



Ambulance Service Indicators

Welsh Ambulance Services University NHS Trust

Click here to enter

GENERAL RELEASE

Ambulance Service Indicators Information

 [Back to main page](#)

Notes:

Frequent Callers: A frequent caller is defined by WAST as people who dial an emergency service more than five times in a month or 12 times in three months.

Filters:

Filter Selection

01/04/2021 01/04/2022

Local Health Board

All

Each page has two filters located under filter selection, the first is date selection which allows drill down by moving the scroll buttons (left and right) to change the reporting period. The second is Local Health Board (LHB) selection allowing you select an individual LHB. Where only national level data is available the LHB selection will show NHS Wales only.

Icons:

 The icon above is shown on the clinical indicator page, when hovered over will show a description of the clinical indicator

 The icon above is shown on the clinical indicator page, when clicked will enable the users to drill down to the specific clinical indicator.

The data contained within this dashboard is updated from validated and quality assured Welsh Ambulance Services NHS Trust data

Ambulance Service Indicators

Caveats

 [Back to main page](#)

Notes:

Welsh Ambulance Services NHS Trust Clinical Indicators being reported from April 2022 onwards are being compiled from data recorded by clinicians using the electronic patient clinical record [ePCR] system.

These indicators reflect

- Data captured within the ePCR system is manually entered by clinicians and is not subject to any validation process, though is quality assured later in the process through deep-dive audits.
- Data recorded by clinicians on a new system, with increasing familiarity with the technology
- Data entered manually by clinicians rather than automatically captured from interoperable devices
- Technical Specification documents for each clinical indicator drawn up by a Clinical Informaticist to match each Criterion

Table as closely as is possible with a developing / changing database

- o including any specified justifiable exceptions that are matchable to automated fields
- Development of SQL scripts through translation of the technical specification documents to generate reporting, including quality assurance feedback loops
- Quality assurance of the Hypoglycaemia dataset has shown some apparent data issues affecting a minority (< 20%) of records.
This is likely to be due to a variety of causes, and so is unlikely to be causing systematic bias in the reported results. This will be subject to ongoing improvement work.

These are not reflective of the whole clinical picture from all potential clinical recording sources, including ECG and paper PCR records, which would demonstrate the care provided by WAST clinicians to our patients. Inclusion of all clinical documents and all justifiable exceptions would give a more accurate clinical picture for each patient, as per previous AQI clinical indicator reporting method prior to ePCR introduction, involving manual audit of non-compliant cases.

Interpretation of results:

- Comparison of care bundle compliance rates using digital pen and ePCR data before and after the technological change will demonstrably show a step change downwards for many reasons in addition to the above caveats
- Comparison of care bundle compliance rates using automated ePCR reporting and manually audited compliance using ePCR data also shows a disparity.

Ambulance Service Indicators

Caveats



[Back to main page](#)

Notes:

An error in the STEMI technical specification has created an associated case / compliance anomaly. The specification has been corrected and associated coding updated. ASI STEMI data has been re-run internally back to 01/04/2022, which will mean comparison of published historic STEMI data with contemporaneous data will show a step change downwards in the number of cases, and an anticipated increase in overall compliance.

Ambulance Service Indicators

Clinical Response Model

 [Back to main page](#)



RED | Immediately Life threatening:

Calls such as cardiac arrest or choking. These calls will be subject to both clinical indicators such as Return of Spontaneous Circulation (ROSC) rates and a time-based standard requiring a minimum attendance at 65% of these calls within 8 minutes.



AMBER | Serious by not immediately life threatening:

These calls will include most medical and trauma cases such as chest pain and fractures. Amber calls will receive an emergency response. A response profile has been created to ensure that the most suitable clinical resource is dispatched to each amber call. This will include management via "hear & treat" services over the telephone. Patient experience and clinical indicator data will be used to evaluate the effectiveness of the ambulance response to amber calls.



GREEN | Neither serious or life threatening:

999 calls received and categorised as green are neither serious or life threatening. Conditions such as earache or minor injuries are coded as green calls. Green calls are ideally suited to management via secondary telephone triage.



GREEN HCP | Neither serious or life threatening:

Health Care Professionals (HCP) such as doctors, midwives or community hospitals often require an urgent transfer of a patient from low acuity care to a higher acuity facility. These transfers are coded as green calls and undertaken within a timeframe agreed with the requesting HCP

The aim of the clinical response model is to ensure that patients receive the right clinical care at the right time and allows WAST to quickly identify the clinical need of a 999 caller.

This allows the correct response to be provided, this may be an ambulance or a paramedic in a rapid response car for RED or serious AMBER calls. For many lower priority AMBER and GREEN incidents, advice may be provided for the caller over the telephone by a nurse or paramedic.

