

# Ambulance and 111 Quality and Safety Dashboard

Latest Data Loaded Sept, Oct, Nov 2024

Quality and Patient Safety Sub-Committee  
03/02/2025

Agenda item 4.2.1  
Appendix 1



# Purpose

## The Duty of Quality

- The Committee has a responsibility to support the delivery of Emergency Ambulance Services, and therefore must do so with a view to securing improvement in the quality of the services provided.

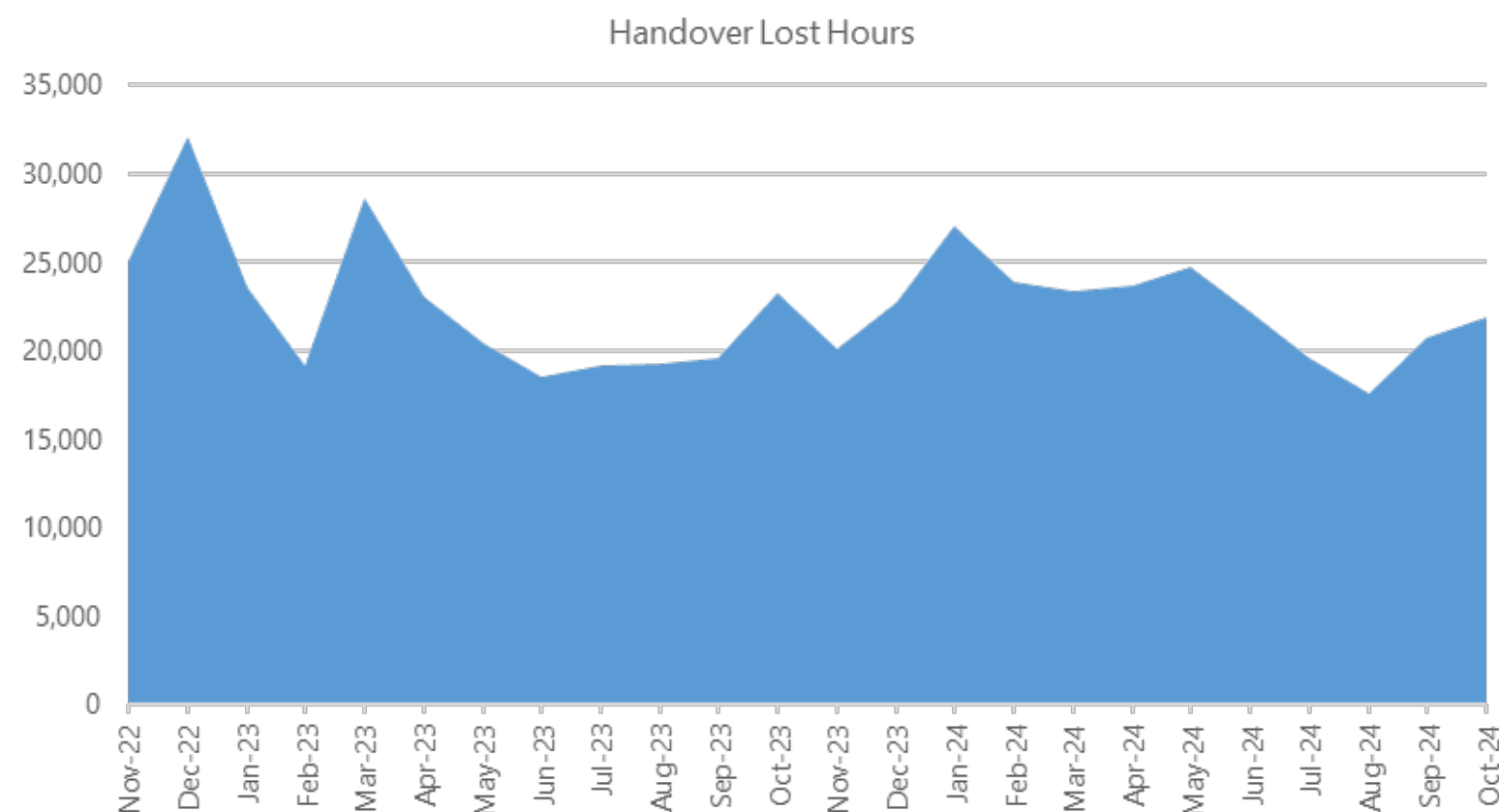
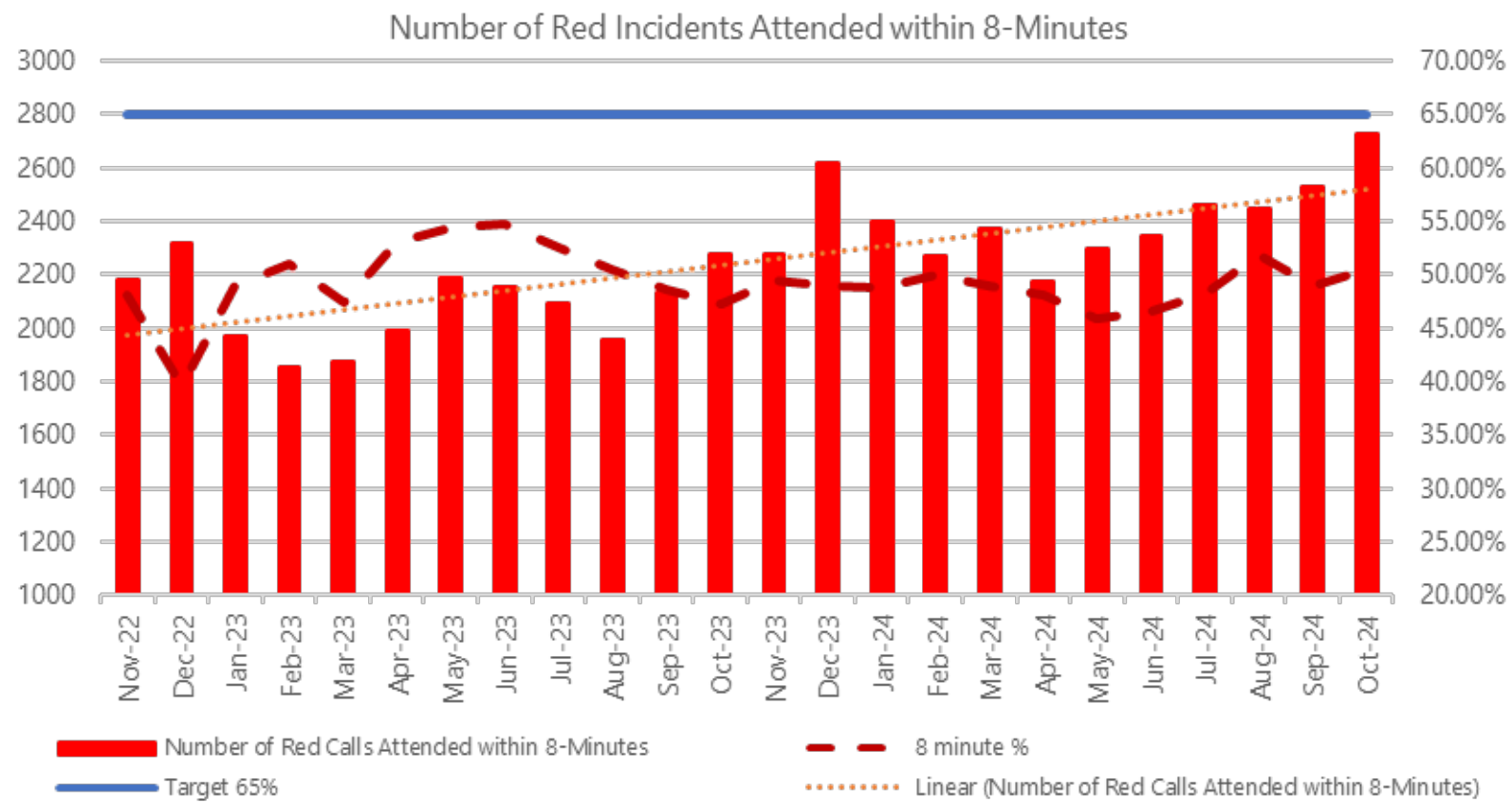
## The Duty of Candour

