Welsh Ambulance Services NHS Trust
Integrated Medium Term Plan
2019/20 – 2021/22

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Welsh Ambulance Services
NHS Trust

Contents

1. Message from Our Chair and Chief Executive

Welcome to our Integrated Medium Term Plan (IMTP) for 2019/20 – 2021/22 which we have developed in close collaboration with both our lead Commissioner and Health Board partners. It's an exciting time for the Welsh Ambulance Service. We have already established ourselves as an international leader through the introduction of our clinical model in October 2015, which was subsequently confirmed in early 2017. However, we are now on the cusp of a much bigger cultural and system change which, we believe, has the potential to make a fundamental difference to the landscape of unscheduled and scheduled care services over the next 10 years.

We know we have challenges ahead and we remain determined to move at pace to address them. The Amber Review, which was published in November 2018, has confirmed for us that there is much we, and the wider system, can do to support those patients who currently wait longer to receive care than any of us would like.

Our long term strategy, 'Delivering Excellence', articulates our ambitions for 2030, and the type of organisation we will need to be to meet the evolving needs of the people of Wales. It also sits within the context of *A Healthier Wales,* Welsh Government's strategy for Health and Social Care in Wales.

This IMTP is the first of several three year-plans which will take us to 2030. We want it to lay the foundations for many of the changes we will need to make to secure our future as a key player in the delivery of out-of-hospital care in Wales.

However, as we continue to transform as an organisation, we have also taken a fresh approach to developing our plan. We want this plan to be clear, concise and easy to understand. We have therefore made it much shorter but remain robust in identifying the priorities which we need to address over the next three years. This will ensure that by 2030 we achieve our goal of delivering excellence. We are also clear about what we need to do, particularly over the next 12 months, to start delivering these priorities, with signposts to a range of additional documents if you have a particular interest in any aspect of our plan and want to know more.

Our long term strategy articulates four key enabling strategies and two golden threads which underpin everything we do. In this plan, we clearly identify how everything we do takes us forward and helps us deliver our longer term ambitions.

The support of our workforce will be crucial in helping us realise this plan. We remain fully committed to continuing a conversation with all of our staff and trade union partners on this and future iterations of the plan. Likewise, we know that the success of this plan is predicated on successful collaboration and joint working with our range of partners. Whilst this, and our long term strategy, sets our strategic direction, we want to continue to build on already excellent relationships with partners so we can all play a full part in realising our ambitions.

We have already committed to working within the spirit of the Wellbeing of Future Generations Act, identifying new ways to work with our partners and the people of Wales to find better and more effective ways of addressing the challenges we face, not just as an individual organisation, but as a nation.

Similarly, we will be focusing our attention on engaging with Regional Partnership Boards over the coming years to ensure that we are able to play our full part in the delivery of the Welsh Government's *A Healthier Wales* strategy.

We hope this IMTP gives you a flavour of our challenges and opportunities, coupled with our relentless commitment to our continued improvement of quality and patient safety. We'll be monitoring its progress throughout the year, with a focus on delivering our best for our people and our patients.

Jason Killens, Chief Executive

Martin Woodford, Interim Chairman

2. A Review of 2018/19

2018/19 represented the final year of our IMTP, which was first approved in 2016/17. The year 2018/19 was, therefore, not only about consolidating the progress we have made, but also about us being able to crystallise our thinking about our longer term ambition for ambulance services in Wales.

Last year, we documented 44 strategic actions which we wanted to progress. Whist we have made good progress, we are also conscious that there remains work to do. We have produced a document which outlines our progress against these forty-four actions, and sets out how we will bring forward any remaining actions into 2019/20. For further information please click here.

Of particular note, 2018/19 saw us:

Our operational performance has also been encouraging throughout 2018/19. Performance has been maintained above the 65% target pan-Wales in relation to reaching "red" calls (immediately life threatening incidents) in eight minutes. However, "amber" performance and related patient safety concerns and adverse incidents have become an increasing challenge for the Trust and the wider unscheduled care system. Addressing these is a particular feature of this new plan.

3. Strategic Context: Our Headline Challenges and Opportunities

We operate within a highly complex system and, as part of developing this plan, have reviewed and taken into consideration a range of external and internal factors which shape and influence our priorities and actions. Our response to these issues is set out in broad terms in the table below, with links to relevant sections in the rest of the plan where more detail is included.

Context	Implication	Our response
A Healthier Wales	A Healthier Wales: *Our Plan for Health and Social Care* represents a key policy document for both ourselves and the wider health and social care system. It sets out a long term vision of a 'whole system approach to health and social care' which is focussed on health and wellbeing and on preventing illness. The plan is shaped around the Quadruple aim of: • Improved population health and wellbeing; • Better quality and more accessible health and social care services; • Higher value health and social care; • A motivated and sustainable health and social care workforce.	Our IMTP has been built on the quadruple aims of A Healthier Wales and they are embedded throughout the plan. Through the additional funding provided by Welsh Government, we propose that our initial priorities will be: • Implementation of our Falls Framework; • Increasing capacity to improve our Mental Health and Dementia services; • Development of an Older Person's strategy; • Strengthening our volunteering structures and strategy; • Continuing to enhance our senior leadership through a leadership development and exchange programme • Creation of a Non-Emergency Patient Transport Service (NEPTS) Transport Booking Hub. We intend to agree these schemes to support the delivery of the quadruple aim with our commissioners during Q1 19/20.
EASC	As a commissioned service, a series of commissioning intentions have been set out for both our Emergency Medical Service (EMS) and NEPT services.	Further detail on these commissioning intentions and our actions in response can be found in **section 6.1.1, section 6.1.3** and **section 8.3.** We have also submitted a suite of commissioning templates to the Chief Ambulance Services Commissioner (CASC). Click here for further information.
AMBER Review	The Amber Review was published in November 2018. The review documents a number of findings and recommends packages of further work to ensure a reduction in the wait many people with an amber category call experience.	The Chief Ambulance Services Commissioner will be establishing an Implementation Programme, which we will participate in fully. Further detail on how we are addressing the recommendations of the Amber Review can be found in **section 6.1.2.**

Operational productivity and performance in English Ambulance Trusts – Unwarranted variations *Lord Carter of Coles*	Lord Carter of Coles' review of English Ambulances services challenges us to consider our service in the context of these findings.	Further detail on how we are taking learning from the Carter Review can be found in **section 6.1.4.**
NHS Wales Strategic Change	Strategic service change and the drive towards more centralised service provision as part of the Health Board plans will affect our EMS and NEPTs service though 'new' activity and increased journey time.	Further detail on how we are responding to these challenges can be found in **section 6.4** but also by reviewing strategic change highlight reports which we provide to each Trust Board. Should you wish to view these documents click here.
System wide Pressures	The wider unscheduled care system continues to experience pressure throughout the year. A particular challenge for us are the reduced resources we have available when there are lengthy handover delays at A&E departments.	This plan looks to mitigate this risk, recognising that we remain heavily dependent on the support and cooperation of Health Board partners to achieve this. Further detail on the initiatives we plan to roll out to support the system, including demand management approaches and enhanced service offers can be found in **section 6** which covers how we are developing our EMS services, responding to the Amber review and the Carter review.
Organisational Change	During 2018/19 our focus has been on, and continues to be, maintaining progress, continuing our journey of organisational development and ensuring stability of Executive leadership, including ensuring the appropriate alignment and relevance of portfolios and accountabilities.	The appointment of a new CEO, coupled with the need to ensure we are organisationally "fit for the future", means we continue to refine our structures to ensure we are agile and able to respond managerially and operationally to the challenges we face. More information on our leadership and management strategy can be found in **section 8.2.6**.
Our risk register	This plan has been developed in the context of what we know are our current corporate risks. At the time of submission of this plan we have 13 'red' risks on the corporate risk register.	The Corporate Risk register is monitored and considered regularly by the Board.
Welsh Language	In line with other public bodies in Wales, we recently received our Welsh Language Standards Compliance Notice and this identifies specific standards that must be adhered to.	We recognise that patients receiving care in their first language is a key patient experience and quality issue. We will develop an action plan to address these points by 30 May 2019. A copy of the notice and the areas we need to work on can be requested by clicking here.
Legislation The Quality and Governance Act	We are cognisant of the fact that the Quality and Governance Act is in development and this will inform the review of our Trust's Quality Strategy in Spring 2019.	The emerging ethos of this legislation (a duty of quality and a duty of candour) run throughout this plan. Quality at the heart of everything we do is a golden thread through this plan and is central to our thinking.