Ambulance Service Indicators

Step 1 - Help me choose

Filter Selection

Year

4/30/2022

3/31/2024

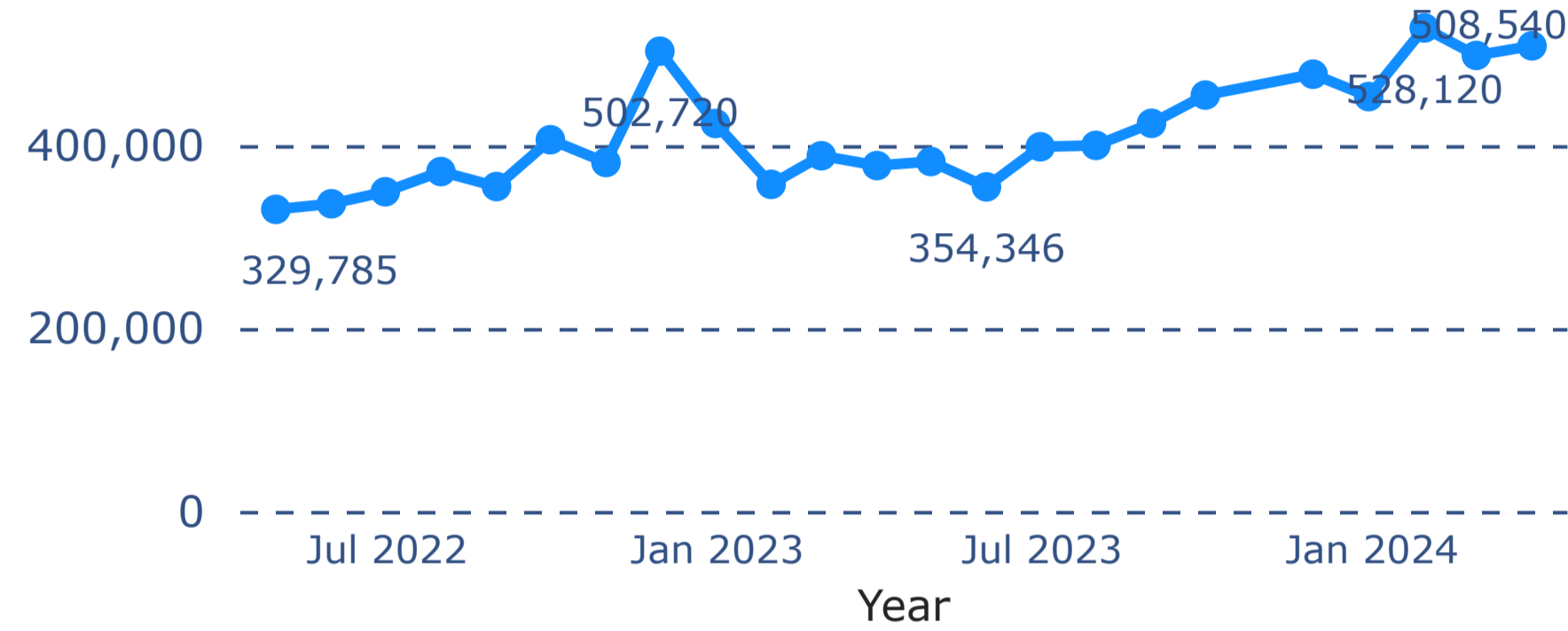
Local Health Board

All

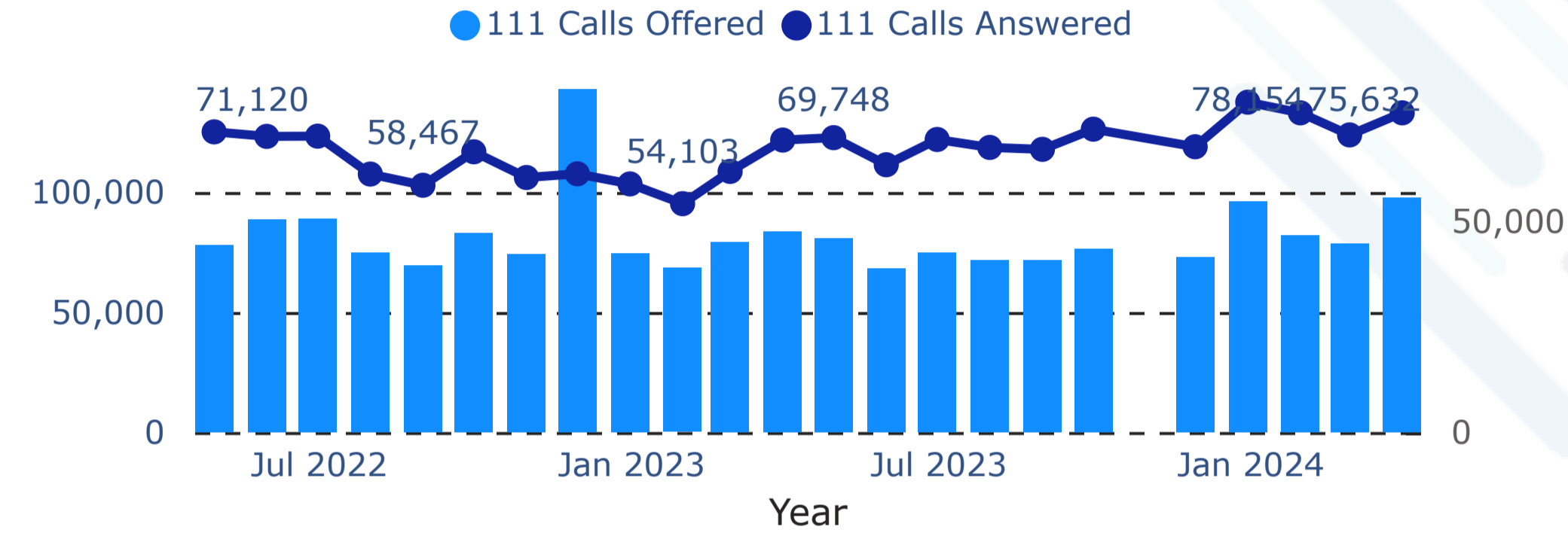


Back to main page

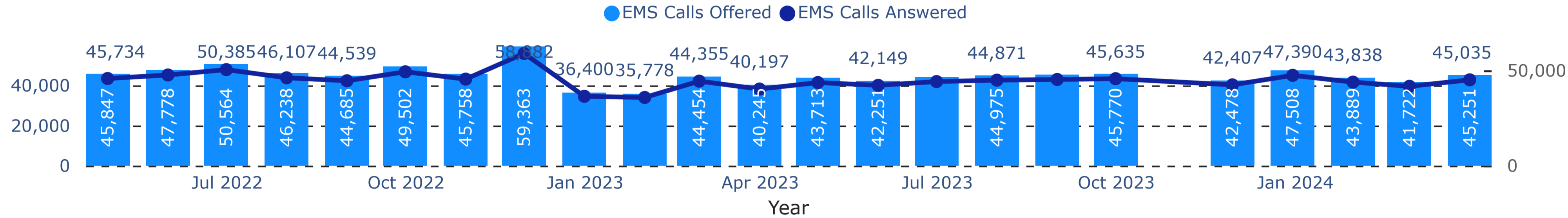
NHS 111 Wales Website Hits



NHS 111 Wales Telephone Calls



999 Telephone Calls



NHS 111 Wales Calls

1,877,118
111 Calls Offered

1,538,512
111 Calls Answered

999 Emergency Calls

1,033,901
EMS Calls Offered

1,030,556
EMS Calls Answered

Ambulance Service Indicators

Step 2 - Answer my call

Filter Selection

Year

March 2024 ▼

Local Health Board

All ▼

[← Back to main page](#)

[← Answer my call drill down](#)

Consult and Close

5,024
Hear & Treat

4,103
AMB not required

14.2%
Ended by H&T

Frequent Callers

263
Frequent Callers

2,565
Incidents Generated

35,495
Total WAST Incidents

6.8%
% Generated

Calls taken through Medical Priority Dispatch System

4,544
Breathing Problems

719
Cardiac Arrest

3,594
Chest Pains

1,381
Stroke / CVA

4,422
Falls

1,028
Overdose

1,147
Psychiatric

848
HCP Admission

371
Traffic Accdient

0
Pandemic Flu

1,435
Haemorrhage

779
Traumatic Injury

Notes:

Frequent Callers: A frequent caller is defined by WAST as people who dial an emergency service more than five times in a month or 12 times in three months.

Medical Priority Dispatch System: Shown above are 12 of the 37 protocols which makeup the Medical Priority Dispatch System, upon call receipt a call handler triages the call using the system to determine the initial response determinant.

