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



INTEGRATED MEDIUM-TERM PLAN

2025 - 2028

VERSION: 1.0

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Foreword from the Chairman and Chief Executive

It is our pleasure to present the Welsh Ambulance Service University NHS Trust's Integrated Medium-Term Plan for 2025-2028. This plan outlines our strategic vision and the steps we will take to enhance and improve our services, ensuring that we continue to meet the needs of the public & our patients, our people and our partners across Wales.

Our health and care system remains under significant pressure, and as a national provider, we are acutely aware of the challenges this presents. However, we are also committed to identifying areas for improvement, increasing efficiency, and meeting the expectations of our commissioners. Our strategic transformation journey, guided by our long-term strategy 'Delivering Excellence,' remains at the forefront of our efforts. This is a plan which aligns with Welsh Government priorities, particularly the Six Goals for Urgent & Emergency Care but also to take forward the recent announcement on ambulance response targets made by the Cabinet Secretary in March 2025 in the Senedd.

Our unique position within NHS Wales allows us to meet patient demand in innovative ways. This plan is not about trying to deliver what our health and care partners are expert in delivering but about leveraging our unique capabilities to enhance the overall system, for the patients that contact our services. The role of the Joint Commissioning Committee as it enters its second year of operating also presents opportunities to balance the core demands on our services with our transformation agenda to meet the predicted demographics and demand over the next few years.

At the core of our services is our response to those with the most critical and life-threatening health needs. We recognise that too many individuals are not receiving the timely care they require, leading to potential harm. Our plan focusses on transforming our services to protect resources for those in life-threatening and emergency situations and providing remote & community-based clinical services for patients who contact 111 or 999 with an urgent or less critical emergency care need. However, we will also have a sharper focus on population health and health inequalities, with three new wellbeing objectives which reflect our named status under the Wellbeing of Future Generations Act.

We will embrace digital enhancements to improve our service delivery as well as patient and colleagues' experience. From our website and video consultation for patients, tools to help make working with technology simpler and more efficient to environmentally friendly & digitally enhanced buildings and fleet.

We are committed to a culture of psychological and physical safety for our people. We will continue our proactive work to address violence & aggression and issues of sexism and sexual safety, ensuring our Trust is a place where individuals feel empowered to speak up against inappropriate behaviours. Furthermore, our commitment to diversity, inclusion, and allyship remains unwavering. This is supported by a new approach to leadership development at all levels of our organisation over the next three years: *Our WAST Way*. This plan also ensures we meet our statutory obligations, including maintaining financial balance.



Jason Killens
Chief Executive

Thank you for taking the time to read our plan. We look forward to working with our colleagues, patients, and partners to deliver the improvements that will benefit the population of Wales.

To Support. To Serve. To Save



Colin Dennis
Chair

Executive Summary

At the heart of this IMTP is a continued and purposeful ambition to work at pace, with our partners, to change and improve the way in which we respond to and meet our patient's needs, enabling better outcomes both now and into the future.

Since the publication of our long-term strategy 'Delivering Excellence' in 2019, we have not wavered in our ambition to transform our services. Initially, work centred on stabilisation of our services: investment in front line Emergency Medical Service (EMS) staff; creation of an all Wales 111 service; transfer of all Non-Emergency Patient Transport Services (NEPTS) services from Health Boards into WAST; and delivering key efficiency improvements. Over the last 12 months, efforts have intensified, and staff from across the organisation have come together with our commissioners to create an integrated clinical service model, which sees our 999, NHS 111 and Ambulance Care services all contributing to the transformation of care.

We've started the work to implement this evolved model, with key characteristics that include:

- Strengthened **clinical leadership** and decision making. New, senior clinical navigator roles have been introduced into the control rooms, undertaking rapid clinical screening for the majority of 999 calls to determine whether they need an immediate dispatch or are suitable for further remote clinical triage and support. With around 70% of screened incidents now identified as suitable for a more in-depth remote clinical assessment, our remote clinicians are developing individualised care plans for many more patients, deploying community volunteers and remote monitoring technology to support patients while care is scheduled, and closing over 20% of our 999 calls without the need for an ambulance or further treatment.
- **Connecting** systems and processes across all our services so that patients receive the right care irrespective of whether they contact us through our digital platforms, ring 111 or call 999.
- Creating a greater range of **choices** and options for face to face assessment that are designed to support treatment at home or referral into local pathways – a further 25 FTE Advanced Paramedic Practitioners (APPs) have been recruited, our first mental health response vehicle has been implemented as part of the wider model for mental health response, and we have undertaken further work with Health Boards on our falls response services in line with the national falls framework.
- **Collaborating** with Health Boards and the 6 goals programme, for example in expanding the number of APP Navigators working within Health Board flow centres, trialling the booking of 111 patients into urgent primary care centres and increasing numbers of rotational palliative care practitioners.

We know that too many patients continue to come to harm, have poor experiences of care, and have difficulties in navigating our complex health and care system meaning they don't always get the right care or advice in the right place at the right time. Much of this exacerbates the pressures on our people, evidenced in levels of sickness absence and turnover that are higher than we would want, although there have been positive improvements over the last two years. We hear directly from staff in roadshows, 'WAST Live' and through surveys about what it feels like to work in WAST, much of it reflecting their frustrations.

With these drivers at the forefront of our minds, we have a continued focus on 3 fronts:

- **Continuing to transform** the way in which we deliver care with Health Board partners, with the next year being a seminal year in implementing the next phase of our integrated clinical response model that will provide **patients** with the right advice and care, in the right place, every time and reducing harm;
- Doing everything in our gift to **improve our people's workplace experience**, enabling them to be the best they can be; and

- Delivering **exceptional value and sustainability**, in the context of finance, the environment and Value Based Health Care.

Transforming Care for Our Patients

In this IMTP we continue to describe **'what good will look'** like in three years' time, and how the system can expect to see measurable change and improvements in outcomes. Increasing sophistication in how we measure system wide improvements is a priority, as well as linking data and information across organisations.

We have spent time with **stakeholders and partners** over the course of the year to test out our ideas. Whilst there is much that is supported, we hear that there is more to do on how our plans align for **health care professionals** and how our remote clinicians link in seamlessly with **Health Board single points of access**. Stronger collaboration with patient and community groups is a priority and, in support of our Wellbeing Objectives, we intend in the first year of this plan to develop a formal **public and patient reference group**. This will give representatives the opportunity to help shape our service priorities and service standards and hold us to account for delivery.

Our primary and most important priority will continue to be the provision of a world class **emergency response** service. Our evolved clinical model is designed to ensure that we have sufficient appropriate resources to provide this rapid, emergency response, securing the best possible outcome for every patient.

Following the conclusion of a Welsh Government led task and finish group and the Cabinet Secretary's recent announcement, we will be working to implement a new performance framework which will focus on clinical outcomes shaped around two new categories – purple cardiac arrest and red emergency. This will mean moving away from time-based targets as the primary measure of success and a focus on 'return of spontaneous circulation' as the principal measure of success for the 'purple cardiac arrest' category. This will provide a hugely important opportunity and driver for us to work with others across the whole system on improving each link in the chain of survival, linking closely with Save a Life Cymru to increase rates of bystander CPR and early defibrillation.

For all other patients who access our services with **urgent or routine health issues**, we will be continuing to make progress.

Our front-end **digital platform** will be strengthened to provide better online digital advice and self-care. We will work with partners to create a 'digital first' vision for urgent and emergency care services, which is likely to **centre around the NHS Wales App**, but in which we will play a large part, we will make improvements to the existing NHS 111 Wales website including launching virtual assistants, and we will develop a new range of symptom checkers.

Clinicians from our 111 and 999 services have spent time over the last 12 months coming together to identify how they can work more effectively together in support of better patient care and outcomes. This year, we will fully align and integrate these teams into a **Remote Integrated Care Service**, involving:

- A range of actions to **align management structures**, education and training functions, audit arrangements and working patterns, including some additional resource to support the more complex team environment;
- Increases in the team's **capacity and capability** to meet demand each year over the cycle of 3 years, supported by a full Demand and Capacity review in year 2 and including growing the range of specialisms represented. This will be supported by a range of actions to enhance productivity

including a review of rostering practice to better manage patterns of demand across the day and week.

- Further development and refinement of the **evolved clinical model**, working on how call handlers can be most effectively utilised to improve efficiency, embedding the concept of care planning, growing the use and deployment of remote monitoring technologies and developing new pathways into Health Board services that can be scheduled and booked.
- Building on our **digital capabilities**, reviewing, evaluating and developing the CAS system, delivering video capability for remote assessment and linking data so we can better understand outcomes.

For many patients with urgent care needs, an on-scene assessment will still be required. We are committed to continuing to grow **our urgent community response** services: a further 10 Advanced Paramedic Practitioners (APP) will be trained and deployed in year ; the number of palliative care practitioners will be expanded into 4 Health Board areas through support from Marie Curie funding; the WAST mental health model will be reviewed and, subject to evaluation, further mental health response vehicles will be deployed; falls services will be further developed in collaboration with partners and in line with the national framework; and systems to enable scheduling of unscheduled care will be designed and developed. Through these changes, we aim to **double the numbers of patients who we safely manage at home or in the community** over the next 3 years and halve the number who come to harm through cancelling their ambulances.

Our **Ambulance Care** patient transport service will have a greater role in the future in supporting flow across the system, whether that is through **flexible discharge services**, dedicated and responsive **inter-hospital transfer** schemes or **on the day 'planned' health transport service accessible to HCPs or our own clinicians**.

Within our Ambulance Care service, our top priority will be to work with commissioners to **turn the agreed vision for these important services into clear and decisive actions**. We will continue to make improvements in productivity and efficiency including **re-rostering** within NEPTS, which will be completed in year 1 and which will **increase the numbers of journeys we can support each day** by better matching demand and capacity.

Improving our people's workplace experience

The key to delivering the best patient care is **focusing on the needs of our people**. We are actively listening, learning and ensuring we take action to address some of the biggest issues that are impacting on the daily lived experience of our colleagues. Alongside this, acknowledging the cultural issues that have come to light in the wider emergency service sector, we are continuing work to build a safe, positive culture with an emphasis on wellbeing, support and development, where we can bring our whole selves to work. These are the core elements of high performing organisations. By creating this environment, **our people will feel valued and trusted and experience a true sense of purpose and belonging** which will enable us to keep improving and deliver our long-term ambitions.

Our People and Culture Plan sets the direction and supports our organisational strategic ambitions with a focus on our 3Cs: Culture, Capacity and Capability. Key deliverables in year 1 will include:

- **Culture** – increasing capacity to respond compassionately and in a timely manner to those that speak up with concerns, continuing with a programme of cultural deep dives and growing and strengthening our people networks;

- **Capacity** – building new roles and career paths, supporting people to remain in work, and reviewing skill mix for our Emergency Ambulances following the introduction of the new Emergency Ambulance Practitioner role last year;
- **Capability** – launch and develop 'Our WAST Way', a framework for leadership and management development, with a focus on meaningful conversations to support all of our people.

We are committing to continuing to work on three specific priorities. Acknowledging that we have not made as much progress as we would have liked, we will redouble our efforts, looking for innovative ways of being able to make significant improvements in partnership with our trade union colleagues:

- Through Our WAST Way, embedding **regular 1:1 conversations** to address staff challenges, enhance motivation and wellbeing, and build a supportive work environment;
- Eradicating **shift overruns**, through co-created solutions;
- Improving our people's **digital experience** e.g. simplified sign on, automation etc.

We will continue our **focus on reducing absences due to sickness absence**. Our aim is to bring sickness absences down to 6% through this three-year period, accepting that there are many factors which will influence and shape achievement.

Delivering exceptional value and sustainability

The plan is underpinned by a **balanced financial plan** that continues our recent strong financial performance of balancing throughout the financial year. To achieve this, however, will require the delivery of a challenging savings target of c£8.5m. This will concentrate not just on savings and efficiencies but also on proactively exploiting income generation and commercialisation opportunities.

Supporting the growth and transformation of our core services will be a series of extensive enabling programmes and plans including a **revised Quality Plan, Clinical Plan, People and Culture Plan, Digital Transformation Plan and Volunteering Plan**. The **Estates and Fleet Strategic Outline Programmes** will be driven forward as well as, importantly, work to deliver on our contribution to the NHS in Wales and WG **Environmental Sustainability Plan** taking us towards delivery of our carbon targets by 2030.

We will also have a sharper focus on **Population Health and Prevention** through a revised Population health plan, drawing on evidence and good practice across the NHS and the ambulance sector in the UK. We know we can do more for our communities in the levels of prevention, taking a Population Health management approach.

We know that this plan is ambitious and acknowledge that there are risks to delivery: in relation to the **financial pressures** across the system and with our commissioners; in relation to a **range of external factors** over which we have limited control; and in relation to the ongoing impacts of the move to new **commissioning** arrangements.

However, the steps we will be taking do not sit in a vacuum and are consistent with the ambitions set for us through our commissioning intentions and more broadly for the wider system through the Six Goals Programme. We are rightly proud of what we have achieved over the last 12 months. The key will now be continued dialogue and engagement internally and externally which facilitates further transformation, which we are committed to doing in pursuit of a better service for the people of Wales.

Introduction

This document sets out the Welsh Ambulance Services University NHS Trust's (WAST) Integrated Medium-Term Plan (IMTP) for 2025-28, written in line with the NHS Wales Planning Framework and the NHS Wales Joint Commissioning Committee Ambulance and 111 commissioning intentions.

The document is supported by the Minimum Data Set (MDS) (appendix 2) as required by Welsh Government (WG), ministerial priority action plans and appendices which provide more detail on areas of our plan. Further information is available on request.

1. Our Long-Term Strategy

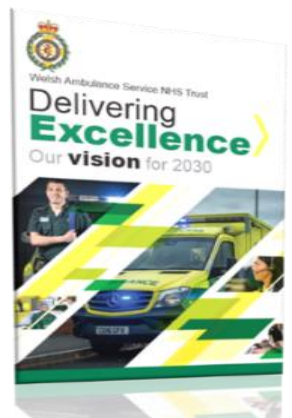
1.1 Our Purpose

In 2023 we adopted our organisational purpose statement '**To Support, To Serve, To Save**'. This short but powerful statement seeks to describe the organisations 'core' reason for being, uniting all of people towards a common goal.



1.2 Our Strategic Objectives

Our Long-Term Strategic Framework '**Delivering Excellence**' sets out the future vision for the organisation up to 2030. The strategy is framed around the transformation of our clinical services model to ensure that patients receive the '**right advice and care, in the right place, every time**'. Our ambition is to evolve from a traditional ambulance and transport service, towards an integrated clinical service which works in collaboration with the health and care system to best meet the needs of patients who contact us through 111, 999 and our non-emergency services in a way which makes the most of the Welsh pound, adding value to the system within which we work. Our ambitions and progress towards the transformation of our clinical services model is described in more detail in section 4.



However, Delivering Excellence is a whole organisational strategy, not only concerned with service models, but also with how we support and enable **our people to be the best that they can be**. We also commit within the strategy to being an organisation that **collaborates** with our partners, stays at the **forefront of innovation and technology**, fulfils our duties as a **quality driven and clinically led organisation** that delivers exceptional **value**. We have continued to develop our IMTPs around this strategy and its **six core strategic objectives**.

Whilst we are confident that the strategy remains fit for purpose, we recognise that the broader operating landscape around us has changed significantly since its development in 2018/19. From year 2 of this plan, we will therefore commence a series of engagement workshops which will support a review and refresh of the strategy by the end of this IMTP cycle. The development of a Strategic Board Assurance Framework and risk appetite statements will support this review.

1.3 Our transformation journey

Over the past six years since publishing Delivering Excellence, we have **significantly transformed our frontline services**. We have increased capacity in Emergency Medical Services by over 500 staff, grown our volunteer workforce including introducing Community Welfare Responders to manage people safely in the community and developed Cymru High Acuity Response Units (CHARUs) to improve outcomes for those with the most serious injuries or illness in

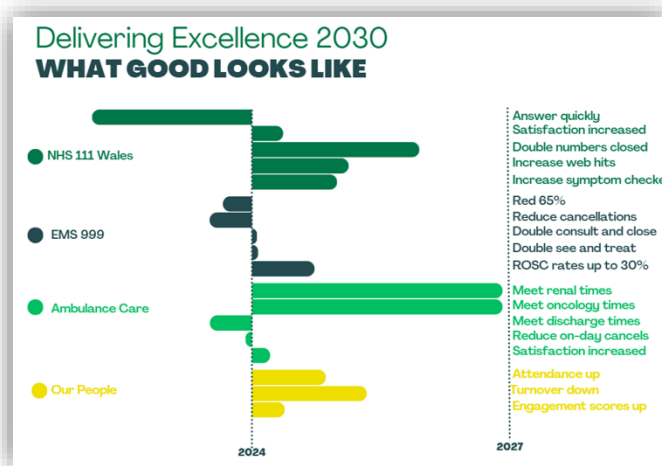


the community.

Innovation has flourished with new roles being introduced to support including advanced paramedic practitioners (APPs) who can independently prescribe and rotate into primary care, mental health practitioners in our contact centres and on the road, allowing for more at-home care when safe and appropriate.

A key component of our transformation has been the national rollout of NHS 111 Wales and its formal commissioning by the Joint Commissioning Committee, aligning ambulance services with Health Boards and the Six Goals for Urgent & Emergency Care programme to move closer towards seamless services for patients accessing both 111 and 999. We also concluded the business case for central commissioning of Non-Emergency Patient Transport, reducing variance across Health Boards and introducing new Ambulance Care Assistant roles to support urgent and emergency transport requests.

Despite these advancements, demand continues to rise, and performance remains challenged. In 2024 we developed a set of statements to consider what good would look like as a result of transformational change and IMTP delivery. The graphic shows that in some areas we are moving towards the position we wanted to as set out last year, but we know there are still some areas that have deteriorated, and further improvement is required this year to address these areas, as well as further advance the outcomes towards the anticipated outcomes set out in our plans.



2. Our Key Achievements in 2024/25

As well as making strides towards our long-term strategic ambitions over the last 5 years, we have implemented a lot of changes across the whole organisation through our last IMTP in 2024/25.

We evolved our model in 2024/25 to **ensure a clinical 'safety net' for patients, expanding the role of clinical specialists in our contact centres** by introducing Clinical Navigators to screen 999 calls, and enhancing the clinical support desk with **additional professional roles** (such as respiratory, paediatric and mental health specialists). Health Boards have supported us by opening pathways to 999 clinicians, and we have tested the use of 111 software by 999 call handlers to close low acuity calls without clinician intervention. We are evaluating these changes as we enter the next phase of our clinical model transformation programme.

The following graphic shows the some of the work we have done over the breadth of the IMTP in 2024/25.



3. Challenges and Opportunities shaping our plan

3.1 What do our patients say about our service?

Throughout 2024/25 we have been asking the public what a good quality ambulance service looks like. People's responses have helped us in shaping the development of this IMTP, the Trust's Quality Plan, and also helped us to understand how we develop our services to improve quality in line with the Health and Care (Quality & Engagement) (Wales) Act.

Through our continuous engagement and surveys, the priorities for our plan offered by patients and the public include:

- **Improvement in delays:** Prioritise solutions to ambulance-hospital delays.
- **A focus on inclusivity:** Ensure that feedback from diverse communities (including those whose first language is not English or Welsh and people with additional needs) is integrated into service design.
- **Transparent communication:** Be honest about the challenges the service faces but also offer hope with clear steps toward improvement.
- **Enhance community-based care:** Expand roles like "Community Welfare Responders" and increase care outside hospitals.



More detail is available in Appendix 1.

3.2 What are our colleagues' priorities?

We have continued to engage with colleagues across the Trust to understand the key issues that affect them. This not only helps us shape our future service plans but also helps us to identify issues that impact on their day-to-day working lives. Appendix 1 sets out more detail.

