poor
	* Where totals above do not add up to 100%, this is because a 'Do Not Know' answer was given, these are excluded from overall total.	

Analysis

During May and June 2025, PECl attended 27 community engagement opportunities, engaging with approximately 496 people. Engagement this month included attending Pride Cymru, Cardiff Mela, All Wales People First Adfest and Swansea Disability Forum. At all these events we listened to people tell us about their experiences of using our services, answered questions and provided information about topics people wanted to know more about.

Throughout May and June, 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

The PECl Team are still waiting the progression of an OCP which will see the Team restructured and re-aligned to meet the Trust's ongoing strategic objectives. For now, the PECl Team continue to engage in an ongoing dialogue with the public about their experiences and expectations of using our services, though it is yet unclear how this will change and what Team will be responsible for public engagement in the future. As a result, the PECl Team are not committing to a diary of future engagement events and are considering each community engagement request on a case-by-case basis.

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 was submitted to the ICO for consideration, which would allow us to contact certain 999 callers by SMS Text to ask them to provide feedback. The ICO has responded with 7 recommendations which will be presented to IGSG and from there it will be reported to ELT as an AAA.

Expected Performance Trajectory

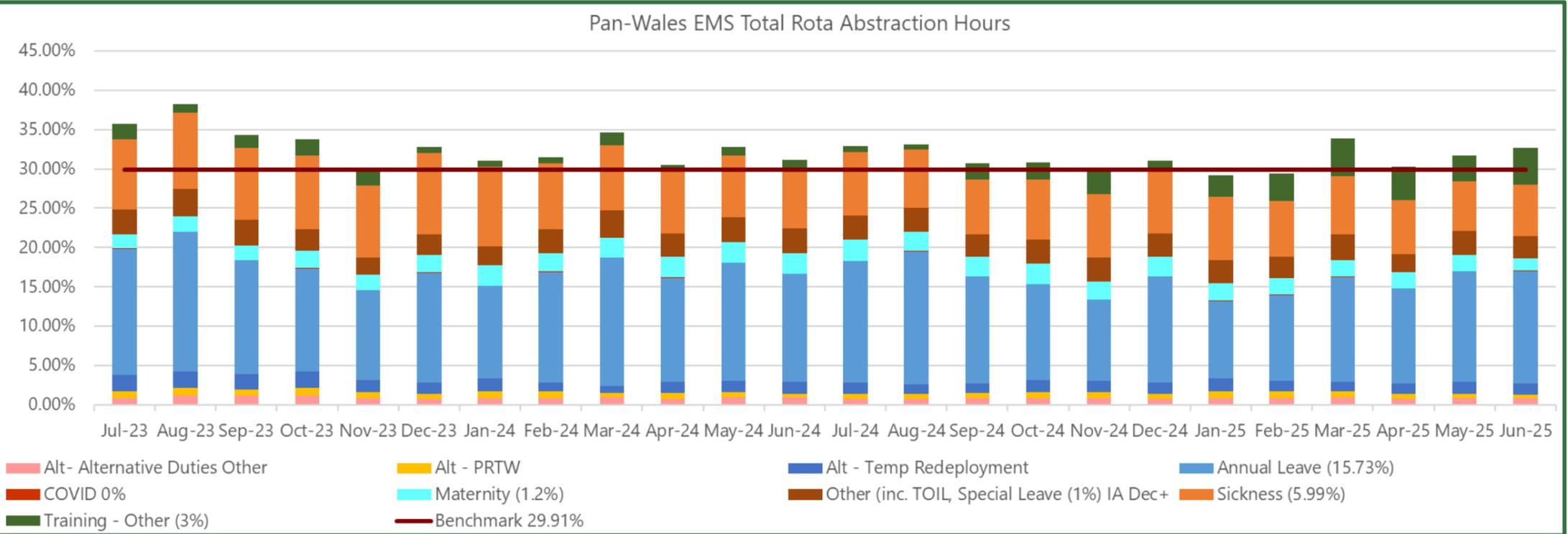
The Team has recently lost four members of staff to retirement or moving onto new positions elsewhere. The impending OCP means we are unable to back fill these posts. This will impact on our ability to support/attend community engagement opportunities.

Our People Capacity - Ambulance Abstractions and Production Indicators

(Responsible Officer: Lee Brooks)

EA Production
A

CI PCC FPC



Analysis

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. June 2025, saw total EMS abstractions (excluding Induction Training) of 32.63%. This was a minimal increase on the 31.68% recorded in May 2025 and remains above the 29.91% benchmark. The highest proportion of abstractions was due to annual leave at 14.29% followed by sickness at 6.49%.

The total EMS hours produced is a key metric for patient safety. The Trust produced 115,205 hours during June 2025; a decrease compared to the 118,364 hours produced during June 2024. The Trust is delivering good levels of production.

Emergency Ambulance Unit Hours Production (UHP) achieved 91% in June 2025 which equated to 75,686 Actual Hours.

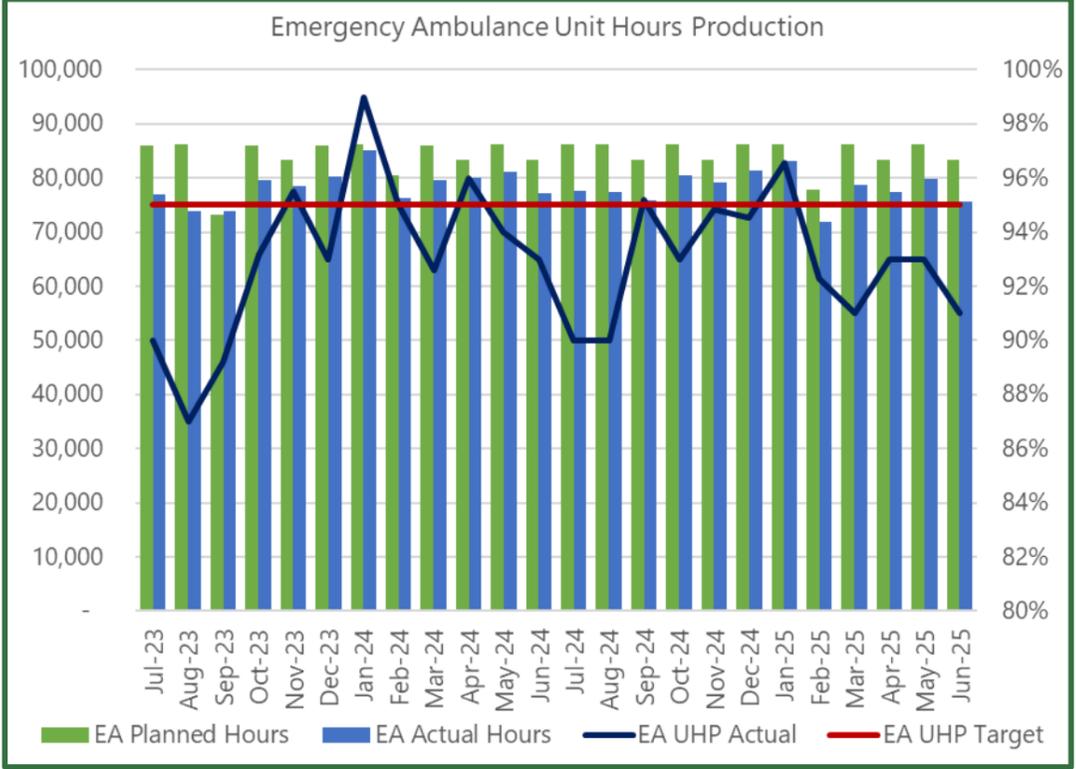
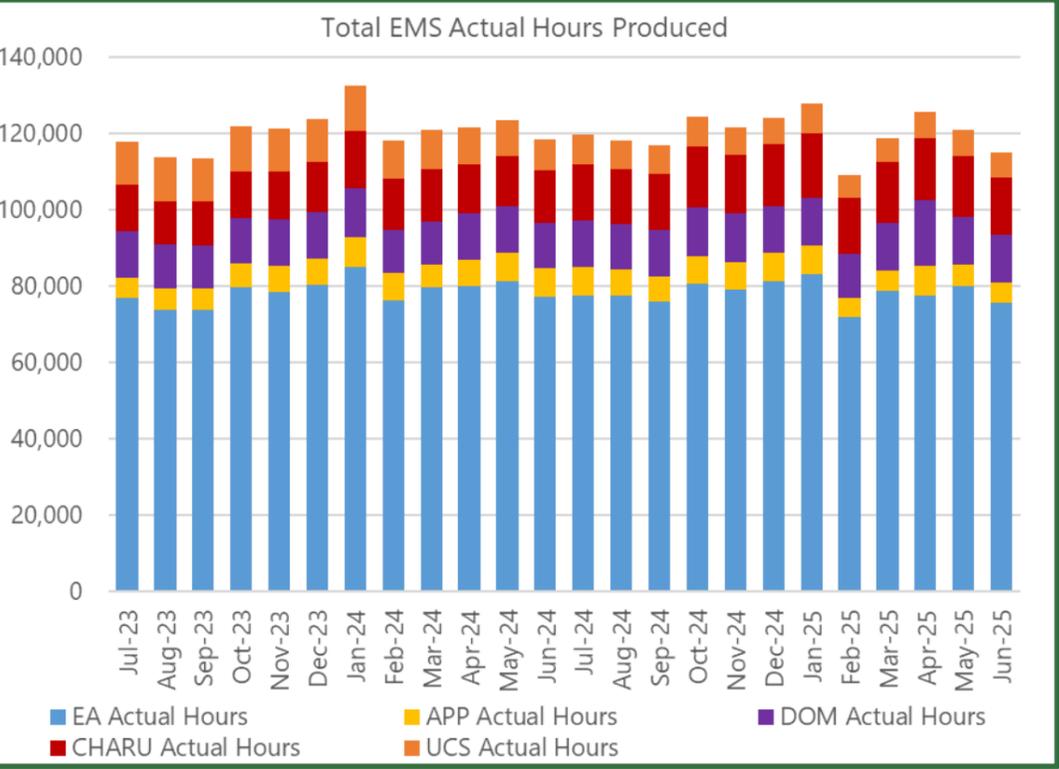
In June 2025 CHARU UHP was 85% against the full roll out requirement. A slight drop compared to the past seven months.

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.

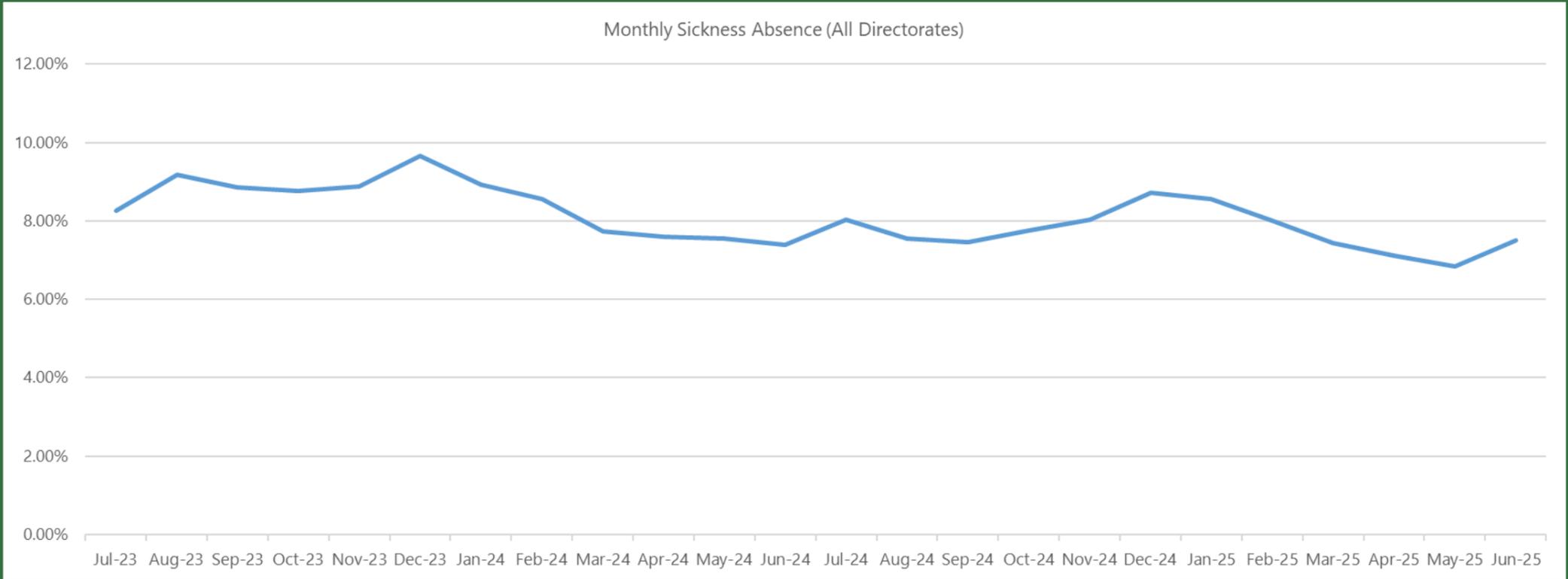


Our People Capacity - Sickness Absence Indicators

(Responsible Officer: Angela Lewis)

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

PCC **CI**



Analysis

There was a slight increase in overall sickness absence rates between May 2025 and June 2025, rising from 6.83% to 7.50%. Long term absence decreased from 5.25% in May 2025 to 5.17% in June 2025, while short-term absence increased slightly to 2.33% (May 2025 - 1.38%).

The highest reasons for absence in June 2025 were Anxiety/ Stress/ Depression, other musculoskeletal problems, gastrointestinal problems, and injury fracture. Absence due to Mental Health increased slightly from 2.34% in May 2025 to 2.58% in June 2025.

WAST Occupational Health continue to meet national KPIs set by the All-Wales Occupational Health standards and scope of practice,, which states the 1st offered appointment date will be within 29 calendar days of the date referral received. The waiting time for a management referral in June was 11.7 days.