Nurse Staffing Level (Wales) Act	The Act requires health service bodies to make provision for an appropriate nurse staffing level wherever nursing services are provided, and to ensure that they are providing sufficient nurses to allow them time to care for patients sensitively.	The Trust has embraced the Nurse Staffing (Wales) Act 2016 with the development of the Welsh Ambulance Services Trust (WAST) Nursing Career Framework (2018). This demonstrates the Trusts commitment to the Act and nursing careers in our out of hospital care settings.
Wellbeing of Future Generations Act	The Wellbeing of Future Generations Acts 'goals' and five ways of working have remained core to the development of this plan.	The ethos of the acts goals run throughout this plan. However some highlights to pull out include: o A prosperous Wales: **section 6.5.5** where we highlight our plans for our fleet and our desire to reduce our reliance on diesel powered vehicles o A Healthier Wales: **section 8.2** where we outline our plans to keep our own staff well o A more equal Wales: Again **section 8.2** and how we want to become an even more inclusive organisation o A Wales of cohesive communities: **section 6.4**
NHS Wales Health & Care Standards (2015)	We are committed to providing high quality services to the people of Wales with our focus on continuous learning and improvement by embedding the Health and Care Standards across the Trust. These Standards are core to our Quality Strategy.	We monitor and measure our compliance with the Health and Care Standards in our quarterly Quality Assurance Report to our Quality, Patient Experience & Safety Committee to improve the outcomes for patients and experiences for patients, carers and staff.
Prudent Healthcare	We remain resolute in our determination that our services are underpinned by the prudent delivery of healthcare.	Prudent healthcare is implicit throughout this plan. Specific priorities which evidence our approach include: • Advanced Paramedic Practitioners – **section 5.3.1** • Our Falls Framework – **section 5.3.4** • Progressing findings from the Amber Review - **section 6.1.2** • Mental Health and Dementia Improvement plans - **section 5.3.5**
Audits	Findings which have previously been identified during audits and Commissioner and Health Inspectorate Wales reviews are considered within this plan.	The Trust monitors progress against the actions arising from these audits through our Audit Committee.
Brexit	At the time of writing this plan it is unclear on what terms the UK will be leaving the European Union.	Our plan, particularly our workforce element, is set in the context of this uncertainty. In addition we remain fully engaged in all NHS Wales level Brexit fora.

4. Our Long-term Strategic Framework for Ambulances Services in Wales: *Delivering Excellence*

Through 2018/19 we have engaged with our staff and other stakeholders to significantly progress our long term strategy. It is anticipated that the document will be approved by Trust Board in March 2019 with wider publication shortly after.

Our strategy articulates our goal for the Welsh Ambulance service, to be reached by 2030;

An ambulance service which is delivering excellence.

We have identified four enablers which we believe will help us to achieve this goal and two golden threads which are the guiding principles in all that we do in the course of delivering our goal.

The graphic below summarises this.
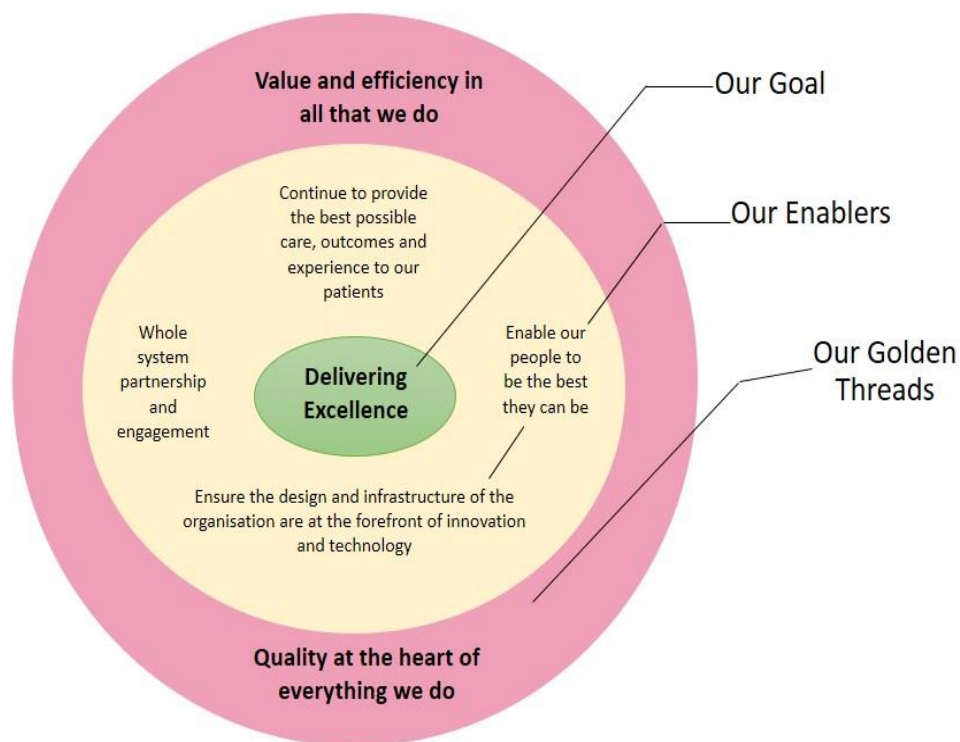
This plan is designed and laid out around these seven components.

4.1   Our Three Year Priority Themes

In order to understand how we ensure our goal of *Delivering Excellence* is realised, we have considered both the wider strategic context (outlined in **section 3**) but also;

- Worked in close partnership with clinical and operational teams to shape our approach to delivery through our internal 'front line led' approach to planning;
- Held Board development sessions with Executives and board members;
- Recognised that we are a commissioned service and have consequently worked closely with Health Boards directly and via Emergency Ambulance Service Committee (EASC) structures to ensure that this plan reflects wider system need.

When taken together, clearly the agenda is complex and extensive. However we have identified **eight priority themes** which we will use as delivery mechanisms to materially move the organisation towards our vision for 2030.

These eight priority themes are shown in the table below.

	Priority theme	**Link to Healthier Wales quadruple aim(s)**	**Executive Sponsor**
1	**Improved, sustained & high quality performance.**	Better quality and more accessible health and social care services	**Rachel Marsh**, Interim Director of Planning & Performance / **Claire Bevan**, Director of Quality and Nursing, Safety and Patient Experience
2	**Digitally transform our organisation.**	Higher value health and social care / Better quality and more accessible health and social care services	**Director of Digital,** to be appointed in Q2
3	**Enhance our role in Unscheduled Care System.**	Improved population health and wellbeing / Better quality and more accessible health and social care services	**Brendan Lloyd**, Medical Director
4	**Make WAST an exemplar employer**	Motivated and sustainable health and social care workforce	**Claire Vaughan**, Director of Workforce & OD
5	**Further NEPTS transformation.**	Higher value health and social care / Better quality and more accessible health and social care services	**Mark Harris**, Deputy Director of NEPTS
6	**Deliver value based healthcare.**	Higher value health and social care	**Chris Turley**, Interim Director of Finance & ICT
7	**Enhanced innovation, Research role.**	Better quality and more accessible health and social care services	**Brendan Lloyd**, Medical Director
8	**Working across organisational and sector boundaries.**	Better quality and more accessible health and social care s services	**Estelle Hitchon**, Director of Partnerships and Engagement

Each of the above priority themes has been given a numbered 'star'. You will see these stars at the start of each section and sub section of the plan. This ensures the reader can easily identify which priority theme(s) which will responsible for taking forward the actions within any given section.

Further details on how we will monitor progress and the delivery of these activities and each of the eight priority themes more holistically can be found in **section 9**.

In the section below we have pieced together our goal, our key deliverables across the three years of the plan and the headline outcomes we expect to achieve so that we can demonstrate how it all fits together.   Most importantly, it also describes the benefits to our patients and staff.

