

Analysis of Measures

Safe Care

Measure 1-% of 111 calls answered within 60 seconds

The 111-call abandonment rate increased to 14.5% in December from 6.4% in November 2024. The percentage of 111 calls answered within 60 seconds decreased, from 46.2% in November 2024 to 36.3 % in December 2024 and continues to remain below the 95% target.

Actions have been undertaken to try and improve the call handling position with opportunities for further bolstering including overtime, bank and managers/supervisors also re-aligned to call handling.

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 93.4% in December 2024. Ring back times for lower category calls have improved since February 2024, reversing a previous deterioration in performance.

Horizon Scanning for 111

- A focus on delivering the benefits of the new 111CAS.
- Recruitment up to commissioned levels of clinicians
- A demand and capacity review to determine appropriate levels of capacity to meet increasing demand (this may now be delayed to enable the impact of the work on the digital front end to take effect).

Measure 3 - 95th Percentile 999 Call Answering Times

The 95th percentile 999 call answering performance did not achieve the 6 second target (01:10) in December 2024; however, the median call answer time for the 999-service has been consistently good at 2 seconds (October 2024). However, due to the migration of the 999-telephony service, data quality checks are being undertaken for further 2024 data.

There was an increase in demand in December 2024 to 50,944 calls from 46,074 in November 2024. Sickness levels saw an increase from 11.86% in November 2024 to 13.99% in December 2024.

Measure 4 - Number of Patients with No Send or Cancelling Ambulance

In December 2024, 160 ambulances were stopped due to Clinical Safety Plan (CSP) alternative transport and 474 were stopped due to CSP 'Can't Send' options. In addition, **10,528 ambulances were cancelled by patients** (including patients refusing treatment at scene) a decrease from the 11,154 in November 2024.

There were 1073 requests made to Health Board EDs for immediate release of Red or Amber 1 calls in December 2024. Of these 286 were accepted and released in the Red category, with 14 not being accepted. Further to this, 222 ambulances were released to respond to Amber 1 calls, but 551 were not

Measure 5 and 6 - Advanced Discharge and transfer journeys collected less than 60 minutes after booked time (NEPTS) and Oncology journeys arriving within 45 minutes and up to 5 minutes after appointment time

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77.58% of enhanced Oncology journeys arrived within 45 minutes prior and up to 15 minutes late of their appointment time, achieving the 70% target for the twelfth month in a row. Oncology performance continues to be an area of focus for the service.

Discharge and Transfer journeys booked in advance and collected less than 60 minutes after their appointment remains below target (95%) at 75% in December 2024, and a slight decrease from the 76% in November 2024.

Enhanced Renal journeys, minimally increased to 69.14%, which therefore did not achieve the agreed performance standard (70%) for the third consecutive month, this has not happened since March 2020. This is due to increased demand and increased system pressures, which are now above pre-pandemic levels.

Call volumes answered decreased in December 2024 to 15,449 compared to 18,944 in November 2024; the average speed of call answering slightly decreased from 2 minutes 18 seconds in November to 2 minutes 1 second in December.

Both ACA1 and ACA2 sickness remain above the 5.99% target, attaining 10.09% and 6.23% in December 2024, respectively.

Timely Care

Measure 7- 999 Red Response times

Red 8-minute performance continues to remain below the 65% target increasing marginally during December 2024 to 47.59%.

Red 10-minute performance for December 2024 was 58.6%, which is marginally below 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 December 2024 being 24.75% higher than that seen in December 2023. As red demand has increased, so too has the number of red incidents responded to within 8-minutes, with the figure for December 2024 of 3,165, being 21.03% higher than the figure for December 2023, and the highest figure yet recorded. i.e. the Trust is reaching more red calls in 8 minutes, but the denominator is also increasing.

The correlation between overall Red performance and hospital handover lost hours is demonstrated, which shows that as handover rates decrease, so red performance improves. There were 25,195 lost hours in December 2024.

Measure 8 - Amber Median

The Amber 1 median performance time increased during December 2024 to 3 hours compared to 1 hour 56 minutes in November 2024.

The ideal Amber 1 median response time remains at 18 minutes. The Amber 1 95th percentile also increased during December 2024 to 12 hours 11 minutes, up from 8 hours 39 minutes in November 2024. This time remains far too long and remained above the 2-year average figure of 6 hours 34 minutes.

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

Measure 9 and 10 - Stroke Call to Door Times and STEMI Call to Door Times

Extended call to scene times for both stroke and STEMI during October impacted on the call to door times. Some improvement can be seen for STEMI in November and December, however for stroke, there are extended times.