Ambulance Service Indicators

Step 2 - MPDS Overview

Filter Selection

Year

4/30/2022

3/31/2024



Local Health Board

All

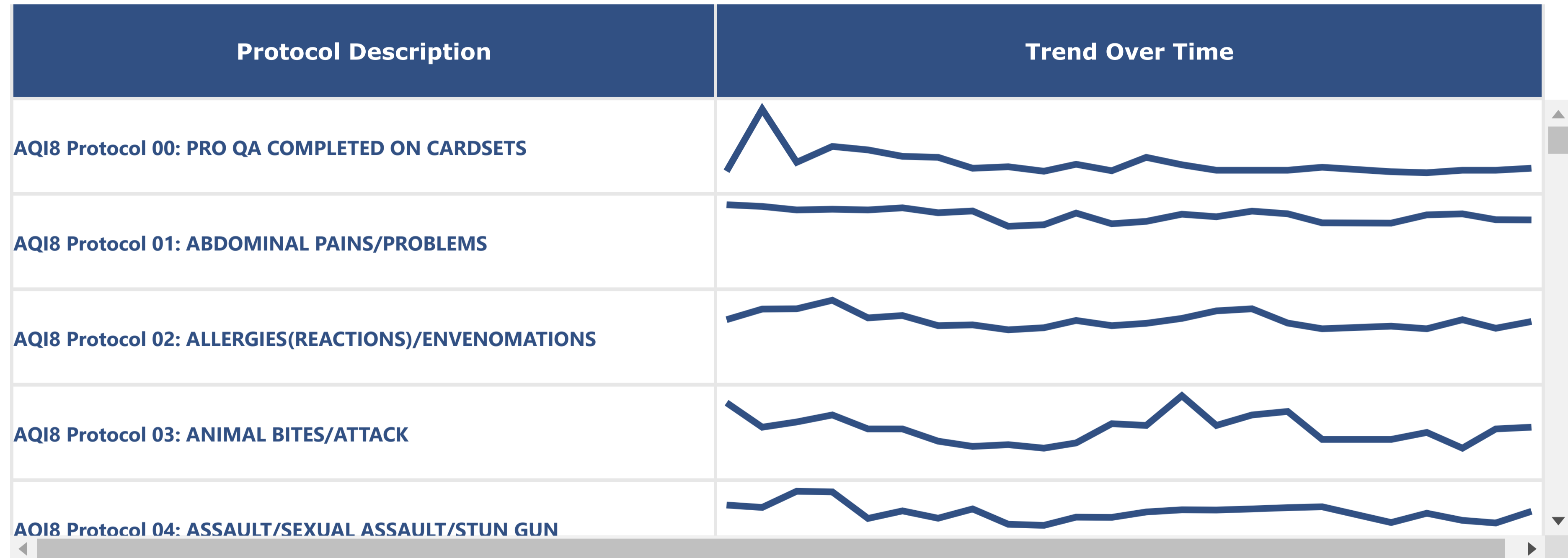


Back to main page



Answer my call summary

Calls taken through Medical Priority Dispatch System / Additionally Triage



Notes:

Medical Priority Dispatch System: Protocols 00 to 37 makeup the Medical Priority Dispatch System. Those shown without the a number i.e. Protocol AACTS are specific to the Welsh Ambulance Services NHS Trust. Please scroll down to view the full set of Protocols with the a data sparklines for reference, to view the sparklines in more detail, click to expand. This can be further expanded by utilising the Local Health Board filter on the left and date selection filter.

Ambulance Service Indicators

Step 3: Come to see me | Summary

Filter Selection

Year

March 2024

Local Health Board

All

[Back to main page](#)

[Come to see me response](#)

Incidents split by Health Board and Incident Category, including Community Response

RED Incidents resulting in response 4,854	BCUHB 1,097	ABUHB 885	CTMUHB 728	CVUHB 705	SBUHB 670	HDUHB 578	
RED Incidents arriving within 8 minutes 2,374	BCUHB 541	ABUHB 456	CVUHB 383	SBUHB 337	CTMUHB 309	HDUHB 262	
AMBER Incidents resulting in response 15,084	BCUHB 4,180	ABUHB 3,042	CVUHB 1,996	HDUHB 1,819	CTMUHB 1,765	SBUHB 1,460	Pt... 822
GREEN Incidents resulting in response 1,316	ABUHB 525	BCUHB 243	CVUHB 163	HDUHB 115	SBUHB 114	CTM... 110	
Community Responder Attended Scene 774	BCUHB 203	HDUHB 169	CVUHB 98	ABUHB 91	SBUHB 88	CTMUHB 78	PtHB 47
Community Responder Attended Scene First 655	BCUHB 180	HDUHB 141	CVUHB 84	ABUHB 82	CTMUHB 69	SBUHB 66	Pt... 33

Ambulance Service Indicators

Step 3: Come to see me | Response

Filter Selection

Year

4/30/2022

3/31/2024



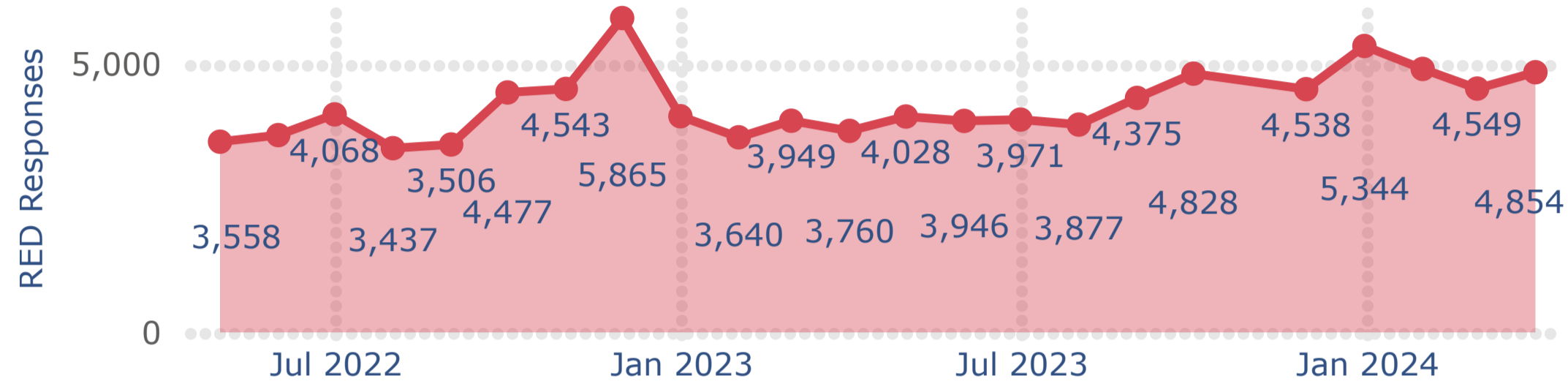
Local Health Board

All

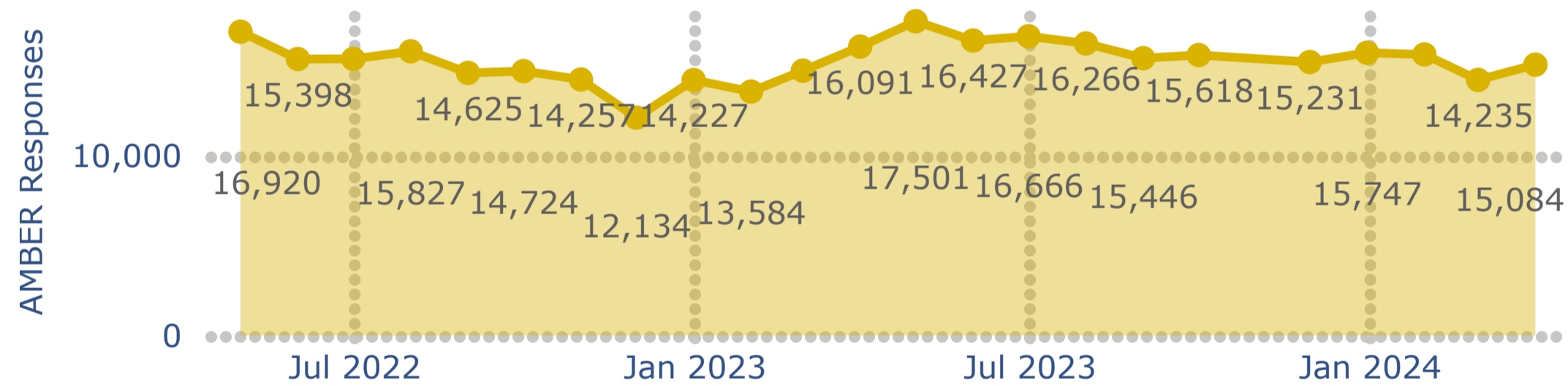
[Back to main page](#)