4.2 Our Strategy Map

		Deliverables 2019-2022	Theme	Benefits for our staff and users	Headline Outcomes / Measures
Goal *Delivering Excellence*	Help patients and staff to stay healthy	• Develop and implement a **Public Health Plan** • Develop an **Older Person's Framework**, strengthening our role in supporting frailty, loneliness and isolation • Collaborate with Health Boards to develop a range of **referral pathways** • Support resilient communities through programme of **engagement and education**	3 1 8 8	• We will use our thousands of daily contacts with people to improve their health and wellbeing • Our contacts with older people will help to reduce loneliness and isolation • More of the public will have been exposed to education which will make them more confident in managing their health	• Outcome measures to be developed
	Help patients more easily access our services at the right time	• Engage and involve users with **sensory loss** to improve accessibility • Utilise **video and other technologies** to enhance the way our services can be accessed • Develop access to services **online and through internet applications**, including online portal for NEPTS bookings, linked to hospital systems	1 2 2	• People with sensory loss with be able to access all of our services with ease • Patients will increasingly be able to access services online and systems will be linked together	• Outcome measures to be developed
	Provide right care in the right place, wherever and wherever it is needed	• Complete roll out of **111 service** across Wales, and formalise role as provider • Articulate opportunities to be **call handler of choice** • Continue expansion of the **Advanced Practitioner Paramedic** role (if funded and agreed with commissioner) • Roll out Trust's **Falls Framework** • Evaluate and implement **APP / non-medical prescribing** framework (if funded) • Implement **Mental Health and Dementia** Improvement Plans • Secure approval for and procurement of the **Electronic patient clinical record system**	3 5 3 3 3 1 3	• Public will have just one number to call if they need help with an urgent medical problem • Patients who call 999 will increasingly be able to be given advice, seen and treated by our staff or referred on to other appropriate community services, and will not need to be taken to hospital • Reduced pressure on EDs mean that there will be fewer patient in ambulances waiting for long period outside hospitals • Staff will benefit from increased opportunities in an expanded career framework	• More calls to '111' and NHSDW / more hits to website- *commissioning intention (CI)* • Proportion of clinical desk calls assessed and closed (Hear and Treat) to reach and be sustained at 12%- *CI* • Proportion of verified incidents conveyed to a major ED to decrease- *CI*
Strategic Enablers	Continue to provide best possible care, outcomes and experience to our patients n our core service	EMS • Deliver EMS **commissioning intentions** • Implement recommendations of the **Amber review** • Collaboration and co-production with Commissioner and Health Boards on delivery of a 5 year **Demand and Capacity Review** • Deliver prioritised actions from the **Carter Review** NEPTS • Deliver NEPTS **commissioning intentions** • Deliver full benefits of the **NEPTS Business Case** • Complete **transfer of work** from Health Boards and Trusts • Design and implementation of improved **booking and call taking** processes and procedures • Articulate and start to deliver a **transfer and discharge model/service** for Wales	1 1 1 1 5 5 5 5 5	• Patients will receive a timely and appropriate response to their emergency call, and there will be no excessive delays for ambulances • Fewer patients will have to wait outside hospitals in ambulances • More resources will be available for front line services as WAST uses its resources more efficiently • Patients will receive a high quality service that meets their transport needs • It will be simple for patents and HCPs to book their service • Health Boards will receive a high quality service that meets their needs and the needs of their patients	• Red to improve • Amber median, 65th percentile and 95th percentile to reduce across all Health Board areas- *CI* • Improved performance against clinical indicators- *CI* • Reduction in lost handover to clear hours- *CI* • Increase in planned v actual UHP to 95% • Reduction in complaint response times • Achievement target for dementia training of staff • Reduction in number of serious incidents relating to time delays • Increase in the proportion of journeys undertaken for eligible patients- *CI* • Increase in the proportion of ineligible patients who are helped to find alternative transport solutions- *CI* • Reduction in the number of aborted and cancelled journey- *CI*
	Whole system partnership and engagement	• Understanding, agreeing and quantifying impacts of **Health Board strategic service change** • Development and implementation of **engagement plan**, including work with Regional Partnership Boards • Development of **new pathways** with Health Boards	8 8 8	• WAST plays a full part in delivery of A Healthier Wales and the further integration of health/social care, with a focus on out-of-hospital care delivery	• Increase in number of new pathways with Health Boards- *CI* • Membership of at least three RPBs • Increased number of shared facilities with other public service/third sector partners

		Deliverables 2019-2022	Theme	Benefits for our staff and users	Headline Outcomes / Measures
	Support our people to be the best they can be	• Deliver an improvement in **resource availability** levels • Implement a **Leadership and management development** and succession strategy • Approve and implement a **Health & Wellbeing** Strategy • Approve and implement a **Transforming Education Strategy** (Clinical practice and education), which will include delivery of any enabling capital requirements • Refresh our commitment to **volunteering** and approve strategy	4 4 4 4 4	• More staff available at work, giving greater resilience to respond to demand in a timely way • Staff will have more equitable access to development opportunities • Staff will have a great colleague experience, safer working environments, and will feel valued and cared for • Staff will have better access to local, quality education and training, and will maintain and improve their skills and practice at the top of their scope of practice • Our volunteers will feel valued and engaged	• Achieve sickness reduction to 6.3% March 2020- *CI* • Maintain low levels of frontline vacancies (below 5%) and improved UHP and relief capacity / overtime reduction • Reduction in incidence of bullying and harassment. • Improvement in key indicators related to staff personal safety and attendance and wellbeing • Improvement in CPD rates and delivery of Band 6 competence requirements. • Maximised contribution of volunteers, improvements to volunteer numbers • Overall improvements in staff engagement (survey) score and achievement of workforce KPIs
Strategic Enablers	Ensure the design and infrastructure of the organisation are at the forefront of innovation and technology	• Launch of the **WAST Improvement & Innovation Network** (WIIN) and by the end of Year One, a database of improvement ideas that are being progressed or have been delivered. • Development of **NEPTs CAD** business case • Development of a **digital transformation strategy** • Improve the capture, sharing and utilisation of information through implementation and roll out of **Qlik sense** and **Optima Predict** • Explore and pilot opportunities to utilise **cutting edge technology** to improve and enhance care e.g. use of video, telehealth, AI and drone technology and clinical diagnostic equipment • Utilise technology to improve **communication with staff**	7 4 2 2 2 2	• More of our staff will be confident about using the model for improvement and will actively use this to make improvements in their areas of service • Patients will more readily be able to use new technology to improve how they are able to access our service • Staff will more readily be able to use new technology, and will be able to be more agile and efficient in their work • Staff will feel more connected with and informed about what we are doing • Patients will receive more timely responses as a result of Optima modelling	• Growth in both capability and capacity of our workforce in applying the 'model for improvement' • Number of improvement ideas being progressed • Board approved NEPTs CAD business case • Baseline Trust's position against an agreed digital maturity model (Year One) and track progress in subsequent years, linked to delivery of agreed Trust strategy • % of operational staff with mobile device over the life of this plan
Quality at the heart of everything we do		10 themes of work including: • Health and Care Standards, Trust Quality Strategy, Quality Assurance, Risk Management Strategy, Health and Safety Improvement plan, Safeguarding annual report and annual plan, Infection Control Improvement Plan, Putting Things Right Improvement Plan - Winter Assurance Panel Improvement Plan, Patient Experience & Community Involvement	1	• Higher quality of service for our users	• Improvement in relevant clinical and quality indicators as set out by Commissioner and Welsh Government - *CI*
Value in everything that we do		• Explore opportunities for further work with **ICHOM** and the **Bevan Commission** • Maintain strong links with the other **UK nations** to enable sharing of best practice and collaborative work. • Improve understanding of **cost base and cost behavior**, including benchmarking based on outcomes as well as costs. • Maximise **procurement efficiencies** • Improve efficiency in **stock inventory and asset tracking**, through RFID;	6 6 6 6 6	• More resources will be available for front line services as WAST uses its resources as efficiently as possible	• 'Net effect' in terms of activity impact, resource impact and performance impact from initiatives (commissioning intention) • Value gained from resources invested • Proportion of split of costs / resources relating to steps 4 & 5 • Proportion of resources available to support front line activity
Use of our estate and fleet		• Review of next priorities from **Estates SOP**, and development of cases for capital funding • Delivery of MRD for Cardiff and new workshop for the South East region • Delivering a range of specialist vehicles including training and resilience. • Review of approach to **station cleaning** • **Modernisation of fleet**, utilisation of latest technology, step change towards non-diesel powered vehicles	- - - - -	• Staff will work from buildings and vehicles that are comfortable, safe and fit for purpose	• WG approved MRD and Workshop case • Reduction in carbon footprint • Reduction in estate backlog maintenance • Improvement in estate utilisation

5. Our Goal: *Delivering Excellence* - Overview of our Clinical Services Strategy and Significant Service Changes

People are living longer, with more complex conditions that require greater use of community-based services. Our role as an unscheduled and scheduled care provider will need to reflect these changes and our staff need to be equipped with the appropriate training and equipment to provide services and care in new ways and in different places.

