



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambiwylans Cymru

Welsh Ambulance Services
NHS Trust

Welsh Ambulance Services NHS Trust

Integrated Medium-Term Plan

2024-2027



Appendix 1

The challenges and opportunities shaping our plan

Appendix 1 – The challenges and opportunities shaping our plan

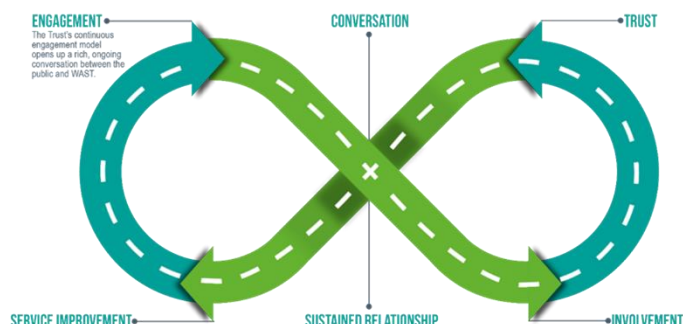
What do our patients say about our service?

The Public & Our Patient Continuous Engagement

Patient experience at the Welsh Ambulance Service (WAST) is influenced by the many interactions people have with our staff, their expectations when in need, and their first and lasting impressions of those interactions.

The patient experience within our regular reports to our Quality Experience & Safety Committee (QuEst) is defined by what it feels like for people to access and receive care from WAST, it is based on their perceptions of their care and treatment.

Experience has been reported directly by patients, their families and carers and though this is a subjective indicator of quality, it provides an insight into how our service processes, procedures and staff impact on peoples' perception of a quality service and patient experience.



The team continues to engage in an ongoing dialogue with the public on what is important to them and our patients and on developments they feel the Trust could make to improve services they receive from us, this is despite certain challenges faced relating to Information Governance barriers and similar restrictions in place, which we are working to overcome, and as part of equipping ourselves to embrace the changing pace in which experience data is reached, via our **digital functionalities**.

PECI Experience & Engagement

On April 1st, 2023, The Health and Social Care (Quality & Engagement, Wales) Act 2020 came into force, following which our WAST Peci team have achieved various 'experience & engagement' successes during the last year. Some of the headlines are:

- ❖ The launch of the **Welcome to Wales pack**.

- ❖ The highest ever sign up to **'Shoctober'** (Annual educational campaign held throughout October around cardiac arrest and use of defibrillators)
- ❖ **Continuous engagements** with Patients and the Public
 - Over **250 events** have been attended and the team met with and listened to around 10,000 people.
- ❖ Capturing **Experiences feedback**
- ❖ Ensuring the **Trust is responsive** to Peoples values, needs and preferences.
- ❖ Providing a platform for **Peoples Voices** to be heard – **Civica** (Once for Wales Patient experience platform) successfully rolled out.
- ❖ **Networking Rebrand and Communication plan**, with focus on patient experience, accessibility, and inclusion.
- ❖ Continuing **commitment to improving experiences** for **People with a Learning Disability**



Using our WAST 'plan on a page'

To support the IMTP update we have been using our engagement sessions to capture feedback from the public on what they expect from the ambulance service and will feed this information into the Performance & Planning Team.

At the time of writing plans were also underway to host two 'Come and Meet' events in partnership with the Experience and Engagement Teams at BCUHB and SBUHB. Working in partnership with Health Board colleagues, these events will have a broader focus than just services delivered by WAST, but will provide opportunity to demonstrate how WAST's services integrate with and support services delivered by the Health Board.



Patient Stories

Patient stories are making a significant contribution to our understanding of the patient experience and provides a valuable insight into the quality of the healthcare people receive. Amongst the eight patient stories recorded for meetings Steven's story, along with stories from Beth, a Palliative Care Paramedic, and Keith, a CFR, have been aired and discussed at length at QuEST (Quality, Experience and Safety) Committee and Trust Board. They have related to chronic ill health, End of Life Care, and traumatic event due to delayed ambulance response times. These stories have enabled us to reflect on the experiences, the sequence of events and the emotional effect on the person sharing their story.

In using advances in digital technology our online virtual video booth, hosted on the Trust website is enabling people to record themselves and submit their experience stories to us at a time convenient to them. We hope to be able to build on the existing library of stories and promote storytelling across communities. In broadening access to patient stories and offer a means of providing more context and details, we have taken

our first steps towards developing a dedicated channel for Patient Story podcasts. Podcasts would allow more depth to explore wider issues surrounding an incident or experience and gives room and flexibility to ask more questions and provide more answers.

The patient story tracker is helping us keep track, monitor, and demonstrate actions/outcomes from stories and help with evidenced based reporting.

A new feature of Civica version 8 is the patient stories video functionality.

The key functions of the patient stories feature are the ability to upload videos from external sources; ability to categorise/sort stories; option to play videos directly within the experience platform; ability to download videos for use within a health board; share videos between organisations (currently only apply to NHS Wales) and process for managing patient consent for video stories.

The new feature will not allow patients to directly record and upload stories themselves into the system. This means we will likely need to retain access to the 'Virtual Video Booth' system we have in place that allows patients to record their stories online.

Key themes coming through the patient stories include, particularly around our EMS service include:

- People feeling extremely anxious
- Harm caused by delayed responses/waiting.
- Post traumatic stress / difficult decision making
- Catastrophic outcomes from long waits
- Catastrophic outcomes from self-conveyancing; relatives/family member.
- Ability to offer online appointments / scheduling of care

National engagement

We have also supported engagement with a range of partners around Wales including:

- The **Palliative End of Life Care experience survey** is a national survey running across NHS Wales
- **National Patient Experience Survey**
- We have been and continue to reach out and engage with **Patient & Public Engagement Officers at Llais**, the new citizen voice body for health & social Care in Wales
- Work with **Centre for Healthcare Evaluation, Device Assessment and Research (CEDAR)** on PREMS development
- As part of the **Co-production Network** for Wales, reaching out to minority communities
- Phase 1 of the **Bevan Commission 'Big Conversation'** with the public on the future of health and care in Wales

Some of the key issues relating to ambulances from our work with external partners, particularly the Bevan Commission, includes:

- Agreement that the way services are delivered and organised needs to change; a lack of integration and continuity between professionals, services, and organisations
- A lack of access to appropriate information about services, support and managing health and wellbeing
- the lack of family structures and support around older people unable to look after own health and wellbeing

Ambulance Care

An established governance process is in place which allows us to contact people who have received transport via NEPTS to their appointment and ask for feedback. This contact is made either by SMS Text or by posting a hard copy survey to the patient at home. The survey is also freely accessible online, all NEPTS vehicles now also have a sticker onboard containing a QR Code which directs people to the feedback survey.

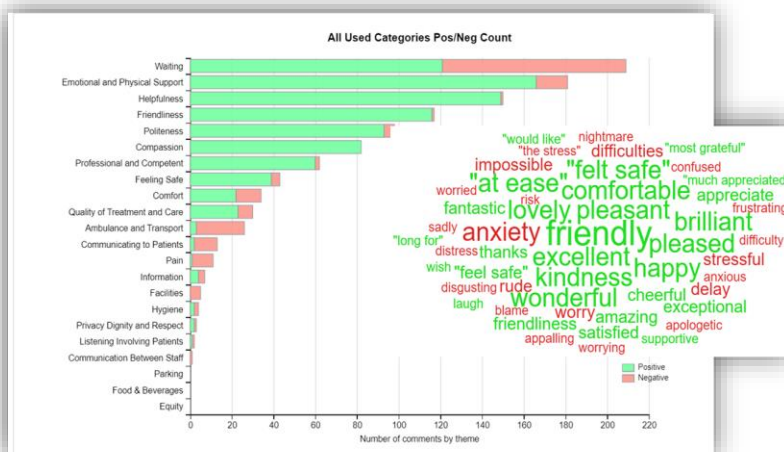
Response rate to this survey remains good and provides overall assurance that people are content with the service received. An obvious area of concern with patients is wait time for transport home following their appointment. In this reporting period (April to September 2023) 673 of responses to this survey were received.

Akumen pansesic text analysis of comments left shows us that people spoke about waiting times, emotional & physical support, helpfulness and friendliness in positive tones.

Waiting, comfort, the transport and pain were areas where people left comments which had more negative sentiment behind them.



Available Answers	Responses	Score (%)
Very Good	451	76.18%
Good	70	11.82%
Neither Good nor Poor	17	2.87%
Poor	14	2.36%
Very poor	31	5.24%
Don't Know	9	1.52%



What people said:

"Drivers are somewhat late picking me up and had not allowed enough extra time for other pick-ups, so that I was almost always late for my appointment. The worst one arrived at the hospital 1.5 hours late and didn't seem to care. He was very uncommunicative and gave me no assistance getting in or out of car".

"Last time, had to wait approximately 2.5 hours to travel home. The ambulance driver was extremely apologetic however".

"Your driver was professional, courteous, on time. A very nice person, very helpful. The service you provide is excellent".

What patients have said:

NHS 111 Wales

- Difficulty accessing information on our website, although some find it easier than others
- Information on the website didn't help with the concern some people had, whilst others found the information they wanted
- A feeling that we are not addressing the issues with the website
- Inability to offer online appointments / scheduling of care

How we will address this in our IMTP:

Over the next three years we will be investing in our website and staff capacity to support development of our digital front end to NHS 111 Wales and developing a vision for digital access to NHS 111 Wales in the future. We will take into account the feedback and we will work hard on improving our symptom checkers and the content available on the website. **(see section 4.1 of the IMTP)**

EMS

- Civica data (whilst limited) shows that our call handling and clinical support desk are working well

We are reconfiguring our contact centre workforce to ensure we can maximise the people available to ensure calls are answered as quickly as possible. **(see section 4.2 of the IMTP)**

<ul style="list-style-type: none"> • Data shows however that time waiting for an ambulance to arrive are still area of dissatisfaction for our patients. <p>Feedback through our PEGI engagement, patient stories, complaints and compliments have suggested the following:</p> <ul style="list-style-type: none"> • People feel extremely anxious • We have heard about harm caused by delayed responses/waiting • There are reported incidences of post traumatic stress as a result of difficult decision making when people feel vulnerable • There have been catastrophic outcomes from long waits • There have been catastrophic outcomes from self-conveyancing; relatives/family member <p>National feedback, such as the 'Big Conversation' suggests:</p> <ul style="list-style-type: none"> • Things need to change in health and care – we cannot keep doing the same thing • Services need to be more integrated 	<p>We are investing further in our Clinical Support Desk to screen and assess more calls so that the right response is sent to patients, protecting our emergency ambulances and CHARUs for the most life threatening emergencies. (see section 4.2 of the IMTP)</p> <p>Over the next three years we will continue to work with our commissioners to ensure there are the right resources in the right place every time by focussing on recruitment in key areas, including the type of resource (e.g. CHARU) which focus on red calls, the volume of resources available and how we improve capacity in rural areas. (see section 4.2 of the IMTP)</p> <p>We know that our services need to change. We are working on a more integrated service offer for the future. One in which 111 and 999 offer integrated, remote clinical support (see sections 4.1 and 4.2 of the IMTP), more care can be provided at or close to home either through safe monitoring of patients remotely or by a response from one of our advanced practitioners. Our future plans are set out in sections 1.3 and 4.2 of the IMTP</p>
Ambulance Care	
<ul style="list-style-type: none"> • Our NEPTS service is rated highly • Some improvements needed in waiting times for transport, passenger comfort and pain management • There has been positive feedback on more experiential measures such as friendliness, politeness, compassion and professionalism of the service 	<p>Our plan this year for NEPTS focussed on further improvement to drop off and pick up times, and improvement in our oncology performance. We aim to put in place an enhanced hub for our oncology patients which will see the same benefits that our renal patients have seen.</p> <p>Over the course of this three year plan we will seek to improve our fleet across UCS and NEPTS.</p> <p>Our workforce plan for Ambulance Care, ensuring the right skill mix across our Urgent Care and Non-emergency Transport Services should ensure that the skills are in place to support the right pain management for our patients during journeys.</p> <p>To ensure we maintain high quality standards, we will be developing a Welsh Ambulance Quality Standard award which will be awarded to our</p>

	<p>third party providers on meeting the criteria for quality set out in our agreements with them.</p> <p>Our plans for Ambulance Care are set out in section 4.3 of the IMTP.</p>
--	--

4.2 What are our colleagues' priorities?

In our commitment to deliver the People & Culture plan, we have started to collect both qualitative and quantitative metrics to try to measure improvements.