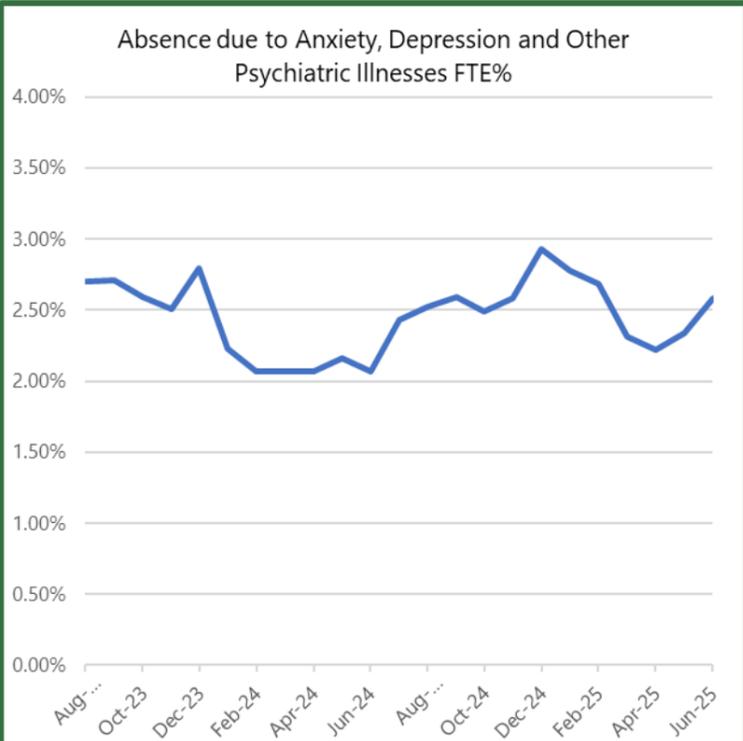
The team continue to triage all referrals and enquiries to ensure prioritisation of anything that requires urgent attention.

Remedial Plans and Actions

- The Health and Wellbeing Plan for 2025-29 has been 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.
- The programme plan for the pilot Health Check Programme, Health Diagnostics, (HD), has now started, and the team are scheduling clinics inviting staff to book screening appointments.

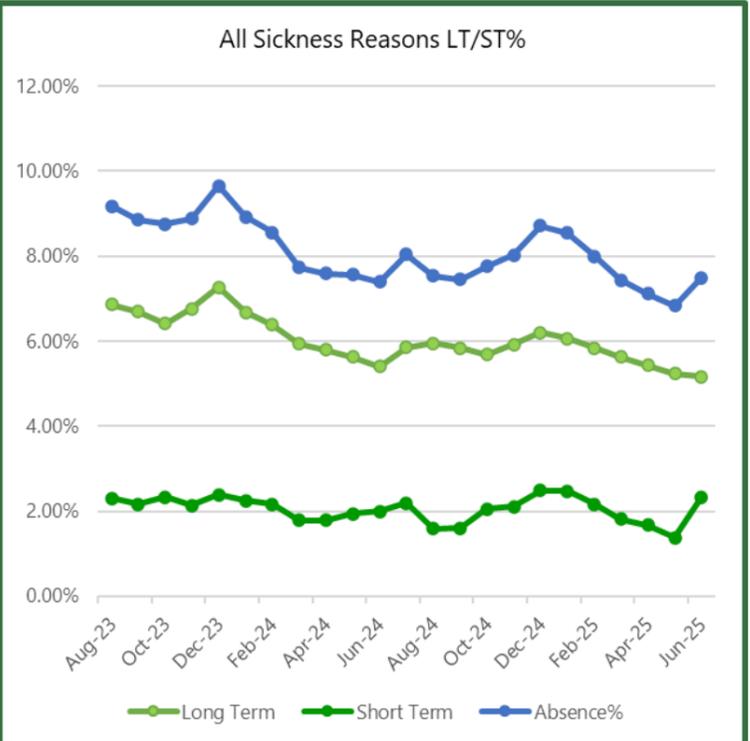
Expected Performance Trajectory

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



Average working days lost per FTE (Annual)	
17.66 days	
Single month Absence %	
7.50%	
Long Term	Short Term
5.17%	2.33%
Mental Health	Other MSK
(S10 Stress/Anxiety) 2.58%	(excluding Back) 0.77%

June 2025



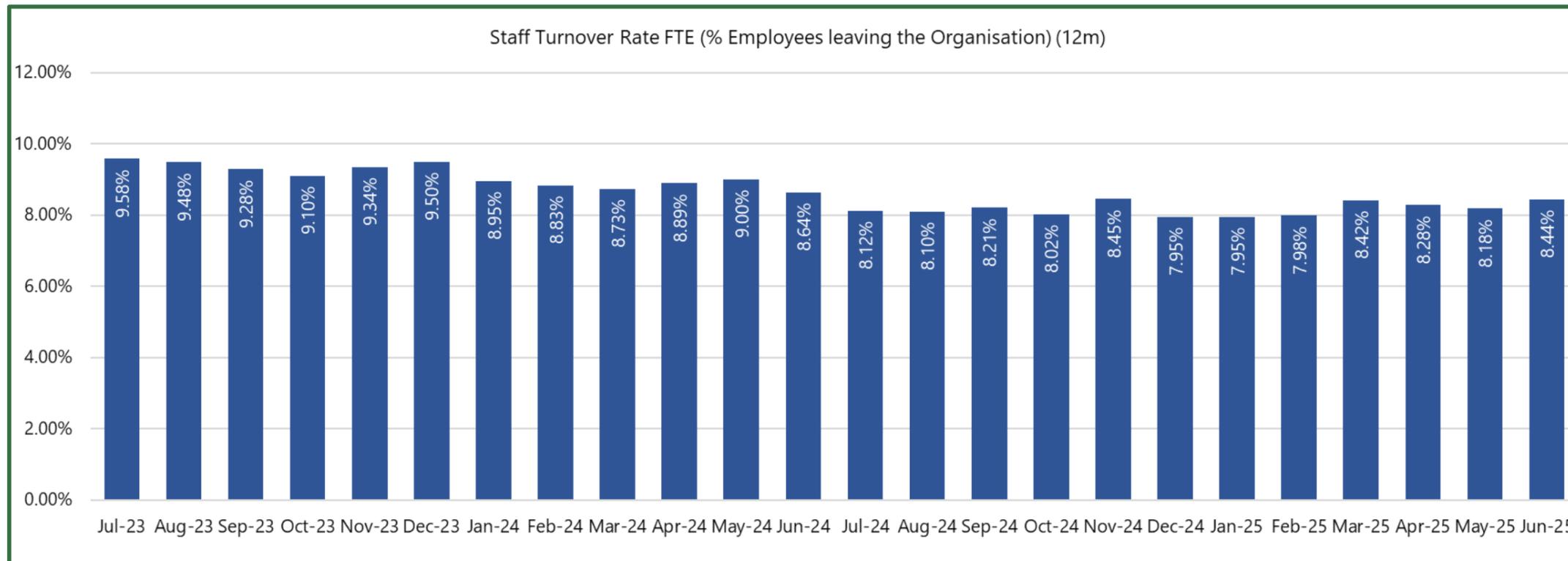
*NB: Sickness data will always be reported one month in arrears

Our People Capacity – Staff Turnover

(Responsible Officer: Angela Lewis)

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PCC



Analysis

The staff turnover rate in June 2025 was 8.44%, minimally increasing from 8.18% in May 2025. June saw 31 leavers (27.03 FTE). Of those leaving, the greatest number were Operational and included;

- Technicians (6 people)
- Staff Nurses (5 people)
- Ambulance Care Assistants/Patient Transport Drivers (4 people)
- Emergency Call Handlers (3 people)

Current trends are being monitored via the leaver's questionnaires; however, these are not mandatory. Of the information shown for June, most leavers mention changes in personal circumstances, better work location, retirement, better work life balance or better hours.

In June, this was compensated by 39 joiners (36.88 FTE). A headcount of 1 person into Corporate roles and 38 people into Operational roles including:

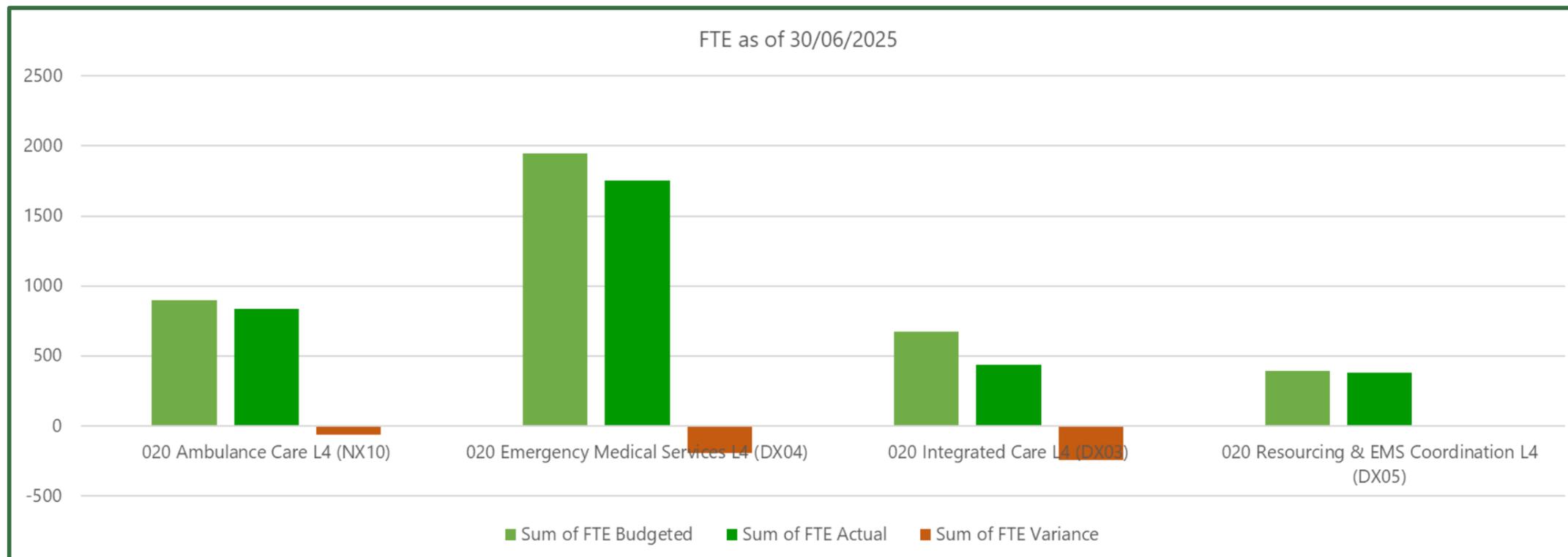
- Staff Nurses (8 people)
- Emergency Call Handlers (7 people)
- Urgent Care Assistants (6 people)
- Paramedics (5 people)
- Non-emergency medical Dispatchers (3 people)

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.



Our People Capability - PADR and Training Rates Indicators

(Responsible Officer: Angela Lewis)

PADR
A

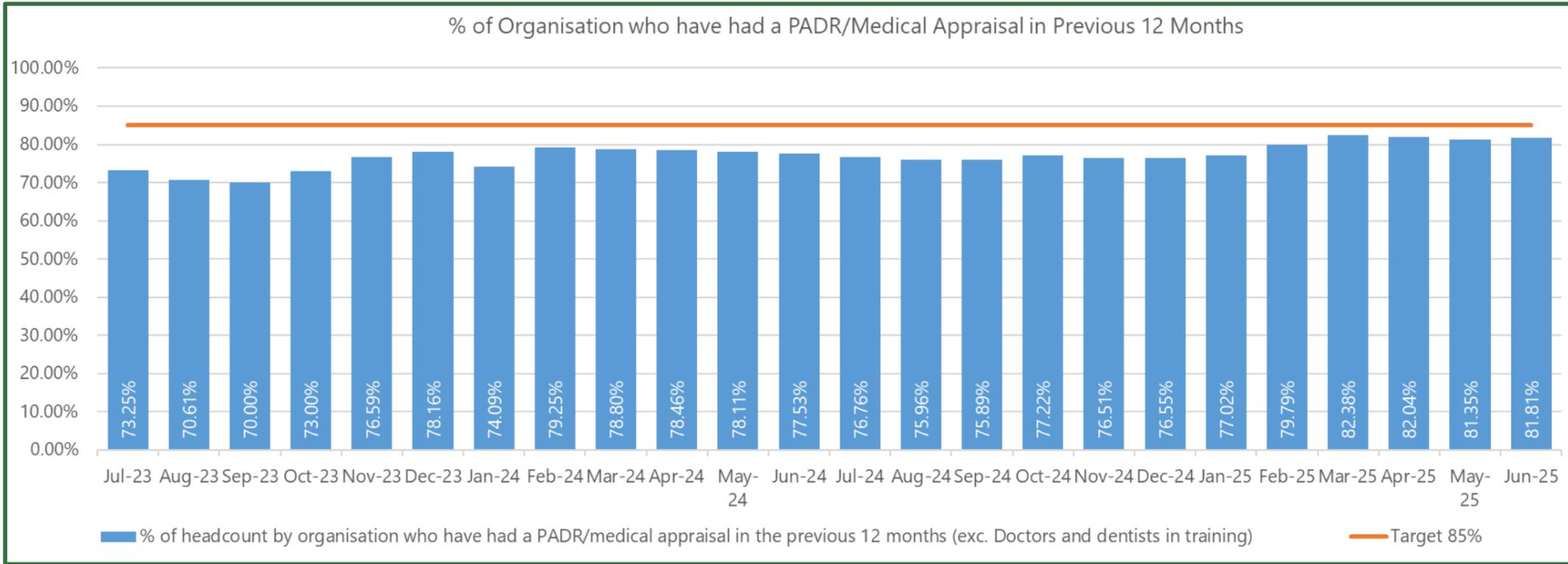
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Health & Care Standard
Health – Staff & Resources

Self-Assessment:
Strength of Internal Control: Strong



Analysis

PADR rates minimally increased from 81.35% in May 2025 to 81.81% in June 2025 and remains close to the 85% target. Over the reporting period this target has only been achieved once, in December 2022.

