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

Integrated Medium Term Plan 2026-2029

Welsh Ambulance Services
University NHS Trust

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Foreword from the Chair and Chief Executive

We are pleased to present the Welsh Ambulance Services University NHS Trust's (WAST) Integrated Medium-Term Plan (IMTP) for the period 2026–2029. This plan sets out how we will continue to deliver high quality, safe and compassionate care for the people of Wales, while responding to a rapidly changing health and care environment and significant financial and operational challenges.

Over recent years, our Trust has undergone one of the most significant periods of transformation in its history. We have reshaped the structures of how urgent and emergency care is delivered through the evolution of our integrated clinical services model and the introduction of the new Ambulance Performance Framework (APF), placing a stronger emphasis on clinical outcomes, patient experience and system impact rather than time alone. These changes represent a fundamental shift in how we support patients to receive the right care or advice, in the right place, every time.

This IMTP builds on that progress whilst recognising the realities we face. Demand continues to rise, patient needs are increasingly complex, and the financial context across NHS Wales remains exceptionally constrained. Our people have worked tirelessly through sustained pressure and change, and we are acutely aware of the impact this has had. For these reasons, this plan is deliberately focused. It is not a plan for expansion, but for consolidation and improvement - embedding change, realising benefits, improving productivity and reducing avoidable harm.

At its heart, this plan is about patients and communities. It is informed by what people tell us about their experiences of our services, by clinical evidence, and by our responsibilities as a national service working across a complex system. We remain committed to improving outcomes, reducing inequalities and supporting more care to be delivered safely in the community, through strengthened remote clinical care, urgent community response, non-emergency patient transport services and partnership working.

Our ambitions can only be delivered through our people. Supporting wellbeing, strengthening leadership, building capability and maintaining a positive, inclusive culture remain fundamental. We will continue to work in close partnership with trade unions and colleagues to ensure our workforce feels supported, valued and equipped to deliver safe care.

This IMTP also marks an important transition point. It is the final planning cycle under our current long-term strategy, *Delivering Excellence*. During the life of this plan, we will refresh our long-term strategy to ensure it reflects the changing needs of the population, our evolving role within the system, and the financial and environmental realities we face.

We believe this plan provides a credible, responsible and clinically led roadmap for the next three years. It reflects clear priorities, difficult choices and a strong commitment to quality, collaboration and value - above all, our commitment to support, serve and save for the people of Wales.



Emma Wood
Chief Executive

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

I Gefnogi.
I Wasanaethu.
I Achub.

To Support.
To Serve.
To Save.



Colin Dennis
Chair

Executive summary

This IMTP sets out a clear, disciplined approach for the Welsh Ambulance Services University NHS Trust over 2026/27–2028/29. It is a **consolidation plan** that prioritises embedding the significant changes already made to our clinical model and performance framework, improving reliability for patients and staff, and demonstrating value within a non-investment financial context. It is the final IMTP under *Delivering Excellence* and will run alongside work to refresh our long-term strategy beyond 2030.

The operating reality remains challenging. Demand and complexity continue to increase and delays in hospital handover constrain our ability to respond in the community. Public finances are tight, and colleagues have sustained prolonged pressure and change. Patient feedback consistently praises the compassion and professionalism of our people, while highlighting concerns about timeliness in parts of our service, including Ambulance Response and Non-Emergency Patient Transport Services (NEPTS). Against this backdrop, the plan focuses on stabilisation, benefit realisation and productivity rather than new programmes.

At the heart of the plan is our **integrated clinical services model**, bringing together 999, NHS 111 Wales and Ambulance Care within an outcomes-focused Ambulance Performance Framework. Over the next three years we will concentrate on making this model work consistently and well: strengthening remote clinical assessment at the first point of contact; refining prioritisation for time-critical conditions; and ensuring that alternatives to conveyance are reliable and safe so that more people can be cared for at home or in the community. **Independent academic evaluation** (in partnership with Edge Hill and Swansea Universities) and a dedicated **benefits realisation workstream** will underpin this approach, providing external assurance and a structured method for evidencing outcomes and productivity gains.

For **999 (Emergency Medical Services)**, the focus is on protecting the response to the highest acuity patients while improving overall reliability. We will embed the new Ambulance Performance Framework (APF) categories, improve Orange/Yellow prioritisation, and reduce avoidable lost hours through closer working on hospital handover, so that more capacity is available in the community. Clinically led decision making will be strengthened through improved dispatch and on scene practice and clearer referral routes to same day and community services. *For example, crews will be supported to pre-alert stroke and ST Elevation Myocardial Infarction (STEMI) pathways earlier and to use agreed rapid referral routes into Same Day Emergency Care (SDEC) or hot clinics where a hospital admission can be safely avoided.*

For **NHS 111 Wales**, our priority is to improve access and timeliness within existing resources, while making the digital front door more useful and dependable for patients and carers. We will stabilise

call handling through roster optimisation and prudent use of digital tools, ensuring that people are guided to safe self-care, booked services or timely clinical assessment as appropriate. There is no additional WAST resource for the digital front end in 2026/27; however, we will begin to scope what a safe and equitable channel shift could look like over the medium term, including the criteria, safeguards and commissioning implications. *For example, low-acuity callers will increasingly be offered direct booking into community or primary care services where available, while symptom-checker journeys will be refreshed to provide clearer self-care advice.*

Within **Remote Integrated Care (RICS)**, we will bring together clinical queues from 999 and 111 so patients receive a consistent, senior-clinician-led assessment irrespective of the route they used to contact us. This will support "right care first time", reduce unnecessary dispatch, and ensure those who do need a face-to-face response are prioritised quickly. *For example, a single clinical queue will enable a timely transfer to the most appropriate clinician (e.g., remote clinician or mental health specialist) without the caller repeating their story.*

Our **Urgent Community Response (UCR)** will expand its ability to see and treat people safely at home, with a particular emphasis on frailty, falls and mental health. Advanced practice will be used more consistently, scheduling will be strengthened, and pathways into community teams will be made simpler and faster. *For example, falls responders will support safe lifting with clinical oversight within two hours wherever feasible, and Advanced Paramedic Practitioners (APPs) will be scheduled to complex cases where timely assessment and prescribing can avoid conveyance.*

NEPTS remains a specific stabilisation priority. We will align rosters to predictable demand, reduce short-notice cancellations, improve booking and scheduling (including digital tools for patients and carers), and work with Health Boards to reduce avoidable inefficiency at hospital sites. An overarching **NEPTS Improvement Programme** will coordinate this work, provide clear accountability and report progress through established governance. The aim is a more reliable, patient-centred service that supports treatment, discharge and transfer and contributes to better flow across the system. *For example, renal and oncology patients should experience more punctual pick-ups for treatment, while discharge and transfer runs will be planned earlier in the day to reduce avoidable late collections.*

Taken together, these changes are designed to give patients a clearer, more dependable service: faster access to advice; safer, earlier clinical decisions; more care delivered at home where appropriate; and a transport service that is easier to use and more reliable, particularly for those attending time-critical treatment.

Our people are central to delivery. The plan prioritises support and stabilisation: reducing sickness absence and shift overruns; improving the quality of leadership and development conversations;

strengthening psychological safety; and tackling violence and aggression. Skills-mix changes within our Emergency Ambulances now move to implementation, supported by clearer career pathways and targeted recruitment, including an improved rural offer. Through **Our WAST Way**, we will further embed consistent, compassionate leadership behaviours and expectations across recruitment, induction and development. The emphasis is on creating the conditions for a healthy, engaged and sustainable workforce.

Innovation in this period is **pragmatic and enabling**. We will focus on the digital and data foundations that make services more reliable and productive: resilient platforms and telephony, maturing governance, cyber security, core system modernisation, and better use of data and insight to support clinical and operational decision-making. Estates and fleet improvements will progress where there are affordable and aligned to decarbonisation and resilience goals.

Partnership is essential to success. Many of the issues that drive patient experience and timeliness are system-wide and cannot be solved by one organisation. We will therefore continue to work closely with Commissioners, Health Boards, national programmes and the voluntary sector to improve access and pathways, reduce system risk and support flow. Our long-term strategy refresh will be developed with staff, partners, Llais and the public to ensure the Trust's role and ambitions are aligned to the future needs of Wales.

Quality underpins every element of this IMTP. We will further embed the Duty of Quality and Duty of Candour, modernise our approach to listening and responding to people's experience, strengthen learning from harm and focus on infection prevention and control as visible, routine standards. We will also **review how we bring together our improvement resources**—quality improvement, change management and programme/project delivery—into a more integrated offer that is easier for services to access and that accelerates benefits realisation. Our approach to value will be clearer, using Value-Based healthcare principles and improved data linkage to show how our work contributes to patient outcomes and system performance.

Financial balance will be delivered through disciplined savings, benefits realisation and demonstrable productivity improvements, supported by a modest, values-based commercial approach. Assurance for the Board and Welsh Government (WG) will be provided through productivity metrics, strengthened programme governance, independent academic evaluation of the new clinical model and commissioning oversight.

Overall, this is a **credible, responsible and clinically led plan** that does fewer things, better embedding change, supporting our people and improving outcomes for patients, while laying firm foundations for the next phase of strategic development.

Introduction

Welcome to the Welsh Ambulance Services University NHS Trust's (WAST) IMTP covering the three-year period from 2026/27 – 2028/29. We are excited to present our plan for the next three years which has been developed in accordance with the NHS Wales Planning Framework and Technical Planning Guidance and in collaboration with our key stakeholders (including our people, trade union partners and commissioners).

Underpinning this plan is a series of technical appendices (including the Minimum Data Set (MDS), Ministerial Priorities and Enabling Actions) alongside other key documents providing additional and supporting information. The appendices and documents are clearly referenced and signposted in the respective sections throughout this document. Additional information to support this plan is also available on request.

For ease of access, our plan will be published on our website bilingually in English and Welsh. Furthermore, we will develop and share a suite of tailored materials to help communicate and explain our plans to meet the needs of different stakeholders and audiences.

1. Our purpose and long-term strategy

1.1 Our purpose



We continue to be guided by our organisational purpose statement that was adopted in 2023 '***To Support, To Serve, To Save'.*** This short but powerful statement reaffirms our core organisational purpose, helping to connect and unite our people towards a common goal.

1.2 Our long-term strategy (Delivering Excellence)



This three-year planning cycle will see the conclusion of our current long-term strategy 'Delivering Excellence'. The strategy was developed in 2019 and continues to be the strategic anchor for the organisation, setting out a clear vision and roadmap for the organisation up to 2030. The strategy sets out our aspirations to transform our clinical services model to '***ensure that patients receive the right advice and care, in the right place, every time'.*** It is also a whole organisational strategy that affirms our commitment to **enable** our people to be the best they can be, remaining at the forefront of innovation and technology, being quality-driven and clinically led, developing services in collaboration and delivering exceptional value. We have made strong progress to achieve the ambitions set out in our strategy, and we are pleased to describe some of our key achievements in sections 2.1.

Whilst 'Delivering Excellence' has served us well, we recognise that now is the right time for us to refresh our long-term strategy for 2030 and beyond. We must remain agile and responsive to the evolving operating landscape, ensuring that we shape our services, and how we deliver them, to meet the changing health needs of the population and our role within the wider health and care system. As part of this plan, we are therefore committing to undertaking a refresh of our long-term strategy, with further details on our approach provided in section 7.2.

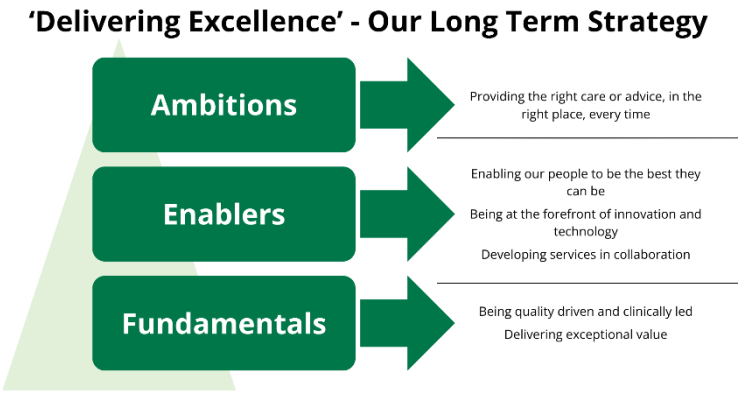


Fig 1: WAST Strategic Objectives

2. Our key achievements

2.1 Our transformation journey and organisational achievements

We have continued to make positive progress towards the ambitions set out in our long-term strategy for 2030 'Delivering Excellence' and on the specific deliverables in our 2025-2028 IMTP. During 2025/26 a key focus has been on the implementation of the new Ambulance Performance Framework and the acceleration of the changes required to embed the new Integrated Clinical Services Model (further detail is provided in section 4.2). Whilst these changes have been a key priority requiring cross-organisational support and collaboration, the wider organisation has not stood still, with considerable progress made across the breadth of both our operational and corporate teams. The infographic below summarises some of our key achievements delivered across the organisation in 2025/26.

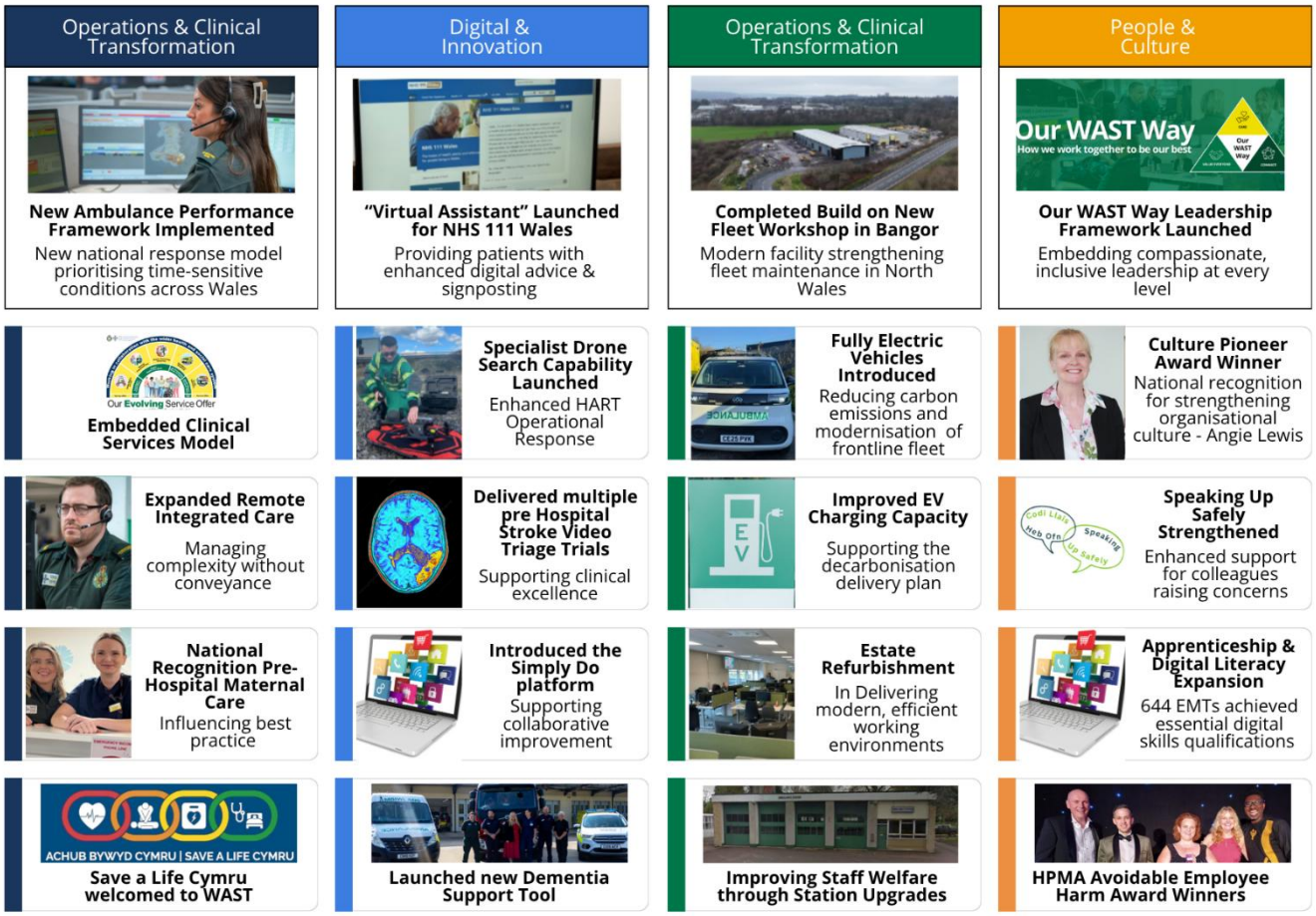


Fig 2: Summary of our key achievements in 2025/26

3. The operating context shaping our plan

This section of the plan explores the wider operating context and the key factors that we have considered as part of developing our plan and organisational priorities. The plan is shaped around the key messages from our patients and commissioners who highlight the need for more timely, joined-up care. At the same time, we need to respond to and reflect the wider political landscape and national priorities focussing on system level improvements. These pressures sit alongside changing patient needs and expectations, significant system challenges and financial pressures. Together, these factors require us to remain responsive, collaborative and focused on delivering high-quality outcomes within a changing and often constrained environment.

3.1 What do our patients say about our service?



Throughout the year, we gathered honest and valuable feedback from people across Wales through surveys, lived-experience stories and our patient engagement networks. What people told us re-confirmed our view that the 2015 clinical response model does not always best meet the needs of patients today and for the future. This has helped to reinforce our positioning on the need to evolve and transform our clinical model to ensure it is fit for purpose to meet the changing needs of the population across Wales. This insight has been strengthened by our broader shift towards a more rounded view of quality, one that considers clinical outcomes and patient safety alongside peoples lived experience and the relational aspects of care, as required by national policy and statutory duties.

Patient feedback is essential in helping us understand our services from the perspective of people who use them and their families. It shows us where changes have improved patient care, outcomes and experience, and further attention is needed. The insights we gather directly shape our priorities and inform the improvements we plan to make across the Trust. See **Appendix 1** for more information.

Positive Feedback: 	▪ Patients consistently praised staff for being kind, caring, and compassionate. Factors contributing to a positive experience included: o A professional and caring workforce o A sense of safety while in our care o Welcoming and reassuring interactions with staff
Areas for Improvement: 	▪ Shorter callback times for the NHS 111 Wales service ▪ Reduced waiting times in the community ▪ Cancellation of NEPTS patients' journeys and timely return home after hospital appointments is a key area of concern from patients attending routine hospital appointments ▪ Key themes also highlighted concerns about long waits, the impact of psychological harm, as well as the overall timeliness across all service areas. Patients expressed anxiety about our ability to provide a prompt response in emergencies or when accessing services

Table 1: Summary of patient feedback and key themes

3.2 What are our colleagues' priorities?

We continue to actively engage with colleagues across the Trust to understand the issues that matter most to them. These insights not only guide the development of our future service plans but also help us identify the day-to-day challenges that affect our people. Further detail is set out in **Appendix 1**.

We use a range of mechanisms to hear from colleagues, gather feedback and understand their experiences:

- **NHS Staff Survey** – provides vital insights into people's experiences, perspectives, and priorities, helping us shape the working environment
- **Regular Pulse Surveys** – targeted surveys aligned to priority areas emerging from the Staff Survey
- **WAST Live** – a regular Microsoft Teams session where the Executive Team shares updates on matters affecting our people and responds directly to their questions
- **CEO Roadshows** – twice-yearly, face-to-face engagement with colleagues across Wales
- **Cultural Metrics** – a mix of qualitative and quantitative indicators that track the impact of our People and Culture Plan
- **Workforce Metrics** – highlighting key workforce challenges and areas requiring action
- **Our People Networks** – supporting a culture of belonging, inclusion, and active participation

Our People and Culture Plan metrics show that we are broadly on the trajectory we expected. There are encouraging signs that our collective efforts are creating positive movement in the right direction. However, we recognise that more progress is needed, something reflected in the latest staff survey findings and wider colleague feedback.

While many issues and concerns raised can be resolved at operational or directorate level, ongoing commitments are embedded within our IMTP to ensure we continue responding to what our people have told us. Feedback shows that we must sustain our cultural transformation and strengthen our change management capability as we progress towards our strategic ambitions. We are using these insights to shape our forward plans, ensuring we prioritise the areas that matter most and continue to build momentum.

Initial feedback from the NHS staff survey shows that around two thirds of respondents are proud to work for WAST and almost three quarters are willing to go the extra mile at work. There are however areas where there is more work for us to do. We recognise from the results that less than

half of respondents look forward to going to work and there are people that don't feel involved in changes that affect their work area, team or department.



Fig 3: Summary of staff feedback

3.3 Our operating and financial context

The external operating context will continue to be challenging throughout 2026/27 and beyond. The key priorities, decisions and direction set out in this plan have been shaped by, and are responsive to, the complex operating environment in which we operate.

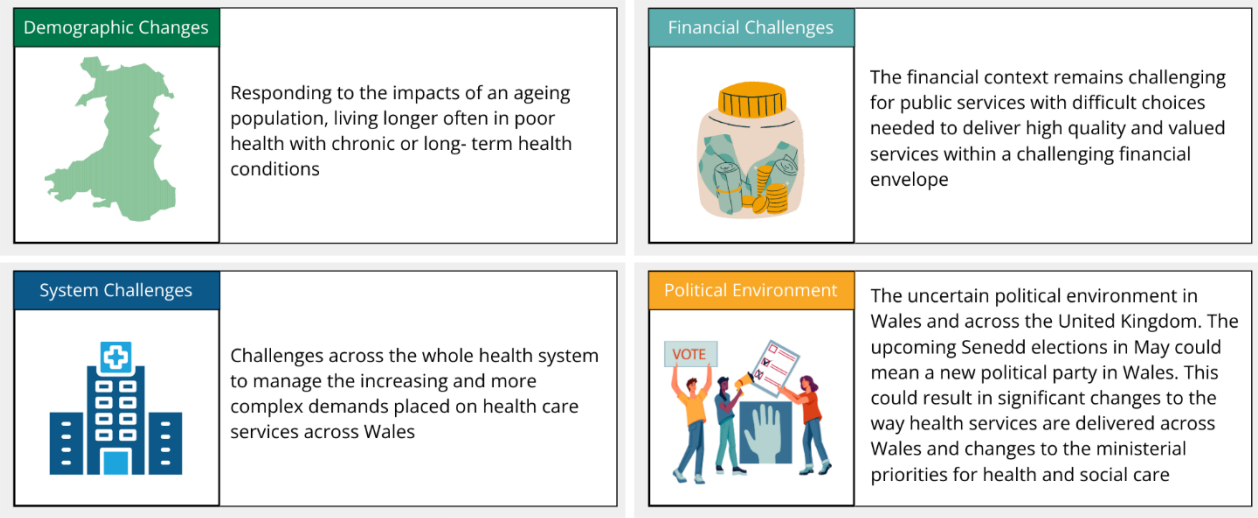


Fig 4: Operating context

3.4 Our performance in 2025/26

Integrated Care (NHS 111 Wales and 999 Clinical Support Desk)

111 Integrated Care
111 call demand increasing (85,131 per month)
Independent demand & capacity modelling has identified a shortfall in FTEs
Modelling identified that the Trust can expect a 10-15% abandonment rate (15.4% in Dec-25)
Trust re-rostering within existing resource envelope
P1 target consistently achieved. P2 and P3 consistently off target

The Trust has delivered a **999 demand consult and close rate of 19.6%** (Year to date (YTD) to January 2026). This is a material uplift from the previous peak of 15% prior to the Clinical Model Transformation Programme. The Trust maintained its Priority 1 (P1 - one hour triage) **111 performance at or just below the 90% target** through 2025/26. The financial year 2025/26 has also seen the most significant change to the 999-emergency ambulance pathway in a decade. The introduction of the new Ambulance Performance Framework, alongside the evolution of the Trust's Integrated Clinical Services Model, has enabled the organisation to move forward with a new operating model aimed at improving clinical outcomes, reducing avoidable harm, and strengthening integration within the wider health system. This transformation has placed a much bigger emphasis on early remote clinical intervention i.e. screening and assessing 999 calls.

Whilst there are many positives, the Trust has a modelled **consult and close benchmark of 22%**, which suggests further potential for this metric. Priority 2 (two-hour triage) and Priority 3 (three-hour triage) performance has declined sharply since September 2024, which initially was due to a change in how the metric is recorded i.e. when a call back is attempted versus answered by the patient, but there has been a further decline through winter 2025/26. This is now a key area of concern for the Trust.

NHS 111 Wales call handling performance is challenging, with the **abandonment rate averaging 12.7%** (YTD). An independent review of the Trust's 111 rosters has identified that, even with efficiencies, the Trust cannot consistently deliver the 5% abandonment rate or the Priority 1-3 targets and would need more staff to do so. The review also identified that the 111 abstraction levels were below the benchmark and recommended a higher benchmark is considered.

In support of the changes to the Ambulance Performance Framework and clinical model changes, the Trust is in dialogue with the NHS Wales Joint Commissioning Committee (JCC) to align the 'time to consultation' metrics for patients accessing via 999 and NHS 111 to there is consistency. This also includes a shift towards monitoring the median and 90th percentile.

Currently the time to consultation (i.e. the wait time from the initial remote screening of a 999 call through to the start of a remote assessment by Integrated Care) is also an area of focus. The median times are consistently under 30 minutes, however the 90th percentile is falling into the two-to-four-hour range.