The nature and profile of the Welsh population, both now and in 2030, are informing not only our emerging clinical models, but also the way that we need to train and educate our staff. In 2030, the Welsh Ambulance Service will be central to providing a broad range of health services for people who need emergency or unplanned care wherever, and whenever, they need it.

When we talk about D*elivering Excellence* as our goal, we are describing an ambulance service which;

Helps patients and staff to stay healthy	As a national provider spanning the breadth of Wales, we recognise that we have an opportunity to use the thousands of daily interactions with our patients, members of the public and our staff to help improve their health and wellbeing. We have a role to play in promoting key strategies to combat the population health challenges being faced across Wales through the prevention of ill-health and the advocacy of healthy lifestyles. It is our ambition to make every contact count.
Helps patients to more easily access our services at the right time	It is increasingly important that service users make informed and appropriate choices about accessing health care. We have an important role to support and enable the public to make appropriate choices about their care and where they can access the right services. We also need to ensure that our service users can easily access these services when needed.
Provides the right care in the right place, wherever and whenever it is needed	We want to build on the progress we have made over the last few years, moving away from the role and expectations of a traditional ambulance service, and becoming a more clinically focused and agile service providing high quality care in the right place at the right time. We want to strengthen our role as an integral part of the wider health system by becoming a provider, collaborator and coordinator of high quality care for the people of Wales.

5.1 Goal 1: Help Patients and Staff to Stay Healthy

Over the next 10 years, we want to play a strengthened role in engaging with the public, service users and wider stakeholders to provide health education, advice and support resilient communities. This will mean collaborating with key partner organisations, including Health Boards, Public Health Wales, blue light partners and the third sector. In the period of this IMTP, we will be looking to start on this journey, with priorities being:

- The development and implementation of our **Public Health Plan**, coordinated in collaboration with Public Health Wales and our staff, and in line with other ambulance services across the UK. This Plan will be fully aligned with relevant legislation and national policy, including the new Public Health Wales Long Term Strategy, the Well-Being of Future Generations (Wales) Act and A Healthier Wales. Specific areas of focus will include:
  - Increasing the knowledge and skills of our staff to improve health and wellbeing (e.g. Making Every Contact Count),

- Developing and producing sustainable approaches to accessing health care systems,
- Improving and building mental well-being and resilience, for our staff and the population,
- Promoting healthy behaviours,
- Preventing illness and protecting the environment,
- Safeguarding and public protection, and
- Building community resilience

- The development of an **Older Person's Strategy**, which will include the development of plans that will strengthen our role in supporting older people who are frail, isolated and lonely. One element of this strategy is likely to be the need to develop **more robust pathways with our partner**s, allowing staff to be able to **refer in to a range of community services** provided by teams from across health, social care and the third sector/community groups to help people before they find themselves in crisis.

- Acknowledging that as we look towards 2030, we would want to support the building of resilient communities through an advanced **programme of engagement and education**, we will take time in 2019/20 to do a stock-take of initiatives that we already participate in or lead, which will provide us with a baseline from which to work to develop a wider and more consistent model in Years 2 and 3.

We will also seek to be an exemplar employer supporting **positive health and well-being for all the people who work and voluntee**r for us. You can find more detail on this in **section 8.2**.

5.2 Goal 2: Help Patients to More Easily Access Our Services at the Right Time

It is increasingly important that service users make informed and appropriate choices about accessing health care. We have an important role to play in supporting and enabling the public to make appropriate choices about their care and where they can access the right services. We also need to ensure that our service users can easily access these services when needed.

This plan starts to make steps in a number of areas, particularly in terms of embracing the latest technology to provide services that are easily accessible and meet the differing needs and expectations of all of our service users. This will include:

- Engaging and involving service users with **sensory loss** to ensure that our services are easily accessible and utilise the latest communication technology. Our Patient Experience and Community Involvement Team (PECI) has developed a three year work programme in this area, which will see in Year 1:
  - staff with Trust BSL licenses being supported to complete their online course;
  - an implementation of the use of braille ID badges for EMS and NEPTS staff;
  - engagement with sensory loss schools as part of the Shoctober campaign;
  - development of the sensory loss section on NHS Direct Wales website;
  - Addition of languages and more audio to the Communications App.

- Utilising **video and other technologies** to enhance the way our services can be accessed, particularly for services users contacting us in an emergency situation. Specific actions will be developed as part of our Digital Transformation Strategy, due to be approved in Year 1.

- Develop access to services **online and through internet applications**. This will include, over the course of the three years of this plan, developing and implementing an online portal for booking patient transport that is fully integrated with the patient appointment booking systems in the hospital.

5.3 Goal 3: Providing the Right Care in the Right Place, Wherever and Whenever it is Needed

Our long term strategy recognises that there is more that we can do to widen our role as a key provider of care across Wales, across the unscheduled and scheduled care system. This plan demonstrates how we will build on the progress we have made over the last few years in moving away from the role and expectations of a traditional ambulance service to becoming a more clinically focused and agile service providing high quality care. We want to strengthen our role as an integral part of the wider health system by becoming a provider, collaborator and coordinator of high quality care for the people of Wales.

We want to take care to the patient, not only the patient to care. Travelling to hospital for care will be the exception and will be limited to only the sickest of patients (those whose need can be met only within a hospital environment). In the future, more patients will access care and health advice virtually or online. For those that need a face to face clinical assessment, we will enhance the skills of our clinicians who will have access to the latest clinical equipment. This will support our clinicians to make more informed clinical decisions and as a result, more patients will be able to be treated in the community or in their own home rather than in hospital. Key ambitions are to:

- Play a strengthened role supporting the provision of a sustainable telephone, treatment and triage model for all urgent /non-urgent health queries across Wales;

- Develop our clinical teams to work in a range of environments as part of multi-disciplinary teams;

- Develop clinical teams who have a wider range of clinical skills;

- Enhance our clinical equipment and access to cutting edge technology;

- Improve access to patient Information in order to improve clinical decision making;

- Be the sole provider and coordinator of transport to access healthcare in Wales;

- Be at the forefront of research to drive forward innovations in clinical practice and wider organisational delivery.

This future is going to require the continued evolution of existing services, not a revolution. There are system-wide challenges facing NHS Wales and we are part of that system, hence we need to be part of collaborative solutions.

There are a number of major transformational changes that we have either already committed to and will roll out in the next three year period, or which we want to commence in this period. Detailed strategies and business cases support each of these initiatives, but we provide a summary of each one in the sections below.

5.3.1 Advanced Paramedic Practitioners (APPs)

In 2017 we piloted a new framework in Betsi Cadwaladr which tested the effectiveness of utilising advanced practice resources in a rotational model with the aim of safely reducing conveyance to Emergency Departments (EDs), and allowing more patients to be cared for in the community, closer to home.

A team of APPs was in place 12 hours a day, rotating between the Clinical Contact Centre (CCC) and two operational Rapid Response Vehicles (RRV), and they dealt with 1045 incidents over the five month pilot period. The results of the pilot were remarkable.

- Of the patients the APPs attended, 307 conveyances to ED were prevented, compared with the conveyance rates of conventional paramedics.
- This represented a 70% reduction in A&E attendance.
- Only 13% of patients seen by an APP required an emergency ambulance vehicle.
- 98% of patient survey responses showed a high level of satisfaction with the service that they had received.

The net effect for patients was that they had access to the right care from the right clinician at a much earlier point than they may have done otherwise. From a Health Board perspective, the reduction in conveyances will reduce pressure on emergency departments and may contribute to reducing the number of hours lost due to ambulance waits outside EDs and also improve four hour performance. From a WAST perspective, the benefits will include addressing some of the challenges that we face in responding in a timely way to our Amber patients.

On the basis of these results, our ambition is now to significantly expand the numbers of APPs across Wales, so that these patient and system benefits can be replicated in every Health Board area.

Through discussion and collaboration with Health Boards, we have added a further rotation into the model, with placement into the primary care or out of hours (OOH) settings. This part of the model is already in place or being piloted in a number of Health Board areas, and will bring benefits to Health Boards including more timely responses to patients requiring an out of hours face to face assessment, and the freeing up of the OOH GP capacity to meet demand. This is a model that Health Boards are very keen to pursue and take forward.