Effective Care

Measures 11, 12, 13 and 14 – Care Bundle Compliance

The percentage of patients documented as receiving appropriate care bundles in December 2024 was:

- Hypoglycaemia (diabetic patients with low blood glucose) – 76.6%, an increase from 72.6% in November. There has been an increase in all criteria which has positively impacted on the bundle compliance. CI improvement work continues which includes electronic Patient Clinical Record User Interface changes for documenting non-diabetic patients with a low blood glucose level.
- Fractured Neck of Femur (hip fracture) – 92.2%, a slight increase from 91.4% in November. The use of a ‘nudge tool’ for analgesia implemented in June provided a prompt when important information is not documented. This, along with an improvement in documenting pain score over the last 3 months has contributed to the improved bundle compliance.
- Stroke – 88.7%, a slight decrease from 90.5% in November. There is a close correlation between documenting FAST (a test to detect symptoms of stroke) and care bundle compliance.
- STEMI (heart attack) – 76.7%, an increase from 70.1% in November. There was a marked improvement in documenting all criteria. A ‘nudge’ to improve electronic Patient Clinical Record completion and compliance to Aspirin and GTN was implemented at the end of October, and User Interface changes for justified exceptions with GTN were implemented in November. These have demonstrated a contribution to the improvements for the December care bundle data.
- Return of Spontaneous Circulation at hospital (from cardiac arrest) – 22.3%, an increase from 19.1% in November. 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.

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, the impact will be monitored by the Clinical Intelligence & Assurance Group.

Efficient Care

Measure 15 – Ambulance Abstractions and Production Indicators

The total EMS hours produced is a key metric for patient safety. The Trust produced 124,279 hours during December 2024, an increase compared to the 123,727 hours produced during December 2023. The Trust is delivering good levels of production.

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. December 2024, saw a total EMS abstractions (excluding Induction Training) of 31.05%. This was an increase on the 29.79% recorded in November 2024, and slightly above the 29.91% benchmark. The highest proportion of abstractions was due to annual leave at 13.58% followed by sickness at 8.44%.

Equitable Care

Measure 16 - Update on strategic equality plan

Work on equality assessment and measures to be further explored

Patient Centred Care

Measures 17, 18, 19, 20 and 21

National Reportable Incidents (NRIs) / Concerns Response: the Trust reported three NRI's to the NHS Executive in December 2024, remaining consistent with November 2024; and 10 serious patient safety incidents were referred to health boards under the Joint Investigation Framework. In December 2024 complaint response times improved to 73%, an improvement on the 71% recorded in November 2024, remaining just below the 75% target, with cases remaining complex.

Joint investigations

Themes following joint investigations remain the same with over-crowded Emergency Departments and wider system pressures resulting in high levels of escalation, lack of End-of-Life Care or ceilings of care planning and discharge delays.

The development of a prototype Joint Investigation Module within Datix Cymru has been completed and shared for review with a pilot Health Board. Further pilot engagement is being sought before national engagement and testing. If national agreement on its structure, adoption and associated governance can be achieved, it will provide a national learning repository for joint investigations.

National Reportable Incidents

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

- Clinical concerns - decision to discharge at scene.
- Call management - incorrect call prioritization, Welfare Call Policy not being followed, missed ineffective breathing descriptors and incorrect address recording.

Learning from Events Reports

Cases reviewed this quarter that will require LfERs were all related to EMS Co-ordination practice. Common themes related to difficulties in accurately assessing breathing and conscious status. Call handling oversight resulted in under-prioritisation of calls, leading to delayed responses and also missed opportunities to use breathing verification tools and provide correct CPR advice.

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Correct assessment of breathing is recognised as a nuanced and challenging area of emergency call handling by the IAED as both 'under' and 'over' coding contributes to potential harm and the Operations Quality Team continues to closely monitor and intervene when the delicate balance of performance is threatened.

The anticipated expansion of the new RCS service to 'Amber 1' calls could offer an important 'safety net' to EMD call handling, with Clinicians being able to adjust priority levels based on informed professional judgement, providing a greater degree of sensitivity to breathing problems than the MPDS algorithm is able to achieve.

Learning themes from mortality, including Medical Examiner Referrals are being captured and considered at the quarterly Learning from Death Forum. Information and assurance will be provided to the next Committee Meeting in the scheduled Learning from Mortality Report.

Regulation 28

Two Regulation 28 PFD Reports were received during October issued by North Wales (East & Central) and Swansea and Neath Port Talbot Coroners. Both related to extensive delays in being able to provide an in-person conveying response to patients waiting in the community due to resources being held at hospitals waiting to transfer patient care

ASSURANCE PROFILE

The rates of NRI reporting and the number of cases shared with Health Boards as joint investigations demonstrate seasonal changes. These are likely to correspond to the number of SCIFs being increased/decreased at times of increased reporting. The embedding of effective processes for reviewing Medical Examiner Referrals has created additional cases requiring review at SCIF.