- The Committee has a responsibility to ensure Emergency Ambulance Services are identifying and learning from incidents that have caused harm and supporting the development of initiatives to stop similar incidents from happening again.

The purpose of this report is to ensure both requirements are addressed and to inform the Committee of progress in improving quality of Emergency Ambulance Services.



# 999 Services



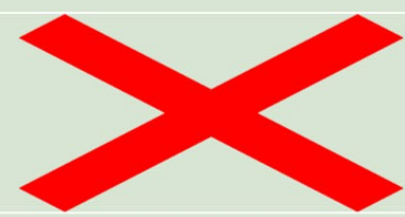
- The Trust has not reached the 65% target, but is reaching more **red patients in 8 minutes**, as overall red demand increases (18.6% higher than same period last year).
- **84% of CHARU posts filled. Further action planned to reach 95% benchmark.**
- Ambulance **production** is good,
  - EA production 93% (Apr-Sep), benchmark 95%.
  - Abstractions just about benchmark (30%) at 32% (Apr-Sep).
- **Handover** levels remain extreme. The Trust lost >20,000 ambulance hours in Sep-24, higher than Apr-23. Rosters are predicated on 6,000 hours.



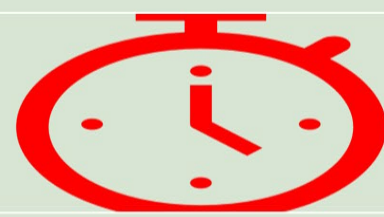
# 999 Services



16,522 waiting over an hour outside ED, with 1,488 estimated to be coming to severe harm (AACE)



28,668 patients where WAST unable to send ambulance or patient cancels ambulance



23 serious cases including death arising from extended response times in community

- Significant **avoidable patient harm** caused by extended community waits and waits outside EDs. In the 3 months reported:
  - c16,000 waits over 1 hour outside ED
  - 23 serious cases passed to HBs through joint investigation framework
- Significant **unmet demand** with between a third and a quarter of incidents cancelled by the patient or 'can't send'.
- 28 **NRIs** reported by the Trust to WG, during first seven months of 24/25.