EMS

As above, the financial year 2025/26 has seen the most significant change to the 999-emergency ambulance pathway in a decade. The introduction of the new Ambulance Performance Framework, alongside the evolution of the Trust's Integrated Clinical Services Model, has enabled the organisation to move forward with a new operating model aimed at improving clinical outcomes, reducing avoidable harm, and strengthening integration within the wider health system.

The new Arrest (Purple) category is focused on patient outcomes, ultimately the survival rate from a cardiac arrest, which the Trust is working on linking data with Health Boards, so it can report on this. As a first step the "outcome" is the **Return of Spontaneous Circulation (ROSC) rate**, which has been an upward trend with a **22% YTD rate**. The new **Arrest (Purple) median and 90th have been consistently inside the 6–8-minute range** and 20-minute back stop since the start of this category in July 2025.



EMS
Handover lost hours (YTD) 15,308
Arrest volume and performance, 854 avg pcm and within 6-8 minute range
Emergency volumes and performance, 4512 avg pcm and <1 minute above 608 range
Orange (Dec-25) 1 min 18 secs (range <1 hour)
7,026 emergency ambulances cancelled by patients each month - unmet need
91 (to Dec-25) adverse incidents passed to health boards

Whilst the new Arrest category performance is a positive, the new **Emerg (Red) category has been consistently outside of the 6–8-minute range and the 20-minute back stop**. Analysis indicates this is a product of insufficient response capacity, rather than the new model. The analysis also identified that screening of some Red Emerg incidents (known as Rapid Clinical Screening 0) was not delivering the potential level of deflection of incidents into Integrated Care for a remote clinical assessment. It is to be noted however that the combined Purple Arrest and Red Emerg demand for December 2025 was lower than old Red activity in December 2024. The expected year on year increase has not happened this winter.

As a result of the earlier remote clinical interventions in the 999 emergency care patient pathways **patient cancellations have reduced**, but **remain high, with an average of 7,079 patient cancellations per month** (April 2025 to January 2026).

December 2025 saw phase 2 of the Ambulance Performance Framework go live, with the introduction of the new Now (Orange), Soon (Yellow) and Planned (Green) categories. Since its introduction response times across the Orange category has been challenging. Stroke Call to Door times are longer than we would like and remain above the trusts ambition for a 1.5-hour response. Further detail outlining our key actions to improve response times is included in section 4.6.

A key area of development in 2026/27 will be data linking to enable the Trust to track the survival rates across the cardiac arrest care pathway. As part of this work, the Trust will undertake further capacity modelling to respond to the new Purple Arrest and Red Emerg categories alongside lower handover lost hours. It is crucial that emergency ambulances are ready and available to respond to life threatening emergencies in communities across Wales. In 2025/26 the Trust **lost an average of 15,308 emergency ambulance unit hours to hospital delays**. The Welsh Government Wait 45 hospital handover reduction initiative wants to see the average handover time reduce to 45 minutes, which would equate to 6,500 lost hours.

Ambulance Care

Ambulance Care consists of NEPTS and Urgent Care Services (UCS) providing non-emergency patient transport to planned appointments; discharge and transfer and planned Health Care Professional (HCP) one-to-four-hour transports into hospitals. The headline performance metric for NEPTS include the inbound arrival times for renal and oncology patients and throughout 2025/26 these targets have been consistently achieved. Whilst the headline metrics are encouraging, patient cancellations are a particular concern, with over 100,000 NEPTS patient journeys cancelled in 2025, of which:

Ambulance Care
NEPTS service remains broadly stable
CMP cancellations an issue averaging 2,734 pcm
CMP cancellations are lower as a % than health board or patient cancellations
Renal performance (to Dec-25) 72% Oncology performance (to Dec-25) 78%
D&T on the day four-hour target being achieved
NET Centre call abandonment rate (Dec-25) 5%
New Green category median 1h32 mins (range <4 hours)

- 56,220 journeys were cancelled by hospitals (45% of total)
- 38,116 journeys were cancelled by patients (31% of total)
- 29,434 journeys were cancelled under the Clinical Management Plan (no renal and oncology cancellations) (24% of total)

The two key metrics for **discharge and transfers are <60 minutes and same day (four hours), for the year to date these performed at 80.6% and 94.9% respectively**. The Trust has actively supported the planned care additionality (200,000 appointments) with minimal issues recorded from a transport perspective.

Whilst discharge and transfer performance is stable and the planned care additionality has been accommodated, the level of short notice bookings is an issue for the Trust, for example, in January-February 2026 **5,667 bookings were received under two hours before the required travel time.**

Our People

The three headline metrics for our people are sickness, turnover and the Performance, Appraisal and Development (PADR) rate. The Trust's **overall sickness rate is 9.23%** (December 2025), which whilst affected by seasonality is higher than the Trust would want, with the IMTP ambition remaining 6%. Within this figure there are areas of focus. Integrated Care's sickness rate is 14.35% (Dec-25) and Ambulance Care's 12.34% (December 2025). Corporate functions are generally lower than front line, but Quality and Putting Things Right (PTR) are particularly high at 22.23% (Dec-25).

Overall **WAST turnover is at 7.98%** (December 2025) - having risen above 10% during the pandemic, it is now considered to be at appropriate levels in most parts of the Trust. There are two main areas of focus with higher turnover, in our EMS co-ordination team (EMSC) and Integrated Care. EMSC is seeing a downward trend from its highs of 15% but remains above 10%. Integrated Care remains above 15%.

The **PADR rate was 76.48% in December 2025**, with the 85% rate last being achieved in December 2022. The Trust has recently reviewed its approach to PADRs and is currently piloting a new approach with the aim of improving the quality of the conversations and the completion rate.

The NHS 111 Wales re-roster review identified that the existing rosters are a material factor to high sickness and turnover, with a major shift in approach now being implemented. There has been high engagement from staff and Trade Union (TU) support for this project.

The **NHS Staff Survey completion rate** for WAST in 2025 was 43.2%, up from 35.2% in 2024 and 23.2% in 2023. The Trust continues to place a major emphasis on its People and Culture Plan, including staff well-being, the ability to speak up safely and sexual safety.

Our People
Good production in 111 with over production aligned to winter
Total EMS response hours reduced due to uncertainty around EAP role
111 abstraction rate consistently better than benchmark
EMS abstraction rate 30-34% (benchmark 30%)
Staff turnover reducing (7.9% Dec-25)
Sickness absence stable (7.1% to 9.2%)
Shift overruns average range 30-40 mins

System Contribution

A key opportunity is the NHS 111 Wales digital front end and how this can be used more effectively to manage patient demand across the urgent and emergency system.

System contribution
999 consult and close rate >20%
Conveyance to ED increased connected to lower patient cancellations and lower handover lost hours i.e more incidents responded to and more incidents conveyed (good conveyance)

The Trust introduced a new **NHS 111 Virtual Assistant** (Albot) in August 2025 to improve access to digital advice and information. Early activity levels are encouraging with circa **5,000 to 6,000 patient interactions** with Albot per month. The NHS 111 website receives on average **408,987 hits per month,** and activity levels have remained stable. The number of NHS 111 Symptom Checkers completed per month also remains stable, averaging **10,107 per month**. The Trust is currently undertaking a project to substantially overhaul and update the 111-symptom checkers and this IMTP includes a key deliverable to develop a business case for the wider 111 digital front end in 2026/27.

There was a noticeable reduction in NHS 111 Wales demand passing through to urgent and primary care, as a result of the go live on the new 111 Clinical Assessment Service (CAS) in April 2024, with

'**Emergency Department (ED) outcomes'** stable in the **range 13.1% to 15.4%** in 2025/26, year to date.

At the start of the 2015 clinical response model, the Trust was conveying 18,000 EMS patients to Emergency Departments (ED) per month. There has been a gradual downward trend since 2015 and in January 2026 the Trust conveyed 12,173 patients to hospital. Since February 2025 there has been a noticeable reversal of trend, with an upward trend, which has coincided with the changes the Trust has been making through its new clinical model. The earlier remote clinical interventions have reduced patient cancellations and this, plus lower handover levels, has meant the Trust has reached more patients that require conveyance to ED. In December 2025 the Trust conveyed 13,983 patients into ED. The JCC strategic review of WAST will provide further information regarding how well the Trust performs in terms of its conveyance level, but previous work undertaken by the JCC benchmarking other ambulance services indicated that conveyance levels were lower in Wales, with the likely cause being the disincentive of high hospital handover lost hours. As per the Ambulance Care section above, patient cancellations are a problem and will need a more strategic and collaborative conversation with the JCC and Health Boards in 2026/27.

For both EMS and Ambulance Care the Trust will need to continue to engage with the wider system on reconfigurations, (which we may expect to see an increase in, as financial constraints increase), and ensure that the transport changes of these reconfigurations are modelled, understood and supported.

The Trust has a unique position in the system and a strategic opportunity to service pre-hospital, and support flow from hospitals, but its ability to respond to EMS patients in the community, the core of the service, continues to be affected by high hospital handover lost hours. There has been a material reduction in handover lost hours in 2025/26 with a 31% reduction year on year (April to January comparison), but levels remain some distance from the 6,000 hours the Trust's EMS rosters are designed to cope with, at a monthly average of 15,341 lost hours (Wait 45 would equate to 6,000 hours).

Finance and Value

With the reduction in hospital handover lost hours there has been a noticeable increase in the average jobs per shift by Emergency Ambulances, which has traditionally been below 2.5 jobs per shift (based on an 11.5-hour shift), but increased to over 3 jobs per shift for five months in 2025/26. This is above an independently modelled benchmark for EMS.

Advanced Paramedic Practitioner (APP) utilisation is an area of focus. APPs will be re-rostered in 2026/27 and this, plus work on Power BI reporting, will enable a clearer understanding of the productivity (utilisation) and benefits (see and treat) of APPs. Additionally, work continues to create a sustainable solution to creating a scheduling process to effectively deploy our APP workforce. The level of NEPTS cancellations is inefficient and not good value and will be an area of focus in 2026/27 (see above section on Ambulance Care performance).

Finance and value
Predicted financial balance
Savings target being achieved

Finally, the Audit Wales 2025 Structured Assessment and Annual Audit Summary have, once again, highlighted Trust Board's strong financial stewardship and the robustness of the Trust's governance, planning and financial arrangements, but as the financial environment becomes more challenging, the Trust will need to continue to strengthen its financial management and oversight. The detailed performance profile is set out in **Appendix 1.**

3.5 What are our legislative, policy and strategic drivers?

The adjacent graphic summarises the key legislative, strategic and policy drivers that have informed and influenced the focus of this plan. In line with the structure of last year's IMTP, this year's plan is framed around the six strategic objectives set out in our long-term strategy. This approach ensures that there is a clear 'golden thread' between our key commitments and aspirations for the next three years and the ambitions articulated in our strategy.

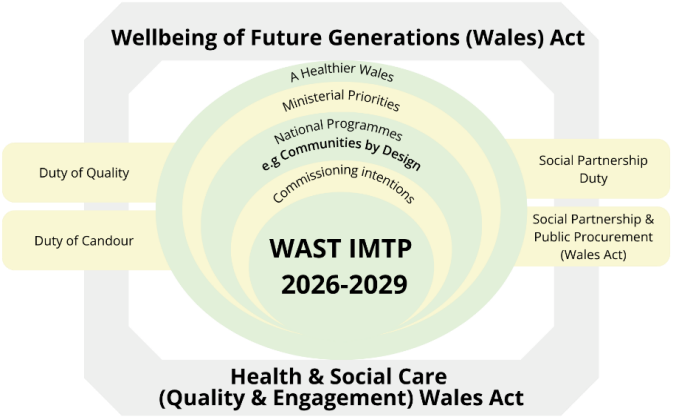


Fig 5: Overview of external drivers

We recognise, however, that the plan could equally have been structured around other key strategic or policy drivers, such as our well-being objectives or the Duty of Quality. Whilst it is challenging to frame a single plan around multiple drivers, we have sought to demonstrate alignment by including a detailed cross-referencing matrix (see **Appendix 4**), showing how our key IMTP deliverables support and connect to the wider set of national and organisational drivers.

The Well-Being of Future Generations Act and Well-Being Objectives

The Well-being of Future Generations (Wales) Act 2015 is a unique and important piece of legislation designed to ensure that public bodies are delivering and developing services that are sustainable and that secure the social, economic and cultural futures of young people, as well as those yet to be born.



Fig 6: WAST Wellbeing objectives

The Trust published its wellbeing objectives in March 2025. During 2025/26, work has been undertaken to reflect the wellbeing objectives in governance and decision-making processes. We want to ensure that decisions at Board and Executive Team level, as well as throughout our organisation, reflect what we are trying to achieve through our wellbeing objectives, and that we consider the impact of what we are doing in the context of the Act. This, however, is the first IMTP where we are embedding those wellbeing objectives into our activity and ambition, marrying up our priorities with both our wellbeing objectives and our organisational strategic priorities. As we move forward through 2026/27 and beyond, we will be working closely with partners, including the Office of the Future Generations Commissioner, to ensure our Board and our people understand more about those commitments, and that decision-making at all levels of the organisation reflects them.

'A Healthier Wales'

Our long-term strategy, and this plan, continue to set out the role the Trust has to play as a key care provider to support the refreshed actions set out in the NHS long-term strategy for Health and Social Care, 'A Healthier Wales'. Our plan continues our journey to evolve our services to best meet the needs of the population and the system, supporting the shift towards more joined-up community-based care.

Ministerial Priorities, Improving Performance Together and Enabling Actions

The Trust has an active and important role to play in supporting delivery of the six key Ministerial Priorities. The focus and commitments outlined in our plan across both our transformational agenda and service-level delivery seek to maximise our contribution across these priorities. Our key commitments to each of the priorities is outlined in the completed Ministerial Priorities templates (see **Appendix 6**).



In addition, this plan has built on current work to support the other two key areas of focus outlined in the Improving Performance Together letter circulated in July 2025 ('How the NHS is run' and 'Getting services ready for the future' Modernising leadership and creating the right organisational culture is a golden thread throughout our plan and specific work we are undertaking is included in strategic objective 2. In relation to ensuring our services are fit for the future, our plan is underpinned by our commitments to transform our clinical services model to best meet the needs of today and future generations. It builds on our role to support the national strategic ambition to deliver more community-based care and to embed digital and service innovation to improve care and clinical outcomes. Our commitments in these areas are further described in strategic objectives 1 and 3. Furthermore, we are committed to refreshing our long-term strategy which will be developed in response to deliver the strategic and national priorities for health and social care services in Wales. In addition, we have also completed the 'enabling actions' template to set out the areas and organisational actions that are directly applicable to WAST to deliver and where the organisation has an active role supporting and working in collaboration with Health Boards and wider partners (see **Appendix 3**).

National Programmes

The Trust welcomes the establishment of the **Community by Design (CBD) Transformation Programme**. The ambition to integrate services within communities and move care away from acute hospital settings aligns with the organisation's long-term strategy, commissioning intentions and the evolution of our integrated clinical services model. We believe this programme will build on the positive collaborative work already underway by the Trust, Health Boards and Six Goals programme to design and deliver more joined-up and seamless care across urgent and emergency care.

We remain fully committed to working in close collaboration with partners to help drive forward the CBD transformation programme and **Six Goals priorities for Urgent and Emergency Care**. We recognise the important role the Trust plays in delivering a modern and effective urgent and emergency care service across Wales. Further detail on how we will continue to engage with partners and support strategic service change to drive change at national, regional and local levels are included in section 4.10.

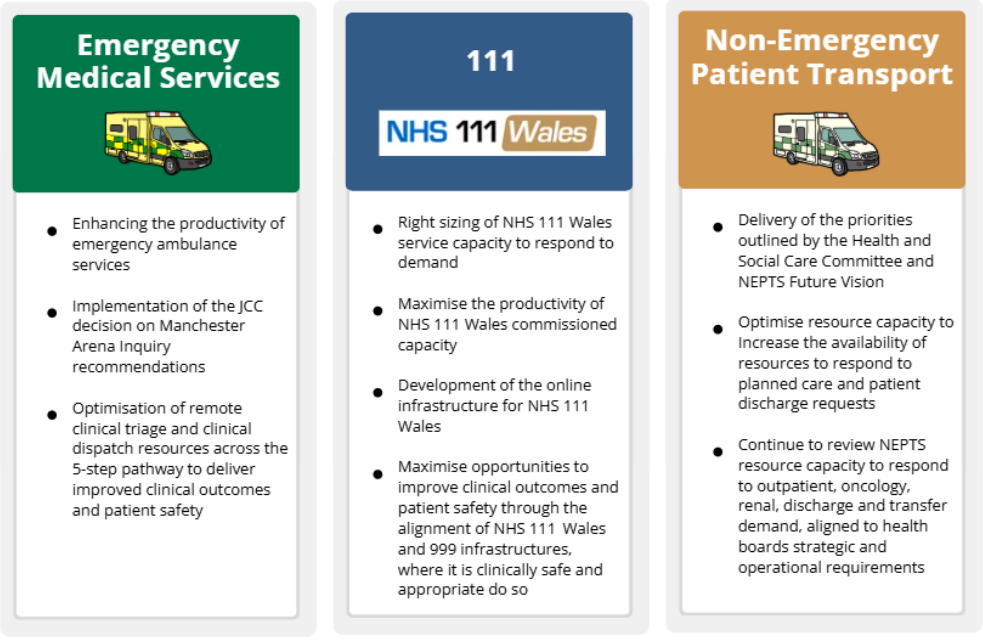
Key Legislation

The **Health and Social Care (Quality and Engagement) (Wales) Act**) and the **Duty of Quality** underpin our approach to strategic decision-making in WAST. All strategic decisions made to deliver the IMTP are subject to a Quality Impact Assessment (QIA) and Equality Impact Assessments (EQIA), and both assessments have informed the development of this plan. In shaping our priorities, we have considered and incorporated the Health and Care Quality Standards throughout. Section 8 sets out the specific work we are progressing to measure and manage quality and performance in accordance with the Act and aligned to 'A Healthier Wales', the long-term strategy for health and social care.

We are guided by the statutory provisions set out in the NHS Wales Planning Guidance including, but not limited to, the Duty of Candour, Listening to People regulations, equality legislation and More than Just Words action plan.

3.6 What do our commissioners say?

WAST is commissioned by the **Joint Commissioning Committee (JCC)**, which represents the seven Health Boards in Wales who have responsibility for population health. WAST received a set of commissioning intentions from the JCC for 2026/27 for the three patient pathways: 999 emergency ambulance, NEPTS and NHS 111 Wales, that it is commissioned to deliver. Overall, WAST is supportive of the draft intentions and recognise that there is close strategic alignment between the JCC ambitions, the Trust's ambitions expressed in our Long-Term Strategy, and IMTP ambitions.



The broad purposes of the commissioning frameworks, to shift demand left, to get patient care right first time and treat patient demand at the earliest point of contact with the health care system, remain as relevant as ever. In fact, they are increasingly important, as every additional contact point carries additional cost.

Clearly, with the lack of additional finance for growth in the system, the draft intentions place **more emphasis on making best possible use of the existing resource envelope, whether through productivity, utilisation, optimisation, benefits realisation or industry benchmarks**. We believe we have a strong track record in delivering challenging efficiency work. For example, by quarter 1 next year we expect to have re-rostered all major patient resource groups across the Trust, including the Cymru High Acuity Response Units (CHARUs), Emergency Ambulances (EAs), 111 Call Handlers, 111 Clinicians, NEPTS and APPs. The Trust holds extensive productivity-related metrics, but these need to be surfaced more effectively, made more explicit and easier to access. This will be a key area of focus for 2026/27.

The Trust has submitted a separate response to the Ambulance Services and 111 Commissioning Review Scope 2025/26 (a productivity review) and the JCC has started to engage the Trust in the review. The review is strategic in nature, so will not look at day to day management, but will cover the three main patient pathways that WAST is commissioned for: 111, 999/EMS and NEPTS, and will also look at corporate services and third-party provision. A key aspect of the strategic review will be the use of NHS England's (NHSE) Opportunity Framework.



Fig 7: NHSE Opportunity Framework

This Opportunity Framework will enable a comparison across the six areas described in figure 7, the Trust's relative position and identify opportunities for productivity gains. The strategic review will also look at the existing frameworks, and whether they are fit for purpose, historical trends in

activity, performance and spend, and the use of technology. The Trust understands that the JCC may also, separate to the review, adopt an approach of "deep dives", an approach the Trust has already applied internally to its committees, and is happy to support this.

This strategic review needs to be seen in the context of the challenging financial position for the JCC. In previous years, the Trust has been supported by commissioners on investments in support of patient safety, for example, closing the EMS relief gap (+263 Full Time Equivalents (FTEs)), but for 2026/27 the JCC position is that any initiatives that the Trust wants to support, aligned to the commissioning intentions, will need to be funded through internal movements. That said, the Director of Commissioning for Ambulance Services and 111 is supportive of the Trust's new clinical response model for 999 patients and its integrated connection with NHS 111 Wales. Further discussions are required regarding the 111 front end and the longer-term vision for the 111 service. For NEPTS, the ongoing challenge of being unable to meet patient demand, due to patient, Health Board and WAST Capacity Management Plan (CMP) cancellations, requires a more strategic and collaborative approach during 2026/27.

We have also reviewed the commissioning intentions for the Adult Critical Care Transfer Team (ACCT) and Emergency Medical Retrieval and Transfer Service (EMRTS) to ensure strategic alignment and will continue to engage and work closely with both services.

Finally, in 2024/25 the previous commissioning arrangements moved into the JCC and there have been changes in personnel within the JCC, including a new Director of Commissioning for Ambulances and 111, and of course a new Chief Executive Officer (CEO) in WAST. The relationship with commissioners continues at a local level, with Trust colleagues actively contributing to a range of Health Board structures supporting urgent and emergency care. There has been a recognition that further time is required to develop strategic thinking in relation to the future vision for ambulance and 111 services, and consideration is being given within the JCC as to the most appropriate mechanisms to facilitate this in the future.

Both parties have identified a need to work on these and WAST has welcomed the recent starting of monthly JCC / WAST Executive to Executive meetings as a way to improve engagement. The strategic review may offer an opportunity to move to a single commissioning framework for WAST, which the Trust would welcome. The Trust is also planning to review and update its long-term strategy which will offer a major way in which WAST can engage with the JCC. More immediately, the Trust will need to engage and explore options for NEPTS with the JCC during 2026/27 and try and lift the debate with Health Boards to a more strategic one on future options for the service.

3.7 What are the risks that we are managing?

Corporate Organisational Risks

The Trust continues to operate in a **highly pressured and rapidly evolving environment**. Our risk profile reflects both the complexity of the system we operate within and the scale of transformation underway.

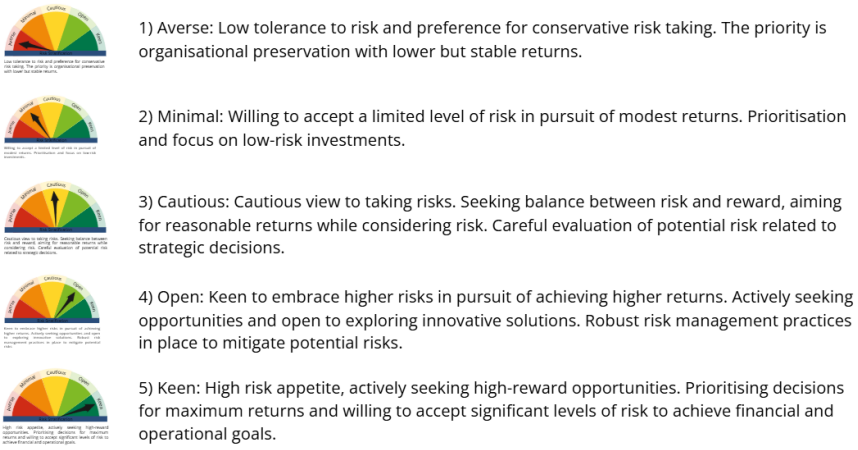


Fig 8: Risk appetite statements

Our Board Assurance Framework (BAF) provides a clear line of sight between our principal risks, the controls in place, and the assurances we receive. These risks directly inform the priorities and deliverables set out in this plan and underpin the actions we will take to mitigate these risks. The planned refresh of our long-term strategy from 2026/27 provides an opportunity to further align our principal risks to the delivery of our strategic objectives which are underpinned by our suite of risk appetite statements. Decision making throughout the IMTP period will be informed by the Trust's agreed risk appetite. Our risk appetite statements provide a clear framework to guide strategic, operational and resource decisions, and support a consistent and transparent approach to balancing risk and opportunity in the delivery of our strategic objectives. This enables informed, proportionate and timely decision making, ensuring that risks are considered, managed effectively and remain aligned with Board expectations and organisational priorities.

The table below sets out the Trust's highest scoring principal risks, all of which score above 20 and remain at the forefront of our organisational risk landscape. This plan has been developed to further strengthen our collective focus on mitigating and manage these risks. A summary of the Trust's principal risks is set out in **Appendix 1.**

ID	Risk	Score	Mitigation
224	Significant Handover of Care Delays Outside Accident and Emergency Departments impacts on access to definitive care being delayed and affects the Trust's ability to provide	**25**	• Phase 1 and Phase 2 of the Clinical Model Transformation (CMT) programme have now gone live, representing an important step in aligning our response, triage and clinical decision making to patient acuity and workforce capacity (see section 4.1).

	a Safe and Effective Service for Patient		• In addition to this, we have a well-established internal control environment including real time operational and clinical oversight, escalation and release processes and structured clinical governance. • We continue to engage with national and regional programmes including the Six Goals priorities for Urgent and Emergency Care and the national Wait 45 / Respond to Release initiatives to reduce handover delays at hospital.
223	The Trust's inability to reach patients in the community causing patient harm and death	**20**	We have enhanced clinical triage and decision making that support the mitigation of this risk. Including: • Implementation of new 999 call categories aligned to patient acuity (section 4.1). • Rapid clinical screening to identify patients who can be safely managed without dispatch of conveyance (section 4.1). • Remote clinical support and strengthened clinical navigator roles (section 4.2). • Urgent community response strengthened through APPs and community-based clinicians (sections 4.8 and 4.9).
260	A significant and sustained cyber-attack on WAST, NHS Wales and interdependent networks resulting in denial of service and loss of critical systems	**20**	• We have assessed our preparedness and benchmark our plans, training and capabilities (section 4.11). • There is enhanced focus on digital safety and security at Trust sites with improvements in connectivity across the estate (section 6.2).
641	The Trust's inability to implement the learning from all relevant Manchester Arena Inquiry (MAI) recommendations impacting its response to a major incident/mass casualty incident	**20**	• We have sustained organisational focus on major incident and mass casualty additional resource in FY2026/27 to implement 2 key recommendations from the Manchester Arena Inquiry (subject to commissioner business case approval) (section 4.11).