A report was presented to our People & Culture Committee in December 2023 summarising the following across our '3C's' below:

Culture: Pulse survey responses highlight current sentiment regarding staff confidence in voicing concerns, providing an indication of the Plan's impact on employee engagement and psychological safety.

Capacity: 'Moving on Interview' data reviews experiences of colleagues leaving the organisation or moving into other roles, shedding light on factors that influence retention and job satisfaction.

Capability: Feedback from the recently redesigned Mandatory In-Service Training provides insights into the effectiveness of our initiatives in embedding a culture of continuous learning, inclusivity and professionalism.

Culture

Some of the key issues coming through staff feedback from pulse surveys included:

- Nearly two thirds of our organisation feel proud to work for WAST, however around half of our workforce regularly considers alternative employment with the area most at risk being Operations.
- There are concerns about how feedback is listened to and used to make improvements, which provides us with valuable insight into where we need to focus our cultural improvement journey.
- Staff continue to be worried about their ability to provide a safe and high quality service, particularly in light of continued delays at hospitals.

A key area of our plan last year was listening to people's concerns about psychological and sexual safety in the workplace. The development of our Voices Network has given us insights into the feelings of staff as we have worked to tackle this issue:

- An increase in domestic abuse related concerns where colleagues are in relationships with colleagues. 'Love bombing' has come up a few times.
- Feedback from operations Advocates that there is a positive shift in attitudes around banter, but not everywhere
- Feedback that some directors come along to WAST Voices meetings which is appreciated.

- Students sharing they feel better supported organisationally to challenge casual sexism without feeling they will become the problem by pointing it out.
- A waiting list of teams requesting learning and support around the subject of sexual safety.

Capacity

Exit interviews also provide valuable insight into where WAST could improve for both patients and our people:

- A range of issues including expectations of the role v. reality, demands of the job, work/life balance and the lack of face to face support have contributed to people leaving or changing their role.
- People still had positive experiences of their role including how they make a difference to people's lives, their colleagues & managers, flexibility and training & development opportunities.
- However, people do not always enjoy the shift pattern, skills decay from reduction in exposure to a variety of patient conditions (due to handover delays), stress due to working in high pressured environments and little interaction with colleagues.
- People felt health and wellbeing would benefit from such interventions as rota flexibility, more time with their own team, being able to call upon support more immediately within the local work environment and more preventative interventions during periods of high pressure.
- People felt that job satisfaction would improve if such things as break opportunities, clinical support & mentorship, more trust and autonomy and progression & development were much more explicitly available to them.

Capability

Our people have provided positive and constructive feedback about Mandatory In-service Training (MIST).

Colleagues found the sessions:

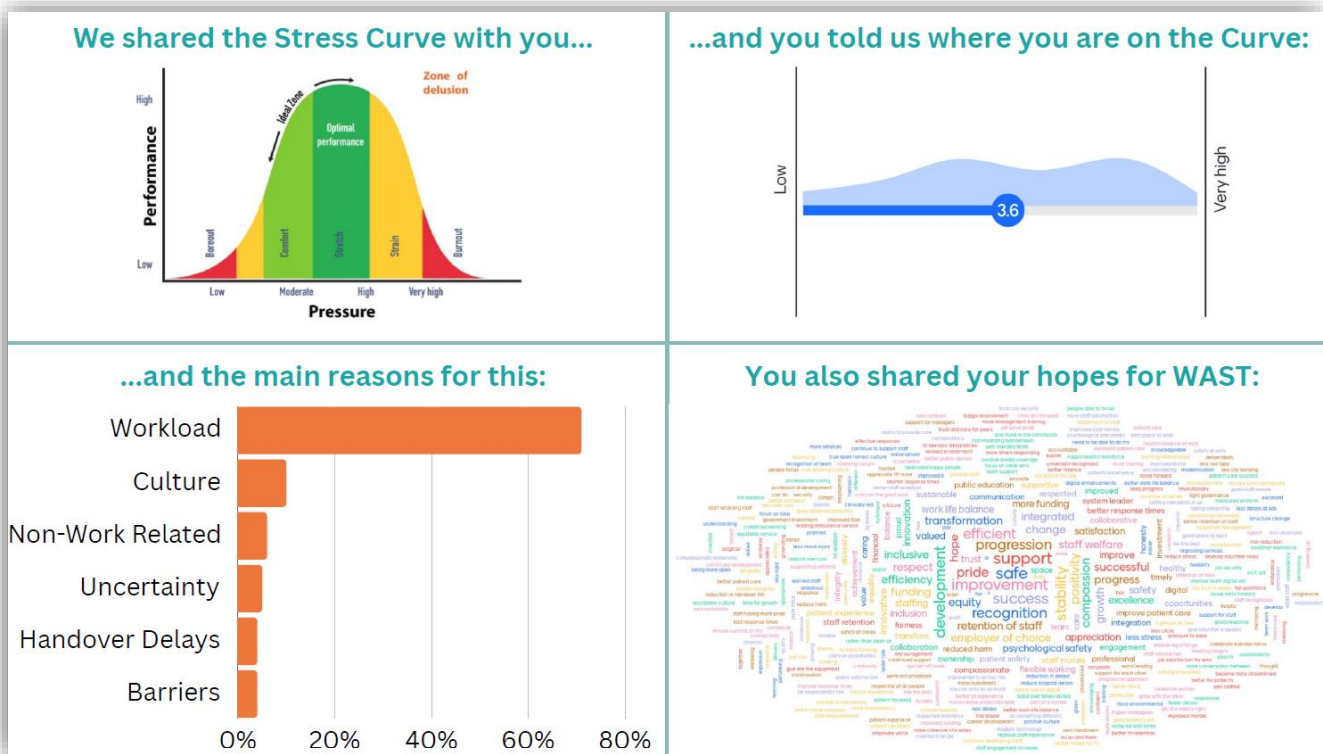
- Engaging, fun, enjoyable
- Empowering, interactive
- A clear change in culture
- Great learning atmosphere, safe space
- Inclusive, worked as a team, felt valued
- Relevant, beneficial, interesting

They felt the sessions could be improved through:

- Continuing to deliver sessions locally
- More frequent MIST (more than once a year)
- More content for NEPTS
- More on mental health and maternity

CEO Roadshows

The Chief Executive and the Executive Team held a series of Chief Executive Roadshows across Wales in November 2023. Colleagues were invited from all parts of the organisation to come together to discuss directly with the Executive Team the concerns, challenges, and issues they face on a day-to-day basis. We discussed with people what is really important to them and what their hopes are for the future in WAST.



Some key themes came through in the feedback:

Financial Strain and Cost of Living:

- There is a pervasive concern about the impact of the cost of living on staff, affecting their well-being and job satisfaction.
- The financial challenges faced by staff, including reliance on overtime, are significant and need to be addressed to maintain a motivated workforce.

System Pressures and Demand:

- Increased demand and system pressures, highlighted by handover delays and overruns, are putting a strain on staff and affecting patient care.
- Discussions suggest the need for a comprehensive, whole-system approach to healthcare to effectively manage the challenges arising from increased demand.

Digital Transformation and Training:

- The importance of digital tools is recognized, but challenges in digital literacy and system integration need attention.
- Training, especially for new staff, is crucial to ensure competence and maintain the quality of services.

Staff Well-being and Mental Health:

- Concerns about staff well-being, increased mental health issues, and the need for proactive support mechanisms indicate the importance of prioritizing employee welfare.
- Addressing issues before they lead to sickness is crucial to maintaining a healthy and resilient workforce.

Public Expectations and Communication:

- Discrepancies between public expectations and the reality of services, especially in terms of 111 and primary care access, emphasize the need for effective communication and managing expectations.

Climate Change and Sustainability:

- The **impact of climate change** on operations, such as flooding, and discussions on sustainability reflect the need for organizations to adapt to environmental challenges.

Career Progression and Training Opportunities:

- **Concerns about career progression**, especially for certain roles, suggest the importance of offering clear pathways for professional development.
- Ensuring ongoing **training opportunities** is crucial for maintaining competent and skilled staff.

Collaboration and Whole-System Approach:

- The feedback underscores the importance of collaboration, both within the organization and with external partners, to address complex challenges.
- A whole-system approach is necessary to navigate the interconnected issues faced by the organization.

Media Impact and Public Perception:

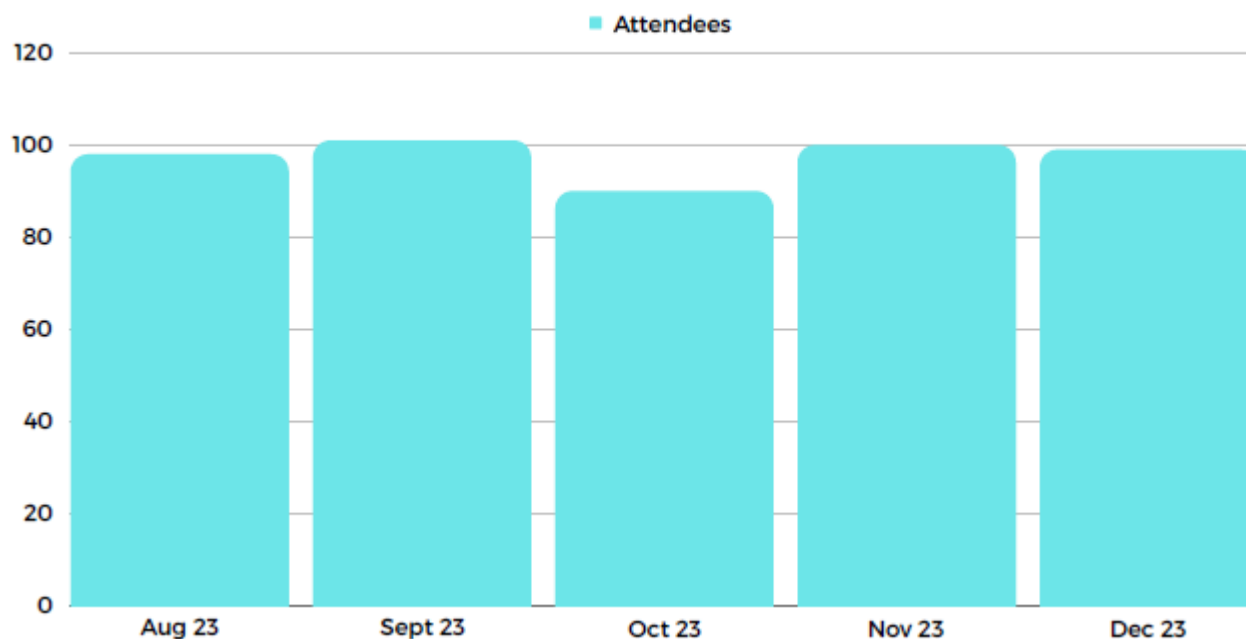
- The impact of media stories on staff morale and public perception emphasizes the need for effective communication strategies and managing reputational challenges.

WAST Live

The Trust continued to run regular WAST Live meetings with staff via Zoom enabling staff to directly connect with the Executive Team on key issues, through both information sharing and question & answer sessions.

The graph below shows that they attract on average around 100 staff, although the recordings are available for people who couldn't attend live sessions. The word cloud below also shows some of the key issues that staff have raised through the sessions.

WAST Live



Themes of Questions Asked:



Health & Safety mechanisms

We learn a lot from the experience of our people which is communicated through incident reports and the trends feed through our local mechanisms to the National Health and Safety Committee. We have heard a lot about the impact of long waits outside hospitals, including the impact of

running engines in the winter to keep patients and our people warm on the back of the ambulance. Diesel fumes continue to be a key issue for staff and patients and we are working with Health Boards to find solutions whilst delays remain high.