In June 2025 Statutory & Mandatory Training rates reported a combined compliance of 88.05% exceeding the 85% target for the seventh consecutive month. However, only Dementia Awareness (98.50%), Moving & Handling (95.93%) and Safeguarding Adults (95.61%), achieved the 85% target. Information Governance (88.11%), Equality & Diversity (84.53%), Paul Ridd (78.21%), Fire Safety (79.58%), Fraud Awareness (79.38%), Violence Against Women, Domestic Abuse & Sexual Violence (75.26%) and Welsh Language Awareness (73.40%) all remain below this target.

There are currently 20 Statutory and Mandatory courses that NHS employees must complete in their employment. These are listed in the table:

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 (Level 1)	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
Anti-Racism	3 years

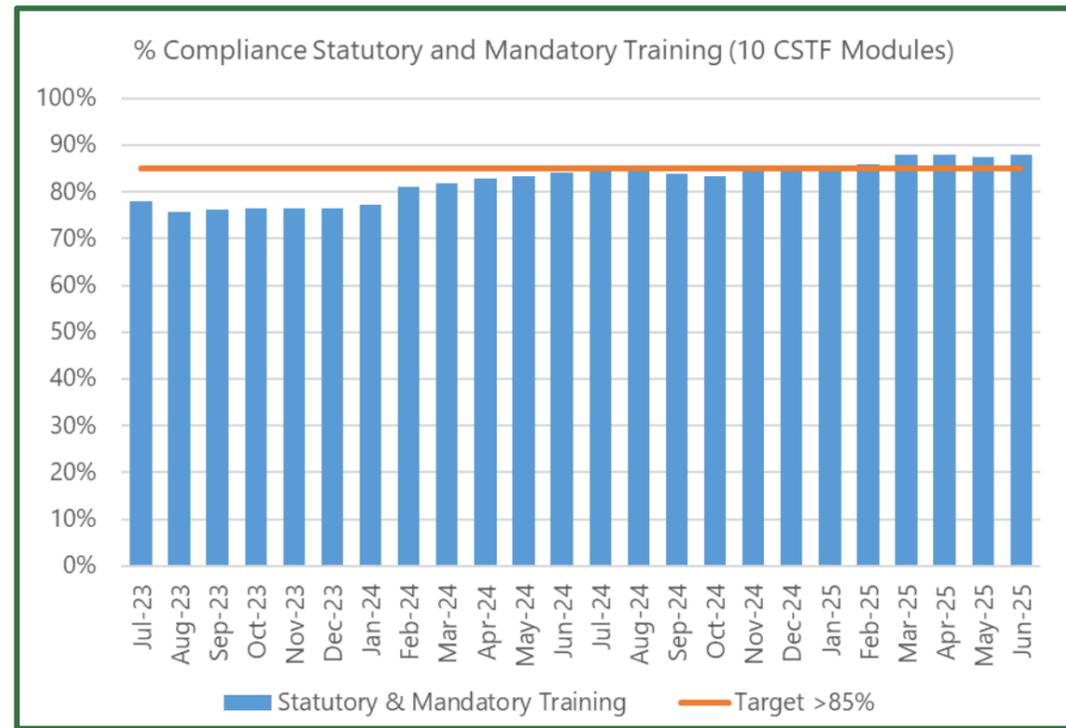
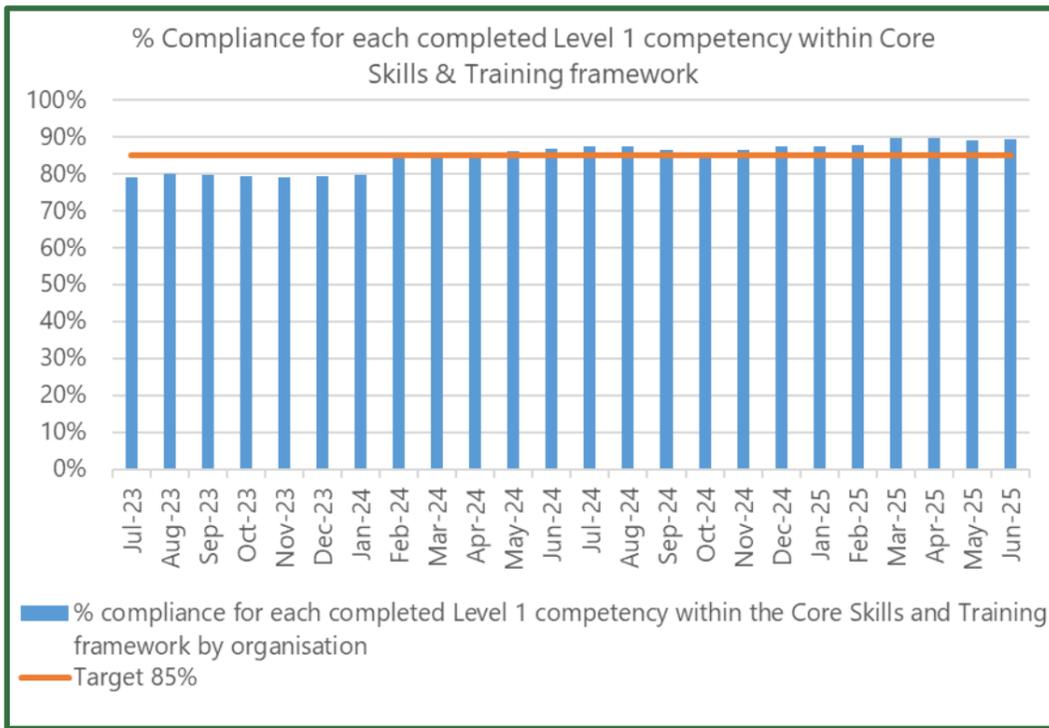
Remedial Plans and Actions

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.



Our People

Health and Well-being – Shift OVERRUNS

(Responsible Officer: Angela Lewis)

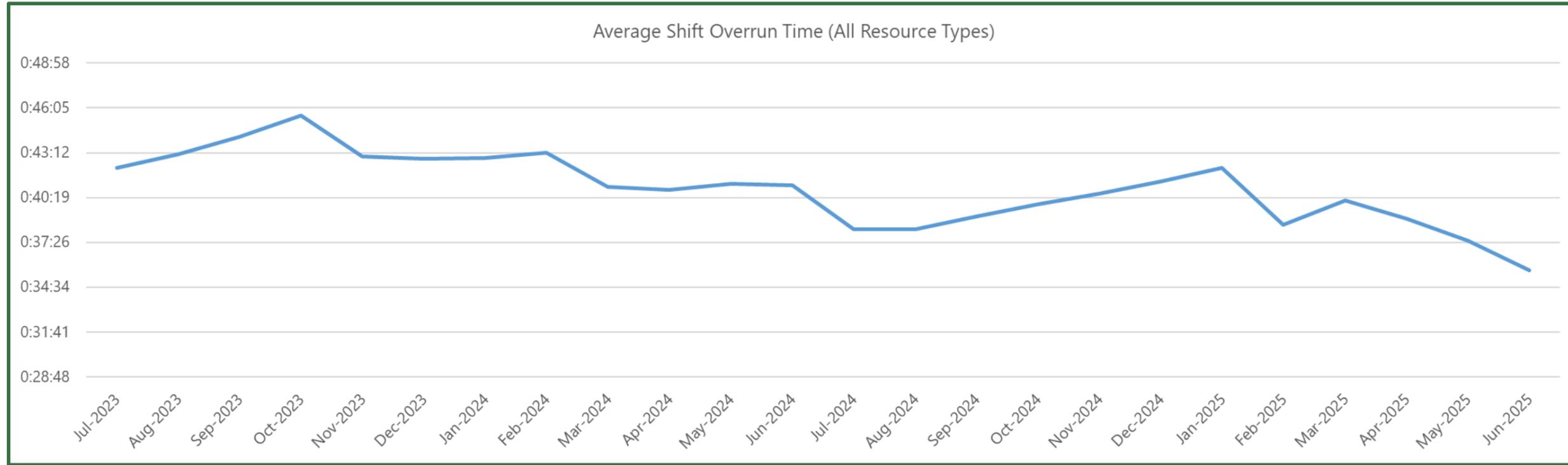
Overruns

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FPC

PCC



Analysis

There were 3,441 shift overruns during June 2025.

The average overrun figure for June 2025 was 35 minutes and 38 seconds, a minimal decrease from May 2025 (37 minutes 32 seconds). The trend continues to be downward over the past two years.

The highest volume of shift overruns occur within the 0 to 60-minute category, accounting for 76.5% of the total. 18.7% fall within the 61 to 120-minute category, 4.2% 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

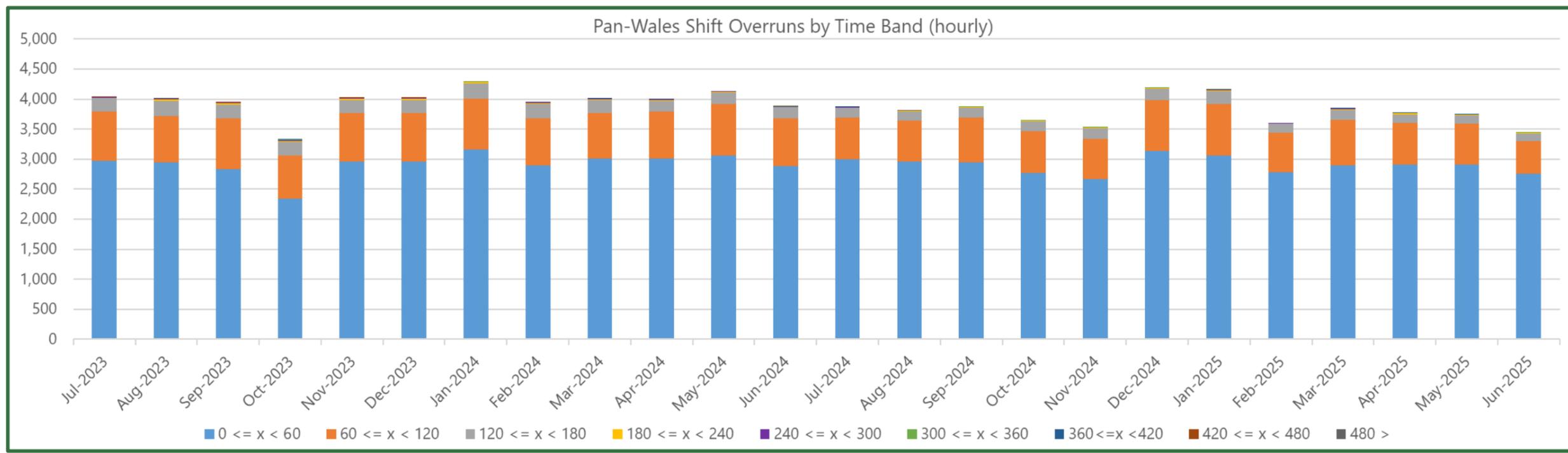
Shift overruns are a key element of staff wellbeing and work is ongoing to mitigate these in conjunction with handovers, as although not shown here there is a clear correlation.

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, in 2025.

Expected Performance Trajectory

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

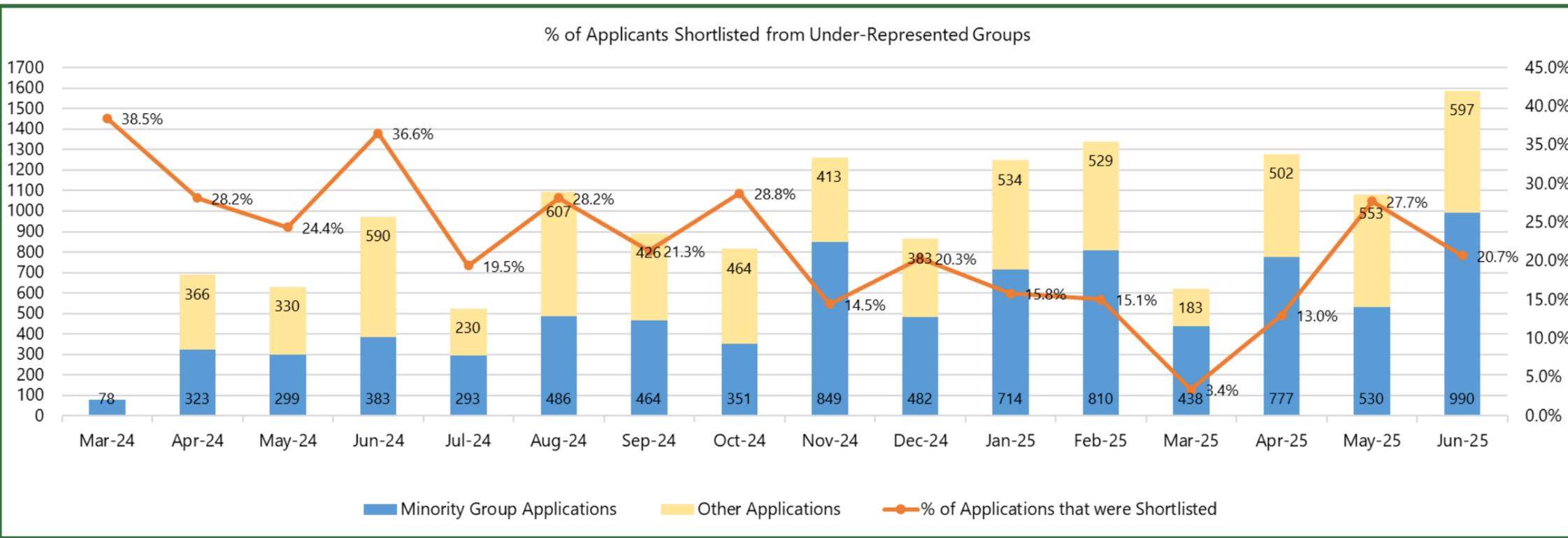
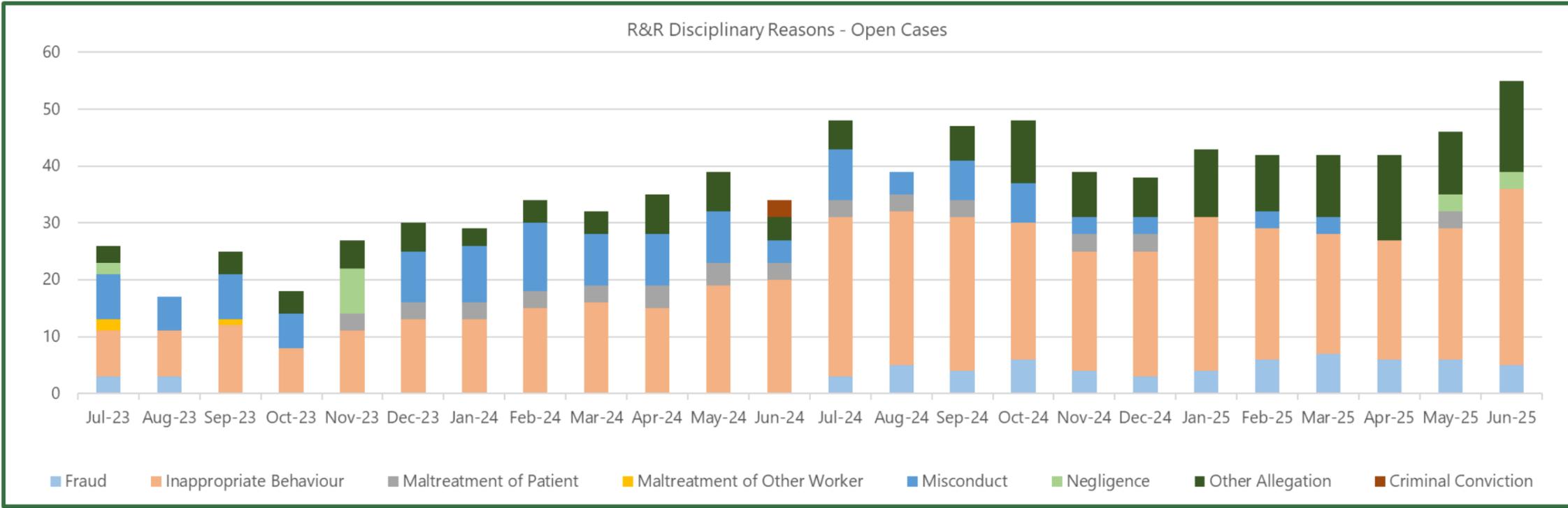