3.8 Positioning our plan

In developing our plan, we have taken time to talk with our people to understand how they are feeling and to gauge the organisational temperature as we have delivered our ambitions set out in recent plans. We received honest feedback that the organisation has been running hot for a sustained period. On reflection the last 18-24 months have been an intense period of organisational transformation and change, requiring considerable effort and energy from across the organisation. This has contributed to some fatigue and a sense of batteries running low (see section 3.2).

We have actively considered this feedback, alongside the direction set out in the planning guidance and the recognition that historically, we have been over- ambitious in the breadth of commitments we have taken on. As a result, we have positioned our plan around a set of principles and key areas of focus, outlined in the graphic below.



Fig 9: Overview of underpinning planning principles

3.9 How our plan is structured

This section of the plan sets out our key deliverables and commitments for each of our six strategic objectives that underpin our long-term strategy 'Delivering Excellence'. As noted previously, a detailed cross-referencing document is included in **Appendix 4** demonstrating how each IMTP deliverable aligns with wider policy, legislative and strategic drivers.

The Trust has a strong track record of delivery against the commitments set out in previous IMTPs. In this plan we have we have committed to a more consolidated set of IMTP deliverables to ensure that we are focussed on the key priorities which can be successfully delivered within the organisation's current resources within the three-year delivery period. This is reflective of the NHS Wales Planning Framework that emphasises the priority on productivity and efficiency, and, that this is a non-investment plan.

The commitments in this plan have been developed, prioritised and agreed through a detailed collaborative process with internal leads and stakeholders. Deliverables have been identified and

prioritised against our key drivers, organisational risks, patient feedback, and analysis of performance data and system intelligence. To strengthen triangulation with our performance and workforce data, each strategic objective includes an overview of the key measures and metrics, aligned to our Monthly Integrated Quality Performance Report (MIQPR), that will be influenced by the deliverables and associated work.

Our IMTP Priorities and Key Deliverables

Our Patients

4. Strategic objective 1: Providing the right care or advice in the right place, every time



This strategic objective is driven by the evolution of our **integrated clinical services model** and delivery of our frontline clinical services. The following sections outline the work underway as part of our cross-organisational Clinical Model Transformation Programme and its underpinning workstreams, alongside the specific developments being taken forward within each of our frontline clinical services.

4.1 New Ambulance Performance Framework

The Trust went live in 2025/26 on phases 1 and 2 of the Welsh Government's New Ambulance Performance Framework (APF). These changes formed part of the Trust's wider Clinical Model Transformation Programme.

Phase 1 (June 2025): Introduction of the new Purple Arrest and Red Emergency response categories and outcome measures, replacing the previous Red category.



Phase 2 (December 2025): Introduction of three new response categories (Orange Now, Yellow Soon and Green Planned), replacing the previous Amber and Green categories. This model focusses on the principles of a Time, Purpose and Skill response to all calls ensuring patients receive the most appropriate

response to meet their individual needs and promote improved outcomes. This phase also included the introduction of new Rapid Clinical Screening categories (RCS1, RCS2 and RCS3) to reflect the clinical urgency and clinical need of the patient following initial screening for a more thorough remote clinical assessment.

The changes to the APF were introduced to **move away from time based (process measures) as the primary measure of quality and performance, to clinical outcomes**. For the new Purple Arrest category, the primary measure focuses on ROSC as the core clinical outcomes alongside measures aligned to the Chain of Survival, with secondary time-based measures also captured.

This change, delivered to time, is the biggest change the Trust had made to its 999 ambulance care pathways in 10 years and supports the evolution of the Trust's clinical model, to put patient outcomes and not simply time, at the heart of what we aim to deliver. The Trust is closely monitoring the early impacts of the changes to the APF and continues to focus on embedding the changes to the clinical service model whilst a formal academic evaluation is undertaken. The new Ambulance Performance Framework and Categories is outlined in the table below.

	Category	Description	Aim	Measures
Respond immediately	PURPLE: ARREST	Cardiac or respiratory arrest.	Increase ROSC rates	• ROSC rate • Median time to identify cardiac arrest • Median time to commence CPR instruction • Median time for defibrillator arrival • Median response (6-8 minutes) • 90th percentile (20 minutes)
	RED: EMERGENCY	At high risk of cardiac or respiratory arrest	Prevent deterioration into arrest	• Median response (6-8 minutes) • 90th percentile (20 minutes) • Outcome measure (Pain, NEWS, Spo2)
Time sensitive	ORANGE: NOW	Likely to need diagnostics and transport to hospital or specialist care e.g. a person in stroke or heart attack	Rapid arrival at specialist or emergency care facility as soon as possible	• Median response of most appropriate resource • 90th percentile • Stroke care bundle inc. call to door median and % arrival at specialist site. • STEMI care bundle inc. call to door median and % arrival at specialist site. • Further measures developed over time
Assess and respond	YELLOW: SOON	Further clinical assessment with potential to support remote clinician decision making for alternative pathway, and/or discharge at scene, and/or planned transport to treating facility, e.g. a person with a suspected broken leg	Prevent unnecessary escalation of care	• Median response of most appropriate resource • 90th percentile • % by disposition
Planned response	GREEN: PLANNED	High potential for discharge at scene or referral to community or another planned pathway e.g. a person with earache	Right response for need	• Median response of most appropriate resource • 90th percentile • % by disposition

Table 3: Overview of the new Ambulance Performance Framework

4.2 Clinical model transformation: evolving our clinical services model

We are now in the third and final year of our ambitious Clinical Model Transformation (CMT) Programme, evolving our Clinical Response Model into an **integrated Clinical Services Model**.

The new model moves away from the traditional conveyance-based emergency response, bringing together our three core services - Emergency Medical Services (999), NHS 111 Wales, and Ambulance Care (Non-Emergency Patient Transport Service and Urgent Care Services) – into an integrated, clinically-led service. The refreshed model is built on the approach of "no wrong door" for patients, to ensure equitable access to services based on clinical need, regardless of the method of contacting the ambulance service. The graphic below sets out the detailed blueprint of our new integrated clinical services model that brings together our core services into a seamless model of care.

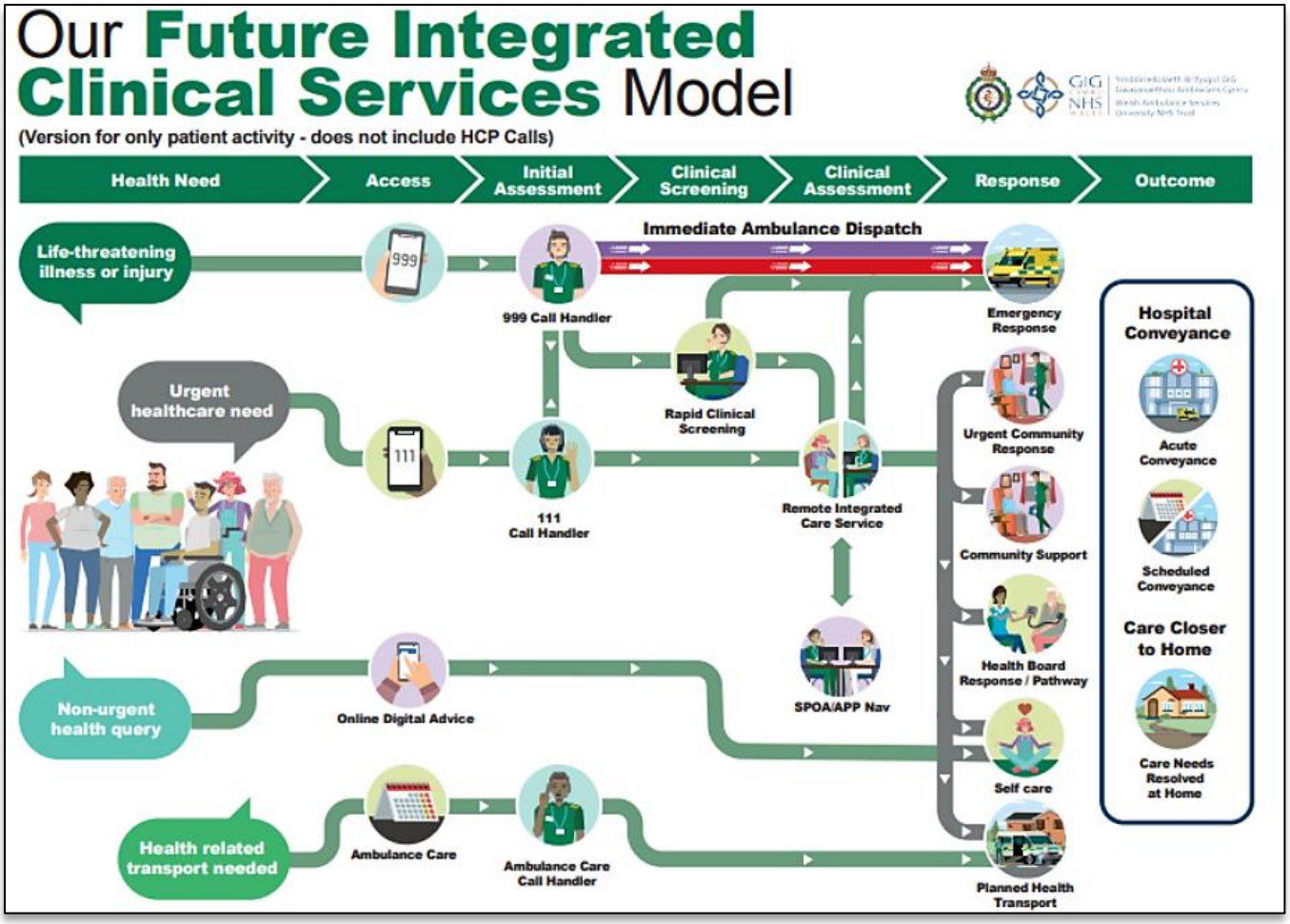


Fig 10: Future Integrated Clinical Services Model

The clinical model has been designed and is underpinned by the following five key principles: (1) **Clinically** led decision making, (2) Enhancing system **Connectivity**, (3) **Care Planning** and stronger clinical oversight, (4) Offer **Choice** through diversified response options, and (5) strengthened **Collaborative** pathways.

The Trust has made considerable progress since initiation of the programme two years ago, starting from an early blue-print design to the implementation and functioning new model of care, with further work planned for the final year of the programme.

The first year of the programme prioritised rapid service improvements to enhance safety over winter which included the introduction of Rapid Clinical Screening and new Clinical Navigator role, development of the 'Winter Desk', embedding of our Advanced Paramedic Practitioner (APP) Navigator model and undertaking of a range of key tests of change including APP scheduling. In year two we introduced the New Ambulance Performance Framework and Call Category changes which was the biggest and most complex organisational change since the Clinical Response Model changes in 2015. We also tested a new digital assistant (Albot) in NHS 111 Wales, implemented our Community Welfare Responder roles, and implemented key changes to support the full implementation of our Remote Integrated Care Service (bringing together our remote clinicians across NHS 111 and 999 Clinical Support Desk towards a single function).

We still have work to do in year three of the programme (2026/27) to fully embed key elements of the model, with a key focus on continuing to improve productivity and realise the key patient, service and system benefits. This work will be delivered by the recently established benefits realisation workstream and will be triangulated with the findings and recommendations from the independent academic evaluation (see section 4.3) and outputs of the Joint Commissioning Committee (JCC) strategic review of our emergency ambulance service.

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 and 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. We recognise however, that the new clinical model is continuing to be embedded and there are some areas of pressure and performance challenges, which can be expected in the early periods of embedding a new model. As part of our financial planning for 2026/27 we have pushed harder to deliver additional levels of savings and reviewed our current spend profile to enable us to increase the workforce capacity in key areas across the clinical model to improve patient care and address patient risk and harm. The determination of the roles and additional capacity is being considered by the Clinical Model Transformation Board and will be subject to commissioner approval of a business case. This could

include additional workforce capacity in our remote clinical service (Remote Clinicians / Clinical Navigators) and Urgent Community Response (e.g., APPs).

4.3 Academic evaluation

A formal **independent multi-year academic evaluation** has been commissioned with Edge Hill University (in partnership with Swansea University) to evaluate the Ambulance Performance Framework and changes to the Clinical Services Model as part of the CMT Programme.

The evaluation methodology is being developed, and key activity for FY206/27 includes preliminary data collection, documentary analysis, and the development of qualitative research components such as stakeholder interviews, focus groups and staff surveys. The final evaluation report is planned for September 2028, but interim evaluations on the APF phase 1 and phase 2 are expected after an initial run of 12 months of data from the go live of each respective phases, with provisional planned dates of September 2026 and February 2027. The Clinical Model evaluation will be phased with interim findings to understand the impact of the changes and to identify opportunities for continuous improvement and further optimisation. The academic institutions are currently focused on developing the evaluation methodology and this will require up front agreement with the wider system and stakeholders on the methodology, which will be led by the Director of Commissioning for Ambulance Services and 111.

Data linking has been identified as the highest risk to the evaluation and benefits realisation. Currently, the Trust cannot follow a patient across the breadth of their care journey and in the wider system, for example, 30-day, 60-day and 90-day survival rates for patients in the Purple Arrest category. A key area of work during 2026/27 will be actioning a plan for delivering sufficient linked patient data, so that both WAST and its stakeholders can form a fuller impact of its transformation on patient outcomes (see section 6.2).

4.4 Benefits realisation, productivity and efficiency improvements

A key focus of this plan is to embed and realise the benefits of the clinical service model changes and to improve the productivity and efficiency of our clinical services model. To achieve this, we will triangulate the key inputs and intelligence from the following three key inputs to support the development of key improvement plans which will be delivered by the respective CMT workstream / functional service area. This joined up and triangulated approach will enable the organisation to consider the breadth of intelligence to support with the prioritisation of improvement activities delivered through a co-ordinated and structured approach to maximise efficiency, delivery and assurance.

(1) **Benefits Realisation Workstream**: We have established a benefits realisation workstream, taking over from the previous CMT Metrics Workstream, to focus on measuring and realising the benefits of the model changes with a balanced focus on "Our Patients, People, Value and the System". This, internal to WAST workstream, will focus on identifying the opportunities to improve the productivity and efficiency across our clinical services model.



(2) **Independent Academic Evaluation:** The key outputs and intelligence from the APF and Clinical Services Model evaluation will be fed into the benefits realisation workstream to further inform the respective improvement plans.

(3) **JCC EMS (Ambulance) review:** The outputs and recommendations of the JCC review and benchmarking exercise will provide a further lens of rich intelligence that will also inform the productivity and efficiency improvements for our Emergency Response Service.

It is also important to note that the focus on productivity and efficiency improvement is not only limited to our frontline clinical services. Through the delivery of our Financial Sustainability Programme (FSP) (see section 9.1) and delivered through directorate level actions, we will also be heavily focussed on driving improvements across our corporate and wider organisational functions.

In addition to the quantified savings outlined in our financial plan, we recognise the importance of quantifying the productivity gains we anticipate that we can achieve, as a result of key actions and improvements outlined in this plan. There is, however, further work for us to do as part of our FSP and commitment to deliver greater value for money and quantify expected productivity gains. In section 9.3 we have included some initial work to quantify the productivity gains for four key areas of improvement (sickness absence reduction, increased APP utilisation, NEPTS roster review and a reduction in handover delays).

Theme	Ref	Deliverable	Year		
			26/27	27/28	28/29
Benefits Realisation, Productivity and Efficiency	1.	**Complete a formal academic evaluation** of the Clinical Model and Ambulance Performance Framework changes to understand the benefits, impact and opportunities for improvement			
	2.	Undertake a detailed assessment of clinical flows, processes and functions to optimise productivity, efficiency and outcomes across the model, with a specific focus on improving care for high-risk patient groups (Stroke, STEMI, NOF). This will be enabled through **targeted improvement and a consistent approach to benefits realisation**, using clear metrics, measures and baselines to improve clinical outcomes, care and experience			

4.5 Accessing our services

This section of the plan sets out the work we will be undertaking to improve and enhance the way our services are accessed through both our digital front end and telephony services in 999 and 111. The table below outlines our improvement expectations, the key performance metrics we will monitor, and our performance ambitions aligned to our MIQPR and other key metrics, alongside the performance ambitions we set out to achieve.

Our Improvement Expectations:

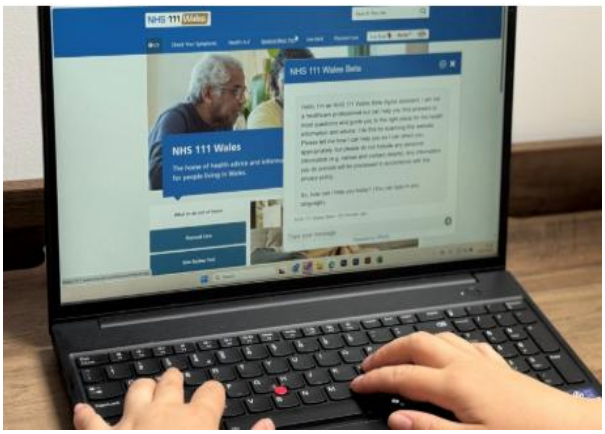
- Patients will have a better experience accessing our services through multiple channels with an expanded suite of online symptom checkers supporting self-care and navigation
- Connected patient records to inform safe and consistent clinical decision-making
- Where required, patients are directly and seamlessly booked into the right service

How we will monitor impact and Organisational ambitions

- Number of patients using the NHS 111 Virtual Assistant 'Albot' option (Increasing trajectory)
- NHS 111 webchats as a % of website hits (Ambition of 1.35%)
- NHS 111 Wales website hits (Increasing trajectory)
- Number of patients accessing the online symptom checkers (Increasing trajectory)
- 999 calls answered within 6 seconds, Median and 95th percentile (Maintain against current target)
- NHS 111 Call handling abandonment rate (Maintain within 10-15% rate)

Online digital advice

Across NHS Wales, there is an opportunity to work with partners to build on our digital platforms to maximise support for patients, carers, citizens, call handlers and clinical advisors. The NHS 111 Wales website remains a key priority, and we see opportunities to align its development more closely with the Welsh digital and data strategy. In the longer term, the NHS Wales App is likely to become a key digital gateway for urgent care advice and signposting, and our digital offer will need to be able to integrate with it. Over the next 3 years, we aim to move towards closer integration of our digital and telephony channels so that people can move seamlessly between them.



We recognise that delivering a modern, **integrated digital platform for NHS 111 Wales**, supported by a dedicated multi-disciplinary team and underpinned by an effective Content Management System, will require resourcing and technical infrastructure that is not currently prioritised within the Trust's financial plan. Pending future decisions on funding, we will continue to make incremental improvements to the NHS 111 Wales digital offer and maintain dialogue with Welsh Government and commissioners on how a sustainable digital front end could be taken forward on behalf of the wider system. As part of this, we will begin to consider whether there are opportunities over time to flex resources between telephony and digital channels as demand evolves.

Following clinical and technical development work already undertaken, this year will focus on embedding the new compliant **Online Symptom Checkers** and evaluating the **Virtual Assistant "Albot"** to understand feasibility, user experience and potential for wider adoption. We will continue to maintain our internal directory of services (DOS) and remain an active partner of the All-Wales DOS discovery and consultation work to support the development of an NHS Wales DOS.

As the national position becomes clearer, we will refine our long-term approach to NHS 111 Wales online development, ensuring that future development aligns with user needs, technological advancements, and opportunities to integrate with national platforms such as the NHS Wales App

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Theme	Ref	Deliverable	Year		
			26/27	27/28	28/29
Maximising our digital front end	3.	Develop a **business case to secure external or internal funding** for a modern digital front end for NHS 111 Wales including simultaneous replacement of the current Content Management System and establishment of a substantive NHS 111 Wales Online multidisciplinary team			
	4.	Replace the outdated **Online Symptom Checker (OSC) tool** to align with the 111 Call Prioritisation and Streaming System (CPSS)			

Accessing our services through 999 and 111 telephony (call handling)

High quality and timely call answering performance for patients contacting via 999 and NHS 111 Wales telephony lines are key to excellent patient experience and provides confidence in our services.

999 Call Handling



We have delivered significant improvements in our 999-call handling performance in the last 12 months, performing well against the 95% call answer within 6 seconds performance target. To maintain our focus on meeting expected performance levels we will continue to ensure that we have sufficient staffing levels in place. This will be achieved through proactive recruitment and a continued focus on managing sickness levels to ensure we have sufficient capacity to meet demand, and we can achieve our performance targets. In addition, we will be undertaking further work to explore how our 999 call handlers can utilise the Call Prioritisation Streaming System (CPSS) used by NHS 111 Wales call handlers to help find the right outcome for suitable lower acuity 999 patients (this is further described in section 4.8)

NHS 111 Wales Call Handling

Call answer times for patients contacting us via NHS 111 Wales telephony continues to be challenging and performance against our key performance targets is below where we would like it to be. We recognise that some patients are waiting longer for their call to be answered and this can lead to higher levels of call abandonment. We are working hard to improve performance, which has included the piloting of the new NHS 111 Wales digital assistant (Albot) to help resolve patient queries, through the digital interface, to reduce overall call volumes (this is further explored in section 4.6)

The outputs of the recent demand and capacity review of NHS 111 Wales call handlers demonstrated that the current NHS 111 Wales call handler establishment is below the required level to consistently achieve the current performance targets. As part of this work, we have engaged in dialogue with commissioners to review the current call answer targets. We are pleased with the support from commissioners to adjust the way call handling performance will be measured, adopting the median and 90th percentile times for call answer, whilst continuing to monitor call abandonment rates. We have also introduced the NHS 111 Virtual Assistant (Albot) to support patients to access advice and health information digitally and reduce the need to call NHS 111. We are continuing to assess the impact of this development as we seek to realise its full potential.

Due to the challenging financial position, we have been unable to prioritise any additional growth in our NHS 111 Wales call handling capacity for 2026/27. To drive improvement, we will continue to focus on improving the productivity and efficiency of our 111-call handling function. This will include sustaining our 111-call handling workforce and recruitment to the commissioned staffing levels, whilst taking forward the next phase of the rostering practice review and undertaking a comprehensive review of our 111 call handling rosters in accordance with the 2026/27 commissioning intentions. This will enable us to better align our call handling capacity to the changing patterns of demand, improve our call answer times and help reduce the call abandonment rate. We will also continue to prioritise our focus on maintaining staffing levels through effective management of sickness absence.

4.6 Our emergency response

This section of the plan sets out the work we will be undertaking to improve our emergency medical response. The table below outlines our improvement expectations, the key performance metrics we will monitor, and our performance ambitions aligned to our MIQPR and other key metrics, alongside the performance ambitions we set out to achieve.

Our Improvement Expectations:

- Emergency service provision is clinically led, with enhanced senior clinical decision-making at the point of access and response
- Patients in life-threatening or emergency situations consistently receive an immediate and rapid response
- Patients are taken to the most appropriate destination for care, or receive care closer to home, supported by improved system coordination
- Patients taken to hospital are handed over quickly, improving safety and system flow

- An agile and flexible clinical workforce supports emergency response, with opportunities for clinicians to work across emergency response, integrated care and system partner settings, strengthening clinical decision-making and patient flow

How we will monitor Impact and Organisational Ambitions

Primary Clinical Outcome Measures	▪ Return of Spontaneous Circulation (ROSC) (Improvement trajectory to 25-30%) ▪ Stroke Call to Door Time (for confirmed stroke) median (1.5 hours) ▪ STEMI Call to Door Time Median (1.5 hours) ▪ Neck of Femur (NOF) Call to Door Time Median (In development) ▪ Chain of Survival Metrics (Improving trajectory)
Secondary Response Measures	▪ Arrest (Purple) median and 90th percentile (Maintain current performance with 6-8 minutes and 20 minutes for 90th percentile) ▪ Emerg (Red) median and 90th percentile (Improvement trajectory to meet 6-8 minutes median and 20 minutes for 90th percentile) ▪ Now (Orange) median (Improvement trajectory 60-minute median)
Other measures:	▪ % (to plan) of EMS Hours produced (Maintain 95%) ▪ Average Jobs per Shift (Emergency Ambulance) (Improvement trajectory 2.3 jobs per shift) ▪ Hospital Handover: Wait 45, W15 and Total Lost Hours (Improvement trajectory 0 waits over 45 minutes and less than 6,000 hours per year Pan Wales) ▪ 'Can't send' and 'cancelled by patients' (volume) (Reduction <5,770 per month)

The emergency response CMT workstream has been instrumental in delivering the changes to the Ambulance Performance Framework over the last 12 months. Post implementation, this workstream has been re-calibrated to focus on two key areas of development to drive patient and system improvement. The first area of work is the delivery of the Out of Hospital Cardiac Arrest plan (aligned to the introduction of the new Purple Arrest category) to improve cardiac arrest survival rates across Wales. The second key area of work is the collaborative review of the process to support healthcare professional requests for ambulance transportation.