Such impacts are considered in this plan alongside a range of wellbeing and welfare offers and Health and Safety remains a priority for the Trust.

Recognised workforce challenges

Our key workforce challenges which drive our approach to our people are:

- Delivery of an effective, flexible and responsive workforce plan which captures the organisational aspirations and identifies the workforce needed to deliver those aspirations.
- Building on management and leadership capability across the organisation to facilitate the best outcomes for our people.
- Working within our financial envelope and reviewing the types of posts we need to deliver high quality services to patients and reducing the level of conveyance to hospital.
- Managing rurality challenges which create recruitment and retention difficulties in some parts of Wales which can impact on service delivery, performance and patient outcomes.
- Securing a pipeline of people through effective career pathways into senior clinical, technical and professional roles.
- Identifying short and long term options to address rural recruitment challenges.
- Working across the sector with other retention leads on projects and interventions that encourage colleagues to remain with WAST.
- Reviewing identified skills gaps and creating opportunities for development e.g. digital.
- Analysing pressures in support services and opportunities to address this.
- Taking a holistic approach to attendance management with focus on culture and improving the working environment and increasing support for people to stay in work.
- Deliver culture reviews in service areas requiring support and improving employee experience across the Trust.
- Develop high quality relationships with social partners.

What we have heard from our people:	How we will address this in our IMTP:
<ul style="list-style-type: none"> • Concerns about how feedback is listened to and used to make improvements • worries about their ability to provide a safe, high quality services with ongoing system pressures • Concerns about staff well-being, increased mental health issues • Career progression - the importance of offering clear pathways for professional development. • the shift pattern, skills decay from reduction in exposure to a variety of patient conditions (due to handover delays), stress due to working in high pressured environments and little interaction with colleagues. 	<p>Within this plan we are doing more around Freedom to speak up, appointing an additional Guardian this year, which will ensure our ability to listen and develop individual solutions</p> <p>Our plans for 111, 999 and ambulance care set out in sections 1.3, 4.1, 4.2 and 4.3 set out the need to change the way in which we deliver services in the future. Whilst this won't mitigate the issues that create pressure across the wider system they will offer our staff and volunteers more opportunities to care for people at home or close to home, either in person or remotely.</p> <p>Our People and Culture Plan in section 5.2 includes the implementation of a refreshed</p>

- Flexible options for work life balance
- Digital experience and literacy are still issues for a lot of staff, and they highlighted the importance of training in the tools they are given

Health and Wellbeing Plan. The wellbeing of our people is a priority for us. Alongside this the plan also includes the continuation of the managing attendance programme which seeks to support people back into the workplace, regular 'check ins' and compassionate conversations training which aim to develop a more supportive inclusive environment which keeps people safe and well.

We have maintained our three commitments from last year across our plan which are:

- To develop **flexible working** across the organisation (see section 5.2)
- To reduce **shift overruns** (see section 4.2 and 5.2)
- To improve people's **digital experience** (see section 7)

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



The Wellbeing of Future Generations (Wales) Act (WBFGA) underpins the Programme for Government, and '**A Healthier Wales**' remains the long-term strategy for the health and social care system. The Minister for Health and Social Care set out her priorities in the 2024-27 Planning Framework which this plan will need to meet.

- Enhanced Care in the Community
- Primary and Community Care
- Urgent and Emergency Care
- Planned Care and Cancer
- Mental Health, including CAMHS

The **Six Goals** programme has been established at a national and local level to support improvement in the urgent and emergency care system. The Trust has a role to play across all the goals as visualised here. A complete review of our contribution to the six goals and how this can translate to improved outcomes and performance can be found in appendix 1.

Six Goals for Urgent and Emergency Care Right care, right place, first time



We will continue prepare early in 2024/25 for WAST to be a named organisation under the Well-Being of Future Generations Act, ensuring that our policies, strategies and plans are consistent with the Wellbeing Goals and the Five Ways of Working. **Wellbeing Objectives** will be developed around which our next IMTP will be framed.

A further key driver for us in 2024/25 will be the **Social Partnership and Public Procurement (Wales) Act 2023** coming into force. The Act 'provides a framework to promote the well-being of the people of Wales by enhancing sustainable development (including by improving public services) through social partnership working, promoting fair work and socially responsible procurement' (Source: [Law.gov.wales](https://law.gov.wales))

As a national organisation in Wales, we have also continued to focus on our commitment to the Welsh Language (Wales) Measure 2011 and compliance with the Welsh Language Standards, making a huge step forward in employing internal Welsh translation to support our operational and corporate teams.

Our plan takes account of many other legislative, policy, strategic and financial drivers, including (not exhaustive):

- Duty of Quality
- Duty of Candour
- Socio-Economic Duty ([Link](#))
- Equality legislation and the Strategic Equality Plan ([Link](#))
- The Race Equality Plan for Wales ([Link](#))
- More than Just Words Action Plan ([Link](#))
- LGBTQ+ Action Plan for Wales

Table 3: WAST response to the 6 goals – reference [Right care, right place, first time: Six Goals for Urgent and Emergency Care - A policy handbook 2021-2026 \(gov.wales\)](#)

Goal	Relevant Quality Statements	What we will do to respond...	Measurable benefits
<p>Goal 1: Co-ordination, planning and support for populations at greater risk of needing urgent or emergency care.</p> <ul style="list-style-type: none"> To help prevent future urgent or emergency care presentations, populations at greater risk of needing to access them should expect to receive proactive support through enhanced planning and coordination of their health and social care needs. This should support better outcomes, experience and value. 	<ul style="list-style-type: none"> People with a progressive life-shortening illness have the offer of agreeing an advance care plan through close collaboration between the person, their families and carers; and the professionals involved in their care to enable them to die in the place of their choice. Residents of care homes and people known to be at greater risk of falling, are offered proactive support through home safety checks, home adaptations and advice on adoption of healthy behaviours appropriate to their needs. People with frailty syndromes, including those with dementia, are proactively identified by health and social care teams to ensure they receive care by a team of professionals competent to assess and manage individual needs at, or closer to, home. 	<ul style="list-style-type: none"> WAST has palliative care paramedics operating in certain areas in Wales. There is an opportunity to scale up these roles in all Health Board areas and we will discuss this with Health Boards through our Integrated Commissioning Action Plan (ICAP) meetings and through our work to develop pathways for our clinicians. See sections 4.1 and 4.2 Our falls teams across Wales are actively involved with Care Homes and we continue to seek to review the model of care for fallers at home at levels 1 and 2 across Wales. We will discuss this with Health Boards through our Integrated Commissioning Action Plan (ICAP) and through the development of our future service model. See sections 1.3 & 4.2 Our Older People Framework identifies how we can best support this element of goal 1. As part of our offer under goal 3 we are also piloting our 'ambulance in a box' concept with care homes in Aneurin Bevan & Betsi Cadwalader. This will enable WAST to remotely monitor patients at home, making the right clinical decision for their needs. See section 4.2 In support of our role in Goal 1, we are working closely with DHCW and Health Boards to implement the National Data Resource and working on data linkage to ensure accurate and up to date information is held on patients to 	<ul style="list-style-type: none"> Reduction in conveyance from deployment of specific resource: e.g. end of life; mental health; Falls. Efficient and improved data sharing and transfer

Goal	Relevant Quality Statements	What we will do to respond...	Measurable benefits
		<p>allow the best decision making by our staff, primary care and Health Boards.</p> <p>See section 7</p>	
<p>Goal 2: Signposting people with urgent care needs to the right place, first time.</p> <ul style="list-style-type: none"> When people need to access urgent care they can access a 24/7 urgent care service, accessible via NHS 111 Wales, providing advice online or over the telephone and where necessary are signposted or referred to the right community or hospital-based service, first time. 	<ul style="list-style-type: none"> People who require urgent care are supported to understand the value of seeking advice through the NHS 111 Wales online platform or telephony service, receiving a highly responsive service that delivers care as close to home as possible, minimising disruption and inconvenience. Those who have an urgent health and wellbeing issue that may result in significant or permanent harm if not assessed or treated within the next eight hours, are supported to achieve optimal experience and outcome through urgent primary care services. This will include: <ul style="list-style-type: none"> an initial phone consultation through 111 signposting to a same day or out-of-hours primary care appointment; or pharmacy, dental or optometry advice direct connection to mental health advice signposting / referral to an urgent primary care centre; and/or signposting / scheduling to an arrival time slot at a 	<ul style="list-style-type: none"> NHS 111 Wales is a key component of goal 2 and we have a comprehensive plan to meet the priorities set out in the handbook alongside the Six Goals Programme team and commissioners. Our plans include: <ul style="list-style-type: none"> Improving the website (with a business case for funding) and creating a 'digital first' vision for 111 Improvement in website symptom checkers Focus on 111 dental and palliative care pathways Pilot direct booking to UPCCs Increase multi-disciplinary working - pharmacy, respiratory, neonatal specialisms Improvements to further enable the 111 Press 2 line for Mental Health A re-roster to ensure capacity to manage calls more efficiently and to within target A new CAS system which is essential for the running of 111 with the opportunity for interoperability with 999 so that patients receive seamless services <p>See section 4.1</p>	<ul style="list-style-type: none"> No. of website hits Total numbers of callers (increase) Numbers and proportions of callers into each pathway Clinical call back times for 111 – meet targets set Consistently timely – less than 5% abandonment Improved patient reported satisfaction Increased proportion of consultations closed with no further follow up needed Increased proportion of next steps seamlessly booked.

Goal	Relevant Quality Statements	What we will do to respond...	Measurable benefits
	<p>minor injuries unit or Emergency Department</p> <ul style="list-style-type: none"> Health and care staff have access to a 'directory of services' (DOS) holding comprehensive, accurate and contemporaneous information to signpost or refer people to the right place, first time based on their individual need. 	<ul style="list-style-type: none"> The DOS is now business as usual for the Trust but our digital vision will include how we can better utilise information through the DOS to signpost people to the right part of the system 	
<p>Goal 3: Clinically safe alternatives to admission to hospital.</p> <ul style="list-style-type: none"> People with urgent or emergency care needs can access appropriate and safe care close to home, and with as much continuity of care, as possible. Admission for ongoing care to an acute hospital bed should only occur if clinically necessary. 	<ul style="list-style-type: none"> Community based nurses, allied health professionals and GPs should have timely access to GP and / or specialty advice and guidance to support safe decisions about a person's urgent or emergency care needs. This includes helping them to remain at home; receive timely follow-up care after accessing the ambulance service or accessing the right hospital setting, first time. People who have a clinical need for a hospital-based urgent or emergency face-to-face assessment, diagnostics and/or treatment are always considered for management on an (ambulatory) same day emergency care (SDEC) pathway. 	<p>Our IMTP includes the following:</p> <ul style="list-style-type: none"> Development of the remote clinical assessment speciality Developing a fully remote working clinician offer (operations / training / digital) Delivering the next stage of Connected Support Cymru which enables remote monitoring of patients in their own homes by CSD clinicians supported on scene by volunteer Community Welfare Responders Developing Pre-Dispatch Outcome Risk Stratification Tools linking CAD & ePCR data which mean the right response is sent which may not be a conveying resource Roll out of new integrated (111/clinical support desk) care model Extend use of video/ phone consultation 24/7 on-scene, clinical assessment, treatment, and referral service which includes APPs, falls & mental health services (cross ref Goal 1) Access to alternative pathways including SDEC referral pathways (for 	<ul style="list-style-type: none"> Increased numbers of patients safely managed at home or in the community Conveyance rates - reduce Proportion of incidents attended by APPs / other advanced or specialist practitioners - increase Numbers and proportions of callers into each pathway Increase in activity from on scene to SDEC