The very low number of C&VUHB cases this winter in the joint investigation profile is noted as a welcome improvement and is likely resulting from the efforts made by the Health Board to minimise delays in transfers of care.

A year-on-year increase in complaint volumes is apparent, although the upper warning limit has not yet been reached this year. The increasing trend jeopardises timely acknowledgement and resolution of complaints, in spite of increased investment.

The decreasing number of Medical Examiner Referrals since April 2024 is believed to be due to relational work undertaken with other health bodies to reduce the duplication of cases, whereby the same case was, at times, previously being sent by both the Medical Examiner Service and the associated Health Board. This trend will, however, be monitored closely to assess whether there are other influencing factors.

Leadership

Organisational transformation work as part of the CMT Programme has commenced, with the introduction of RCS and the Clinical Navigator role in late November 2024 as well as changes to the CSP during December 2024. Senior clinical oversight to the CMT clinical and safety is provided by a new Sub-Group of the Clinical and Quality Governance Group (CQGG), the Clinical Advisory Group (CAG), formed to ensure early identification of learning opportunities.

Workforce

Measure 22 - Monthly sickness absence

There was a slight increase in overall sickness absence rates between November 2024 and December 2024, rising from 8.06% to 8.69%. Long term absence decreased from 5.95% in November 2024 to 5.56 % in December 2024, while short-term absence increased slightly to 3.14% in December from November 2024 (2.11%).

The highest reasons for absence in December 2024 were Anxiety/ Stress/ Depression, other musculoskeletal problems, cold/cough/flu/influenza, Gastrointestinal problems and injury fracture. Absence due to Mental Health increased from 2.58% in November 2024 to 2.93% in December 2024.

From the start of the flu campaign until end of mid Jan-25, 1,417 flu vaccines have now been administered. 1,253 were given to WAST employed staff with 216 WAST staff also confirming they have received the flu vaccine elsewhere, therefore, 28.4% of the WAST workforce has now been vaccinated.

Culture

Measure 23 - Staff turnover

Staff turnover rates in December 2024 were 7.95 %, a slight decrease from the 8.45 % recorded in November 2024. December saw 21 leavers (28 .90 FTE). Turnover in months at the end of the quarter are generally higher. This was disproportionate with 6 joiners (8 .00 FTE) in December. Of those leaving, the group with the greatest number were Ambulance Care Assistants or Patient Transport Service Drivers (6 people) and Call Operators (4 people).

Information

Measure 24 - Data protection / GDPR Breaches

In December 2024, there were 15 information governance (IG) related incidents reported on Datix Cymru categorised as an Information Governance (IG) breach. Of these 14 breaches, 2 related to Records/Information, 2 Information Technology, 1 Communication, 2 Equipment/Devices, 4 IG/Confidentiality, 1 Assessment and Diagnosis, 1 Medication / IV / Fluids, 1 Access / Admission, and 1 Treatment / Procedure.

Learning

Measure 25 – Thematic learning

Approximately 50% of incidents reported relate to delays in admission, appointments, transfer or transport. Other incidents were raised as a result of input from another provider and communication between healthcare staff. Incidents raised from patient accident or injury were related to skin tears, falls and some safeguarding concerns.

Thematic learning from complaints highlights delays in response, increased waiting times, same day cancellations and decisions not to convey.

Whole Systems Approach

Measure 26 - Consult and close data

During December 2024, 65,673 calls were allocated into the 14 categories, an increase compared to the 61,264 seen during November 2024. However, data quality issues have been identified in 111 which are currently being addressed.

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Calls Referred to a General Practitioner (handover of care) continued to be the top outcome for NHS111 accounting for 41.01% of all calls during December 2024, but there has been a material drop since the implementation of new 111CAS.

In December 2024, 6,496 calls were 'Stopped at Source', with no onward referral, an increase from the 6,496 in November 2024.

Data demonstrates 14,638 calls were referred to 999/ED in December, a decrease from the 15,619 in November 2024.

The percentage of 111 calls answered in Welsh increased from 0.88% in September 2024 to 1.20% in October 2024. This equated to 68% of all 111 calls being offered in Welsh being answered. A data quality review is being undertaken.

Measure 27 - Conveyance destinations

In December 2024 11.03% of patients (1,475) were conveyed to a service other than a Type One ED, while 31.06% 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 3,884 in November 2024 to 4,036 in December 2024.

The APP conveyance rate was 46.6% in October 2024 and continues to experience a generally increasing trend since March 2023; whilst the DCR table highlights by code the incidents where the preferred response should be an APP (if available). Pilot schemes are in place to clinically dispatch advanced and enhanced clinical resource to safely manage care closer to home, however, data quality is being undertaken and therefore no further data is available. Patients conveyed to SDEC's in October 2024 remained low at 0.14%. No further data is available.