

# Ambulance Services and 111 Quality and Safety Dashboard

Latest Data Loaded Jan, Feb, Mar 2025

JCC Quality, Safety and Outcomes Sub- Committee 02/06/25

Agenda item  
Appendix



# Introduction

The purpose of this dashboard is to update Members of the Sub Committee on specific areas related to the work of the Director of Commissioning for Ambulance & 111



# Measures

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- 2 % of P1CT that received a call back by a clinician within 1 hour
- 3 95<sup>th</sup> Percentile 999 Call Answering Times
- 4 Number of Patients with No Send or Cancelling Ambulance

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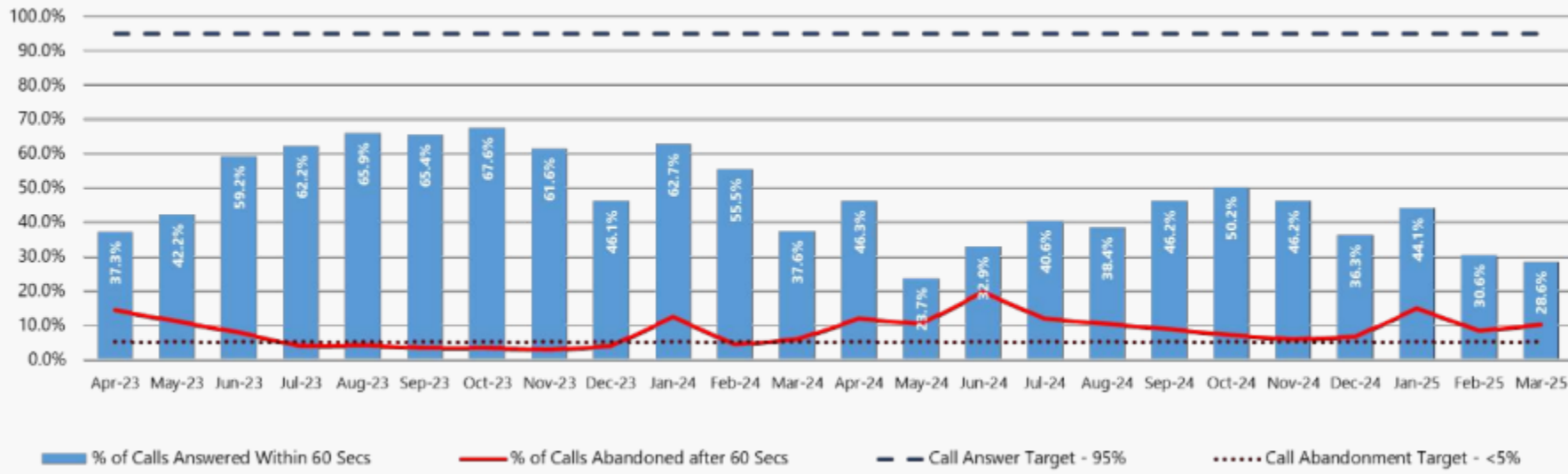
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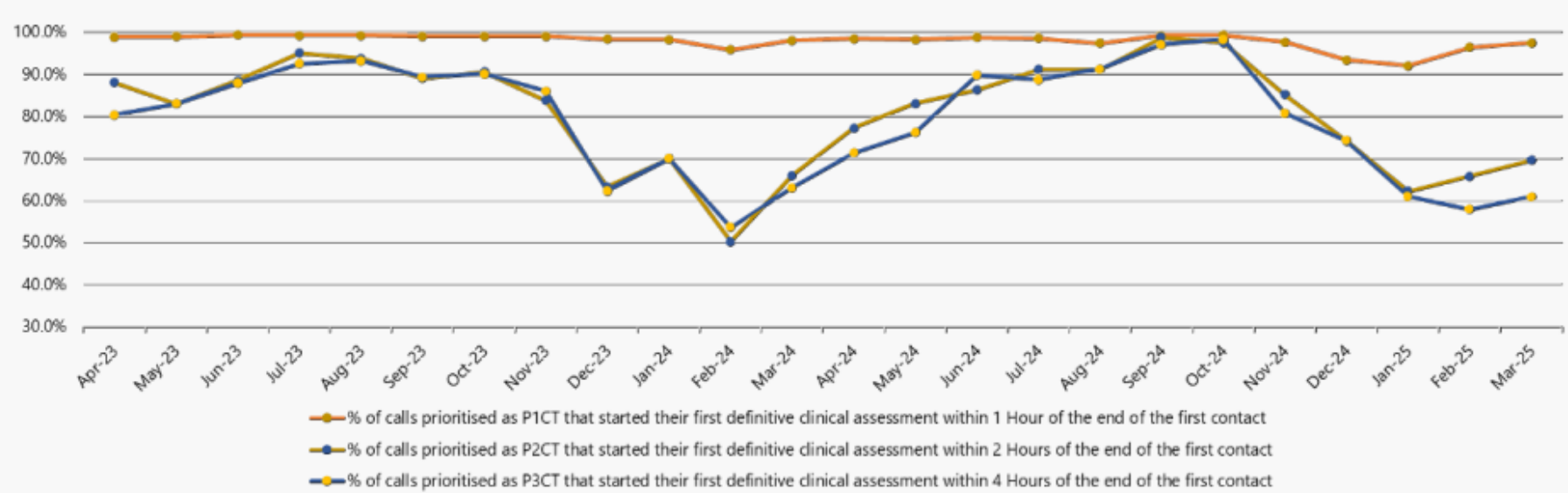
NHS111 Calls Answered vs Calls Abandoned within 60 Seconds



**Measure 1: % of 111 calls answered within 60 seconds**

The 111-call abandonment rate increased to 11.2% in March 2025 from 10.1% in February 2025. The percentage of 111 calls answered within 60 seconds decreased, from 30.6% in February 2025 to 28.6% in March 2025 and continues to remain significantly below the 95% target.

111 Timely Clinical Triage of Patients



**Measure 2: % of P1CT that received a call back by a clinician within 1 hour**

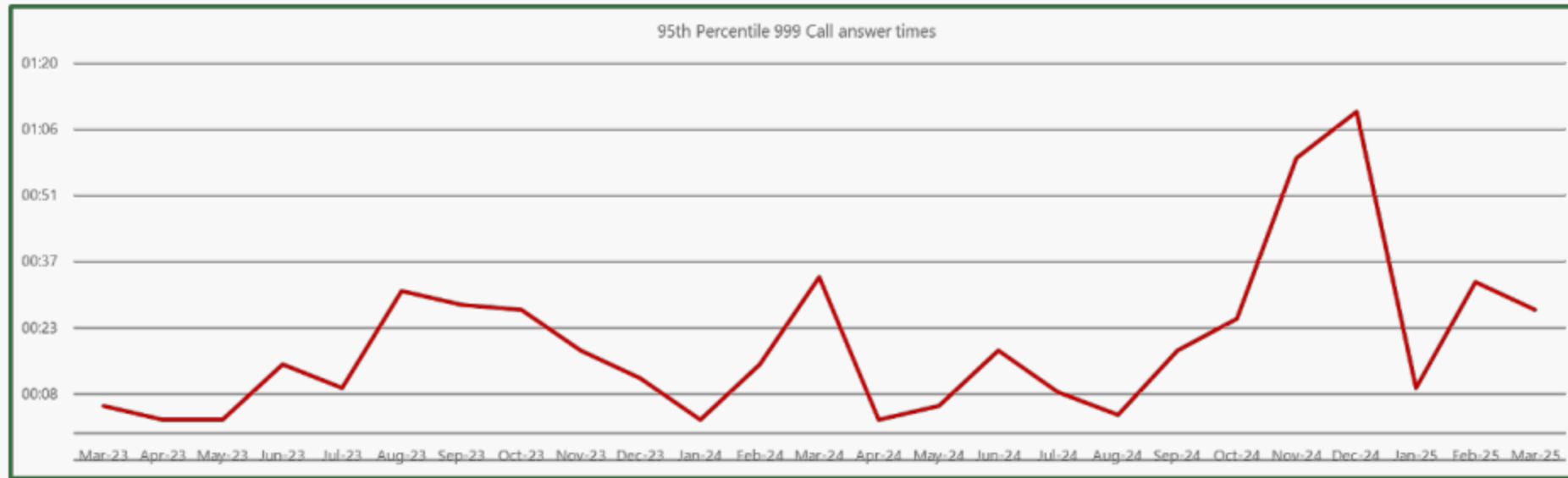
The highest priority calls, P1CT, achieved the 90% target, recording 97.5% in March 2025. Ring back times for lower category calls did decline between October 2024 and January 2025, linked to a higher-than-average level of clinician sickness absence and an increase in demand. Improvement actions include a focus on recruitment and a demand/ capacity review.

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## Measure 3: 95<sup>th</sup> Percentile 999 Call Answering Times

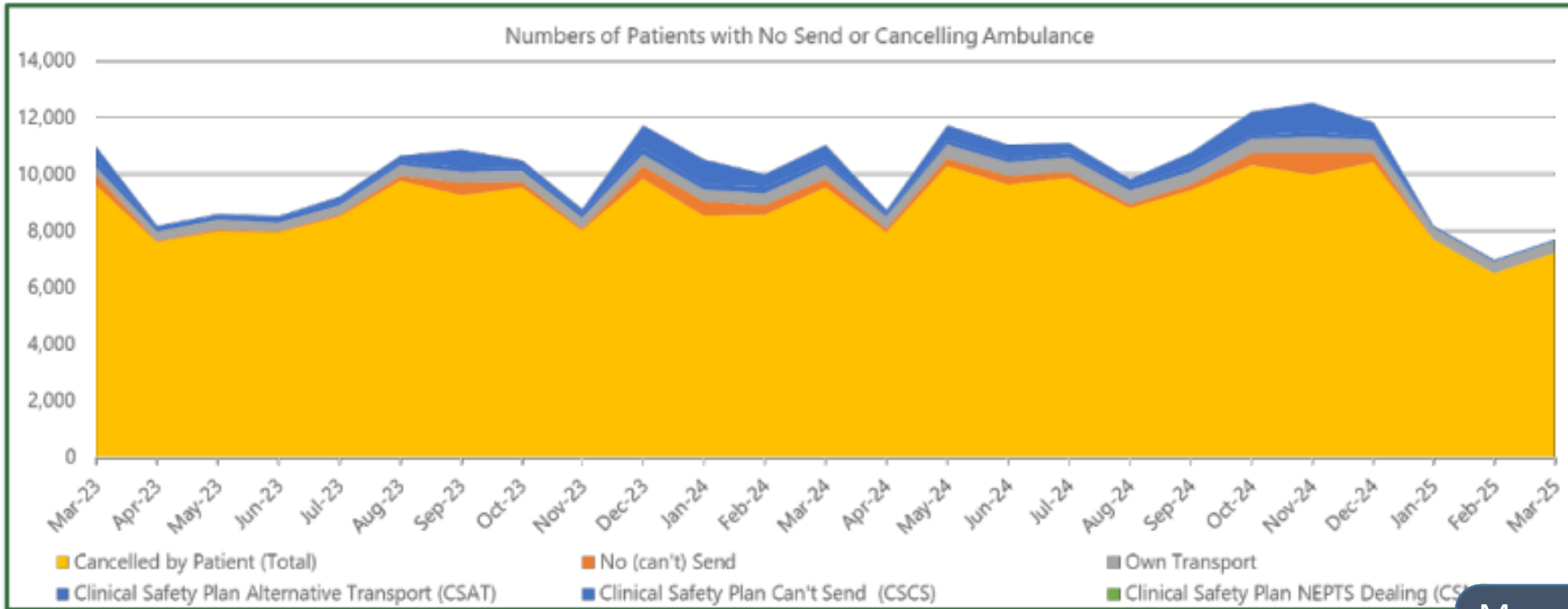
The 95<sup>th</sup> percentile 999 call answering performance decreased to 27 seconds in March 2025 and failed to achieve the 6 second target. There was increase in demand in March 2025 to 42,315 calls from 37,911 in February 2025. Sickness levels saw a slight decrease from 10.62% in February 2025 to 9.99% in March 2025. Improvement actions include a focus on recruitment and identifying the cause of high sickness levels.