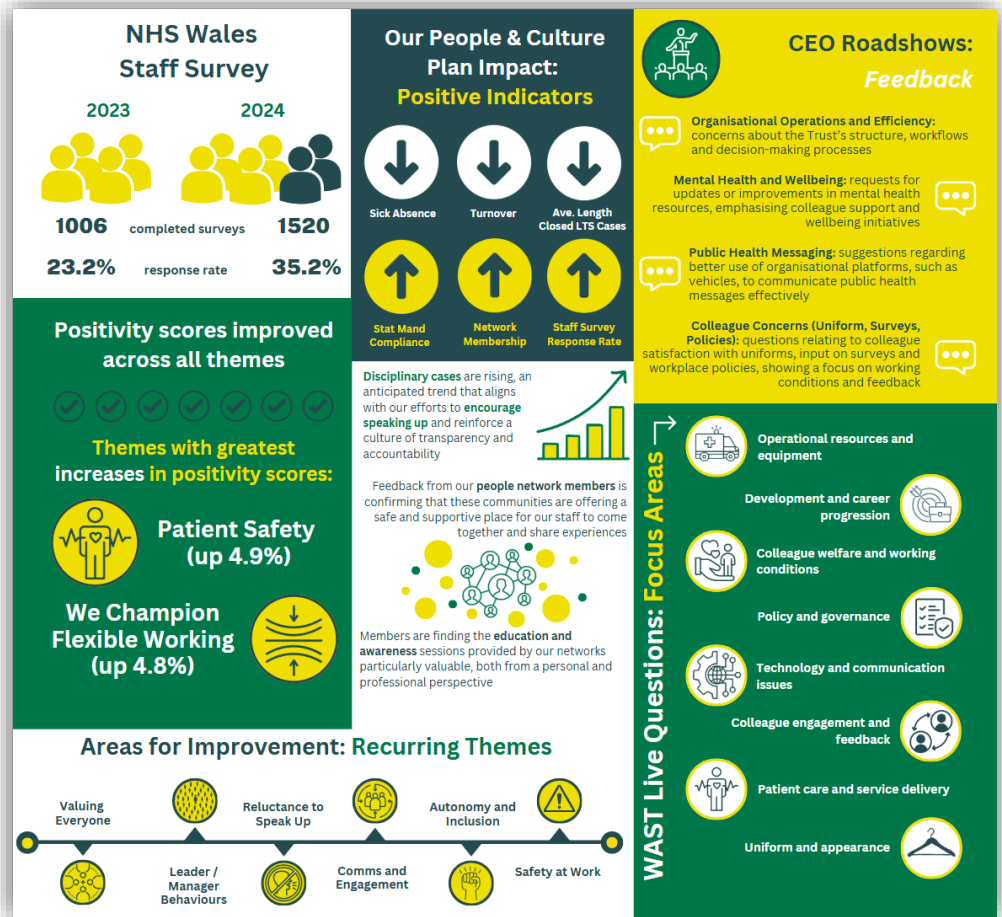
Our main mechanisms for listening to our people are:

- **WAST Live** – a regular MS Teams session where the executive team share information about things that affect our people and respond to their questions.
- **CEO Roadshows** – twice yearly direct engagement with our people across Wales
- **Cultural metrics** – a set of qualitative and quantitative data that assesses the impact of our People & Culture plan.
- **Workforce metrics** – which give indicators around challenges facing our people.
- **NHS Staff Survey** - experiences, perspectives and insights to help shape the working environment.
- **Our people networks** - fostering a culture of belonging and active participation.

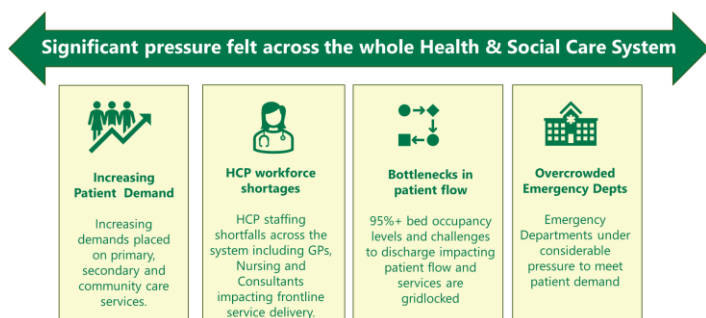
Our People and Culture Plan metrics indicate that we are on the trajectory we anticipated, with positive signs that our efforts are moving us in the right direction. Whilst this progress is encouraging, we recognise that there is still a way to go; this is reflected in staff survey data and broader feedback.

Initial feedback from the NHS staff survey shows that, whilst around two thirds of people are proud to work for WAST and will go the extra mile at work. However, less than half of respondents look forward to going to work and less than half do not feel involved in changes that affect their work, area team or department.

Many issues raised by our people can be addressed at operational or directorate level but there are continued commitments to our people that need to be reflected in our IMTP that align with the feedback. The survey feedback provides us with an indication that we must continue our cultural journey, as well as maximising the change management support and capability we have across the organisation as we embark on further change towards our strategic ambitions. We are using these insights to shape our plans going forward, ensuring we focus on the right areas and continue building on this momentum.



3.3 Our operating and financial context



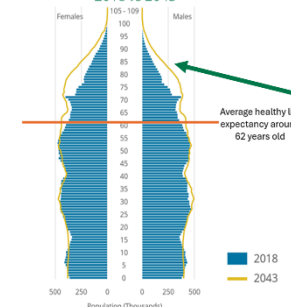
People are living longer but in poor health and this continues to put pressure on the system as a whole and requires a different focus around population health and health inequalities as we deliver our plans.

Changing Health Needs

Growing elderly / frail population with more chronic complex long-term conditions

The operating context remains challenging with demand growing, workforce capacity stretched in NHS Wales, system pressures and poor flow through the system resulting in overcrowded emergency departments and ambulance queues. This is compounded by demographic change, with a frail population growing at a greater rate than the younger, working age population.

UK Population Overview 2018 vs 2043



The population in Wales is projected to increase by 4% to 3.24 million people by 2030.

This growth is characterised by a projected 25% increase (+158,000 people) who will be aged over 65 by 2030.

We must re-calibrate our approach to meet the projected future health needs

Our performance



Data correct as at December 2024

Further detail can be found in appendix 1.

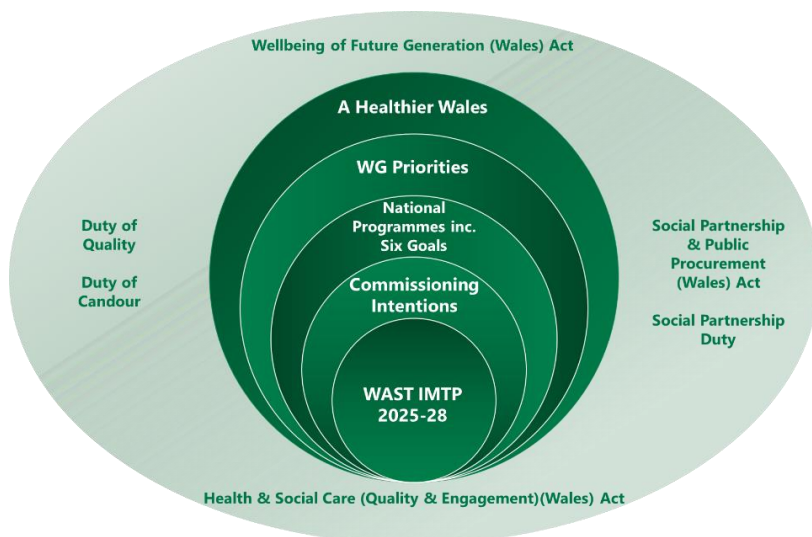
The financial year 2024/25 has been challenging, with the benefits of our transformation investments yet to be fully realised. However, we are beginning to see positive outcomes from changes implemented over the winter, which will be evaluated in 2025/26.

While the number of Serious Adverse Incidents (SAIs) passed to Health Boards for investigation has decreased, we remain concerned about patient safety. Too many patients come to harm, services are often centred around organisational needs with inefficient and outdated processes affecting patient experience, and the difficulty in navigating our complex health and care system means patients are often not getting the right care or advice in the right place at the right time. Demand and need have also increased across all areas of the Trust, with a rise in red incidents and hours lost to hospital handover delays.

We are committed to the wellbeing of our people, as they are crucial in providing high quality and safe services. Improvements have been seen in hours produced, abstraction rates, sickness absence, and staff turnover. However, there is further to go, as the continued pressures on our system continue to drive high levels of stress and anxiety, the number one cause of sickness in our service.

We will meet our statutory financial duties for 2024/25, achieving over £6m in savings. However, the financial outlook for 2025/26 remains challenging due to inflation, cost of living, and price volatility. The Minimum Data Set (MDS) at appendix 2 and ministerial templates outline expected activity, performance trajectories, and the workforce and financial plan for 2025/26.

3.4 What are our legislative, strategic, financial and policy drivers?



The Wellbeing of Future Generations (Wales) Act (WBFGA) underpins the Programme for Government, and ‘**A Healthier Wales**’ remains the long-term strategy for the health and social care system. In June 2024 we were formally named under the WBFGA and therefore formally required to comply with the Act, the wellbeing duty, the Social Partnership and Public Procurement (Wales) Act and the Social Partnership Duty. We have set out in sections 3.7 and 8 the actions we will take over the next three years to ensure we deliver our duties under the Act.

The Cabinet Secretary for Health and Social Care’s priorities were set out in the 2025-28 Planning Framework which this plan will need to meet:



Appendices 3a-d includes the key areas of work set out in this plan that will deliver against these priorities.

Health organisations across Wales have come together over the last few months to consider the challenges facing the NHS in Wales and how we can collectively address these over the coming years. The aim is to build a service delivery blueprint which will describe **what the NHS in Wales will look like in 10 years’ time**, and which will deliver improvements in health outcomes and performance and reduce inequalities. This will be a collaborative effort, bringing together the thinking from within NHS organisations in Wales and utilising external expertise and international insights, and will support and enhance the Welsh Government’s work on a National Plan.

This will be a blueprint that describes an integrated primary and community care system focused on prevention and early intervention, a future model for hospitals, technology enabled care and a future-focused and enabled workforce. It will also set out a plan for how these changes will be delivered.

We will also be able to learn from other health systems, such as the recent reciprocal visits with Denmark, which includes the potential to implement a phone first approach that allows scheduling of unscheduled care as set out in section 4.5 below.



As this national work develops, we will commit to aligning the thinking into our plans for service change and improvement.

The **Health and Social Care (Quality and Engagement) (Wales) Act** ([Link](#)) and the **Duty of Quality** ([Link](#)) drive the approach to strategic decision making in WAST. All our strategic decisions made to deliver the IMTP are subject to Quality Impact Assessments. In developing this plan, we have considered, and incorporated throughout, the Health and Care Quality Standards. Section 9 sets out the specific work we are continuing to progress to measure and manage quality and performance in accordance with the Act and aligned to a Healthier Wales.

Following support by Cabinet in the summer 2024 a set of refreshed actions have been agreed to support the delivery of **A Healthier Wales**.¹ These actions fall under the following categories, and we will undertake an assessment against the detailed actions beneath each category during year 1 of this plan as part of the Strategy Planning & Performance Directorate delivery plan, including any gaps in our 2026-29 IMTP as required:

- Preventative
- Person centred
- Sustainable
- Equitable
- High Quality & Safe
- Digital and Data
- Workforce
- Research Development and Innovation
- Co-production and partnership
- Integration

The **Six Goals** programme ([Link](#)) has established itself at the national and local level as the key delivery mechanism for government Urgent and Emergency Care policy and to support improvement in the urgent and emergency care system. The Trust has a role to play across all the goals, and this can be seen as the six goals icons have been included in the relevant section of this plan.

WAST will work with the Six Goals programme team and the JCC to develop a specific plan in response to Six Goals programme actions that are deliverable by WAST or with WAST. We will also maintain close working links with national and local six goals teams as key stakeholders in delivery of our CMT programme, taking a collaborative first approach to programme delivery.



The same is true for our role in working collaboratively with other national programmes such as the Strategic Programme for Primary Care and Planned Care Programme as well as clinical networks across Wales and in bordering areas of England.

¹ A Healthier Wales: our Plan for Health & Social Care. Available at: [A Healthier Wales - Action refresh 2024-25](#)

Further legislation driving a focus in our plan this year includes but is not limited to:

- Duty of Candour ([Link](#))
- Socio-Economic Duty ([Link](#))
- Equality legislation and the Strategic Equality Plan ([Link](#))
- Anti-racist Wales Action Plan: 2024 Update ([Link](#))
- More than Just Words Action Plan ([Link](#))
- Social Partnership and Public Procurement (Wales) Act 2023 ([Link](#))
- Worker Protection (Amendment of Equality Act 2010) Act 2023 ([Link](#))

Decarbonisation and Sustainability



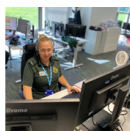
We are making good progress with many elements of our Decarbonisation Action Plan but know that significant investment will be needed to fully realise our ambitions. This is also accompanied by a commitment to invest in innovation and technology.

3.5 What do our commissioners say?

The current commissioning of WAST’s ambulance services now falls within the remit of the **NHS Wales Joint Commissioning Committee (NWJCC)** which was operational from 1 April 2024. The NWJCC’s IMTP is published at the same time as the WAST IMTP and commissioning of our services is set out in the Ambulance and NHS 111 Commissioning portfolio which consists of five commissioned services: NHS 111; Emergency Ambulance Services (EAS); Non-Emergency Patient Transport (NEPTS); Emergency Medical Retrieval and Transfer Service (EMRTS) and the Adult Critical Care Transfer Service (ACCTS).

The previous commissioning intentions for EMS, NEPTS, and EMRTS for 2024-2025 have been reviewed and updated for 2025-2026. The new commissioning intentions now also include NHS 111 Wales and the Adult Critical Care Transfer Service (hosted by Swansea Bay University Health Board). These intentions align with the NWJCC strategic priorities and the NHS Wales planning framework, addressing ambulance and 111 commissioning risks through an assessment against the health and care quality standards.

The key priorities set out within the commissioning intentions for NHS 111, 999 and NEPTS are:



NHS 111

- Maximise clinical outcomes and patient safety by aligning NHS 111 and 999 infrastructure where clinically appropriate.
- Implement technology enhancements such as a digital front end to improve operations.
- Enhance productivity through alignment with 999 infrastructure and focus on industry benchmarks for efficiency.
- Collaborate with partners via the JCC to develop system-wide solutions for maximizing NHS 111 commissioned capacity.



EMS

- Evaluate and enact the evolving clinical model to improve clinical outcomes and patient safety.
- Align 999 and NHS 111 infrastructure where clinically appropriate to maximise outcomes.
- Implement technology enhancements to improve operations.
- Enhance productivity through the evolving clinical model and focus on industry benchmarks.
- Collaborate with partners to improve resource utilisation and system flow.
- Prepare for major incidents in line with the Civil Contingencies Act and collaborate on preparedness and response developments.



NEPTS

- Utilise technology to streamline booking and coordination processes for improved efficiency and responsiveness.
- Align NEPTS and Urgent Care services where clinically appropriate to improve system outcomes and patient experience.
- Collaborate with partners to optimise transfer and discharge resources.
- Work with health boards and system partners to develop and redesign services in response to changing requirements.

3.6 What are the risks that we are managing?

Appendix 1 details the risks we are managing as an organisation. **The highest rated risks drive much of the transformation and service improvement within this IMTP** over the next three years. The ratings for principal risks, as of January 2025, are regularly reviewed and monitored by the board and its committees.

Our two highest risks (223 & 224) remain key focus areas in our plans for emergency response. These risks relate to the **delays in emergency response** causing harm to patients in the community and the impact of ambulances being held outside emergency departments (**handover delays**). However, system-wide pressures are largely beyond our control, and we continue to work with partners to mitigate these risks.

The wide-ranging nature of risks across operational and corporate areas reflects our strategic focus. The Trust's Board Assurance Framework provides a clear line of sight to controls, related assurances, and actions we can take to mitigate risks.

The IMTP includes actions to manage and mitigate corporate risks, such as:

- Progress of the Clinical Model Transformation
- Strategic stakeholder engagement plans
- Commitment to the Social Partnership Duty
- Addressing recommendations in the Manchester Arena Inquiry
- Our Digital Plan
- Our Strategic Workforce Plan
- Our Quality Plan
- Our Decarbonisation Action Plan
- Our Wellbeing Objectives

Additionally, specific actions related to integrated governance, a strategic BAF, and risk appetite will continue throughout the IMTP, delivered through directorate plans. Our Internal Audit Plan for 2025/26 uses the risk register as the basis for providing assurance to the board.

3.7 Our Board approved Wellbeing Objectives

The **Wellbeing of Future Generations Act (WBFGA)** has applied to the Welsh Ambulance Service since 30 June 2024. The Act aims to ensure public bodies in Wales work together to create a prosperous, culturally rich, economically vibrant, healthy, and well-educated country where people can thrive.

Although we have been **working in the spirit of the Act since 2015**, we are now formally required to outline our contribution to these wellbeing goals. Over the past few months, **we have developed draft wellbeing objectives** with input from staff, **trade union partners**, and feedback from partners,



stakeholders, patients, and the public. These broad objectives reflect our long-term commitment to passion, purpose, and collaboration, aiming to make us one of Wales' strongest anchor organisations.

Our Wellbeing Objectives

Objective One: **A Socially Responsible and Inclusive Employer**

- support communities and the economy by providing long-term employment and volunteering opportunities for people living across Wales, at all points in their career and in a wide variety of roles.
- continue to develop a diverse and expertly trained workforce so that our communities feel well supported and engaged in our organisation.
- be an inclusive employer, reflecting the communities we serve across Wales.
- value our partnerships with trade unions and work in partnership to create an organisation that is welcoming, fair and where people can thrive.

Objective Two: **An Innovative and Sustainable Organisation**

- be at the forefront of clinical care by harnessing technology in a way that minimises our environmental impact and improves patient safety and experience.
- make the most of our University Trust Status (UTS) to work with commercial and academic partners to look for tomorrow's solutions, today.
- continue to reduce our environmental impact, using more sustainable and carbon neutral solutions in our estate, fleet and working practices, to ensure we contribute to a greener, cleaner and healthier Wales.
- manage our financial and physical assets well, so that we can provide viable services for the long term and so communities can rely on us to be there when they need us.






Objective Three: **A Pro-active, Accessible and Equitable Care Provider**

- provide urgent and emergency care services that meet the needs of the people of Wales, wherever and whenever they are needed, improving outcomes and ensuring people can live healthier lives for longer.
- continually improve our services and performance, so the people of Wales have trust and confidence in our ability to be there when they need us most.
- co-produce with our communities and partners models of care that continue to meet the evolving needs of people in Wales and reflect what matters to them.
- help make Wales a nation of lifesavers by supporting health education and promoting bystander CPR skills, improving community resilience.
- embrace our cultural role as Wales' national ambulance service, championing our language and heritage while develop pioneering new ways of delivering care which position Wales as a leader on the national and international stage.

How will we do all this?

Our wellbeing objectives aim to create meaningful change for a healthier, more vibrant, and successful Wales.

These long-term, evolving objectives will guide our strategy and plans, ensuring sustained focus and measurable progress. Recognising that we cannot achieve these goals alone, we will follow the sustainable development principle of the Wellbeing of Future Generations Act, which includes five ways of working that will form the foundation of our approach.

Five ways of working	How this plan addresses the ways of working
 Long term	<ul style="list-style-type: none"> Our IMTP is based on a long term strategy 'Delivering Excellence' which is a ten year strategy from 2019 to 2030 During the life of this IMTP we will commence work on our next long term strategy
 Prevention	<ul style="list-style-type: none"> This IMTP has a stronger focus around the ambulance service's role in population health and health inequalities, with a refreshed approach to Value based healthcare being developed.
 Integration	<ul style="list-style-type: none"> The plan is an integrated, financially balanced plan which triangulates activity, workforce and finance, alongside key considerations for our estate, fleet The plan aligns and integrate services and service structures which to benefit patients, our people and the wider system, aligned to our commissioners' and the minister's priorities for NHS Wales
 Collaboration	<ul style="list-style-type: none"> 'Collaboration first' will be a concept developed through the lifespan of this IMTP. We have undertaken reputation audits to determine how we are viewed as a collaborative partner in NHS Wales and we know we have more to do with our partners in Wales, UK and across the World.
 Involvement	<ul style="list-style-type: none"> We will listen to and learn from our patients' experiences both good and bad, involving the public and patients in helping us to design and deliver our services. We will establish a specific forum for formal engagement with the public and patients and be a more active participant as an anchor organisation in our communities. We are committed to the Social Partnership Duty and will involve our Trade Union partners and other non-unionised staff members in the decisions we make, including them early in the process of strategic transformation and change.

3.8 How we are focusing our plan.



With these challenges and opportunities at the forefront of our minds, and acknowledging all that our people have worked hard to deliver over the last few years to bring us to this point, we are clear that there must be a **purposeful focus on delivering three key priorities:**

- **Transforming** the way in which we deliver care with Health Board partners by developing, agreeing and implementing a **new clinical response model** that will provide **our patients** with the right advice and care, in the right place, every time and

- reducing harm. Our specific priorities are set out in Section 4 which identifies what we will do for patients who use 111, 999 and Ambulance Care services;
- Doing everything in our gift to improve **our people's** workplace experience, enabling them to be the best they can be. Priorities can be seen in Section 5; and
- Delivering exceptional **value and sustainability**, in the context of finance, the environment and Value Based Healthcare. More detail on this can be found in Section 10 'Value and Sustainability'

Decarbonisation and Sustainability

We will build on the successful establishment of the Decarbonisation Programme Board to further integrate decarbonisation and sustainability throughout the Trust and promote ownership across all actions in the DAP.



This year we have reflected on how the **five ways of working** should support us in delivering these priorities, in how we are working to **involve** our people, the public and our partners to develop **integrated** services fit

for **future generations**, delivered in **collaboration** with those key stakeholders, with a sharper focus on **population health & prevention** and **inclusion**.