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





Amserol  
Timely



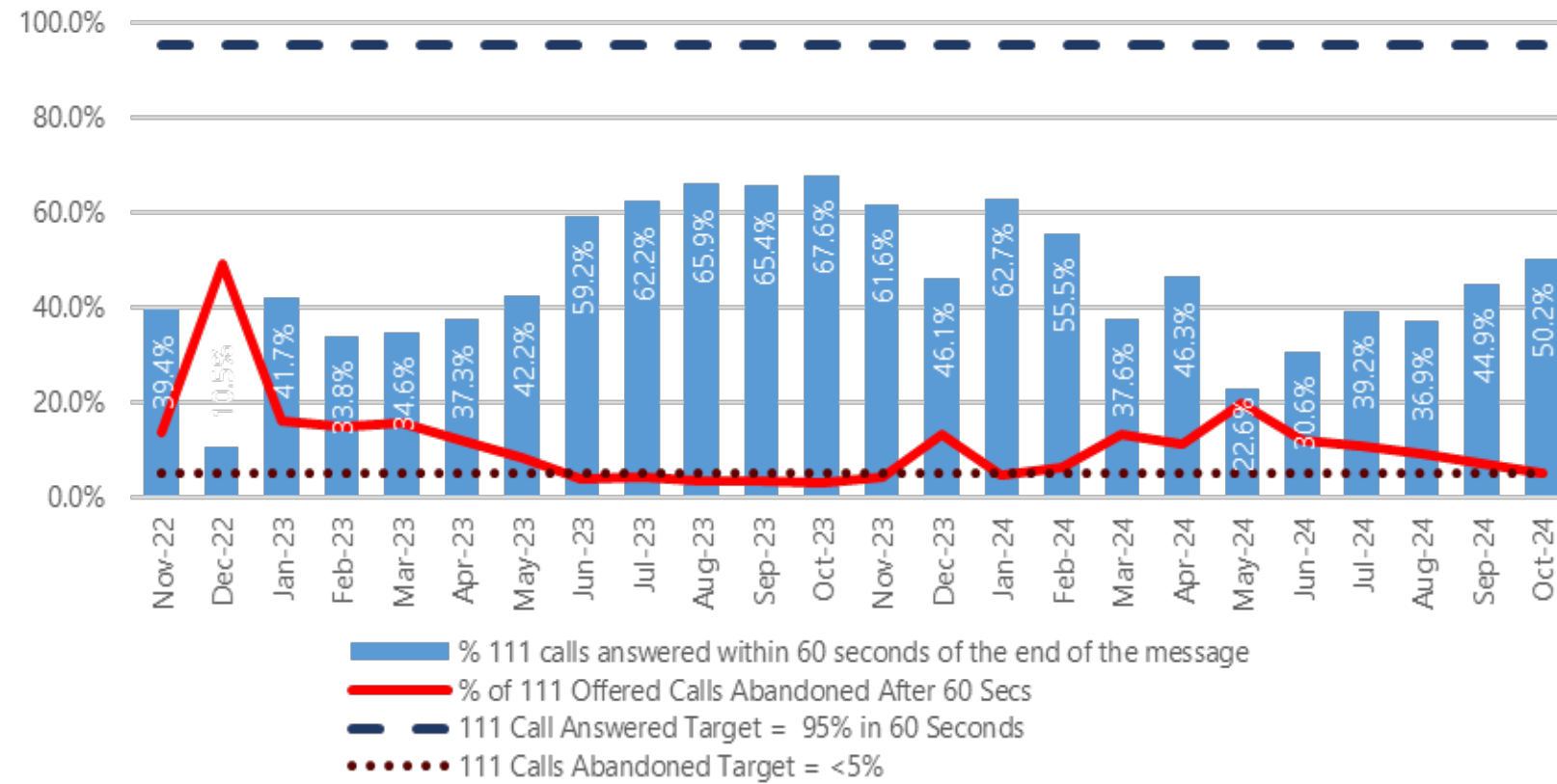
Effeithlon  
Efficient



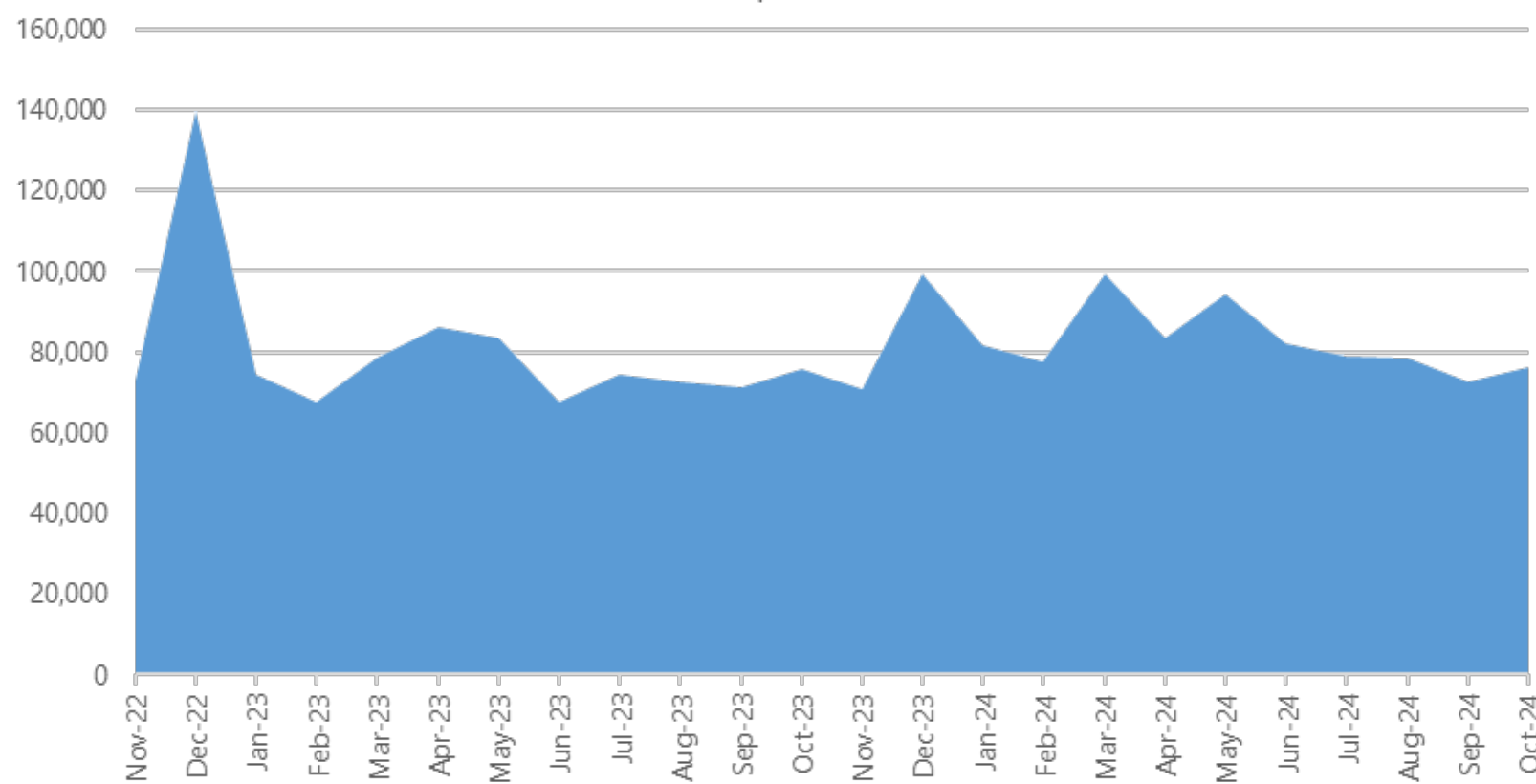
Effeithiol  
Effective

# 111 Service

NHS111 Calls Answered vs Calls Abandoned within 60 Seconds



Total NHS111 Calls Expected to be Answered

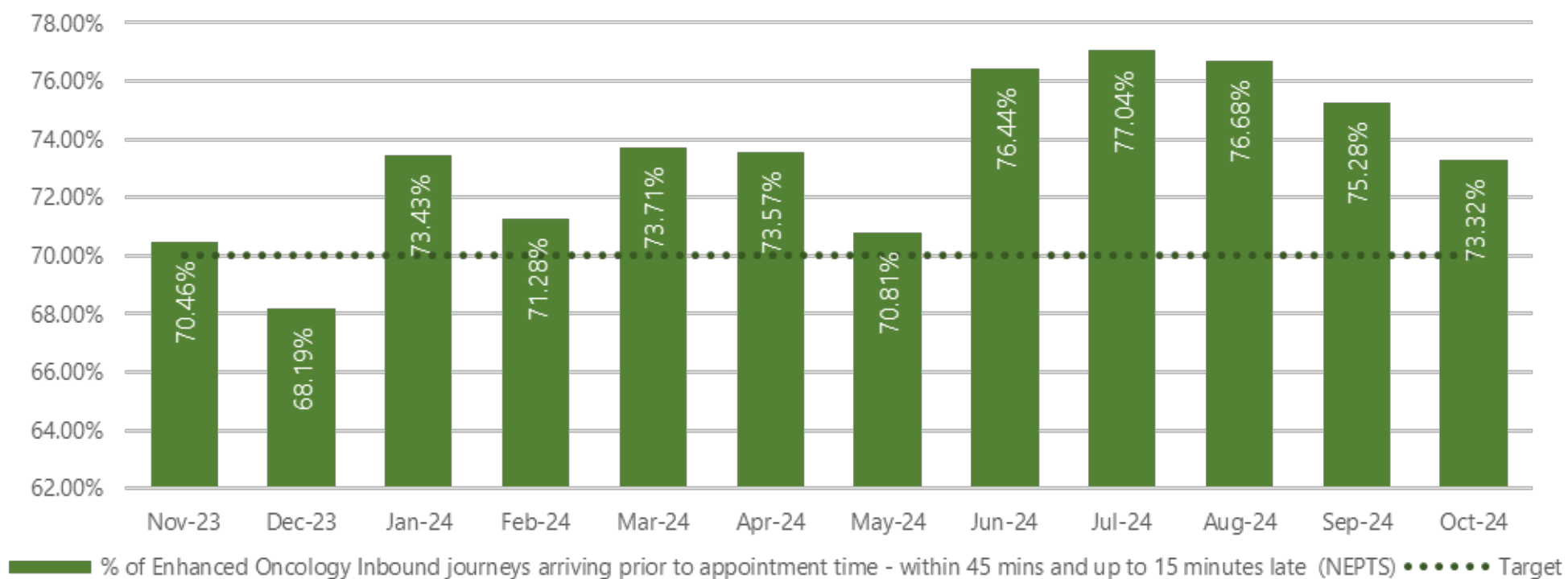


- Significant improvement in **call answering** and **clinical ring back** times in first part of year, through focus on improving production and productivity.
- **Demand is stable** (up 2.2%, comparing Q2 year on year), which if sustained into 2025/26 could see performance degrade (also the commissioned level of call handlers is -4% for 24/25).
- Trust **delivered a new 111CAS** at pace and on time (30 Apr-24) with 111 call handler levels expected to return to full establishment in Nov-24 and to be maintained through the winter.
- Range of actions being deployed now and through winter: **medicines management**, access to **EMS pathways**, access to **GMS** service (health board hubs) etc.
- 111 website: 2 **specialist contractors** being recruited to support content design, development of business case and an integrated chatbot functionality.