Our People

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 55 open formal disciplinary cases recorded at the end of June 2025, compared to 46 in May 2025. Of these Disciplinary cases, 56% are due to allegations of inappropriate behaviour.

There were 27 open formal Respect and Resolution cases in June 2025, an increase from 25 reported in May 2025. (increase due to R&Rs in relation to Roster Reviews)

The bottom graph shows that in June 2025, 1,587 job applications were processed, and 490 interviews planned.

Of the 1,587 applications, a total of 990 were from under-represented groups with 607 in the category of Ethnicity, 203 within Disability and 180 identifying within Sexual Orientation.

In June 2025, 20.7% (n=205) of all applications from under-represented groups made it through shortlisting and were invited for interview. This was a decrease from the 27.7% in May 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.

The work continues with the digital directorate and the ED&I team to host recruitment workshops for Black, Asian and Ethnically diverse applicants. The ED&I team are also hosting unconscious bias training for the managers within the digital directorate this is also being undertaken with the interviewers for our annual Graduate Paramedic recruitment. We have also set up support workshops for applicants that have a protected characteristic that have been invited to interview for the Graduate Paramedic position.

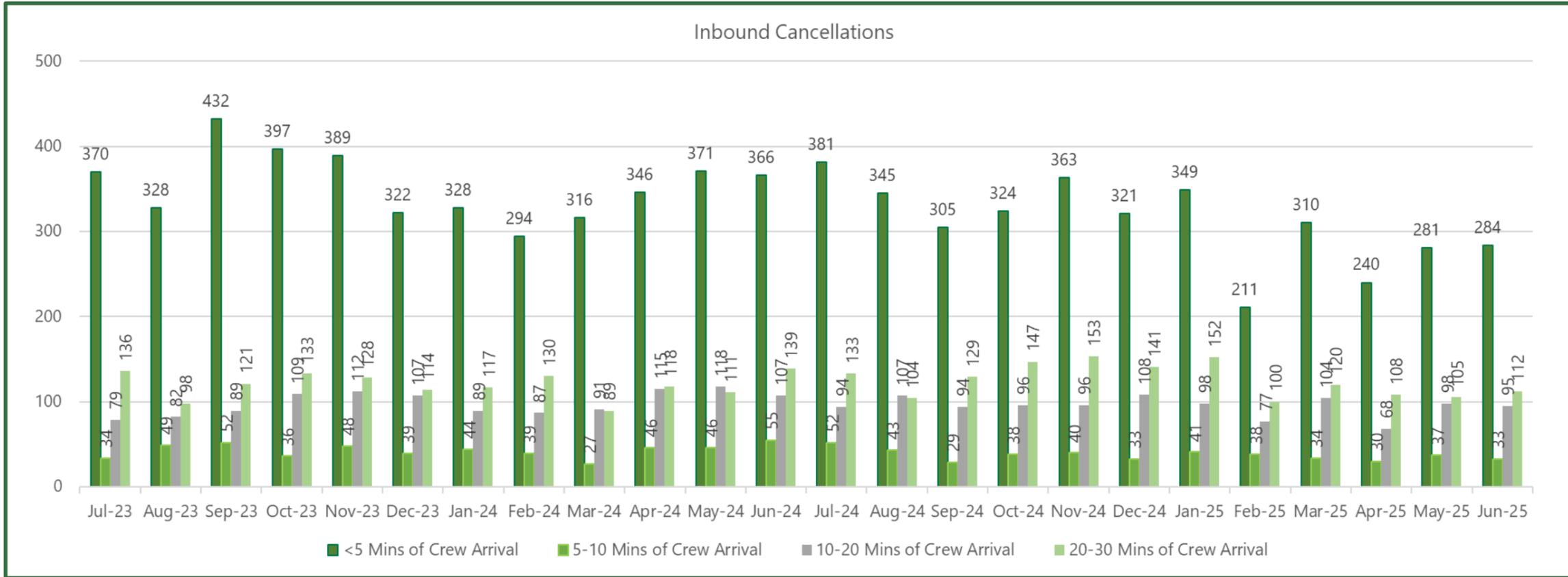
Expected Performance Trajectory

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 minimal increase in June 2025 to 284, compared to 281 in May 2025. The total number of cancellations within 30 minutes also marginally increased from 521 in May 2025 to 524 in June 2025.

In June 2025 there were 85 travel bookings cancelled by patients (including via SMS), remaining consistent with May 2025. Further SMS improvements will go live in July that should continue the improving trend observed.

The other top reasons for less than 5-minute cancellations included: 28 patients not located, 8 unwell/too ill to travel and 7 no appointment.

Same day cancellations increased slightly in June 2025 to 14.7% compared to May 2025 (13.4%).

Remedial Plans and Actions

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

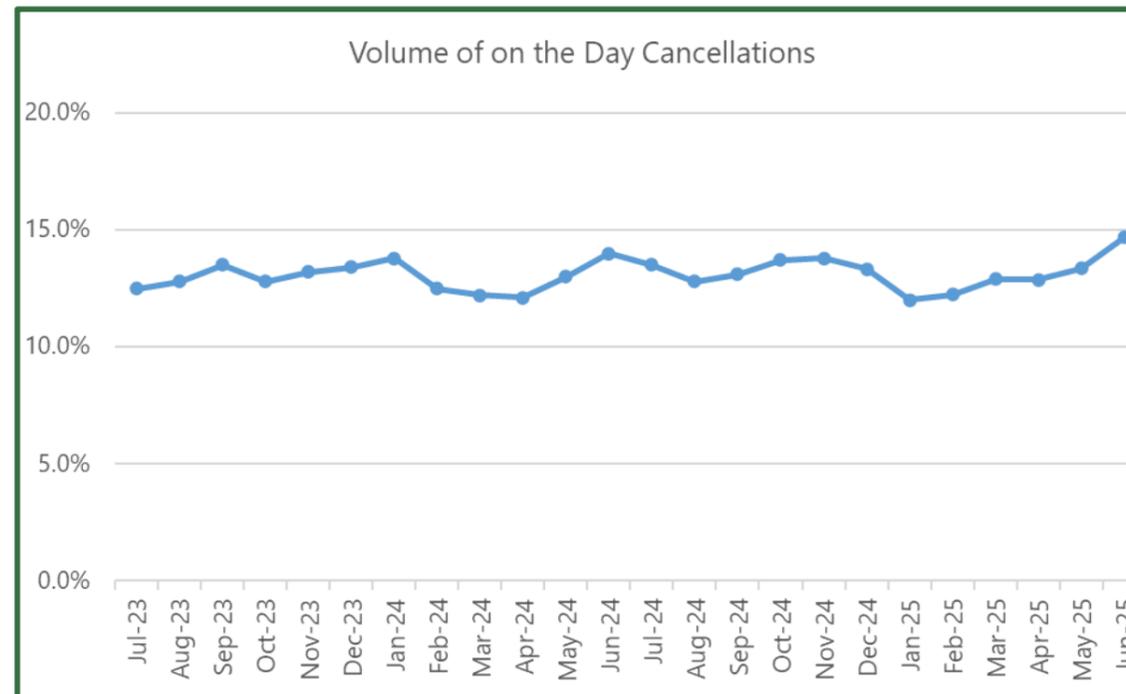
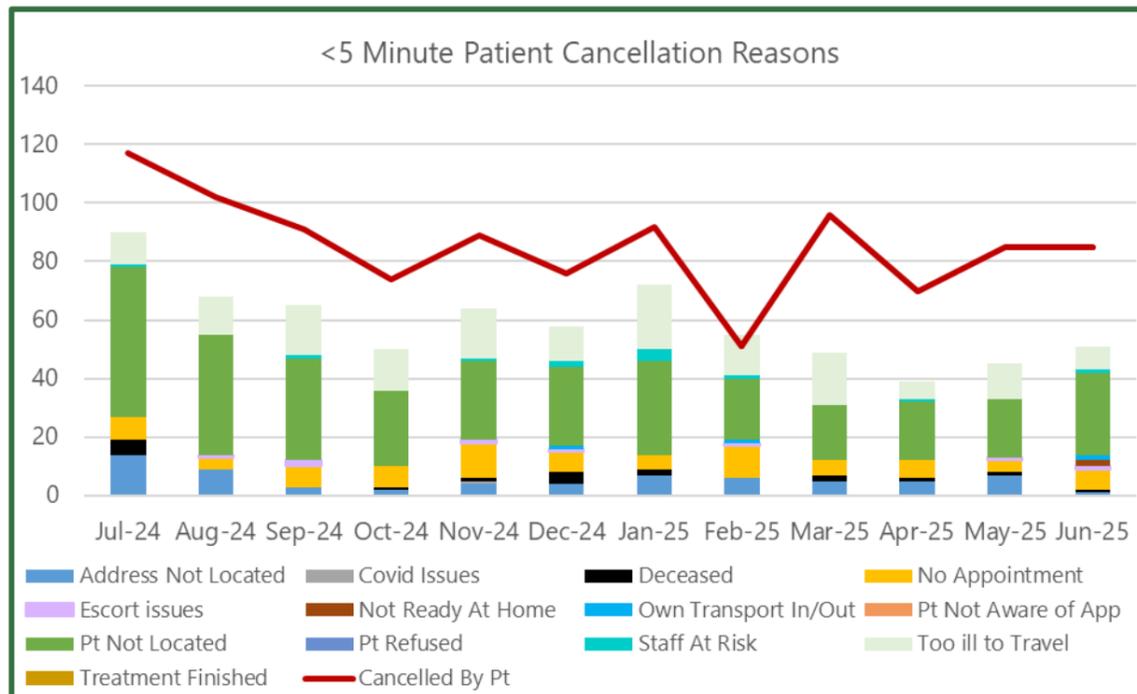
Work is also underway to enhance the service's text messaging options to improve notification to patients.