The APPs, as highly educated clinicians, are best placed to undertake these roles within the community and in primary care, as opposed to conventional paramedics. They can work effectively to support the wider health community, whilst also further developing their proficiency in managing complex patients with multiple comorbidities. The model as now planned is set out below.
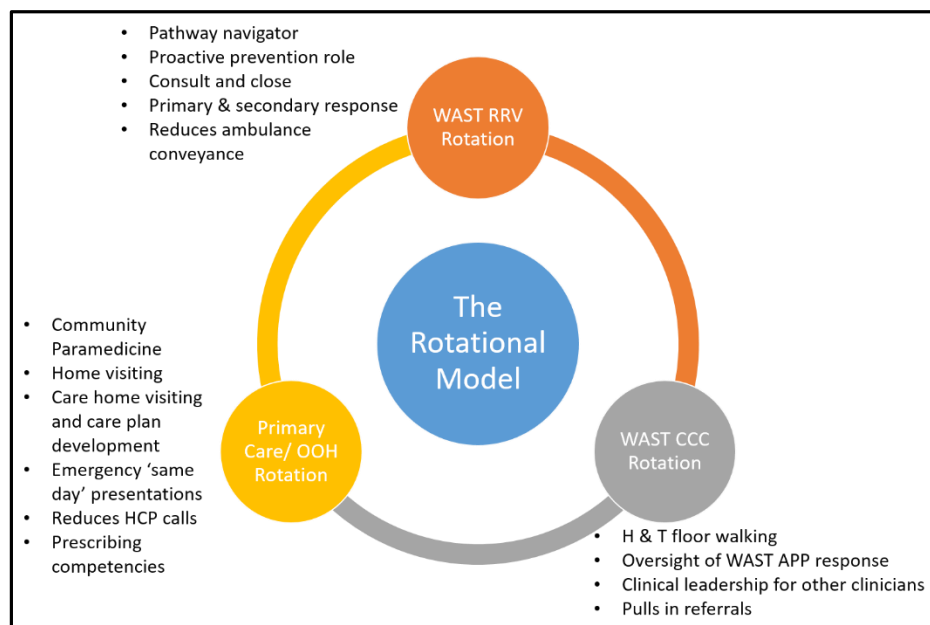
We have therefore developed a Business Case, which was submitted to our commissioners in autumn 2018, which sets out a plan to substantially increase APP service delivery year upon year until 2023. Funding was confirmed in November 2018 for recruitment to the initial cohort of 20 APPs. These will

start to be operational from February 2019, with the full cohort expected to be in place by Spring 2019, and we will be closely monitoring and evaluating the impact that this change has across the South East and South West areas.

We will then work with the Commissioner and Health Boards, through EASC, to put forward the case for funding for the next phase of the expansion, accepting that this will need to be on the basis of continuing positive evaluation and impact.

This transformation programme, if supported, will also have a significant impact on our workforce, allowing the development of a robust career framework for paramedics, and bringing many benefits for individuals. More detail on the workforce implications are set out through **section 8.2**.

5.3.2 Advanced Paramedic Practitioner and Non-Medical Prescribing

We are leading UK ambulance services by embarking upon our paramedic practitioner and non-medical prescribing journey.

Changes in legislation means Advanced Paramedic Practitioners are now able to prescribe, bringing potentially huge benefits to patients and the wider NHS.

Work is well underway to devise the accompanying structures and effective governance processes required to ensure the Trust develops a Non-Medical Prescribing framework for registrants (nurses and paramedics) and become the first NHS ambulance service in the UK to deploy prescribing paramedics.

We are currently piloting paramedic prescribing, having enrolled five staff members on the prescribing programme which commenced in September 2018. We will undertake a full evaluation of the effectiveness of paramedic prescribing through this very small scale, internally funded pilot. We will then discuss this with our commissioners before considering any further roll out.

Again, the benefits to our staff would be considerable. The skills developed by clinicians whilst undertaking the prescribing educational journey are far greater than simply writing prescriptions. An increased understanding of pharmokinetics and their impact upon a patient's condition means that the clinician possesses the ability to de-prescribe and use their existing medication supply in a far broader manner, supporting more patients to live well at home.

5.3.3 Rollout of 111 - WAST Provider Role Formalised

111 is the a completely free way to contact the NHS from landlines and mobiles. The service is an amalgamation of NHS Direct Wales and the front end call handling and clinical triage elements of the GP out-of-hours services (GP OoHs).

The service was originally piloted in the Abertawe Bro Morgannwg University Health Board (ABMU) area but has now rolled out to the Hywel Dda University Health Board and Powys Teaching Health Board areas. In 2019/20 plans are in place for the service to be implemented in the Aneurin Bevan University and Cwm Taf University Health Board areas, with the full roll out across Wales expected to be completed within the lifetime of this plan.

To request a copy of the full implementation plan for the rest of Wales please click here.

As part of seeing ourselves as an ambulance service that provides unscheduled care services wherever and whenever the patient needs them, we see the successful rollout of 111 and WAST being identified

as the long term 'provider' of the service as key. Currently the Trust's status is that of "host" of the pathfinder (pilot) for 111. With the confirmed rollout of the service across Wales, this now needs to be strengthened so that the provider status of the Trust is fully recognised.

We are in a unique position compared to other potential providers in that we already have the existing infrastructure and experience in managing telephone triage services whilst also more importantly we are the only organisation which could complete the unscheduled care 'jigsaw' by joining up GP OOH and 111 with the other two key services which we already provide- NHS Direct Wales and of course our 999 emergency service.

Alongside this, the Trust is heavily engaged in the ongoing procurement, through competitive dialogue, of a new joint national system for the NHS in Wales, to support 111 and GP OOHs. This will need further capital investment and support from Welsh Government (WG), for which an Outline Business Case has already been agreed in principle. Linked to the provider status for 111, the Trust also has ambitions to be the contracting authority for this new system procurement, assuming the Full Business Case is supported and funded with a successful conclusion to the current procurement process.

Whilst the successful rollout across Wales must be the immediate priority, we also see the 111 service being a key piece of the jigsaw in the *First point of contact for accessing services review*, as outlined in the EASC IMTP, and in our ambition to become a call handler of choice which is referenced in **section 5.3.7**.

5.3.4   Older People's Framework, including Falls

The number of people aged 65 and over is projected to increase by 232,000 (36.6%) between 2016 and 2041 (Public Health Wales). The increasing demand from an aging population on all parts of our service is a key driver for the development of an Older People's Framework. This Framework will have three key domains that will enable an increased focus on Older People and their needs. These are Frailty, Loneliness and Isolation and Falls. We will develop a business case for the resources to support the development and implementation of this Framework.

As part of this work, we will also continue to roll-out our **Falls Framework and Falls Response Model** (see below) in partnership with key stakeholders. We know this is important, as in 2017/18, we received over 62,000 calls relating to falls, of which 50% resulted in attendance at a hospital. Falls account for a high demand on our service, second only to breathing problems. A review of our themes and trends from concerns and complaints, incident reporting and Serious Adverse Incidents (SAIs) has highlighted that the issue of falls is a recurring cause for concern with timeliness of response being a recurring theme.

The Falls Framework and Falls Response Model enable us to provide a holistic approach to falls, from prevention to avoiding further harm.
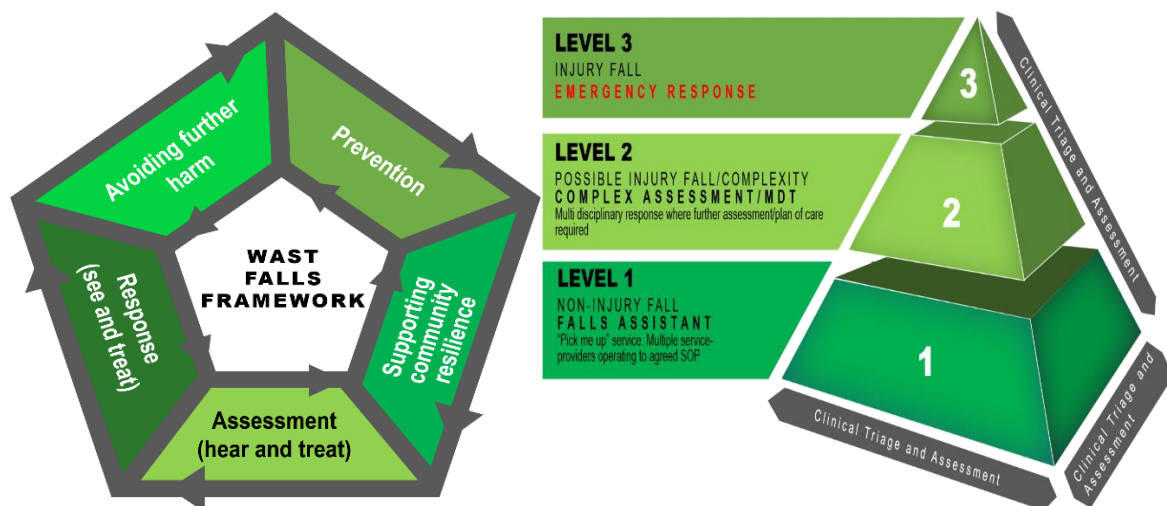
In relation to our Falls Response Model, we have had additional funding in 2018 which has allowed us to extend our Level 1 Falls Assistant Model across most of Wales, provided in most regions by St John Ambulance. This scheme has been operational since November in line with the initial plan.