[Come to see me summary](#)

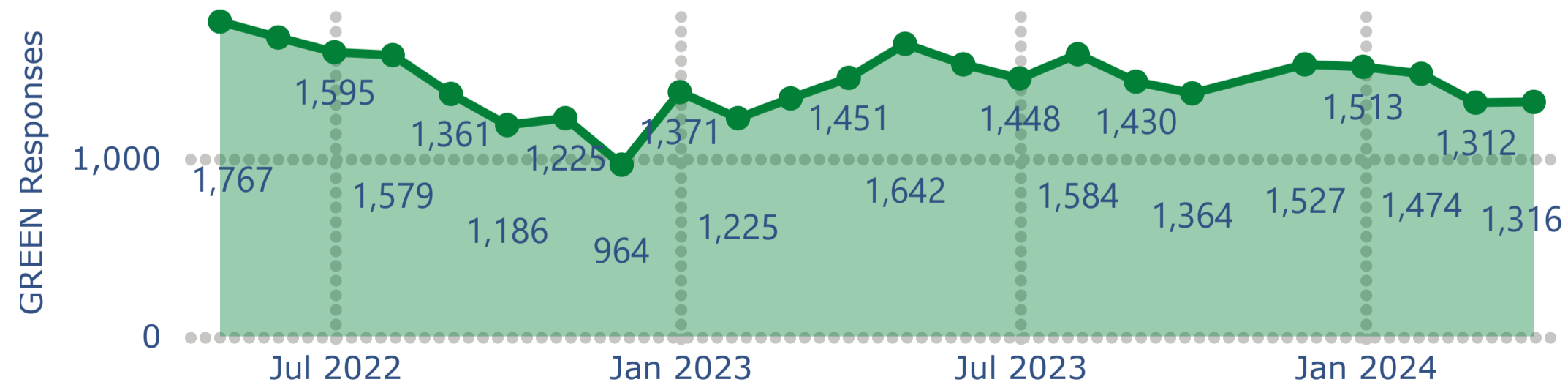
Number of RED category incidents resulting in an emergency response



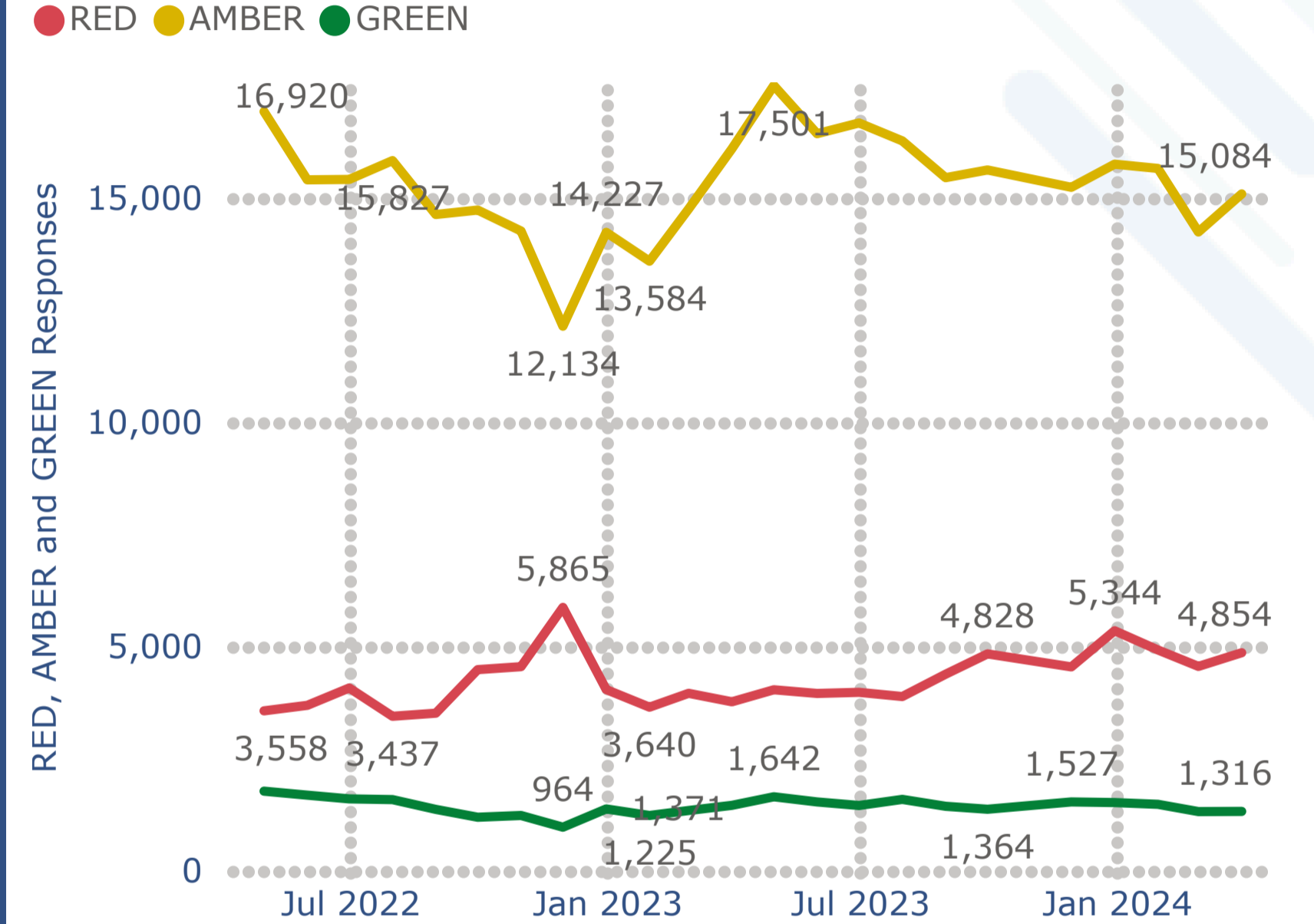
Number of AMBER category incidents resulting in an emergency response