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.*



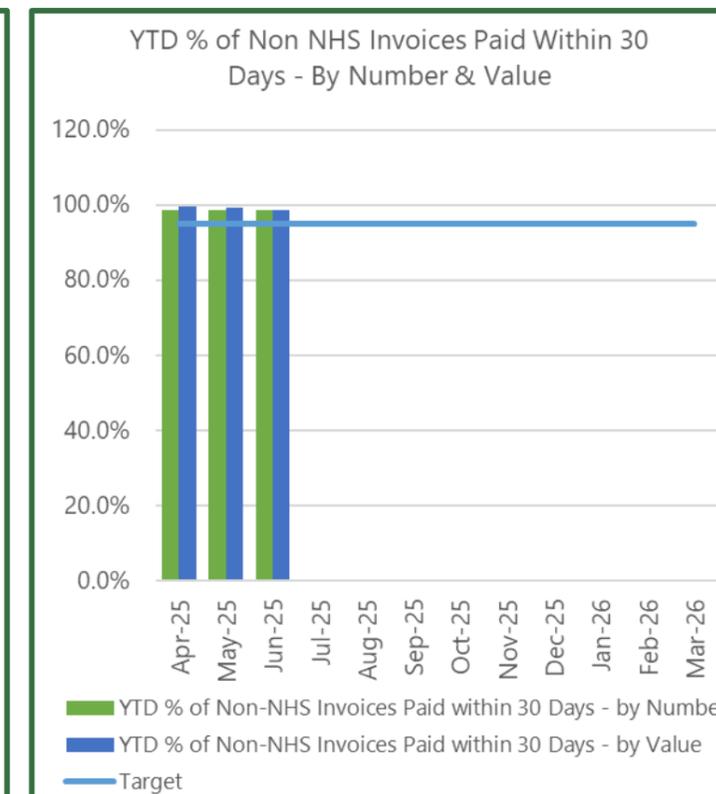
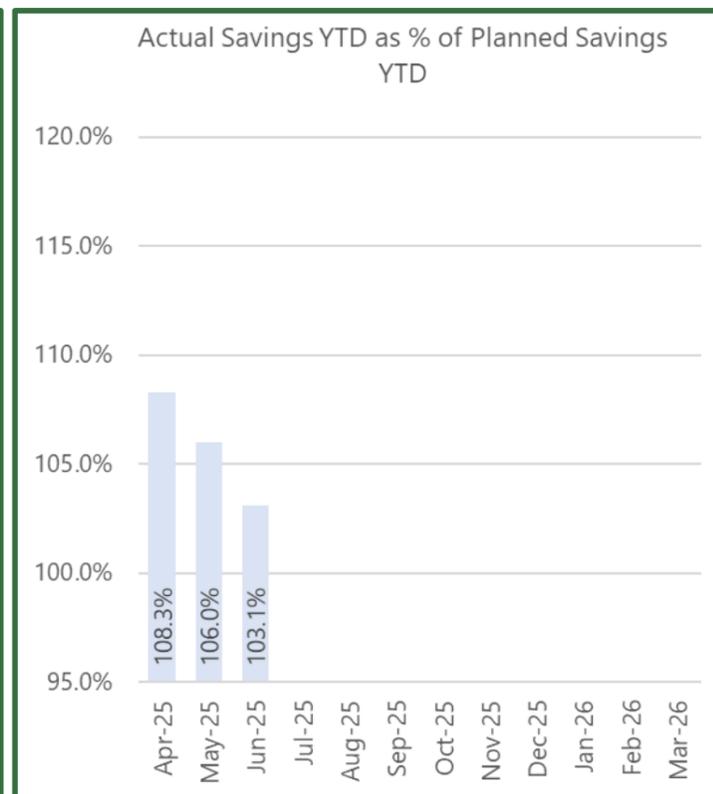
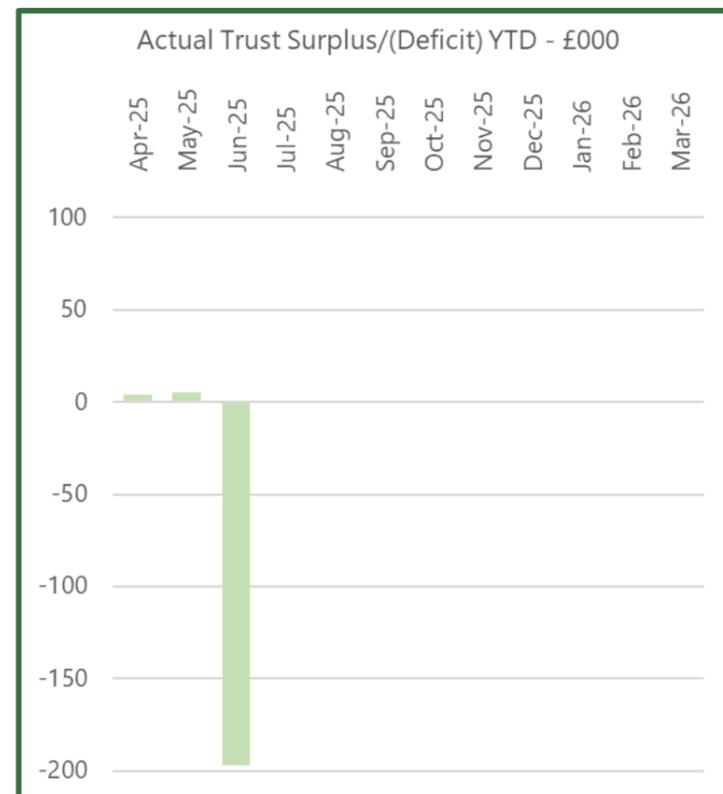
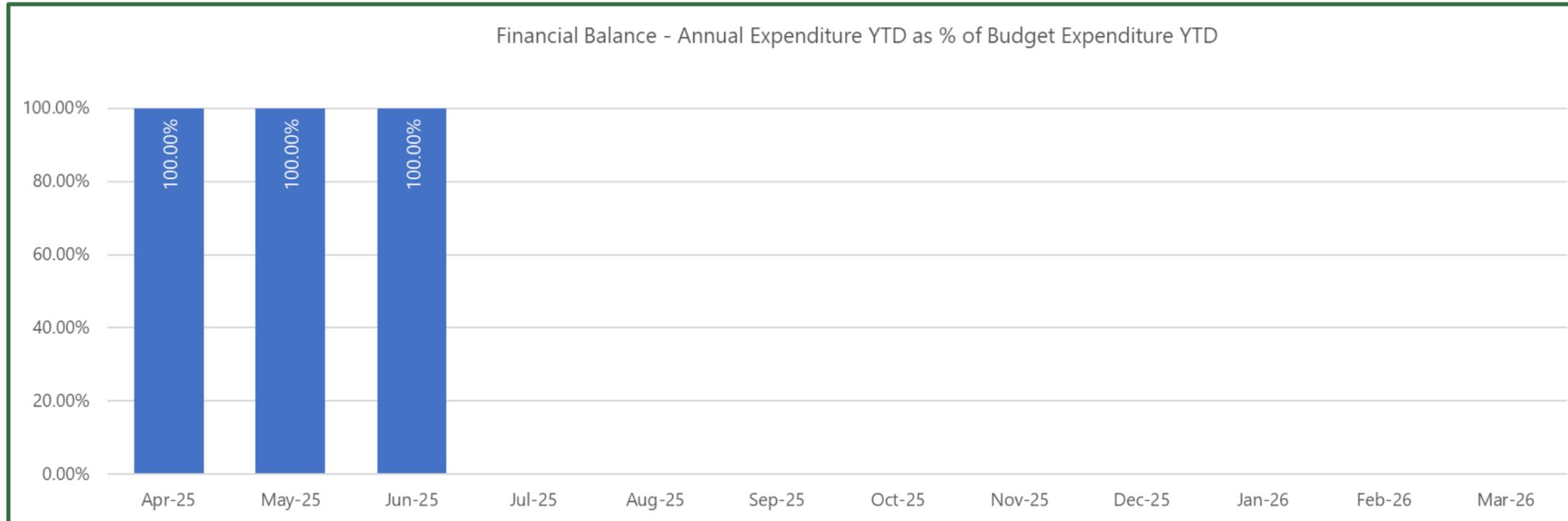
Finance, Resources and Value

Value - Finance Indicators

(Responsible Officer: Chris Turley)

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Analysis

The reported outturn performance at Month 3 is a deficit of £0.197m, with a forecast to the yearend of breakeven.

For Month 3 the Trust is reporting planned savings of £2.073m and actual savings of £2.137m (an achievement rate of 103.1%).

The Trust's cumulative performance against PSPP as at Month 3 is 98.7% against a target of 95%.

At Month 3 the Trust is forecasting achievement of both its External Financing Limit and its Capital Resource Limit.

Remedial Plans and Actions

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

of focus include:-

- Undertaking a review of commercial opportunities for income generation (once Head of Commercial Development is in post) .
- A continued focus on the Trust's financial sustainability programme.
- Improved governance for Value Based Health Care, with a particular focus on benchmarking; and
- An improved approach to benefits realisation

Expected Performance Trajectory

The expectation is that the Trust will continue to meet its statutory financial duties, as outlined in its IMTP for the 2025/26 financial year; however, it is expected that the Trust will continue to operate in a challenging financial environment and will need to deliver a planned level of savings in the 2025/26 financial year of c£8.5m.

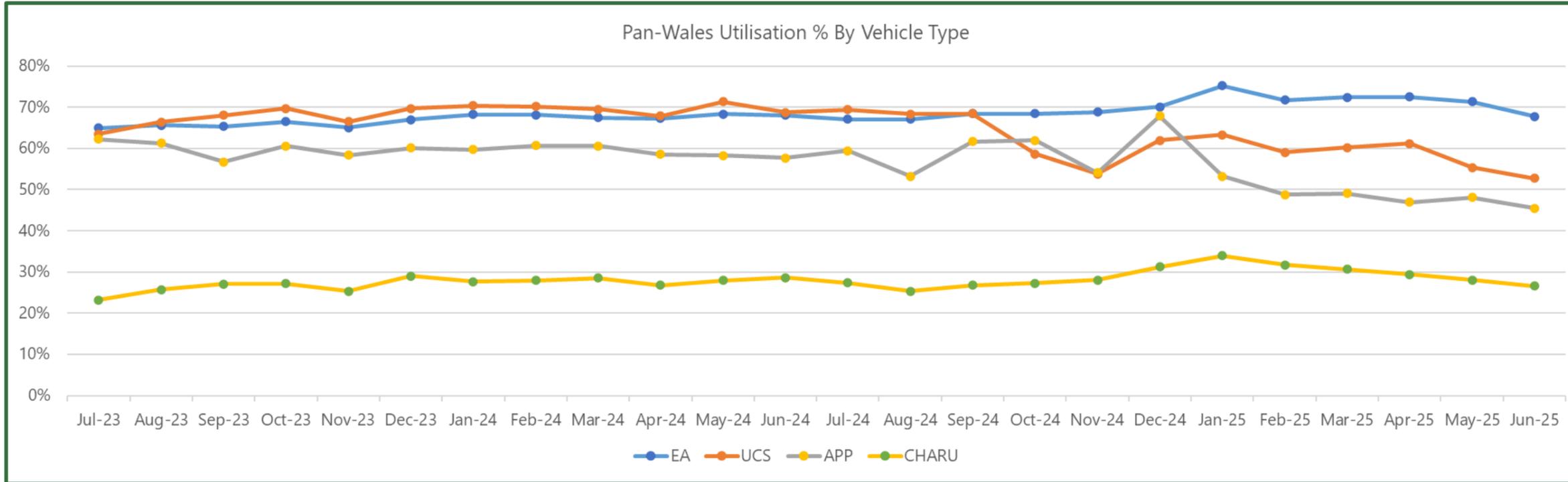
Finance, Resources and Value

EMS Utilisation

(Responsible Officer: Lee Brooks)

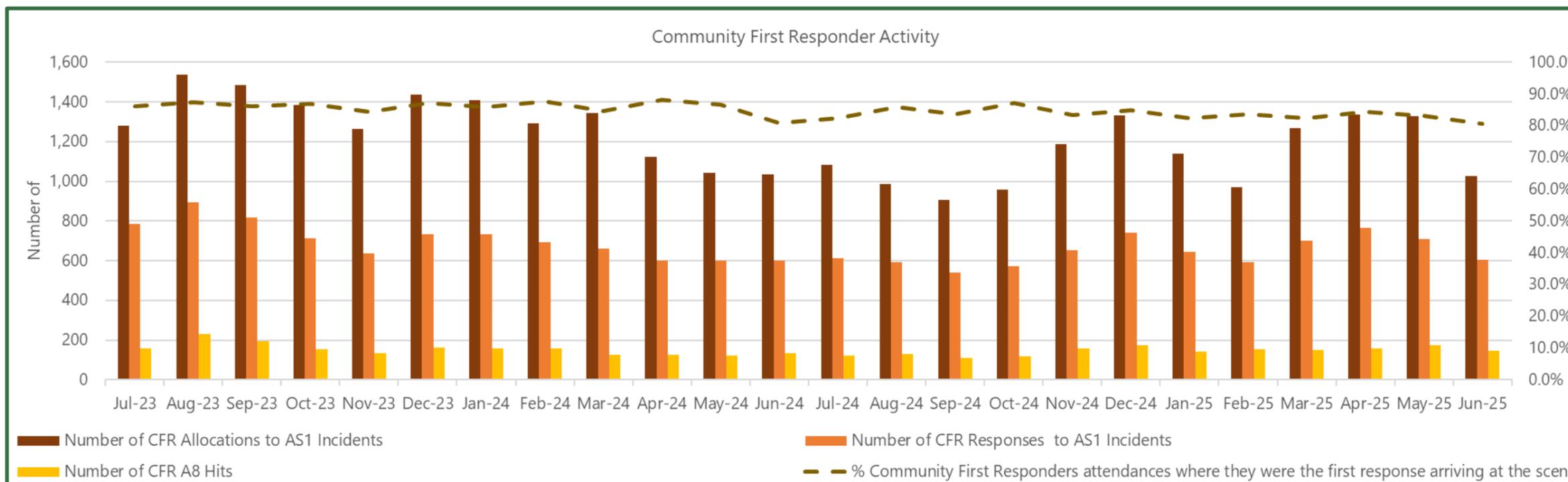


NB: Data quality issues have been identified within APP & CFR data. These are currently being addressed.



Analysis
Pan Wales Utilisation metrics in June 2025 were 53.6% for all vehicles types, a decrease from 56.5% in May 2025. EA saw the highest rate during the month at 67.8%, a decrease compared to the upward trend over the previous months. The optimal utilisation rate for EAs needs to be lower so that they are free to respond to incoming calls.

CFR data collation is under review due to the new Assemble system going live in June 2025. At present hours for which a CFR volunteers are entered manually by the individual, however there is work ongoing to connect this to the current CAD system from which they are dispatched to appropriate call codes. From the data available, in June we can see that CFRs were allocated to 1,025 EMS incidents and responded to 606. In June 2025 80.7% Community First Responders attendances where they were the first response arriving at the scene.



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

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

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

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

Expected Performance Trajectory
 The Trust's ability to reduce the high utilisation rates for EAs and UCS is a product of handover, which it does not control. The Trust would expect an increase in CHARU utilisation and a decrease in EA utilisation during 2025/26 linked to the remedial actions identified above.