There are now seven vehicles across South Wales covering five Health Boards. These are based from Llanelli to Chepstow. In North Wales, we have had a Falls Assistant Model in place for some time, provided by our Community First Responders. A full evaluation is underway using a set of measures focussing on patient outcomes, process measures and balancing measures, and some data will be available in February, once we have two full months of data. Data to date, notwithstanding the limited amount, appears to show a relatively low conveyance rate to hospital and a quicker response time than would have been achieved otherwise. Continuing these Level 1 services on a recurrent basis will be one of our priorities for Year 1 of the plan, and we will be discussing this further with our Commissioner as part of the discussions on the Healthier Wales funding.

In Year 2, we will be looking to work with Health Boards and other stakeholders to test out a sustainable model for Level 2 response, with some examples of good practice already in place in Aneurin Bevan and Cardiff and Vale Health Boards.

A copy of the Falls Framework can be requested by clicking here.

5.3.5   Mental Health and Dementia Improvement Plans

We will continue to work towards parity between physical health and mental health for patients, influencing the direction of mental health and wellbeing in Wales through the NHS Wales Mental Health Network Board, the T4MH Partnership Board and the Crisis Care Concordat, and UK ambulance services through Project A. Our new long term mental health strategy (click here to request a copy) will take into account the broad societal challenges (rapid rises in dementia prevalence, increases in common mental health problems and complexity), and through working in partnership, enhance the service our public receive through joined up services when they are in crisis.   We will:

- Ensure that mental health and dementia improvement is a focus across the Trust;
- Deliver mental health and dementia learning for new entrants to WAST and staff in post;
- Develop, implement and evaluate a distress brief intervention programme for people who are in crisis but fall below threshold for mental health services (with LHBs, Police, Welsh Government);

- Scope the potential for a world first – an advanced paramedic practice in mental health and dementia programme, including academic study and practice placements in crisis/dementia teams;
- Explore how we can integrate all mental health 'hear and treat' services in Wales e.g. CALL mental health helpline, Police Triage, local single point of access services, including using a single, standardised mental health and assessment triage platform.

5.3.6 Electronic Patient Clinical Record (ePCR)

The Trust currently uses digital pen technology to complete patient clinical records (PCRs) for the patients that all of our Emergency Medical Services staff attend. This technology has delivered considerable benefits compared to the historical paper based process. However, the Trust recognises that this technology has limitations and that improved solutions are being developed in the marketplace.

In addition, our digipen contract expires in March 2021 and there is no option for us to extend the contract any further. From this date onwards, without a new digital solution in place, we would have to revert back to paper records that would need to be scanned in. This would have a negative impact on quality, timeliness and lost submissions. It would limit the scope and scale of clinical indicators and audits and begin to reverse many of the benefits which the digi-pens realised.

Looking to the future, and in line with the emerging ideas from developing our long term strategic framework, we want to develop a more innovative and effective digital solution to capture and record clinical data and information that will enable us to further demonstrate and improve the quality of care we provide to our patients.

The scope of an ePCR solution can vary significantly from a standalone simple electronic form to capture a Patient Clinical Record electronically to a fully integrated solution in which an ePCR is one piece of information in a wider system of related information regarding an incident of patient care.

Our ePCR solution will act as a digital enabler for our clinical agenda and in recognising its vital importance, we have commenced a rigorous business process to explore our case for change, our business drivers and investment objectives, which will enable us to identify a solution that is right for both our patients, staff and commissioners.

We need a solution that will provide the Trust with an effective and stable digital platform from which to utilise clinical data to enable information sharing between providers to support integration in healthcare services to provide a more seamless journey for our patients. By moving away from validating clinical data to analysing clinical information we will be able to put resources into utilising clinical information more effectively to support the development of the clinical care and quality of clinical services that we provide. This will ultimately enable us to improve the experience and outcomes of our patients.

The Trust's ambition is to have a solution that has benefits for both our patients and our clinicians. We need a solution to enable us to support our clinicians more effectively by providing them with access to more resources whilst out in the field caring for patients. An ePCR platform will have the capability to provide clinicians with access to medical information about their patients whilst at scene and faster access to the latest clinical guidelines and services available in the area.

We recognise that there are lessons for us to learn from the Digipen project and consequently we have put in place, and committed to, a full and robust *cradle to grave* approach to project management for the ePCR project so that we have maximum assurance that we will be driving out and realising the full range of benefits identified.

You can find more information regarding EPCR and how we plan to progress it from our; *Welsh Ambulance Services NHS Trust Electronic Patient Clinical Records (ePCR) Strategic Outline Case.*

5.3.7 'Call Handler of Choice'

There are a range of services which currently have a call handling element to them and which form part of the CAREMORE commissioning approach. By ceasing to look at the five step commissioning pathways in isolation, it is apparent that there is an opportunity for the ambulance service to become the call handler of choice.

This means we could begin looking at call handling as a discrete service provision under the umbrella of the wider function of the ambulance service. This offers the opportunity to provide an even better service and drive through greater value and efficiencies to the wider health and social care system and importantly the users of the services.

In addition this opportunity could offer the following benefits which we want to explore in more detail:

- Supports people in getting the right information in their first and only call and maximise the chances of them staying and/or receiving care in their home;
- Improves our ability to provide unscheduled care services wherever and whenever it is needed;
- Increases our ability to co-ordinate all of the journeys a patient might need whether that be emergency conveyance, repatriations, discharges or planned appointments, and improves patient experience by knowing they are at all times dealing with one organisation and point of contact.
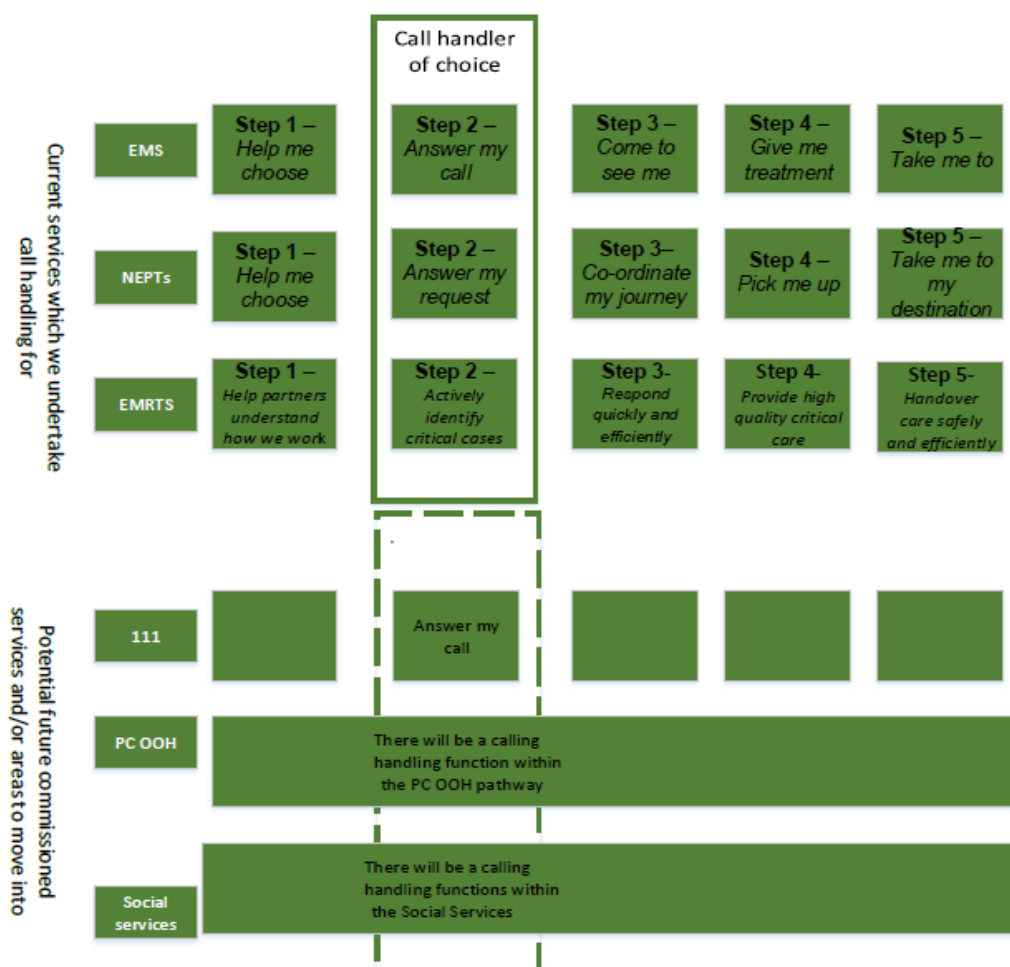
We will look to progress this by working with the Chief Ambulance Services Commissioner on the *First Point of contact for accessing services review* that they will be undertaking, with the anticipation that the findings and output will inform how we realise our ambition to become a call handler of choice.