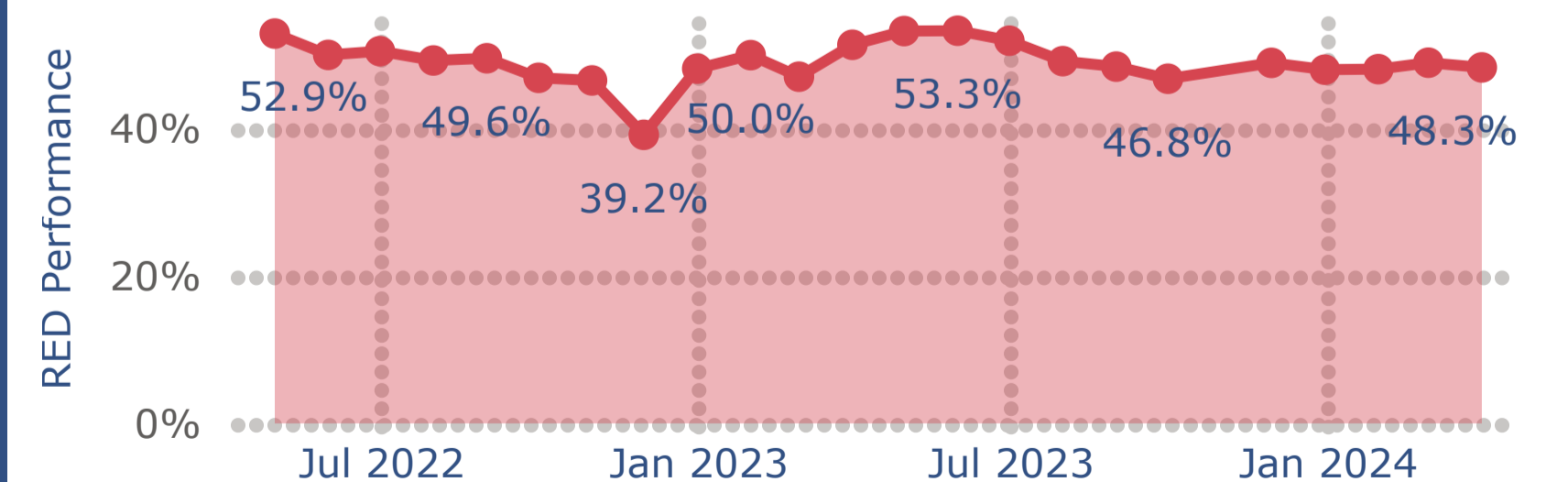
Number of GREEN category incidents resulting in a response



Proportion of RED, AMBER and GREEN Incidents



RED Performance (arrivals within 8 minutes percentage)



Ambulance Service Indicators

Step 3: Come to see me | Median response time

Filter Selection

Year

4/30/2022

3/31/2024



Local Health Board

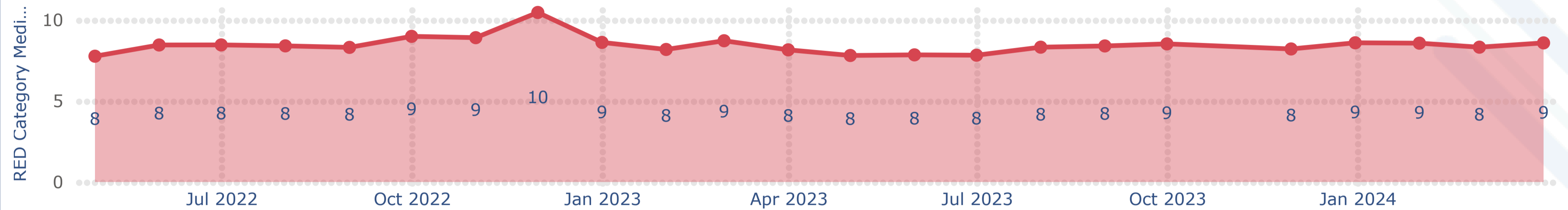
All



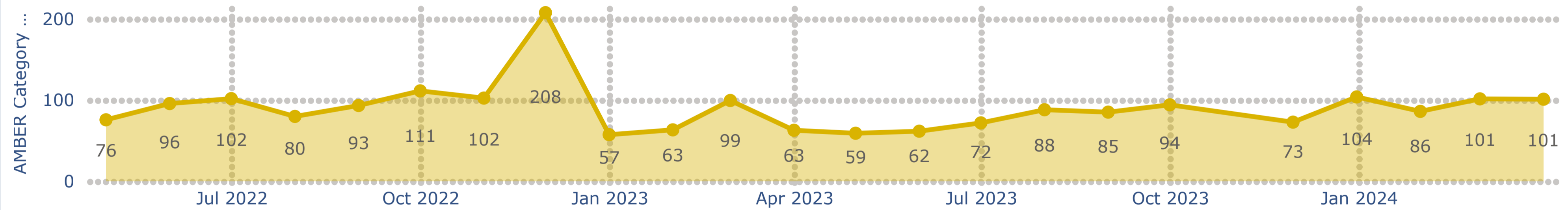
Back to main page

Come to see me summary

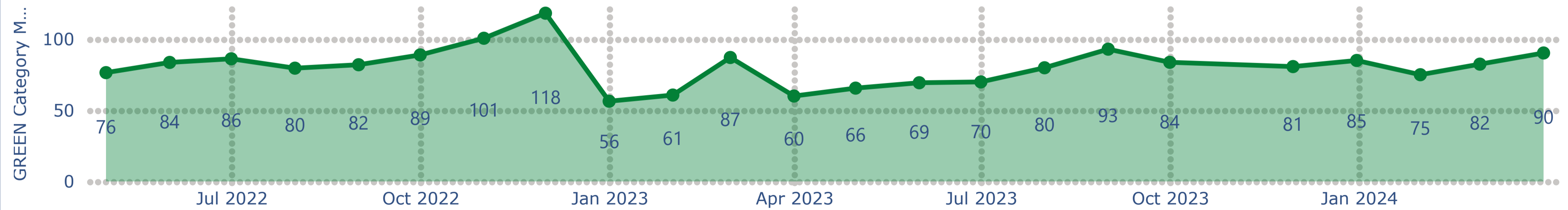
RED incidents resulting in an emergency response median response time (rounded)



AMBER incidents resulting in an emergency response median response time (rounded)



GREEN incidents resulting in an emergency response median response time (rounded)