4. Our patients

Strategic Objective 1 – Providing the right care or advice, in the right place, every time

4.1 Evolving our clinical service model

We are now in the second year of our ambitious Clinical Model Transformation (CMT) Programme, evolving our Clinical Response Model into an integrated Clinical Services Model. This transformation is crucial to our strategic objective to provide **the right care or advice, in the right place, every time**. The programme represents a fundamental shift in how we deliver care, moving towards a fully integrated and patient-centred model. By leveraging innovation, fostering collaboration, and embedding clinical leadership, we will ensure that our services remain responsive to the needs of our communities and building a resilient healthcare system for the future.



The evolving model moves away from a conveyance-based emergency response focus towards an integrated model that connects our core services into a cohesive system. This approach allows WAST to better meet the healthcare needs of the people of Wales by offering a broader range of care options, including addressing urgent and emergency needs within the community.

Long term modelling shows that as the model embeds and demonstrates its benefits, we would be able to start adjusting the balance of resources, so that more resources are directed to the access points in 111, 999 & ambulance care and alternatives to a face-to-face response, with potentially less requirement for emergency ambulances. However, this substitution of resources will take time over the period of this IMTP in the absence of 'pump prime' investment.

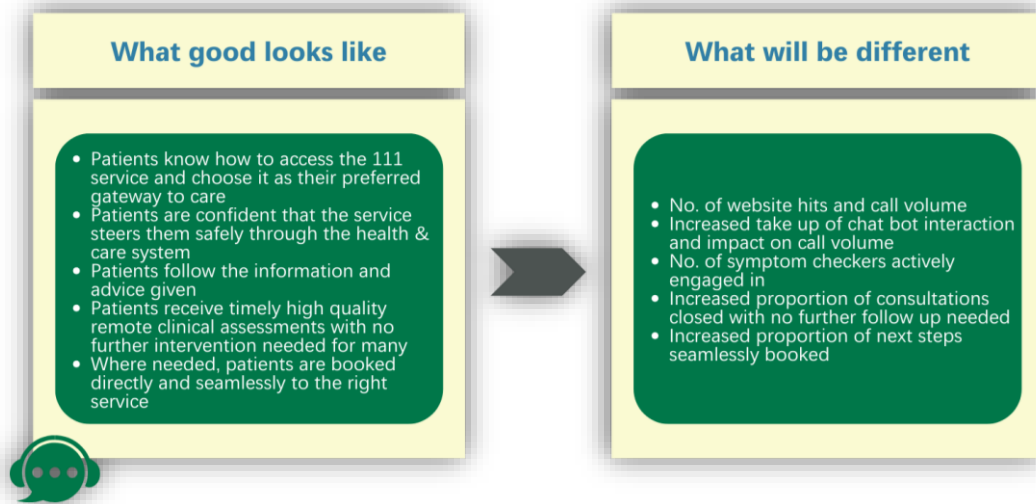
In its first year, the CMT programme prioritised rapid service improvements to enhance safety over winter. This year, we are progressing towards a more integrated service while deepening collaboration with system partners to refine and test the proposed model, ensuring alignment with the wider urgent and emergency care system incorporating recommendations from the Welsh Government Ambulance Target Task Group review of the Red 8-minute response target as they emerge (see section 4.3 below).

The evolved Clinical Services Model is designed to be clinically led, patient centred and integrated across multiple services. To deliver this transformation, we will:

- Embed **clinically led** decision making: Clinically led care decisions from first patient contact, ensuring timely, personalised responses, reducing unnecessary interventions and improved outcomes.
- Enhance system **connectivity**: Systems, processes and staff integrated across WAST and supported by digital solutions to deliver consistent patient experiences and maximise resource efficiency.

- Offer **choice** through diversified response options: Expanding response pathways in collaboration with the wider system, will allow safe, community-based treatments while ensuring ambulance dispatch is prioritised for critical needs.
- Strengthen **collaborative** pathways: Partnerships with Health Boards, commissioners, and community services will create shared care pathways, enabling patients to the access most appropriate local services.

4.2 Accessing our services through 111 and 999



Online digital advice

A modern, easily accessible, user-friendly digital 'front end' integrated with the NHS Wales App and with the 111 telephony service, acting as a gateway to the information, advice and care that patients need.

Across NHS Wales, there is an opportunity to work with partners to build on our digital platforms to maximise support to patients, carers, citizens, call handlers and clinical advisors. The **NHS 111 Wales website** continues to be a key priority, and we see opportunities to align its development more closely with the **Welsh digital and data strategy**. It is likely, in the future, that the NHS Wales App will be the digital gateway for the people of Wales needing urgent care advice and signposting, and our digital offer will need to be fully integrated. Over the course of the next 3 years, we would expect to see the **integration of our digital and telephony channels** so that patients can pass seamlessly from one to the other.



We will provide patients with access to NHS services through a modern, integrated **digital platform through NHS 111 Wales**. This platform will improve accessibility to timely and accurate health information, **supported by chatbots, symptom checkers, and other tools**. This will be supported by work to deliver improvements to our internal directory of services (DOS) and support the national development of an NHS Wales DOS.

Work will also commence to **identify a compliant and effective Online Symptom Checker tool** during the first year of this IMTP as a key element of the website. The deployment of a **Virtual Assistant integrated with Robotics AI technology** will be scoped for feasibility and investment requirement during the early part of 2025/26 with delivery and integration online symptom checkers and the NHS Wales Directory of Services (DOS) a further enhancement during year 2 of this plan.



We will develop a **strategic delivery roadmap** and plan outlining key milestones, resources, and timelines for long-term NHS 111 Wales online development, regularly reviewing and updating the plan to align with user needs, technological advancements, and industry trends. We will need to explore funding opportunities, including government funding through NHS commissioners and wider public sector funding and investment opportunities. Essential to a successful website will be an effective **content management system** and we will work to identify and implement

this throughout this IMTP to improve content over the course of the next three years. And by **integrating the 111 website with the NHS Wales App** patients will be empowered to make informed decisions about their health and navigate directly to the individual care or advice they need.

Call handling

Rapid call answering, initial triage and onward referral, part of the gateway for anyone with routine or urgent care needs.



High quality and rapid **call answering performance** is key to excellent patient experience and provides a confidence in the service. We have delivered significant improvements in call handling performance and clinical ring back times in the last 12 months, hitting the targets for several months. Further improvements and consistency across the week are still required.

Targeted **recruitment and training** efforts will ensure that we achieve commissioned call handling staffing numbers. We have been undertaking a **review of rostering practices**, which has included a demand and capacity element. We anticipate going on to undertake a **full roster review** in 2025/26 connected to the findings. Implementing performance and process improvement measures, reducing sickness levels, reviewing skill mix and career progression opportunities across 111 and 999, and realising the benefits from 111 systems implementation will allow us to **maximise the value from our call handling resource** and hence deliver continuous improvements in call answering times.

We will enhance our **digital platforms** to support the effective delivery of integrated care, including introducing a **single Computer Aided Dispatch (CAD) system** for integrated care (with Welsh clinical portal integration) and the **Call Prioritisation Streaming System (CPSS)** available to our contact centres which enables call handlers to provide safe, effective advice and referrals to a broader range of calls, allowing the potential for 999 call handlers to close calls remotely.

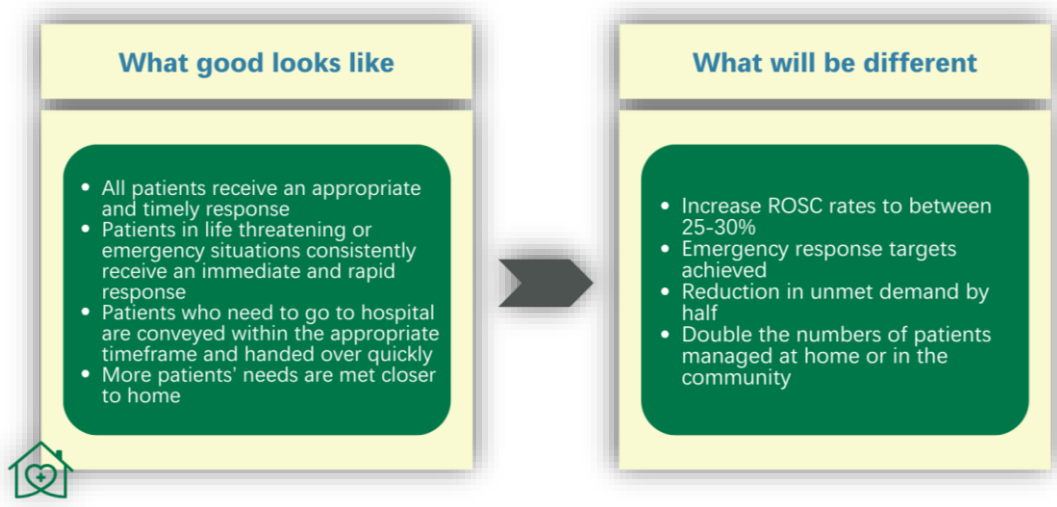


A services review conducted across WAST in 2024/25 identified potential efficiencies in call handling, including the opportunity for call handlers in **111, 999 and ambulance care to be more aligned** in the future. However, this is for consideration in later stages of this IMTP period.

Early in 2025/26 we will also see the **new contact centre in Ty Elwy** fully operational.

IMTP Objective	Year 1 (FIRM)	Year 2 (OUTLINE)	Year 3 (INDICATIVE)
A modern, easily accessible, user-friendly and integrated digital offer	<ul style="list-style-type: none"> A strategic plan for the NHS 111 website developed by end Q3 Online Symptom Checker tool identified during 2025/26 Content Management System (CMS) implemented during 2025/26 Virtual Assistant deployed by end Q2 The case for improvements to WAST internal directory of services completed by end Q1 Internal DOS integrated with 111 website following business case approval Support system-wide work to develop an All-Wales Directory of Services throughout 2025-27 	<ul style="list-style-type: none"> Implementation plan for website in place (subject to strategic plan approval) Online Symptom checker tool to be effective CMS evaluation exercise to ascertain leading products will be completed Improvements in the clinical content and visual design of NHS 111 website completed Continually improve the clinical content of 111 website as BAU Virtual Assistant integration (Online symptom checker and all Wales NHS DOS) Develop integration with NHS Wales app Support system-wide work to develop an All-Wales Directory of Services 	<ul style="list-style-type: none"> Continued Website implementation CMS link with hosting arrangements (TBC) Work with partners to deploy and maintain All Wales NHS DOS
Rapid call answering, initial triage & onward referral	<ul style="list-style-type: none"> A single CAD will be introduced for integrated care by end of Q1 Review and evaluation of the demand & capacity in 111 with a roster review completed by the end of Q4 Use of the Call Prioritisation Streaming System (CPSS) expanded by end Q3 New CCC in Ty Elwy fully operational in Q1 	<ul style="list-style-type: none"> Develop an offer for commercial arrangements for the use of CPSS Review impact of current processes and model and use findings to inform next actions. Implement and embed re-roster 	<ul style="list-style-type: none"> Transition 2025 and 2026 deliverables to BAU for benefits realisation

4.3 Emergency response - 999



Emergency Response

Delivering immediate 999 call answering, accredited determination of callers' needs and efficient and effective processes to allocate and dispatch the right resource.

A key innovation in our 2024/25 IMTP delivery was the introduction of **the Clinical Navigator role**, a more senior clinician responsible for reviewing patients within these groups. The Clinical Navigator will apply their expertise and clinical judgment to assess whether the identified activity is suitable for deeper remote management or if it requires a more immediate response. This represents a significant shift: the review focusses on whether a case is appropriate for further **remote management by our Remote Integrated Care Service (RICS)**, rather than whether it warrants an immediate ambulance dispatch. This change allows for more flexible and effective management of potential emergency cases, ensuring that patients receive care that is both timely and appropriate to their clinical needs.



The implementation of **RCS began in December 2024** for all green category calls, excluding those from Health Care Professionals, and Amber 2 category calls. The final element of this phased approach **includes Amber 1 category calls** and went live in February 2025. In 2025/26 a Task & Finish Group will design and **agree the process flow and metrics for calls that come from health care professionals (HCPs)** requiring a response in the community (aligned to the approach adopted for wider Call Flow and Categorisation in the Clinical Services Model). Following approval of the model, delivery and assurance arrangements will be confirmed.



Initial monitoring indicates that 75% of incidents that are screened (data based on 4760 incidents over a 6 week period during winter) were **suited for a further remote assessment**. Unverified (but confident) data also shows an increase in consult and close rates (where the case can be closed remotely) towards modelled levels (2023 EMS Demand and Capacity Review) of around 20%.

We have **successfully completed two out of three phases of recruitment and training**. Our team boasts a wealth of clinical experience, with backgrounds in EMS operations and integrated care, as well as additional expertise from external clinicians who have recently joined us. As a result, we are seeing an increase in patients receiving signposting, referrals, and episodes of care following the implementation of RCS. This in turn will require the right capacity in RCS as demand increases.

This is consistent with what the 2023 EMS Demand & Capacity Review indicated.



At the time of writing, Welsh Government has concluded its review of the Red-8 response target. As part of the Emergency Response workstream we will respond to the recommendations of this review and our traditional emergency response model will transition to a clinically prioritised system, incorporating **Rapid Clinical Screening (RCS)** for 999 calls. We will develop a new performance framework shaped around two new categories – purple cardiac arrest and red emergency. This will mean moving away from time-based targets as the primary measure of success and a focus on ‘return of spontaneous circulation’ as the principal measure of success for the ‘purple cardiac arrest’ category. This will provide a hugely important opportunity and driver for us to work with others across the whole system on improving each link in the chain of survival, linking closely with Save a Life Cymru to increase rates of bystander CPR and early defibrillation.

Next year (2025/26) will see the **Save a Life Cymru initiative being hosted in WAST** with resources moving from NHS Executive into the Trust during the first half of the year. This move will support our continued focus on improving the chain of survival and outcomes for people experience out of hospital cardiac arrest and aligns with our Wellbeing Objectives with a focus on community involvement to meet the needs of future generations. This also aligns with a **national strategic focus from UK ambulance services on the chain of survival, the role of volunteers** and increasing the confidence in the public to undertake **bystander cardiopulmonary resuscitation (CPR)**.

Operational efficiency & effectiveness

Over the past 12 months, the 999 service has faced significant pressures, adversely impacting patient experience and outcomes. Response times across all patient categories remain higher than acceptable, leading to harm through delayed responses, prolonged handovers at emergency departments, or unmet demand during peak escalation. The Trust remains focused on initiatives to mitigate these challenges and reduce harm. Despite these pressures, the Trust continues to respond to more patients in the Red category in 8 minutes than ever before.

There have been a range of factors which have affected this, including a further 23% rise in the number of **red calls**, and continued capacity losses through **hospital handover delays** which accounted for 26% of

conveying capacity in December 2024. In 2025 we will be fully engaged with the **national task force set up to address handover delays**.

To enhance the efficiency of ambulance operations, the Trust has implemented a structured programme of work, targeting key areas such as mobilisation and on-scene time. These efforts, supported by collaboration across directorates, aim to optimise resource utilisation.

Building on the successful implementation of CHARU, the Trust is focusing on filling remaining vacancies through a targeted recruitment programme. **Increasing CHARU availability will enhance the service's ability to respond promptly to critical patient needs, improving outcomes.** Our operational plans continue to focus on recruitment in rural areas and on an operating model which matches the unique needs of rural populations.



The introduction of end-of-shift handover pods at two key hospital sites, the introduction of alternative in-ambulance heaters, and efforts to minimise shift overruns have supported staff wellbeing by improving the work environment and reducing stress and personal pressure. The consequence on our people of prolonged handover delays is not to be under-estimated. It is a source of significant frustration for our people, hindering staff and volunteer fulfilment of their reasons for joining and can lead to morale injury. The Trust continues to take all reasonable steps to meet the wellbeing needs of all our people. Reducing shift overruns remains a key priority in our commitments to our people (see section 5.2).

The Trust is reviewing its EMS succession planning framework to ensure robust pathways for leadership development. This initiative will equip future leaders with the skills and resilience required to drive service improvements and support workforce needs.

Skill mix

In 2024 the Trust agreed, with the support of Trade Unions, to create a **new role of Emergency Ambulance Practitioners**. This is a band 5 role resulting from the adoption in Wales of the national job profile that applied to our band 4 Emergency Medical Technicians (EMTs). **Over the next 18 months EMTs who have chosen to do so will transition to the new role** with additional training in additional clinical skills, leadership and coaching. The new role will be more autonomous than the previous EMT role, and staff will have additional clinical knowledge and be able to interpret diagnostic results leading to greater efficiency but also be able to refer patients to alternative pathways available currently to paramedics.

There is a financial consequence to the change, and **we will need to undertake a major review of the skill mix of our frontline crews in EMS** in line with our Strategic Workforce and financial plans. However, this is not just about money but about the most efficient and effective use of resources, delivering better quality to our patients, and role satisfaction for our people, in the context of the evolving clinical model.



IMTP Objective	Year 1 (FIRM)	Year 2 (OUTLINE)	Year 3 (INDICATIVE)
Efficient and effective dispatch of the right resource	<ul style="list-style-type: none"> Formal response to the review of red calls by end Q2 Transition to a clinically prioritised emergency response model by end of Q3 Review of the skill mix of emergency response crews throughout 2025/26 Save a Life Cymru hosted in WAST by Q2 	<ul style="list-style-type: none"> Transition 2025 deliverables to BAU for benefits realisation Undertake RCS demand and capacity review following wider CMT implementation in RICS The outcome of the skill mix review to be implemented 	<ul style="list-style-type: none"> Transition 2025 and 2026 deliverables to BAU for benefits realisation
Health care professional call answering, and booking, and efficient and effective dispatch of the right resource	<ul style="list-style-type: none"> Health Care Professional (HCP) flows aligned to our evolved Clinical Services Model collaboratively redesigned by end of Q4 	<ul style="list-style-type: none"> Evaluation of the HCP flows 	<ul style="list-style-type: none"> Transition 2025 and 2026 deliverables to BAU for benefits realisation

4.4 Remote integrated care and care planning – 111 and 999



Remote integrated care service

Multi-disciplinary team delivering timely, high quality remote clinical assessment, advice and referral to pathways that meet patients' needs. Many patients will not need any further intervention.

This fully integrated service will be the **cornerstone of our clinical services model**. Clinicians will have access to an expanded range of clinical pathways internally and within Health Boards, including remote monitoring and specialist resources, ensuring personalised care. It is our intention to align pathways and processes but also bring together remote clinical capacity in CSD and 111 as **an integrated remote clinical assessment team in 2025/26**.

The RICS workstream in the CMT programme, will focus on four key areas to make this transition to the integrated model:

- **Process design and implementation:** to improve the operational processes to ensure the efficient and effective delivery of the new integrated model;
- **People and culture:** to ensure the strategic alignment of the workforce, delivering the team structures required for remote integrated care;
- **Digital:** managing and enhancing digital platforms remote clinical assessment, care planning and remote monitoring; and
- **Clinical and professional practice:** to ensure the training and education delivery and professional development in remote integrated care and remote clinical decision making.

One of the key benefits of the remote model is that patients have their needs met without the need for onward referral. We can achieve that by increasing the **capacity and capability of our clinical teams** - growing, developing, and empowering our clinical workforce and equipping them with the right training, skills, and support to excel in everything they do. Examples of this can be seen within our new piloted 'Winter Desk' programme and care planning function, where we saw 33% of calls were consulted and closed through signposting for most appropriate care required, which was not an emergency department by default.



Decarbonisation and Sustainability

The roll-out of technology to support remote assessment is a key deliverable within our Decarbonisation Action Plan as we look to embrace opportunities to provide care closer to home.

The new 111 CAS system was implemented in April 2024 and is the same triage software as that used by our clinical support desk for 999 calls. As set out in last year's IMTP, the system will enable the **interoperability between 111 and 999** so that we can closely align the clinical functions of

those services, which a key focus in 2025/26. This integrated approach will reduce unnecessary emergency dispatches, support safe care in the community, and enhance professional development opportunities for clinicians, fostering a more responsive and connected approach to patient care.

A key feature of the remote integrated care service going forward will be the **ability to care plan**, providing short or longer duration plans, which will enable **RICs clinicians to determine the safest and most appropriate onward referral pathway** for the patient. This will be enabled by implementing remote monitoring and clinical assessment capabilities such as video consultation and wearable health technology. In doing so we will align our plans for health care professionals and how our remote clinicians link in seamlessly with Health Board single points of access.



We will continue to grow the number of **community welfare responders** to 400 (volunteer roles established in 2023/24 with a target of 600 volunteers in total), supported by the remote monitoring technology, in order to safely support people at home, or in care homes, whilst we develop the care plan that can be enacted by WAST clinicians or pending referral onto the appropriate pathway for the patient's individual need.