Goal	Relevant Quality Statements	What we will do to respond...	Measurable benefits
		<p>which we are reliant on the updated criteria and availability of SDEC spaces</p> <p>See section 4.2</p>	
<p>Goal 4: Rapid response in physical or mental health crisis.</p> <ul style="list-style-type: none"> The fastest and best response provided for people who are in imminent danger of loss of life; are seriously ill or injured; or in mental health crisis. 	<ul style="list-style-type: none"> People with mental health and emotional distress will receive a coordinated response from services across the urgent and emergency care pathway. This should seamlessly link: <ul style="list-style-type: none"> in-hours and out-of-hours primary care emergency ambulance services Emergency Departments Police mental health liaison NHS crisis services; and Crisis cafes and sanctuaries. People dialling 999 with non-time critical presentations are referred to alternative community, mental health single points of access or direct access hospital pathways, or safely discharged over the telephone following a secondary clinical assessment. People who have dialled 999 for an emergency ambulance and are in imminent danger of loss of life or limb, have a time sensitive injury or illness or require palliative care receive the fastest and best type of response commensurate with their clinical need. They are transported/referred to the best 	<p>Our IMTP includes the following:</p> <ul style="list-style-type: none"> Recurrently funding the additional 100 WTEs to ensure stability in our ability to maintain high UHP Evaluation of the pilot Mental Health Response Vehicle in Aneurin Bevan and exploration of expanding this to the rest of Wales in line with other UK ambulance services Ensuring mental health capacity to manage patients following Right Care Right Person Full roll out of CHARU with improved utilisation to respond to the most serious incidents Addressing capacity in rural areas Building capacity through sickness absence reduction through our managing attendance programme, flexible working workstream and refreshed health and wellbeing plan <p>See sections 4.2 and 5.2</p> <p>There is also cross over with work in Goals 1,2 and 3 – our plans seek to protect emergency ambulance resources to provide capacity to the most life threatening incidents</p> <p>Whilst handover can be seen as out of WAST control we will continue to work with health boards to improve handover lost hours and reduce delays. We will also ensure that the quality of care those</p>	<ul style="list-style-type: none"> Achieve 65% red target. Reduce unmet demand by half. Increase ROSC rates to between 24-30% Reduced sickness absence (target in IMTP to 6%)

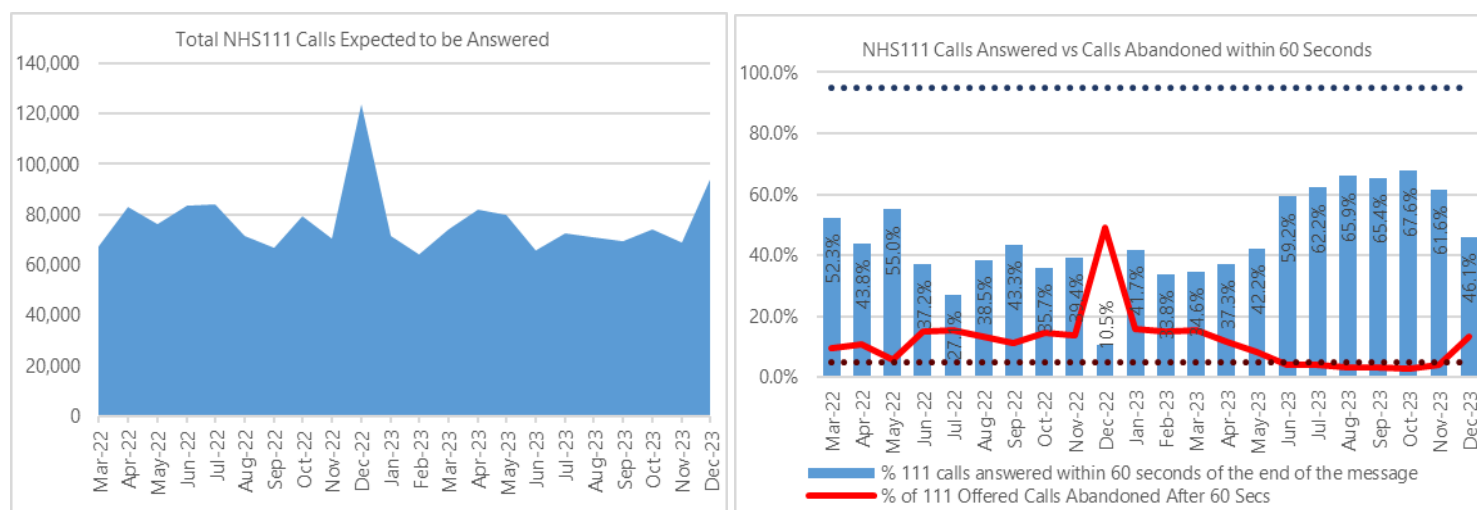
Goal	Relevant Quality Statements	What we will do to respond...	Measurable benefits
	<p>direct access pathway based on clinical need, as quickly as possible.</p> <ul style="list-style-type: none"> Those arriving by ambulance at a hospital facility should be transferred safely from ambulance clinicians to the care of hospital clinicians in order of clinical priority and always in a timely manner (an hour at most) Ambulance clinicians will develop necessary end of life assessment and support skills to deal with difficult conversations, administer appropriate medications and support family/carer concerns. 	<p>patients waiting outside hospitals is of a high standard.</p>	
<p>Goal 5: Optimal hospital care and discharge practice from the point of admission</p> <ul style="list-style-type: none"> Optimal hospital based care is provided for people who need short term, or ongoing, assessment or treatment for as long as it adds benefit to outcome, with a relentless focus on good discharge practice <p>Goal 6: Home first approach and reduce the risk of readmission</p> <p>People will return home following a hospital stay – or to their local community with additional support if required – at the earliest and safest opportunity to improve their outcomes and experience, and to avoid deconditioning.</p>	<ul style="list-style-type: none"> People who are eligible for discharge through Non-Emergency Patient Transport Services (NEPTS) will receive safe, timely and comfortable transport to and from their destination, without detriment to their health. They are treated with dignity and have their religious and cultural beliefs respected. Where people are at a hospital ward or department, the Health Board will ensure they are ready to leave at the time they notify the transport provider of readiness to travel. People who require additional support on discharge should be transferred from hospital onto the appropriate 'discharge to recover then assess pathway' (usually back to their normal place of residence) 	<ul style="list-style-type: none"> Our IMTP sets out the plan to develop an all Wales transfer and discharge model. We have modelled the requirement based on time related KPIs and utilisation. The next steps for us are to engage on what the modelling has told us and develop options with health boards going forward. <p>See section 4.3</p> <ul style="list-style-type: none"> Our fleet will be modern and take account of the needs and comfort of patients. <p>See section 4.3 & 6</p>	<ul style="list-style-type: none"> KPIs for transfer and discharge being reviewed as part of the transfer and discharge project in WAST

Goal	Relevant Quality Statements	What we will do to respond...	Measurable benefits
	<p>within 48 hours of the treatment of their acute problem being completed.</p> <ul style="list-style-type: none"> • All patients on mental health or learning disability wards with admissions longer than 90 days must have a clear discharge plan in place. All patients cared for in specialist services outside of NHS Wales will have a repatriation plan in place. 		

Our Operating and Financial Context

The Trust monitors quality and performance in an integrated way, looking at four domains based on the Quadruple Aim: our patients, our people, value, and system contribution. We have an agreed Quality and Performance Management Framework. At Board level, we monitor 31 key metrics which are designed to show progress against our strategy and plan.

Our Patients



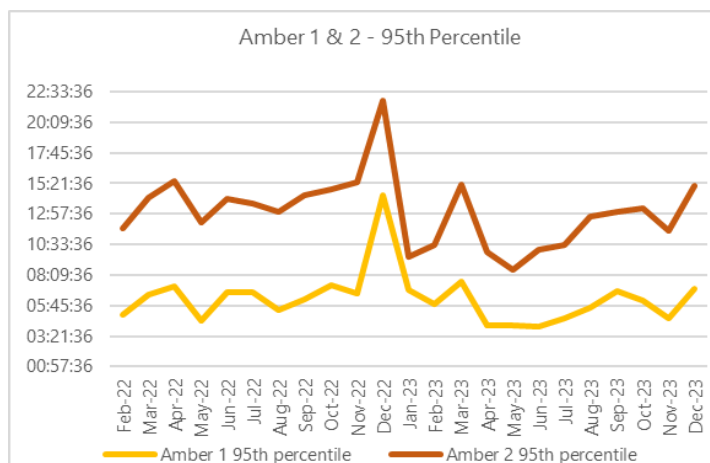
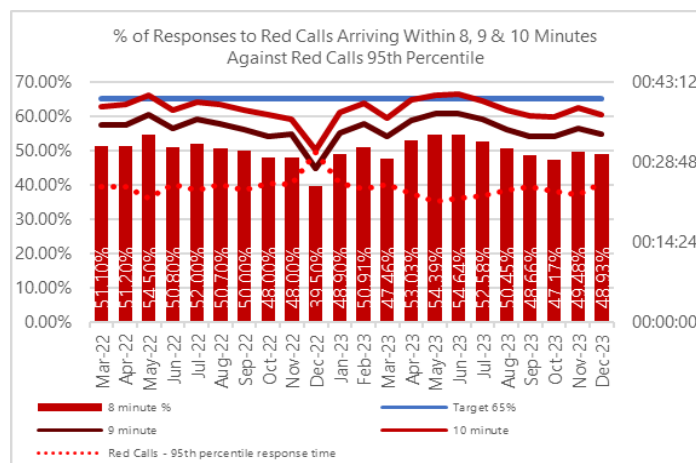
NHS 111 Wales has struggled to achieve its response time target of calls being answered within 60 seconds (95%), although the second half of 2023 saw improvements in this metric, with answer rates in October 2023 achieving 68%. Abandonment rates also improved throughout the year, with the number of calls being abandoned consistently remaining below the 5% target between June and November 2023. December 2023 saw high levels of demand, linked to seasonality, which consequently had a negative effect on call answering performance. However, due to increased call handler hours being produced during December, coupled with other improvements in process, the significant rise in call numbers did not have the same impact on performance as experienced during previous months of unprecedented demand.

Similarly, clinical call times have shown sustained improvement during 2023, with P1CT, P2CT and P3CT prioritised calls all achieving the 90% target between July and October 2023, something that was not seen throughout the whole of 2022.

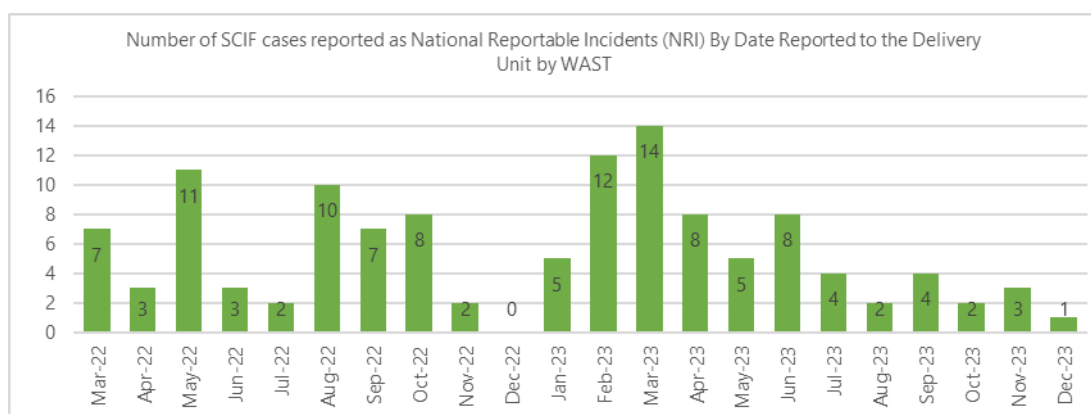
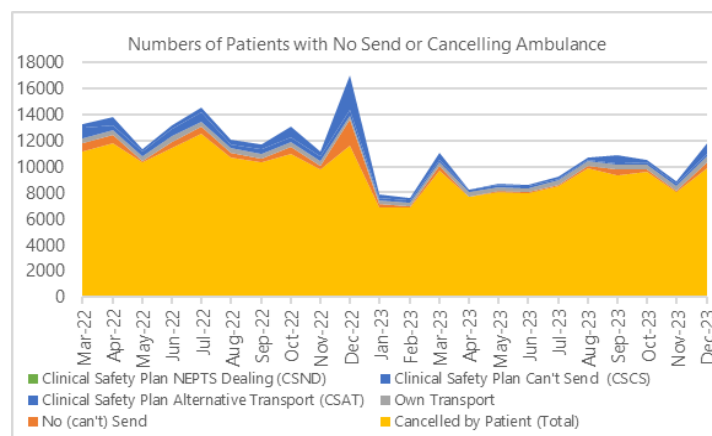
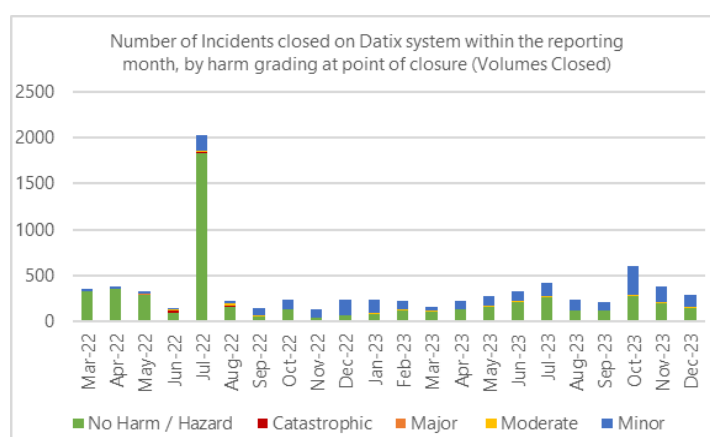
Whilst the NHS 111 Wales service is now more resilient, the increased demand in December 2023 has continued into 2024, with demand in February 2024 (leap year) being 17% higher than demand in December 2023 (it was also higher in January year on year). The Trust and commissioners will need the level of demand under review and what this means for performance delivery.