Ambulance Service Indicators

Step 4: Give me treatment

Filter Selection

Year

4/30/2022

3/31/2024



Local Health Board

All

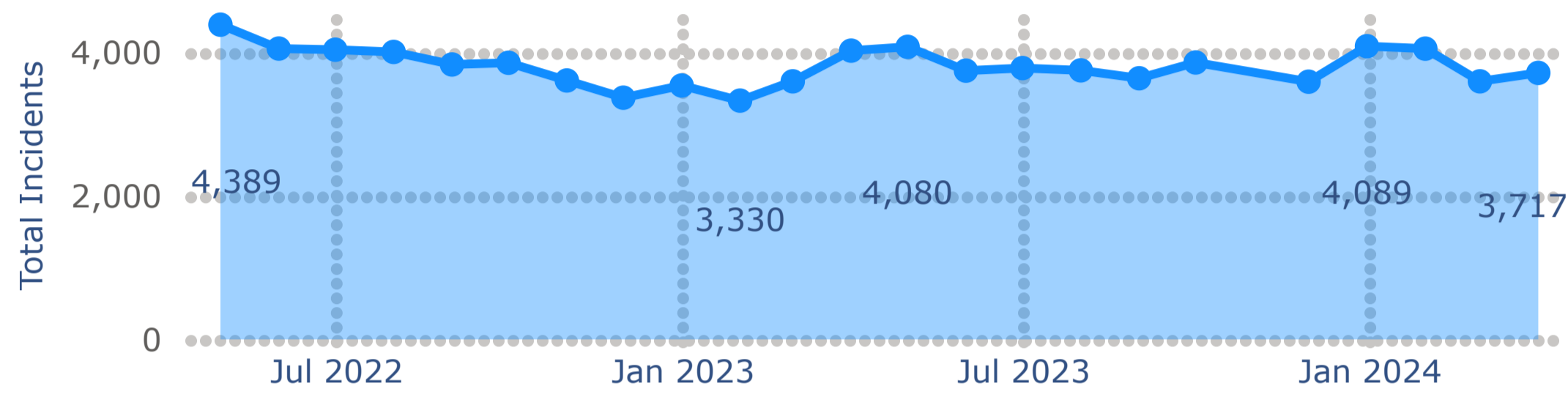


Back to main page

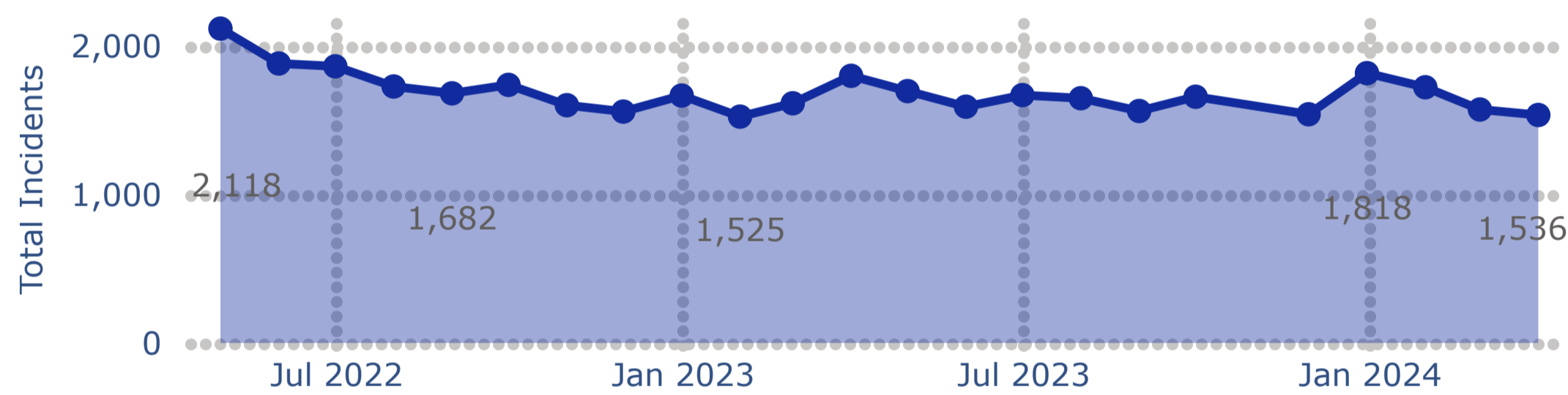


Clinical Indicators

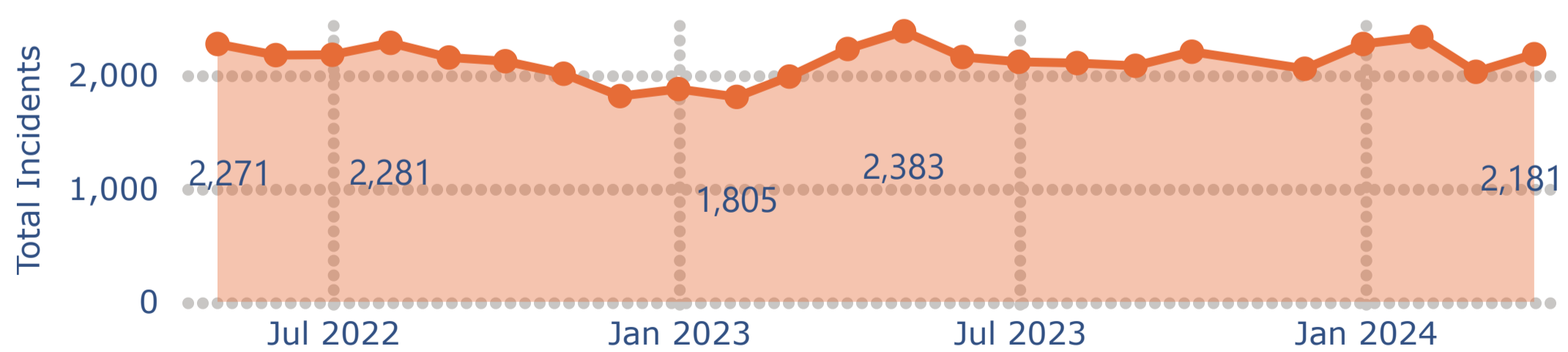
Number of Incidents that resulted in non conveyance to hospital