Furthermore, through the RIC service and collaboratively developed local MDT hubs, **advanced practitioners and Health Board colleagues will work to better manage patients in the community**, to identify opportunities to direct an alternative response and/or signposting or redirecting the patient care to a more appropriate part of the health service with a local perspective. Options for these clinicians will include 'holding' patients through a short term agreed care plan, scheduling a response for a later time or date or working collaboratively with Health Board colleagues to facilitate an onward referral. Managing a proportion of patients appropriately in this way, without the use of a traditional emergency ambulance response, will **free up capacity** of this type of resource ensuring that in the event a patient presents in the system 'needing' an ambulance, then one will be available to them.



In 2024/25 we grew the **capacity and capability of our clinical teams** in both 111 and 999 and widened the skills available through the recruitment of specialists in such areas as paediatrics, pharmacy, respiratory and mental health. The continued development of the model requires additional, unavoidable costs to ensure that we have the safe systems of working in place. We need to design, consult on, and **deploy a range of leadership and management structures** across senior and middle management, first line Management, health Information, dental, and audit to ensure the changes we are making to evolve the clinical model are robust and sustainable. We will also need to **increase the number of clinicians** by up to 16 FTE working remotely to deal with the demand now coming through and to implement the care planning approach.

Decarbonisation and Sustainability



We have now embedded an agile working model which is supporting reduced commuting emissions. We will ensure our estate is fit for purpose to provide flexible, welcoming and collaborative spaces for our people. We will continue to embrace opportunities to give our people closer links with nature to support their wellbeing.

As part of our offer in terms of recruiting and retaining these specialist staff, we are continuing to progress **home working options**. We will also develop a specification and ambition for **our mental health service offer**.

Access to pathways

A wide range of pathways accessible from the 111 & 999 services, increasingly able to be booked directly, with seamless integration of information to get patients the right care in the right place.



As set out in the commissioning intentions, we will work with the Six Goals Programme and Health Boards on transformational workstreams, specifically to develop alternative means of managing patients. In NHS 111 Wales. This will include **tests of change for referrals to pharmacy and general practice**. We will work with Health Boards to increase the pathways available to 111 and 999 clinicians as part of our multi-professional working and development for people who present with urgent primary care need, with the aim of significantly reducing the volume of patients directed to emergency departments.

IMTP Objective	Year 1 (FIRM)	Year 2 (OUTLINE)	Year 3 (INDICATIVE)
Timely, high quality clinical assessment, advice and referral	<ul style="list-style-type: none"> New call flows and categories into the Remote Integrated Care Service (RICS) implemented by end Q4 Processes and policies to deliver an effective integrated care clinical team implemented by end Q3 Remote monitoring solutions implemented by Q3 (subject to funding) Remote working model for RICS implemented by end Q3 Opportunities for expansion of roles in RICS (as a Multi-Professional Team) progressed throughout 2025-2027 Leadership and management structures deployed by Q2 	<ul style="list-style-type: none"> Review impact of model and use findings to inform next actions Continual progression and exploration of opportunities to offer Multi-Professional roles Continuously evaluate and improve the RICS function and use findings to inform next action Develop and deploy long term service model for remote monitoring and wearable technology 	<ul style="list-style-type: none"> Transition 2025 and 2026 deliverables to BAU for benefits realisation
Seamless transfer of callers to wide range of available pathways	<ul style="list-style-type: none"> Sustainable Care Planning operational function implemented by Q3 Pathways for NHS DOS identified by Q4 Outcome of GP / Pharmacy tests of change complete by end Q2 Specification and ambition for the Mental Health service offer to be developed and implemented throughout 2025/26 	<ul style="list-style-type: none"> Review impact of model and use findings to inform next actions Develop integrated data solution through the National Data Repository (NDR) for NHS Wales 	<ul style="list-style-type: none"> Transition 2025 and 2026 deliverables to BAU for benefits realisation

4.5 Urgent Community Response

Urgent Community Response

A range of clinicians providing high quality, immediate or timely on scene assessment, care, and referral



Where existing pathways of care do not exist within the community, we will implement a consistent approach to urgent community care across Wales. This service offering is designed to better meet the needs of our patients who present through 999 and 111,

where historically an ambulance despatch would have been the only option. It will include face-to-face interventions, such as rapid falls response, advanced paramedic care, and mental health crisis intervention. This approach will improve access to community-based care, prevent unnecessary emergency department conveyance, and ensure equitable service delivery.

Decarbonisation and Sustainability

We will continue to support patients at home wherever possible. Our clinical professionals will drive fewer miles and support alternative care pathways. We will build on the success of our innovative fleet solutions, exploring all opportunities to develop a low emission, versatile and appropriate fleet, whilst ensuring that patient safety remains at the forefront of delivery.

Advanced Paramedic Practitioners (APPs) and End of Life Care

Advanced Practice offers the people of Wales timely access to highly skilled clinicians who can manage increasing level of complexity and frailty by providing advanced assessment, patient centred decision,

navigating access to alternative pathways or provide appropriate treatment at their preferred place of care (including medications). Our ambition has been to grow our advanced practice workforce, this continues to be our ambition but within the current financial envelope will need to slow the pace of growth of our APP numbers in 2025/26, with an additional 10 APPs in 2025. As set out in section 4.4 above, the focus over the next three years will be on expanding the use of the local community based navigator role, following evaluation, to a more equitable and consistent service offer for all seven Health Boards and embedding APPs within Health Boards using our commissionable rotational models in both primary care and palliative care settings, supported by the role of Senior Advanced Paramedic Practitioners (SAPPs) which were established in 2024/25 to provide leadership through supervision, professional guidance and standards (see section 9.2).

The deployment of demand-based roster keys has paved the way for **an APP roster review**. This will optimise APP availability for patient care while **aligning rotational responsibilities, such as primary care duties and remote clinical roles, with operational demands**.



End of life care involves the **treatment, care and support for people who are thought to be in their last year of life** (Marie Curie, 2024) and would include patients for example with a terminal illness, a health condition they are expected to die from or are suffering with this in conjunction with advancing age. This work will align with six goals programme work in urgent and emergency care for people at the end of life and has been a focus within our value-based healthcare working group.

The role of palliative care paramedics has grown in recent years, working in two Health Board areas (Cardiff & Vale and Swansea Bay). They are having a profound impact on our ability to care for people in the final days of life at home without the need for conveyance to hospital. The role has evolved from a rotational model with palliative care services to clinically led deployment by APP navigators in Health Board clinical hubs in those areas. The next step for the future palliative care paramedic offering will be to develop the specialism within the Advanced Practice (APP) establishment. **Marie Curie charitable funding provides an opportunity to support the initial cohort of APPs with both education and placement** and the clinical team in WAST is working to establish this alternative APP education pathway within the 2025/26 and potentially 2026/27 APP cohorts using current APP vacancy gaps, **around 8 FTE in the first year**.

Once established these clinicians will be available to work within their WAST rotation as part of the UCRS service offering. Through the IMTP cycle we will need to develop a plan for implementing these clinicians within the service model whilst evaluating the impact for both patients and clinicians.

Falls response

Over the next 3 years we will work with Health Boards and the six goals programme team to support the implementation of the National Falls Framework. This will require a clinical audit of fallers to develop an internal plan for our Level 1 and Level 2 services.

- **Level 1 (falls responder):** The majority of people who fall will require a level 1 falls responder who will aim to provide a response (or we will remotely manage) within an hour. We will develop transformational amendments to falls incident management whereby the initial 999 call will be screened by



RCS and managed by RICS who will develop the care plan for deployment of a level 1 response, ensuring non-injured fallers can be managed into community falls pathways.

- **Level 2 (enhanced falls responder):** There are a range of options in different Health Boards areas for people who fall and are frail or have a medical need. The national framework requires Health Boards to ensure urgent care response services are available. WAST will support this requirement by optimising its level 2 specification (currently a qualified paramedic and occupational or physiotherapist) and further developing the incident management through RCS and RICS, again ensuring a care plan is in place which maximises patient safety.

Mental Health Services

Mental health calls represent around 10% of ambulance demand and continues to increase. These calls are often complex and a significant challenge to a generalist workforce. Mental health service users are twice as likely to experience significant waits than others in this highly unsuitable environment when in distress. However, through the introduction of **Mental Health Practitioners** in our Clinical Support Desk we have made positive improvements achieving increased consult and close rates reducing the need for ambulances and reducing impact on Emergency Departments and local mental health crisis and liaison services.



Whilst there have been significant improvements for patients it remains the case that a proportion of our mental health calls will still require a face-to-face assessment. In other areas of the UK **mental health response vehicles** have been introduced to address this need resulting in increased see and treat rates and reduced conveyances to ED.

Our team has reviewed outcomes from other areas with significant see and treat rates of 85% with 95%

positive staff feedback and a 100% staff perception that service users had benefitted from the service.

We piloted a mental health response vehicle (MHRV) in collaboration with Aneurin Bevan UHB, in 2024 with early data suggesting performance in line with findings in England. In November 2024 we launched a MHRV across South East Wales and are continually evaluating the service. Initial data suggests an improved response and outcomes for those in mental health crisis.

Additionally, we continue to develop our mental health offer further to ensure we have the capacity and capability to respond to the '**Right Care Right Person**' ([Link](#)) **implementation**. The impact of this in areas that have commenced has been significant to ambulance services; within South West Ambulance Service they have experienced a 25% increase in mental health contact and in London Ambulance Service over half of their mental health response vehicles have been taken up by RCRP demand. We remain uncertain about the impact of this on our services as all stages are not fully implemented and will not be in all areas until the end of 2025. Without increased resource there is a risk that patients with mental health needs will fall in between services (Police/ NHS/ Social Services) and be left without the support and treatment they require exposing the trust to organisational risks.

We will continue to **develop our internal training for our people** to support them with the skills and knowledge required to support mental health needs including children and young person's mental health, perinatal mental health, drug and alcohol and personality disorders. We have offered weekly suicide first aid virtual classroom training to all Trust staff during this year.

We will continue to develop dementia friendly ambulance environments by building on foundation work undertaken across Wales. Co-production with dementia networks, staff, partners has allowed us to consider building art, music and reminiscence therapy opportunities within the delivery of our services, creating more therapeutic environments. This has also created opportunities to develop the skills and knowledge of our workforce to support more person-centred care for people affected by dementia.

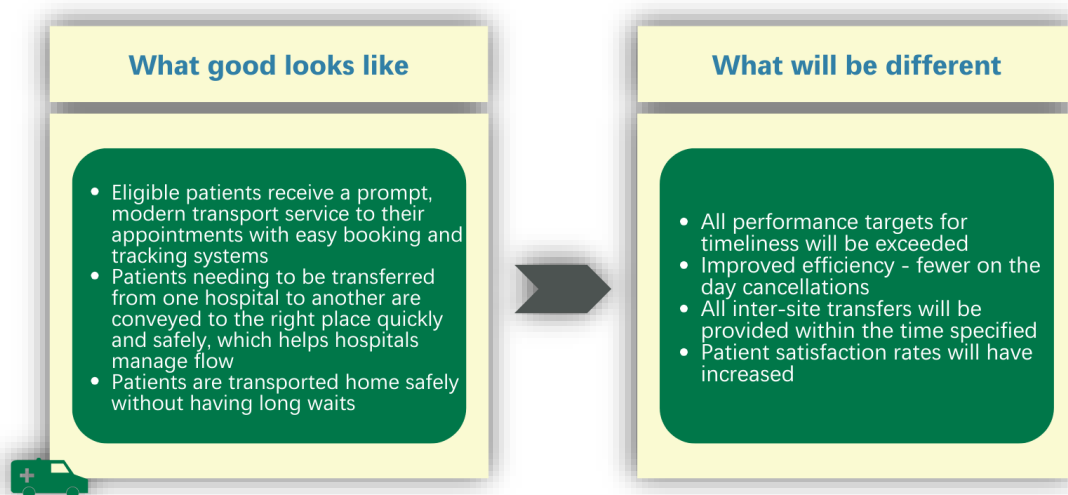
Our focus for the future continues with strong collaboration with a range of partners to map and improve the journey for people affected by dementia through our services, with specific work around falls and frailty; exploring ways we can avoid and divert people from emergency care departments where appropriate; and how we deliver safe remote and integrated care services.

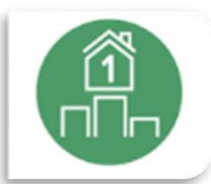
Health Board pathways

As set out in the commissioning intentions, we will work with the Six Goals Programme and Health Boards on transformational workstreams, specifically to develop alternative means of managing patients (where safe and appropriate to do so) who present with conditions requiring among other interventions such as end of life care, breathlessness and chest pain.

IMTP Objective	Year 1 (FIRM)	Year 2 (OUTLINE)	Year 3 (INDICATIVE)
High quality, immediate or timely on scene assessment, care and conveyance where needed	<ul style="list-style-type: none"> Mental Health Response Vehicle (MHRV) blended model evaluated with recommendations for expansion throughout 2025-2027 Palliative Care Paramedics (PCPs) deployed in four health boards by Q3 PCP model evaluated in Q4 Falls Level One (Falls Responder) service resourced throughout 2025-27 Falls Level Two (Enhanced Falls Responder) service developed throughout 2025-27 	<ul style="list-style-type: none"> A Mental Health Response Vehicle (MHRV) blended model will be evaluated with recommendations for expansion PCPs will be deployed in one further health board Falls Level One service resourced throughout 2025-27 Falls Level Two service developed throughout 2025-27 	<ul style="list-style-type: none"> Mental Health response reviewed to ensure sustainability and value PCPs will be deployed in all health boards
A range of 24/7 pathways available for further assessment or treatment, closer to home	<ul style="list-style-type: none"> APP Navigators in every Health Board, fully integrated into Health Board MDT hubs, commences during 2025/26 The number of APPs will increase, to accommodate TAPPs coming through their qualifications, by Q4 Mechanisms for measuring performance and clinical practice of our Advanced Paramedic Practitioners (APPs) established by end of Q4 Work with health boards to develop alternative pathways will continue throughout 2025-28 	<ul style="list-style-type: none"> APP Navigators will be located in every Health Board, fully integrated into Health Board MDT hubs Further grow APP numbers in line with modelling (subject to funding) Audit and compliance controls to demonstrate clinical assurance and safe prescribing Work with health boards to develop alternative pathways 	<ul style="list-style-type: none"> Effective audit processes for all facets of Advanced Practice will be embedded enabling a review of CPD arrangements Work with health boards to develop alternative pathways

4.6 Non-emergency transport services





Ambulance Care encompasses our Non-Emergency Patient Transport Services (NEPTS), Urgent Care Service (UCS), the Trust Level 1 Falls Service, and a dedicated inter-site transfer service for Aneurin Bevan University Health Board (ABUHB). These services play a vital role in ensuring system flow and patient access to planned care. As part of our integrated clinical model transformation programme will also

develop a health transport element to provide patients with transport following an unscheduled care request and where a planned appointment can be scheduled.

Ambulance Care Vision: we will build our own internal vision for Ambulance Care. This will include a clear definition and understanding of what Ambulance Care is and its component services mean, how they are interdependent but also delineated and how they fit into the emerging work around Health Transport.

Decarbonisation and Sustainability



We will continue to explore opportunities for lower emission vehicles. Our changing mix of Ambulance Care fleet will look to provide smaller vehicles which will support this. Further work around reduction in on the day cancellations will contribute to our reduced carbon emissions.

NEPTS: We intend to continue our improvement journey through; our ambitions, responding to our commissioning intentions and the national vision for non-emergency patient transport, developed by the NWJCC in 2025. We will develop an implementation plan through which we will;

- Optimise our resource utilisation ensuring that we **maximise our capacity, and efficiencies** to enable us to deliver for our patients. This will include the implementation of a roster review and a review and redesign of the current service delivery model for the use of external partners (plurality model); reviewing our systems and methods to manage the providers ensuring it continues to deliver best value whilst also reviewing against our operational rosters to ensure we have the optimal resource to meet our demand It is pleasing that in the last year the service has achieved financial balance, correcting previous overspends. That has not been without the need to introduce and deploy a Capacity Management Plan with a change in our approach to managing ineligible service users. As we have seen demand for stretcher borne patients increase, it will be imperative that our commissioners review funding arrangements for the service which can be done alongside development of the vision for these services. We will utilise predictive analytics to forecast demand to enable us to efficiently plan for our patients.



- **Leverage technology** to enhance co-ordination and patient experience (detail contained in section 7), implementing new platforms to access transport services, mobile applications that will enable patient to book, track and manage their transport, providing real time updates to keep people informed of their transport status. We will maximise our opportunities to integrate our scheduling systems with Health Boards to align transport availability with need and manage transport requirements more effectively.
- We will work with Health Boards and the Six Goals programme to ensure NEPTS is integrated into discharge planning processes, bringing through key actions into directorate plans or the IMTP.

Health Transport: A key part of our evolving clinical model which will support **provision of transport following the outcome of a clinical assessment** where the needs for the patients are known, the ambulance skill requirement is known, enabling urgent care interventions in a more scheduled way. We will therefore better utilise our capacity to manage urgent care as 'health transport', scheduling community ambulance responses.



Transfer and Discharge: Collaborating with commissioners and other service providers to develop a **financially sustainable service model** that ensures timely inter-facility transfers. These journeys are critical to ensuring flow across the system.

Increasingly, as described in section 4.6.1 below, Health Boards are developing new service models which see centralised services and a greater need for movement between hospital sites. Our plan and the ask has been previously to develop a dedicated All-Wales service. However, commissioning intentions have moved on over the last four years as services have developed across NHS Wales post-COVID. Having evaluated the outputs of modelling a single, dedicated all-Wales service in 2024 we now understand the service requirement for a dedicated service and in the current financial context the increase in resources required may not be realistic.

We therefore need to re-engage with Health Boards via the NWJCC and NHS Executive on the outcomes of our existing modelling and discuss a future model that fits with the demands coming from strategic service change and regionalisation over the next 3 years.

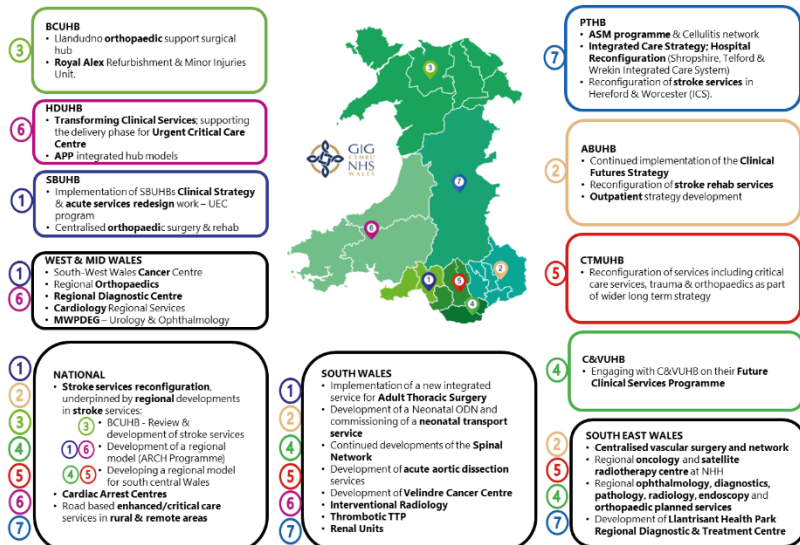
This engagement will lead to work with commissioners on the development of a future model for **Transfer and Discharge services** in line with JCC's commissioning intentions for EMS, NEPTS and ACCTS (the All-Wales Critical Care Transfer service provided by Swansea Bay University Health Board). **A proposed model and implementation plan will be developed throughout 2025/26 for delivery in years 2 and 3.**

IMTP Objective	Year 1 (FIRM)	Year 2 (OUTLINE)	Year 3 (INDICATIVE)
A clear vision for Ambulance Care services that supports wider health & care transformation	<ul style="list-style-type: none"> An internal vision for Ambulance Care services agreed by the end Q1 Plans to respond to the requirements of the national vision for non-emergency transport and the internal vision for Ambulance Care developed and implemented throughout 2025-27 The future shape of the Ambulance Care fleet will be agreed and a delivery plan developed by the end of Q4 	<ul style="list-style-type: none"> Continued implementation of plan to respond to the NEPTS vision and internal ambulance care vision 	<ul style="list-style-type: none"> Evaluation of the NEPTS vision to date
A transfer & discharge service supporting HBs with their transformation agendas	<ul style="list-style-type: none"> Internal vision for Transfer & Discharge (T&D) services reviewed by end Q1 Proposed T&D model will be agreed internally by end Q4 Engagement will take place with health boards throughout 2025/26 Opportunity to develop a 24/7 major trauma desk assessed by the end of Q4 	<ul style="list-style-type: none"> Implement plan for T&D services including a Transfer Clinical Hub (subject to external funding) 	<ul style="list-style-type: none"> Transition 2025 and 2026 deliverables to BAU for benefits realisation
A flexible, user-centred Non-Emergency Patient Transport Service with the right capacity in place to meet demand	<ul style="list-style-type: none"> NEPTS roster review completed by end of Q2 Current plurality model reviewed and updated by end Q4 Review of NEPTS and UCS alignment completed with a delivery plan by end Q4 Digital solutions to enhance patient experience adopted in NEPTS by end of Q4 Data and insights to improve co-ordination and decision making with health boards throughout 2025/26 	<ul style="list-style-type: none"> Continued work with health boards to maximise opportunities to integrate NEPTS & Health Boards scheduling Implement data analytic tools to monitor and evaluate NEPTS performance continuously Predictive analytics to forecast demand and allocate resources efficiently 	<ul style="list-style-type: none"> Review, evaluate and adjust systems to ensure optimal performance and impact

4.6.1 How will Health Board strategic plans affect us?

Our services are recognised as a key enabler of transformational changes across the system to enable access to sustainable services across the country; working together to ensure safe and effective pathways into services whilst also planning for the additional demand for transfers, repatriations and discharges where required.