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## Measure 4: Number of Patients with No Send or Cancelling Ambulance

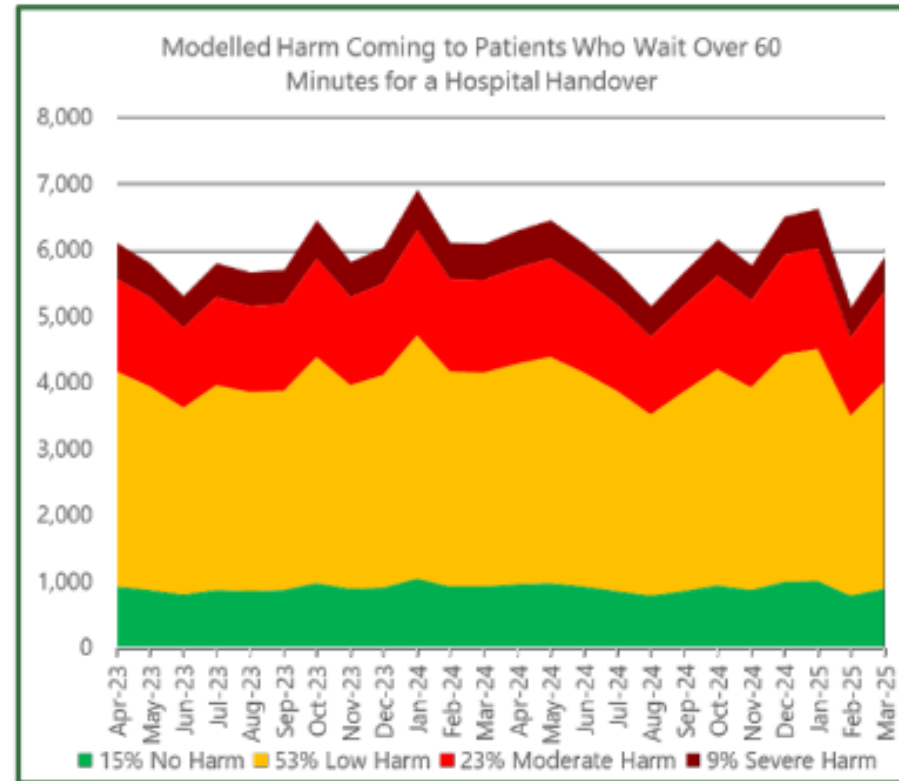
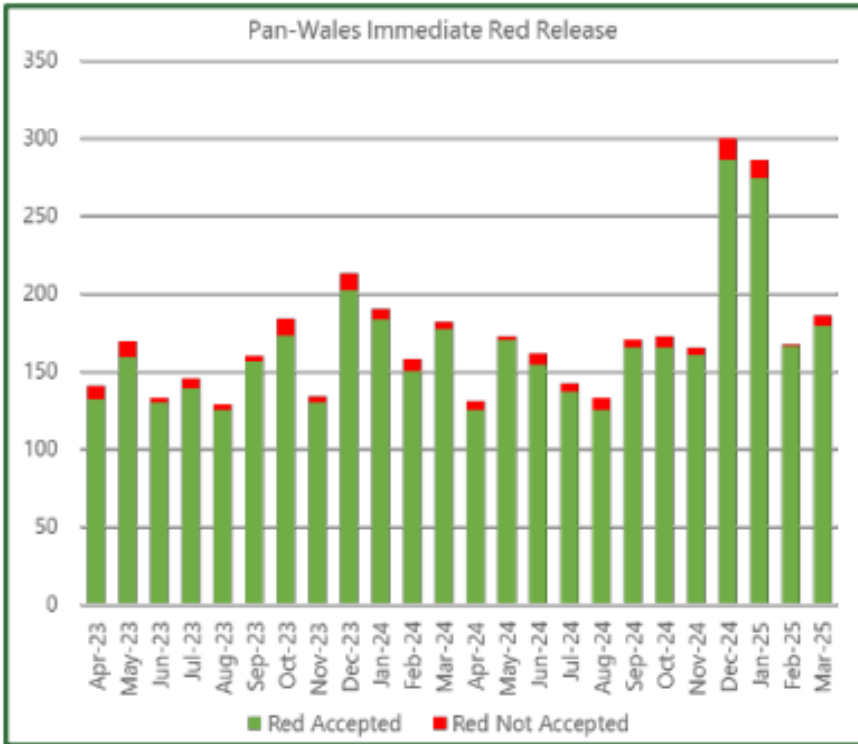
In March 2025, 73 ambulances were stopped due to Clinical Safety Plan (CSP) alternative transport. In addition, 7,229 ambulances were cancelled by patients (including patients refusing treatment at scene) an increase from the 6,499 in February 2025.

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There were 769 requests made to Health Board EDs for immediate release of Red or Amber 1 calls in March 2025. Of these 179 were accepted and released in the Red category, with 7 not being accepted. Further to this, 183 ambulances were released to respond to Amber 1 calls, but 400 were not. 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

The lower graph shows that in March 2025 of the 5,903 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% (885 patients) would experience no harm, 53% (3,128 patients) would experience low harm, 23% (1,357 patients) would experience moderate harm and 9% (531 patients) would experience severe harm. (Modelling undertaken by the Association of Ambulance Chief Executives)

## Providing Safe Care

Assurance that WAST is providing safe care is limited due to the impact of resource availability resulting from prolonged handover delays. This remains the highest risk on the JCC risk register and work is ongoing to support a collaborative approach in managing this.

Assurance that WAST is providing 'safer' care is being shaped through the introduction of Clinical Navigators, the implementation of Rapid Integrated Care and through clinical audit and supervision.

Work is ongoing to develop quality measures for 111, however a number of challenges have arisen due to the integration of systems. WAST's digital strategy is ambitious and reliant on an NHS Wales approach to moving forward in developing integrated systems that can communicate.

# Emergency Ambulance Service

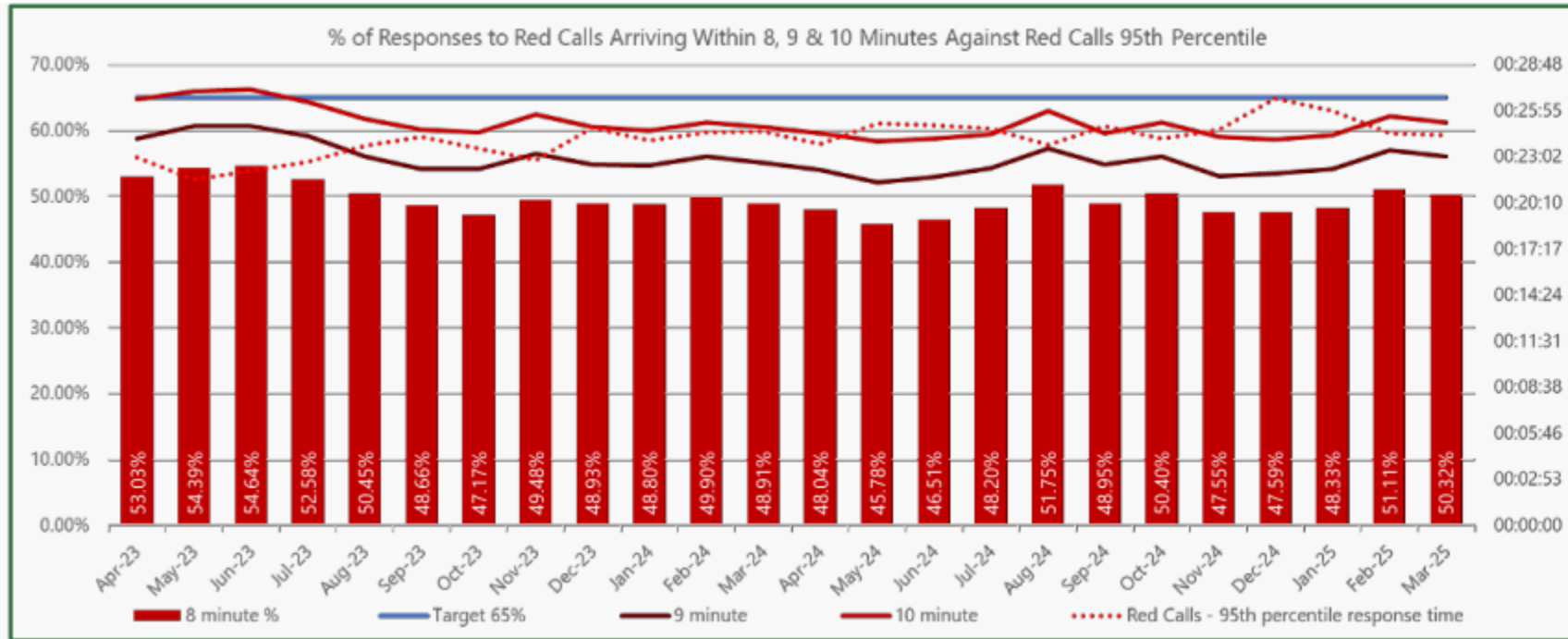


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## Measure 5: Red Response times



Red 8-minute performance continues to remain below the 65% target slightly decreasing in March 2025 to 50.32% from 51.11% in February. Red 10-minute performance for March 2025 was 61.2%, which is marginally above the 2-year average (61.2%). One of the main determinants is red demand, which has increased over the last few years, with red demand in March 2025 being 9.32% higher than that seen in March 2024.

Improvement plans include maintaining commissioned establishment in post levels (March 91% UHP), full roll out of the Cymru High Acuity Response Unit (CHARU) and deployment of Rapid Clinical Screening.

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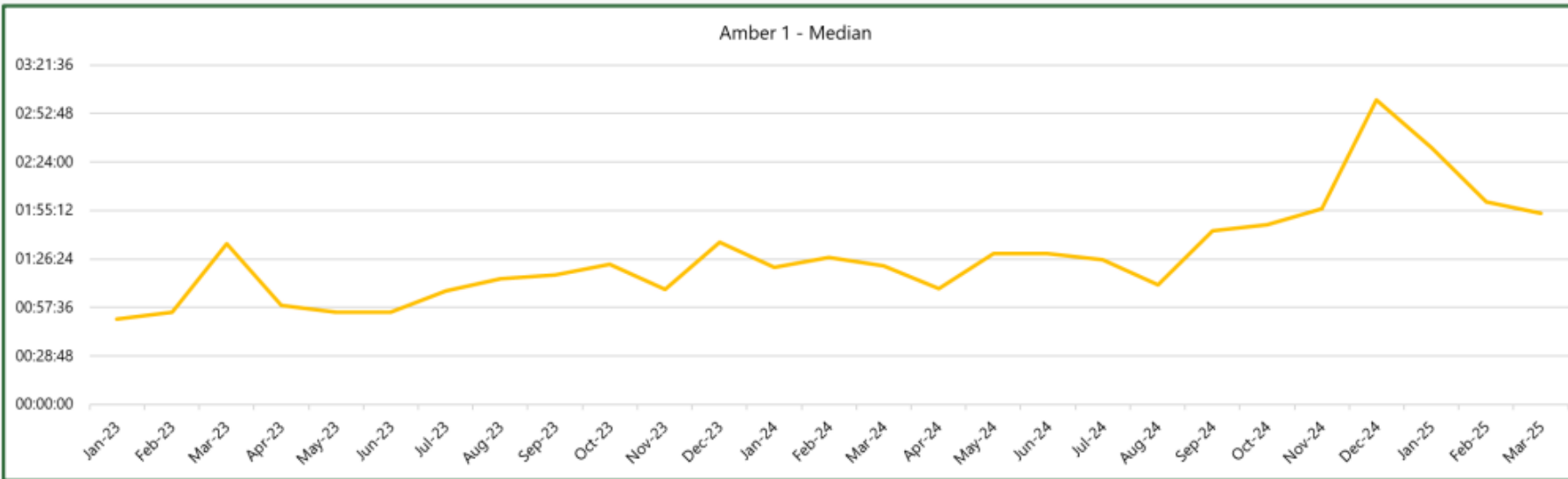


## Measure 6: Amber Median

The Amber 1 median performance time decreased during March 2025 to 1 hour and 53 minutes compared to 2 hours in February 2025. The ideal Amber 1 median response time remains at 18 minutes.

As with Red, there is a strong correlation between Amber performance and lost hours due to handover delays. Improvement plans include those related to Red performance. A Welsh Government review of Amber response times is due to start imminently.

Amber 1 - Median



# Emergency Ambulance Service

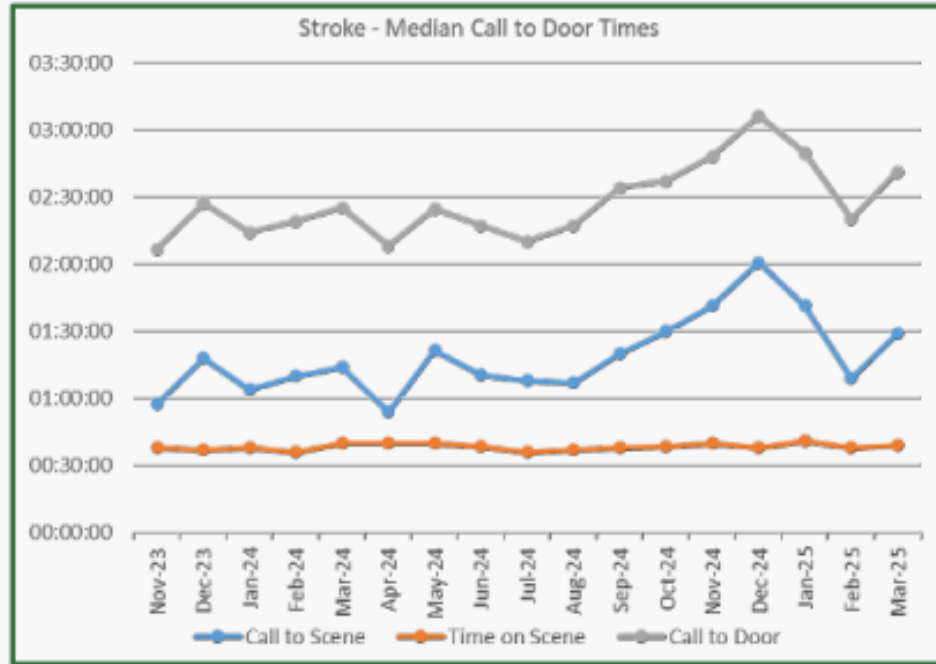


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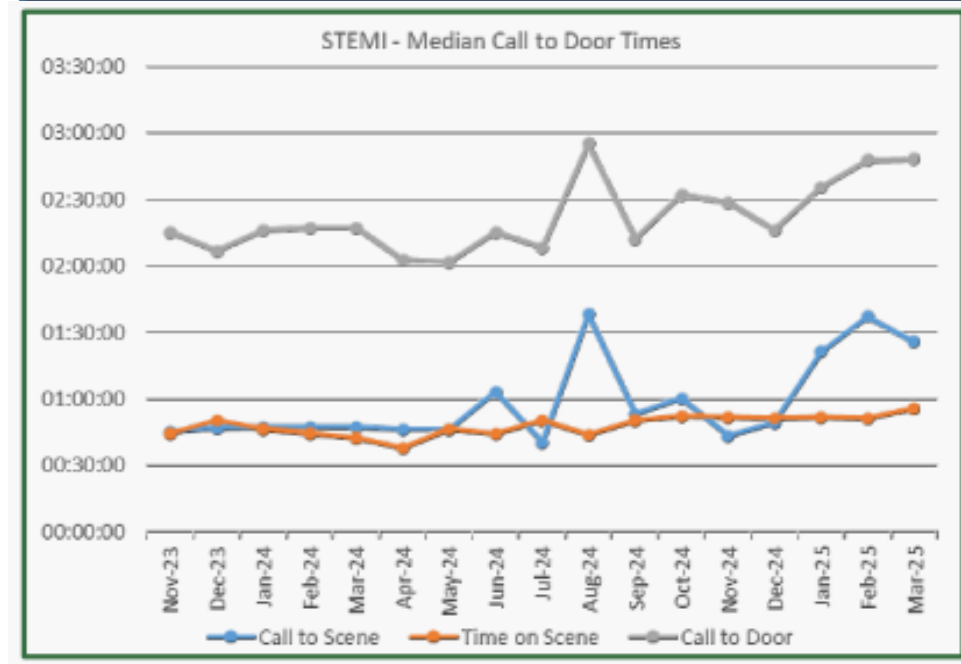
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## Measure 7: Stroke; Call to Door Times



## Measure 8: STEMI; Call to Door Times



Call to door times for Stroke and STEMI – Although call to door times extended for STEMI during Q1, the corresponding report for stroke improved with the changes both being attributed to the call to door element of the call cycle. There have been changes in the clinical model in this period and more analysis over an extended period will be required to understand the underlying trend and route cause of this.