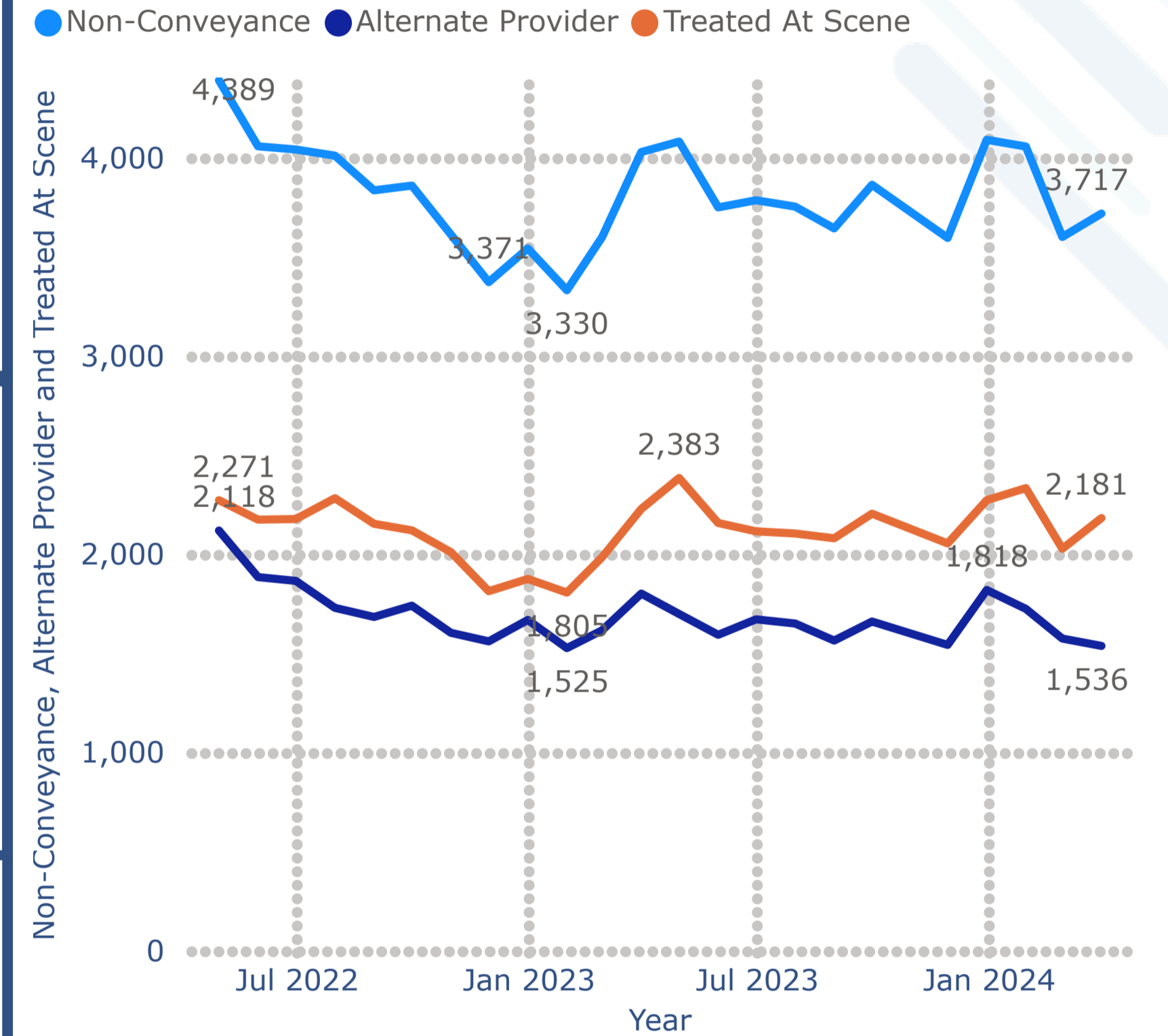
Referred to Alternate Provider



Treated at Scene



Attendance Outcomes



Notes:

Attendance outcomes: The line graph above shows the total of non-conveyances shown as the light blue line, this is the total of the orange and dark blue lines.

Ambulance Service Indicators

Step 4: Give me treatment | Clinical Indicators

Filter Selection

Year

March 2024

Local Health Board

All

← Back to main page

← Give me treatment summary

← Caveats

Cardiac Arrest Return of Spontaneous Circulation (ROSC)



253	53	20.9%
Total Patients	# ROSC at hospital	% ROSC at hospital

SEPSIS



0	0	0.0%
Total Patients	# Care Bundle Received	% Care Bundle Received
NO LONGER COLLECTED - REQUIRED FOR LEGACY DATA		

Febrile Convulsion



0	0	0.0%
Total Patients	# Care Bundle Received	% Care Bundle Received
NO LONGER COLLECTED - REQUIRED FOR LEGACY DATA		

Stroke (CVA) / Transient Ischemic Attack (TIA)



411	299	72.7%
Total Patients	# Care Bundle Received	% Care Bundle Received

ST-elevation myocardial infarction (STEMI)



88	36	40.9%
Total Patients	# Care Bundle Received	% Care Bundle Received

Hypoglycaemia



242	141	58.3%
Total Patients	# Care Bundle Received	% Care Bundle Received

Fracture Hip



310	169	54.5%
Total Patients	# Care Bundle Received	% Care Bundle Received

Ambulance Service Indicators

Step 5: Take me to hospital

Filter Selection

Year

4/30/2022

3/31/2024



Local Health Board

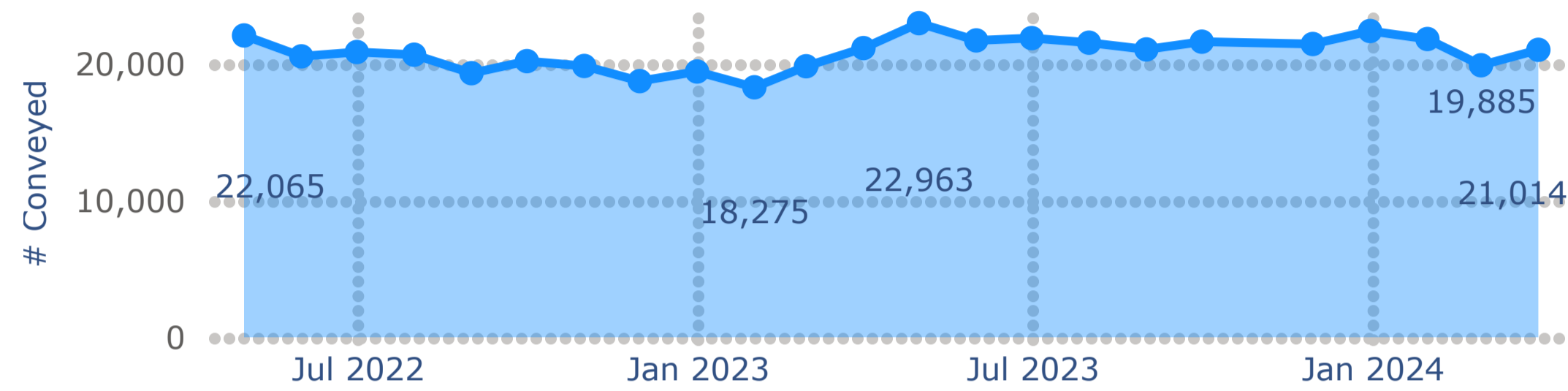
All

[← Back to main page](#)

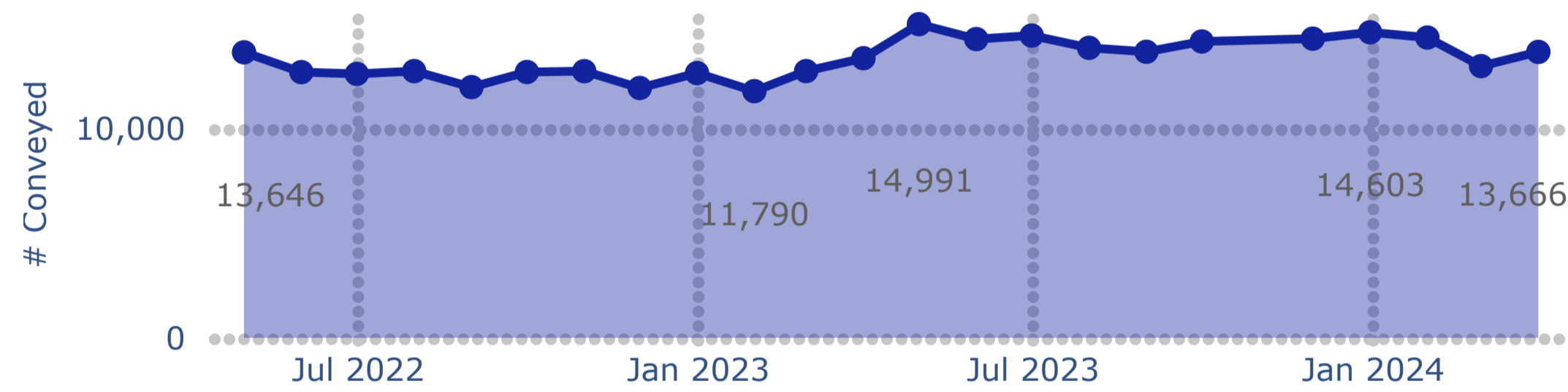
[← Take me to hospital overview](#)

[← Take me to hospital lost hours](#)