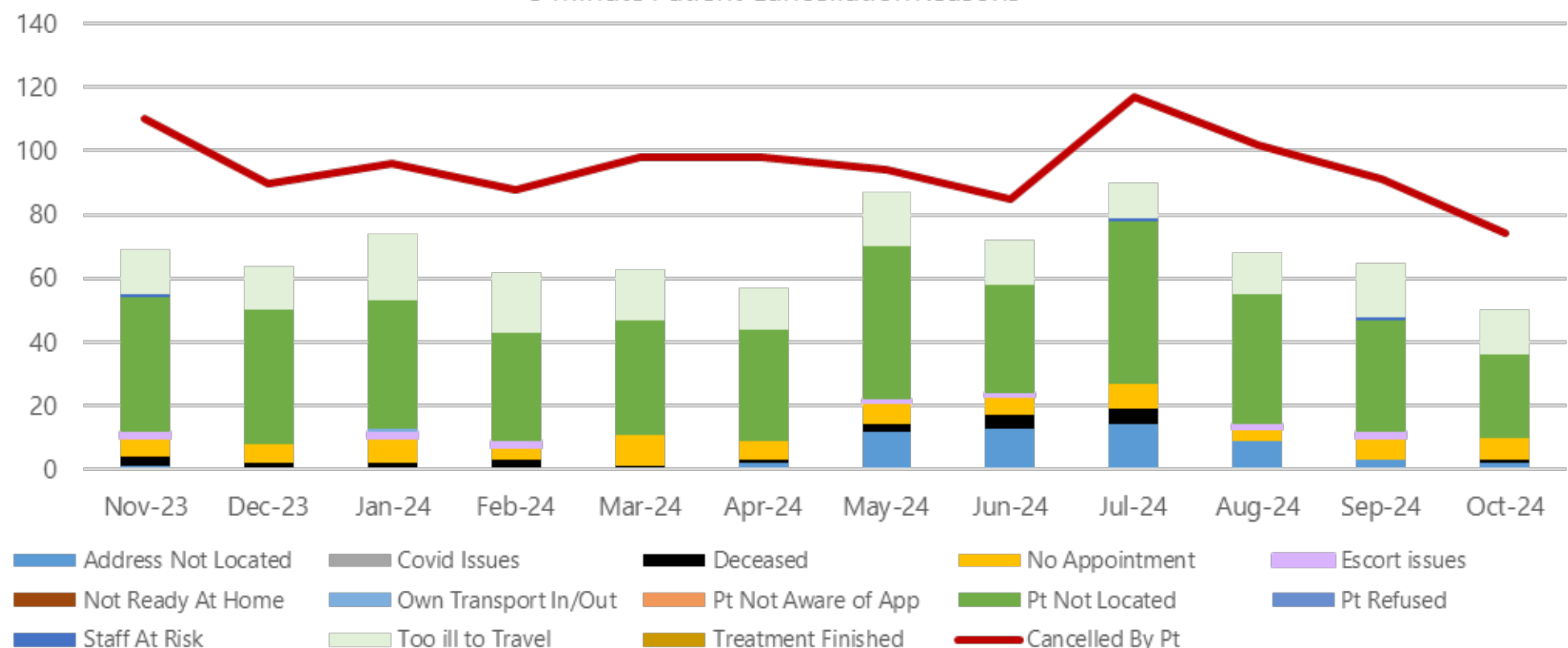


# Ambulance Care Services

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



<5 Minute Patient Cancellation Reasons



## Quality

- Continued focus on use of digital technology for messaging comms and booking scripts to improve patient experience.
- New tighter code set of UCS crews introduced to focus on core work and their scope of practice.

## Efficiency

- 72% of discharge & transfer journeys **booked on the day**.
- 17% of D&T journeys booked were **cancelled**.
- Patient appointments often cancelled without cancelling transport. Work is underway with Hywel Dda to **connect ICT systems**.
- Pre-work on **full NEPTS roster review** completed.



# Emergency Medical Retrieval and Transfer Service

There is significant additional work for the Ambulance and 111 Services Commissioning Team to respond to the judicial review. Committee Members have previously been appraised of the limited capacity in the team for its 'business as usual' requirements. The team alongside the wider JCC team is working to mitigate this but capacity will be fragile in the short to medium term.

There are public and political expectations on the delivery of Recommendation 4, (the bespoke road based model). The sub-committee will need to recognise this whilst it progresses this work alongside its broader commissioning responsibilities.