Out of Hospital Cardiac Arrest (OHCA) Delivery Plan

The OHCA delivery plan is a joint programme by WAST and Save a Life Cymru (SaLC), developed in response to the Welsh Government's request for a rapid review to accelerate improvements in OHCA outcomes in Wales. The plan aligns to the new Emergency Ambulance Performance Framework, which places a stronger emphasis on clinical outcomes. It sets out a balanced programme of short-

term, high-impact actions during 2026/27 designed to secure immediate gains in community readiness and access to defibrillators, as well as the foundations required for longer-term cultural and system-level improvement.

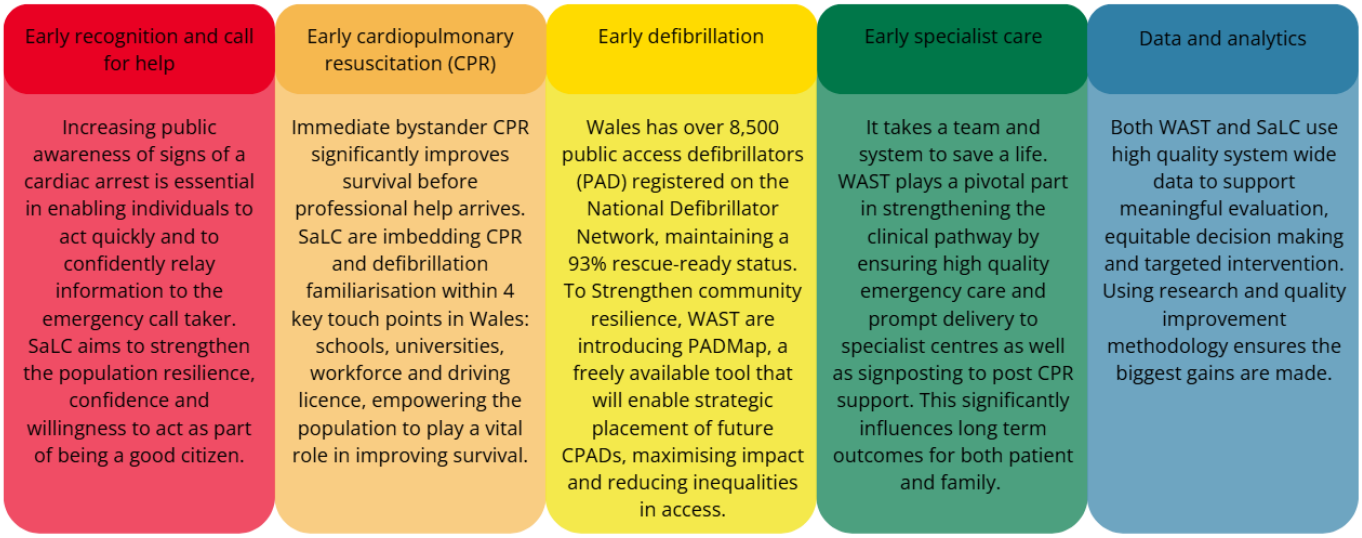


Fig 11: Chain of survival

Aligned to the internationally recognised Chain of Survival, the plan focuses on raising community awareness, improving access to life-saving interventions such as cardiopulmonary resuscitation (CPR), early defibrillation, post resuscitation care and strengthening data and analytics to support continuous improvement. This clinically led, system-wide approach brings together NHS services, emergency responders, Community First Responders (CFRs), GoodSAM responders and community partners to ensure every person experiencing a cardiac arrest has the best possible chance of survival.

Supporting the emotional wellbeing of bystanders and responders remains an important consideration. Providing or witnessing CPR can have a lasting impact on individuals involved. SaLC, in collaboration with the Resuscitation Council UK and other key stakeholders, has developed, and made available, a suite of wellbeing resources, including a freephone support line staffed by qualified nurses. WAST has begun implementing this initiative and will continue to work with emergency service partners and healthcare providers to ensure consistent availability of support across Wales.

This programme directly aligns with the Trust's Wellbeing Objectives by empowering communities, reducing avoidable harm, improving health outcomes, and addressing inequalities across Wales. It also reflects national priorities within UK ambulance services, including strengthening the Chain of Survival, enhancing the contribution of volunteers and increasing the confidence of the public to act decisively when faced with cardiac arrest. While Public Access Defibrillators save lives, their

placement across the UK remains inconsistent, with some high-risk communities receiving limited coverage. The adoption of a data-driven optimisation approach will address this challenge directly and represent a significant advancement in equitable provision of this life-saving equipment.

Having successfully embedded CPR familiarisation within its first key touch point, the UK driving theory test, the national SaLC programme along with SaLC's Pracademic hub in Cardiff Metropolitan University aim to understand the challenges of embedding *successful* CPR familiarisation in schools in Wales. This will ensure the next generation have the lifesaving skills needed to save a life and are ready to act. This will be accomplished by establishing a co-produced learning continuum for basic life skills and CPR familiarisation across the key stages within the Welsh curriculum.

We recognise Research Development and Innovation (RD&I) to be core to the delivery of clinical services and have a long and productive partnership such as those with the landmark PARAMEDIC Trials and UK Out of Hospital Cardiac Arrest Outcomes registry. The development and delivery of these studies rely on significant input and leadership from our teams, and the knowledge we produce influences international guidelines, local practices and has informed our new clinical response model.

We have set ambitious aspirations within our RD&I plan which includes delivery of our current portfolio, and current applications under review by funders, for high quality clinical research in areas such OHCA, Point of Care Testing and Drug overdose.

The OHCA Improvement Plan offers a clear, evidence-informed and collaborative approach to improving cardiac arrest outcomes across Wales. By strengthening public readiness, improving access to rapid life-saving interventions, enhancing clinical pathways and investing in high-quality data, analytics and research, WAST and SaLC aim to build a sustainable, resilient and equitable system that gives every person in Wales the best possible chance of survival.

As we go forward into this next year WAST and SaLC are keen to work across system partners to develop a multi-year plan which sets out its ambition for improving outcomes from cardiac arrest. We aspire to make Wales the safest place in the world to have a cardiac arrest. This will require learning from international leaders in the field, organisations that have invested for the long term and generational changes to how society intervenes to both prevent and respond to cases of out of hospital cardiac arrest.

Healthcare Professional Flows

Calls from Health Care Professionals (HCPs) represent a significant and clinically complex element of our emergency and urgent workload. Ensuring these calls are **handled consistently, safely and proportionately** is essential to delivering the right care for patients and supporting system flow.

Historically, HCP calls have been managed through multiple processes and legacy protocols, dependent on patient location, acuity and point of access. This variation has **increased complexity for call handlers**, limited the ability to reflect clinical diagnosis within symptom-based protocols, and created inconsistency in prioritisation and response for similar clinical presentations.
As part of the Emergency Response workstream and the wider Clinical Model Transformation programme, a **review of HCP call flows** has been undertaken to align processes to a clinically prioritised system. This work recognises the professional assessment provided by HCP callers while ensuring robust, auditable decision making at the point of call receipt.

From 2026/27, the aim is to **transition to a more appropriate model for HCP calls** which moves away from processing calls as is done for a member of the general public to ensure the most appropriate responses and care can be provided based on an HCP assessment. This approach will remove the reliance on obsolete protocols, will simplify call handling and support clearer linkage between clinical need, prioritisation and resource allocation. This change strengthens patient safety, improves consistency of response irrespective of location, enhances audit and reporting capability, and supports the Trust's move away from purely time-based measures towards a clinically led emergency response system.

Improving our Orange 'Now' response



As part of our benefits realisation workstream, we are interrogating the activity and processes informing the categorisation of calls requiring a face-to-face response. Early analysis has indicated that there is a greater 'volume' of calls being categorised for an Orange 'Now' than anticipated. This has resulted in more calls requiring a more urgent ambulance response and is in part impacting our ability to send timely response to some of our higher acuity patients, such as stroke, trauma and heart attack calls. We believe that there are some call complaints that may be over-triaged and selected for an Orange 'Now' response which are safe for a Yellow 'Soon' response. We are **undertaking detailed activity to interrogate the data and decision making to review the activity currently sitting in the Orange 'Now' category**. This will help to ensure that we prioritise those calls more effectively to receive a timely response.

In addition, we also recognise the challenges responding to these time critical patients in our communities. To help improve 'call to door times' we are undertaking a piece of quality improvement work, with assistance from the Quality Improvement (QI) team and colleagues in NHS Performance and Improvement (NHS P&I) to review how we best prioritise and respond to these calls and maximise efficiency and effectiveness in their management.

Theme	Ref	Deliverable	Year		
			26/27	27/28	28/29
Efficient and effective dispatch of the right resource	5.	Deliver a system-wide action plan to accelerate improvements in out-of-hospital cardiac arrest (OHCA) outcomes in Wales by implementing targeted interventions in public awareness, CPR training, defibrillator access, advanced life support, and data analytics			
	6.	Redesign and implement revised Health Care Professional (HCP) call flows aligned to our integrated Clinical Services Model, and evaluate and optimise them post implementation			

Operational efficiency and effectiveness

The Trust continues its attention to strengthen operational efficiency through improvements in controllable elements of the incident cycle time, for example, mobilisation and on scene time. This continued focus will help to improve the operational capacity to increase ambulance availability, in order to respond to emergency calls in the community. We are also continuing to focus on targeted recruitment (including CHARU expansion), and rural operating models aligned to population need. In addition, the **commissioner led review into ambulance productivity** will help to provide key benchmarks, intelligence and insights into the key areas where improved productivity and efficiencies can be achieved. These findings will form another key stream of service intelligence that will also feed into the outputs of the benefits realisation group and academic evaluation.



The Trust recognises that there is a need, wherever possible, to provide an equity of service across all areas of Wales. Geographically we recognise that there can be **variation in service provision across more rural areas of Wales**. The development and evolution of our new integrated service model will support our response to rural communities. Increased clinical oversight and patient assessment during the call will ensure a more tailored approach to supporting patients. This is particularly pertinent in

those areas with greater travel times, such as our rural communities. Ensuring the judicious deployment of other resources, be they our own assets such as APPs or falls services, will ensure greater ambulance availability for those patients who need an immediate response and transport to definitive care. We are committed to addressing this challenge, and we are developing a comprehensive briefing on service provision, patient outcomes and opportunities for change to be shared with commissioners in quarter 1. This will potentially lead to a set of feasible actions being developed and agreed with commissioners to be delivered within the existing financial envelope.

E-timesheets

Work has continued in collaboration with key internal stakeholders to develop an electronic solution for the management of monthly staff timesheets to replace the manual processes currently in place. The implementation of an electronic solution will help to make the process of completing and reviewing monthly timesheets efficient and less time-consuming for staff and line managers. In 2026/27 we will continue the internal work as part of the e-timesheet project to develop the technical specification for the proposed electronic solution. This will be submitted to the external supplier for costing, which will inform an internal cost benefit analysis to support a decision regarding the affordability of implementing the electronic solution within this planning cycle.

Hospital Handover Delays and Shift Overruns

Delays in the transfers of care from ambulance service to hospital colleagues has a significant and detrimental effect on the experience of patients, families and carers, and our staff.



The Trust is actively engaged in the **national 'Release to Respond' initiative**, supported by regular dashboard scrutiny and collaboration with Health Board partners to reduce risk and improve patient flow. The work undertaken by Health Boards to improve the handover position in line with the Ministerial Advisory Group recommendation of '**no handover taking longer than 45 minutes'** is recognised, noting the wider performance target for hospital handover remains 15 minutes. Whilst improvements have been achieved, this unfortunately has not been geographically consistent nor sustained. More work is required to continue to improve the ambulance patient handover times to ensure a reduced risk to community patients requiring a timely ambulance response. The Trust will continue to support key national initiatives to support system improvement (including any further NHS Re-sets) and play our role through our internal efforts to evolve our clinical model to drive system benefits to flow and capacity. The projected productivity gains for are set out in section 9.3.

A dedicated working group continues to drive actions to reduce shift overruns. Key initiatives include implementation of a revised Shift **Start and Finish standard operating procedure (SOP), 'smart tethering' trials, end of shift handover pods**, and ongoing wellbeing measures such as support for protected meal breaks. 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 moral injury. The Trust continues to take all reasonable steps to meet the wellbeing needs of all our people.

Skill Mix

In the previous IMTP we set out the work we were undertaking to review our emergency ambulance (EA) skills mix. This review was undertaken in response to the new UK national job profiles and introduction of the Emergency Ambulance Practitioner role (EAP). By introducing this role, it meant that there were three grades of crewing for EAs (Band 6 Paramedic, Band 5 EAP and Band 4 Emergency Medical Technician (EMT). These changes support improved succession planning and career framework for our clinical staff. It meant however, both Paramedics and EAPs can now be lead practitioners on an emergency ambulance.



Given our new clinical model, it has been important to **review the crewing matrix for our EAs** to help us ensure we send the **most suitable crew to an incident**. We have looked at what is clinically safe for our patients and what best utilises the skills and experience of our colleagues. We have undertaken this work in partnership with our trade union partners and held a series of skills mix workshops including an options appraisal. We reviewed our crewing mix as part of a transition to our future clinical model. We set out our aim to **reach a skill mix where 75% of EAs are paramedic led and 25% EAP led**. This is from the current crewing mix position of circa 84%. We are continuing to work in partnership with our Trade Union Partners (TUPs) and, whilst a consensus was not achieved, we continue to work together as changes begin to affect. These changes will be implemented through a formal programme of work in partnership TUPs.

Theme	Ref	Deliverable	Year		
			26/27	27/28	28/29
Efficient and effective dispatch of the right resource	7.	Operationalise the key recommendations of the Emergency Ambulance (EA) skill mix review			

4.7 Remote Integrated Care

This section of the plan sets out the work we will be undertaking to improve and enhance the way patients receive a remote clinical assessment. The table below outlines our improvement expectations, the key performance metrics we will monitor, and our performance ambitions aligned to our MIQPR and other key metrics, alongside the performance ambitions we set out to achieve.

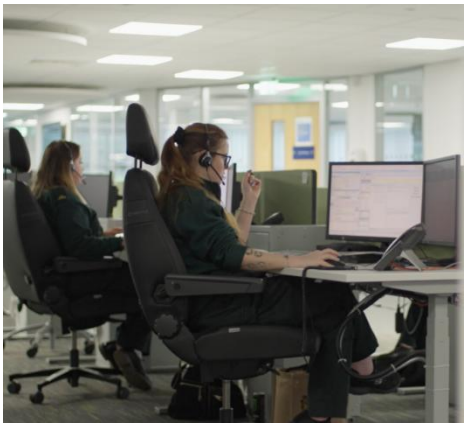
Our Improvement Expectations:

- Patients will receive a clinically led remote clinical assessment to best understand their needs
- Patients will be provided with the care options to meet their needs, including advice, signposting, scheduled urgent care response or an emergency ambulance

How we will monitor Impact and Organisational Ambitions

- Time to Integrated Care Consultation (RICS 1) 90th Percentile and associated median (Improvement trajectory)
- % and activity Consult and Close (999) (Improvement trajectory to 22%)
- 111 outcomes (in particular, to 999 and ED) (Maintain current levels)

N.B. Further work to be undertaken to explore the creation of a suite of clinical indicator metrics to shape care outcomes



The Remote Integrated Care Service (RICS) continues to evolve as a cornerstone of our clinical services model, **bringing together the remote functions of NHS 111 Wales and 999 into a single, coherent service** that supports patients to access safe, timely and appropriate care. As demand for urgent and unscheduled care rises, RICS enables us to deliver high quality clinical assessment, helping patients remain safely at home wherever possible whilst relieving pressure on frontline services.

We recognise that our remote clinical assessment service forms one part of a **'wider system offer'** for remote care. This presents a clear opportunity for us to work with wider system partners and national programmes to strengthen our role within the wider health and care system to bring together our collective services into a **joined-up system wide solution, nationally or regionally**. This important work has the potential to create a seamless, modern and patient centred remote care offer that can deliver significant patient and system wide benefits by ensuring that we best utilise our collective resources more effectively and avoid potential

duplication. We recognise that there is a wider policy and strategic appetite to explore this and we welcome the opportunity to work up and support a national / regional solution.

In addition, we will continue to work closely with national programmes and wider system partners to further develop the collaboration and join up with other key remote care infrastructures in place. This will include the continued work to support fully realising the benefits of the Health Board led **Single Points of Access** (SPOAs) to improve access to community-based services, alongside the joint work underway with the Six Goals programme to test and roll out the **Clinical Consultation Before Dispatch/Conveyance Initiative** (CCBC).

As we move towards full implementation of the RICS model we recognise that there are opportunities to improve the timeliness for patients to receive a remote clinical assessment. Recent demand and capacity modelling has indicated that there are capacity gaps in our remote clinical workforce to meet current demand levels. We will therefore consider additional growth in our remote clinical workforce as part of the CMT growth monies described in section 4.2 to increase capacity in our remote clinical services in 2026/27.

We recognise that sickness levels across our remote clinical workforce are higher than we would expect. We will be undertaking key work to improve sickness levels across the team. Aligned to this we will be continuing to strengthen the education and professional development of our clinicians. This will include delivering structured learning and professional development programmes focused on the skills required for remote clinical practice, building staff confidence and capability. We remain committed to building a **culture that reflects the values of a modern remote clinical service**. Over the next year, we will benchmark the current cultural baseline, strengthen team engagement, and introduce mechanisms that promote professional accountability and continuous improvement. High-quality remote care depends not only on robust systems and pathways, but also on a workforce that feels valued, supported and connected.

A key area of focus for 2026/27 is to continually refine, evaluate and improve key functions and processes across the RICS model and will be informed by the findings from the benefits realisation workstream. This will help to identify opportunities to increase productivity and efficiency of our remote clinical model to improve patient care and increase and enable our clinicians to be more productive to deliver more timely remote clinical consultations.

Throughout 2025/26 RICS has implemented several new processes and functions, and it is essential that these changes undergo rigorous evaluation to understand the impact on patient outcomes,

safety and system flow. A key area of focus will be the **evaluation of the Falls Desk over the next 12 months** (further information is provided in section 4.8). Building on successful pilots, such as the 'Winter Desk', where an average of 33% of calls were consulted and closed through appropriate signposting, we will explore opportunities to apply similar models more widely, for example, a respiratory desk. There are two key areas of digital development which we will be taking forward to enhance and improve our remote clinical care offer.

The first key development is the introduction of a **single clinical queue**, on the current Computer Aided Dispatch system (CAD), for 999 and 111 patients requiring a remote clinical consultation. This will bring together all of the patients accessing via 999 or NHS 111 Wales requiring a remote clinical consultation into a single queue. This is a critical area of work to help formalise the RICS model of care and will help to standardise clinical queue management for our clinicians to manage the 999 and 111 activity.

In addition, we are also continuing the work to test the use of the **111 Call Prioritisation Streaming System (CPSS) to support the management of some appropriate 999 calls**. This builds on previous work to 'warm transfer' lower acuity 999 calls to a 111-call handler to be taken through CPSS to find a suitable outcome or advice and avoid an ambulance response. The next phase of this work is to pilot a small number of suitably trained 999 staff who will be able to use both the 999 Medical Priority Dispatch System (MPDS) and CPSS (where suitable) to find the right outcome for the patient.

As we move through the FY2026–29 period, RICS will continue to shape the way unscheduled care is delivered across Wales, strengthening our ability to provide consistent, safe and person-centred remote care, improving sustainability, and supporting better outcomes for the people we serve.

Theme	Ref	Deliverable	Year		
			26/27	27/28	28/29
Optimisation of the RICS offer	8.	Implement a Single RICS clinical queue to streamline Remote Clinical Consultation and standardise clinical queue management across 999 and 111 services			
	9.	Work with supplier to pilot and evaluate the alignment of MPDS and CPSS			
	10.	Optimise and evaluate current provision of the falls desk to inform delivery of the function post current funding arrangements			

4.8 Urgent Community Response

This section of the plan sets out the work we will be undertaking to improve and enhance our UCR offer. The table below outlines our improvement expectations, the key performance metrics we will monitor, and our performance ambitions aligned to our MIQPR and other key metrics alongside the performance ambitions we set out to achieve.

Our Improvement Expectations:

- More patients will be managed safely at home or in the community to best meet their ongoing care needs and avoid conveyance to hospital where appropriate
- Patients ongoing care needs will be better met with improved join up and co-ordination of care with wider services
- Patients will have their care needs met through a scheduled appointment with the right clinician from our urgent community response team

How we will monitor Impact and Organisational Ambitions

- APP jobs per shift (Improvement trajectory to 4.75 patients per shift)
- % and Activity of See and Treat/Pathways (non-convey to ED from on scene) (Improvement trajectory >20%)
- Reduction in the number of conveyances into ED as a % of verified incidents (Decreasing trajectory)

Managing more care at home and reducing conveyances to hospital



We recognise that a significant proportion of the calls from service users are not critical emergencies and, whilst still presenting with a pressing care need, do not necessarily require the immediate attendance and conveyance within an emergency ambulance. Where existing pathways of care do not exist within the community, we are continuing to develop 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 dispatch would have been the only option. It will include **face-to-face interventions, such as rapid falls response and advanced paramedic care.** This approach will improve access to community-based care, prevent unnecessary emergency department conveyance, and ensure equitable service delivery.

We recognise that our urgent community response forms an important part of the WAST core service and continue engagement work with partners to meet key national initiatives aligned to the

Community Capacity Ministerial priority, emerging Community by Design programme and the wider Urgent and Emergency Care priorities. We are fully committed to, and will build on, our engagement and involvement in key programmes to date, to **support the development of joined up system solutions**. We also recognise that there are key areas of improvement where we can best utilise our precious community resources to support the safe and effective management of patients in community settings. The key opportunities and areas of improvement are described in the sections below, and this work is underpinned by our continued focus on the clinical data and intelligence to support learning that builds up from individual clinician level.

Falls Service Provision

Falls is one of our highest call complaints by volume across Wales with over **55,000 verified incidents** in 2025. This equates to around 15% of all 999 activity and reflects a 5% increase compared with 2024. Since 2018, falls have consistently accounted for approximately 13% of all calls received by the Trust.

We recognise that falls present a significant opportunity for system-wide improvement. There is considerable potential to **better coordinate and utilise the full range of falls services and community capacity across Wales**, ensuring that patients receive timely, appropriate support while improving value for money and reducing avoidable conveyance. To support this, **we aspire to undertake a national falls summit** with key partners and stakeholders to explore the opportunities for greater system join up and collaboration.

We continue to have significant engagement with Six Goals leads on the design and implementation of the **National Community-Based Falls Response Framework for Wales**. We delivered specifications for both Falls Responders (Level 1) and Enhanced Falls Responders (Level 2) and have undertaken a scoping exercise to align all our falls responders to these specifications and identify areas where further development is required.

Falls response has been positioned as a 'Ministerial Priority', with additional target outcomes aimed at a reduction in the conveyance of falls incidents by the end of the year. As a result of this target the Welsh Government has given additional funding which, alongside colleagues from Integrated Care and EMSC has allowed us to stand up the Falls Allocation Desk. This is a Pan Wales desk operational between the hours 07.00-19.00hrs daily, which includes a **Falls Desk Clinician (FDC) and a Falls Desk Response Coordinator (FDRC)**.

Since 'Go live' the falls desk has managed over 1465 incidents, of those, 81% received advice to mitigate risk in 2 hours or less and 18% were supported to rise from the floor with advice and clinical support. Of those remotely supported off the floor 83% were off the floor in 2 hours or less. Where a Falls Responder was required to attend, they arrived 'at scene' within 2 hours for 67% of incidents.

During 2026/27 we will continue to evaluate the demand for, and capacity of falls responders and review impacts on response times, recognising and responding to developments as the CMT is realised.
We will continue to seek and expand both internal and external opportunities to increase resourcing capacity, such as Community Welfare Responder (CWR) falls response training, with a focus on cost effectiveness, against a difficult financial climate, and sustainability into the future. We will look at further developing opportunities with Health Board partners for Enhanced Falls and further remote support.

We also will be piloting a Falls APP; this will be a national role and will support scheduling APP response and/or incident flow to Health Board-based APP Navigators and SPOAs focusing on the more complex patients that have been identified by the Falls Desk Clinician. This pilot is possible through Falls desk underspend for 2025/26 and only available until year end.

Mental Health Response

Mental health calls account for approximately **10% of 999 workload** and can present complex challenges for ambulance crews, usually requiring more time on scene and often resulting in conveyance to emergency departments. Mental health patients generally have a poor experience in emergency departments due to the nature of distress and the busy, noisy environment. They are also more likely to wait significantly longer than other patients; on average facing waits of 5 hours and are twice as likely as the general population to face waits of >12hours. Evidence from across the UK has indicated increased levels of mental health demand on ambulance services following implementation of the '**Right Care Right Place**' policy by Police Forces, in addition to the general trend of increased mental health activity.

There has been a long-standing ambition to implement a dedicated mental health response across the Trust, and additional factors such as the implementation of Right Care Right Person, and subsequent alteration in police response to Mental Health calls, have acted as a catalyst for a revised approach to support WAST's ability to respond appropriately to the expected increase in mental health specific referrals.