5.3.8 Delivery of Major Condition Plans

We continue to identify and prioritise five major condition national plans where we will focus our attention over the life of this plan. These include; End of Life, respiratory, diabetes, stroke and cardiac.

To progress our role in these plans, detailed work programmes continue to be developed. Current copies can be requested by clicking here. Many of these are also articulated across our five steps in **section 6.1.1**.

The table below provides the high-level actions which we will be taking over the course of Year One in order to begin taking this agenda forward and also some outcome measures by which we can monitor the progress we have made.

Delivering Excellence		
Year	**Actions**	**Headline Outcome Measures**
Year 1	Develop and approve a WAST Public Health Plan	*Outcome measures for 'help us to stay healthy' to be developed*
	Develop and approve Older People's Framework	
	Stocktake of all current pathways available across Wales to paramedics to refer to alternative community services	
	Stocktake of current initiatives around engagement and education	
	Year 1 actions in PECI Sensory Loss plan	More calls to '111' and NHSDW / more hits to website
	Embed cohort of APPs in South Wales, evaluate impact. Take case for further investment back to EASC	
	Evaluate pilot of APP prescribers	
	Roll out 111 service to AB and Cwm Taf	
	Evaluate pilot of Level 1 Falls Assistant services and secure funding to recurrently roll out across Wales	Proportion of clinical desk calls assessed and closed (Hear and Treat) to reach and be sustained at 12%
	EPCR Final Business Case (FBC) submitted to WG and approved	
	Implementation of mental health and dementia improvement plans	
	Progress work with the Chief Ambulance Services Commissioner on the *First Point of contact for accessing services* review.	
Years 2&3	Develop national approach to referrals to a range of community services as part of Older People's Framework	
	Agree consistent model for engagement and education	Proportion of verified incidents conveyed to a major ED to decrease
	Year 2 and 3 actions in relation to sensory loss	
	Online portal for NEPTS bookings, linked to hospital system	
	Further expansion of APP workforce (subject to funding approval)	
	Roll out 111 to remainder of Wales and procure new joint system	
	Develop, test and roll out a model for Level 2 falls response across Wales (subject to funding)	
	Implement and realise benefits of new EPCR system	

Click here to request further information regarding how we will deliver these Year One activities

6. Our Enablers

6.1   Continue to Provide the Best Possible Care, Outcomes and Experience to our Patients

In order to deliver our goal for ambulance services in 2030 it is important that we retain focus on the delivery of what we do in the 'here and now'. If we fail to deliver now for the people of Wales, we will lose credibility with our partners and stakeholders and this will hamper our ambition to deliver more in the longer term. Sections **6.1.1** and **6.1.3** set out our priorities for our core service delivery in EMS and NEPTS respectively, and Sections **6.1.2** and **6.1.4** consider our response to the Amber and Carter Reviews, as they provide a guide on our improvement journey.

We deliver both our EMS and NEPTs services against a commissioned five step clinical model and yearly commissioning intentions issued to us by the Chief Ambulance Services Commissioner.

In the sections below we take each pathway step in turn and:

- Identify what commissioning intentions we have been set; and
- Consequently the work we will be taking forward over the life of this plan to deliver on those commissioning intentions.

As a national service, however, we recognise that the needs of local populations vary between, for example, our north and south populations, our rural and urban populations and the young people in Wales compared to the older generation.

With this in mind, our approach to delivering on many of the commissioning intentions will not only vary from Health Board area to Health Board, but also need varying degrees of support and collaboration with those Health Boards as the ultimate providers of health care services for their populations. Thus, whilst the activities outlined below offer some headline activities, we have also developed a suite of documentation with Health Boards (as part of the commissioning process overseen by the CASC) which outlines what local activities we are taking forward across Wales to deliver on the commissioning intentions we have been set. For more information on the range of these local activities please click here.

6.1.1   Our EMS Services

We are resolute in our determination to provide the best possible care to the people in Wales. We recognise that some people have to wait longer for a response than they should, and at periods of high demand this can be exacerbated. Whilst we have particular initiatives in place to reduce the length of these waits, we are also focused on avoiding harm and reducing the number of serious incidents that occur across all five steps of our clinical model.

Step 1: Help Me Choose

> Specific Commissioning Intentions:
>
> - More calls to '111' NHS Direct and fewer conversions to 999 from 111 and NHS Direct.

Work is on-going within our NHS Direct Wales (NHSDW) service to continue to improve our offer to the public. In particular, we are working on increasing the number of **symptom checkers** available on-line, liaising closely with and learning from NHS England, who have a greater number. Work is also required in terms of improvements to the website itself which will undertaken in Years 2 and 3.

Step 2: Answer My Call

> Specific Commissioning Intentions:
>
> - 999 call answer times by time band to be produced
> - Fewer 999 and HCP calls and more calls transferred to '111' 'NHS Direct'
> - Time to allocation for Red calls to reduce
> - The volume of calls assessed and closed by the clinical desk to increase

Recurrent funding has been confirmed as part of this IMTP for an expansion of our clinical desk from 32 to 48 w.t.e. Recruitment commenced in November 2018, and it is anticipated that we will have a full complement of staff in place by the beginning of 2019/20. The aim is that this expanded number of staff will be able to consistently assess a greater volume of calls, increasing our combined **'hear and treat'** rate. In Year 1 of the plan we will be looking to embed this change and see our 'hear and treat' rate improve to around 12%, in line with performance levels seen in ambulance services across the UK.

In Years 2 and 3, we will be looking to build on these changes, by considering opportunities to link the clinical teams across NHSDW and the EMS Clinical Contact Centre (CCC), and will also to determine whether there may be benefits to expanding the range of clinical professions who operate as part of these teams.

The **Computer Aided Dispatch (CAD) system** is key to both step 2 and step 3 of the EMS clinical pathway. We implemented the new CAD system in November 2017, with Phase 1 delivering implementation of the CAD system and infrastructure without significant change to process and application. We have now recruited additional project management support which will allow us to implement Phases 2 and 3 in parallel over Year 1 of the plan. Phase 2 will see the addition of new modules and new functionality which will allow us to realise a range of important benefits, including:

- Enabling the use of the GoodSAM First Responder App;
- Improving electronic links to other ambulance services, police and fire services;
- Improved major incident and escalation capabilities;
- Improved workflows for managing calls.

Phase 3 is a review and redesign of the workforce within the EMS CCC, concentrating resources where they are needed most, once the new CAD and modules are fully implemented.

Our Clinical Contact Centre and NHS Direct Wales staff also play a vital role in the **roll out of the 111** service which forms a key element of step 2. The more than doubling of the service as we expand to take on 111 across the rest of Wales results in a huge amount of work in:

- Planning of each move;
- Recruiting, hiring and training staff;
- Adapting to new bespoke challenges in each area;
- Engagement and awareness events.