The **Emergency Medical Service (EMS)** has continued to be under pressure during 2023/24 with Red 8-minute response performance averaging 51.1%. Although a slight improvement on the 49.3% achieved during 2022/23, it remains significantly below the 65% target. However, as Red demand has increased year-on-year, the actual number of Red incidents being responded to within 8-minutes has increased; averaging 2,187 hits per month in 2023/24 compared to 1,966 in 2022/23. Whilst Red performance is the headline metric, the majority of patient safety incidents occur within the Amber 1 category. The Amber 1 median (year to date) is 1 hour and 16 minutes and the Amber

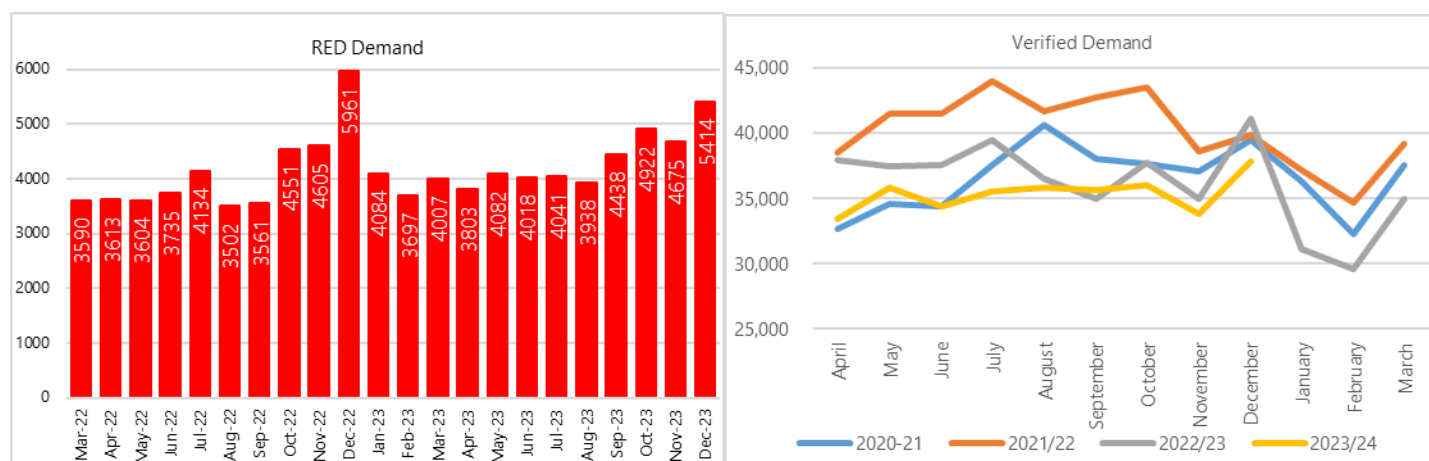
1 95th percentile 6 hours and 55 minutes. This is an improvement on the respective figures of 1 hour 39 minutes and 8 hours 42 minutes reported in 2022/23. The Amber 1 median ideal is 18 minutes, with the interim performance parameter being 30 minutes. The Trust would expect the Amber 1 95th percentile to be under one hour.



The protracted waiting times are causing high levels of avoidable harm in our communities and patient cancellations, for example in December 2023 9,900 ambulances were cancelled by patients.

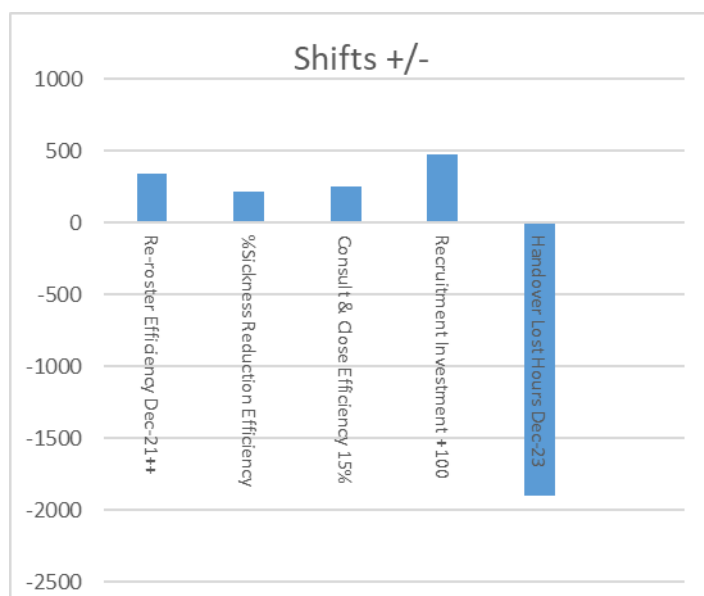


EMS demand has remained stable, and below 2019/20 (pre-pandemic) levels, during 2023/24, although the acuity has changed, with Red demand showing an increasing trend and accounting for 12.4% of total demand (year to date) compared to 11.3% during 2022/23. Red demand accounted for 6% of overall demand in the 2019/20 EMS Demand & Capacity Review.

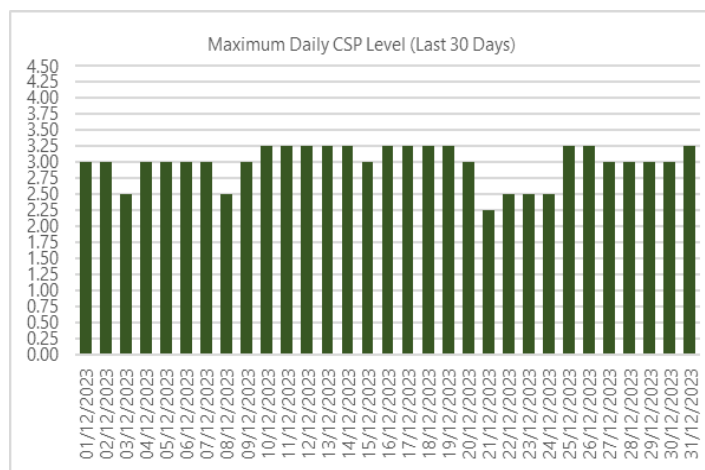


The fundamental issue for EMS is lost capacity, in particular, hospital handover lost hours which, although reducing, remain extreme. During 2022/23 an average of 24,970 hours were lost due to hospital handovers each month, with this peaking at 32,098 hours in December 2022. Although this reduced to 20,679 hours per month during 2023/24, the time lost remains excessive and means that without these lost hours the Trust could have responded to an average of 7,283 more patients each month.

The Trust has a range of efficiencies and investment actions, but these are not sufficient to offset this scale of extreme loss from handover delays. In line with its plan for EMS and performance trajectories set out in the 2022- 2025 IMTP, the Trust has successfully completed the pan-Wales Response roster review, reduced sickness absence (albeit it has risen recently again), has improved consult & close to almost 15% and has delivered +100 FTE additional frontline EMS staff.



The Trust also has in place comprehensive tactical seasonal planning arrangements (forecasting,

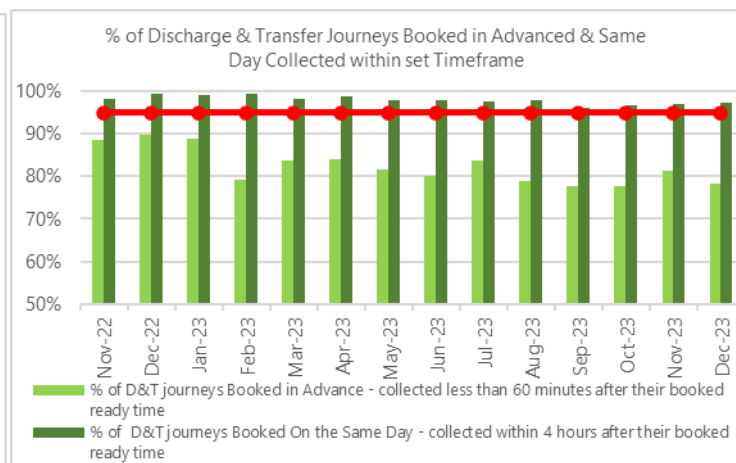
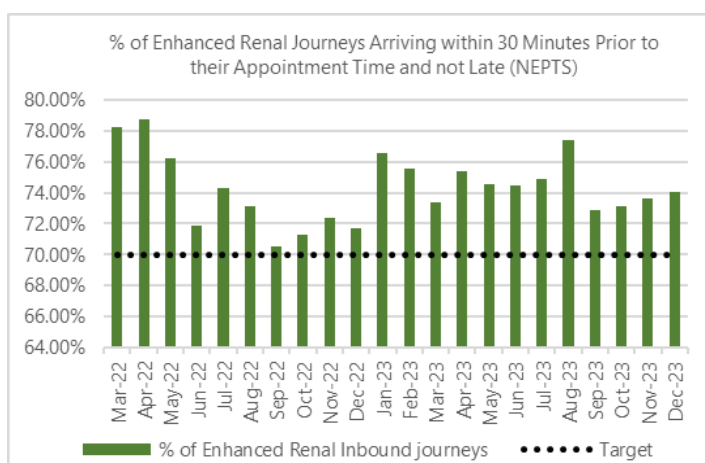


modelling and robust plans) and operates its Clinical Safety Plan, at increasing high levels (3b is the third highest level). This can be seen in the maximum daily CSP levels for December 2023 in the adjacent chart.

The Trust will shortly be completing its Q1, 2024/25 seasonal modelling. Although overall demand has remained relatively stable, there has been a reduction in the number of handover lost hours seen in the latter half of 2023, when compared to the previous year, along with

some improved performance within the Amber categories, which may indicate a more positive picture for 2024/25, but this improvement would need to be sustained throughout Q4.

The Non-Emergency Patient Transport Service (**NEPTS**) service is broadly stable and has made good progress via the Ambulance Care Transformation Programme.