We continue to work collaboratively and proactively with Health Boards, regional programmes and Clinical Networks to support strategic, **transformational service changes** (national, regional and local) across Wales to ensure the best possible outcomes and experience for the people of Wales.



We need to remain flexible to change but realistic in the context of the demand on our service and the capacity to deliver change at pace. We will take account of the full range of strategic service changes in Wales as we develop options to support inter facility transfers and discharges in collaboration with the system.

The map above provides an overview of the main service change programmes of work where we are working collaboratively with partner organisations. For effective planning it is important to have timely and meaningful communication, and we will be **focussing resources to co-ordinate our role in local, regional and national planning across Health Board areas and NHS networks.**

4.7 Emergency Preparedness, Resilience and Response (EPRR) and specialist operations



As a Category One responder under the Civil Contingencies Act 2004, **we remain committed to emergency preparedness.** A significant focus has been the Manchester Arena Inquiry recommendations, with 68 identified as applicable to the Trust. Of these, 18 require additional financial support and the case for this was submitted to our commissioners in August 2024, while the remainder can and shall be delivered within existing capabilities.

A full deployment of all 18 recommendations would permit the Trust to demonstrate its learning from the Inquiry and well place the Trust to respond effectively to mass casualty incidents. The MAI recommended that ambulance services submit their review of the MAI recommendations to their commissioners, to consider the funding implications of recommendations that are not within the current resources available to WAST. The Trust's MAI review has been submitted to the NWJCC with the NWJCC establishing an expert/peer review panel to consider the Trust's submission.

IMTP Objective	Year 1 (FIRM)	Year 2 (OUTLINE)	Year 3 (INDICATIVE)
Fulfil our statutory requirements for civil contingencies, ensuring our preparedness through testing, learning & training	<ul style="list-style-type: none"> Continue to plan and prepare for major incidents as per the responsibilities of the Civil Contingencies Act and collaborate with the JCC on further developments the preparedness and response to major incidents e.g. Manchester Arena Inquiry and Grenfell Inquiry throughout 2025-28 		

4.8 Volunteers

In its fourth year, the Trust's volunteering strategy has made significant progress, **embedding volunteers within #TeamWAST**. The final year of the strategy in 2025/26 will focus on refining volunteer services, developing a volunteer-to-career pathway, and launching a new volunteer management system. This will align to our Wellbeing Objective to be a socially responsible employer.

Recruitment initiatives aim to increase the number of **Community First Responders. Community Welfare Responders and Volunteer Car Drivers**, supporting 999 and 111 services.

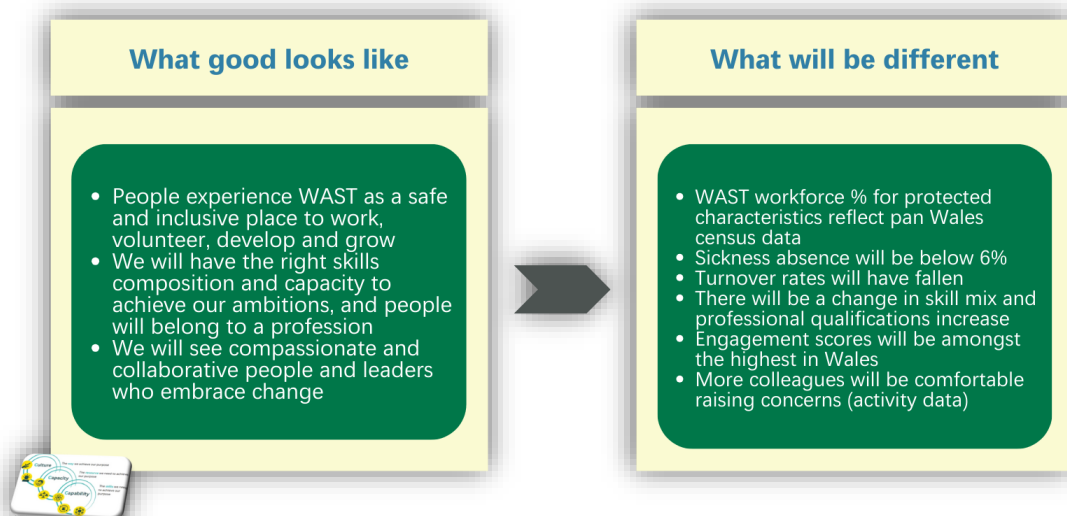


In the last year, progress was made on piloting our **oncology focussed Volunteer Car Service**. This pilot has seen volunteer drivers paired with an oncology patient for the period of their treatment, which for some patients can stretch several weeks or months. There is fantastic initial feedback, and so the Trust is keen to develop this further in the coming year.

Taking us forward from 2026/27 onwards we will need to **develop the next Volunteer Plan**, building on the success of the previous strategy. This will be delivered through the Operations Directorate delivery plan.

5. Our people

Strategic Objective 2 – Enabling our people to be the best they can be



5.1 Our workforce profile

WAST currently employs approximately 4401 people (compared to 4400 in January 2024). The largest staff group is Additional Clinical Services at 47.89% (51% Jan 2024), which includes our Ambulance Care Assistants (ACA1/ ACA2s), all grades of EMTs, and Call Operators, followed by our Allied Health Professional staff group at 27.94% (27% Jan 24), which includes our paramedics. This is an increase of 7.81% in post compared to December 2020.

51.29% of our workforce is female, which is an increase of 5.39% since December 2020. 20.91% of the workforce is part-time, which has increased slightly from last year (increase of 0.76%). 21.64% of our workforce is aged 56 or over, suggesting an ageing workforce profile which will need to be carefully managed. Our hardest to recruit roles are qualified Paramedics for CHARU roles, 111 Clinical Advisors (nurses), IT and Digital Specialists.

In 2024, we produced the **WAST Strategic Workforce Plan 2024-2030**. This guiding document outlines our workforce challenges and priorities. In the plan we have linked in our strategic drivers, current and future workforce supply, demand projections and organisational goals.

Our assumptions over the next two years are based on little or no growth for Ambulance Care and limited growth for our Emergency Medical Services (EMS), aimed at our Cymru High Acuity Response Unit (CHARU) service and Advanced Practice. Our most recent Demand & Capacity (D&C) Review indicates modest growth in our contact centres to support our emerging clinical model with an increase in remote clinical care roles.

We also must assume that handover will remain higher than we would like given the challenges experienced across the system. This compels us to fund the changes we require in our service by reconfiguring existing resources; enabling us to ensure our workforce modelling maximises the levers in our control to maintain and improve levels of handover.

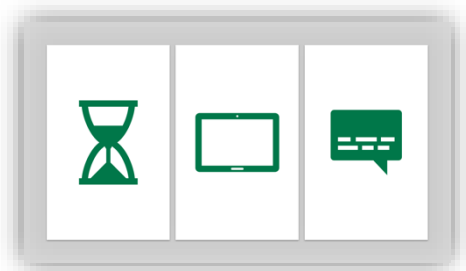
Our Integrated Technical Planning Group brings together colleagues across the organisation to work on the holistic picture including clinical skills, education and training, planning, fleet and estate teams to ensure the organisation is taking a co-ordinated approach to its key resources. This supports a cross-functional approach to developing and deploying our workforce to maximise their impact and productivity. The Minimum Data Set at Appendix 2 will set out our workforce numbers for this IMTP.

We are also leading on the **task and finish group to look at the skill mix of our frontline crews** in the context of our evolving clinical model and the adoption in Wales of the band 5 technician job description (see section 4.3).

5.2 People and Culture

Commitments to our people

It has been a commitment within our IMTP to address three key issues based on feedback we have received through engagement, surveys and TU relationships. These issues are still important to our people, and they remain commitments in our IMTP for 2025-28. However, we see flexible working as commitment we are now delivering on and will undertake a review of All Wales policy and its impact on WAST.



Instead this year we are committed to improving 1:1 interactions with our people.

- **Shift overruns:** In 2023/24, we made progress in some areas of Wales by implementing 'holding areas' for staff breaks and shift end handover, with patients cared for by dedicated ambulance staff near the Emergency Department. However, these areas remain in few hospitals in Wales, and high levels of handover delays continue to cause shift overruns. This forces staff to work additional hours or seek 'time off in lieu,' impacting on EMS service capacity. We have established a task and finish group with staff and Trade Unions to find solutions, with outputs due in Q2. We will also continue collaborating with our Health Board partners and the national task force to address the root cause of shift overruns (handover delays).
- **Digital Experience:** we have made strides in developing tools and training to support digital literacy and process automation. 'Single sign on', Smart Stations and a Digital Skills Strategy are some of the priorities which we will be focussing on in delivering our People & Culture and Digital Plans (section 7).
1:1 conversations: Through Our WAST Way, regular 1:1 conversations will be embedded to address staff challenges, enhance motivation and wellbeing, and build a supportive work environment through open dialogue and joint problem-solving.

We continue to deliver our People & Culture Plan through 3Cs:
Culture, capacity and capability.

Culture

Throughout 2024-25, we have **continued to strengthen our internal capacity to drive culture change**, harnessing the passion and energy of our flourishing people networks. 2025-28 will see us further developing change capability and capacity both formally and informally, to support the many projects and transformation activities across the organisation.



Equity, Diversity and Inclusion (EDI) is and remains a core theme and golden thread running through everything we do. **The Strategic Equality Plan is one of the key elements of our People & Culture Plan.** Alongside embedding EDI into our everyday practices (through **delivery of our Strategic Equality Objectives**), we are committed to driving forward the successful delivery of our statutory action plans. Specific initiatives will also include partnering with higher education institutions to **increase student diversity** and launching **targeted campaigns to attract candidates from a wide variety of backgrounds** for the full range of career opportunities within WAST. Equality Impact Assessments (EQIAs) will continue to drive our strategic decision making and we will be ensuring awareness of the role of **EQIAs** through an impact assessment signposting document recently launched on our Intranet.

Increasing sexual safety and addressing misogyny are key areas of challenging and emotive work that we are deeply committed to tackling. We are **unwavering in our dedication to creating an environment where everyone feels safe and free from risk**; this includes creating a culture where colleagues feel supported to speak up and share concerns, ensuring that all issues are proactively addressed and thoroughly investigated where necessary.

We recently **employed a Lead Guardian** to encourage and enable colleagues to speak up about concerns in a safe and supportive way. This initiative has contributed to an **increase in the number of issues raised**, reflecting a positive shift towards a more transparent and accountable culture. Colleagues are raising concerns through a variety of routes, which aligns with our goal of enhancing psychological safety across the Trust. It is important to note, however, that whilst this progress is encouraging, **associated workload is increasing**,

as the volume of cases rises. To support this, we have established a fixed-term Director of Culture Change and the addition of **three fixed-term dedicated Investigating Officers**. We are committed to amplify the voices of our colleagues through Speaking Up Safely as well as the Staff Survey our People Networks, all of which remain fundamental levers of success over the years.

Our emphasis on **Social Partnership development** is having a **positive impact on relationships**. We recognise the importance of maintaining and strengthening trust and engagement with our partners; the delivery of a Conference in March 2025 will be a core part of this and we are proudly sharing our story at the forthcoming Ambulance Leadership Forum (ALF). The coming year will bring some challenging issues which we will need to handle in partnership with our trade unions and as such, our continued focus on enhancing our collaborative and co-production approach to partnership working is vitally important. A key element of how we practically move forward in partnership is delivery on the actions within our extant plan facilitated by and developed with ACAS.

We will also continue to undertake **cultural reviews to shine a light on areas of excellence** and identify opportunities for growth. These reviews will enable us to celebrate and spread great practice whilst also maintaining a focus on continuous improvement. At the heart of this work is our unwavering commitment to **creating an environment where colleagues feel valued, supported and empowered** to contribute to an evolving and thriving organisation.

IMTP Objective	Year 1 (FIRM)	Year 2 (INDICATIVE)	Year 3 (OUTLINE)
Establishing our Culture as the way we achieve our purpose	<ul style="list-style-type: none"> • Strategic Equality Plan 24-28 (4 Year plan) implemented throughout 2025-28 • Anti-Racist Wales, LGBTQ+, Disability, Sensory Loss Standards, Armed Forces, Covenant Duty, Carers Leave Bill plans implemented throughout 2025/26 • Develop and implement new process and practices to enhance our approach to amplifying colleague voices throughout 2025/26 • Our compassionate practices approach expanded and embedded throughout 2025/26 • Health and Wellbeing Plan implemented throughout 2025-29 • ACAS (social partnership) action plan delivered throughout 2025-28 • Sexual Safety Plan delivered throughout 2025-28 	<ul style="list-style-type: none"> • Implementation of Strategic Equality Plan 24-28 (year 2 actions) • Continuous delivery of EDI related action plans • Evaluation of impact and continue rollout of compassionate practices as required, addressing any areas of lower performance • Health and Wellbeing Plan 25-29 (Year 2 actions) Delivery and implementation of the ACAS Action plan (year 2 actions) • Review internal and external sexual safety landscape and adjust interventions as appropriate. 	<ul style="list-style-type: none"> • Implementation of Strategic Equality Plan 24-28 (year 3 actions) • Review and ensure Compliance with Welsh Government Statutory Requirements relating to Inclusion and Engagement • Health and Wellbeing Plan 25-29 (year 3actions) • Commitment to work towards Safe Effective Quality Occupational Health) SEQOSH Accreditation by 2027/28 (subject to funding) • Delivery and implementation of the ACAS Action plan (year 3 actions) • Continual review of internal and external sexual safety landscape and adjust interventions as appropriate

Capacity

Building workforce capacity is essential to achieving our organisational goals to reduce unnecessary conveyance and deliver innovative care models and to support this, over the next three years we will focus on **delivering our Strategic Workforce Plan**, considering in detail the existing and future composition in terms of and enhancing our approach to recruitment and retention, broadening volunteering roles and strengthening partnerships. To ensure a tailored approach that addresses unique professional needs, we will also develop specific workforce plans for each Directorate. We are also advancing our capacity through improved systems, delivering the project plan to **replace Employee Staff Record (ESR) system** and exploring a **case management system for employee relations**.

Continuing to support flexible working and reviewing employee benefits will help us achieve our goals of attracting and retaining high-quality candidates and **improving overall employee experience**. NHS 111 and 999 call centre posts are a particular focus due to the nature of role, lower pay and poor recruitment and retention. We will focus on recruiting the right type of candidate and being realistic with candidates about the challenges faced in these roles, whilst highlighting the career pathways and benefits that come with working in such a role in the NHS.

Key to workforce capacity is productivity, including efficient working practice, sickness and turnover. All of the actions across Culture, Capability and Capacity are designed to create a working environment which supports good attendance, development and retention of people. However, there are some key deliverables

in our plan including continued work on managing attendance, eTimesheets (deliverables included in section 7) and retention (focussed initially on the nursing community in line with national retention work).

We will continue to focus on managing absence in line with policy requirements, upskilling managers to support colleagues who are sick and to support our frontline operational teams in tackling the biggest issues which impact attendance, such as shift overruns and handover delay. Targeted actions to reduce sickness absence, alongside enhanced health and wellbeing support (under the umbrella of our **Health and Wellbeing Plan**) and proactive redeployment opportunities will ensure colleagues are supported to remain in or return to work.

IMTP Objective	Year 1 (FIRM)	Year 2 (OUTLINE)	Year 3 (INDICATIVE)
Ensuring the right Capacity needed to achieve our purpose	<ul style="list-style-type: none"> Actions within the Strategic Workforce Plan delivered throughout 2025/26 ESR National Optimisation, NHS Project & interface with GRS developed in Q1 to be delivered throughout 2025-27 Undertake preparations for Future NHS Workforce Solution Transformation Programme during 2025/26 A post implementation review of the of the All-Wales Flexible Working Policy processes in WAST undertaken during 2025/26 Recruitment strategy developed by the end of Q4 Improving Attendance plan delivered throughout 2025/26 Nurse retention plan will be delivered throughout 2025/26 Outputs of the work of the Shift Overrun task and finish group delivered by Q2 	<ul style="list-style-type: none"> Continued implementation of the Strategic Workforce Plan (year 2 actions) Workplan linked to NHS workforce solutions delivered Continue to monitor and review ESR data. Focus coaching and awareness sessions in key areas. 	<ul style="list-style-type: none"> Continued implementation of the Strategic Workforce Plan (year 3 actions)

Capability

Critical to the success of our work to deliver the People & Culture plan is how we **shift the default day-to-day leadership styles across our organisation** to more compassionate, inclusive, and collaborative leadership.

This is the goal of *Our WAST Way*, encouraging leaders to make intentional choices about how they lead in this way, with the ability to adapt style in certain situations such as crisis or during incidents. With this focus on learning and development, **the rollout of *Our WAST Way*** will be central to **building leadership capability and competency across the organisation**.



We are **committed to building change capacity and capability** across the organisation by embedding a robust change management approach; this is part of our broader ambition to professionalise services, with a focus on **developing knowledge and skills in change management** to ensure that change is effectively managed at all levels. A key element of this will involve providing managers with the support they need to effectively lead change and guide their teams through it. This approach aligns closely with *Our WAST Way* leadership and management development framework, ensuring that effective change management becomes an integral part of how our leaders at all levels of the organisation work, rather than an add-on. Additionally, we are providing a platform for local empowerment through our Change Community, helping colleagues take ownership of change within their own areas. This is connected to our ongoing work with the NHS Wales Staff Survey and colleague networks, where we are **amplifying colleague voices and driving greater collaboration**.

Over the next three years we will be **supporting the Clinical Model Transformation Programme** from a people and culture perspective. This will involve a comprehensive approach that includes effective change management, People Services support, Education and Development, OD and culture as well as effective Workforce Planning. **Equality, Diversity and Inclusion will be integral** to service design and planning, ensuring that all aspects of our transformation journey and evolving clinical model are **inclusive and accessible to all** (including our patients and our people). Through delivery of our Health and Wellbeing Plan, we will prioritise Occupational Health and Wellbeing, creating a supportive environment that enables colleagues to thrive and adapt to the changes ahead.

To **further strengthen our education and development framework**, we will review and update our existing eLearning provision, expand our apprenticeship programme and broaden CPD opportunities across the Trust. Alongside this work, we will support the development and implementation of a **Welsh Language Recruitment Strategy**, ensuring inclusivity and compliance with statutory requirements. We will also review and implement **the Digital Skills Strategy for 2025-20230** and develop a **comprehensive People Development Plan** for the same period, ensuring alignment with organisational priorities and future workforce needs.

As we look ahead, a priority for our team will be **refreshing our People and Culture Plan to cover the 2026–2029 period**. This will involve evaluating our progress to date, building on great practice and identifying opportunities for further improvement. Central to this will be defining what exemplar leadership looks like under *Our WAST Way*, with a focus on cultivating a culture of meaningful conversations, checking in and truly knowing and supporting our people.

IMTP Objective	Year 1 (FIRM)	Year 2 (OUTLINE)	Year 3 (INDICATIVE)
Ensuring the skills and Capability needed to achieve our purpose	<ul style="list-style-type: none"> The capability of managers to lead / manage change developed, supported by a Change Management Toolkit throughout 2025-28 WAST People Development Plan (PDP) signed off by end Q4 Our WAST Way leadership behaviours framework and an aligned development framework, developed and launched in 2025/26 Excellence and consistency for education and development will be delivered across WAST in line with University Trust Status priorities (section 8) People & Culture Plan evaluated and refreshed in 2025/6 	<ul style="list-style-type: none"> Further develop Change Management Toolkit Review impact of Change Management aspects of Our WAST Way Implementation and delivery of our WAST PDP Review impact of actions and develop next set of improvement actions for Our WAST Way Implement findings of review and roll out to whole organisation Approval and delivery of People & Culture Plan 2026-29 	<ul style="list-style-type: none"> Review impact of change management approach and implement recommended improvement PDP impact evaluation, refinement and evolution Transition Our WAST Way as business as usual and realise benefits

5.3 Welsh language

Leadership is a key driver for the successful implementation of **More than just words**. Strong leadership is key to underpin the actions to transform our Welsh language provision for the future, and to drive us towards providing an 'Active Offer'. Put simply this mean **providing a service in Welsh without having to ask for it** and having the Welsh language as visible as the English language.