Finance, Resources and Value

Average Job/Shift Times

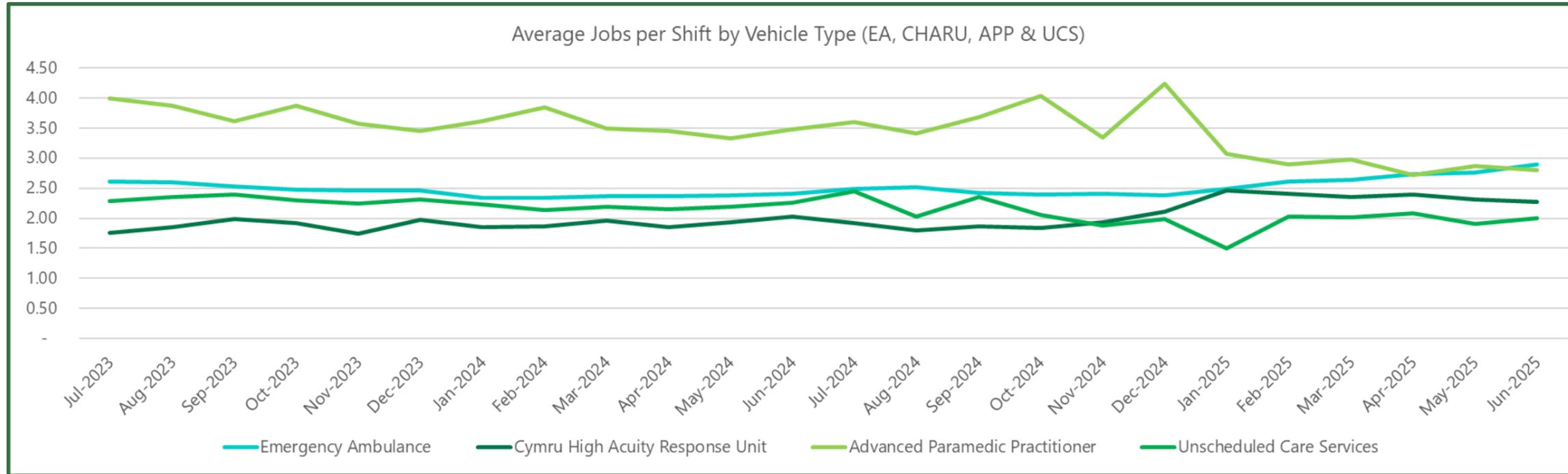
(Responsible Officer: Lee Brooks)

Jobs Per Shift

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

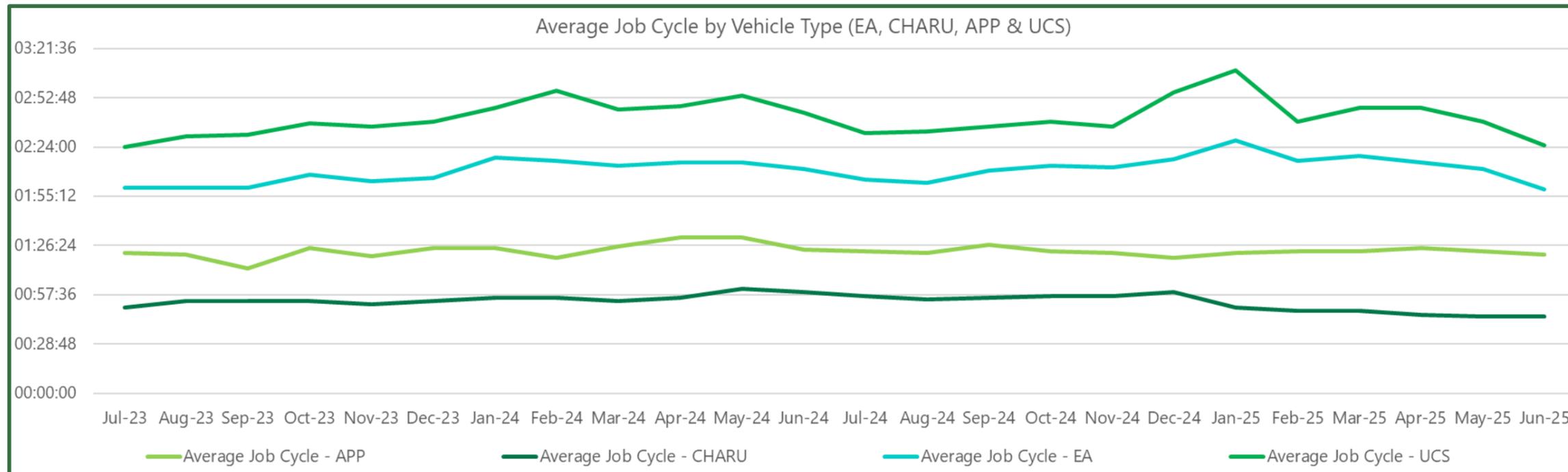


Analysis

Overall average jobs per shift was 2.33 in June 2025, a decrease from May 2025 (2.64). EAs averaged 2.89 jobs per shift and UCS crews 2.0. This is lower than what would be ideal and a product of handover delays.

APPs attended on average 2.89 jobs per shift and CHARU's 2.80. However, both sets of data are under review.

As demonstrated in the bottom graph, the average job cycle decreased slightly in June 2025 for EAs (1 hours 59 minutes) and APPs (1 hour 21 minutes) and UCS (1 hours 37 minutes). CHARU remained the same as the previous month (45 minutes).



Partnerships / System Contribution

NHS111 Hand Off Metrics and NHS111 Consult & Close Indicators

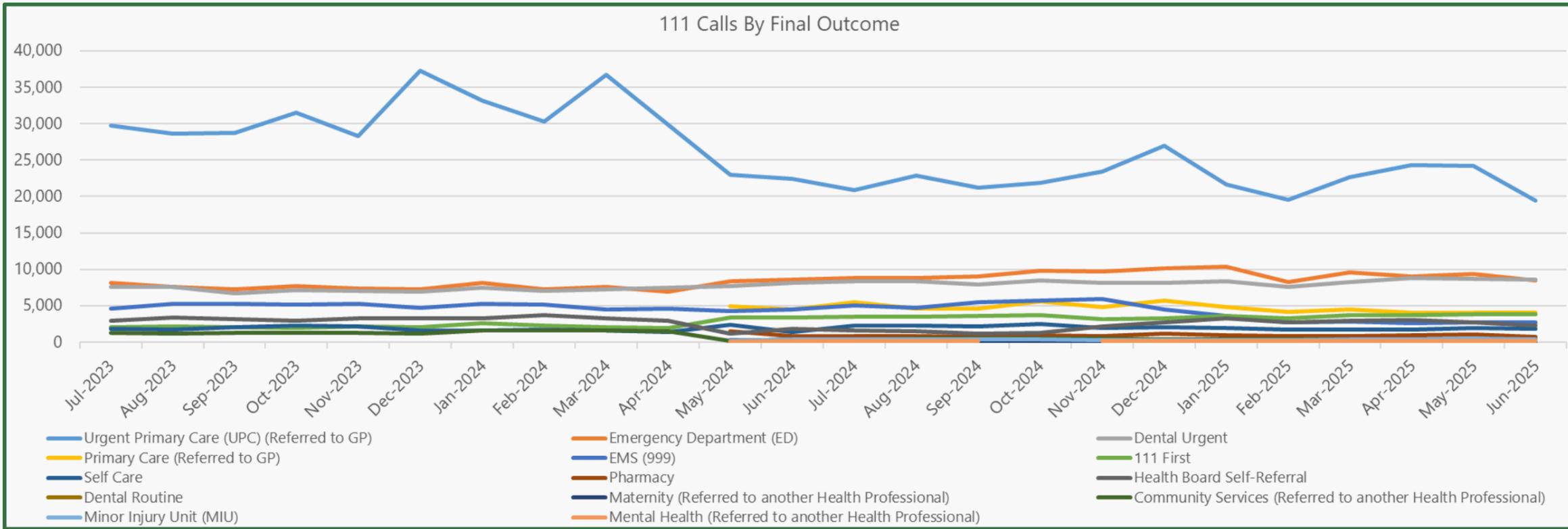
Influencing Factors – Demand and Clinical Hours Produced

Dental
G

C&C Volumes
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(Responsible Officer: Lee Brooks)



Analysis
During June 2025, 53,175 calls were allocated into the 14 categories displayed in the graph opposite; a decrease compared to the 59,815 seen during May 2025. However, data quality issues continue within 111 reporting which are currently being addressed.

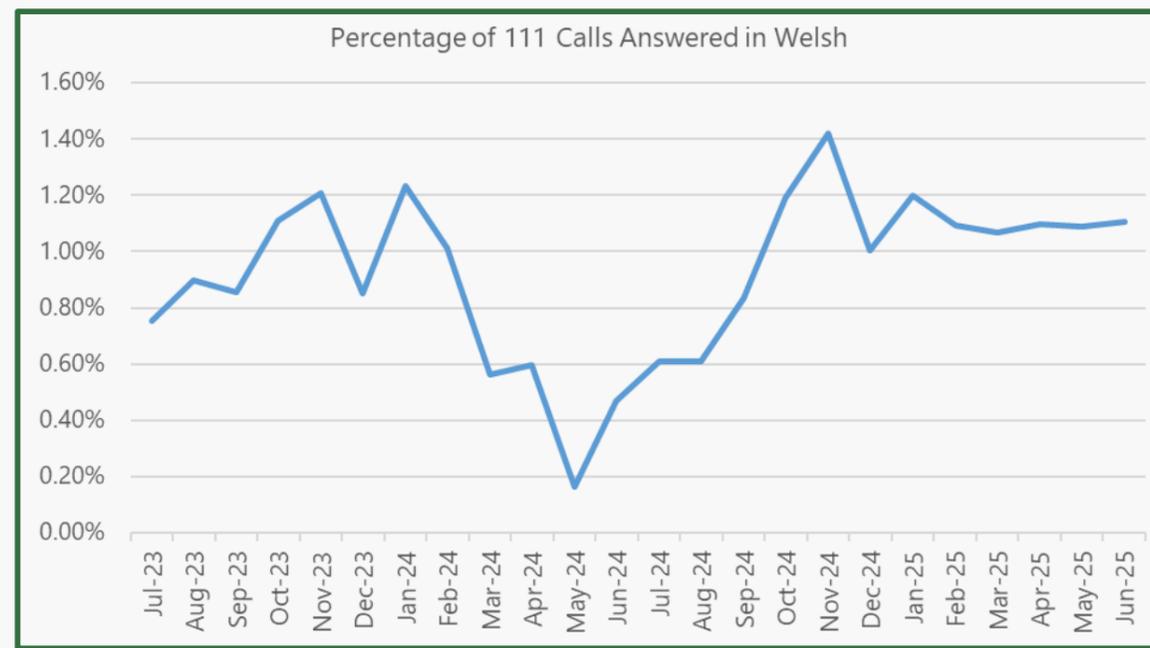
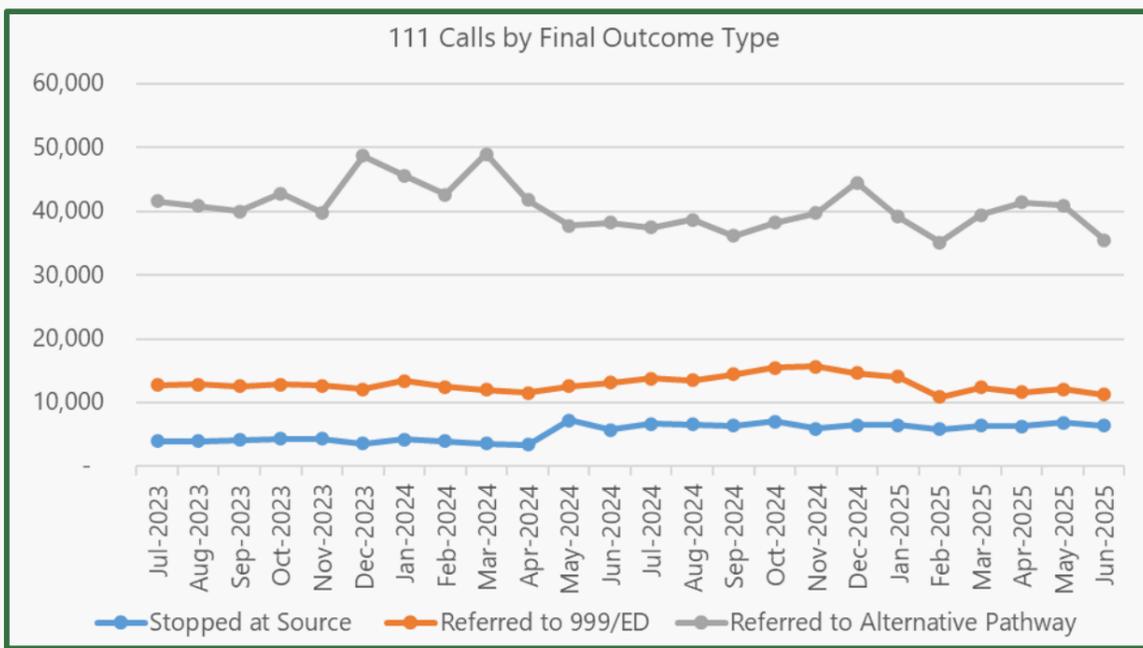
Calls Referred to a General Practitioner (handover of care) continued to be the top outcome for NHS111 accounting for 31.81% of all calls during June 2025, but there has been a material drop since the implementation of the new 111CAS system.

As the bottom left graph highlights, in June 2025, 6,439 calls were 'Stopped at Source', with no onward referral, a slight decrease from 6,816 in May 2025. 11,260 calls were referred to 999/ED in June 2025.

The percentage of 111 calls answered in Welsh increased slightly from 1.09% in May 2025 to 1.10% in June 2025. This equated to 64.8% of all 111 calls being offered in Welsh being answered.