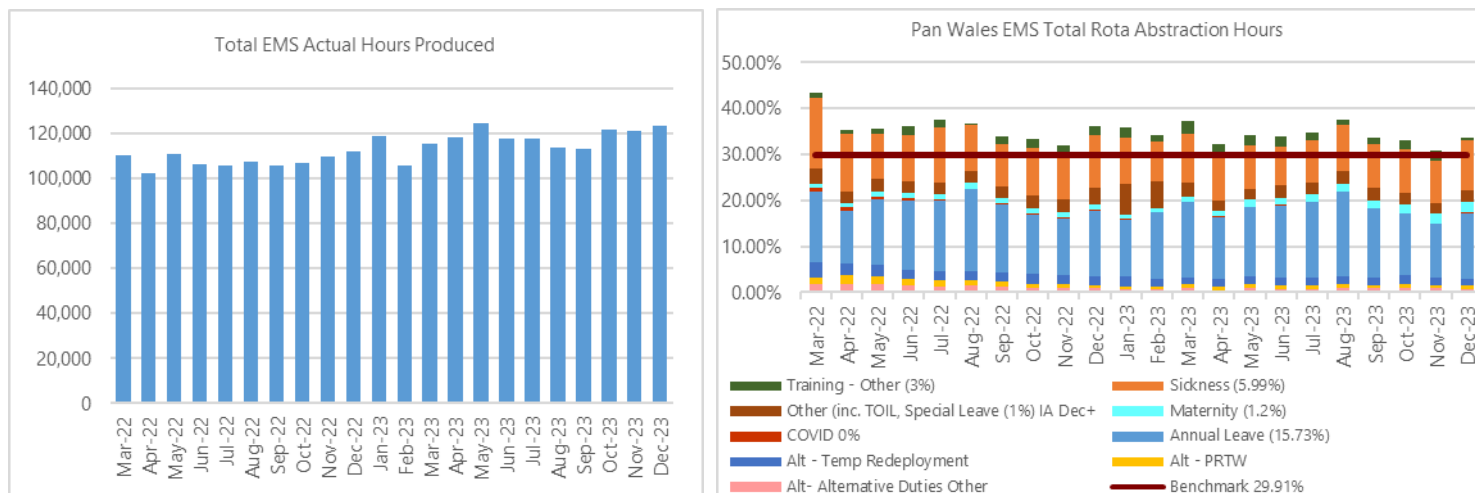
Last year oncology performance was recognised as underperforming, and with agreement between the CASC and the Trust, revised performance parameters were introduced in April 2024. Local management teams are working closely with Health Board colleagues to develop local actions in response to the current underperforming level of Oncology performance. This should address the lack of cohesive planning that includes transport as we have in Renal services.

The NEPTS Demand & Capacity Review identified two major efficiencies for NEPTS: aligning clinic patient ready times with ambulance availability (complete) and re-rostering the NET Centre. Although lack of funding for additional FTEs has generated a pause, work had commenced to align resources and shift patterns. As part of the 2024/25 deliverables, the national NEPTS roster review has been un-paused and will now proceed. Changes are also being developed in North Wales to deliver the commitment on the renal 6-day service.

The Minimum Data Set (MDS) at appendix 2 sets out the expected activity and performance trajectories for 2023/24 aligned to the commissioning intentions set out in the EASC IMTP.

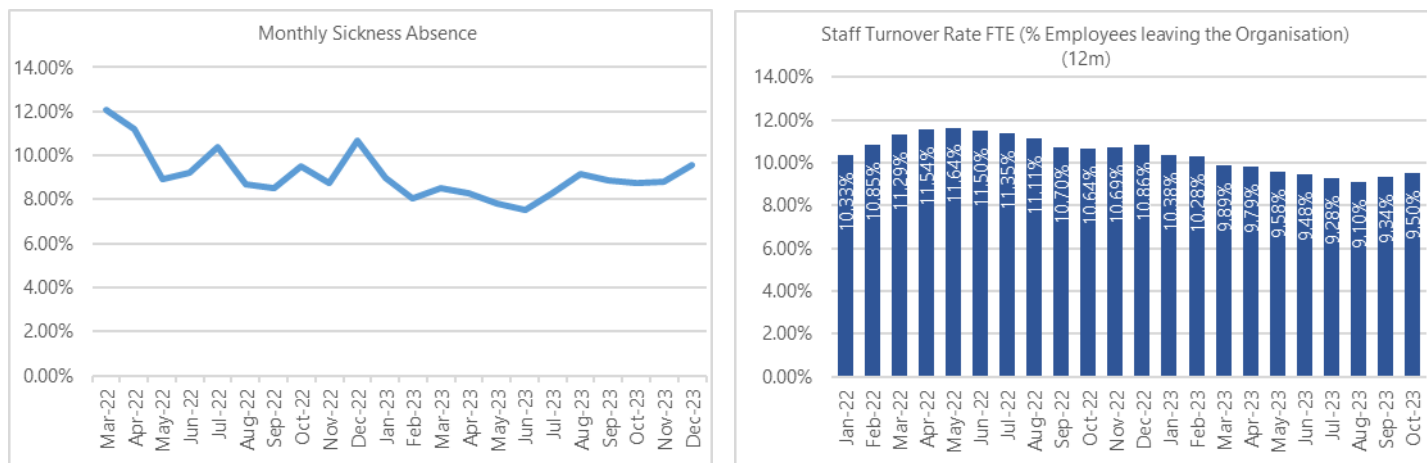
Our People

In relation to our workforce, the key indicators are reviewed at Board, which relate to whether we have the right workforce capacity in place to meet demand, how we are keeping staff safe and well, and how they are being developed.



The numbers of EMS hours produced has seen a steady increase throughout the year. This helped UHP achieve 97.6% in December 2023, above the 95% benchmark, which it has been for several months during 2023. However, a key factor in our ability to ensure capacity continues to meet demand is the impact of abstractions. There have been significant pressures over the past few years, linked to COVID, the cost-of-living crisis and wider system changes, which have all impacted on staff well-being. This has seen EMS abstraction rates remain above the 30% benchmark figure, set out in the 2019 Demand and Capacity review, throughout the whole of the year, with an average monthly abstraction rate of 34.1%. Although still above the target, it is an improvement on the 40.7% figure seen during 2022/23. However, this picture is improved when looking at 111 and Ambulance Care which both recorded average annual figures of 30.1% and 27.3% respectively.

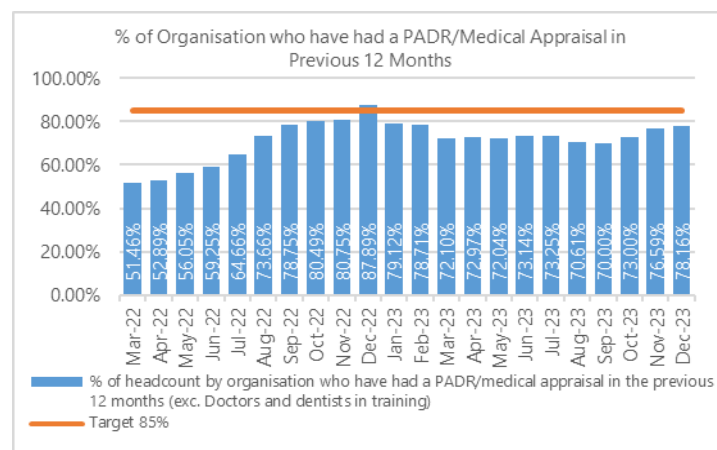
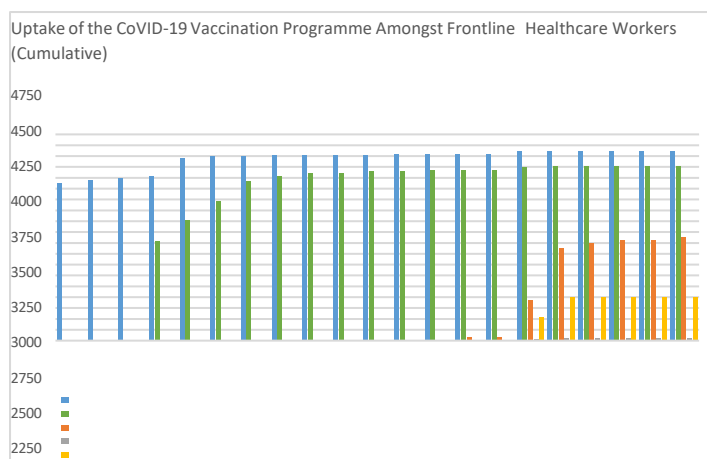
Sickness absence continues to be a main contributor to overall abstraction rates with an organisational average monthly sickness rate of 8.43% during the year, remaining above the 8% IMTP 22/23 target rate. These rates are higher amongst EMS staff (9.63%) and within the CCC (10.02%). To support the workforce there has been an ongoing focus on wellbeing activities across all areas of the Trust, including those in frontline and support roles and this has seen a general declining trend in sickness levels over the past 2-years. The ambition is to achieve the 6% IMTP target rate by year end.



Staff attrition rates have generally decreased throughout the year, falling to a 2-year low of 9.1% in October 2023. Following on from the findings of the staff survey undertaken across the Trust in November 2020 several improvements have been implemented, including management development programs and robust well-being offers, so colleagues know where to get support.

Other indicators of how the Trust is keeping its staff safe and well include vaccination rates. As of February 2023, 94% of staff had received a first dose COVID-19 vaccination, 94% had received a second dose and 35% have received the SPIKEVAX booster vaccination. 44.3% of staff have also received a flu vaccination which is higher than the uptake seen in both the previous years.

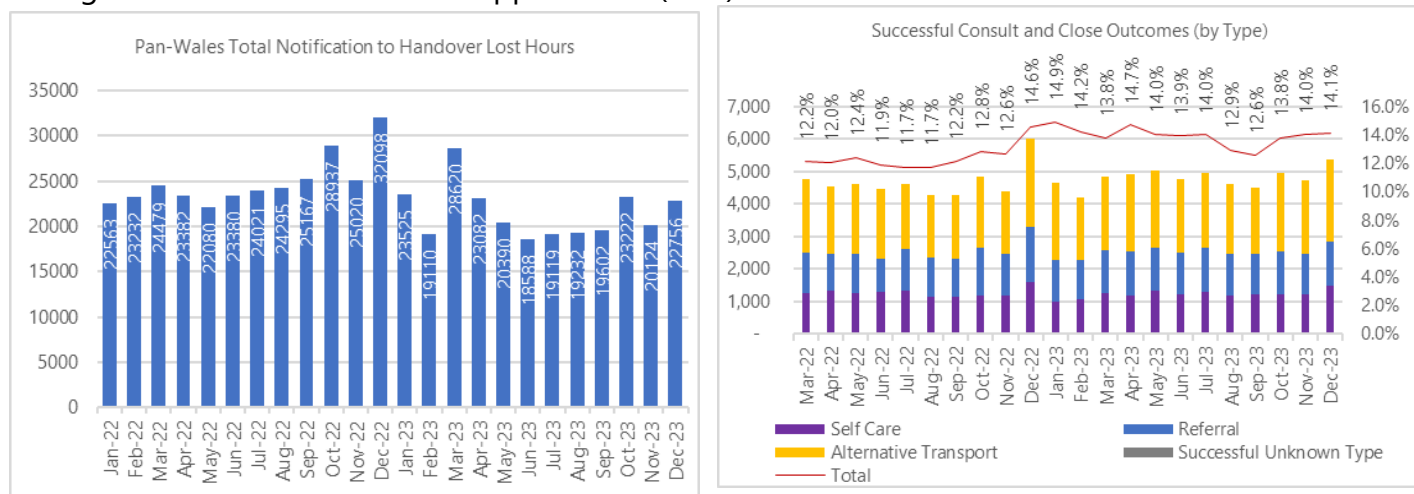
In terms of staff development, the Trust reviews levels of Personal Appraisal and Development reviews (PADR) as the best way of representing development at a high level. However, from a 2-year high figure of 87.9%, seen in December 2022, rates declined during 2023, falling to just 70% in September 2023 which is significantly below the 85% target. An organisational push to increase these levels has seen rates rise once again to 78.2% in December 2023.