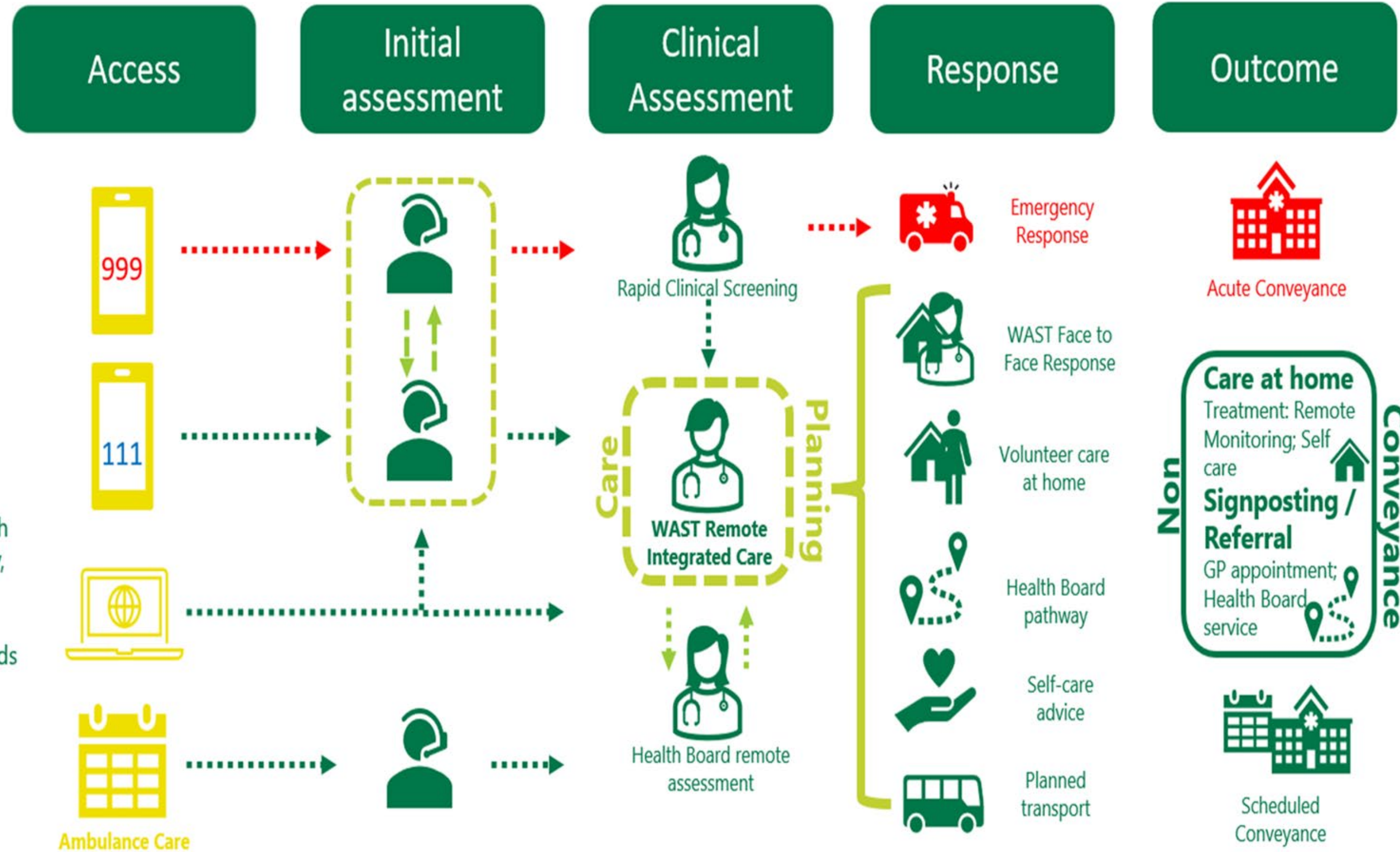


# Concerns and Patient Safety

- The improvement in complaints timescales continues with WAST exceeding the minimum target of 75% 30 working day compliance for the first time in several years.
- Acknowledgement of formal complaints is also fully compliant with the national timescales. It is anticipated that 30 working day compliance will begin a temporary decrease as the team begins to focus on resolving long-standing complaints and the total number of open cases.
- Serious Case Incident Forums (SCIF) themes consistently relate to delayed response and call categorization, predominately ineffective breathing which is being discussed at national ambulance forums as a consistent theme.
- All patient safety incidents graded moderate or above will continue to be reviewed by the Patient Safety Team, who will consider the requirement to enact the Duty of Candour and contact patients and families as appropriate.