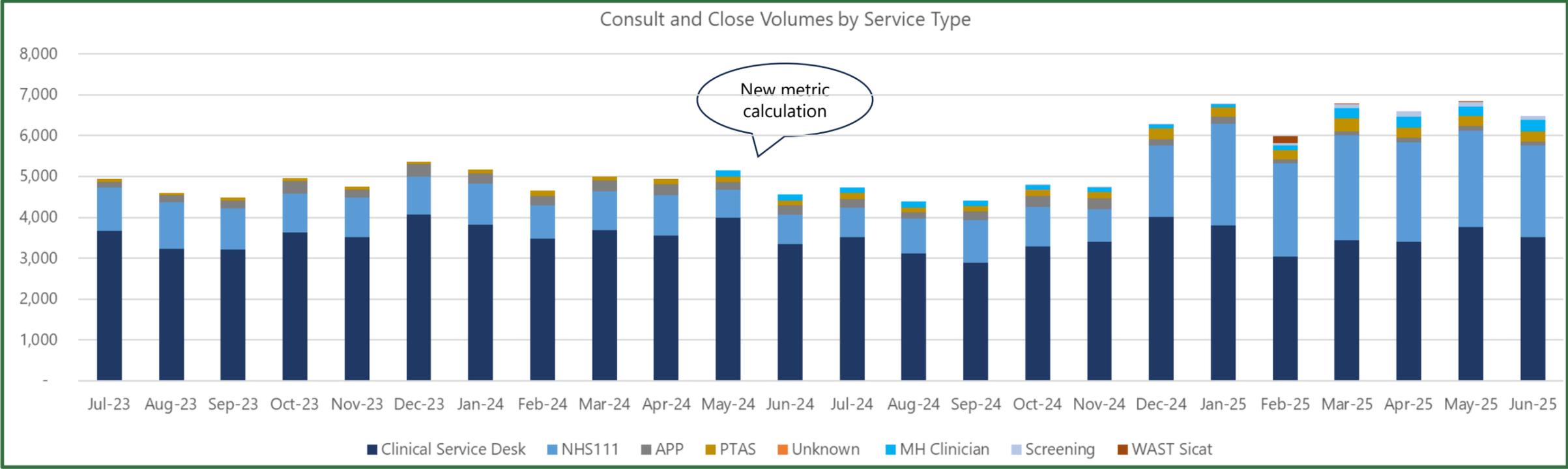
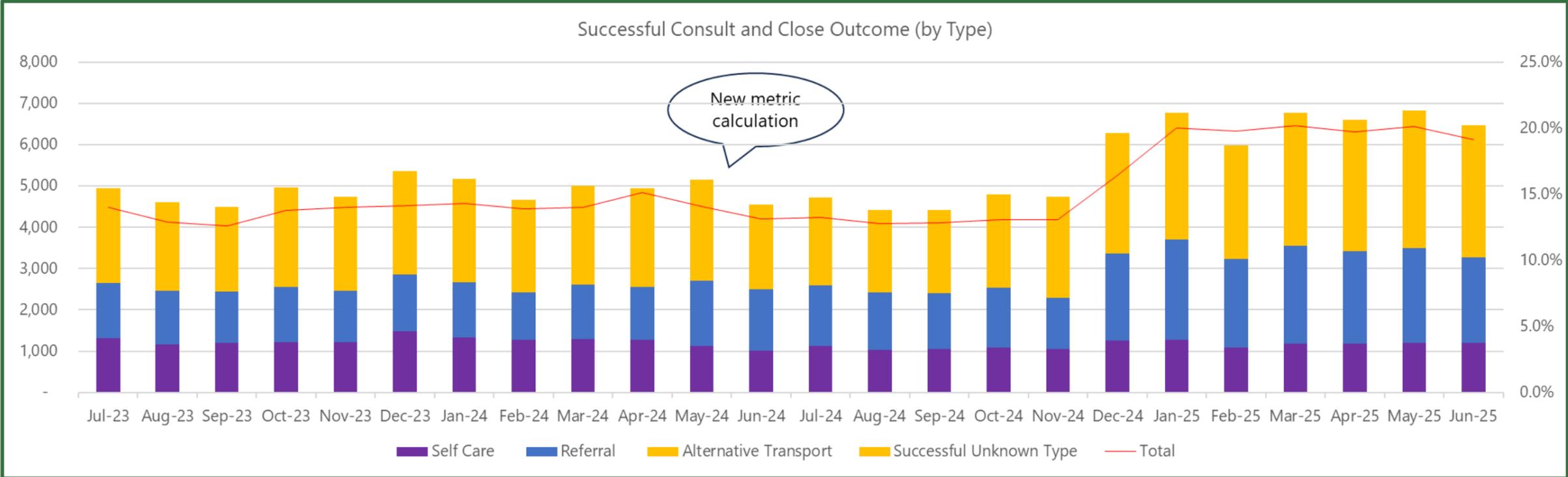
Remedial Plans and Actions
There is currently a 111 Measures Task and Finish Group. This is a collaborative meeting between WAST, Six Goals, commissioners and DHCW. The focus is the development of a nationally reportable 111 data set. Similar to what is currently in place for Ambulance Service Indicators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

Expected Performance Trajectory
No performance trajectory is set at this time, as the Trust develops its measures and systems around these metrics. Once developed there will be an opportunity to develop benchmarks. The focus remains to shift left, where it is clinically safe and appropriate to do so.



Partnerships / System Contribution Consult & Close Indicators

(Responsible Officer: Lee Brooks)



Analysis

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

Contributions from Clinical Service Desk (CSD) (10.4%), NHS111 (6.6%), WAST APP (0.3%), Health Boards using Physician Triage and Streaming Service (PTAS) (0.7%), Mental Health Clinician (0.8%) and Screening (0.3%) achieved 19.1% in June 2025, a decrease of 1.1% compared to May 2025, however achieving the 17% IMTP ambition for the sixth consecutive month. In June 2025, the number of 999 calls resulting in a Consult and Close outcome was 6,475, up from 4,555 in June 2024.

Of the calls successfully closed in June 2024, 62 patients received an outcome of self-care; 1,200 patients were referred to other services (including to Minor Injury Units and SDEC) and 976 were advised to seek alternative transport services to acquire treatment.

Remedial Plans and Actions

- Work underway reviewing processes, has yielded efficiencies in remote clinical support which is recognised by those calling.
- Implementation of 15 recommendations from commissioner review.

Expected Performance Trajectory

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

Partnerships / System Contribution Conveyance to ED Indicators

(Responsible Officer: Andy Swinburn)

Conveyances

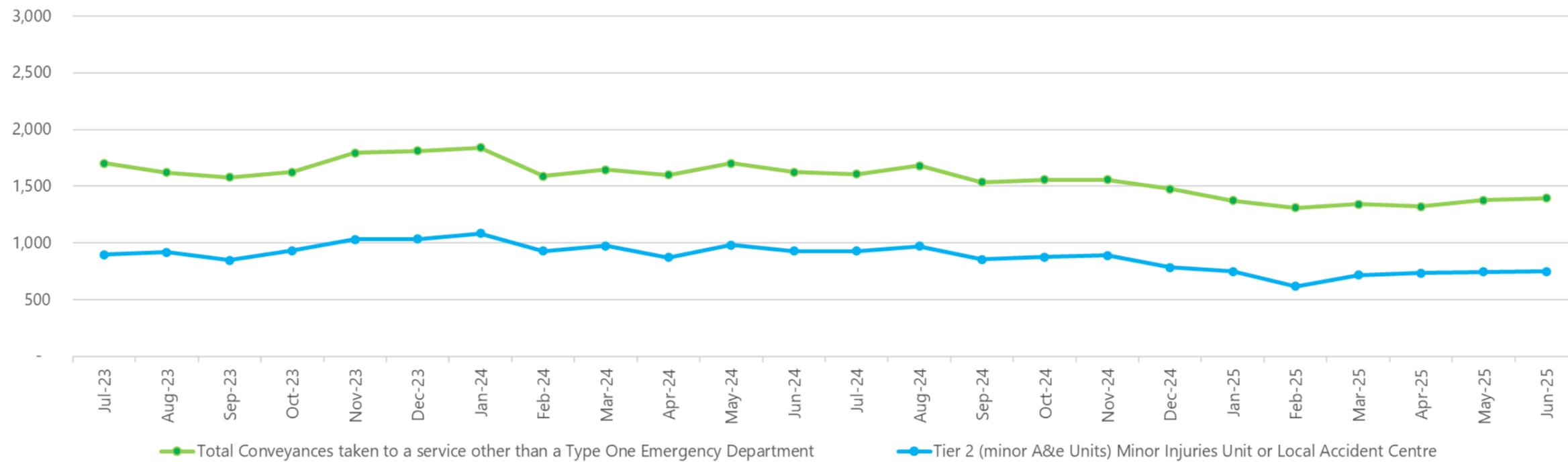
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Ministerial Measure

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

Total Conveyances taken to a Service other than a Type One Emergency Department vs Total Conveyances to a Minor Injury Unit



Analysis

In June 2025 10.09% of patients (1,397) were conveyed to a service other than a Type One ED. 5.4% (749) were conveyed to a Tier two Minor Injuries Unit or Local Accident Centre while 36.81% 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 3,487 in May 2025 to 3,426 in June 2025.

Percentage of patients conveyed to SDEC units can remain consistent in June 2025 with the previous month (0.75).

Taxi conveyance has remained consistent for the past 12 months, averaging 832 per month to hospitals.

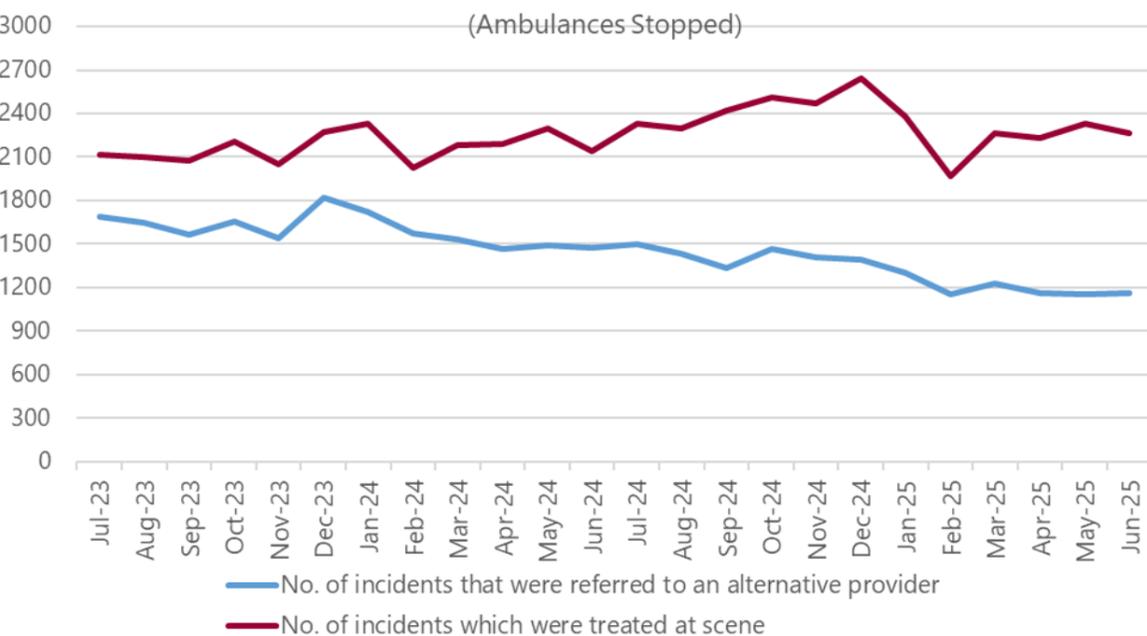
Remedial Plans and Actions

- Further investment in the APP workforce.
- Formal education support and induction package for APPs agreed trust-wide.
- Embedding the Urgent Care response within the Clinical Model Transformation, tasking optimisation (alongside HB partners if available), scheduling care and APP development and workforce.
- Inclusion of specific Frailty and Falls workstream within Urgent Care Response Service with involvement in the review of the All Wales Falls Response Framework alongside NHS Executive Colleagues.

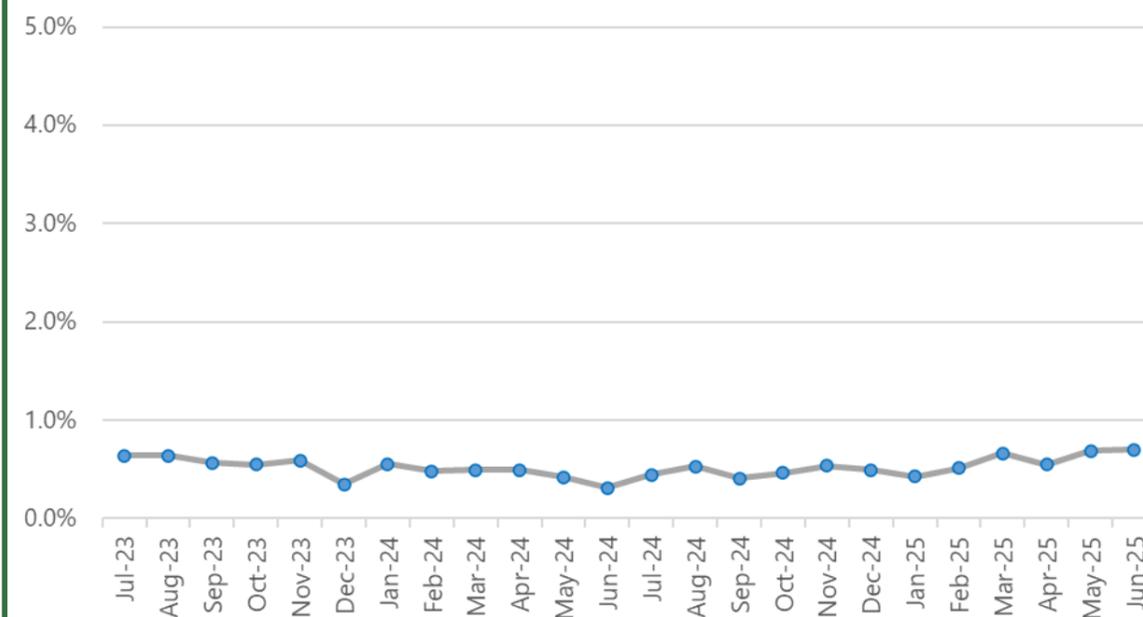
Expected Performance Trajectory

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

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



% Patients Conveyed to SDEC Units Pan-Wales



Partnerships / System Contribution

Handover Indicators

(Responsible Officer: Health Boards)