Improvement plans include

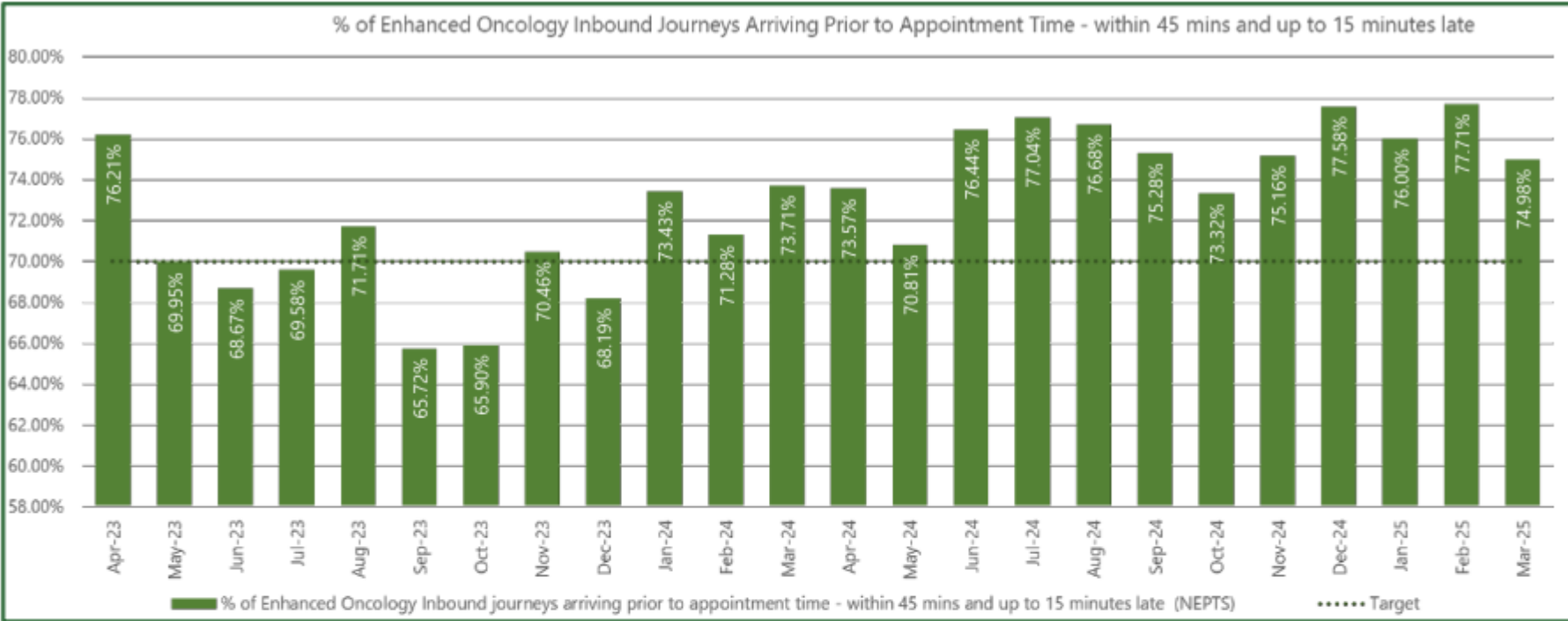
- A recovery plan implemented from April – September 2024 and remains BAU monitored through CIAG to maintain the improvements:
- Continued focus on communication with clinicians to use the bespoke electronic Patient Clinical Record fields (in addition to the narrative).
  - Provided weekly non-compliant 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

# Ambulance Care



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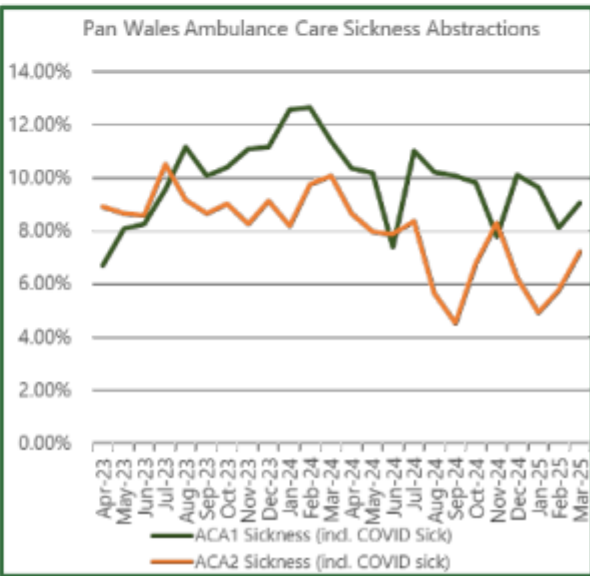
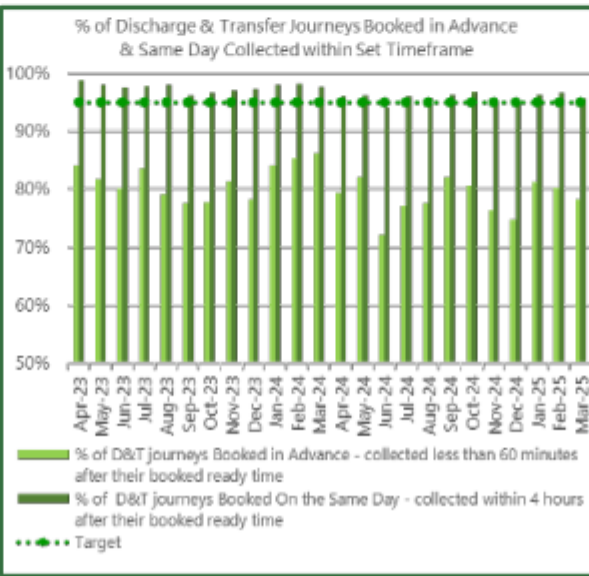
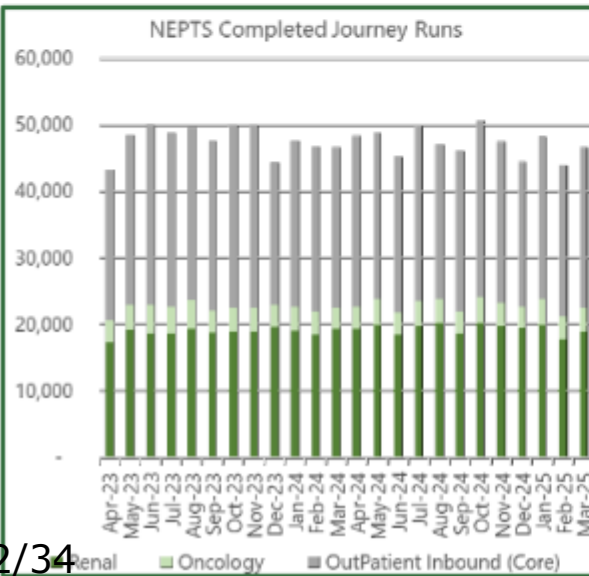
**Measure 9: Oncology journeys arriving within 45 minutes and up to 5 minutes after appointment time**

74.98% of enhanced Oncology journeys arrived within 45 minutes prior and up to 15 minutes late of their appointment time in March 2025, once again achieving the 70% target.

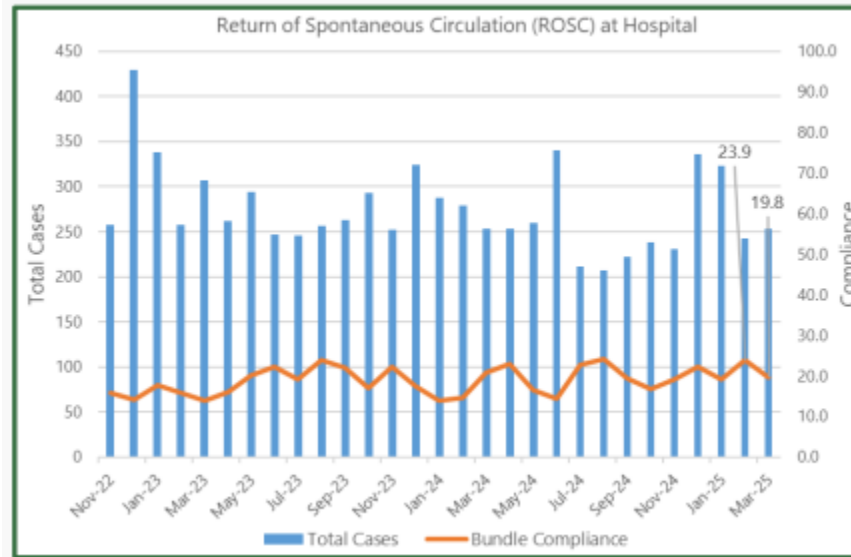
**Measure 10: Advanced Discharge and transfer journeys collected less than 60 minutes after booked time (NEPTS)**

Discharge and Transfer journeys booked in advance and collected less than 60 minutes after their appointment decreased marginally in March 2025 to 78% but remains below the 95% target.

Improvement plans include increased performance on data management and journey recording times, enhanced sickness monitoring and new rosters.

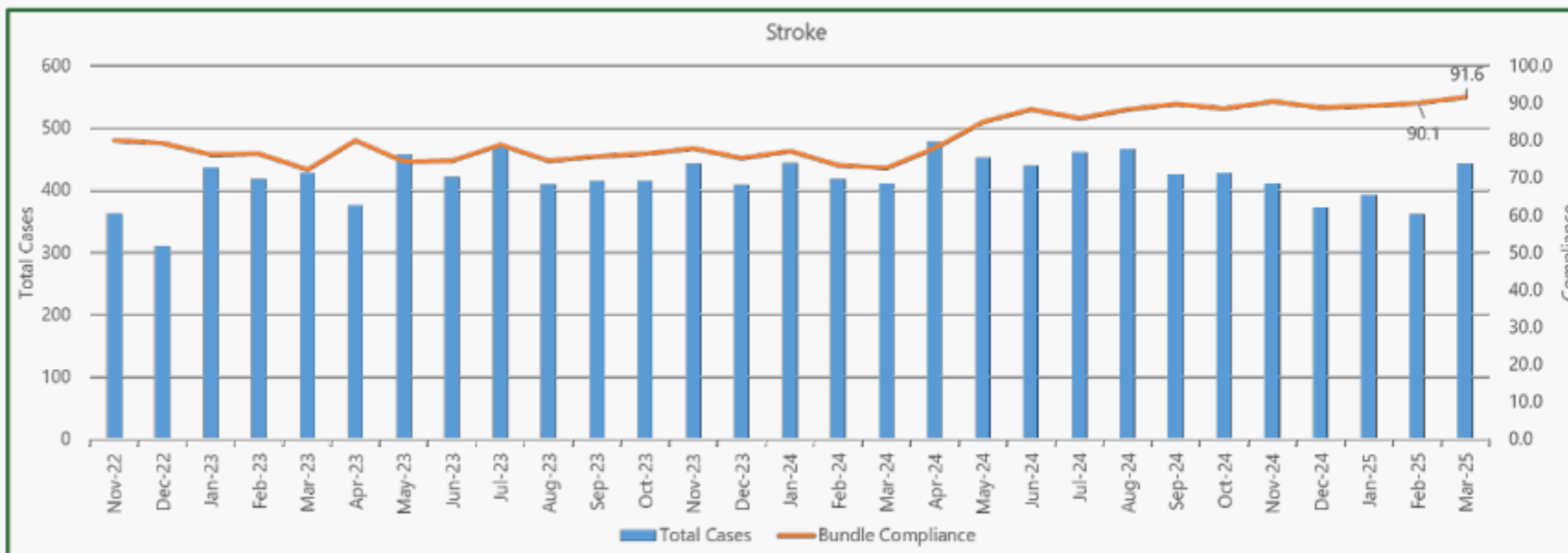


# Emergency Ambulance Services



## Measure 11: Return of Spontaneous Circulation

Return of Spontaneous Circulation at hospital (from cardiac arrest) – 19.76%, a decrease from 23.9% in February 2025.