We have continued to pilot crisis intervention models to explore their impact on patient care and how they can deliver wider system value. This has included piloting a mental health response vehicle (MHRV) across southeast Wales. Whilst the initial evaluation demonstrated patient experience benefits, which were equally valued by responding clinicians, the impact for WAST in isolation meant that greater value is achieved by utilising the clinical expertise and capacity to enhance our remote clinical offer and maintaining our generalist resources for face-to-face emergency responses. We have taken considerable learning from the Pilot and remain committed to exploring system and national opportunities to invest in this important area through the Welsh Government Mental Health and Wellbeing Strategy Improving Access workstream.

Advanced Practice



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 APPs are an integral part of our urgent community response, playing a vital role in supporting patients to be safely treated and managed at home or in the community, avoiding conveyance to hospital. A key focus of this plan is to **maximise the utilisation and contribution of our APPs** to see and manage more patients at home (increasing our See and Treat), to improve patient care and experience, whilst also supporting the wider system by avoiding additional demand placed on secondary care (e.g., Emergency Departments). To help deliver this improvement we will be continuing the work to review our APP rosters and to introduce APP scheduling (both are further described in this section). The projected productivity gains for our APP improvements are set out in section 9.3.

Whilst out ambition is to increase the APP workforce; we recognise that the key focus for 2026/27 is to deliver tangible and sustained improvements in the productivity and utilisation of our APPs to **maximise their impact on resolving care needs at home**. As part of the CMT workforce review, where we have actively de-invested in other areas of the organisation, we will consider the potential opportunity to increase APP capacity, as part of the broader clinical model workforce discussion. To ensure the clinical capacity is aligned to address the areas where there is the highest clinical risk and offers the best opportunity to improve patient care. This will be subject to commissioner approval of the associated business case.

Over 2025 we have expanded the local community-based advanced paramedic practitioner navigator (APPNAV) role, to a more equitable and consistent service offer for all seven Health Boards. During 2025, we successfully transitioned from Emergency Communication Nurse System (ECNS) triage software to APP Advanced Questionnaire Module (AQM), completing a month before schedule. Throughout 2026 and beyond we will engage with Health Board colleagues to look at ways of **strengthening collaboration and integration within their SPoA**.

The role of **palliative care paramedics** has grown in recent years, working in two Health Board areas (Cardiff and 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. During 2025 we took the next step in the future palliative care paramedic offering developing the specialism within the APP establishment. Marie Curie charitable funding provided an opportunity to support the initial cohort of APPs with both education and placement. We will look for further opportunities with Health Boards and see how these can be incorporated within the existing APP workforce demands.

Work is continuing through 2026 on the **APP Roster Review**. Currently, updated demand-based roster keys are being drawn up, and this will allow for local level discussions on rosters. This will optimise APP availability for patient care while aligning rotational responsibilities, such as primary care duties and remote clinical roles, with operational demands.

Following several plan-do-study-act (PDSA) improvement cycles, **UCR scheduling** was introduced in December, although unfortunately it had to be paused as demand outstripped resource availability. The process has been reviewed, and it is planned to be reintroduced from March 2026. Scheduling will look to **maximise the utilisation of specialist resources to 'See and Treat' suitable patients within community settings**, to reduce demand on the Emergency Department 'front door' and increase available capacity within EMS Operations and RICS Hear and Treat. It is initially planned to operate in just a few Health Board areas and then seek to expand as resources become available through the associated APP Roster Review process.

Theme	Ref	Deliverable	Year		
			26/27	27/28	28/29
Optimising our Urgent Community Response	11.	Increase the number of patients treated at home or in the community by optimising and more effectively utilising our advanced practice resources across Wales (including APP roster review, scheduling advanced practice clinicians and increasing			

		utilisation) aligned to the 'preferred response' outlined in the Ambulance Performance Framework			

4.9 Non-Emergency Patient Transport

This section of the plan sets out the work we will be undertaking to improve our non-emergency patient transport service. The table below outlines our improvement expectations, the key performance metrics we will monitor, and our performance ambitions aligned to our MIQPR and other key metrics, alongside the performance ambitions we set out to achieve.

Our Improvement Expectations:

- Digitally enabled services improve ease and reliability of booking, and journeys can be tracked by patients and carers
- Connected WAST and Health Board systems improve efficiency and reduce duplication
- Eligibility criteria are reviewed to ensure support is targeted to those with greatest clinical need
- Demand and capacity modelling ensures the right resources are in the right place at the right time
- Patient experience feedback is routinely captured through digital surveys

How we will monitor Impact and Organisational Ambitions

- % NEPTS activity cancelled (by Capacity Management Plan, by patients and by Health Boards) (Improvement trajectory <10%)
- Renal repeated cancellation rates (Reduction – 0 cancellations)
- Oncology journeys arriving within 45 minutes in advance of, and 15 minutes after appointment (NEPTS) (Maintain achievement against 70% target)
- Advanced discharge and transfer journeys collected less than 60 minutes after booked time (NEPTS) (Improvement trajectory <60 minutes)

Our non-emergency patient transport services (NEPTS) provide two key functions: transport to and from oncology, renal and routine outpatients appointments and discharges and transfers from hospitals. The services support significant numbers of people across Wales, transporting over **500,000 patients to their appointments each year**.

Over the last few years, demand patterns have changed, which has meant that we have been unable to service all of the eligible demand. The result is that there are a number of patients that have their transport cancelled, sometimes at very short notice. This clearly provides a poor patient experience

(this is a key theme of the concerns and complaints we receive) and also has the potential to affect patient health outcomes if patients are unable to access the secondary care that they require.



We will be taking decisive action in 2026/27 with the establishment of a **NEPTS Improvement Programme Board**. The purpose of this programme board is to provide the leadership, direction and oversight to deliver a range of key improvements to improve the timeliness and capacity of our NEPTs resources to improve patient experience and mitigate current performance challenges. This board will form an internal WAST mechanism to take forward some of the improvement actions outlined in the **JCC NEPTS Future Vision document**. We recognise that the future vision document sets out a range of improvements requiring the effective collaboration and joint working between WAST and Health Board partners. We will therefore ensure that the internal WAST delivery and governance arrangements compliment wider external groups to ensure an effective delivery approach is in place.

As part of the NEPTS improvement work, we will review our NEPTS rosters to enable better alignment of our NEPTS resources and capacity to better meet patients transport needs. Early modelling has indicated that better alignment of our NEPTS rosters to match the demand profile could provide efficiencies to undertake up to an extra 18,000 journeys per year. The projected productivity gains for our NEPTs roster improvements are set out in section 9.3.

We also want to build on and expand the encouraging improvement work undertaken to date in collaboration with Hywel Dda University Health Board to better align our internal booking systems. This work has improved the co-ordination and management of NEPTS appointments and helped to **reduce on the day cancellations to free up resource to undertake more journeys**. This work has allowed the service to avoid an additional 300 short notice cancellations per month, increasing available capacity. If replicated in other Health Board areas / Pan Wales this would increase capacity and allow the service to transport more patients per day.

We also want to work with commissioners and Health Boards to reduce inefficiencies that impact upon resource capacity. Key areas of this include exploring the reduction of 'wait and returns', reducing our job cycle time at hospital, and improving engagement and integration with Health Boards when they are making planned changes to services that require the support of NEPTS resources.

As part of our digital development, we will be providing patients with access to digital tools that provide the functionality to book, view and track patient journeys digitally in order to improve patient experience and reduce short notice cancellations. Other key areas of work will include improved access to and use of key data and intelligence to drive further operational efficiencies.
The NEPTS Improvement Programme Board will also provide a formal setting to consider and support the work led by the JCC to develop and embed the 'future vision' for the service. In addition to the internal improvement actions, we recognise that there are some external factors that policy leads/commissioners may want to consider that could support the management of NEPTS activity and drive sustainable improvements in the quality and value of the service. This includes engaging in conversation to consider the opportunity to review the current **All Wales Eligibility Criteria** for patient transport. We are also keen to understand the broader system's plans to increase the provision of virtual/telephone outpatient appointments which could help to decrease the demand for planned transportation.

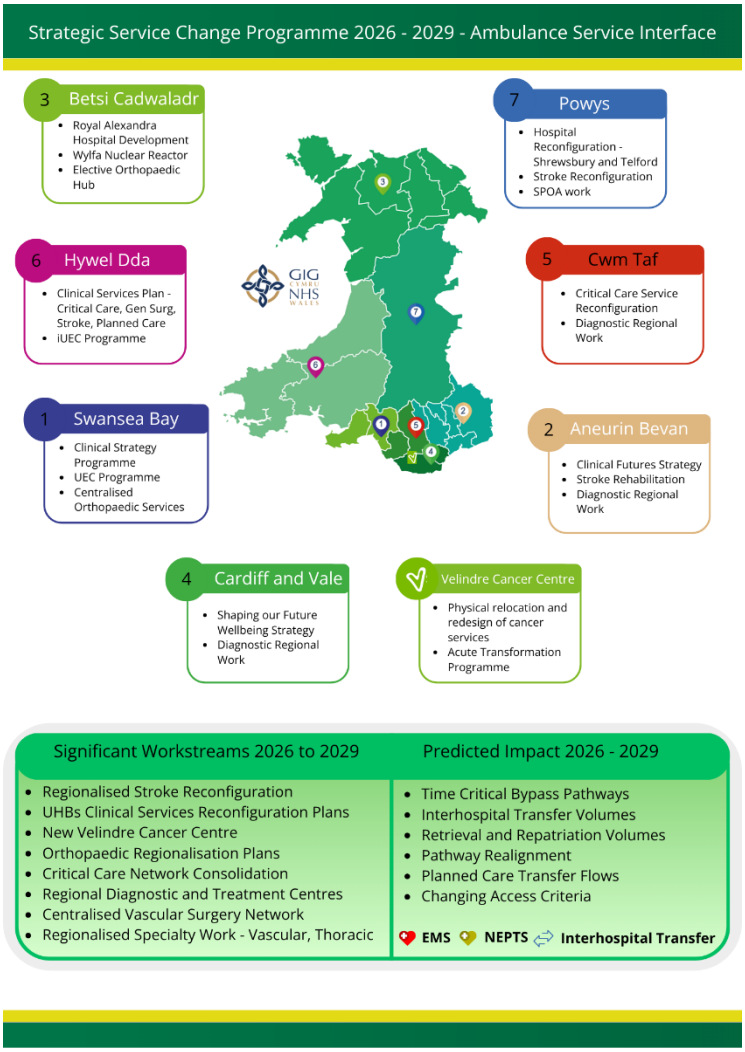
In taking forward these actions, we will be 'pausing' the 'Health Transport' CMT workstream, where we were exploring the role of NEPTS to support and enable the transportation of low-acuity patients to hospital following clinical review and assessment as part of the integrated clinical services model. Whilst we see this as an important aspect of the continued evolution and integration of our services, the priority for year one of the plan (2026/27) is to focus and deliver sustained improvements to our core NEPTS provision. This work, alongside the work to develop the NEPTS vision, will provide us with the intelligence to **consider undertaking a strategic Demand and Capacity review of NEPTs in year two of the plan**. This will require consideration and discussion with commissioners and the NEPTS commissioning groups.

Theme	Ref	Deliverable	Year		
			26/27	27/28	28/29
Improving our non-emergency patient transport service	12.	Establish a NEPTS improvement programme and detailed plan to increase the productivity and efficiency of the NEPTS service to address current performance challenges and risks. Improvement actions will include (1) NEPTS roster review, (2) Enhanced data and analytics to improve co-ordination and performance management, and (3) Explore digital solutions to improve productivity and patient experience (e.g. Patient Cancellations)			
	13.	Undertake a strategic service review of NEPTS			

4.10 How will Health Board strategic plans affect us?

We recognise that a key focus of our partners plans includes changes to the way services are delivered to best meet the changing health needs of the population. This includes large scale service transformation programmes across a national, regional and Health Board footprint alongside more localised changes in how services are delivered.

Our **core services are recognised as a key enabler** to help support the implementation of these strategic, transformational and local service changes that are taking place across NHS Wales. This could include how our Emergency Medical Services support changes across Urgent and Emergency care provision or how our non-emergency patient transport service can support changes in the transportation requirements for outpatient appointments or the discharge and transfer of patients between hospital sites.



We continue to work collaboratively and proactively with national programmes, Health Boards and key partners across Wales. The map highlights some of the key changes we are currently involved in or sighted on. Key changes include national and regional changes in **Stroke provision** and the **Health Board level Clinical Service Plans** including the planned changes across Hywel Dda University Health Board.

For effective planning it is important to engage in early and meaningful communication with our partners so we can best support these changes. We need to remain flexible to support the priorities across NHS Wales whilst recognising and fully understanding the impact and capacity requirement on our services.

4.11 Emergency Preparedness, Resilience and Response/Specialist operations



As a Category One responder under the Civil Contingencies Act 2004, **we remain committed to emergency preparedness.** Our continued focus on the risk presented as a consequence of the Manchester Arena Inquiry is a key driver for improvement. Whilst we continue to await a definitive response from Commissioners on those outstanding aspects which require additional funding, and because we must continue to demonstrate progress, we are taking steps to progress higher priority outstanding initiatives within existing funding. However, this is only achievable through disinvestment elsewhere and this will be subject to business case approval from commissioners.

Two key areas identified as an organisational priority include the establishment of an **Incident Response Desk** and an increase in **operational commanders in North Wales**. The Incident Response desk is a dedicated control room resource tasked with dispatch of all command and specialist assets, as well as national oversight of all ongoing large or complex incidents. We will continue to engage with the JCC on our response and organisational priorities to the Manchester Arena Inquiry.

We will also pursue our case with Welsh Government for funding to progress the uplift of **Hazardous Area Response Teams** (HART) operatives in South Wales, ensuring that teams are equipped to maintain resilience and meet operational demands. In parallel, we will develop the case to submit to Welsh Government to establish a dedicated HART presence in North Wales, addressing regional risk profiles and ensuring equitable access to specialist response.

Furthermore, we will complete the operational roll out of our **Specialist Operations Response Team** (SORT), focusing on enhanced training, capability development, and operational processes. This will ensure SORT is agile and responsive to both routine and extraordinary incidents, supporting our statutory duties and wider system resilience.

With several **UEFA Euro 2028** fixtures scheduled to take place in Wales including the opening match and a leg of the **Tour de France**, we must proactively plan to ensure robust emergency preparedness and response. This includes scenario planning, multi-agency exercising, and increased response capacity arrangements to safeguard public safety during these major events.

In 2025, we reviewed the **Wales Risk Register,** and assessed our preparedness for key risks facing Wales, including terrorism, cyber threats, infrastructure failures, extreme weather, state threats and health hazards. Using a national scoring framework, we benchmarked our plans, training, and capabilities, identifying both strengths and areas for improvement. This review ensures our emergency planning is evidence-based and responsive to Wales' unique risk landscape. In the forthcoming year, we will strengthen this work by validating our findings, highlighting any gaps, and embedding action plans into our three-year EPRR programme, ensuring continuous improvement and resilience for the people of Wales. Subject to our capacity, it is also our intention to test our Pandemic Plan ahead of winter pressures commencing in 2026.

Theme	Ref	Deliverable	Year		
			26/27	27/28	28/29
Fulfil our statutory requirements for civil contingencies	14.	Implement two key recommendations from the Manchester Arena Inquiry (Incident response desk and additional duty operations manager capacity) to enhance organisational readiness for major incidents and events			
	15.	Develop and implement operational plans for upcoming major national events, working with Welsh Government and partner organisations as a Category 1 Responder (including the Tour de France and the UEFA European Football Championship)			
	16.	Deliver the Covid Inquiry recommendations to enhance organisational readiness for major incidents			
	17.	Undertake a review of preparedness against the Wales resilience framework to improve compliance with national resilience standards and ensure that arrangements under the Civil Contingencies Act remain robust and up to date			

4.12 Volunteers

The final year of the **5-year Volunteer Strategy** has seen significant development in technological solutions for volunteers with the launch of our volunteer management system, Assemble. Our volunteers play a key part in our new Integrated Clinical Services Model, with Community Welfare Responders providing eyes and ears to nurses and paramedics working in the remote setting, enabling more patients to remain at home.



We have also continued to grow our valued volunteer base, recruiting up to our target of 400 Community Welfare Responders, a total of 190 Volunteer Car Drivers and a total number of 470 Community First Responders, alongside those community-based schemes for our alternative responders such as the military and Fire and Rescue Services. A **new volunteer pathway** has been established to support volunteers to progress through a modular training approach from GoodSam responder, through to Community Welfare Responder and onto Community First Responder, and a governance framework has also been completed to support our volunteer fundraising activities, aligning closely with our WAST charity.

In 2026/27, we will continue to build on our strong volunteer foundation, developing a **staff responder scheme,** and implementing our new role for volunteers in major incident and mass casualty scenarios. We will also strengthen how we structure our volunteer teams, drawing on the expertise and guidance of our Volunteer Steering Group as this continues to provide direction and guidance from our own volunteers. We will set out our next steps for volunteering following the Volunteer Strategy, during 2026/27.

Our People

5. Strategic objective 2: Enabling our people to be the best they can be

This section of the plan sets out the work we will be undertaking to improve the workplace experiences of our people so that they can grow and thrive. The table below outlines our improvement expectations, the key performance metrics we will monitor, and our performance ambitions aligned to our MIQPR and other key metrics, alongside the performance ambitions we set out to achieve.



Keen to embrace higher risks in pursuit of achieving higher returns. Actively seeking opportunities and open to exploring innovative solutions. Robust risk management practices in place to mitigate potential risks

Our Improvement Expectations:

- Our people deserve to feel valued, supported, and equipped to thrive
- Our people will work in a culture where everyone feels safe, is able to grow, and experiences genuine wellbeing at work

How we will monitor Impact and Organisational Ambitions:

- % of successful applicants (recruited) from under-represented groups - (Improvement trajectory 7%)
- % of 111 calls presented in Welsh, answered in Welsh (Improvement trajectory 70%)
- Staff sickness (Improvement trajectory <6%)
- Staff turnover (Maintain <10%)
- PADR Rate (Improvement trajectory >85%)
- Statutory and Mandatory Training Completion (Maintain >85%)

5.1 Our workforce profile

In 2024, we published the **WAST Strategic Workforce Plan 2024-2030,** which sets out key workforce challenges and priorities for the years ahead. The plan brings together our strategic drivers, current and future workforce supply, demand projections and organisational goals. A strategic review of Phase 1 (2024-26) will be released in Spring/Summer 2026, outlining progress made on the plan, and an update for Phase 2 and 3.

Over the past year, significant work has taken place to **review the skills mix** of our Emergency Ambulance crews as part of the Clinical Model Transformation programme and the adoption of the Band 5 Emergency Ambulance Practitioner role. We are now moving into the implementation phase, which will support the organisation in achieving our target establishment in EA frontline roles.

Improving our **Rural Offer** remains a key priority. A task and finish group is focusing on strengthening recruitment within our rural communities, improving engagement, and enhancing support for people interested in a career within WAST in these vital communities.

In 2025 WAST received **15,200 job applications** (average of 1,271 per month) demonstrating a strong and sustained interest across a broad range of roles. Our most challenging area to recruit into continues to be EMSC Call Handlers, Trainee Emergency Medical Technicians (TEMT) and Ambulance Care Assistants (ACA).

We were also proud to be shortlisted for a Health Service Journal (HSJ) Award in recognition of our work to enhance inclusive hiring practices within our Digital Directorate.

Looking ahead, our assumptions for the next three years continue to be based on zero workforce growth within our Ambulance Care and Emergency Medical Services. We anticipate modest growth

in our contact centres to support our Clinical Model Transformation with an increase in Remote Clinical Care roles.

Our Integrated Technical Planning Group brings together colleagues across the organisation to work on the holistic picture including workforce planning, 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 in **Appendix 2** will set out our workforce numbers for this IMTP.

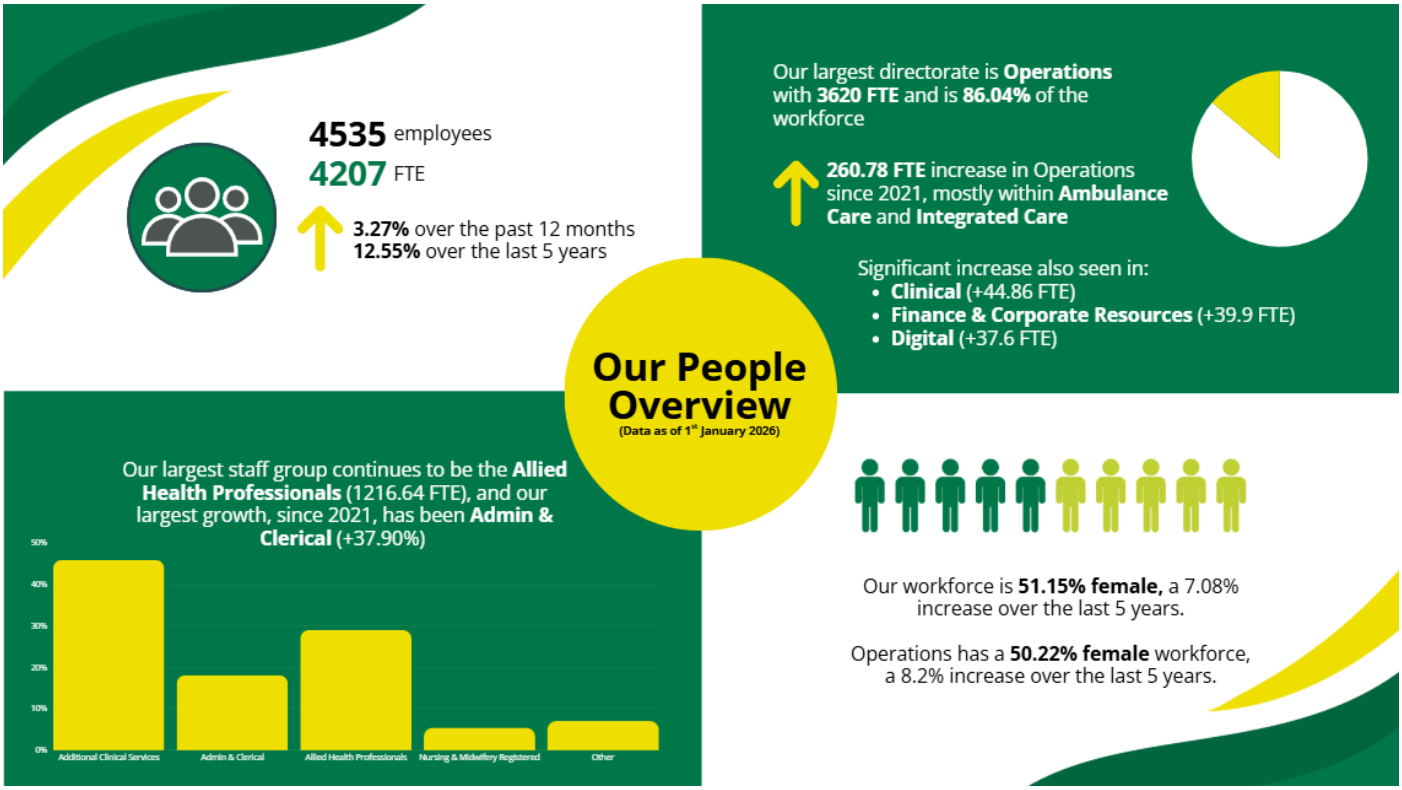


Fig 13: Overview of our workforce data

5.2 People and culture

Commitments to our people

Listening to our colleagues remains central to how we shape our priorities. In recent years, feedback gathered through engagement activity, staff surveys and Trade Union partnerships highlighted three key areas of focus within our IMTP: Shift Overruns, Digital Experience, and 1:1 Conversations. Last year, we set clear commitments against each of these, and we are pleased to note the significant progress achieved. This work will continue as we build on the improvements already made.

Shift overruns remain a key area of focus for the Trust. Although improvements have been achieved since last year, with overruns reducing from approximately 3,000 in December 2024 (average duration 41 minutes) to around 2,400 in December 2025 (average duration 35 minutes), there is still more to do. Building on last year's commitment, we will continue to prioritise reducing both the frequency and duration of shift overruns through the established Task and Finish Group. Shift overruns continue to have an adverse impact on our people, and addressing this remains a core area for improvement.

At the heart of our organisation is a simple belief: our people deserve to feel valued, supported, and equipped to thrive. This year's **People Commitments** outline how we will continue to nurture a culture where everyone feels safe, is able to grow, and experiences genuine wellbeing at work. Our three commitments to our people (**Workplace Safety, Development for All and Wellbeing and Support**) are described in the next section.



Fig 14: Commitments to our people

People and Culture Plan (3C's Culture, Capacity and Capability)

We continue to deliver our People and Culture Plan through the **3Cs: Culture, Capacity, and Capability**. Our Plan reflects our commitment to an inclusive, compassionate, and engaging workplace where every colleague feels supported and able to thrive.

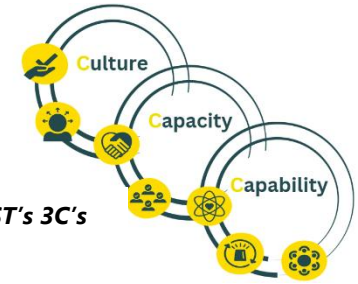


Fig 15: WAST's 3C's

Culture

This year, our culture priorities continue to focus on **strengthening psychological safety**, belonging, and the overall colleague experience. Our ambition is to build a **safe, respectful, and open culture** in which colleagues feel protected and confident to speak up. The development of our Speaking Up Safely function, and the introduction of a new detriment risk assessment will help to mitigate risks associated with raising concerns and strengthen a transparent, accountable culture. The implementation of the Anti-Sexual Harassment Policy, reinforced by targeted training for leaders, marks a significant step in embedding sexual safety across the organisation and ensuring all colleagues feel respected and protected.