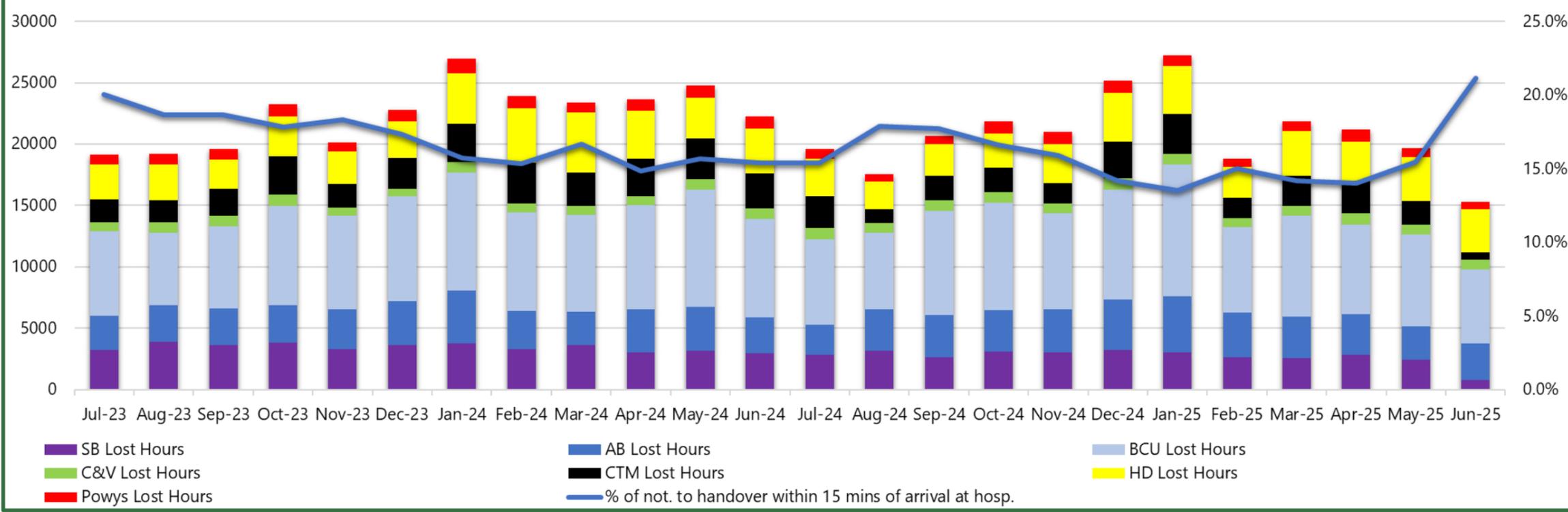
Lost Hours

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Notification to Handover Lost Hours by Health Board



Analysis

249,911 hours were lost to Notification to Handover, i.e. hospital handover delays, over the last 12 months (Jul-24 to Jun-25), compared to 268,957 hours over the same timeframe the previous year. There were 15,278 hours lost in June 2025, which is 31.2% lower than the 22,229 hours lost during June 2024 and is the lowest monthly figure since September 2021. Cwm Taf Morgannwg and Swansea Bay in particular, have seen significant reductions, compared to last month, of 67% and 68%, respectively.

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

- Grange University Hospital (ABUHB) at 2,883 lost hours
- Ysbyty Maelor Hospital (BCUHB) at 2,288 lost hours
- Glangwilli Hospital (HDUHB) at 1,993 lost hours
- Ysbyty Glan Clwyd (BCUHB) at 1,902 lost hours
- Ysbyty Gwynedd Hospital (BCUHB) at 1,738 lost hours

Notification to handover lost hours averaged 509 hours per day during June 2025 (30 days) compared to 635 hours per day (31 days) in May 2025.

In June 2025, the Trust could have responded to approximately 4,819 more patients if handovers were reduced, which highlights the impact these numbers are still having on the service.

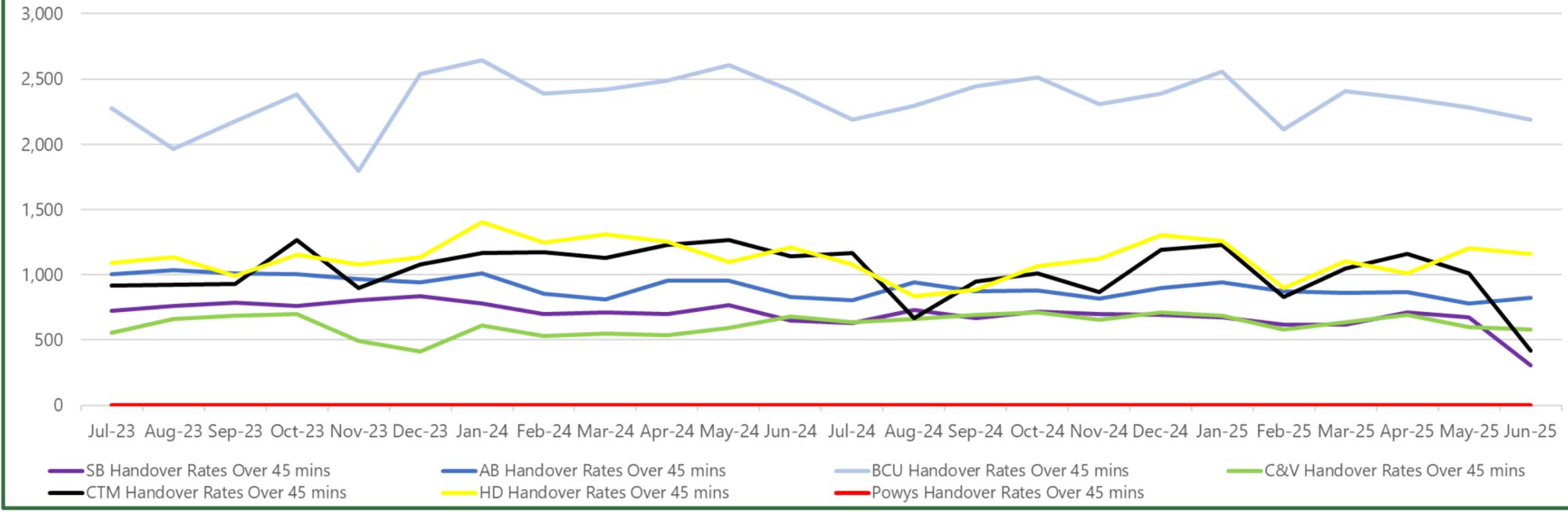
Remedial Plans and Actions

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

Expected Performance Trajectory

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

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



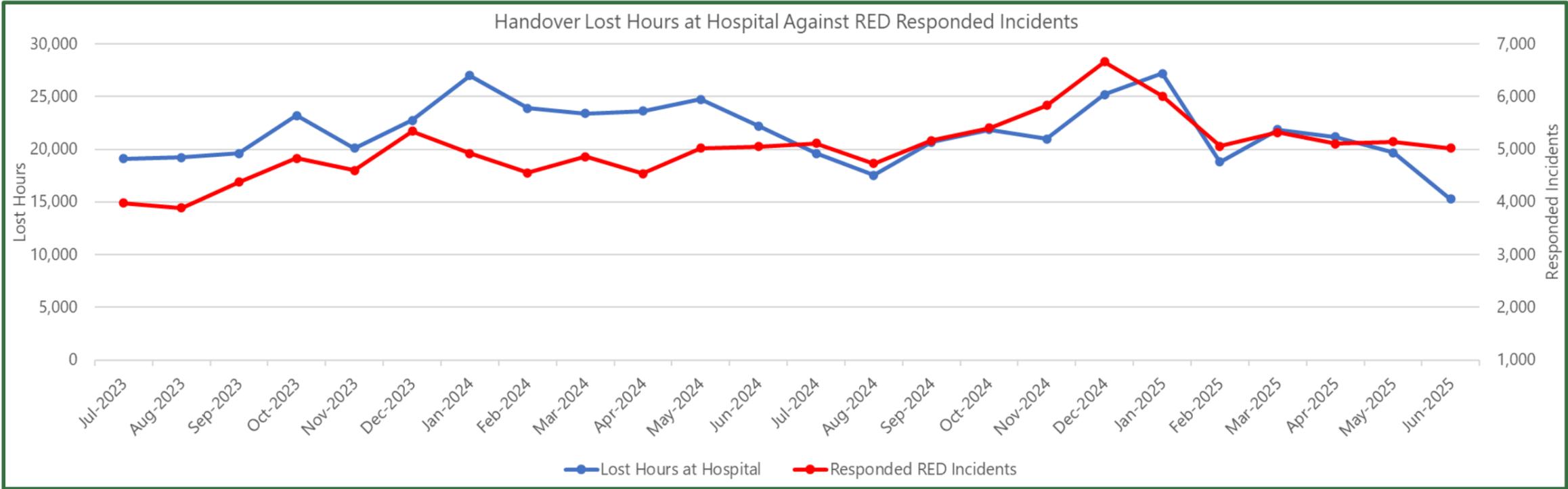
Partnerships / System Contribution

Handover Lost Hours Against Red & Amber 1 Responded Incidents

(Responsible Officer: Health Boards)

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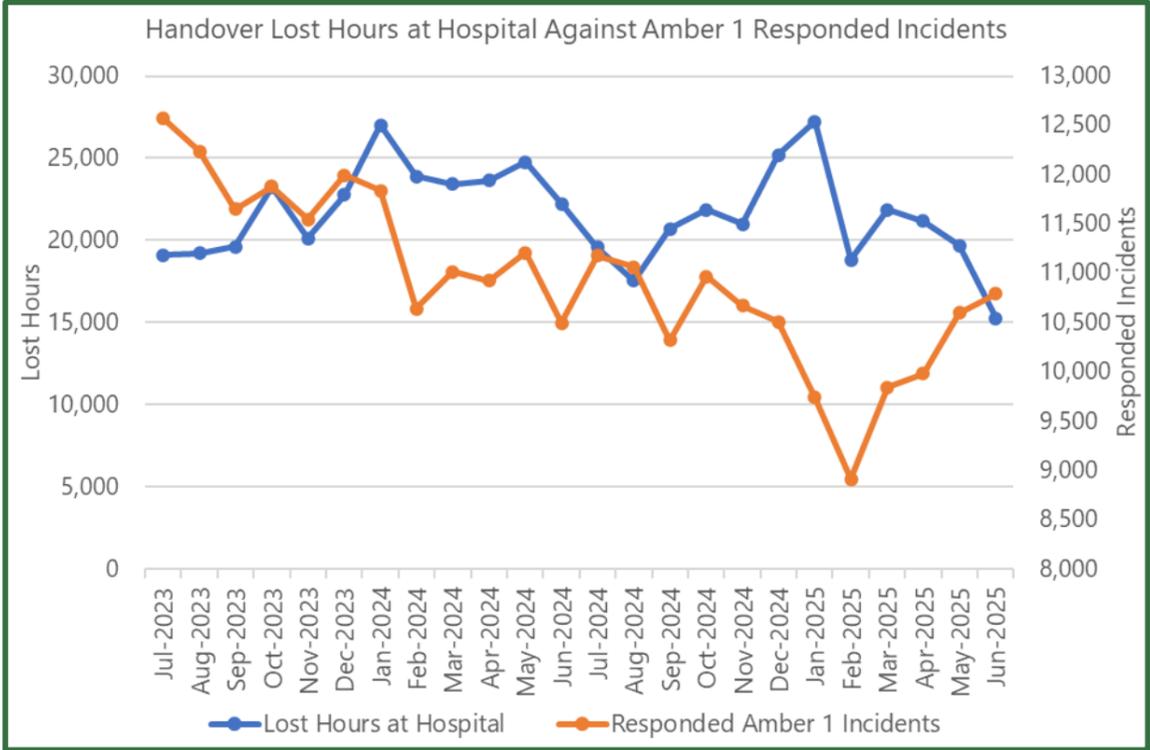
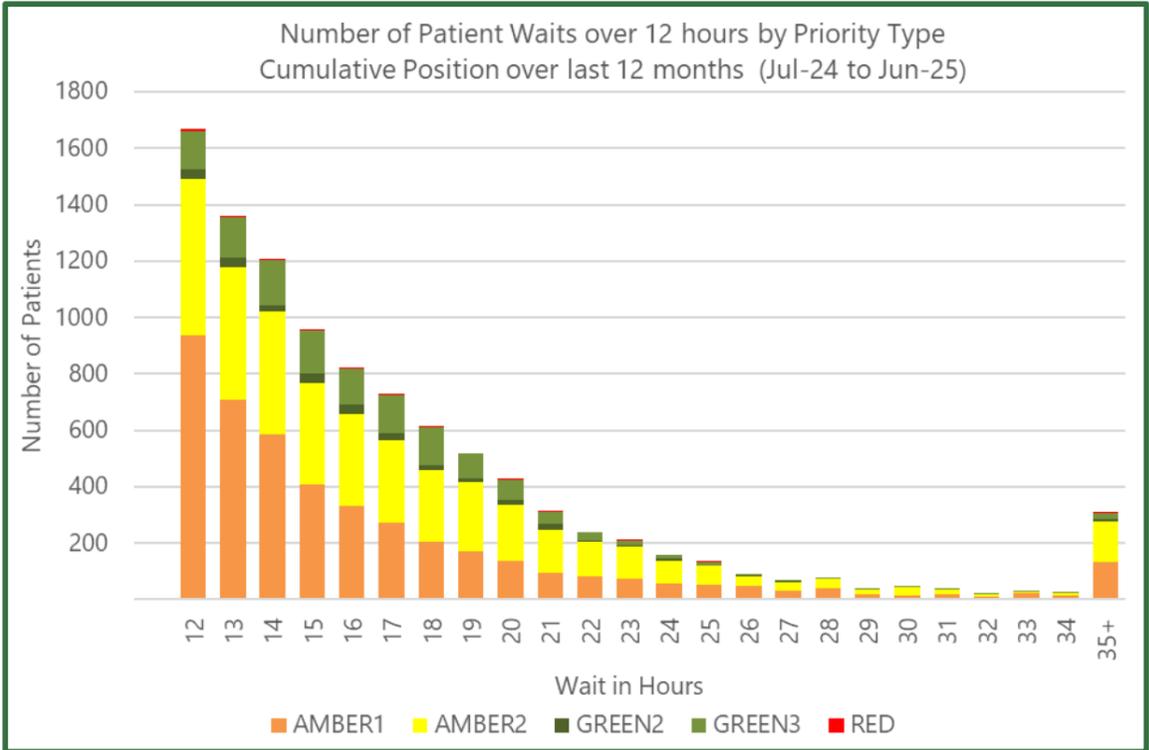


Analysis

The top graph highlights that when handover lost hours have increased, 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.

In June 2025, 402 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, 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 likely expected ambition from Welsh Government is no waits over 45 minutes.

*NB: Data correct at time of abstraction

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

Definition of Indicators

Indicator	Definition	Indicator	Definition
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