## Measure 12: Stroke Bundle Compliance

Stroke – 91.6%, a slight increase from 90% in February 2025. There is a close correlation between documenting FAST (a test to detect symptoms of stroke) and care bundle compliance.

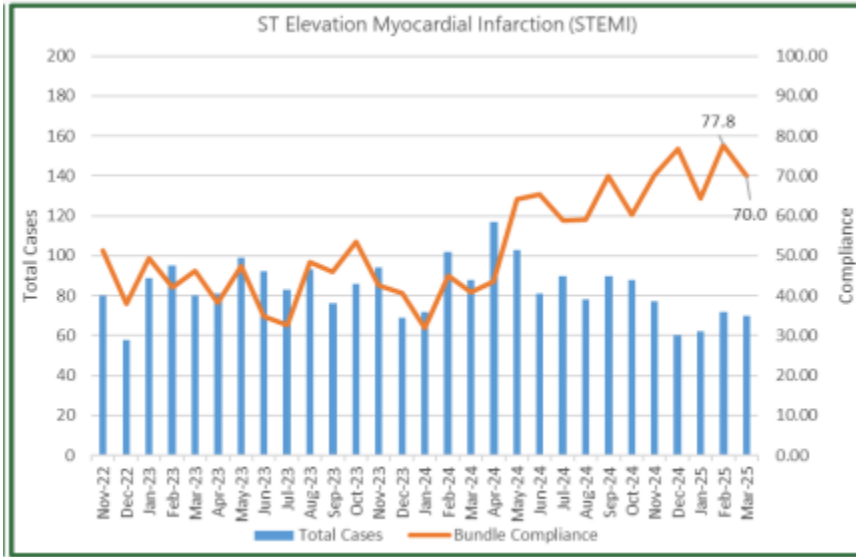
Following the switch to the electronic Patient Clinical Record, the way data is collected has changed. Automated Clinical Indicator reports are generated from data directly inputted by clinicians. Mitigating factors include further work on the design of ePCR and clinician interaction

# Emergency Ambulance Services



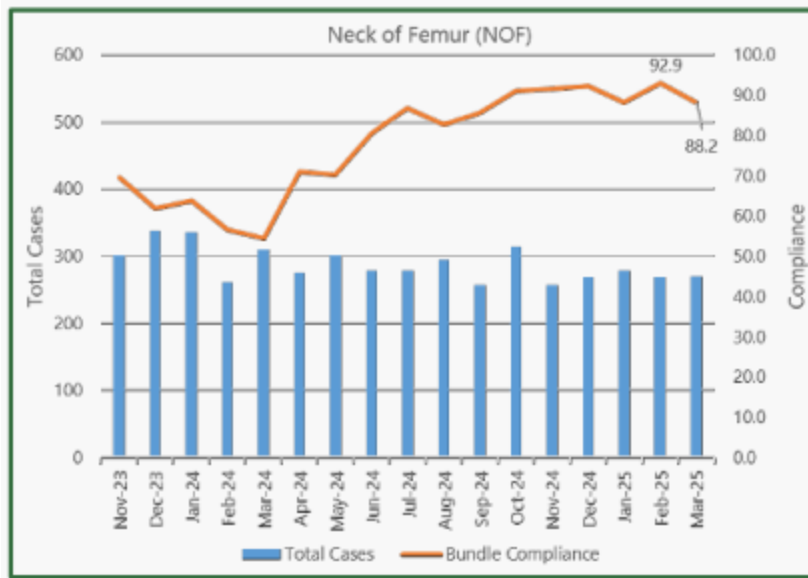
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## Measure 13: ST Elevation Myocardial Infarction

STEMI (heart attack) – 70%, a decrease from 77.8% in February 2025. There has been a decrease in documenting all criteria in Q1, particularly in the pain score and analgesia components. The number of cases remained low (70) therefore, increasing the volatility of the compliance data so this could be natural variance.



## Measure 14: Neck of Femur

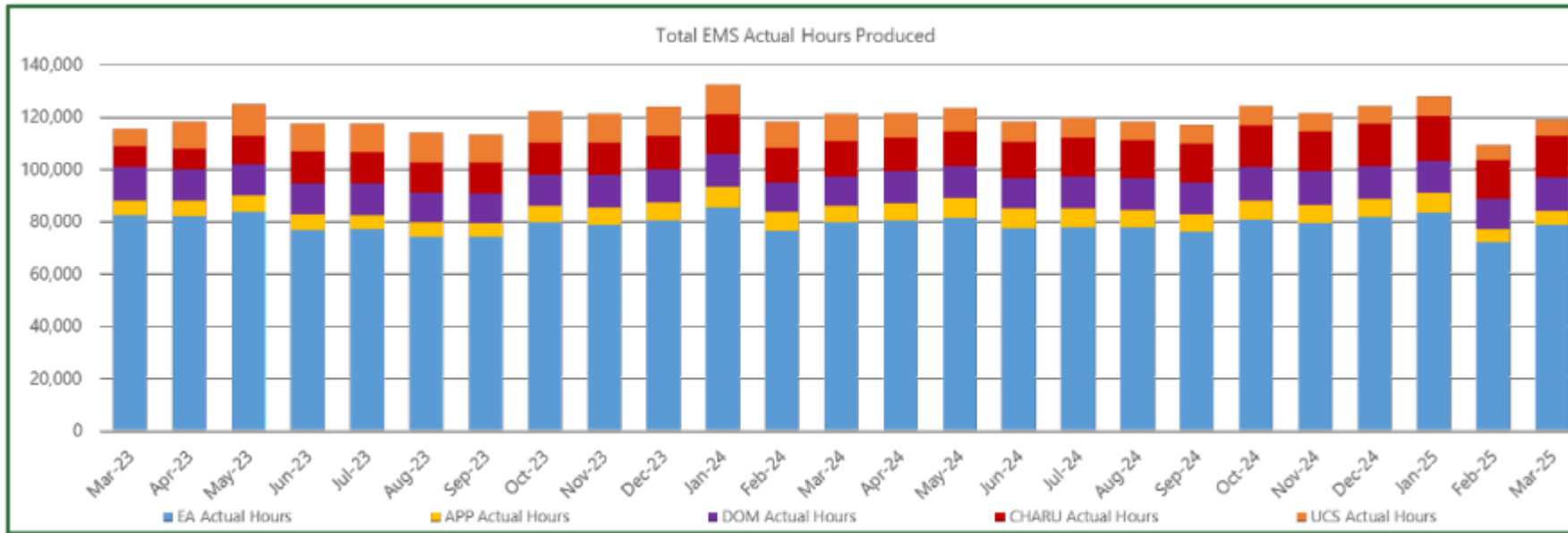
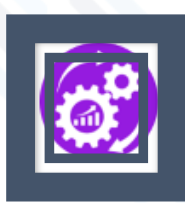
Fractured Neck of Femur (hip fracture) – 88.2%, a slight decrease from 92.9% in February. Only a slight increase in compliance this can be attributed to a decrease in the documenting analgesia and vital signs elements.

# Emergency Ambulance Services



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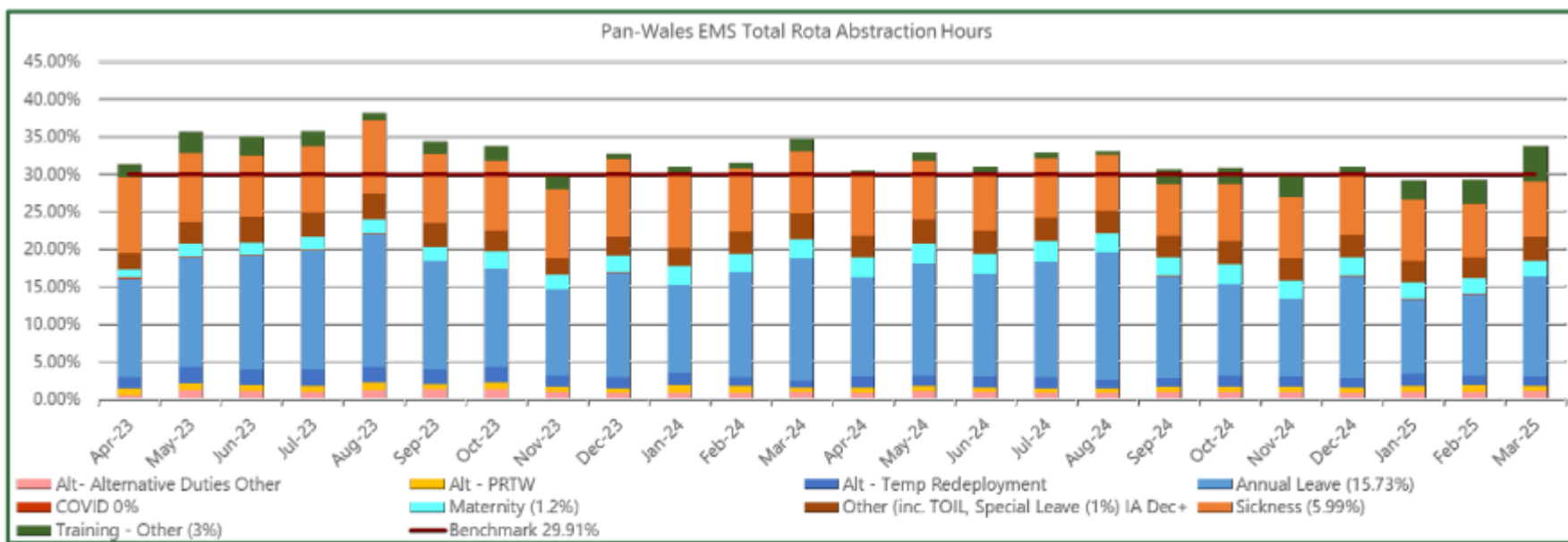


## Measure 15: Ambulance Abstractions and Production Indicators

The total EMS hours produced is a key metric for patient safety. WAST produced 118,812 hours during March 2025, a slight decrease compared to the 121,069 hours produced during March 2024. The Trust is delivering good levels of production.

March 2025, saw total EMS abstractions (excluding Induction Training) of 33.86%. This was an increase on the 29.36% recorded in February 2025 and does not achieve the 29.91% benchmark. The highest proportion of abstractions was due to annual leave at 13.31% followed by sickness at 7.43%

- Improvement plans include
- Continued focus on managing attendance across the Trust and managing abstractions from rosters.
    - 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.

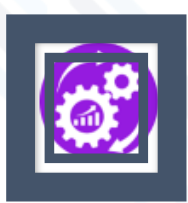


# Emergency Ambulance Services

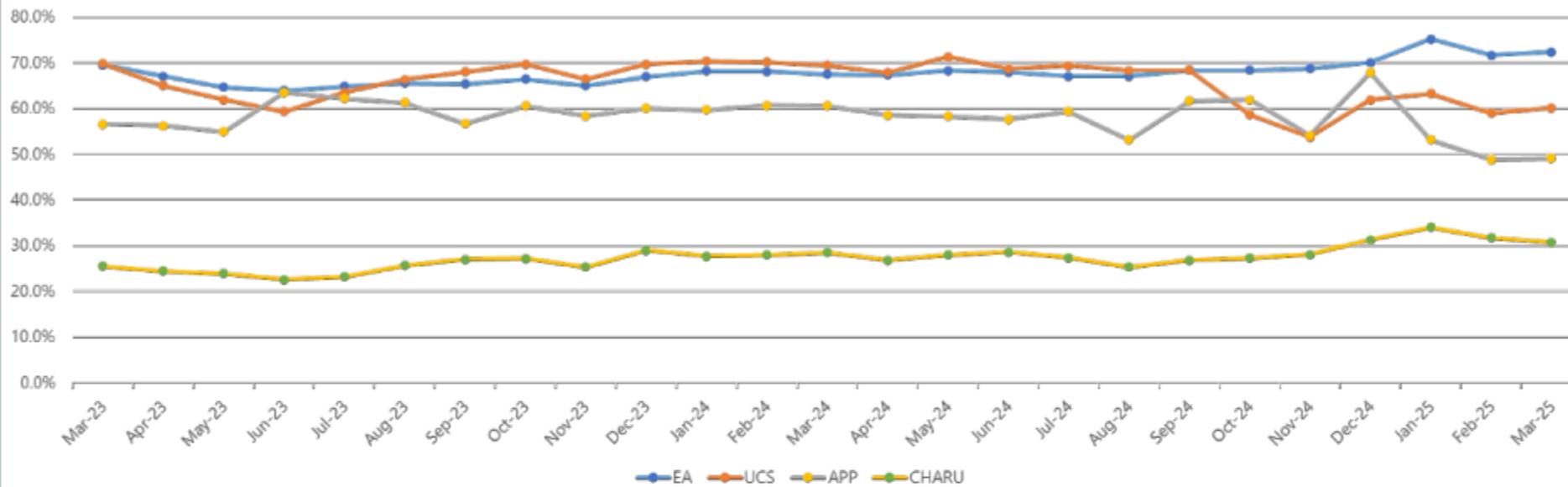


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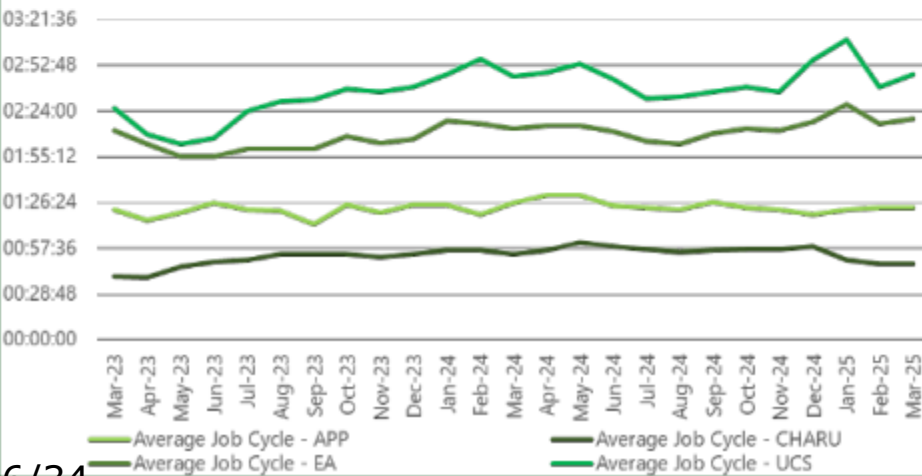
Pan-Wales Utilisation % By Vehicle Type