We remain committed to creating a positive and enriching employee experience from the moment colleagues join TeamWAST. The new **Corporate Digital Onboarding programme** will offer every new starter a streamlined, accessible, bilingual induction that supports early engagement and reduces variation across teams. Complementing this, the Health and Wellbeing Passport will enable more personalised, meaningful conversations around reasonable adjustments and support needs, ensuring colleagues feel heard and valued throughout their employment journey.

We are also strengthening opportunities for growth, development, and fairness in everyday practice. The **refreshed PADR process** places greater emphasis on high-quality, developmental conversations aligned to **Our WAST Way**, encouraging reflective, person-centred leadership rather than compliance-driven process. Our commitment to inclusive practice is further demonstrated through delivery of the Strategic Equality Plan and implementation of the All-Wales Accessible Communication and Information Standards, helping to remove communication barriers for colleagues and service users. **Our People Networks** continue to play a vital role by ensuring lived experience informs meaningful and lasting cultural improvement and remains a powerful driver for organisational change. The refreshed Team Culture Toolkit will offer practical support to help managers regularly review and develop their team culture in line with the Trust's values.

We will continue to strengthen colleague voice and recognition so that every member of staff can shape the organisation and feel valued for their contribution. Enhanced insight from the Staff Survey, combined with Pulse Survey results, will provide richer data on colleague experience and help inform targeted improvements. In parallel, the development of a Recognition Framework will support a more consistent approach to acknowledging achievements across the organisation.



Commitment to our People: 1. Workplace Safety: We are committed to ensuring every colleague feels safe, supported, and able to work in an environment where speaking up is welcomed and acted upon. In the year ahead, we will continue to strengthen psychological safety, belonging, inclusion, and the overall colleague experience. Key to this is the full implementation of the Anti-Sexual Harassment Policy, and a broader focus on addressing incivility, which will reinforce a transparent and respectful organisational culture. We recognise from our people's feedback that violence and aggression remain a growing concern. Everyone should feel safe while doing their job. We will continue to address these concerns by ensuring staff have accessible and ongoing routes to raise issues and highlight risks through incident reporting. This approach ensures colleagues have choice and control in how they raise concerns. We remain committed to responding to the concerns raised and taking decisive action to address them.



Commitment to our People: 2. Wellbeing and Support: Although our sickness rates remain higher than we would like, the continued work of the People Services team, by supporting managers with sickness absence cases, ensuring consistent application of policy, raising awareness, enhancing wellbeing support, and providing training, coaching, and mentoring, is beginning to make a positive difference. We will continue to build on these efforts to help reduce absence levels further over time. This year, we will place particular emphasis on strengthening our approach to absence management, including the introduction of a new Stress Management Policy. This will support managers to identify early signs of stress and take proactive steps to prevent issues escalating, ensuring colleagues receive timely and effective support. The projected productivity gains for sickness absence reduction are set out in section 9.3. We are also enhancing our organisational change capability through the introduction of change heat maps, providing valuable insight into areas experiencing significant change. This will help leaders to support their colleagues to navigate the volume and impact of change and make informed decisions about the timing, sequencing, and embed evaluation and benefits realisation. In addition, we will continue to actively promote the annual flu campaign and encourage staff participation, with the aim of increasing immunisation rates to protect both our people and the patients we serve.

Capacity

Building a resilient, well-planned workforce supported by effective systems is central to our People and Culture Plan. A key part of this work is ensuring the Trust has the right capacity and mix of skills to meet demand safely. The development and delivery of the Emergency Ambulance Skills Mix Model supports this by providing a structured approach to shaping the workforce around current and future service needs. Alongside this, the creation of an organisation-wide Recruitment Strategy will ensure the Trust can attract and retain the talent required for the years ahead. The delivery of our **Inclusive Recruitment Initiatives** will further strengthen this approach by supporting the attraction and retention of diverse talent that truly reflects the communities we serve.

Improving the efficiency and accessibility of People Services processes is essential. The Brilliant Basics Programme will help to make things easier, reduce administrative burden, and improve the consistency of day-to-day people processes, supporting our ambition to deliver responsive, user friendly services for colleagues and managers. Further digital maturity is being achieved through the optimisation of electronic staff record (ESR), giving managers the tools to use the system more effectively.

Looking ahead, preparation for the **Future NHS Workforce Solution**, set to replace ESR, is laying the foundations for a smooth and well supported transition to the new national system. Through governance, readiness assessments, and early engagement with teams, we are ensuring the Trust is fully prepared to adopt the platform and make the most of its capabilities. Crucially, the new system will deliver real benefits for our people; greater empowerment through intuitive self-service tools, more efficient and streamlined processes, and improved connectivity of data that reduces duplication and frustration.

In parallel, work to progress **Safe Effective Quality Occupational Health Service (SEQOHS) Accreditation** is strengthening the Trust's Occupational Health service and ensuring we meet nationally recognised standards for safe, effective, and high-quality support. As the industry benchmark for Occupational Health, SEQOHS provides independent assurance that our practices meet robust expectations for clinical governance, practitioner competence, data protection, and service delivery. This accreditation is a visible commitment to providing our people with safe, reliable, and high-quality support, reinforcing our promise to care for the wellbeing of our people.

Capability

Strengthening leadership, building competence, and enabling colleagues to grow remain central pillars of the **People and Culture Plan**. This year, we are expanding and professionalising how we develop leaders, support learning, and manage talent across the organisation.

A vital part of this work is our continued investment in social partnership, which is fundamental to creating a healthy culture and a positive working environment. Over the past year, we have seen tangible progress, most notably through co-presenting at the Ambulance Leadership Conference, where we shared our journey to "Walk in Each Other's Shoes" and with **WAST hosting a Social Partnership Conference** for managers and TU partners, bringing together leaders and representatives to learn, collaborate, and strengthen joint problem solving. Planning is already underway for further learning-focused events in 2026, aimed at supporting frontline managers and TU partners to continue strengthening engagement, trust, and shared leadership across the organisation.

We will continue to promote consistent and compassionate leadership. The next phase of **Our WAST Way** is being shaped directly with leader involvement, ensuring the framework is meaningful, relevant, and embedded across both operational and corporate areas. By integrating leadership behaviours into recruitment, induction, and ongoing development, the Trust is reinforcing a coherent set of expectations that support accountability, inclusion, and compassionate culture outlined in the People and Culture Plan. Alongside this, work to strengthen organisational change capability, including improved insight through a change heat map, and further development of a **Change Community**, will ensure leaders are equipped to guide teams through transformation with confidence and clarity.

Enabling colleagues to progress and build fulfilling careers is also central to our capability ambitions. The implementation of the People Development Plan will create a clearer and more consistent approach to learning across roles and professions, offering transparency on the skills, qualifications, and available pathways. The introduction of a structured approach to succession planning and talent management will help identify and nurture future leaders, strengthening organisational stability and reducing capability gaps over time.

Finally, improvements in Education Quality Assurance and Professional Practice will ensure that all training delivered across the Trust is consistent, accredited, and underpinned by high professional standards. This work is essential to maintaining confidence in workforce capability and ensuring that colleagues receive high-quality learning experiences that support safe and effective care.

Commitment to our People: 3. Development for All: In 2025/26, we made good progress towards delivering inclusive and accessible development for all colleagues. This included launching our People Development Plan, establishing an Essential Skills Tutor Team, and investing in leadership capability through Our WAST Way. This year, we will focus on strengthening and embedding this work throughout the organisation. We are committed to ensuring that our recruitment and promotion processes are simple to navigate and consistently fair, while giving colleagues a clear understanding of what we expect from leaders in WAST. Our aim is to ensure colleagues not only develop the right skills but also feel empowered, confident, and fully supported to thrive in their roles, now and into the future.

Theme	Ref	Deliverable	Year		
			26/27	27/28	28/29
Organisational Culture	18.	Embed the **Anti-Sexual Harassment Policy** and deliver the supporting implementation plan to create a culture of sexual safety across the Trust			
	19.	Achieve a sustained **reduction in sickness absence** through targeted action on work related stress, supporting colleagues and managers to take timely action and promote long term wellbeing			
	20.	Increase engagement and participation through targeted interventions, ensuring **all colleagues voices are heard**, and effectively use data to drive informed decisions and actionable insights			
Enhancing Organisational Capabilities	21.	Commence Phase 2 of **Our WAST Way** by embedding Our WAST Way Leadership Behaviours and Development Framework (inc. Managers Essentials) and progressing the next phase to strengthen leadership and effective management			
	22.	Enhance managers' ability to lead, navigate and **manage change** confidently, reinforcing cultural transformation and organisational resilience			

	23.	Ensure **development for all** by delivering a comprehensive approach to career pathways, succession planning, and professional development across the Trust. This includes establishing talent pipelines for Executive and Senior Leadership roles, launching the People Development Plan, and expanding Apprenticeship and Essential Skills provision to support career progression. In addition, strengthen Trust wide Education Quality Assurance by implementing consistent, accredited, high-quality curriculum and professional practice standards			
	24.	Design and implement an inclusive **Recruitment Strategy** that attracts, engages, and retains diverse top talent aligned with our organisational values and workforce needs			
Organisational Capacity	25.	Undertake preparatory work to support the implementation of the **Future NHS Workforce Solution** (Electronic Staffing Record)			

5.3 Welsh language

Within Wales, the Welsh language is recognised in a similar way to a protected characteristic and is supported by specific legislation to ensure its promotion and protection. The Welsh Language Standards require organisations not only to provide services in Welsh where appropriate, but also to create an environment in which individuals feel confident to use the language and are actively encouraged to do so.

The Trust values and respects Welsh-speaking staff, service users and stakeholders, and is committed to supporting the recruitment, retention and development of Welsh speakers across the organisation. Delivering bilingual services is fundamental to safe, equitable and person-centred care, particularly for the priority groups identified in **Mwy na Geiriau/More Than Just Words**.

Aligned to the More Than Just Words Action Plan and three Cs in the People and Culture Plan, the Trust is committed to embedding the

Welsh language within organisational culture, communications and service planning. Our approach extends beyond compliance with the Welsh Language Standards; we aim to normalise the use of Welsh and foster a sustainable bilingual ethos, ensuring that compliance becomes a natural outcome of strong cultural integration.

Strong leadership will continue to underpin this work through visible commitment, strong governance and integration within strategic planning. The Trust's active offer sits alongside the Strategic Equality Plan, reflecting the Trust's wider equality, diversity and inclusion agenda. This approach supports the Duty of Quality by recognising language choice as integral to dignity, experience and clinical effectiveness, while aligning with our commitment to improving patient experience and enabling individuals to raise concerns in their language of choice wherever reasonably practicable.

Workforce development remains a key enabler. During this IMTP period, we will expand access to Welsh language training, promote the T**rust's active offer and support staff to use Welsh confidently in both clinical and non-clinical settings**, including increased awareness of Standard 110. In partnership with the Welsh Language Commissioner's Office, we will develop and publish a five-year plan for conducting clinical consultations in Welsh, supporting a sustainable increase in bilingual service provision.

The Trust also recognises the relationship between language inclusion and staff wellbeing. Creating an environment where Welsh-speaking staff feel able to use their language strengthens engagement, belonging and organisational culture, ultimately benefiting the quality of care provided.

6. Strategic objective 3: Being at the forefront of innovation and technology

This section of the plan sets out the work we will be undertaking to ensure that we are at the forefront of innovation and technology. It describes how we will support our people by providing great workplace environments and ensuring they have access to the right digital tools, equipment and vehicles to thrive in their roles.



High risk appetite, actively seeking high-reward opportunities. Prioritising decisions for maximum returns and willing to accept significant levels of risk to achieve financial and operational goals.

6.1 Infrastructure – capital, fleet and estates

Our fleet and estate are key to the Trust's ambition for the design and infrastructure of the organisation to be at the forefront of innovation and technology. Following on from successes in previous years, 2025/26 sees the delivery of a number of key schemes, including some that have been longstanding challenges. 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. We have continued our focus on innovation and improvement within our Clinical Contact Centre environments to further support the clinical transformation model ambitions within the plan. We have also made some significant improvements to our estate, addressing backlog maintenance issues whilst also furthering our ambitions within renewable technology and lower carbon heating solutions, and working towards achieving efficiency benefits associated with these.

Following successful schemes at **Llangunnor** and **Ty Elwy** in 2024/5, this year has sought to realise some of the benefits associated with those improved facilities including service improvement, enhanced working practices and greater resilience within the estate. In 2025/26, the closure of **Thanet House** and the co-location of services within **Matrix One**, with a supporting move of corporate staff to a consolidated space within **Matrix House**, have enabled us to realise a continuation of facility improvement and efficiencies. This also supports our clinical transformation model ambitions and improved staff welfare.

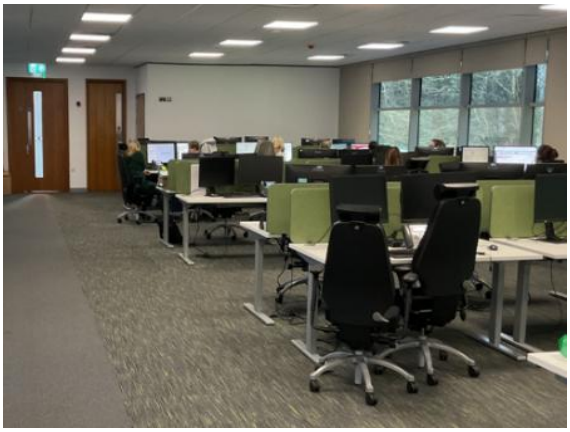


Photo 1: Matrix One office



Photo 2: Bangor Fleet

Within 2025/26 we have been able to **deliver on two Targeted Estate Funding (TEF) funded schemes** at HART and Abergavenny, which have provided lower carbon heating solutions, and within Abergavenny, a station refurbishment to provide better facilities for staff. By the start of 2026/7, we will have addressed three significant areas of concern, which have been long standing challenges, namely Monmouth, Dolgellau and Bangor Fleet Workshop. The refurbishment of the station at Monmouth addresses a decade-long challenge of inadequate accommodation on the site and brings the existing station building back into operational use for the long-term future of the staff and community. Acquisition and refurbishment of a new site in Dolgellau creates a new

station to bring together EMS and Ambulance Care on one site and the first quarter of 2026/7 will see this change completed as staff occupy and begin to work from their new facility. A brand-new workshop within Bangor will replace the old and inadequate facility, with state-of-the-art equipment, renewable technology and rapid EV charging capacity. This will provide a greater level of resilience to operations in North Wales, as well as providing opportunities to realise efficiencies with more maintenance and repair work taking place in-house. Finally, a scheme at Bassaleg has sought to address some urgent backlog maintenance work to ensure continued health and safety of staff on the site.

2025/26 has also seen further improvement within the estates **EV charging infrastructure**, with capacity upgrades at Welshpool, Ty Elwy, Bryncethin, Rhyl, Monmouth and Pembroke Dock supporting installation of a further 22kw charging capacity. It is recognised that this continues to be an area of challenge for the Trust with further improvements in 2026/27 likely to be limited. If resources allow, this could be supported by the development of an Electric Vehicle Charging Infrastructure (ECVI) plan and appointment of a rapid EV charging supplier, in line with the Decarbonisation Strategic Delivery Plan initiatives.

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 consider how best to develop solutions for our priority schemes. We recognise that national capital funding remains limited, and we have not received approval for some of our major capital schemes. We will need to consider how the national capital position influences our ability to 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.

As we look towards 2026/27, we have confirmed TEF funding for the delivery of a scheme in Rhyl focussed on renewable energy, low carbon heating and addressing backlog maintenance and refurbishment requirements.

Given the significant delivery within 2025/26, the number of schemes carried forward into 2026/27 are minimised and therefore the Trust will have a large proportion of its Discretionary Capital to utilise in the next financial year. We also welcome an increased Discretionary Capital allocation from Welsh Government, which provides flexibility across a greater number of schemes. At the time of writing, prioritisation of schemes against the 26/27 Discretionary Capital allocation is ongoing with a number of schemes being considered to address challenges. In light of limited national funding,

alternative options are being considered for stations in Swansea and Llandrindod as well as Llanelli within next year.

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. 2025/26 has seen a particularly successful year with **£22.4m** of Welsh Government funding supporting the replacement of **142 vehicles**, in line with the 5-year Vehicle Procurement Strategy approved by Trust Board and submitted to Welsh Government in January 2025. This vehicle replacement programme, across our EMS and Ambulance Care fleet**,** provided 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 continue to focus procurement on smaller and more efficient vehicles. For our Single Responder Vehicles, we have implemented plug in hybrids, supported by 10 fully electric vehicles currently undergoing an evaluation.

In 2026/27 we will look to replace a further **160 operational vehicles** across EMS and Ambulance Care at a requested funding value through Welsh Government of **£24.4m**. In line with previous years, and the strategic commitment within the strategy, the Trust will continue to look at the lowest carbon emission options for these vehicles, whilst recognising some of the challenges and limiting factors around EV Charging Infrastructure, and additional associated capital requirements to support this.

6.2 Our digital and data roadmap

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 artificial intelligence (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 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; Digital Pioneers, Digital Transformation, Data, Information and Insight; and Security, Safety and Cyber. 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.

The first year of this IMTP will see alignment to a new **overarching Digital, Data and Technology (DDAT) governance framework** and our **Digital Oversight Group (DOG).** These will be enablers to enacting our digital strategy and prioritisation of the workplan so as new initiatives are developed, there is more transparent working and partnership delivery across the organisation.

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). There will also be efficiency gains through the migration of our **Global Rostering System (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. This will include the formal launching of our Digital Innovations and Solutions Lab aligned to the updated Digital, Data and Technology (DDAT) Governance Framework. In 2026/27 we will iteratively develop the lab, learning from test projects the previous year alongside development of a learning offer for the organisation. Additional key areas of work within this pillar include further developing our SMS capabilities and embedding the principles of responsible AI across the organisation.

Digital Transformation

The Transformation pillar will bring together programmes and projects within the digital front end (Online Digital Advice) of the NHS 111 Wales service and enabling efforts for the ongoing Clinical Model Transformation (see section 4.2). We will also be progressing next stages of the **Emergency Services Network programme** Phase 2. New to this year's IMTP is the development of our **Chief Clinical Information Officer (CCIO) strategy**, crucial for embedding digital clinical safety into our digital portfolio. We will also see the contract renewal and subsequent development of our electronic patient clinical record (ePCR) with further developments aligned to user needs. The formalised embedding of human centred design principles, adoption and inclusion across our portfolio will also commence this year.

Data, Information and 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 and clinically led approach (see section 8). We will develop an **internal data strategy** to ensure the right intelligence is accessible, standardised and reliable, with the interpretation of insights supported by the right analytical expertise. WAST will also continue to work with Digital Health and Care Wales (DHCW) and partners such as Public Health Wales (PHW), to harness the value of linked NHS Wales data via the National Data Resource, supporting our ability to generate better operational, patient and system 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** through access to **individual-level insights** to support personal performance and development. 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 and Cyber

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

Theme	Ref	Deliverable	Year		
			26/27	27/28	28/29
Everyday Essentials	26.	Deliver a **cloud-based Global Rostering System (GRS) solution**, enabling an organisational decision on implementing the e-timesheet solution			
Digital Pioneers	27.	Launch and embed updated **Digital, Data and Technology (DDAT) Governance Framework.**			
	28.	Expand **SMS functionality** across services to improve access for patients and their engagement with key frontline services e.g. clinical navigator function			
	29.	Establish safe, ethical and **effective use of AI** across WAST through a Responsible AI Framework and targeted staff capability building			
Digital Transformation	30.	Develop key requirements and appraisal of options for **EMS, 111 and NEPTS CAD Replacements,** including strategic direction			
	31.	Development of **full Business Case for Emergency Services Network (ESN) Phase 2**, which encompasses handheld radios, fixed vehicle devices, field services, and resource funding through 2031/32 (as part of the UK national programme)			
	32.	Implementation of **ePCR application refresh** and renewal of contract			
Data, Information and Insights	33.	**Combine internal WAST datasets and link with external datasets** to provide richer intelligence and the evidence impact of the CMT and other improvements			
	34.	Strengthen information governance and technical capability to enable WAST to support the All-Wales **data sharing** ambitions though the National Data Resource			

7. Strategic objective 4: Developing services in collaboration



This section of the plan sets out how the Trust will strengthen its partnership and engagement activity with key system partners and wider stakeholders. It is critical that we operate in a collaborative and joined up approach to address the challenging issues and opportunities facing health and care services across Wales.

7.1 Partnerships and engagement

As one of very few pan-Wales NHS public bodies, WAST has a broad range of stakeholders and partners which can make engagement complex and challenging to co-ordinate across the organisation.



The Trust's most recent engagement framework had a specific focus on engagement in the context of the refreshed clinical services model, which has subsequently extended to the new ambulance performance framework. A collaborative workstream approach has been effective to manage and co-ordinate engagement activities to date and provides a platform to explore a more targeted and internally commissioned approach to partnerships and engagement activity going forward.

A key opportunity is to build on the engagement work to date, to undertake more focussed and targeted engagement and collaboration with key stakeholders on the key issues and opportunities to deliver better patient, organisation and system outcomes. Whilst the organisation will continue to engage proactively with key partners (Welsh Government, Commissioners and NHS Partners), we will undertake targeted engagement across a range of the key delivery intentions and strategic opportunities set out in this plan, including:

- **Commercial partnerships** - both to complement the Trust's commercialisation and financial sustainability agenda, as well as to look at where commercial partnerships may deliver solutions to specific challenges, for example in the digital field.
- **Academic partnerships** - supporting research and innovation, as well as the learning and education and future workforce dimensions.

- **System engagement and collaboration –** deepening engagement with stakeholders and particularly with NHS Wales partners, where the need for collaboration, integration of services and the development of regional and national solutions has never been more acute. We will ensure that we are effectively embedded and supporting key national programmes (e.g. Community by Design, Six Goals Urgent and Emergency Care priorities).
- **Long-term strategy refresh –** undertaking engagement (stakeholder, public and patient) in relation to the refresh of the Trust's long-term strategy.

The aim would be to integrate engagement more closely around a few strategic priorities, rather than take a more disparate and less focused approach, taking the learning from the work undertaken on the clinical model transformation and performance management framework changes. By focusing activity on a small number of high-impact partnership and engagement priorities, there is a much greater likelihood of successful delivery of the Trust's ambitions and progress in the complex strategic challenges it faces.

Given the Trust's ambition and capacity to deliver potential "**Once for Wales**" services on behalf of the wider NHS in Wales, it is imperative that relationships with Health Boards, both in their capacity as providers and commissioners, are strengthened. This will include creating more and different spaces for the discussion of shared strategic issues with a view to finding collaborative solutions, as well as ensuring that WAST is properly connected into the strategic planning and delivery agenda of Health Boards, to ensure we are able to influence, engage and respond.

Specific engagement plans will be developed for each priority, with a multi-directorate working group approach to delivery, based on the approach taken within the existing CMT programme. These programmes of work are captured within IMTP deliverables and will be reported accordingly.

As part of this, the Trust will explore a system of engagement that aligns directors with specific Health Board areas and relevant stakeholders, such as emergency service partners, to support closer collaboration on matters of mutual interest and to consolidate and develop stronger relationships. Similarly, opportunities will be identified to galvanise the wider health and care system to integrate, improve and develop, where appropriate, services for patients, for example in relation to falls services.

Theme	Ref	Deliverable	Year		
			26/27	27/28	28/29
Effective Collaboration and Engagement	35.	Create strategic opportunities for increased **Health Board engagement and collaborative working**			

7.2 Refreshing our long-term strategy



As outlined in section 1.2, we are committing to **refresh our long-term strategy** within the life cycle of this plan. Developing a strategy typically takes between 12-18 months and we will be undertaking a systematic, structured and collaborative approach that builds on the learning and experiences of developing the current plan and from our partner organisations. This will help to inform an overarching strategic review framework to underpin our approach. As part of our approach we will capture, analyse and triangulate a wealth of data that we hold internally along with a plethora of external intelligence and information (including but not limited to population and demographic data, academic research, system data and best practice). This work will be considered and align to wider organisational work regarding our data strategy, workforce projections and population health.

We recognise that we cannot develop our strategy in isolation and we are committed to an **engaged and involved approach with our people, partners, public and other key stakeholders to help inform our strategy**. Ensuring that our strategy is fit to meet the future needs of the population and meets the needs of the health system. We will ensure that as part of this work we actively test our approach and **engage closely with Llais**.

Theme	Ref	Deliverable	Year		
			26/27	27/28	28/29
Effective Long Term Strategic Planning	36.	Develop and deliver a robust approach to **refresh the organisation's Long-Term Strategy**, using an internally produced strategic development and engagement framework			

7.3 Research, development and innovation (RD&I)



The Trust has a longstanding reputation for delivering and developing high quality RD&I, and the evidence produced has **significantly contributed high quality, safe, efficient and effective care in our sector, both in Wales and internationally**. This includes international collaborations delivered through a One Wales approach, such as the PARAMEDIC 1, 2 and 3 Trials and currently active SIS Trial, along with RD&I led from WAST that have resulted in large-scale UK studies funded by the National Institute of Health and Care Research (NIHR) and United Kingdom Research and Innovation (UKRI) such as RAPID, R.E.S.P.O.N.D 999 and Dragon Heart. We conduct RD&I in areas such as drug and device trials, clinical procedures, video dispatch and drones, achieving high impact by the influence and inclusion of their results in international guidelines, policy and legislation, leading to better designed health care systems and outcomes. We conduct RD&I in partnership with our patients, and the funding we attract continues to provide opportunities for staff development and enhanced job satisfaction.