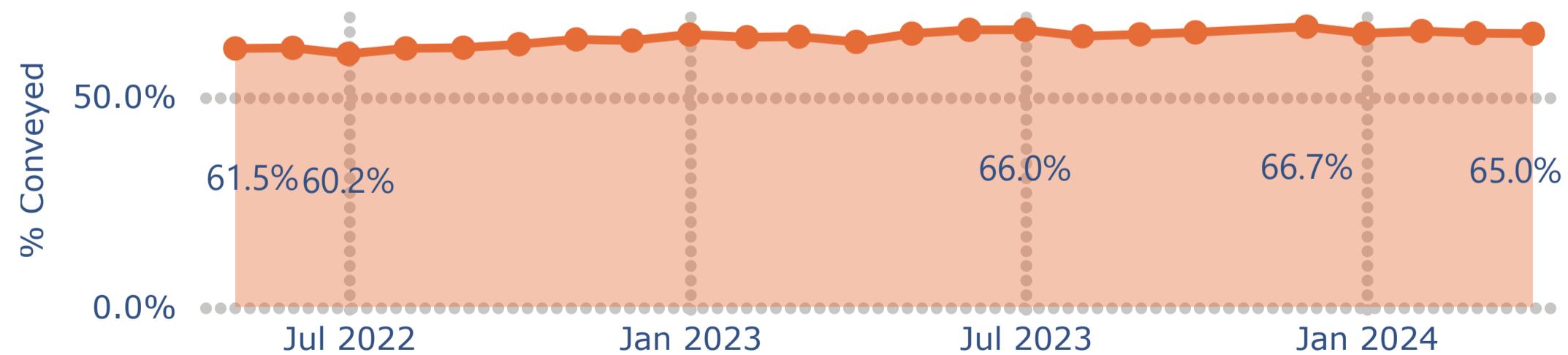
Total number of patients where an ambulance resource arrived at scene



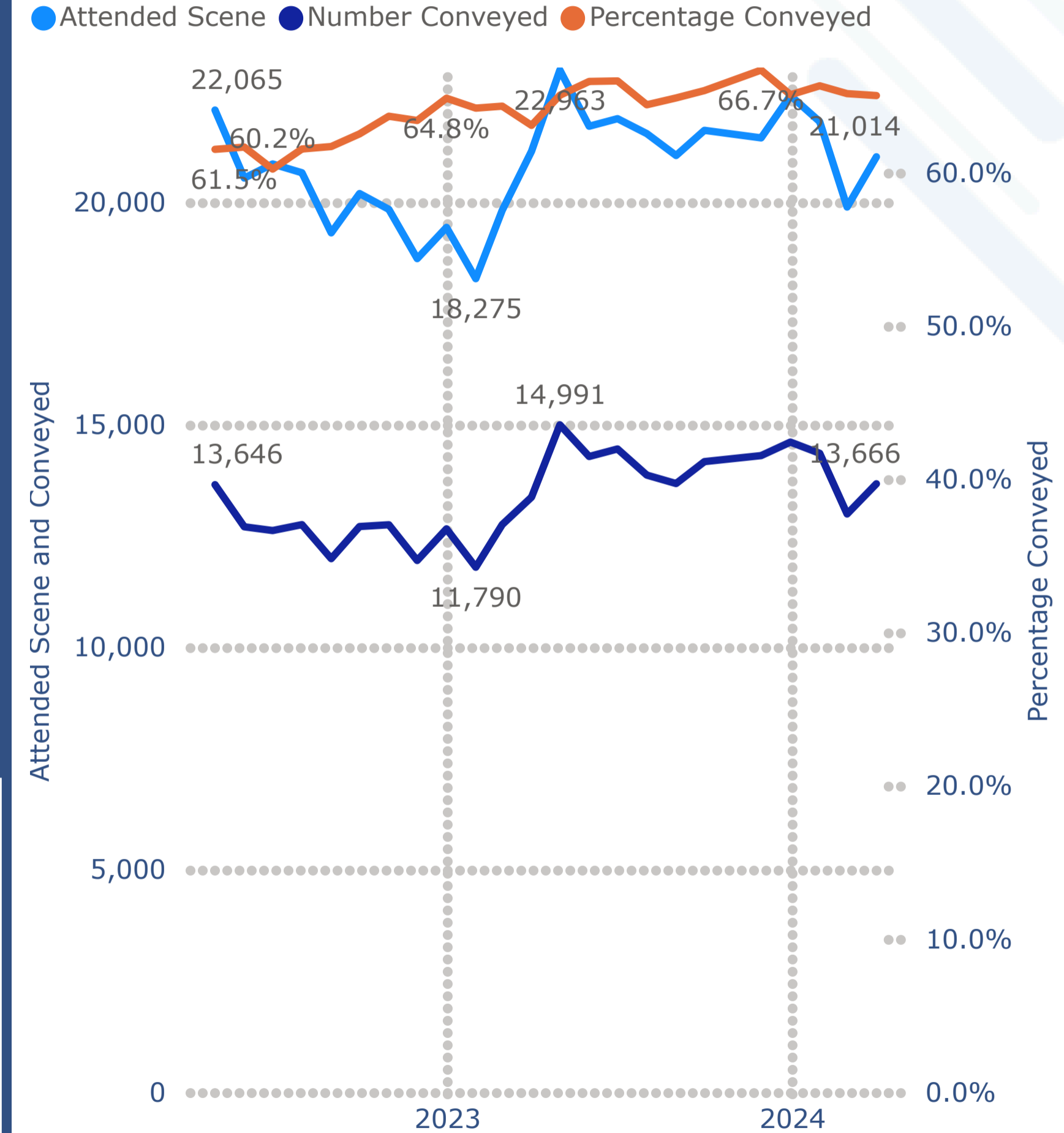
Number of patients conveyed to hospital



Percentage of patients conveyed to hospital



Attended Scene and Conveyance



Ambulance Service Indicators

Step 5: Take me to hospital | Conveyance

Filter Selection

Year

Local Health Board

- [← Back to main page](#)
- [← Take me to hospital summary](#)
- [← Take me to hospital lost hours](#)

Tier 1



Major Emergency Departments

12,712
Total Conveyed

Arrival to Handover	
2,170 # <15m	17.0% % <15m
Handover to Clear	
11,069 # <15m	84.0% % <15m

Tier 2



Minor Injury Units

974
Total Conveyed

Arrival to Handover	
7 # <15m	13.3% % <15m
Handover to Clear	
23 # <15m	57.1% % <15m

Tier 3



Major Acute Units

428
Total Conveyed

Arrival to Handover	
61 # <15m	10.5% % <15m
Handover to Clear	
216 # <15m	26.4% % <15m

Other



Maternity / Mental Health

244
Total Conveyed

Arrival to Handover	
0 # <15m	0.0% % <15m
Handover to Clear	
0.00 # <15m	0.0% % <15m

Notes: # = Number | % = Percentage | Patient handover should occur within 15 minutes from vehicle arrival, the vehicle should then be free within 15 minutes from handover.

Ambulance Service Indicators

Step 5: Take me to hospital | Lost hours

Filter Selection

Year

March 2024

Local Health Board

All



Back to main page



Take me to hospital overview



Take me to hospital summary

Tier 1



Major Emergency Departments

22,890.98

Total Lost Hours

Tier 2



Minor Injury Units

7.77

Total Lost Hours

Tier 3



Major Acute Units

513.52

Total Lost Hours

Other



Maternity / Mental Health

(Blank)

Total Lost Hours

23,412.26

All Lost Hours

Notes: Lost hours is the time a vehicle is waiting to handover a patient over and above 15 minutes