System contribution

The Trust aims to consider both its impact on the wider system, but also the wider system's impact on the organisation. Handover lost hours reached unprecedented levels during the latter half of 2022 and although they have reduced throughout 2023, they still remain extremely high, with the figure for December 2023 being 22,756 lost hours. This equated to 257,370 hours being lost during 2023 which can have catastrophic outcomes for patients and reduce front line staff job satisfaction. The Trust is aware that Health Boards have introduced urgent and emergency care escalation frameworks, and that the Welsh Government and the Minister are focused on this being tackled as a matter of priority. This in turn appears to have had a positive impact within some Health Board areas during 2023, with Cardiff & Vale in particular seeing handover rates diminish dramatically over the course of the year. However, given the scale of the challenge and its links to wider system pressures coupled with a gradual increase in demand throughout the year, the Trust is planning on the basis that these levels will remain relatively high for the immediate future.

In order to help tackle increased demand and additional pressures the Trust is committed to transforming and improving its services to become more sustainable and efficient and to reduce the reliance on emergency departments as the default location for definitive urgent and emergency care. One of the areas where we already support the system in reducing demand is in consult and close through the work of the Clinical Support Desk (CSD) and NHS111.



After achieving an annual high figure of 14.9% in January 2023, the Consult & Close service experienced a general decline in percentage rates, falling to 12.6% in September 2023. However, December 2023 recorded a figure of 14.1% during a month when demand spiked to over 5,000 calls for the first time during the year. It is expected that performance will continue to improve during 2024 with the aim to achieve the 17% target.

Looking to convey a patient to an alternative provider, other than an Emergency Department, and treating more patients at the scene can also help to alleviate pressure on EDs and reduce lost handover hours. Both of these options have seen a small increase over the past year, with December 2023 seeing 1,812 patients referred to alternative providers and 2,277 patients being treated at the scene, compared to 1,806 being conveyed to an alternative provider and 1,942 patients being treated at the scene in June 2023.

Financial

We have had a good track record of planning for and subsequently delivering financial balance for several years.

Following a sustained pandemic response and with the impact of inflation and the costs of living as they relate to WAST, the financial outlook for 2024/25 and beyond is still challenging with a range of unavoidable costs in our plan and with a requirement to make at least 2% savings. We have been working with EASC, WG and the Finance Delivery Unit (FDU) to develop our financial plan for 2024/25 and horizon scanning across the full three years of this plan.

Whilst we have been able to address some of the income requirements in the plan (set out in the financial plan in section 11 there will be challenges and cost pressures that we have also had to plan for. This had led us to develop a plan which has a strong focus on value and financial sustainability as well as the impact on our people, whilst maintaining our ambitions to improve the quality of service we provide to our patients. The Financial Sustainability Programme is a key programme of

work in this plan and will drive transformation to achieve efficiencies as well as exploring opportunities for income generation alongside our existing commissioning arrangements.

What do our commissioners say?

111, EMS and NEPTS

The 111 Commissioning Framework went live in May 2023. The Trust has received positive feedback from 111 Commissioners on its collaboration and engagement with these new arrangements, including putting in place robust quality, performance, workforce and financial reporting and most importantly the significant strides the Trust had made on improving service stability during 2023/24

For 2024/25 111 Commissioners have identified a continued focus on quality and performance, an “immediate focus” on the 111CAS replacement, support for a review of the 111 digital platform, a desire to resurrect the roster review (including demand & capacity pre-work and clarification of the performance parameters that the Trust is being held to account on). There are different views between the Trust and 111 commissioners on: the cost & recover model versus a resource envelope; the Trust’s ambition to increase its 111 offer to the system and the potential for integration between 111 and CSD; however, there is on-going dialogue in this space

The Emergency Ambulance Services Committee (EASC) sets commissioning intentions for EMS and NEPTS. This process has been running for much longer than 111. The commissioning intentions are not intended to set out all activity that will be undertaken this year by commissioners or the Trust, but provide a clear indication of the key strategic priorities of the Committee for the Trust in 2024/25.

For EMS the 2024/25 intentions include new aspects, including a strategic workforce plan for EMS, recruitment and retention into more challenging areas e.g. rural and collaborative, Duty of Candour around call to door STEMI and stroke times; and commissioning of ambulance transfer services that respond to the needs of health boards and clinical networks. The CASC has indicated continued support for inverting the triangle/offer to the system, whilst striking a balance between core and transformation. Dialogue indicates that there may be opportunities to expand the offer in 2024/05. Mental health is an area of focus, with a particular concern about the Police plans to stop responding to mental health incidents. A focus on key enablers: implicitly digital, for example the wearables being piloted in the Connecting Support Cymru initiative, workforce planning and value remain key. The Trust will underpin these developments with the outputs from the independent and collaborative strategic EMS demand & capacity review, which will become available towards the end of Q4 2023/24.

The Trust has supported the Integrated Commissioning Action Plans (ICAPs) process through 2023/24, but ICAPs are currently paused as the new commissioning arrangements start to go live from 01 April 2024. This will see the merging of 111 commissioning, EMS/NETPS commissioning and specialist services commissioning all move into one new Joint Commissioning Committee (JCC).

The NEPTS intentions are essentially unchanged, reflecting service stability and a wider collaborative piece of work being undertaken led by commissioners on the long term strategy for

NEPTS; however, there are a range of significant developments planned for Ambulance Care (NEPTS and UCS) in 2024/25 including: re-roster NEPTS transport, tightening the Ambulance Care scope of practice and improvements to the NEPTS CAD.

Finally, as mentioned above, the current commissioning arrangements will end on 31 March 2023, with the creation of the new Joint Commissioning Committee starting on 01 April 2024. There will be a period of transition in the first half of 2024/25, but in the medium term these new arrangements are expected to bring further opportunities for the Trust to integrate the three patient pathways that WAST is accountable for.

WAST response to commissioning intentions

Commissioned Service	Summary of Priorities	Metrics	Response in this IMTP
111	<ul style="list-style-type: none"> Continue to review "what good looks like". Continue to review workforce skill mix and rations of call handlers to clinicians. Identify opportunities for enhanced clinical practice. Support the Six Goals Programme e.g. urgent dental, palliative care etc. Collaborate on national reviews e.g. a "rapprochement" Complete the 111 CAS replacement and start to realise benefits from it. Undertake a review of the 111 digital platform. Review calls, dispositions and outcomes, including self care, number of touchpoints, flows into UPCC, GMS etc. Keep under review effectiveness of IVR messaging. Keep under review demand and the capacity (including productivity). Ensure 111 is reflected in WAST's strategic workforce plan. Ensure good workforce planning arrangements. Undertake a workforce training review. Undertake a roster review. Continue to develop a staff education matrix to ensure it aligned with agreed service model, in particular, the new 111 CAS. Reduce sickness absence. 	<p>WAST produces a monthly report to the 111 DAG and a bi-monthly WAST 111 Provide Report to the Interim 111 Board, which detail the key metrics that WAST is focused on. These include:-</p> <p><u>Our Patients</u></p> <ul style="list-style-type: none"> <5% call abandonment rate. 95% calls answering within 60 seconds. 90% of P1 patients to start their definitive clinical assessment within one hours of the end of the first contact. 90% of P2 patients to start their definitive clinical assessment within two hours of the end of the first contact. 90% of P3 patients to start their definitive clinical assessment within four hours of the end of the first contact). National Reportable Incidents. Datix as a % of total call volume. Themes and trends from quality metrics. <p><u>Our People</u></p> <ul style="list-style-type: none"> Staff in post v commissioned establishment for call handlers and clinicians. Abstractions (benchmark 30.7%). Sickness absence (IMTP ambition 5.99%). Clinical Advice Line usage rate by call handlers (lowest benchmark 20%. Shift fill compared to predicted demand Developing advanced practice within 111 <p><u>System Contribution</u></p> <ul style="list-style-type: none"> Calls stopped at source i.e. by WAST. Calls referred to alternative pathway. Calls referred to 999/ED (18% the 2023 average) <p><u>Financial</u></p> <ul style="list-style-type: none"> Maintaining the core staff in post (call handlers and clinicians) inside the core commissioning control total of 190 FTEs and 101 FTEs. 	<p>WAST responded to the draft 111 commissioning intentions, which were signed off at 111 Board in Jan-24. The Trust sees the commissioning intentions operating at three levels:-</p> <p><u>Transition</u></p> <ul style="list-style-type: none"> The 111 commissioners wanted the Trust to focus on "stability" in 2023/24. The 111 service is much more stable with the abandonment rate being achieved for six consecutive months. Clarity on the commissioning framework for 111 Also there is no agreed demand & capacity review, which identifies the level of capacity (including efficiencies) to deliver the WG targets. The Trust will be working to lower commissioned control totals for call handlers and clinicians in 2024/25, which will have some impact on performance. Subject to funding by commissioners the Trust wants the roster review (including demand & capacity element) to be undertaken 'Confident and Clinically Competent Workforce Programme' <p><u>Transformation</u></p> <ul style="list-style-type: none"> The immediate transformation focus in 2024/25 will be on the implementation of the new 111CAS and starting to realise the business case benefits. A related focus will be on ensuring the workforce plan supports this delivery. The Trust will also focus on completing a business case on options for the 111 digital platform and how it can add greater value. The Trust will continue to actively support the Six Goals Programme e.g. urgent dental etc. The Trust will continue to work with commissioners and DHCW on a set of 111 ASIs. The Trust will engage with the Duty of Quality through a work plan developed from its self-

			<p>assessment against the core requirements.</p> <ul style="list-style-type: none">• Developing advanced practice within 111• Expanding specialty input into a multi-disciplinary team in 111 e.g. pharmacists, respiratory and paediatric <p><u>Longer Term/Strategic</u></p> <ul style="list-style-type: none">• The recent review by Professor Mark Llewellyn identified very different views on the future service model for 111. The Trust thinks it can do a lot more to support the system in the 111/Integrated Care/digital & telephone space, and wants to actively engage in the recommended "rapprochement".
--	--	--	--

Emergency Medical Services	<p><u>Clinical Response Model</u></p> <ul style="list-style-type: none"> • Increase the proportion of activity resolved at Step 2. • Right response first time: optimising conveyance at step 3. • A remote clinical support infrastructure, including mental health. • An optimizing conveyance plan. • Quality & Performance metrics for remote clinical activity. • Clinical Support Desk Outcomes: quarterly reporting. <p><u>Availability</u></p> <ul style="list-style-type: none"> • Workforce: reducing sickness, increasing retention, recruiting into difficult areas to recruit e.g. rural, core v transformation and the Civil Contingencies Act. • Rosters: on-going review of resources aligned to patient demand. • Forecasting and Modelling: using forecasting and modelling to support work across the five steps and develop a formal Forecasting & Modelling Framework. • Strategic Workforce Plan: finalise one that reflects shared ambitions and is connected to the HEIW education commissioning process. • Workforce Measures: abstractions, work force planning predictions, utilisation rates, production etc. <p><u>Productivity</u></p> <ul style="list-style-type: none"> • Reducing Post Production Lost Hours. 	<ul style="list-style-type: none"> • 17% or more consult and close (WG target). • Clinically review and/or clinically assess all RED calls to ensure clinical appropriateness. • Red response ratio: 1:1 to 1:3. • Continued reduction in conveyance to ED (38% of verified demand in 23/24), but including unmet demand (patient cancellations and can't sends) being responded to. <ul style="list-style-type: none"> • Red performance: 65% of incidents responded to 8 minutes (60% health board) (WG target). • ROSC rate: continued improvement towards UK benchmarks. • Amber performance: median response to show 12 months improvement trend (WG target). • Amber Ideal response: improvement trend. • CHARU: full roll out of the 153 CHARU FTE requirement, including rural areas. • Commissioned UHP to be 95% for CHARU. • Three modelled scenarios for performance improvement, based on WAST improvements and different levels of handover (to be available in March/early April). • Trust Board approved Strategic Workforce Plan (and collaborative agreement with commissioners). • Abstractions and sickness absence: 30% and 5.99%. • Workforce: 95% staff in post v establishment % actual and predicted, with additional focus on rural stations. • Additionality: recruit additional FTEs to identified target number e.g. CSD staff (+23), APPs (+32). <ul style="list-style-type: none"> • Post Production Lost Hours to remain stable. 	<p>See section 4.2 of the IMTP – which includes:</p> <ul style="list-style-type: none"> • The new telephony system “Finesse” is considered key to further improving the consult & close rate. • Delivering the agreed actions from the NCCU CSD review will help improve performance. • Connecting Support Cymru offers a further ability to improve the consult & close rate. • 2024/25 additionality may further support the CSD with FTEs (+23) to undertake red review and clinical screening. <ul style="list-style-type: none"> • Fully staffing the CHARU roster lines (95% UHP against modelled requirement) will improve clinical outcomes and boost red performance. • Continued focus on efficiencies and productivity (core): managing attendance programme, abstractions reduction and APP/CHARU utilisation. • Responding to the Manchester Arena Inquiry recommendations (Civil Contingencies Act). • A serious and material reduction in Amber performance is dependent on handover levels. • 2023 strategic EMS Demand & Capacity Review will set out the modelled future FTE requirements and will feed into the Strategic Workforce Plan, which will connect to education commissioning. • The Trust is already acting on the 2023 EMS Demand & Capacity Review and will increase its CSD and APP workforce in 2024/25 in support of reducing ED conveyance. • Make the case for inverting the triangle (transformation) through a formal engagement process with stakeholders. Transformation is viewed as a necessity to cope with extreme handover delays. <ul style="list-style-type: none"> • The Trust continues to focus on its own
----------------------------	--	---	--