RD&I remains fundamental to our recently **acquired University Trust Status** (UTS), and we continue to maintain these essential pillars of UTS to drive excellence, and a positive culture of continuous improvement, as outlined in A Healthier Wales and the statutory Duty of Quality. We recognise however, that developing the thriving culture of RD&I needed to transform NHS Wales and tackle contemporary challenges faced, requires strong leadership and collaboration through trusted and productive partnerships. WAST continues to grow and benefit from such partnerships, which includes Health & Care Research Wales, Wales Innovation Leads Network, NHS R&D Directors and Leads, Health Technology Wales, Bevan Commission and many more.

WAST contributed to the development of the **Wales Innovation Framework**, and we continue to grow our capacity and capabilities for planning, adopting and scaling innovation. This is being strengthened through the development of our RD&I Group, recent introduction of ISO56001 Innovation Management Training and utilising the Innovation Wales resources we helped co produce. WAST also played a major role in development of the 'NHS Framework for R&D: Research Matters – What excellence looks like in NHS Wales' which is enabling the embedding of research in the NHS. The expected standards of research required by Welsh Government is set out across 10 pillars outlining the features of a research supportive organisation. We are currently conducting a '2

year on' assessment of the implementation of the NHS R&D framework following the initial baseline assessment undertaken in 2023, which will be presented to WG.

We continue to embed the NHS Framework for R&D, which has also been synthesised into Academic Partnership Committee reporting, our annual report and Responsible Research, Development and Innovation the Welsh Ambulance Services 5 year Plan 2025-2030, which outlines our future priorities and plans for RD&I, and has a vision: 'to embed high quality and responsible Research, Development and Innovation across WAST, Our vision will be achieved through our plans for improvement across the following key areas:

- **Responsible Governance and policy**, supported by transparent structures and systems
- **Responsible financial stewardship**
- **Cultivating an inclusive, supportive and responsible approach to growing RD&I capacity and capability** of our workforce through distributed leadership, partnership and collaboration
- **Responsible RD&I development, delivery and decision making that is Patient and Public centred**
- **Responsible communications, visibility and impact**

We have set ourselves an ambitious measurement framework. This includes increasing the total number of commercial and non-commercial portfolio studies and introducing an up-to-date Intellectual Property (IP) policy which replaces the previous WAST IP Policy previously developed in collaboration with RD&I networks, in readiness for the imminent release of NHS Wales IP guidance in early 2026.

8. Strategic objective 5: Quality driven and clinically led



This section of the plan sets out the work we will be undertaking to ensure our services are quality driven. The table below outlines our improvement expectations, the key performance metrics we will monitor, and our performance ambitions aligned to our MIQPR and other key metrics, alongside the performance ambitions we set out to achieve.

Our Improvement Expectations:
Organisational decision making and delivery is underpinned by our unwavering commitment for quality delivered through our quality management approach
How we will monitor impact and Organisational Ambitions: ▪ National Patient Reported Experience Measure (An average overall experience score of 85%) ▪ Concerns (stage 1) Early Resolution (Improvement trajectory – 40%) ▪ Enactment of the Duty of Candour within five days of receipt of request (Improvement trajectory - 100%) ▪ National Reportable Incidents (including never events) (Reduction) ▪ Joint Investigation Framework (referral to Health Boards) (Reduction to 7)

8.1 Health and Social Care (Quality and Engagement Wales) Act

Quality Management

We remain committed to delivering the highest standards of care for the people of Wales. Our IMTP for 2026-2029 sets out a clear and ambitious programme of work that seeks to strengthen the quality, safety, experience and outcomes of the services we provide. Reflecting our legal duties, this plan demonstrates how we will continue to improve through a culture of openness, learning and partnership with our communities.



For WAST, this means **strengthening quality management across urgent, emergency and remote clinical care pathways**, ensuring that rapid decision-making, digital enablement and system working are consistently underpinned by robust assurance, continuous learning and improvement. Our approach to quality is aligned to the Health and Care Quality Standards (2023) and is supported by a focus on patient safety, clinical effectiveness and patient experience. These elements are considered collectively to provide a comprehensive view of quality and to inform improvement, assurance and decision making across the organisation.

This approach reflects our statutory Duty of Quality, ensuring that continuous improvement is embedded across all areas of delivery and aligned to the Health and Care Quality Standards 2023.

- **Safe** care through modern digital systems, reliable clinical processes, improved staff training and strengthened approaches to incident management and learning.
- **Timely** care via enhanced access roues, remote clinical pathways and service transformation that supports people to receive the right help, first time.
- **Effective** services built on evidence -based practice, redesigned models of care and robust evaluation of outcomes.
- **Efficient** use of resources through smarter digital tools, fleet and estates planning, and value-based approaches.
- **Equitable** access supported by accessible communications, inclusive workforce strategies and action to reduce inequalities.
- **Person-Centred** care achieved through a stronger patient voice, improved listening systems and services designed around what matters to people.

Progress against these quality domains will be tracked through defined quality indicators and reviewed routinely through established quality governance and Board assurance processes. This will be supported by a strengthened approach to bringing together insight from multiple sources, enabling a more comprehensive understanding of quality and risk across the organisation.

Patient experience

Our commitment to **strengthened quality management systems** underpins this work ensuring that we plan, monitor, assure and continually improve our services. We will review and refresh the Strategic Quality Plan to ensure it remains current, aligned to organisational strategic objectives, national policy requirements and emerging priorities. The updated plan will be delivered through a phased implementation approach, providing a clear framework to strengthen quality management, drive improvement and embed consistent standards across all services.

Aligned with the Duty of Candour our IMTP supports our commitment to being open when things go wrong and making meaningful improvements. The introduction of new **Listening to People regulations** will allow us to evolve our approach to supporting people contacting us with concerns and complaints, including earlier engagement, clearer communication and more person-centred resolution. A cross-directorate improvement programme is in place to strengthen the timeliness, quality and consistency of our concerns management processes and, to support sustained compliance with the new regulatory requirements.

We will continue to strengthen our approach to learning **from harm** through thematic review of incidents, near-miss reporting, concerns, complaints and Medical Examiner insights. Investment in

digital systems will support improved data quality, transparency and insight, alongside a workplace culture that encourages speaking up safely, with staff supported through improved wellbeing, leadership, training and **psychological safety** initiatives. Themes identified through these processes will be used to inform improvement priorities and support safer, more reliable care. This approach ensures that when harm occurs, individuals and families are treated with openness, empathy and respect, and that learning is translated into meaningful quality improvement.

Real-time Experience

The Trust will focus on transitioning from paper-based feedback on people's experience to real-time digital solutions via the Civica Experience platform, offering multi-channel access. The Duty of Quality also requires the Trust to continuously monitor, learn from, and improve the quality of care it provides to the people of Wales.

Our focus will be to ensure timely and accessible patient experience feedback is captured through the introduction and use of SMS text messaging that will strengthen quality assurance and enable earlier identification of themes, triangulation with incidents complaints and other quality intelligence. This in turn, will enable more responsive service improvement and reduce the risk of avoidable harm.

Compliments

In line with the People Experience Framework, the Trust is committed to maintaining a robust, accessible and inclusive 'Always-on' reporting system for the collection of compliments and positive feedback. This system will ensure that people, families, carers and communities can easily share feedback at any point in their interaction with the service, using a range of methods that reflect diverse needs and preferences. These will include, but are not limited to, digital platforms, verbal feedback to staff, written correspondence and community engagement.

Compliments will be systematically analysed to support organisational learning and service improvement. The Trust recognises that the value of compliments lies not solely in their volume, but in the insight, they provide into behaviours, practices and approaches that deliver positive experiences.

Processes will be strengthened to identify themes and learning from compliments to inform quality improvement, service design and operational and management practices. This will support the identification and replication of effective approaches that contribute to high-quality, person-centred care.

Health and Safety

We will continue to work collaboratively with our **Trade Union (TU) Regional Partnership Forums** to strengthen assurance and effectiveness of organisational Health and Safety processes. A sustained focus will be placed on **musculoskeletal injuries**, including improved analysis of causal factors, triangulation of incident and sickness absence data, and the implementation of targeted prevention and early intervention measures to reduce injury rates and associated workforce absence.

In parallel, recognising the impact of sustained system pressures on staff wellbeing and moral injury, we will prioritise action to mitigate **preventable workplace stressors** and strengthen support for psychological safety, mental health and wellbeing. This will include a focus on organisational factors within our control, aligned to national wellbeing frameworks and underpinned by partnership engagement and assurance through established governance routes.

This work will contribute to a safer and more sustainable working environment for staff, supporting workforce resilience and enabling the delivery of safe, high-quality care for patients.

Infection Prevention and Control (IP&C)



Building on the organisation's strong foundations, we are committed to **delivering on the Welsh Government Quality Statement for Infection, Prevention and Control**. We will strengthen relationships across operational, clinical, and corporate teams to further embed a culture of collaborative improvement, recognising the critical role of IP&C in reducing healthcare acquired infection, protecting patient safety, staff wellbeing and service continuity. By enhancing engagement, communication and visibility, we will increase confidence in IP&C arrangements and ensure staff feel supported and equipped to deliver safe and effective care, in increasingly pressurised environments.

Recognising the importance of environmental cleanliness as a fundamental control in preventing healthcare-associated infections, we will continue to align our IP&C arrangements with national cleaning standards. A particular focus will be placed on ambulance vehicles as mobile clinical environments, including establishing a clear baseline of compliance and working closely with operational, fleet and estates colleagues to support targeted and sustainable improvements. This

will strengthen assurance, improve consistency, and provide greater confidence that infection risks associated with vehicle cleanliness are being effectively managed.

We will also support and align IP&C activity with the Trust's pharmacist-led antimicrobial stewardship programme, recognising the interdependency between infection prevention, appropriate antimicrobial use and patient safety. Working in partnership with key stakeholders, we will use baseline information, education and assurance to support continuous improvement, contributing to the reduction of avoidable infection and antimicrobial resistance risks through a coordinated, system-wide approach.

Mental Health and Learning Disability

In this IMTP, "Mental Health" is understood as an overarching concept encompassing an extensive range of specialist fields, including Dementia, Learning Disability, Substance Misuse, Neurodiversity, Child and Adolescent Mental Health, Older Adult Mental Health, Post-Natal Mental Health, and Adult Mental Health. This reflects the diverse and complex needs present in modern mental health care, guiding our strategy towards inclusivity and holistic support. Our vision is to support the system to cultivate a future where mental health services across Wales are inclusive, innovative, and consistently accessible to all. We are firmly committed to delivering clinically led, high quality services that bring real benefits to individuals and communities, focusing on wellbeing and recovery. This ambition is underpinned by values of quality, equality, and collaboration, ensuring timely, evidence-based care in the most suitable settings so that people receive the right support at every stage of life.

Central to our strategy is the principle of timely and appropriate care enabling individuals to access the right advice or intervention at the right time and in the right place. To drive transparency and continuous improvement, we will **publish and implement our WAST Mental Health Delivery Plan**, aligned with the Welsh Government Mental Health and Wellbeing Strategy (2025). Alongside this, a comprehensive outcome measurement framework and dashboards will be developed, prioritising measurable outcomes, system value, and ongoing enhancement of wellbeing, recovery, and resilience across Wales.

We are dedicated to fostering an empowered workforce, providing sustained clinical leadership, targeted professional development, and embracing new technologies that enhance both clinical practice and patient experience. Our commitment to continuous learning includes the delivery of trauma informed care and crisis intervention training, equipping practitioners to respond confidently

and compassionately to a full spectrum of mental health needs. This ensures our workforce remains skilled, supported, and capable of meeting emerging challenges.

Innovation and collaboration are the cornerstones of evolving service quality and accessibility. We will continue to strengthen partnerships with service users, carers, communities, third-sector organisations, and multidisciplinary professionals, ensuring that those with lived experience are actively involved in shaping strategy and policy. This includes formalising their role in strategic reviews and policy development and expanding access to community-based provision through local mental health and wellbeing hubs, thereby improving equity, access, and integrated support throughout Wales.

A key strategic priority is the **establishment and scaling of Open Access Mental Health Care Pathways**, delivered through the Stepped Care Model. This approach enables proportionate, evidence based, and value driven interventions that focus on patient outcomes, service efficiency, and continuous quality improvement. By integrating these pathways across the system, individuals experience seamless transitions, timely responses, and care tailored to their specific needs.

Collectively, these efforts form a cohesive, forward-looking strategy for mental health in Wales, one that is clinically led, quality driven, and responsive to the evolving needs of our population. Through this approach, mental health is recognised not only as essential to individual wellbeing but as a foundational pillar for a healthier, fairer, and more resilient society.

Safeguarding

Safeguarding is a statutory duty and a core component of the services delivered by the WAST. The Corporate Safeguarding function provides strategic leadership, assurance and specialist expertise to ensure the Trust meets its safeguarding responsibilities while continuously improving the quality and safety of care for patients, families and communities. Operating across organisational boundaries, the function works collaboratively with internal services and external partners to promote a coordinated, system-wide approach to safeguarding. The Safeguarding Team supports operational services, corporate functions and senior leaders through expert advice, policy development and implementation, and the embedding of safeguarding principles into governance, clinical practice and workforce processes. The team designs, delivers and quality-assures safeguarding training, including work to integrate and streamline provision and introduce Level 3 training for relevant staff, ensuring alignment with national guidance and the intercollegiate framework. This strengthens workforce competence, confidence and consistency in safeguarding

practice supporting earlier identification and consistent management of safeguarding risks, strengthening patient safety and contributing directly to improved quality of care across Trust services.

A central contribution to the Trust's quality agenda is the coordination of statutory safeguarding activity, including engagement with local authority enquiries under Section 126 (Adults) and Section 47 (Children), and representation in multi-agency review processes such as The Procedural Response to Unexpected Death in Childhood (PRUDiC) and the Single Unified Safeguarding Review framework (SUSR). Through this work, learning from serious incidents, deaths and harm is identified, shared and translated into service improvement. The function also provides safeguarding leadership in the management of safeguarding allegations relating to WAST colleagues, ensuring concerns are handled proportionately, transparently and in line with national expectations, while maintaining a focus on patient safety, staff wellbeing and a just and open culture.

The team continues to see increasing safeguarding demand, including year-on-year growth in reports submitted to the 22 local authorities served by WAST and a rise in duty-to-report activity reflecting increasing complexity and demand across the system (health, social care and local authority services). Despite these challenges, the Corporate Safeguarding function continues to provide assurance through data monitoring, staff feedback, completion of the Safeguarding Maturity Matrix and active risk management ensuring safeguarding remains a visible and integral component of quality, safety and governance within the Trust. Over the coming planning period, the focus will be on **strengthening data-led assurance, sustaining workforce capability, and ensuring safeguarding intelligence continues to inform** corporate risk management and service improvement priorities.

Organisational framework for Quality Improvement, Change Management and Project Management

Across the organisation we have continued to develop the skills, expertise and capacity within our teams in how we approach and deliver integrated Quality Improvement (QI), Change Management and Programme and Project Management. This presents us with an opportunity to consider how best to integrate these key areas of expertise to enhance the way we plan and deliver organisational transformation, service change and continuous improvement. We will **develop a clear organisational framework and methodology** to triangulate expertise into a seamless offer with the right experience, expertise, skills, capacity and tools to support our people to lead improvement. The benefit is to ensure a consistent approach and methodology that harnesses the skills, expertise

and capacity across our teams, corporately, to critically lead and support throughout the organisation where continuous improvement and service change takes place on a daily basis.

Theme	Ref	Deliverable	Year		
			26/27	27/28	28/29
Quality Management Culture	37.	Develop a consistent organisational framework that brings together **quality improvement, change management, and project management methodologies**			
	38.	Develop and implement a Trust-wide **Quality Assurance Forward Improvement Plan**, informed by self-assessment, aligned to strategic objectives and supported by clear ownership and monitoring arrangements			
	39.	Review and refresh the **Strategic Quality Plan** to ensure it remains current, aligned to organisational strategic objectives, national policy requirements and emerging quality priorities, and deliver the updated plan through a phased implementation			
Implementing key legislative requirements (Listening to People and People's experience framework)	40.	Strengthen the **Patient Voice Network** to support meaningful and effective community involvement in the development of planned service changes			
	41.	Implement and embed a person-centred, **compassionate and learning-focused concerns management system** that enables early listening and resolution, delivers proportionate and timely investigation, provides clear and empathetic responses, and systematically uses learning to prevent future harm and improve patient safety and experience			
Open Access Mental Health Care Pathways	42.	Deliver **clinically led, evidence based mental health care** that provides the right care, in the right place at the right time			
	43.	Establish a **skilled, empowered mental health workforce** through CPD, innovation, partnership working and lived experience			

8.2 Taking action through a population health approach

Population health promotes action that all health and care services can take to improve the health of the people of Wales and reduce inequalities, 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 Association of Ambulance Chief Executives (AACE) focus on reducing health inequalities within the ambulance sector.

Throughout the IMTP period we will **build understanding of how our data can inform a population health improvement approach**. Through completion of an AACE Population Health Maturity Matrix and assessing our available resources, we have identified the key opportunity for us to strengthen our population health approach and the key area for focus across the Trust is through population level data analysis and reporting to better understand variation in service impact and outcomes.

The Trust will work closely with NHS and local authority partners to identify opportunities to link or overlay data to better understand where population segmentation demonstrates variation and opportunities for improvement. In line with the changes made to the Ambulance Performance Framework and the piloting of clinically informed prioritisation, the initial focus for this work will be linked to our work with Save A Life Cymru and how we gain greater awareness and confidence in pre-hospital CPR across communities, engaging in national workstreams for myocardial infarction, strokes and frailty falls/fractured neck of femur to define where population level variation occurs and determine the most effective steps we can take to mitigate this.

We recognise that there are more steps our organisation could take to support the wider public health improvement agenda for Wales. We continue to aspire to make every contact count, not only for our patients but also for our people. The expanded use of digital reporting and recording offers the opportunity for the wider NHS to receive information that could inform primary or secondary prevention measures that are not directly related to an urgent or emergency care presentation, e.g. asymptomatic atrial fibrillation or hypertension. This opportunity can only be realised through system level intervention, and we continue to offer Public Health Wales and wider NHS partners the opportunity to support us through targeted health improvement programmes or projects.

In addition to supporting our patients and the wider system, we have invested in our occupation and people services teams, as population health improvement can start in a community. We are keen to take all steps possible to support colleagues manage their health effectively for their own wellbeing and secure the ongoing resilience of our workforce.

8.3 Clinically led

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.



The Trust's Lead Midwife role has continued to secure quality and safety improvements for women and their babies across remote and face-to face clinical practice, as part of the ongoing delivery of the **Maternity and Neonatal Safety Programme.** We have maintained collaboration and active dialogue with the Welsh Chief Midwifery Officer's office and have finalised a Project Initiation Document (PID) and scoping document for a 24/7 Maternity Advice and Triage Line ('labour-line') as set out in the Maternity and Neonatal Review recommendations. In the next period, we will work with Welsh Government, NHS partners and commissioners to confirm how this proposal can be taken forward and implemented.

This year we have strengthened our approach to improving flu vaccination uptake by establishing a dedicated cohort of **Occupational Health Practitioner Flu Vaccinators**. Working alongside implementation teams, this new cohort will increase the availability and accessibility of vaccinations for colleagues across the organisation. In addition, several Health Boards across Wales opened their vaccination clinics to WAST colleagues attending hospital sites as part of their role. This partnership enabled staff to receive their vaccination during the working day, reducing barriers to access and supporting improved uptake.

In setting targets for the coming year, we have agreed a pragmatic and achievable ambition of a **5% improvement** on last year's uptake. This reflects both operational realities and our commitment to continuous improvement in protecting our workforce and the patients we serve.

WAST has now joined the Welsh Immunisation System, enabling us to better understand vaccination trends within our workforce and develop stronger intelligence to inform future vaccination delivery programmes

We are working towards the creation of a **Medicines Management Hub**, which will allow full control under WAST governance to procure and supply medicines across WAST in a consistent and sustainable way. This will reduce variability of medicines presentations, reduce waste through ability to rotate stock, increase traceability and stabilise the supply contract. Crucially, it will remove dependence on external license holders, ensuring WASTs' supply access remains protected.

Theme	Ref	Deliverable	Year		
			26/27	27/28	28/29
Effective Medicines Management	44.	Implement the Medicines **Management Hub** systems and processes, subject to funding			
Effective Vaccination Offer	45.	Restructure and deliver the **Flu Vaccination Programme** for 2026/27 aligning with 2025/26 report recommendations			

9. Strategic objective 6: Value and sustainability

This section of the plan sets out the work we will be undertaking to ensure we deliver greater organisational value and financial sustainability. The table below outlines our improvement expectations, the key performance metrics we will monitor, and our performance ambitions aligned to MIQPR and other key metrics, alongside the performance ambitions we set out to achieve.



S06a: Financial sustainability (Left) S06b: Commercial/Foundation Economy/Value-Based healthcare and environmental sustainability Right)

Our Improvement Expectations:
Through robust financial planning, deliver of our comprehensive savings improvement programme and generation of income through commercial activities we want to ensure that the organisation meets its statutory obligation to deliver financial balance
How we will monitor Impact and Organisational Ambitions
▪ Financial balance (Maintain 100% financial balance)

9.1 Financial sustainability programme

The financial context for the Trust remains extremely challenging across the 2026–2029 IMTP period. Ongoing system-wide pressures, combined with constrained funding and one-year financial settlements, mean the Trust is required to deliver significant recurrent savings year on year while continuing to invest in service quality, innovation, and future capability. As in previous planning cycles, achieving our strategic ambitions will require difficult decisions, prioritisation, and a disciplined approach to value, affordability, and sustainability.

Against this backdrop, the Trust continues to recognise that financial sustainability cannot be achieved through incremental efficiencies alone. Instead, it requires a coordinated, transformational approach that combines organisational savings, service redesign, and the development of new sources of income and value. The refreshed **Financial Sustainability Programme** (FSP) remains the primary vehicle through which this work is identified, prioritised, and delivered, ensuring a clear line

of sight between strategic intent, directorate plans, and measurable financial and non-financial benefits.

Service Review – From Insight to Delivery

Significant progress has been made in moving the Service Review from a diagnostic exercise into a delivery-focused programme of work. Following the initial identification of 330 ideas for efficiency, growth, and service improvement, a comprehensive re-review has been undertaken. This has resulted in the prioritisation and refinement of these ideas into a **focused portfolio of approximately 50 initiatives** with the greatest potential to deliver sustainable benefit.

These initiatives are now being embedded within directorate plans and tracked through the refreshed FSP, with clear ownership, milestones, and benefits realisation measures. This approach ensures that improvement activity is targeted, manageable, and aligned to organisational priorities, while avoiding dilution of effort. The Trust will continue to apply a structured and transparent approach to decision-making, including where proposals are not progressed, to ensure resources are focused where they can deliver the greatest value.

Key themes emerging from the Service Review, which include w**orkforce capacity, digital enablement, reduction in manual processes, and improved financial and commercial literacy**, will continue to inform both operational plans and enabling strategies across the IMTP period.

Organisational Savings Plans

Delivering recurrent organisational savings remains essential to maintaining financial balance over the medium term. The Trust's approach to savings for 2026–2029 builds on learning from previous years, recognising the increasing challenge of identifying recurrent opportunities while protecting service quality and staff wellbeing.

Savings plans will continue to be developed through a combination of **directorate-led efficiencies, cross-organisational initiatives, and transformational schemes** enabled through the FSP. There will be a continued emphasis on early identification, robust governance, and strong benefits realisation, supported by improved financial capability across the organisation. Where required, the Trust will make clear and evaluated choices about where to invest, where to reduce activity, and where alternative delivery models are required to ensure sustainability.

Commercial Plan

In response to the increasingly constrained financial environment, the Trust has established a very small **Commercial Development Team** to strengthen organisational capability and capacity in this critical area. The organisational prioritisation to support growth in this area reflects a clear strategic intent to move beyond ad-hoc income generation towards a more structured, sustainable, and values-based approach to commercial development.

The Trust's new **Commercial Plan** will be launched in quarter 1 2026/27 and will set out a clear ambition for how commercial activity can support both organisational sustainability and wider value for Wales. One of the core pillars of the Commercial Plan focuses on creating sustainable value and organisational capability. This includes embedding commercial skills and development in key roles across the organisation, strengthening areas such as intellectual property, commercial planning, and contract management, and working collaboratively with partners to maximise system benefit.

The Commercial Development Team has secured funding for an initial two-year period. During this time, the team will focus on designing, delivering, and embedding the Commercial Plan and its three strategic pillars, while also delivering at least two tangible income generation opportunities. The intention is that these early successes will enable the team to become self-sustaining and secure substantive funding for future years. Subject to success, a refreshed Commercial Plan will support the Trust's ambitions through the period FY2028–30 and beyond.

Looking Ahead

Through the integration of service review outcomes, disciplined organisational savings, and a strengthened commercial approach, the Trust is committed to delivering a sustainable financial position while continuing to improve quality, innovation, and outcomes for patients and staff. The 2026–2029 IMTP period represents a critical phase in embedding these approaches, building organisational capability, and ensuring that value and sustainability are at the heart of decision-making at every level of the organisation. Year on year financial pressures continue to result in a challenging financial position for the Trust.

Theme	Ref	Deliverable	Year		
			26/27	27/28	28/29
Delivering Financial Sustainability	46.	Embed a **Trust-wide Financial Sustainability Programme (FSP)** to improve financial decision-making, organisational capability, and delivery of recurrent cost efficiencies aligned to the Trust's financial plan			

	47.	Establish a fully functioning **Commercial Function,** underpinned by an approved Trust wide Commercial Plan and deliver at least two sustainable income generation streams			

9.2 Value-based healthcare

The organisation continues to strengthen its understanding and application of **value-based healthcare** (VBHC), recognising the importance of measuring our contribution to patient outcomes across whole care pathways. While earlier ambitions centred on broader population health modelling, the approach has been refined to focus on using our existing data through specific analytical lenses. This enables us to understand where the Welsh Ambulance Service has the greatest and least impact, how our activity contributes to system performance, and where we can support the reduction of health inequalities.