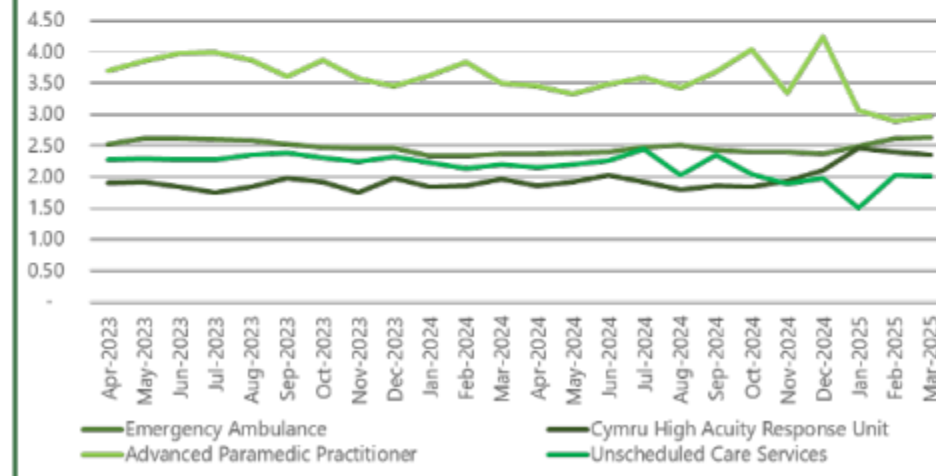
Pan Wales Utilisation metrics in March 2025 were 64.4% for all vehicles types, an increase from 63.8% in February 2025. EA saw the highest rate during the month at 72.4%, returning to the upwards trend over the past year. The optimal utilisation rate for EAs needs to be lower so that they are free to respond to incoming calls.

the average job cycle increased in March 2025 for EAs (2 hours 19 minutes) and UCS (2 hours 47 minutes). The others remained the same as the previous month: APPs (1 hour 23 minutes), and CHARU (48 minutes). Overall average jobs per shift was 2.56 in March 2025, indicating a minimal increase from February 2025 (2.55). EAs averaged 2.64 jobs per shift and UCS crews 2.02. This is lower than what would be ideal and a product of handover delays. APPs attended on average 2.98 jobs per shift and CHARU's 2.36. Both sets of data are under review.

Average Job Cycle by Vehicle Type (EA, CHARU, APP & UCS)



Average Jobs per Shift by Vehicle Type (EA, CHARU, APP & UCS)



# Equitable Care

## Measure 16: Equality plans

The Welsh Ambulance Service University Trust (WAST) first completed the Association of Ambulance Chief Executive (AACE) Health Inequalities Maturity Matrix in April 2024.

WAST has since hosted a Specialty Registrar in Public Health from September 2024 - March 2025, with the remit of defining the population health vision for WAST and supporting organisational progress towards reducing health inequalities.

An updated version WAST's Maturity Matrix for health inequalities has been completed to reflect progress over the last twelve months. This suggests the organisation has made progress moving from 'emerging' to 'developing' in this space, but many opportunities remain, particularly regarding data and insights. Findings from the Maturity Matrix, and the wider work from the Specialty Registrar in Public Health (including a series of Drop-in Workshop engagement events), have led to development of a Population Health Plan for the organisation and key recommendations.



# Patient Safety

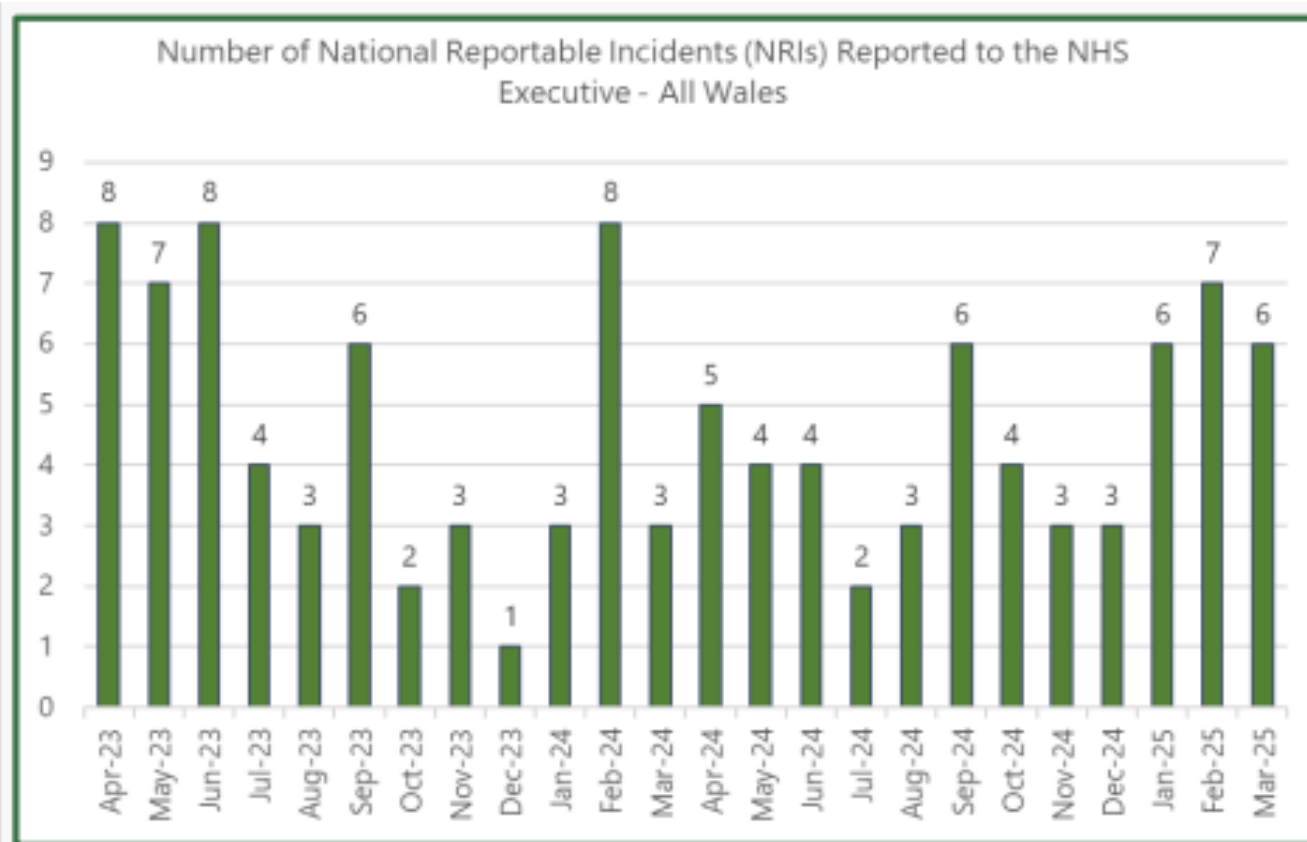


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## Measure 17: Number of National Reportable Incident's



The number of NRIs reported shows a demonstrable 'winter peak' following a period of Critical Incident declaration and sustained high levels of operational activity.

The incidents that have been reported as NRIs this quarter related to:

Call management - incorrect call categorisation and/or prioritisation, welfare call policy not being followed, missed ineffective breathing descriptors, incorrect address/location recording

Inappropriate closure of call between 111 and CSD Remote clinical care - lack of recognition/response to a deteriorating patient with sepsis, inappropriate clinical downgrade from Red to Amber 1

Clinical care - inadequate assessment of diabetic symptoms, inadequate assessment of head injury, staff acting outside of scope of practice.



## National Reportable Incident's

The overdue number of NRI investigations has remained static. While it is recognised that this is not acceptable, the consistency in volume demonstrates an ongoing commitment to maintaining control over this number in the face of increased demand and new reports being generated. The overall number of NRIs open with the NHS Wales Executive has increased to 53, reflective of the number reported in the last quarter.

In conjunction with the development of a national Joint Investigation Module, the Trust is enhancing data sharing with the NHS Wales Executive Quality Assurance & Performance Team in respect of Duty of Candour enactment. It is hoped that this will facilitate broader national oversight beyond NRI reporting, and lead to clarification of responsibilities for Duty of Candour enactment in cases that are unlikely to result in a qualifying liability.

# Patient Safety

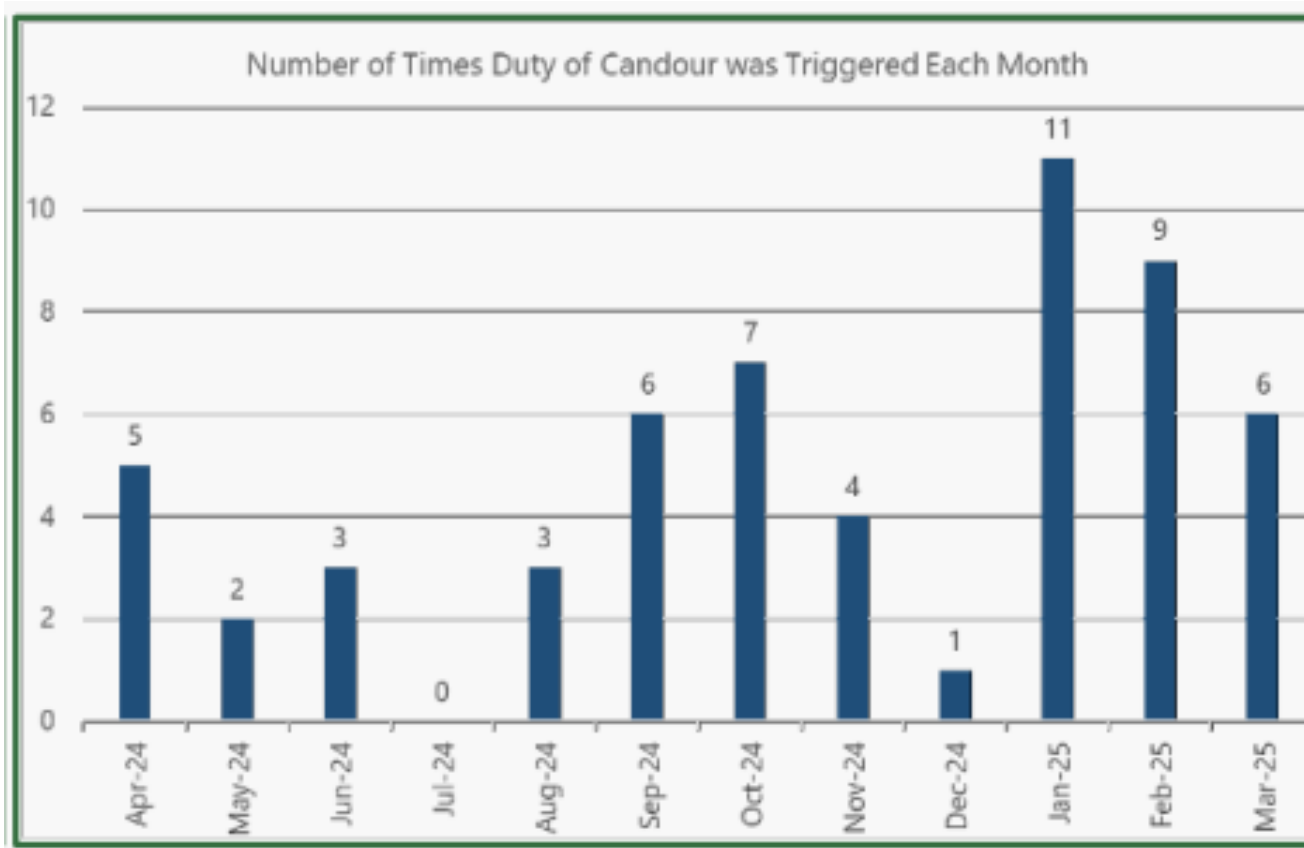


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## Measure 18: Number of times Duty of Candour Enacted



The overdue number of NRI investigations has remained static. While it is recognised that this is not acceptable, the consistency in volume demonstrates an ongoing commitment to maintaining control over this number in the face of increased demand and new reports being generated. The overall number of NRIs open with the NHS Wales Executive has increased to 53, reflective of the number reported in the last quarter.