	<ul style="list-style-type: none"> • Handover: a health board responsibility, but the Trust to support reduction. • Workforce Modernisation: continue to improve practices including staff well-being. • Utilisation: continue to refine measurement of and optimal level. <p><u>Value</u></p> <ul style="list-style-type: none"> • Value-Based Health Care: including benchmarking, PLICS, PREMS and an overall organisational approach. <p><u>Harm & Outcomes</u></p> <ul style="list-style-type: none"> • Patient Harm: including early identification, review and sharing with wider system. • Compliance with the Duty of Quality and Duty of Candour. • Core Requirement Compliance • Clinical Indicator Plan and Audit Cycle • The Welsh Out of Hospital Cardiac Arrest Registry. • A unique patient identifier to support whole patient pathway data sets. <p><u>Wider Health System</u></p>	<ul style="list-style-type: none"> • Further reduction in shift overruns. • 0 ambulance patients waiting for handover more than an hour (WG target), this equates to 7,800 hours. Third of 3 modelled scenarios with other two being no handover reduction (25,000 hours) and no >4 hour waits. • CHARU utilisation 40%. EA utilisation to reduce (optimum level 57%). <ul style="list-style-type: none"> • Suite of benchmarking metrics. • Regular reporting of patient experience metrics from an increasing pool of surveyed patients. <ul style="list-style-type: none"> • Number of NRIs that remain open for more than 90 days (WG target): reduction trend or 0. • Reduction trend in patient cancellations and “can’t sends” (currently averaging 8,750 per month). • Reduction in estimated severe harm caused by long waits in the community and at hospital. • 75% of concerns that receive a response within 30 days (WG target). • Publication of Annual Quality Statement (progress against Act). • Duty of Candour metric (to be determined and aligned with WG approach). • Stroke and STEMI call to door times: reduction trend. • Improved clinical indicator bundle compliance. • Routine flow of cardiac data to registry. • Commencement of data linking and WAST patient contacts with other parts of the system. 	<p>efficiencies, but in 2024/25 the main focus will be utilisation of its assets (including a re-roster of the APP workforce) with PPLH expected to remain stable, but monitored.</p> <ul style="list-style-type: none"> • The results of the modelling on handover and WAST improvements will be available in early April 2024, shared with commissioners and WG and monitored through the year. • Benchmarks are notoriously difficult (apples and pears), so the Trust will focus on a report that provides lines of enquiry across inputs, efficiency and effectiveness. The Trust has a substantial range of metrics available, but does not collate them into one report. • The Trust will continue to report a patient harm mitigations report to Trust Board and key stakeholders. • The Putting Things Right Team has received investment and a new structure. • The Trust will continue to develop is quality management system and quality & performance management framework. • Improved call to door times require a fundamental reduction in handover lost hours. The Trust will continue to report call to door times as part of its response to the Duty of Candour. • The ePCR interface has received investment and been improved which should aid clinical indicator bundle compliance. • Cardiac data linking is currently being tested and is expected to go live in early 2024/25. • Health Informatics are aiming to complete data linking by Summer 2024, but in order to track WAST patients into the system, the Trust will need health boards to supply that data. • Further reductions in conveyance to EDs is a product of increased consult & close, expanded see & treat (Connecting Support Cymru, falls vehicles and APPs) and pathways, including
--	---	---	--

	<ul style="list-style-type: none"> • System Flow: optimizing conveyance and flow. • Transfer & Discharge: partnership approach to development of solutions. • Escalation Plans: aligned WAST and health board plans. • Ambulance Transfers: commissioning of a transfer services that are able to respond to the needs of health boards and clinical networks. • System Pressure Dashboard: WAST to collaborate on the provision of information in support of. 	<ul style="list-style-type: none"> • Continued reduction in conveyance to ED (38% of verified demand in 23/24), but including unmet demand (patient cancellations and can't sends) being responded to. • Transfer & discharge metrics for new services will depend on what is commissioned. • Reduction in high periods of escalation and higher levels of the clinical safety plan. • Provision of a dashboard that helps improve the management of the unscheduled care system (WAST can support, but is not the lead). 	<p>SDECs.</p> <ul style="list-style-type: none"> • A new service offer for high acuity discharge & transfers with a continued focus on the core discharge & transfer service: percentage of discharge & transfer journeys booked in advance collected less than 60 minutes after their booked ready time; and percentage of discharge & transfer journeys booked on the same day collected within 4 hours after their booked ready time. • A reduction in periods of high escalation is dependent on a material reduction in handover. • The Trust will support the development of a system wide pressures dashboard, with regular flows of data and expertise.
--	--	--	---

<p>Ambulance Care (NEPTS)</p>	<ul style="list-style-type: none"> • Efficiency: benefits from national service, resources aligned to demand, reduced lost hours. • Plurality: expand and improve availability of providers. • Improved dynamic planning processes. • Demand management: effective use of resources, effective rostering and appropriate transport. • Transforming and increasing capacity from within current resources. • Reducing lost capacity including minimising lost time at hospitals • Forecasting and Modelling Framework – strategic, tactical and operational focus. 	<ul style="list-style-type: none"> • Improvements in operational performance for oncology service patients • Reduction in the number of on the day cancellations <p>Reduction the number of bookings made on the day</p>	<p>See section 4.3 of the IMTP which includes:</p> <ul style="list-style-type: none"> • Continue to make improvements in efficiency and demand management, including re- rostering NEPTS transport, completing the NET Centre re-roster and new systems to reduce same day cancellations. • Continued development of the plurality model, in particular, further development of quality assurance mechanisms. • Transformation through a range of improvements to the CAD (upgrades and integration). • A strategic review to develop a long term vision for Ambulance Care (note: Trust is commissioned for EMS and NEPTS), facilitated by commissioners. • Development of a Trust wide Forecasting & Modelling Framework, that includes NEPTS.
-------------------------------	---	--	---

What are the risks that we are managing?

The Trust has further developed its internal approach to risk management through regular review of our **Corporate Risk Register** and the Trust's **Board Assurance Framework** that provides a clear line of sight to the controls and related assurances on those controls, and the actions we are able to take (and that are within our gift) to mitigate the risks. We know that there are several high scoring risks within the service that need to be managed and mitigated.

The Trust's highest corporate risks are described in the table below, including a brief description of what we will do to contribute to the mitigation and reduction of these risks through this plan.

Risk ID	Description	Score	Controls within this IMTP
223	The Trust's inability to reach patients in the community causing patient harm and death	25	Our plans for the EMS in section 4.2 set out a range of actions to increase capacity, but also change the way in which we respond to patients, trying to avoid unnecessary conveyance by providing alternatives within WAST or accessing alternative pathways. Section 1.3 sets out how we are seeking to evolve our future service model enabling us to protect resources for the most critically ill patients.
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 a Safe & Effective Service for Patients	25	Our plans for the EMS in section 4.2 set out a range of actions to increase capacity, but also change the way in which we respond to patients, trying to avoid unnecessary conveyance by providing alternatives within WAST or accessing alternative pathways. Section 1.3 sets out how we are seeking to evolve our future service model enabling us to protect resources for the most critically ill patients. Section 3.6 also describes work we are doing to better define mitigations to safety risks and quality of care deriving from extended periods in an ambulance; these include the application of Mental Capacity Act and Deprivation of Liberty Safeguards and, Fundamentals of Care including pressure area care, mobilisation and nutrition.
160	High absence rates impacting on patient safety, staff wellbeing and the trust's ability to provide a safe and effective service	20	Sections 5.1 and 5.2 set out the continued work of our managing attendance programme and the refresh of our Health and Wellbeing Plan. Also the range of actions we take across our People and Culture Plan are designed to develop a culture that supports staff wellbeing
201	Damage to Trust reputation following a loss of stakeholder confidence	20	Section 8.1 sets out our plans for stakeholder engagement including further reputation audits and working with our partners to improve our reputation.
163	Maintaining Effective & Strong Trade Union Partnerships	16	We expect this risk score to reduce, however we have set out plans in section 5.2 for continued partnership working with our trade union colleagues

			so that we continue to develop positive and collaborative relationships.
424	Resource availability (revenue & capital) to deliver the organisation's Integrated Medium-Term Plan (IMTP)	16	This risk will be reviewed in light of the 2024-27 IMTP and its financial plan (section 11).
458	A confirmed commitment from EASC and/or Welsh Government is required in relation to funding of recurrent costs of commissioning services to deliver the IMTP and/or any additional services	16	This risk will be reviewed in light of the 2024-27 IMTP, its financial plan (section 11) and the EASC IMTP.
260	Significant and Sustained Cyber Attack on WAST, NHS Wales and interdependent networks resulting in denial of service and loss of critical systems	15	Cyber security is one of five cornerstones for our developing digital plan set out in section 7 . We will publish a new Digital plan with Cyber Security at the forefront of its priorities.
543	Major disruptive incident resulting in a loss of critical IT systems	15	Everyday Essentials (i.e. ensuring are able to maintain our IT systems) is one of five cornerstones for our developing digital plan set out in section 7 . We will publish a new Digital plan with Everyday Essentials at the forefront of the priorities.
558	Deterioration of staff health and wellbeing in the face of continued system pressures as a consequence of workplace experiences	15	Sections 5.1 and 5.2 set out the continued work of our managing attendance programme and the refresh of our Health and Wellbeing Plan. Also the range of actions we take across our People and Culture Plan are designed to develop a culture that supports staff wellbeing and enable them to speak up when things are not going well.
594	The Trust's inability to provide a civil contingency response in the event of a major incident and maintain business continuity causing patient harm and death	15	<p>Section 4.2.1 sets out how we will respond to the Manchester Arena inquiry and we will be discussing with WG and commissioners the requirements to ensure we have resources available for major incidents. However, this is also depended on resources being available from outside A&E departments.</p> <p>Our plans for the EMS in section 4.2 set out a range of actions to increase capacity, but also change the way in which we respond to patients, trying to avoid unnecessary conveyance by providing alternatives within WAST or accessing alternative pathways. Section 1.3 sets out how we are seeking to evolve our future service model enabling us to protect resources for the most critically ill patients.</p>
139	Failure to deliver our Statutory Financial Duties in accordance with Legislation	12	Our financial plan is set out in section 11 and sets out a balanced plan.
100	Failure to persuade EASC/Health Boards about WAST's ambitions and reach agreement on actions to deliver appropriate levels of patient safety and experience	12	Section 8.1 sets out our plans for stakeholder engagement including further reputation audits and working with our partners to improve our reputation.
283	Failure to implement the EMS Operational Transformation Programme	12	This programme will close in 2024/25 and therefore this will no longer be a risk.

199	Failure to embed an interdependent and mature health and safety culture which could cause harm and a breach in compliance with Health & Safety statutory legislation	10	Section 9.1 sets out the next steps in embedding a Working Safely culture across WAST.
-----	--	----	--