As part of developing the cultural change that is aligned to our ED&I agenda and our Wellbeing Objectives, we will promote and monitor the implementation of our new **Welsh Language Policy**. Our focus is not only about how we will meet compliance with the Standards but on how we go about **creating a cultural change within our organisation that normalises use of Cymraeg (Welsh)** and ensures we foster a bilingual ethos. The more we can develop our bilingual culture, the easier and more natural compliance with the Welsh Language Standards will become.



Through this IMTP period we will seek to further promote the **mandatory Welsh language awareness course** to increase compliance in number of staff completing the course together with the development of a Welsh Language Recruitment Strategy.

To further improve our compliance with the Welsh Language Standards and introduce an element of objectivity, a Welsh Language standards baseline has been developed which will be promoted across the Trust. Examples of good practice of compliance with the Standards will be celebrated across the Trust. In accordance with Standard 110, we will **explore opportunities to develop and publish a five-year plan** on the extent it is able carry out clinical consultations in Welsh.

IMTP Objective	Year 1 (FIRM)	Year 2 (OUTLINE)	Year 3 (INDICATIVE)
Strengthen Welsh Language compliance through strong leadership, enabling Welsh language to flourish	<ul style="list-style-type: none"> Engage with staff to ensure that their ESR Welsh language competencies are up to date by end Q1 Undertake a gap analysis via ESR Welsh language competency data by end Q2 Five-year Welsh language clinical consultation plan by end Q2 Engage with priority service areas that deal with patients & public on the Welsh language skills by end Q3 Review current recruitment processes for the Trust consider the need for Welsh language skills when looking to advertise new posts by end Q4 	<ul style="list-style-type: none"> Develop a recruitment strategy for Welsh Language candidates 	Transition development to BAU

6. Infrastructure – capital, fleet & estates

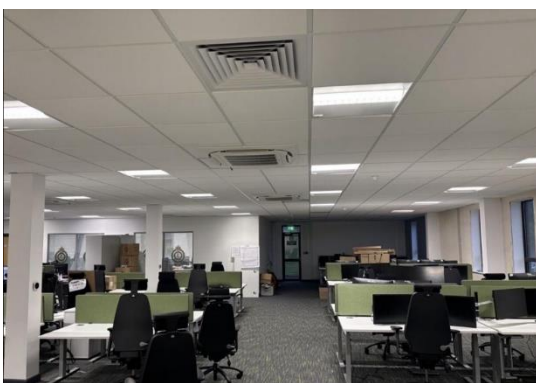
Strategic Objective 3 - Being at the forefront of innovation and technology

Key to the ambition for the design and infrastructure of the organisation to be at the forefront of innovation and technology are our **estates and fleet**. 2024/25 has seen the progression of a number of schemes to enhance and improve the estate, and in particular focused on our Clinical Contact Centre environments to further support the clinical transformation model ambitions within the plan. This ensures we can work towards having the right buildings and vehicles in the right place for our staff to provide the best and safest care across Wales.

Decarbonisation and Sustainability



If supported, we will deliver a range of schemes in 2025 - 27 funded through the Targeted Estates Fund and will continue to embed decarbonisation elements in all our estate improvements, where feasible.



Our increased focus on the start of the patient pathway is supported by two key projects, firstly a **newly consolidated and renovated Llangunnor CCC footprint** which provides greater capacity and flexibility of space, as well as providing greater resilience. Secondly, we have maximised efficient **use of space at Ty Elwy and created a bespoke CCC environment** on the first floor which will support the relocation of staff from Bryn Tiron. This will **consolidate 111/Integrated Care and CCC colleagues together in one building early in 2025/26**.

In addition to the capital investment, enhanced revenue funding has provided the opportunity to deliver a number of smaller schemes across the estate to improve the environment for staff through refurbishment, replacement of furniture and equipment, and welfare facilities.

The **Estates Strategic Outline Programme (SOP)** has been fully endorsed by Welsh Government enabling us to work towards producing a series of business cases to achieve this vision, and we continue to work to consider how best to develop solutions for our priority schemes. We continue to align with the strategic ambitions of the plan, but there is now an opportunity to refresh it based on the anticipated outcome of a range of actions taken in 2024/25 to outline the Trust's All Wales Capital requirements alongside other NHS Wales organisations. Whilst improved, capital funding remains limited, and we have not yet received approval of some of our major capital schemes. We will need to consider how the national capital position influences our ability respond to our major challenges and risks to ensure we have the right estate and the right fleet profile in the right place to support any planned service changes linked to our transformed service offer.



In 2025/26 we will complete work on a new ambulance station in **Dolgellau**, and **Monmouth**, and deliver a **new Fleet Workshop in Bangor**.

At the time of writing, prioritisation of schemes against the remaining 25/26 Discretionary Capital allocation is ongoing with a number of schemes being considered to address challenges.

A **modern and efficient fleet** is vital to ensure that we provide a high-quality service to our patients and a comfortable environment for our people to work within. In light of limited funding in 2023/24 and 2024/25, we have developed and submitted to Welsh Government a **Vehicle Procurement Strategy** for the years 2025 – 30 and seeking to address some of the challenges presented by an ageing fleet, which replaces the extant 2018 Fleet SOP.

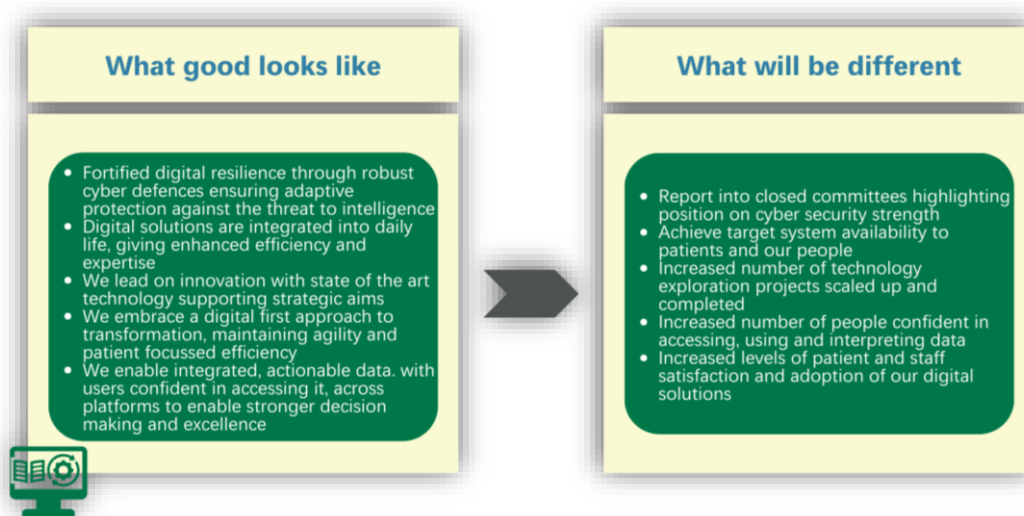


This document confirms the fleet requirements to support the Trust's clinical model transformation ambitions. **In 2025/6 we will plan to replace 142 vehicles** across our EMS and Ambulance Care fleet, which provides a small element of additionality to support further Advanced Paramedic Practitioner recruitment. As part of our commitment to reducing our carbon and vehicle emissions, we have focussed procurement on smaller and more efficient vehicles. For our Single Responder Vehicles, we will be seeking to provide hybrid solutions, which is backed up with appropriate charging infrastructure.

IMTP Objective	Year 1 (FIRM)	Year 2 (OUTLINE)	Year 3 (INDICATIVE)
The right buildings in the right place, enabling our staff to provide the best and safest care across Wales	<ul style="list-style-type: none"> Dolgellau Ambulance Station completed in 2025/26 Monmouth Ambulance Station completed in 2025/26 Bangor Fleet Workshop completed in 2025/26 Estates SOP will be reviewed in context of AWC funding by end Q3 (includes consideration of AWC schemes e.g. Swansea) 	<ul style="list-style-type: none"> Year 2 discretionary capital priorities All Wales Capital bids – delivery of successful business cases and development of next round of business case priorities 	<ul style="list-style-type: none"> Year 3 discretionary capital priorities All Wales Capital bids – delivery of successful business cases and development of next round of business case priorities
The right fleet in the right place, enabling our staff to provide the best and safest care across Wales	<ul style="list-style-type: none"> The 2025/26 vehicle procurement programme will be delivered by end Q4 BJC for 2026/7 vehicle procurement will be written and submitted in line with WG timescales Resource and support to further enhance the approach to decarbonising our fleet to be explored during 2025/26 	<ul style="list-style-type: none"> Vehicle procurement BJC and programme 	<ul style="list-style-type: none"> Vehicle procurement BJC and programme

7. Our digital & data roadmap

Strategic Objective 3 - Being at the forefront of innovation and technology



The other aspect of 'being at the forefront of innovation and technology' is how we **develop our digital offers to support our service delivery and long-term strategic ambitions**. This digital offer needs to keep pace with the needs of our patients and our people today but also the development of our future service model, whilst balancing the need to maintain existing core services. Our long-term strategy 'Delivering Excellence', sets out how we could adopt digital technologies that **provide greater, and seamless accessibility for our patients, support our people to provide timely, safe and effective services and to use data to inform how our system can operate optimally** for the needs of future generations.

The rapid progress of technology presents both opportunities and challenges. We need to ensure we address the fundamental challenges of a 24/7 urgent and emergency care service which requires available and reliable data and systems whilst **balancing the need for evolution of these systems and safe adoption of new technologies such as robotics and AI**.

We are also faced with workforce challenges. In a **competitive employment market for digital specialists**, we need to ensure we can develop the capability and capacity of our digital teams to both ensure our essential services are maintained alongside the opportunities to be pioneers in digital health care in Wales.



In September 2024, we **launched our refreshed Digital Plan for 2025-2029**. This plan offers **five digital pillars** to support progress towards our strategic objectives: Everyday Essentials; Security, Safety & Cyber; Digital Pioneers; Transformation; and Data, Information & Insight.

Each of these pillars brings forward a sequenced set of projects which will enable WAST workforce to provide better care, improve patient experience and outcomes, and better connect us with the NHS Wales system.

Everyday Essentials



Everyday Essentials are the things that we need to **get the basics and foundations of our service right**. They are also the things that impact on the **digital experience** of our people (one of the key commitments we have made in this plan). This will include simplified sign on to our systems and replacement of iPads for frontline clinical staff. There will also be **efficiency gains** through the delivery of **electronic timesheets** (eTimesheets), migration of our **GRS resourcing system** to the cloud and **scaling up of the use of automation**.

Digital Pioneers

Automation and workplace efficiency will be enhanced through projects and pilots under the **Pioneers** pillar – crucially enabled by the **introduction of a Digital Innovation Lab** for ideas generation from ground up, feasibility discussions, and prioritisation. Some of the key areas of work will be around the use of **drones, enhanced interactive voice response (IVR) in 111 and SMS messaging in NEPTS**.



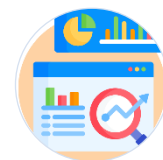
Digital Transformation



The Transformation pillar will bring together programmes and projects within the digital front end (Online Digital Advice) of the 111 service and enabling efforts for the ongoing Clinical Model Transformation (see section 4). We will also be progressing next stages of the **Mobile Data Vehicle Solution (MDVS)** in support of the Emergency Services Network programme.

Data, Information & Insight

This is a key area of the digital plan but also threads throughout other areas of the IMTP particularly in how we underpin service delivery with evidence through a quality driven, clinically led and population/value focussed approach (see sections 9.1.1 and 10.2). We will develop **individual-level clinical insights** which will help us to support individual performance and development of our people, and a plan to **build internal data science capabilities**. WAST will also continue to **work with DHCW and partners such as PHW**, to harness the value of linked system data via the National Data Resource, supporting our ability to generate better clinical, operational and patient experience insights, and drive forward our approach to **population health**.



Focus for this IMTP will then be on the establishment of **data quality measures and standards, data sharing across NHS Wales, and empowering colleagues to confidently self-service their data needs**. Our recent additional capacity into key roles including information security, data governance and analytics are enabling us to build the core foundations required to deliver innovation and transformation aspects of the digital plan.

Security, Safety & Cyber



We expect to see increased security at WAST sites and improvements in connectivity across the estate. This includes the safe adoption of emerging Artificial Intelligence tools, and Smart Stations which will bring a new staff experience to their workplace, whilst focussing on physical, information and cyber security.

Decarbonisation and Sustainability

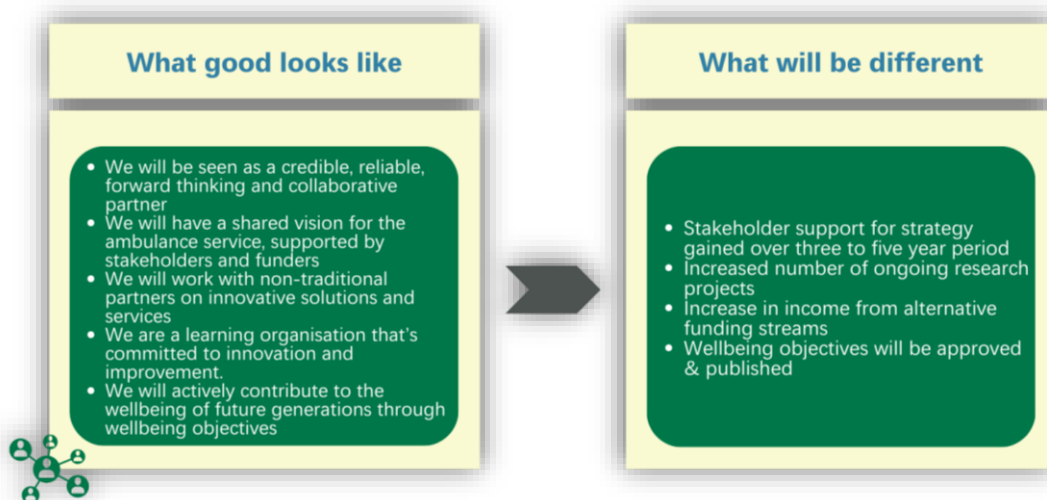
We continue on our journey to significantly reduce our use of paper and digitise our records. We are working to link our systems together so that we can monitor the efficiency of our buildings, outputs generated by our renewable technology across the estate and the utilisation of our EV charging network.



IMTP Objective	Year 1 (FIRM)	Year 2 (OUTLINE)	Year 3 (INDICATIVE)
Everyday essentials	<ul style="list-style-type: none"> • Robotic Process Automation RPA scaled up by end Q4 • Simplified sign on implemented by end Q4 • iPad replacement phases 1 & 2 completed by Q3 • Cloud-based GRS implemented in 2025/26 • eTimesheets delivered by Q2 	<ul style="list-style-type: none"> • NDR programme (Infrastructure for lights on) • RFID Asset tracking • Realise benefits of eTimesheets systems 	<ul style="list-style-type: none"> • Body worn video cameras (bwvc) implementation
Digital Pioneers	<ul style="list-style-type: none"> • Visual interactive voice response IVR in NHS 111 Wales available in contact centres Q4 • MDVS (phase 2) Lots 2 and 4 implemented by end of Q4 • SMS functionality implemented in NEPTS by end of Q4 • AI development in line with national direction throughout 2025-28 • Innovation lab developed by end Q2 	<ul style="list-style-type: none"> • Scoping will be undertaken to implement a digital Innovation lab (hub) • ePCR will be able to send notifications to GP's • Test/Dev – synthetic data sets • Digitally enabled vehicles will be introduced • AI development in line with national direction throughout 2025-28 	<ul style="list-style-type: none"> • SMS functionality – phase2 • VR/Augmented reality • AI development in line with national direction throughout 2025-28
Digital Transformation	<ul style="list-style-type: none"> • CMT developments supported throughout 2025-28 • EMS & NEPTS CAD replacements - business case(s) written Q2-Q3 • Emergency Services Network (ESN) phase 2 Full Business Case developed by end Q3 • Drones will be tested with the aim to deploy by Q2 	<ul style="list-style-type: none"> • CMT developments • ESN phase 2 Delivery • ePCR renewal (implementation) 	<ul style="list-style-type: none"> • CMT developments • ESN phase 2 -Delivery continued • ECNS integration
Security, Safety & Cyber	<ul style="list-style-type: none"> • AI safety / Policy guidance developed by end of Q3 • Smart station initiative rolled out by Q4 	<ul style="list-style-type: none"> • Forced device compliance 	
Data, Information & Insights	<ul style="list-style-type: none"> • Individual insights to support individual performance monitoring and development developed and rolled out during 2025/26 • NDR programme will commence and take place throughout 2025-27 	<ul style="list-style-type: none"> • NDR programme will commence and take place throughout 2025-27 	<ul style="list-style-type: none"> • Population Health analytics

8. Partnerships and the wider system

Strategic Objective 4 - Developing services in collaboration



8.1 Partnerships and engagement

2025/26 will represent a significant year in the evolution of the Welsh Ambulance Services, as some of the cornerstones of its ambitions as a clinically led and community-based service begin to materialise.

At the centre of this ambition is a **need to collaborate and work in partnership across the health system** in Wales. While the organisation can continue to refresh its own approach to service delivery, it cannot

leverage the full benefit of so doing without the support and engagement of commissioners, Welsh Government, the wider NHS in Wales, together with the support of its staff, volunteers, patients and the public more broadly.

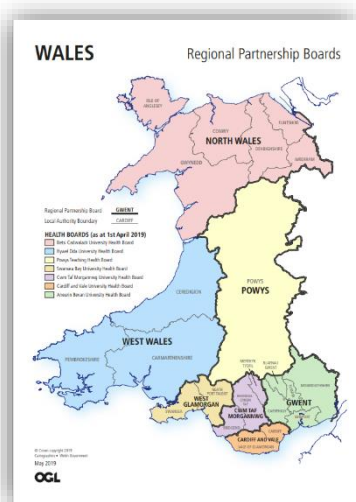
This means a renewed focus on working collaboratively, in line with the statutory requirements of the Well-being of Future Generations Act (WBFGA), which has applied to the Trust since the end of June 2024. **The Trust has taken time to develop and test its well-being objectives**, which it is required to publish and work towards as part of its WBFGA duties. Similarly, the Act obligates the Trust to think and develop its services in ways which are both sustainable and safeguard current and future generations.

Our commitment to the WBFGA also aligns with other duties, including that of social partnership, which sees the Trust renew its commitment to working with its trade union partners and its staff as a responsible and sustainable employer with a strong focus on employee wellbeing. It also supports the rights of employees under the new Worker Protection Act, which places an obligation on the Trust to take a proactive and preventative approach to protecting its employees from workplace sexual harassment.

As set out in section 5.2, our **emphasis on Social Partnership development is having a positive impact on relationships**. We recognise the importance of maintaining and strengthening trust and engagement with our partners and they have been fundamental to helping us to improve the working lives of our people and in developing our Wellbeing Objectives.

This obligation is reflected in the Trust's approach to developing its clinical model in a way which improves the safety and experience of our current patients and lays the foundation for a more integrated and sustainable approach to the care of patients in need of urgent, unscheduled care in the future. This approach requires significant stakeholder engagement. We have been working with Llais to understand the patient impact of our plans and will in due course engage on the changes we are making as we evolve the existing

model. **We have a strategic engagement plan to meet with and work with stakeholders**, embracing the **ethos of "collaboration first"** in line with the five ways of working. We will continue to develop and implement this engagement plan throughout the course of this IMTP as we move to the next phases of our transformation programme, and as we begin to consider from 2026 the next iteration of our long-term strategy.



2025/26 should also be the year that sees the Welsh Ambulance Service **represented on all seven Regional Partnership Boards across Wales**, following a change in the regulations governing membership of RPBs at the end of December 2024, which identifies the Welsh Ambulance Service

as a core member moving forward, This represents an additional collaborative opportunity for the Trust, working with a range of health and social care partners to optimise the use of the Regional Integration Fund in meeting the health and care needs of communities across Wales.

8.2 Academic partnership & democratised learning

In gaining University Trust Status (UTS), it has always been an ambition to ensure that the full benefits of UTS are realised. Being clear about those benefits, and translating them into tangible actions reflected in, and

Decarbonisation and Sustainability

We are collaborating with partners to explore joint solutions to some of our key estate challenges. Our partnership approach will be central to the development of an EV charging network across Wales as we look to maximise opportunities across our estate and more widely.

monitored through, the Trust's Integrated Medium-Term Plan is a Welsh Government requirement and will ensure the best chance of optimising the benefit of securing UTS. It is also important that UTS priorities and benefits reflect the strategic objectives of the organisation, as outlined in its longer-term strategy, *Delivering Excellence*, and contribute to their achievement.

The Trust's **Academic Partnerships Committee** continues to act as an "engine room" of innovative thinking as the Trust accelerates its transformational plans. Following a "deep dive" by committee members in July 2024, and further review by the Executive Leadership Team.