Although WAST is rarely the final outcome within a pathway, it is an increasingly significant input. Our role in remote care, risk-based stratification, SPOA models, Same Day Emergency Care (SDECs), hot clinics, Emergency Department utilisation, and avoidable conveyance contributes directly to clinical outcomes and system efficiency. Embedding VBHC thinking within these operational priorities is therefore essential for aligning our work with wider system value and patient benefit.

To support a more consistent and evidence-based approach, VBHC considerations have now been formally incorporated into the governance of both the **Commercial Group** and the **Financial Sustainability Group**. Decisions within these forums are required to take a VBHC lens, ensuring that value, outcomes, and contribution to system effectiveness are considered alongside affordability and operational deliverability.

Recognising the need for a coherent methodology, Swansea University has been commissioned through the CMT programme to advise on the most appropriate VBHC framework for WAST. This will not limit us to a single method, but it will provide a recommended foundation from which we can consistently assess impact, prioritise investment, and measure our contribution to outcomes across the system.

A significant barrier to realising a full VBHC approach in Wales remains the absence of **linked, end-to-end pathway datasets** for key conditions such as stroke, STEMI and cardiac arrest. Unlike England, where full pathway visibility enables ambulance services to evidence their contribution to

outcomes, Wales continues to rely on fragmented datasets produced independently by PHW, Welsh Government and other partners. This fragmentation limits our ability to identify the most significant opportunities for clinical improvement and system efficiency.

Progress is, however, emerging. Sentinel Stroke National Audit Programme (SSNAP) stroke data with prehospital linkage is expected to go live in quarter one, and developments around the Utstein cardiac arrest dataset are underway. These datasets will be essential to demonstrating systemwide outcomes, securing clinical engagement, and strengthening the evidence base for VBHC, particularly for high acuity conditions where rapid conveyance and early intervention are known to improve survival and reduce length of stay.

The immediate next steps include refining our internal VBHC deliverables, developing a clear organisational narrative, and engaging with subject matter experts, such as colleagues with experience in other UK ambulance services, to enhance our approach. As linked data becomes available, we will be able to more clearly articulate WAST's contribution to outcomes, identify high value quality improvement opportunities, and demonstrate our role within a more efficient and effective care system.

9.3 Demonstrating productivity gains

Our plan centres on delivering **tangible improvements in productivity and efficiency** so we can make the best possible use of current resources. By streamlining processes, reducing avoidable waste, and strengthening the way teams work together, we can best use available capacity to improve our services. These changes are designed to help us **do more within our current resource envelope**, improve the quality and consistency of what we offer, and create clearer ways to **measure and quantify the gains**. Together, these improvements form a sustainable foundation for delivering higher-quality care without relying on additional funding to meet the changing demands across our services.

We are committed to delivering **2% productivity improvements equating to circa £6million cost avoidance**. The table below sets out the initial four key areas of focus that we are currently working on. Included is a high-level estimation of the indicative productivity / efficiency impact on capacity and patient activity as a result of the associated improvement work. Also included is an indicative financial impact to demonstrate the 'avoided costs' to deliver the efficiency gain within the current status quo service provision (i.e., without the productivity improvements being realised). If the productivity gains outlined below are not fully realised, we are committed to other areas of

productivity improvements as outlined in the plan. The figures below are indicative projections; it is important to note that the cost avoidance figures are non-cash releasing.

Description	Indicative Productivity / Efficiency Impact	Indicative Financial Impact *(non-cash releasing)*	System Efficiency / Improvement
Activity 1 Implement NEPTS Re-roster: Increased productivity / capacity gains as resulting from the impacts of the NEPTS re-roster.	The detailed modelling indicates that the NEPTS re-roster will release additional capacity to undertake a further **c.16,000 journeys per year** within current NEPTs capacity	The projected indicative financial impact (avoided cost equivalent) is circa **£940,000**.	▪ Reduction in NEPTS cancellations and missed hospital appointments ▪ Improved utilisation of NEPTS resources and hospital clinics
Activity 2 Improved APP Deployment (jobs per shift): Improvements in the targeted deployment of APPs resources to increase the number of jobs per shift and utilisation to circa 80%.	By targeting APPs to the most appropriate patient incidents and improving deployment of resources through scheduling could enable the current APP workforce to attend circa **16,000 more patients per year**.	The projected indicative financial impact (avoided cost equivalent) is circa **£2.6 million**.	▪ More care resolved at home ▪ Reduction in ED attendance (circa 12,600 less attendances based on 80% resolution rate at home following APP intervention).
Activity 3 EA Abstraction Reduction: Reduction in the EA abstraction rate to benchmark position of 29.91%	By reducing EA abstractions, this could enable up to circa **4,500 more patients receiving an ambulance** response per year. Helping to reduce the number of cancellations / 'no-send'	The projected indicative financial impact (avoided cost equivalent) is circa **£3.1 million.** *To note however that this would help to reduce the reliance on overtime.*	▪ Improved clinical outcomes and reduced patient harm ▪ Improved ambulance response times ▪ Avoidance of patient deterioration requiring more intensive care ▪ Reduction in 999 cancellations ▪ Reduction in patient 'walk ins'
Activity 4a Wait 45 Hospital handover: Reduction in handover lost hours to achieve the Wait 45 target (no handover delays over 45 minutes)	The modelled reduction in handover delays would release ambulance capacity to respond **to 27,000 more patients per year** within current capacity. This would free up capacity to reduce un-met need in the community and reduce harm and improve clinical outcomes.	The projected indicative financial impact (avoided cost equivalent) is circa **£18.6 million**.	

Activity 4b **Wait 15 Hospital handover:** Reduction in handover lost hours (No delays after first 15 mins)	The modelled reduction in handover delays would release ambulance capacity to respond **to 50,000** **more patients per year** within current capacity. This would free up capacity to reduce un-met need in the community and reduce harm and improve clinical outcomes. Whilst this would not be cash releasing in the short term, it would provide the opportunity longer term to review future EA capacity requirements.	The projected indicative financial impact (avoided cost equivalent) is circa **£34.5 million** *(inclusive of the projected costs outlined in Activity 4a)*	

9.4 Environmental sustainability

Decarbonisation



We are committed, where possible and affordable, to ensuring that our developing infrastructure supports the **Trust's and Welsh Government ambition to lowering public sector carbon emissions** and we have made good progress in the implementation of some key actions within our current Decarbonisation Action Plan (DAP). This is supported by the Decarbonisation Programme Board structure which facilitates Trust wide ownership of plan actions. With the renewal of the Welsh Government Decarbonisation Strategic Delivery Plan, we recognise that we will need to update our DAP accordingly, to determine the pace at which we will be able to respond to new requirements in a "no investment" year and that this requires commitment from across the organisation, with wider reaching actions than previously seen across the Trust. An exercise to fully determine this at a detailed level across the organisation is progressing.

In 2025/26 we successfully **delivered 2 TEF funded estates schemes which increase the efficiency of our buildings** at HART and Abergavenny, whilst also addressing some additional infrastructure issues such as roofing and internal welfare facilities. In 2026/27 we will continue to deliver on TEF funding with a large scheme in Rhyl focusing on low carbon heat, renewable energy and improved welfare facilities. 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 strategic outline programme 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 2026/27 with the progression of more holistic schemes for funding consideration as we engage in the renewed process for 2027/28 TEF funding in discussion with Welsh Government officials.

We recognise the significant challenges presented by the decarbonisation of our fleet and have made some progress on this in 2025/26. We have gradually implemented a trial of **10 full EV Single Responder Vehicles**, recognising the complexities of ensuring safe and appropriate clinical care whilst moving to fully electric vehicles. An evaluation of this data is currently being collated, and this will inform future decision making on the scale and pace of implementing EVs further within the fleet. 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. In support of further zero emission vehicles (ZEVs) we now have 80 chargers across the Trust estate, with 5 of these being rapid chargers at strategic sites. Our current ability to expand on this is however now very limited.

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. We also recognise the cultural, governance and operational commitments required to facilitate true transformation in this space, and in 2026/27, will consider how the Trust can further progress the strategic delivery plan (SDP) actions within existing resources.

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 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.

Adaptation planning

In 2026/27 we will continue to work closely with NHS Wales partners on **Adaptation Planning** and will further develop our Climate Change Adaptation Plan which will ensure a structured, organisation-wide approach to building a comprehensive risk matrix and associated adaptation measures. The approach is deliberately collaborative and is being created with input from colleagues across all directorates, ensuring full organisational engagement, shared ownership, and a robust evidence base. This will enable us to identify, assess and prioritise risks consistently, and to develop proportionate and achievable adaptations that are embedded into business-as-usual planning.

10. Our financial plan

The full revenue and draft capital financial plan for the Trust for 2026/27 is provided in **Appendix 9**

10.1 Revenue

The financial plan is presented as a balanced revenue financial plan for the 2026/27 financial year. However, even after the identification and delivery of a significant cash releasing savings plan of c£7.8m, this still leaves a residual financial gap of c£1.2m to be closed as we enter and progress through the financial year. This is predominantly due to the continuing forecasted increase associated with the Welsh Risk Pool.

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, 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 progress 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 2026/27 financial year, although the supporting tables and technical submission maps this over the three financial years through to 2028/29.

Specifically, this plan will only provide for a balanced revenue financial outturn for the Trust for the 2026/27 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 1.11% uplift provided to Health Boards in the 2026/27 NHS Wales Allocation Letter issued on 19th December 2025 and is applied to all of the Trust's key

commissioning agreements. Alongside this funding for the cost of the 2026/27 pay award will also be provided in full.

- That the resultant in year costs for key cost pressures identified within this plan are no more than that currently estimated. These are likely to be similar to that faced across the NHS in Wales, within an ambulance sector context and in particular relates to Welsh Risk Pool contributions, digital uplifts, fuel, general non pay inflation, that relating to the Trust's continuing response to the new ambulance performance framework and a range of costs either having had to be incurred or committed to in 2025/26, or will unavoidably need to be spent in 2026/27 due to continuing service demand and system pressures and the delivery of the range of commissioning intentions placed on the Trust;
- The ability to fully deliver on the resulting range of cost containment, cost avoidance and savings required to balance in year. This will need to be made up of a minimum of £9m, or c3% of cost baseline.
- In addition to the 3% savings requirement needed to deliver financial balance in 2026/27, and following further dialogue with the JCC regarding potential additional in year cost savings, it was agreed that the Trust will also set out clear plans to demonstrate delivery of a further circa 2% productivity /efficiency improvement (non-cash releasing) in 2026/27. The IMTP sets out initial opportunities identified and further work will be undertaken in year to develop and track improvements. The Trust will also continue to work with commissioners in year to identify any further opportunities to identify and deliver cash releasing savings.

The high-level summary revenue financial plan for 2026/27 is set out in the table overleaf:

	Opening Budgets 26/27	Planned Savings	Revenue Set Budgets 26/27
	£m	£m	£m
Income	-329.734	-0.150	-329.884
Operating Expenses	324.943	-7.650	317.293
Profit on Disposal	-0.695		-0.695
Interest Payable	0.235		0.235
Interest Receivable	-1.000		-1.000
Depreciation (Baseline)	15.251		15.251
Total Expenditure	338.734	-7.650	331.084
Savings Gap to Close Qtr 1 26/27		-1.200	-1.200
Planned Budget	9.000	-9.000	0.000

10.2 Financial 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. 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 the 2026/27 pay award is fully funded by Welsh Government.
- No other developments, enhancements or cost increases not currently funded within budgets, or identified within this financial plan supporting 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 a minimum of £9m in savings and cost management in year, in order to balance.
- That no further additional savings 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 in 2026/27, will be available in the form of cash releasing savings. Dialogue continues on how to further evidence additional productivity and efficiency impacts on top of this.
- Some cost elements are still hard to predict through the coming 12 months and may remain volatile, with a clear indication from WG that no further funding will follow in year in 2026/27 to manage any such variations.
- The uncertain political landscape and any initial impact any change in government in Wales may have on some of the choices and decisions made within this financial plan.
- The ability to manage in year cost pressures as they arrive, within the small contingency this plan continues to hold.

10.3 Capital

Our financial plan also summarises our initial capital programme for 2026/27, focussing predominantly on the discretionary capital funding received from WG, noting the already confirmed and carried forward discretionary capital commitments for the 2026/27 financial year. This is

currently a draft plan, as in previous years, a detailed update on the final impact of the 2025/26 financial year end on the 2026/27 programme will be presented to both the Trust's Finance and Performance Committee (FPC) and the Trust Board in May 2026, 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 Welsh Government.

11. Delivering our plan

11.1 Managing IMTP delivery and strategic transformation

The executive level Strategic Transformation Programme Board (STB), chaired by the CEO, is the formal senior reporting mechanism to oversee the delivery of the IMTP and long-term strategic development including horizon scanning and considering key intelligence to inform our strategic plans.

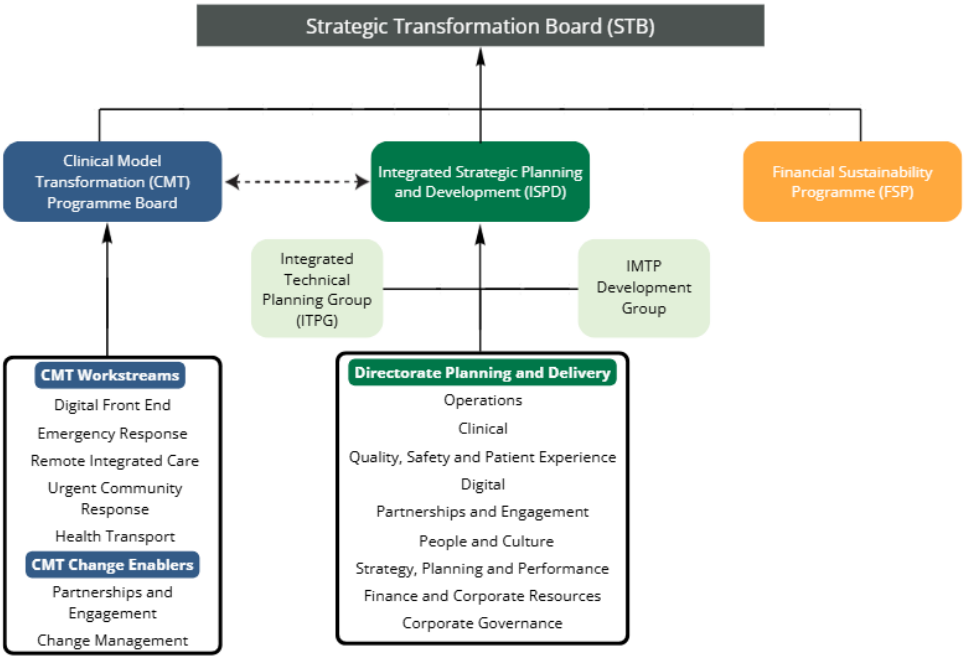
STB will provide the key monitoring, oversight and governance mechanism for the IMTP, providing assurance reporting to the Finance and Performance Committee and Trust Board.

There is an opportunity in 2026/27 to further enhance the IMTP reporting approach to enable the closer alignment and 'golden thread' between the long-term strategy, organisational delivery and risks, alongside strengthening the governance and reporting arrangements. This will be achieved by reporting IMTP progress by each of the respective strategic deliverables whilst also aligning each of the strategic objectives and risks to the respective board committees (e.g. FPC, Quality, Patient Experience and Safety Committee (QUEST) and People and Culture) to provide additional oversight and governance.

Underpinning our progress reporting arrangements, we have undertaken a review and refresh of the key measures and metrics included within our MIQPR. This work has been undertaken with board members to ensure committees have access to the right measures and metrics to monitor performance and impact. As part of this work the measures have been aligned to our strategic objectives and our performance data has informed the prioritisation of the key commitments outlined in this plan.

STB has a portfolio management approach and overview to enable and govern IMTP delivery through two core mechanisms. The IMTP deliverables aligned to the Clinical Model Transformation are delivered and managed via the CMT Programme Board and underpinning workstreams. The directorate led deliverables are managed via directorate plans and reported into the Integrated

Strategic Planning and Development Group. As the CMT programme comes to an end in year 1 we will review our delivery structures for year 2 of the plan and beyond.



In addition, other areas of work highlighted in the narrative in this plan will be delivered and managed through directorate delivery plans. A key piece of work we are commencing is a review and refresh of our internal planning and delivery processes to bring together our directorate plans and wider organisational plans into a single co-ordinated approach. This will support the organisation to more effectively resource plan, reduce areas of potential duplication and deliver efficiency benefits to ensure there is a single approach aligned to our Quality and Performance Management framework (QPMF).

To further maximise our approach and utilisation of key corporate resources we will be progressing a piece of work to bring together our quality and service improvement capacity with our programme and project management expertise through an enhanced matrix-working approach. This change seeks to maximise the benefits of a more joined up approach to take forward key transformative and service change projects (see section 8.1).

11.2 IMTP delivery risks

We have identified a number of high-level risks that could impact on the successful delivery of the key programmes of work and the commitments set out in this plan. These are risks to delivery of the IMTP, rather than the Trust's principal risks, but they are inextricably linked to them and reflect the practical challenges of implementing our strategic priorities within the current operating environment.

The table below sets out these delivery risks and the actions to support their mitigation. These will be monitored by individual programme boards or lead directorates, escalating to the Strategic

Transformation Board where necessary, and to the Corporate Risk Register and/or Board Assurance Framework where Board level awareness and scrutiny is required.

Descriptor	Mitigation
Ability to deliver a financially balanced plan: Delivering a balanced financial position is predicated on the assumptions set out in the financial plan and delivery of the savings plan. Recognising the financial challenges across NHS Wales and potential areas of further cost/income reduction impacting the financial position.	▪ FSP programme, financial savings plan and commercial plan. See section 9. Linked to Risk 139.
Organisational capacity: This plan recognises that it is a no 'investment' year', and the savings plan will see a reduction in organisational capacity to deliver IMTP commitments as some vacant posts will not be backfilled.	▪ Consolidation and enhanced prioritisation of IMTP and organisational commitments. See section 4.1. Linked to Risk 139.
Political uncertainty impacting health policy: Impact of a change in government on health policy and priorities that may not align with the strategic and operational direction of the organisation.	▪ Close monitoring of political positioning and building relationship with potential new government. See section 7.1. Linked to Risk 201a and 201b.
Stakeholder support: We do not have the support from key partners and stakeholders to progress the ambitions set out in our plan	▪ Engagement with Commissioners, National Programmes, Health Boards and key partners to develop the plan See section 4.11 and 7.1. Linked Risk 201a/b
System pressures: Continued pressures across the system negatively impacts the ability of the trust to deliver high quality clinical care.	▪ Continued collaboration and joint working to embed whole system solutions and improvements. See section 4.11 and 7.1. Linked to Risk 223 and 224.
Digital and cyber security: Service risks associated with the more sophisticated digital and cyber security threats on our systems and people.	▪ Enhanced focused on digital safety and security. See section 6.2. Linked to Risk 260.
Meeting legislative/policy requirements: Recent legislative changes require additional work/support to enact the changes without any additional funding to enable this work. This places greater pressure on the organisation to meet the changes/deliver core business.	▪ Legislative requirements have been reviewed and options considered to best meet the needs within organisational capacity. Linked to several Risks.
Impact of Health Board strategic service change: Changes outlined in Health Board plans may affect strategic service change and provision of local services	▪ Ongoing engagement with Health Boards to understand implications, align plans, and mitigate impacts Linked to Risk 100.

11.3 Measuring our plan

We are continuing to enhance and embed our approach to measuring the impacts of our strategic and operational plans. This will be undertaken through the continued development of the following approaches and underpinned by our integrated approach for Quality and Performance reporting:

- **Long-term strategy** – refreshing our strategy will provide the opportunity to review and refine the key benefits and measures to underpin delivery of our long-term organisational ambitions
- **CMT benefits scorecards** – embedding the programme and workstream level benefits scorecards to measure the benefit and impact of the transformational changes to our clinical service model (supported by the findings from the academic evaluation)
- **IMTP Deliverables** – enhancing the alignment between our IMTP deliverables (as they relate to delivery of strategic objectives) and the key organisational metrics aligned to our patients, people, value and wider system contribution (linked to our MIQPR)

We will develop and enhance the visual representation of the measures through visual dashboards to help illustrate the impact we have made for internal and external audiences and will support the wider socio-economic and political environment in which we operate.

12. Glossary

Acronym	Meaning	Acronym	Meaning	Acronym	Meaning
3C's	Culture, Capacity and Capability	**FDC**	Falls Desk Clinician	**RCS**	Rapid Clinical Screening
AACE	Association of Ambulance Chief Executives	**FDRC**	Falls Desk Response Coordinator	**RD&I**	Research Development and Innovation
ACA	Ambulance Care Assistant	**FSP**	Financial Sustainability Programme	**RICS**	Remote Integrated Care Service
ACCT	Adult Critical Care Transfer Team	**FTE**	Full Time Equivalent	**ROSC**	Return of Spontaneous Circulation
AI	Artificial Intelligence	**FVD**	Fixed Vehicle Devices	**SaLC**	Save a Life Cymru
APF	Ambulance Performance Framework	**FY**	Financial Year	**SAPP**	Senior Advanced Paramedic Practitioner
APP	Advanced Paramedic Practitioner	**GRS**	Global Rostering System	**SDEC**	Same-Day Emergency Care
APPNAV	Advanced Paramedic Practitioner Navigator	**HART**	Hazardous Area Response Team	**SEQOHS**	Safe Effective Quality Occupational Health Service
AQI	Ambulance Quality Indicator	**HCP**	Health Care Professional	**SSNAP**	Sentinel Stroke National Audit Programme
AQM	Advanced Questionnaire Module	**HSJ**	Health Service Journal	**SOP**	Standard Operating Procedure
BAF	Board Assurance Framework	**IMTP**	Integrated Medium Term Plan	**SORT**	Specialist Operations Response Team
BAU	Business as Usual	**IP**	Intellectual Property	**SPOA**	Single Point of Access
CAD	Computer Aided Dispatch	**IP&C**	Infection Prevention and Control	**STB**	Strategic Transformation Board
CAS	Clinical Assessment Service	**JCC**	NHS Wales Joint Commissioning Committee	**STEMI**	ST-Elevation Myocardial Infarction
CBD	Community by Design	**MDS**	Minimum Data Set	**SUSR**	Single Unified Safeguarding Review
CCBC	Clinical Consultation before Conveyance	**MHRV**	Mental Health Response Vehicle	**TEF**	Targeted Estate Function
CEO	Chief Executive Officer	**MIQPR**	Monthly Integrated Quality and Performance Report	**TEMT**	Trainee Emergency Medical Technician
CFR	Community First Responder	**MPDS**	Medical Priority Dispatch System	**TU**	Trade Union
CHARU	Cymru High Acuity Response Unit	**NEPTS**	Non-Emergency Patient Transport Service	**U&EC**	Urgent and Emergency Care
CMP	Capacity Management Plan	**NHSE**	NHS England	**UCR**	Urgent Community Response
CMS	Content Management System	**NHS P&I**	NHS Performance and Improvement	**UCS**	Urgent Care Services

CMT	Clinical Model Transformation	**NIHR**	National Institute for Health and Care Research	**UHP**	Unit Hours Production
DAP	Decarbonisation Action Plan	**NOF**	Neck of Femur	**UKRI**	United Kingdom Research and Innovation
DDAT	Digital, Data and Technology	**OCP**	Organisational Change Process	**UTS**	University Trust Status
DHCW	Digital Health and Care Wales	**OHCA**	Out of Hospital Cardiac Arrest	**VBHC**	Value-Based Health Care
DOG	Digital Oversight Group	**OSC**	Online Symptom Checker	**W45**	Wait 45
DOS	Directory of Services	**PAD**	Public Access Defibrillators	**WAST**	Welsh Ambulance Services University NHS Trust
EA	Emergency Ambulance	**PADR**	Personal Appraisal Development Review	**WG**	Welsh Government
EAP	Emergency Ambulance Practitioner	**PDSA**	Plan-Do-Study-Act	**ZEV**	Zero Emissions Vehicles
ECNS	Emergency Communication Nurse System	**PECI**	Patient Experience and Community Involvement		
EMERTS	Emergency Medical Retrieval and Transfer Service	**PHW**	Public Health Wales		
EMSC	Emergency Medical Services Coordinator	**PTR**	Putting Things Right		
ePCR	Electronic Patient Clinical Record	**PRUDiC**	Procedural Response to Unexpected Death in Childhood		
EPRR	Emergency Preparedness, Resilience and Response	**QI**	Quality Improvement		
EQIA	Equality Impact Assessment	**QIA**	Quality Impact Assessment		
ESN	Emergency Services Network	**QPMF**	Quality and Performance Management Framework		
ESR	Electronic Staff Record	**QUEST**	Quality, Patient Experience and Safety Committee		
EV	Electric Vehicle	**R&D**	Research and Development		

13. List of Appendices

- Appendix 1 – IMTP 26-29 Supporting Information
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    a) Timely Access to Care
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- Appendix 7 – Quality Impact Assessment (QIA) for IMTP 26-29
- Appendix 8 – Equality Impact Assessment (EQIA) for IMTP 26-29
- Appendix 9 – Financial Plan 26-27
- Appendix 10 – Joint Commissioning Committee Letter

14. 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