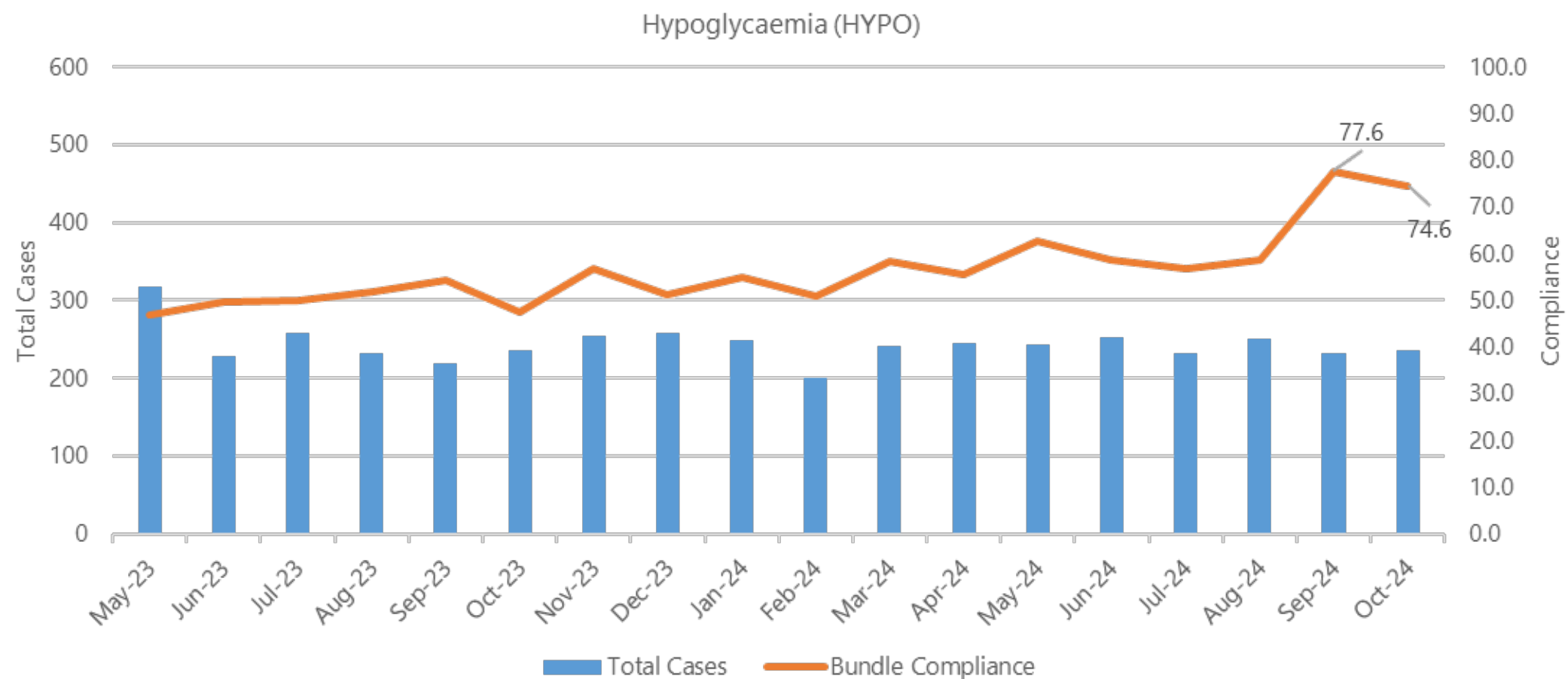
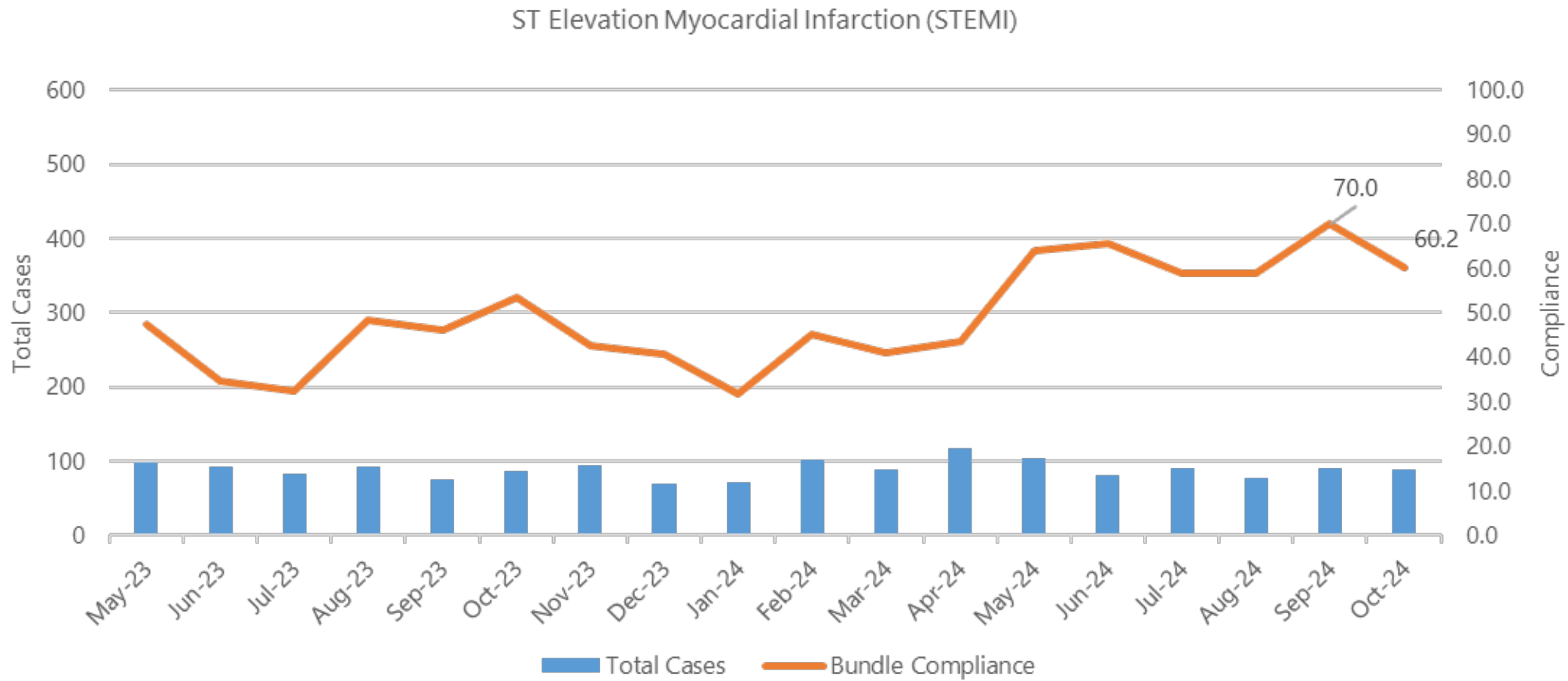


# Clinical Model Transformation





# Clinical Outcomes



- The **Clinical Indicator Improvement Plan** is taking effect. Review work in this space identified good clinical practice, but required improvements to ensure correct completion of the ePCR.
- The ROSC continues to fluctuate due to the small numbers, but work to connect WAST data to the **Welsh Cardiac Database** well advanced.
- For the broader intention of **linking patient-level data**, WAST and DHCW IG experts have crafted a document which will set out the legal basis and IG requirements for sharing identifiable data for analysis of whole patient journeys.
- The Trust continues to report **call to door times** as part of its duty of candour. These are too long, in line with longer amber response times.