Committee members identified a number of perceived benefits of UTS, which can be broadly summarised as follows:

- Evidence of organisational ambition and commitment to learning, education and development for all, regardless of role or grade
- Greater opportunity for enhanced partnerships/collaboration with both academic and commercial partners
- Commitment to evidence-based practices and professionalism across all roles, both clinical and corporate
- Providing a mandate for research and innovation and a platform for further investment in capacity
- The opportunity to use UTS as a galvanising common purpose across the organisation, acting as a springboard for improvement
- Increased credibility with peers & the wider system.
- Platform to create centres of excellence, for example in remote clinical care

Proposed Priorities/Deliverables

While this is a brief summation of a wide-ranging conversation, these perceived benefits of UTS have been translated into priorities (and deliverables) for inclusion in the 2025-28 IMTP

- **Commitment to learning:** evidence of increased participation by staff across all areas of the organisation in learning and development opportunities (democratisation of learning). Actions and metrics to be agreed. **Link to strategic objective:** SO2: Enabling our people to be the best they can be
- **Academic and industry partnerships:** further development and embedding of academic and industry partnerships, with a focus on collaboration to evaluate existing and new models of care, further investment in research and innovation capacity and widening opportunity for colleagues to engage in research and development activities. Actions and metrics to be agreed. **Link to strategic objective(s):** SO3: Being at the forefront of technology and innovation; being quality driven and clinically led, enabling our people to be the best they can be
- **Establishment of a centre of excellence** within the lifespan of the 2025-28 IMTP, positioning the Trust as a national and international sector leader in the relevant discipline. Actions and metrics to be agreed. **Link to strategic objective:** all

The role of the Academic Partnerships Committee will be reviewed in the first quarter of 2025/26 to ensure that it has the right scope, membership and remit to support, scrutinise and provide Board assurance on the Trust's research, innovation and learning ambitions.

Research & innovation

WAST continues to lead world-class research and innovation (R&I) through local, national, and international partnerships, reflecting initiatives like the UK Life Sciences Vision, UK vision for clinical research delivery, and saving and improving lives: future of clinical research, and the Trust’s Clinical Strategy. Despite challenges such as workforce fatigue and limited numbers of chief and principal investigators, WAST has embraced these issues by expanding partnerships, including significant research with Warwick University and PRIME Centre Wales. WAST also leads multidisciplinary research development groups and fosters new relationships to leverage emerging technologies, such as the successfully funded SAINTS CDT: the UK’s first multidisciplinary PhD programme focused solely on the safety of artificial intelligence (AI) and world leading research on drones in healthcare.

In 2024/25, WAST committed to collaborating with research organisations, developing new partnerships, and integrating R&I across all activities. These efforts have **created a platform for R&I to flourish**, with initiatives such as the HCRW Faculty and the PRIORITY project. However, there is still progress to be made, and WAST will continue to explore opportunities for enhanced collaboration, internally and externally.



Decarbonisation and Sustainability

We continue to look at the feasibility of reducing our use of Entonox and replacing it with a medical gas with a lower GWP. Exploring innovative and technology-based solutions to the decarbonisation challenge will be key to delivering our ambitions.

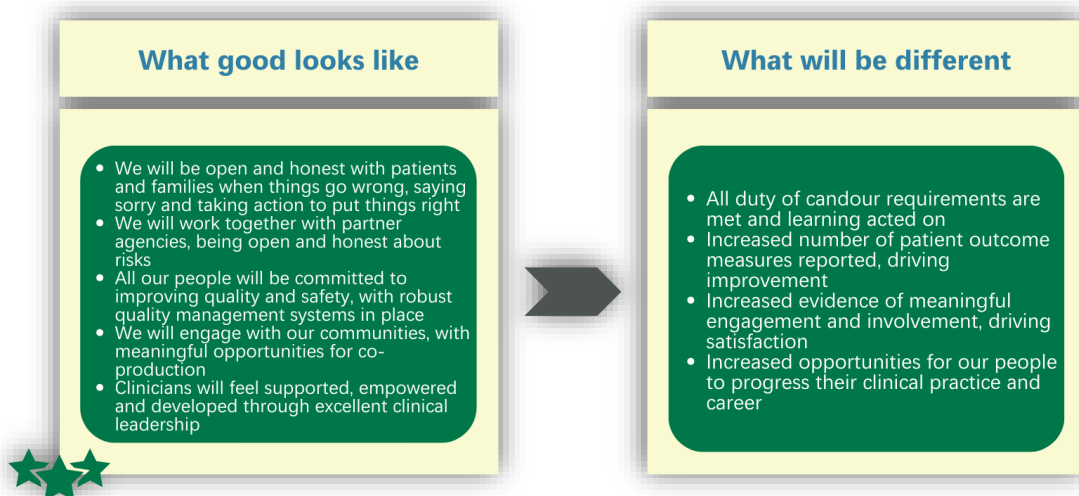
Our **research priorities for 2025/26** will be to:

- Continue to develop, attract, and deliver high-quality R&I
- Adopt the recommendations and deliver the outputs of strategies and policies such as the *PRIORITY* project, *NHS R&D Framework* and *Innovation Strategy for Wales*.
- Support our people through harnessing the new opportunities for building R&I capacity through *HCRW Faculty*
- Continue to mobilise R&I knowledge to improve patient care by working with our people in WAST and partner organisations such as the *HCRW Evidence Centre* and *Health Technology Wales*
- Work with a range of research organisations and individuals focus our R&I on evidential gaps and research priorities in our sector.

IMTP Objective	Year 1 (FIRM)	Year 2 (OUTLINE)	Year 3 (INDICATIVE)
Meet the requirements of being a named body under the Wellbeing of Future Generations Act	<ul style="list-style-type: none"> • A programme of internal and external communication of our Wellbeing Objectives enacted in Q1 • A process for evidencing application of Wellbeing Objectives through our established governance frameworks developed during Q2 • Undertake maturity assessment against the five ways of working by the end of Q2 • Action plan to address gaps in five ways of working developed by the end of Q4 	<ul style="list-style-type: none"> • Wellbeing Objectives and five ways of working delivery plans developed • Incorporation of "collaboration first" principle into strategy, planning and business case development etc 	<ul style="list-style-type: none"> • Review progress against wellbeing objectives, reassess and continual improvement
University Trust Status (UTS) in collaboration with WG, embracing a 'democratised culture' of learning, research and innovation (R&I)	<ul style="list-style-type: none"> • Oversee the development of any appropriate additional plans to deliver UTS priorities for 2025-28 (NB priorities will be delivered in other areas of IMTP) • Our research priorities will be delivered throughout 2025-28 	<ul style="list-style-type: none"> • Review traction of action plans at year end via Academic Partnership Committee (APC) reporting from subject matter experts, with any required modifications for future years clearly identified. 	<ul style="list-style-type: none"> • Ensure action plans continue to be current and monitor progress/developments via APC. • Test awareness/utility with Trust staff and stakeholders
Well placed to influence system thinking / strategy development	<ul style="list-style-type: none"> • Strategic engagement will take place in support the development of our new CMT model throughout 2025-28 • Quantitative and/or qualitative measures will be developed in Q1 to evidence the proposed approach to strategic engagement 	<ul style="list-style-type: none"> • Assess and adapt engagement plan as required 	<ul style="list-style-type: none"> • Assess and adapt engagement plan as required

9. Quality driven and clinically led

Strategic Objective 5 - Being quality driven and clinically led



9.1 Health & Social Care (Quality and Engagement Wales) Act

Quality Management

Quality is defined in the Duty of Quality as 'continuously, reliably, and sustainably meeting the needs of the population we serve'. To achieve this, we must strive to understand these needs to inform our decision-making processes and enhance outcomes. It is essential to establish what constitutes quality by monitoring Health & Care Quality standards as well as through audit and assurance measures, whilst fostering a culture of continuous learning and improvement within our organisation.



We will **improve the quality of information available through our information platforms** to triangulate intelligence and guide continuous improvement. Sharing this information through our quality governance structures to provide assurance on the actions being taken.

Through **enhancing and developing our Quality & Performance Management Framework** we will improve understanding of Quality Management Systems across all functions of the organisation moving towards 'Always On' reporting for our people and our patients.

We will **prioritise safety by providing enhanced safeguarding training** for our frontline teams. Additionally, we will seek opportunities for organisational learning through improved data collection on safeguarding activities and monitoring emerging themes and trends in the information we gather.

As part of our **commitment to the Duty of Candour we will increase our face-to-face contact** with those seeking to raise concerns about the services they have received so that we can better understand not only the outcomes for our patients but also the experiences of our patients and their families.

We will continue to **focus on learning from mortality** but will go further to better understand non-fatal patient outcomes particularly for those patients who experience moderate or above harm.

Health & Safety

We remain committed to working with our **Trade Union (TU) Regional Partnership Forums** to build confidence in the processes which support Health & Safety (H&S). There will be a continued focus on **musculo-skeletal injury** to understand the reasons for injury and how we can support our people to reduce the number of reported injuries and related sickness absence. We know that the pressure across the Health & Social Care setting impacts on the Moral Injury experienced by our people. We will continue to **focus on preventable stressors** that affect the mental health and wellbeing of our people.

Infection Prevention and Control

We will embrace opportunities to enhance our teams' abilities to consistently deliver safe, effective and compliant **Infection Prevention Control** functions focussed steadfastly on upholding high standards of safety for our patients, our people and the wider community. Governance offers a key avenue for improving the consistency in our implementation and monitoring of IPC polices and as such we will establish a formalised board assurance framework in this area to strengthen our oversight and accountability.

Patient experience and community involvement (PECI)



Improving people's experience and the quality of care for individuals and families is a key priority for NHS Wales. All public services in Wales also have a statutory duty to engage with, listen to and consult with citizens. Through its continuous engagement model, PECI engage with the public, patients, their carers and families to understand how they experience the services provided by the Trust. People's experience feedback, once captured, is shared internally, and is fundamental to enhancing the patient experience and identifying areas for improvement or celebrating and building on what is working well.

As part of our commitment to continuous improvement, we are **strengthening how compliments are systematically collected, analysed, and utilised.** Aligning with the national ambition for an 'Always On' system, we are embedding a **structured approach to capturing positive feedback in real time**, ensuring that every opportunity to learn from what is working well is maximised. This includes improving accessibility to feedback mechanisms, making it easier for patients, carers, and the public to share their experiences, and ensuring that insights are fed directly into service development and workforce planning.

In line with our commitment to being collaborative and in support of our Wellbeing Objectives, we intend in the first year of this plan to **develop a formal public and patient reference group.** This will seek to go beyond the commitments to engaging with communities to being able to give representatives the opportunity to help shape our service priorities and service standards going forward but also to be able to hold us to account for delivery.

Learning Disability and Neurodiversity

To improve patient-centred care, we have enhanced the electronic Patient Clinical Record (ePCR) with a new "Needs Tab" to better identify and support patients with learning disabilities, including autism and neurodiversity. This went live in October 2024, ensuring earlier identification of additional needs and tailored

adjustments. A **reporting dashboard, expected to go live in early 2025, will track key trends and enhance data capabilities.**

These insights will inform training needs and support the integration of a learning disability specialist within the Remote Clinical Care Team. The data will be shared across clinical teams and governance structures to embed continuous improvement, aligning with the Health and Social Care (Quality and Engagement) (Wales) Act 2020. It will also support the integration of the new learning disability specialist post within our remote clinical teams. This ensures patient-centred care remains central to our service delivery, driving improvements for individuals and the wider healthcare system.

9.1.1 Taking action through a population health approach

The population health approach promotes action which all health and care services can take to improve the health of the people of Wales, whoever and wherever they are. Public health is the 'science and art' of how this can be achieved.

Our vision is to strengthen our population health approach so that we **"plan and deliver care which responds to our population needs, promotes health, and reduces harm and inequalities"**. This aligns with the AACE focus on reducing health inequalities within the ambulance sector.

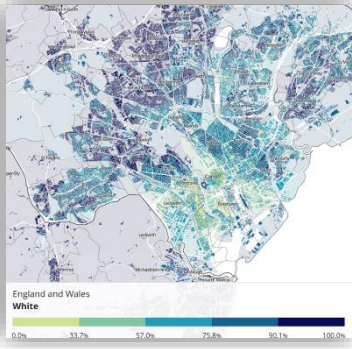
Throughout the IMTP period we will build on delivering a population health approach within WAST. In April 2024, we completed a maturity matrix to identify opportunities for strengthening our approach to population health. Learning from this, and wider scoping work, have identified our initial areas for action.



One of the first actions in this IMTP period will be the co-production of our 'Population Health Plan'. This will set out in greater detail the opportunity WAST has in improving the health of the population of Wales and demonstrate **strategic leadership and accountability** for the organisation to place a greater emphasis on public health and taking a population health approach.

We will explore how to increase **public health expertise** within the organisation. Through building on existing links with Public Health Wales, hosting a fixed-term project for a specialty registrar doctor in public health (with consideration for future public health specialist input), promoting public health approaches in new projects, and supporting development opportunities relevant to public health, this will enable WAST to lead the way as an ambulance service with a holistic focus on the population. We will work with Public Health Wales on data and surveillance opportunities ensuring we have a worked example of what can be achieved in year 1 of this IMTP.

Whilst public health expertise may drive the change, every member within WAST has a role to play in improving population health. An increased focus on prevention, and opportunities to support the public in living healthier lives by signposting to support, by supporting the **workforce feeling confident to deliver 'Making Every Contact Count'**.



Data is crucial for understanding current trends and predicting future needs. As our population ages and faces more complex health issues, it's essential to know who uses the ambulance service and ensure equitable care for all. Recognising that people from deprived areas often need ambulances and experience worse health outcomes is vital.

By leveraging WAST's data resources, applying public health methodologies, and standardising the reporting of key metrics such as inequalities, we can refocus decision-making to better serve the population's needs, especially the most vulnerable who tend to have the worst health outcomes.

Using an evidence-based approach based on needs will support us in planning for the future and support wider healthcare services in understanding where gaps in services may lead to potentially preventable calls to WAST. This work will build on **system partnerships** and build on the concept that all health and care services have a fundamental role to play in population health – but that this cannot happen in siloes. **Strengthening the links with public health partners at regional and national levels**, and ensuring membership at key population health groups, will support WAST in being an integral part of the wider population health response.

Throughout the coming three years we will scope and identify primary and secondary prevention opportunities including progression of referral pathways for incidental atrial fibrillation findings. By **focusing on prevention, early intervention, and addressing the social determinants of health, our approach aims to create a more equitable healthcare system.** It emphasises the need for a collaborative effort across various sectors to tackle health disparities and ensure that every individual has the opportunity to achieve optimal health outcomes.

IMTP Objective	Year 1 (FIRM)	Year 2 (OUTLINE)	Year 3 (INDICATIVE)
Defining our focus and delivering on population health and health inequalities	<ul style="list-style-type: none"> Updated health inequalities maturity matrix for reducing completed by end Q1 Draft Population Health Plan approved in Q1 Delivery plan for the Population Health Plan developed by end Q2 Worked example of surveillance opportunities by end Q3 Primary and secondary prevention opportunities scoped by end of Q3 Submit a shared research bid with Public Health Wales by end Q4. 	<ul style="list-style-type: none"> Delivery of the Population Health Plan recommendations Review and implementation of recommendations to increase organisational public health capacity and capability Establish ongoing population health data opportunities with Public Health Wales and other system partners Population health embedded in onward strategic planning Review progress against the maturity matrix for reducing health inequalities, reassess and continual improvement 	<ul style="list-style-type: none"> Transition towards Population Health Principles embedded in the organisational culture. Review progress of the plan for development of future years priorities.
A culture of quality improvement with robust quality management systems	<ul style="list-style-type: none"> A Quality Improvement Hub will be relaunched by Q4 	<ul style="list-style-type: none"> Quality Assurance Self Assessments, Gap Analysis and forward Plan Quality plan review 	
Systems that meet the requirements of the Duty of Quality and Duty of Candour	<ul style="list-style-type: none"> Quality Plan actions will be developed for implementation throughout 2025/26 Develop data engineering and modelling around harm developed in Q1 Thematic analysis learning from harm via medical examiner reporting undertaken during Q2 'Always On' and Duty of Quality Reporting will be delivered by end of Q4 A formal patient & public reference group will be in place by the end of Q4 	<ul style="list-style-type: none"> Trust-wide Quality Management Systems (QMS) will be embedded 	<ul style="list-style-type: none"> Transition QMS to BAU as the cultural norm
High quality Health & Safety systems	<ul style="list-style-type: none"> A Health & Safety plan for WAST incorporating further improvements to legislative compliance, & manual handling developed in Q1 Violence & aggression risk mitigation actions to be taken forward in Q2 A Health & Safety culture change framework will be developed in Q3 Initial evaluation of the fume mitigation work completed end Q2. 	<ul style="list-style-type: none"> Health & Safety plan pilots & implementation 	
Meaningful engagement and co-production communities	<ul style="list-style-type: none"> Continuing commitment to improving experiences for people with a learning disability Implementation of audit recommendations on community involvement by the end of Q2 	<ul style="list-style-type: none"> CIVICA transition to BAU 	

9.2 Clinically led

We are developing a new draft Clinical Plan as our current Clinical Strategy comes to an end in 2025 and we will seek approval of our new plan aligned to our strategic workforce plans, quality and digital plans in Q1.

We continue to develop our clinical service offer through supporting advanced practice and the enhanced skills that brings, optimising our remote and in person responses and driving clinical improvements whilst also reducing the need for conveyance to hospital.

Continuing to enhance our **clinical leadership** across the Trust remains a key priority, significantly contributing to and underpinning our future vision for our service model e.g. through clinical supervision, senior clinical management engagement with Health Board partners and through driving data usage and clinical improvement that is underpinning the Trust’s Clinical Model Transformation to improve the patient care journey. Key to this in the community will be Senior Advanced Paramedic Practitioners (SAPPs). As APPs all move to being prescribers in their own right, the role of the SAPPs will be critical in ensuring safe and effective deployment of this APP role.

In addition, we are strengthening our leadership in remote clinical care through both **generalist and clinical specialty** roles that lead clinical practice and improvement across the organisation; seeking to further enhance our mental health crisis support and out of hospital maternity emergency care.



For our **Maternity and Neonatal Safety Programme** we will seek to establish substantive funding for the Trust’s Lead Midwife to maintain the quality and safety improvements achieved in remote and face to face clinical practice to date. We have maintained collaboration and active dialogue with the Chief Nursing Officer Wales’ office and have finalised a business case for a 24/7 ‘labour-line’ as set out in the Maternity and Neonatal Review recommendations. We intend to implement the labour line if the business case is funded as part of our Multi Professional team in RICS. Alongside SBAR for recommendations for the business case and including National Maternity Line.

Our ambition is to continue to build on our clinical leadership and to place the Trust at the forefront of progression within pre-hospital care in Wales and beyond.

IMTP Objective	Year 1 (FIRM)	Year 2 (OUTLINE)	Year 3 (INDICATIVE)
Excellent clinical leadership	<ul style="list-style-type: none"> • Clinical supervision will be implemented in Q2 • Clinical leadership & support to RICS established by end of Q3 • Secure the Lead Midwife Post by end of Q1 • Provide Remote Clinical Decision-Making Level 7 education module – implementation and timing subject to bid submission • Learning Disability role in remote clinical team by end of Q2 		

10. Value and sustainability

Strategic Objective 6 - Delivering exceptional value

10.1 Financial sustainability programme

Year on year **financial pressures continue to result in a challenging financial outlook** for 2025/26 and beyond. We have been working with JCC, WG and the NHS Executive to develop our financial plan for 2025/26 (section 11) and horizon scanning across the full three years of this plan. The wider NHS continues to experience similar pressures, and we expect **continued difficulty securing the funding** for all our strategic ambitions, despite there being emerging evidence for the increased value that we can offer the system. We know that if we want to achieve some of our ambitions set out in this plan, we will face choices, we will either need to extend savings further, as we have done in recent years, generate new income, or stop doing something else.

Over the last twelve months the Trust has taken steps to address some of the income opportunities in the plan (set out in the financial plan in section 11) including market analysis and recruitment of a dedicated commercial development resource. We acknowledge there will be challenges with the continued delivery of savings on a year-by-year basis that requires identifying recurrent opportunities. This year's plan continues to have a focus on value and financial sustainability as well as the impact on our people, whilst maintaining our ambitions to improve the quality of service we provide to our patients. The **Financial Sustainability Programme** continues to evolve year on year, providing a coordinated vehicle within which to identify, assess, and commission, transformative opportunities to deliver spend avoidance, cash-releasing or income generation schemes alongside our existing commissioning arrangements.

The need to produce and deliver a **transformative savings plan** is essential to support the strategic direction of travel for the Trust, particularly with a new government in Westminster, directly impacting the flow of resource through to Welsh Government. Increased settlement allocations are budgeted on a one-year basis, and we as a Trust recognise the need to approach the financial challenge strategically, in order to ensure long-term financial sustainability.