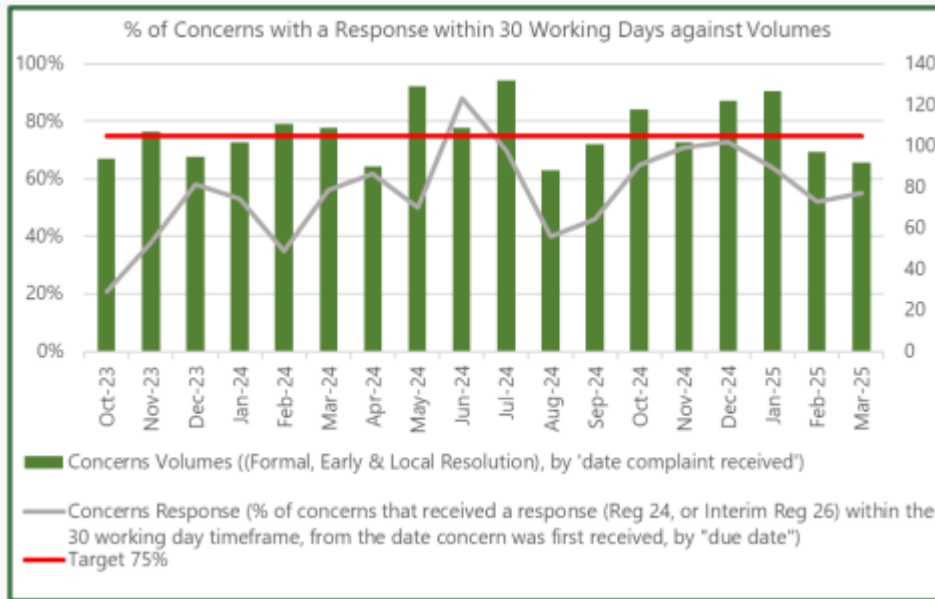
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# Patient Safety



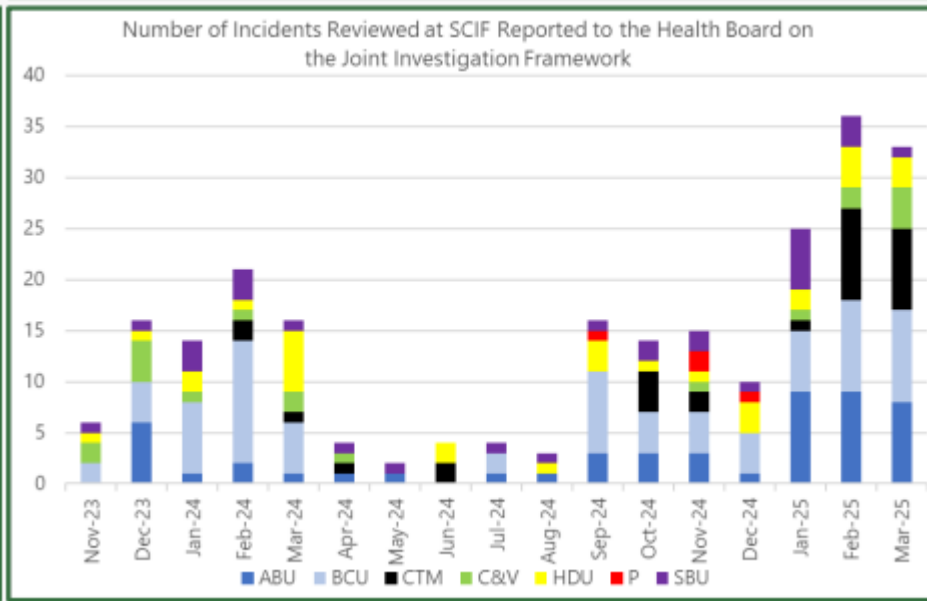
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**Measure 19: % of Concerns with a response within 30 working days**

Compliance with the 30 working day complaints target has improved slightly on last month, however, continues to reflect the challenges associated with increased pressures across the organisation during the winter period. Open complaint volumes have also continued to grow



**Measure 20: Number of incidents reported to Health Boards under Joint Investigation Framework**

Historically high volumes of incidents are being shared with Health Boards under joint investigation arrangements.



# Patient Safety

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Person centred

MEASURE	Scoring	Q4 2023-24			Q1 2024-25			Q2 2024-25			Q3 2024-25			Q4 2024-25		
		Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
Overdue NRIs	R: 10 A: 1 G: 0									40	34	29	30	28	29	29
Patient Safety Alerts/Notices overdue	R: 2 A: 1 G: 0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Complaints ack'd within 5 working days	R: 80% A: 90% G: 98%	99%	95%	99%	62%	87%	98%	100%	100%	100%	99%	95%	98%	99%	98%	100%
Complaints responded to within 30 working days	R: <65% A: 65% G: 75%	53%	35%	56%	62%	50%	88%	70%	40%	46%	65%	72%	73%	64%	52%	55%
Duty of Candour letters issued within 5 working days	R: NO G: YES	YES	YES	YES	NO	NO	YES	NO	YES	YES	NO	YES	YES	NO	YES	YES
Regulation 28 PFD reports responded to on time	R: NO G: YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
Public Interest reports published by the PSOW	R: >1 A: 1 G: 0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2





## Public Service Ombudsman for Wales – Public Interest Reports

Report 202302966 and 202307480 (joint report reference numbers issued for Swansea Bay University Health Board and WAST) details a missed opportunity for clinical review from CSD and a poor standard of complaint investigation. Report 202306104 identifies issues with clinical record-keeping and aspects of the complaints handling process; delays in information sharing and a lack of completeness within the investigation.

Throughout the PSOW investigation and publication, our thoughts remained with the families who had lost loved ones, and the additional distress caused that must have been caused by unsatisfactory responses from WAST.

WAST contributed to the collaborative development of the Ombudsman's recommendations. The recommendations have largely already been undertaken, with evidence of completion being provided to the PSOW.

# Patient Feedback



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## Measure 21: Patient feedback

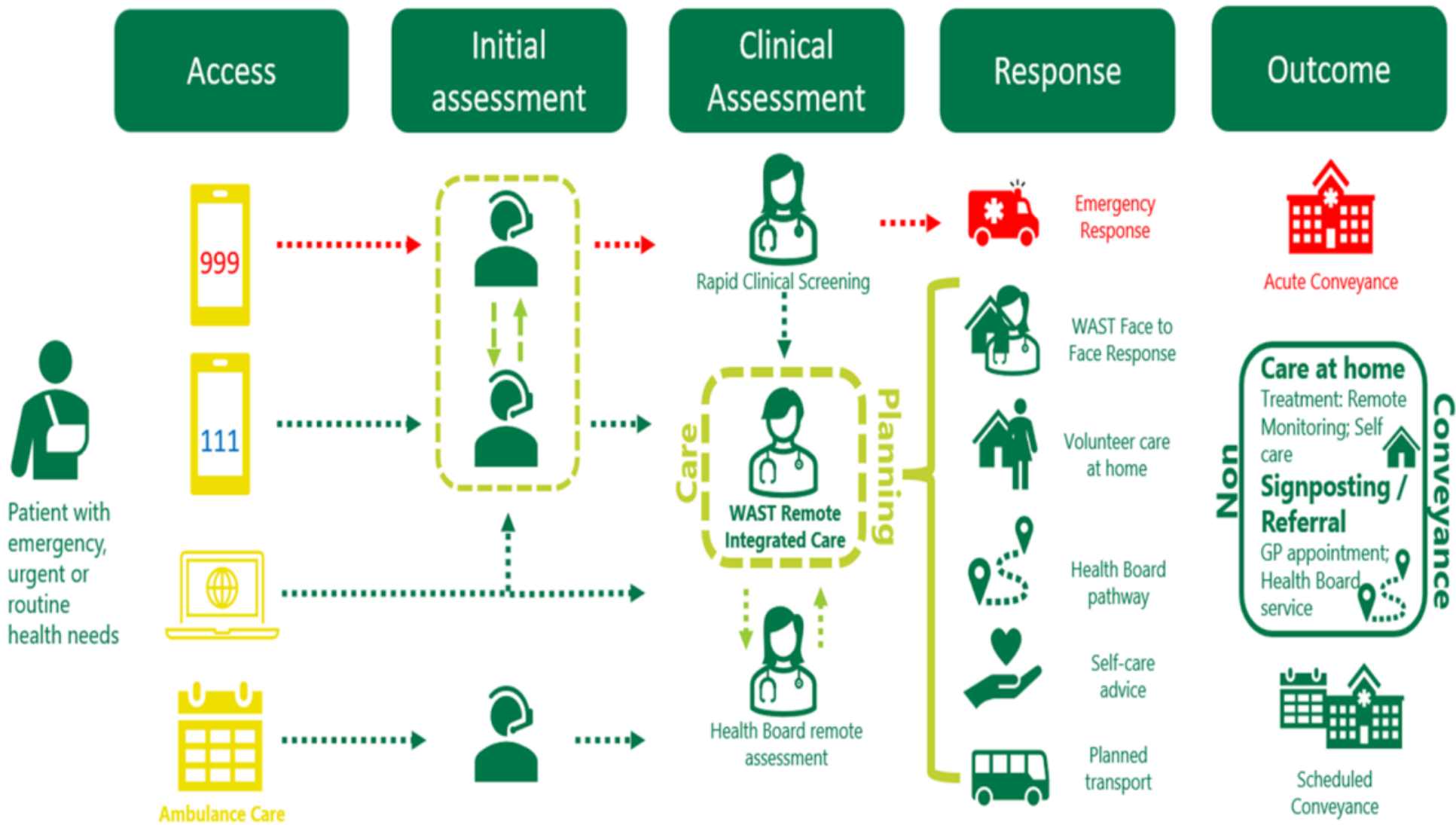
Engagement and survey outcomes remain largely consistent and tell us that people continue to be very concerned about response times in the community and frustrated at hospital handover delays. 111 callers have told us that they experienced long waits for call backs. NEPTS users told us that overall, they continue to be happy with the transport they receive but experience delays when waiting for their transport home following their appointment.

March 2025		
<b>NEPTS (238 responses)</b>	<b>Benchmark</b>	<b>Score</b>
How long did you wait for your transport to take you home after your appointment.	85	88
Were you happy with the transport you received?	85	96
<b>999 (7 responses)</b>	<b>Benchmark</b>	<b>Score</b>
The 999-call taker who answered your call was reassuring.	85	75
The 999-call taker who answered your call explained what was going to happen next.	85	100
You felt confident in the call taker ability to manage your call and provide appropriate advice.	85	75
The length of time I waited for an ambulance to arrive was acceptable.	85	83
<b>111 (10 responses)</b>	<b>Benchmark</b>	<b>Score</b>
Do you feel your call to 111 Wales was helpful?	85	35
Did you follow the advice given to you by NHS 111 Wales?	85	100
Would you consider using NHS 111 Wales again?	85	25
<b>WAST Overall - Friends &amp; Family Test</b>	<b>Ranked from very poor to very good.</b>	
How was your overall experience with the service today?		
○ Ambulance care	91.75% Good	5.15% Poor
○ Integrated Care (NHS 111 Wales Telephone line only)	0.00% Good	75.00% Poor
○ EMS (including CSD)	50.00% Good	33.33% Poor
○ NHS 111 Wales Online	50.00% Good	28.57% 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.		



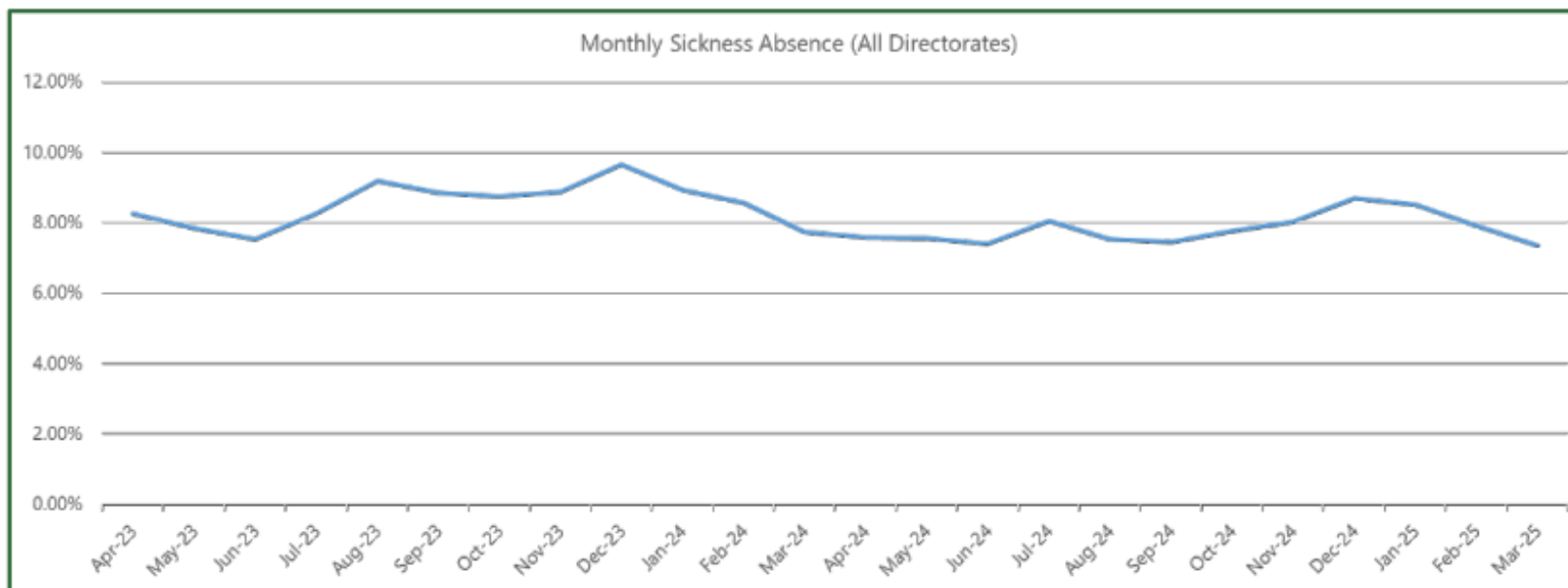
# Leadership

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Leadership



# Workforce

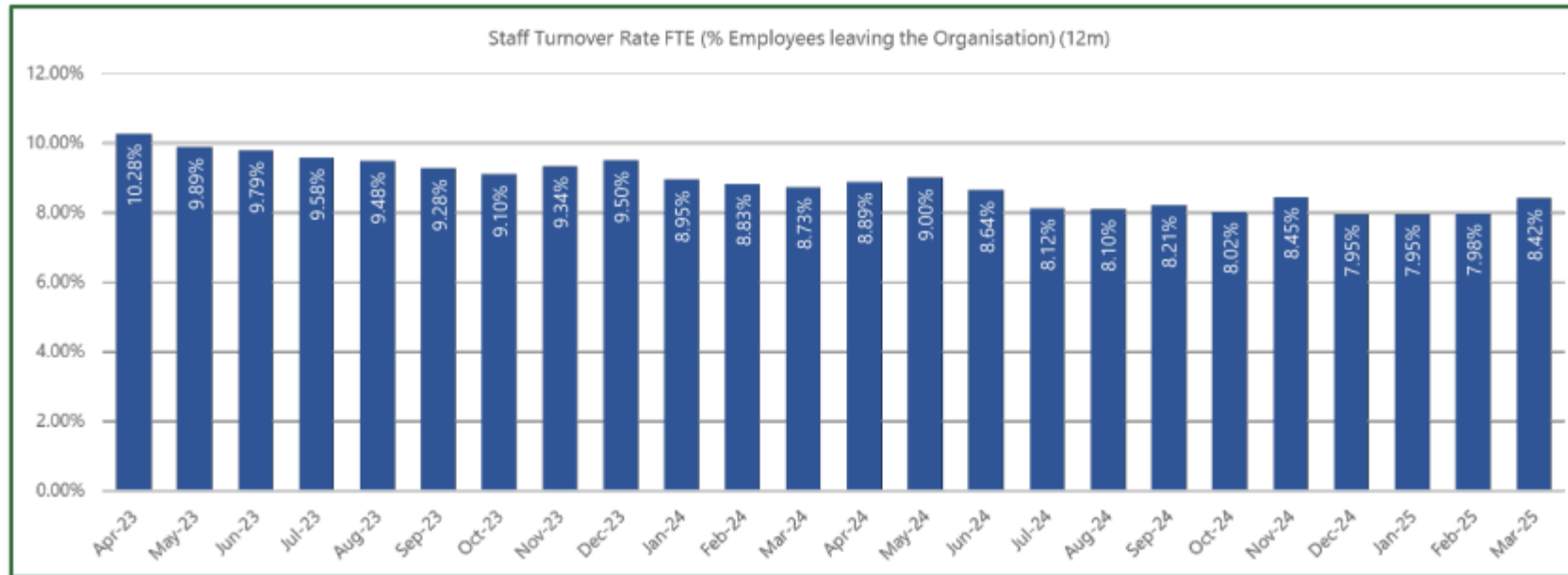
## Measure 22: Monthly sickness absence



There was a slight decrease in overall sickness absence rates between February 2025 and March 2025, dropping from 7.93% to 7.35%. Long term absence decreased from 5.77% in February 2025 to 4.83% in March 2025, while short-term absence increased slightly to 2.51% in March 2025 from February 2025 (2.17%).

The highest reasons for absence in March 2025 were Anxiety/ Stress/ Depression, other musculoskeletal problems, Gastrointestinal problems and injury fracture. Absence due to Mental Health decreased slightly for the fourth consecutive month from 2.68% in February 2025 to 2.31% in March 2025

## Measure 23: Staff Turnover Rate



Staff turnover rates in March 2025 were 8.42%, increasing from 7.98% in February 2025. March saw 52 leavers (43.97 FTE). Turnover trends are being monitored. Currently it has been noted that in January & February months a peak occurs predominately due to retirements. This was compensated by 42 joiners (41.35 FTE).

Of those leaving, the group with the greatest number were Ambulance Care Assistants or Patient Transport Drivers (12 people), Technicians (11 people), Staff Nurse (5 people) and Paramedic (5 people).

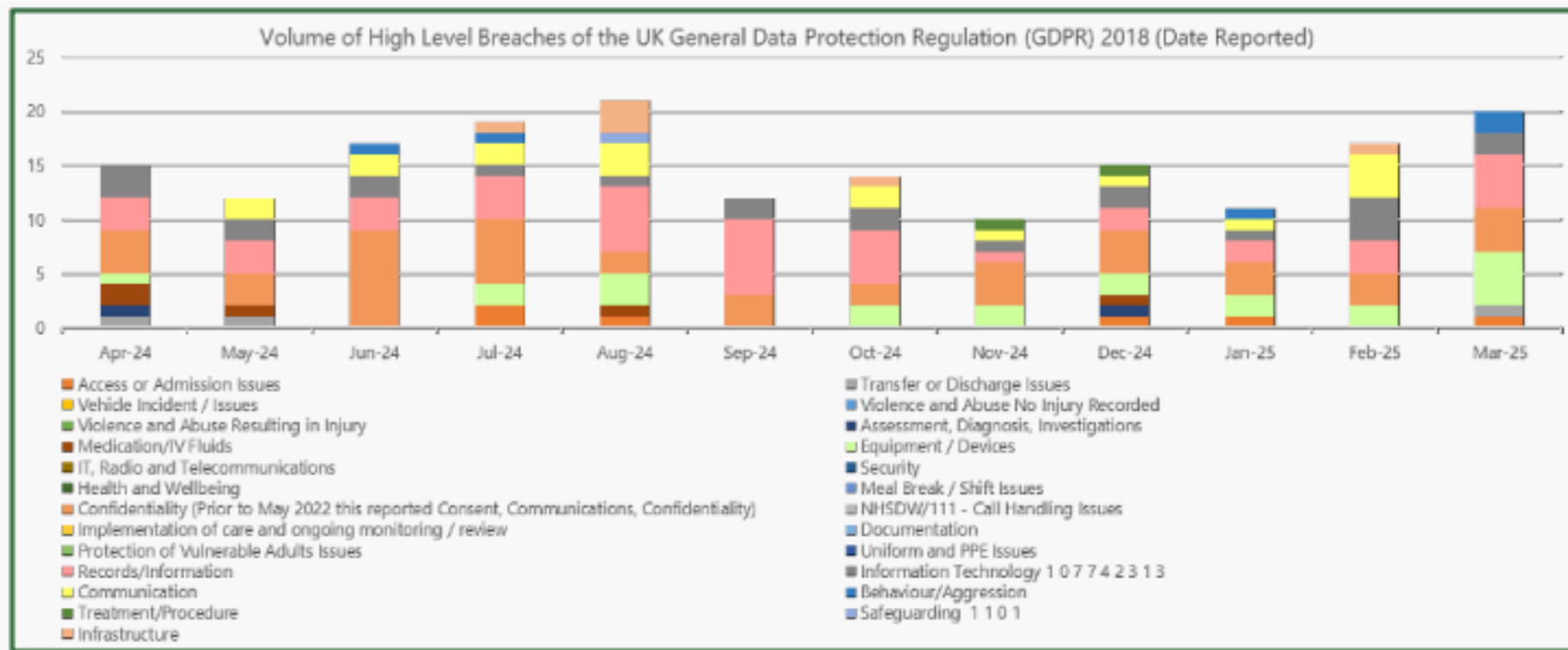
# Information



GIG  
CYMRU  
NHS  
WALES

Cyd-bwyllgor  
Comisiynu  
Joint Commissioning  
Committee

## Measure 24: GDPR Breaches



In March 2025, there were 20 information governance (IG) related incidents reported on Datix Cymru categorised as an Information Governance (IG) breach. Of these 20 breaches, 5 related to Equipment / Devices, 5 Records/Information, 4 IG/Confidentiality, 2 IT, 2 Behaviour/Aggression, 1 Access/Admission, and 1 Transfer/Discharge.

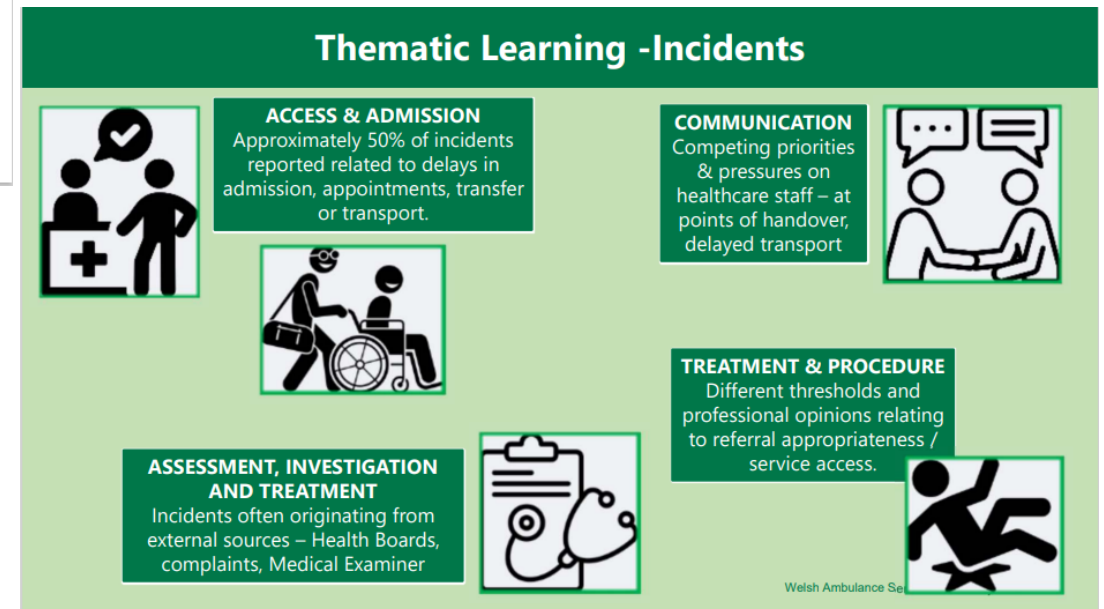
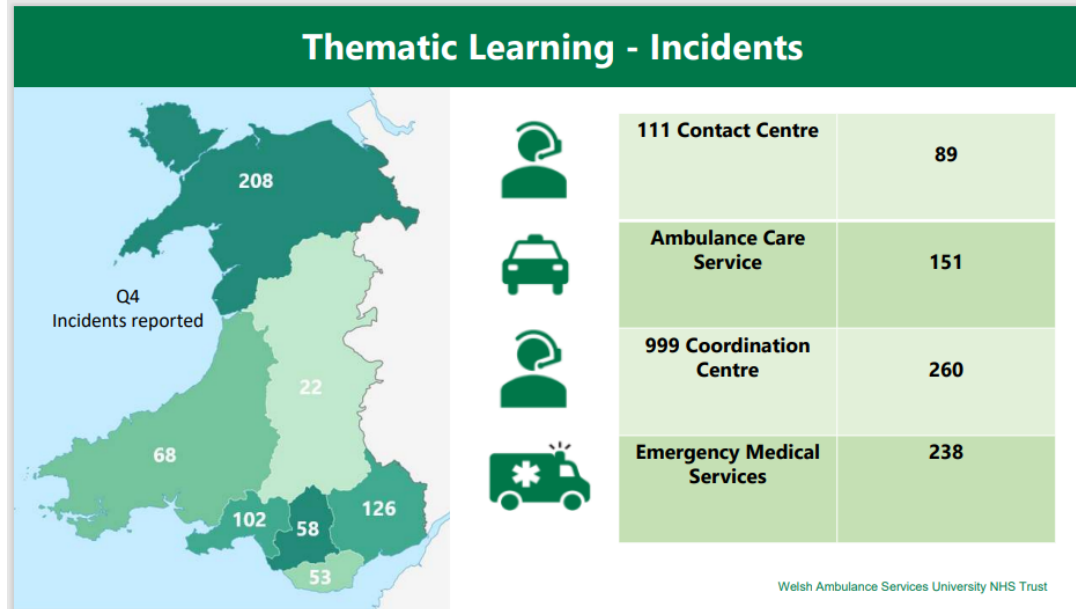
During the reporting period, of the 20-information governance related incidents reported on Datix, no incidents were reported to the Information Commissioner's Office (ICO). The IG Team continues to monitor, and review reported incidents where applicable.





# Learning, Improvement and Research

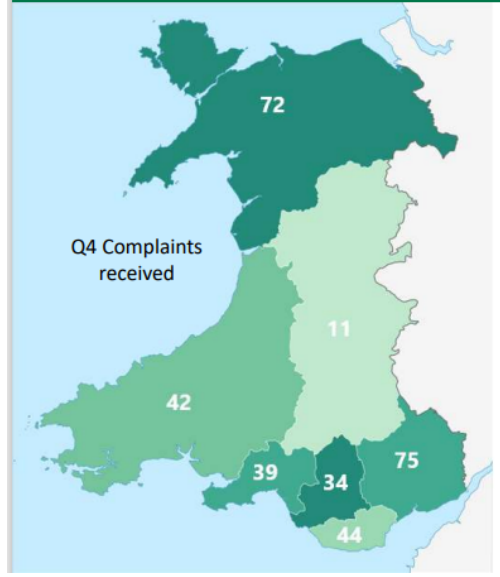
## Measure 25: Thematic learning



# Learning, Improvement and Research

## Measure 25: Thematic learning

### Thematic Learning -Complaints



111 Contact Centre	23
Ambulance Care Service	146
999 Coordination Centre	99
Emergency Medical Services	49

Welsh Ambulance Services University NHS Trust

### Thematic Learning - Complaints



**ACCESS TO SERVICES**  
40% of our complaints related to not being able to access care when people felt they needed it

**UNMET NEEDS AND EXPECTATIONS**  
Our complaints reveal that sometimes the care or service people receive is not what they expect or feel is right for them.