The Trust will continue to build on key areas of work undertaken over the last eighteen months, with a continued focus on implementing recommendations from the Administrative and Corporate Services Review, and the Services Review. **Achieving Efficiencies** is likely to continue as an umbrella workstream for oversight of all efficiency opportunities and implementing recommendations, while Income Generation will provide a steering structure to the Trust's commercial development intentions.

The Trust continues to learn from best practice internally and externally and we hope further investment in commercial development and review commissioning reinforces our commitment to developing and celebrating a culture of outward thinking, innovation, and quality. We hope the structures developed will enable our people to help drive forward the change that is required. For our leaders, we will ensure that commercial skills and continuous improvement skills are core elements of their ongoing development.

We will also ensure that we have the right tools, effective communication channels and an emphasis on benefits realisation in place to give us the best possible chance of success.

Service review

The service review undertaken over the course of the last two IMTPs has been conducted in three distinct phases: data collection, detailed analysis, and final reporting. The first phase involved compiling a detailed organisational map of WAST, identifying key business areas, and gathering financial and operational data through "Discussion Packs" and a 26-question survey. The second phase included meetings with senior leaders from each business area to review initial findings and expand on the data collected, resulting in Business Area Summary Reports and SWOT analyses. The final phase focusses on refining insights through feedback from senior executives and collaboration with subject matter experts to develop recommendations and assess their feasibility.

Progress made during the review includes the creation of comprehensive Business Area Summary Reports for 53 identified key business areas. These reports consolidated key information and provided actionable insights for potential efficiency improvements and areas where growth could be justified to deliver organisational efficiency. Additionally, the review identified 330 ideas and suggestions for efficiency and growth, many of which involve collaboration and coordination across different WAST Directorates and Business Areas.

Key issues to be addressed include:

- Investment in developing financial and business literacy at all levels within the organisation;
- Ensuring psychological safety to encourage honest feedback;
- Reduce over-reliance on manual processes;
- Tackle staff capacity issues;
- Upgrade outdated IT infrastructure, in line with the Digital Plan;
- Overcome difficulties with recruitment and retention.

Addressing these issues is crucial for WAST to optimise cost-saving opportunities, enhance operational efficiency, and ensure long-term financial sustainability.

The next steps, as a phased approach over the next three years, will be to develop and implement plans for taking forward (or rejecting with rationale) the 330 ideas generated. This will be taken forward at three levels:

- Level 1: 'Just do it' ideas that can be taken forward (or rejected) by directorates within their directorate plans
- Level 2: Cross-directorate discussion and planning to take forward (or reject)
- Level 3: Executive level agreement on priorities to take forward (or reject) – implemented

The final report will be completed by the end of Q4 2024/25, and a work programme for level 2 and level 3 ideas that are being taken forward will be developed in Q1 and phase 1 workstreams completed over the first two years of the IMTP.

10.2 Value Based Healthcare

Whilst the focus of Financial Sustainability is on the financial efficiencies and income opportunities that might add value to what we do as a Trust, it is important to reiterate our **commitment to Value Based Healthcare** which is a theme which runs through all three pillars of our plan. We will work with colleagues across Wales to ascertain, and utilise, the methodology for determining commissioning investments that ensure the most effective use of finances for improved **population health outcomes**. We are unwavering in our commitment to develop meaningful outcome measures which truly represent what is important to patients and which

capture their experience of our services as they describe it through **PREMs**. We will continue to develop and implement **Patient Level Information and Costing** (PLICS) to understand variation and will engage with commissioning intentions around cost benefit analysis. We will also use **benchmarking** to demonstrate where we can tailor improvements to the services we provide (notably in rural areas). We will also use evidence-based cases for change to work with our commissioners, partners and stakeholders to develop our service offers, as we have done in our strategic transformation programmes.



Despite efforts in the last two IMTP periods, it has remained difficult to formalise value-based healthcare in WAST, with a key barrier being system-wide data linkage. In Q4 2024/25 we undertook a further review of value-based healthcare and how we apply it in WAST, identifying the opportunities to further build on the work we had previously undertaken with the Value in Health Centre. **This review will conclude at the time of IMTP approval and will inform a refreshed approach to Value Based Healthcare in WAST.**

10.3 Environmental sustainability

We are committed to ensuring that our developing infrastructure supports the **Trust's and Welsh Government ambition for net carbon neutrality by 2030** and we have made good progress in the implementation of some key actions within our Decarbonisation Action Plan, supported by the Decarbonisation Programme Board structure which facilitates Trust wide ownership of plan actions.



In 2024/25 we have successfully **delivered 6 EFAB funded estates schemes which increase the efficiency of our buildings**, whilst also addressing some additional infrastructure issues such as roofing. In addition, wherever possible we are seeking to further understand the potential within our estate, and within the supporting infrastructure, to ensure that funding opportunities can be realised, further delivering required improvements.

The Welsh Government net-zero targets pose real and complex challenges for the Trust. In response to this, we outlined a range of schemes which required All Wales Capital support in line with our Estates and Fleet SOP deliverables. In the meantime, we are **exploring the ways in which return on investment can be maximised to further enhance efficiencies**, and this will focus in 2025/26 in the progression of more holistic schemes for funding consideration.

We recognise the significant challenges presented by the decarbonisation of our fleet and whilst we have made some progress on this in 2024/25 with replacement Single Responder Vehicles (SRVs) being hybrid,

and **trialling 10 full EV SRVs through 2025/26**, the complexities of ensuring safe and appropriate clinical care whilst moving to fully electric vehicles cannot be underestimated. This will need significant input from our colleagues across the Trust and we are keen to maximise all funding opportunities to realise our ambitions, as well as working with our partners wherever possible. We acknowledge that this is an emerging area which will require further investment to ensure that our people have the skills and appropriate resources to be able to deliver an ambitious programme.



The relevant business cases in support of Estates and Fleet developments will continue to reinforce the importance of this agenda, and to push us towards a position of carbon neutrality, maximising our use of new technology and responding in a flexible and agile way to the changing external environment. Our key decarbonisation priorities can be found throughout this document aligned to our plans. In 2025/6 we anticipate further strategic direction from Welsh Government with the **refresh of the Strategic Delivery Plan for Decarbonisation**; we continue to work with partners and WG to learn from the past two years and influence plans going forward and will look to formulate the Trust’s response to that as appropriate when required.

In conjunction with the decarbonisation agenda and in order to address the WG priority on the **Foundational Economy**, the organisation continues its work with Procurement colleagues as NHS Wales Shared Services Partnership (NWSSP) brings together key metrics that enable us to **identify if the Welsh pound is being spent in Wales**, and that prior to awarding of a key contract to a supplier highlighting if the supplier is from Wales and scores highly on a sustainability score covering areas such as environmental management systems, local sourcing of materials, recycling and appropriate disposal of equipment that does not adversely impact on the environment.

Furthermore, NHS Wales has been asked to consider the reality of climate change and its impacts in the short, medium and long term. **In 2025/26 we will work closely with NHS Wales partners on Adaptation Planning** and will bring together a working group of experts in the field of planning, environmental sustainability, capital development, business continuity and emergency planning across the Trust to develop adaptation plans.

IMTP Objective	Year 1 (FIRM)	Year 2 (OUTLINE)	Year 3 (INDICATIVE)
Developing and implementing our plans for Environmental Sustainability and Adaptation	<ul style="list-style-type: none"> Adaptation Plans risk assessment undertaken by end Q2 Adaptation Plan drafted for approval by end Q4 Refresh of the DAP in response to the revised WG Decarbonisation Strategic Delivery Plan in line with WG timelines 	<ul style="list-style-type: none"> DAP year 2 actions Adaptation plans delivery 	<ul style="list-style-type: none"> DAP year 3 actions Adaptation plans delivery
A Value Based approach across the organisation which is embedded in culture	<ul style="list-style-type: none"> Work with the JCC and partners to develop a costing and benefit methodology for emergency ambulance services, NHS111 and non-emergency patient transport services during 2025/26 A refreshed approach to Value Based Healthcare will be developed throughout 2025/26 	<ul style="list-style-type: none"> Application of value-based principles & evaluation across our future service model 	
Generate income alongside our core commissioned functions	<ul style="list-style-type: none"> A commercial strategy based on outcome of market analysis exercise approved by end of Q4 	<ul style="list-style-type: none"> Review & refresh plan for 2026/27* 	
Sustainable savings & efficiencies	<ul style="list-style-type: none"> Savings plans will be reviewed and refreshed by end Q4 	<ul style="list-style-type: none"> Review & refresh plan for 2027/28 	

11. Our financial plan

The full revenue and draft capital financial plan for the Trust for 2025/26 is provided in appendix 5.

Revenue

The financial plan is presented as a balanced revenue financial plan for the 2025/26 financial year, albeit even after the identification and delivery of a significant savings plan of c£6.5m, this still leaves a residual financial gap of c£2m to be closed as we enter and progress through the financial year. This is predominantly due to the continuing costs of the EAP Band 5 national development, which has yet to attract any additional funding support.

The ability to close this residual gap and balance in year is however considered achievable, with areas and ways through which this will be progressed fully detailed within the full plan provided in appendix 5, and this is as such **presented as a balanced financial plan for approval.**

This is based on some key funding and cost assumptions included with the plan and, as above, additional actions that are expected to continue to be progressed through the financial year to deliver savings, and exploit any emerging areas of additional income generation, in order to balance. Given the current financial environment and context, and the continuing way in which the NHS in Wales and, in particular our commissioners, are funded, this plan inevitably focusses on the 2025/26 financial year, although the supporting tables and technical submission maps this over the three financial years through to 2027/28.

Specifically, this plan will only provide for a balanced revenue financial outturn for the Trust for the 2025/26 financial year based on the following key financial assumptions:

- The additional funding as assumed and detailed in this plan is received in full. Primarily this relates to the full pass through of the general 1.77% uplift provided to Health Boards in the 2025/26 NHS Wales Allocation Letter issued on 20th December 2024, and is applied to all of the Trust's key commissioning agreements;
- That the resultant in year costs for key cost pressures identified within this plan are no more than that currently estimated;
- Specifically included within the above is c£3.5m costs for 2025/26, being this financial year impact of the need to move former EMTs onto the new EAP role at a A4C Band 5, and for which no separate, additional funding has been made available to the Trust to support these costs. How this is therefore afforded in year is captured within this overall financial plan, noting that the continuing work to balance in year in 2025/26 will need to also reflect the increasing costs of this element in 2026/27 and beyond;
- The ability to fully deliver on the resulting range of cost containment, cost avoidance and savings required to balance in year;
- That any and all additional costs the Trust may incur as a result of the following will either be funded separately, in addition to that currently assumed within this financial plan, or will not be able to be incurred:
 - As per the above allocation letter issued to the NHS in Wales, costs relating to the 2025/26 pay deal, along with the recurrent costs of the 2024/25 pay deal, still to be confirmed;
 - The costs relating to changes to Employers NI from 6th April 2025,
 - Any costs, capital or revenue, emerging from the recommendations of the Manchester Arena Inquiry, which have been subject to a separate business case submitted to commissioners and WG for funding consideration,

- Any net additional costs of providing any new road-based response service to parts of rural Wales, linked to the implementation of some of the service changes arising from the recent EMRTS Service Review, and
- Any remaining costs associated with the previously submitted Connected Support Cymru business case, other than that already confirmed through Charitable grants.
- That the upcoming transfer of Save a Life Cymru to the Trust is financially neutral, for the 2025/26 financial year and beyond.

The high-level summary revenue financial plan for 2025/26 is therefore as follows:

	Opening Budgets 25/26 £m	Planned Savings £m	Revenue Set Budgets 25/26 £m
Income	-310.469	-0.150	-310.619
Operating Expenses	304.723	-7.542	297.181
Profit on Disposal	-0.445	-0.250	-0.695
Interest Payable	0.240		0.240
Interest Receivable	-0.800	-0.558	-1.358
Depreciation (Baseline)	15.251		15.251
Total Expenditure	318.969	-8.350	310.619
Planned Budget Surplus (-) / deficit	8.500	-8.500	0.000

Risks

No financial plan is risk free and clearly entering into the financial year with a residual financial gap to close in year increases the risks of non-delivery of a balanced position in year, particularly potentially earlier on in the financial year.

The main risks that will need close monitoring and mitigating actions through the upcoming financial year therefore, include:

- The recovery of all of the income assumptions this financial plan now makes, in particular ensuring the commitments and elements supported within the NHS Wales JCC IMTP are fully aligned and delivered upon and that the full uplift assumed across all of the Trust's income sources is delivered;
- That the in-year costs relating to both the 2025/26 pay award and the increase in employers NI is fully funded by WG;
- No other developments, enhancements or cost increases not currently funded within budgets or identified within this financial plan supporting that contained within the IMTP, will be able to be progressed until a confirmed funding source for them is found, or an agreed equivalent value of cost is stopped or reduced elsewhere. However, the ability to do this in the context of the current total savings already required to balance in year makes this unlikely;
- The ability to deliver up to a potential total requirement of c£8.5m in savings, efficiencies and cost management in year;
- Linked to the above, the ability to identify and agree changes to crewing skill mix and numbers for front line EAs, directly linked to the non-funded costs of the EAP B5 development and the requirement for this to be sustainably affordable, both in 2025/26 and beyond;

- That no further additional savings, over and above the current “stretched” value of £8.5m presented above, will be required by commissioners. Recent correspondence from the JCC has requested the Trust to consider and present what further savings may be able to be delivered in year, to contribute to the wider JCC financial position. It is however highly unlikely that anything beyond that already being progressed within this plan in order for the Trust to deliver on its statutory duty to breakeven will be achievable in 2025/26, without some significant and severe impacts on resources, capacity, service delivery, patient safety and performance;
- Some cost elements are still hard to predict through the coming 15 months and may remain volatile, with a clear indication from WG that no further funding will follow in year in 2025/26 to manage any such variations;
- That the continuing impact of the recent changes in commissioning, and the move of the NHS Wales JCC more out of its current transition phase, have no wider impact on the Trust financially, including in relation to how it is currently funded for EMS, NEPTS, 111 services, etc;
- The ability to manage in year cost pressures as they arrive, within the small contingency this plan continuities to hold.

Capital

Appendix 5 also summarises our initial capital programme for 2025/26, focussing predominantly on the discretionary capital funding received from WG, noting the already confirmed and carried forward discretionary capital commitments for the 2025/26 financial year. This is currently a draft plan, as in previous years, a detailed update on the final impact of the 2024/25 financial year end on the 2025/26 programme will be presented to both the Trust’s F&PC and the Trust Board in May 2025, at which point it is assumed that the full capital programme for the Trust can be approved, fully consistent with the funding being made available from WG.

12. Delivering our plan

12.1 Risks to delivery

Risks to the delivery of key programmes of work within this IMTP will be monitored by individual programme boards or lead directorate, escalating to Strategic Transformation Board where necessary and raising to the Corporate Risk Register/Strategic Board Assurance Framework if Board level awareness and scrutiny is required.

The **key risks to delivery** of this IMTP will be:

- Our ability to deliver a **balanced financial plan** – whilst the financial plan assumes a full pass through of the Health Board allocation uplift there remain challenges over the next three years as set out in section 11. The JCC itself is challenged financially and will be looking at areas of further cost reduction, including **potential income reduction for providers**. A key indicator of success of this plan will be to confidently present a plan that can balance and subsequent delivery of financial balance by year end in year one and into years two and three (reported monthly through the year).
- **Capacity to deliver** on priorities within the plan – the financial plan this year does not set out a significant increase in investment to support delivery of the IMTP and therefore this will need to be done through existing resources. A capacity exercise has been undertaken to assess directorates' capacity to deliver IMTP priorities that are over and above their core business.
- Difficulty in maintaining progress on strategic ambition with **focus on the short term** – it remains difficult to plan ahead of year one towards our longer-term ambitions without certainty of the future

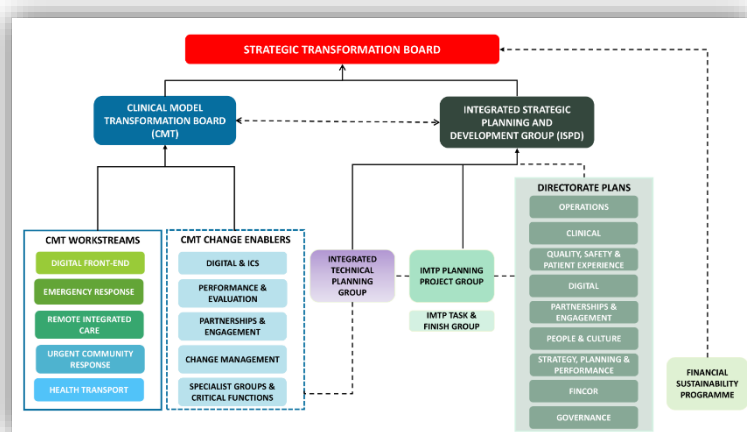
operating and financial context. However, recent Demand & Capacity reviews seek to address this imbalance, and the financial plan identifies resources to support priorities within the plan.

- **Ongoing wider system pressures** impacting on our services - we are in a vicious circle of operational pressure we think can only be addressed through wholesale transformation. However, the focus on the here and now requires significant management time which cannot be focussed on the transformation agenda.
- **Commissioning landscape** – as the processes and governance within the JCC further develops there may be a change in perspective for ambulance services and our 111 commissioner, so we must work closely with our commissioners and partners to develop the clear rationale for decision making around our strategic ambitions and collaboratively develop opportunities that benefit the wider system and Health Board populations.

12.2 Managing IMTP delivery and strategic transformation

The **Trust Board** is overarching accountable committee for delivery of the Trust’s IMTP and long-term strategic plans, with individual sub-committees maintaining oversight and scrutiny of specific deliverables. Further assurance is provided through the **Board Assurance Framework (BAF)**.

To further support the Trust Board to retain an overarching view of IMTP delivery the **Strategic Transformation Board (STB)** (an executive level committee chaired by the Chief Executive) will continue to provide monitoring, oversight, and governance over the implementation of the deliverables in this IMTP. This is alongside a remit to continually focus on strategic development, horizon scanning and considering intelligence that impacts on our strategic plans.



STB has a portfolio management approach and overview to enable and govern IMTP delivery through core service transformation and enabling programmes, underpinned with proportionate programme and project documentation. These programmes were established in 2021 and have the delivery vehicles for change and transformation.

However, with the integration of our strategic transformation agenda across our service areas in developing a service model fit for the future, we will **review the current transformation programmes** to ensure they are fit for purpose. The governance will remain broadly the same, but there are opportunities to make our approach even more **agile, lean and efficient**.

We continue to populate and test portfolio, programme and project management software to support the strategic and programme level oversight of our IMTP delivery.

The **Transformation Support Office** will continue to support the strategic transformation agenda across the organisation, developing the organisation’s capacity and capability to manage large complex programmes and service change internally and across the system. Each programme will have its own detailed plans behind each of the deliverables in this IMTP. Based on the anticipated benefits set out in this IMTP, the new programme structures will update benefits realisation plans, which will feed into the mechanisms set out in

the QPMF which will be a tool to support delivery of the IMTP. As a result, we will make best use of our quality improvement, innovation and transformation resources and approach under the STB to ensure our strategy development and transformation agenda is underpinned by **value & evidence based, data driven, and patient focused service and quality improvement methodologies**.

Not all delivery of the IMTP will be undertaken in programmes, and there are local improvements that are made throughout the period of this plan at directorate level that provide the environment for performance and quality improvement to enable transformation at a Trust wide level. We will **make optimum use of our corporate resources** to support change and ensure capacity to undertake the performance and quality improvement work required. We will also strengthen directorate level planning, in line with the QPMF, so that all areas of the Trust are linked into the improvements we make through cross-directorate / matrix working.

12.3 Measuring our plan

We will continue to develop measures of successful delivery of our strategic plans at three levels, supported by our Integrated Quality & Performance Reporting:

1. Impact of our long-term strategy, reviewing measures;
2. Impact of the strategic transformation of our services through the clinical model transformation programme with a **full independent evaluation of our clinical model transformation over the course of this IMTP**; and
3. Measures that demonstrate 'what good looks like' and 'what will be different' over the next three years of this IMTP.

We aim to **develop dashboards/visual representation of these measures** that are easily understood and show where there has been impact, in the context of the socio-economic and political environment in which we operate. These measures will be reported through the relevant committees and to the Board.

Questions

Thank you for taking the time to read our plan. If you have any questions about our plan or require any of the policies, strategies or plans referred to in this IMTP or require a version in Welsh please contact [AMB Planning And Performance@wales.nhs.uk](mailto:AMB.Planning.And.Performance@wales.nhs.uk)

List of appendices

Appendix 1	Challenges and opportunities shaping the plan
Appendix 2	Minimum Data Set (MDS)
Appendices 3a-d	Ministerial Templates
Appendix 4	Equality Impact Assessment
Appendix 5	Financial Plan
Appendix 6	Letter of Support from NHS Wales Joint Commissioning Committee