**CLINICAL TREATMENT & ASSESSMENT**  
Non-conveyance features heavily in this thematic area along with individualised care not being understood



There is learning about how we explain and inform to educate about clinical decision-making, service provision or alternative referral pathways



**APPOINTMENTS**  
Challenges around timeliness for non-emergency transport arrangements



Welsh Ambulance Services University NHS Trust



# Learning, Improvement and Research

## Learning

Following WAST's participation in the All Wales Enhancing Learning Programme, local scoping work has identified opportunities to strengthen organisational approaches to learning from events.

Through the leadership of the QMG, a Task and Finish Group is currently engaged in considering the potential of a centralised learning repository alongside the adoption of the All Wales Learning from Events Framework. It is anticipated that this work will improve the Trust's LFER performance.

Service developments during the winter period associated with the CMT Programme have required a need for agile and highly responsive learning to identify and mitigate risks effectively and recognise benefits at an early stage of change. Rapid Learning Teams have been established to do this, bringing together service leads and patient safety to rapidly review patient pathways.

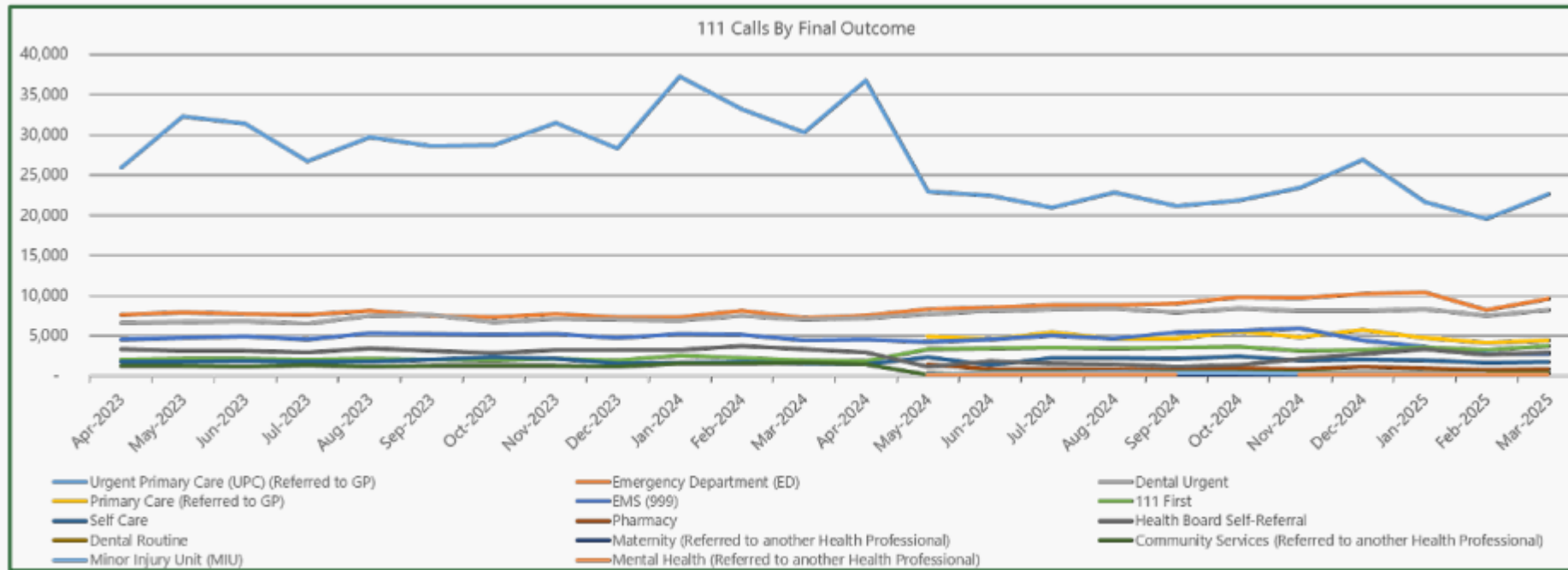
The Clinical Advisory Group is also being reframed to ensure that the processes adopted are as effective and efficient as possible

These activities demonstrate a shift towards improving WAST's safety management system and a desire to undertake proactive and prospective patient safety assurance. Learning from these activities is channelled through the CAG, CQGG and into CMT Board.

The Patient Safety Team has also been supporting the use of 'Safety II' approaches through the creation of a template to formally recognise & feed back good practice identified through SCIF Case Reviews.

# Whole Systems Approach

## Measure 26: Consult and Close



During March 2025, 58,144 calls were allocated into the 14 categories displayed in the graph, an increase compared to the 51,833 seen during February 2025.

Calls Referred to a General Practitioner (handover of care) continued to be the top outcome for NHS111 accounting for 33.27% of all calls during March 2025, but there has been a material drop since the implementation of new 111CAS.

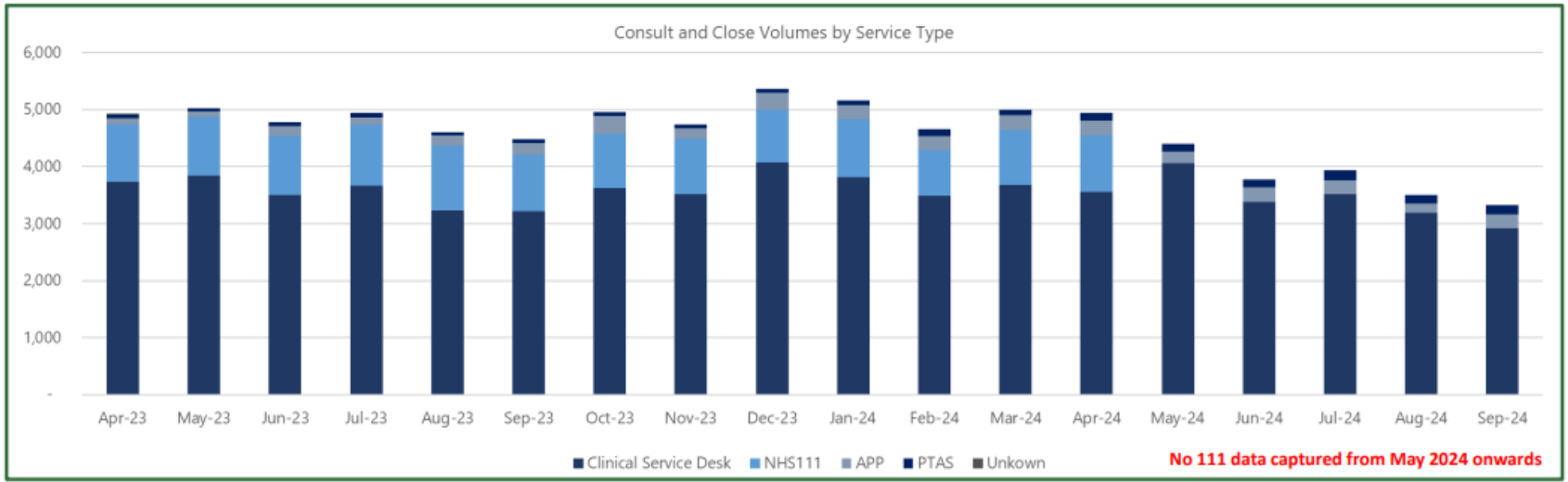
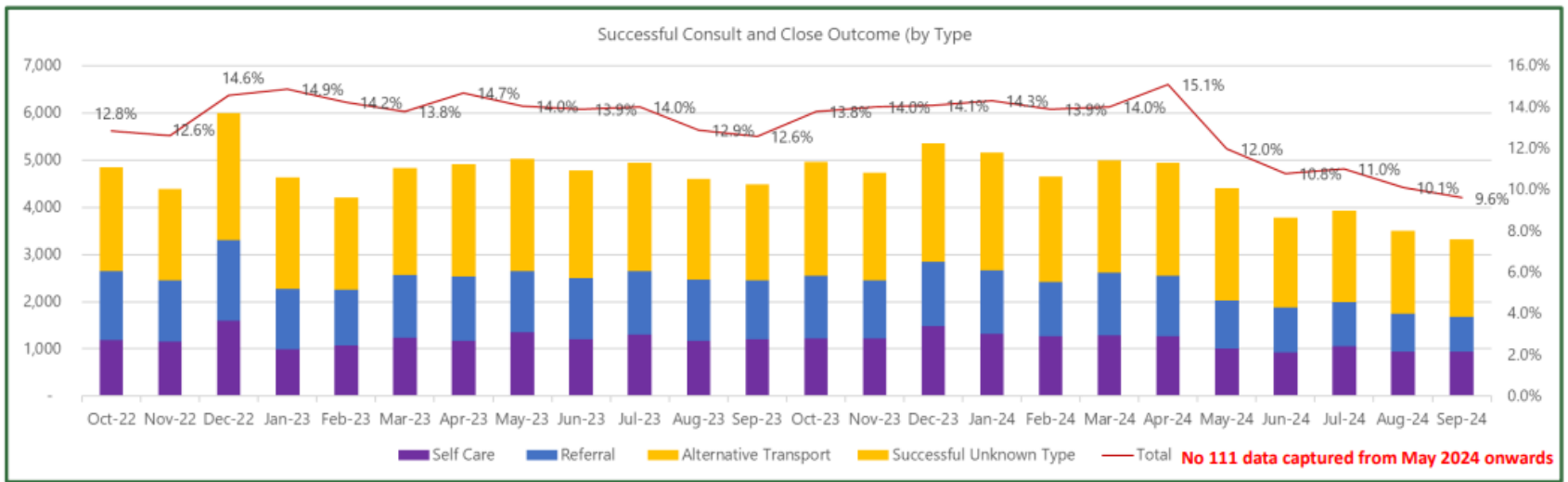
In March 2025, 6,363 calls were 'Stopped at Source', with no onward referral, a slight increase from 5,801 in February 2025.

12,369 calls were referred to 999/ED in March 2025.



# Whole Systems Approach

## Measure 26: Consult and Close

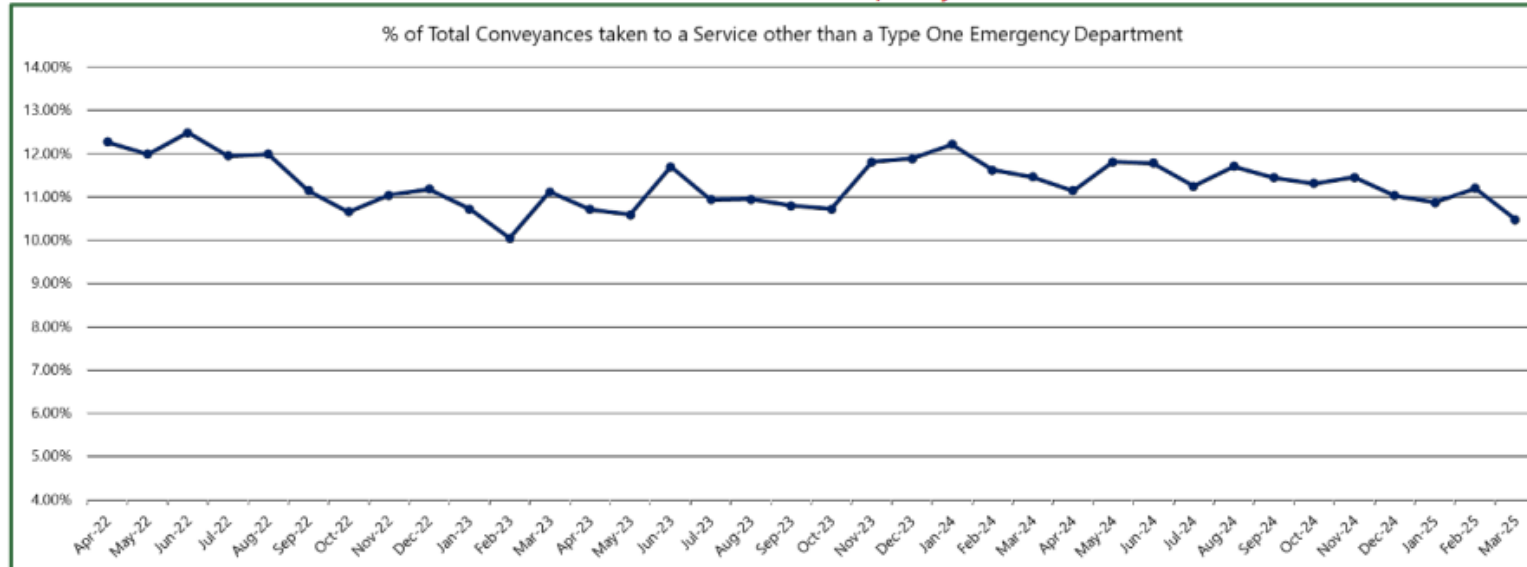


No additional analysis possible given no 111 data is currently available on these metrics. A revised metric is under development.



# Whole Systems Approach

## Measure 27: Conveyance destinations



In March 2025 10.48% of patients (1,343) were conveyed to a service other than a Type One ED, while 38.18% 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 increased, from 3,124 in February 2025 to 3,494 in March 2025.

- Improvement plans include
- Embedding the Urgent Care response within the Clinical Model Transformation
  - Inclusion of specific Frailty and Falls work-stream within Urgent Care Response Service