Step 3: Come to See Me

> Specific Commissioning Intentions:
>
> - Fewer incidents requiring attendances at scene and more incidents resolved by phone
> - Multiple vehicle arrivals at scene to reduce for Amber and Green Incidents
> - The percentage of incidents where the first arriving vehicle is the ideal to increase
> - Red performance to be maintained and the 95th percentile to reduce
> - Amber 95th percentile times to reduce across each Health Board area

Key to improvements in this step of the pathway is our ability to increase the availability of staff and vehicles to respond in a timely way to calls, and reduce the long waits that some of our amber patients, in particular, experience. **Section 6.1.2** sets out in more detail how the **Amber Review** recommendations will be taken forward in collaboration with our Commissioner and Health Boards. However, we already know what we need to do internally to make improvements in vehicle availability. Key programmes of work include:

- **Reducing handover to clear delays**: an action plan has been developed, which will see a focus on ensuring accurate data collection, daily scrutiny of performance at local and national levels and escalation where necessary, and an improvement target set for each team.
- Increasing staff availability through **reduction of sickness levels**: Actions being taken in this area are set out in more detail in **section 8.2.**
- More accurately **matching resources to demand**: we are continuing work on **roster reviews** which will ensure that roster patterns are matched to expected demand in each local area. A formal project mechanism is in place to take this forward. In addition, we are widely using a new **Resource Dashboard** which visually shows areas which are over-resourced as well as under-resourced, and allows staff and managers to redistribute resources appropriately to ensure that we maximise actual against planned unit hours of production.
- Implementation and maintenance of **robust escalation processes:** these have been put in place through the winter of 2018/19 in relation to both long delays experienced outside hospitals and we will also be prioritising action to reduce the longest call delays.
- Maintaining and improving **red performance**: whilst we maintain overall red performance targets across Wales, we have experienced some dips in performance in Hywel Dda and Powys areas. We will undertake targeted work in these areas, utilising Optima Predict for example, to model the optimum numbers and locations for each response vehicle.
- Reducing demand through collaboration: We have invested in a **Tri-Service Demand and Intelligence Hub** with South Wales Police / Gwent Police and South Wales Fire and Rescue. The collaboration is intended to reduce variation/ duplication and waste and plan for joint working initiatives.

Gaining an enhanced understanding of the '**resource per incident**' utilised, benchmarked against other UK ambulance services, may help us to identify further improvements for example in reducing multiple vehicle arrivals and increasing the proportion of incidents where the first arriving vehicle is the ideal response.

There is an ambition to increase and expand alternative response mechanisms. This includes an expansion of our **Cycle Response Unit capability** into other urban areas (service already in place in Cardiff), which is being considered as part of the discretionary capital allocation for 2019/20. In addition, we will continue to fully embed and promote the **Good SAM app**, opening this up to an increased range of staff and other emergency services.

Step 4: Give Me Treatment

> Specific Commissioning Intentions:
>
> - Fewer attendances at scene
> - 95th percentile call to door times (STEMI & Stroke) to reduce across each Health Board area
> - Clinical Indicator performance to improve, and be above 95% in all Health Board areas (except ROSC)

Our clinical teams will be working to review the clinical effectiveness and appropriateness of all of the current **clinical indicators**, will introduce action plans to improve performance where that is required, and will also look to work with commissioners to look at new areas of clinical practice with a view to introduction of additional indicators, aligned to the impacts of the Band 5/6 investment.

There are opportunities to enhance Community First Responder (CFR) and Uniformed First Responder UFR) availability across Wales. Our Volunteering Strategy will look to potentially enhance CFR availability. There is more to read on the work we will do to scope our volunteering strategy in **Section 8.2.9**. In relation to UFR availability, discussions have commenced with the fire services in Wales, and through a strategic board, we will explore with them how their contribution can be maximised and how they can deliver their service in line with our patients' needs.

There are many elements of the Mental Health Improvement Plan which the senior operational leaders will be working with our quality and safety team on and further details are available in **Section 7.1.**

Step 5: Take Me to Hospital

> Specific Commissioning Intentions:
>
> - Fewer conveyances and more conveyances to other locations i.e. non-Major EDs
> - Handover to clear times to reduce across all Health Board areas

We are starting to roll-out our 'Fit to sit' policy, which is encouraging the use of taxis to take appropriate patients from scene, who are then 'fit to sit' in the Emergency Department waiting areas, in the same manner that non-ambulance arrivals would sit and wait. This is a sensitive issue, and we will continue to work closely with Health Board colleagues on its implementation, and to continue to monitor numbers and impact.

Working closely with our commissioner and Health Board partners we are also looking to develop a discharge and transfer service which forms part of this step. For more information on this proposed service please see **section 6.1.3 and section 6.4.**

Continue to provide the best possible care, outcomes and experience to our patients - EMS Services		
	Actions	**Headline Outcome Measures**
Year 1	Undertake a review of performance against each of our performance targets and commissioning intentions to confirm actions to be taken	• Red performance to improve for all Health Board areas (with a back stop target of 65% of incidents responded to in 8 minutes).
	Increase the number of symptom checkers available on the NHSD(W) website	
	Fully embed the expansion of the clinical desk and realise the anticipated benefits	• Amber median, 65th percentile and 95th percentile to reduce across all Health Board areas.
	Implementation of Phase 2 CAD	
	Implementation of Phase 3 CAD	
	Implementation of a 90 day plan to reduce handover to clear delays	• Improved performance against clinical indicators
	Completion of roster reviews in Cwm Taf and AB	• Reduction in lost handover to clear hours
	Implementation of 9 point action plan to reduce sickness levels	
	Use of Optima Predict to model the optimum resource deployment to minimise response times	• Achievement of Welsh Government target for dementia training of staff
	Review of clinical indicators and performance	
	Implementation of the Mental Health and Dementia Improvement Plan	• Increase in planned v actual UHP to 95%
Years 2 & 3	Review and improvement of the NHSDW website	• Reduction in sickness levels to 6.3% in Year 1 across the organisation
	Consider opportunities to link the clinical teams from NHSDW and EMS CCC	
	On-going implementation of 9 point action plan on sickness	• Reduction in complaint response times
	Completion of remaining actions from Amber Review programme	• Reduction in number of serious incidents relating to time delays
	Undertake benchmarking work on resource per incident	

Click here to request further information regarding how we will deliver these Year One activities

6.1.2   The Amber Review: Our Response

We know that there is more that we, and the wider system, can do to address the challenge of long waits for some of our 'amber' patients. As an organisation, we welcomed the work that was undertaken as part of the Amber Review, and the spotlight that it shone on the improvements that need to be made across the board.

The review made a number of recommendations, and addressing these in full collaboration with partners is a key deliverable for us over the life of this plan.

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Summary of Amber Review Recommendations

Measures of quality and response time should continue to be published although they need to reflect the patient's whole episode of care.

Measures should be developed in collaboration with patients.

There should be a programme of engagement to ensure clarity on the role of emergency ambulance services and how calls are prioritised and categorised.

There must be sufficient numbers of clinicians in the contact centres to ensure patients receive the most appropriate level of care.

The ambulance service must ensure that planned resources are sufficient to meet expected demand.

The ambulance service must deliver against its planned resource.

Health Boards must take appropriate actions to ensure that lost hours for ambulances outside hospitals reduce.

The longest waits for patients in the community must reduce.

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We therefore fully support the Commissioner's intention to establish an Amber Review Programme Implementation Group which will drive the recommendations forward and ensure momentum is not lost. This will be particularly important in the light of the political interest there has been in the review and its' recommendations. The Programme brief is still in draft form, but it is expected to recommend a 12 month programme of work that:

- Provides assurance to stakeholders on the recommendations of the Amber Review;
- Provides oversight and direction for the 'further work' as outlined in the Amber Review.

We are clear that there is a significant work programme for us internally to take forward the recommendations specific to WAST. We will finalise our own programme plan and structure, which will link in with the Amber programme structure being developed by the CASC. Many of the specific areas of work for WAST are set out in **Sections 6.1.1, 6.3 and 8.2.3**. and include work to review and revisit escalation procedures in relation to long handover delays, implementation of a 90 day handover-to-clear plan within WAST, and implementation of a nine point sickness plan to reduce abstraction rates.

However, whilst the Amber review considered and analysed many factors affecting the system, it was not established to forecast future demand patterns, to anticipate the impact of our strategies to produce a 'shift left' in system response, to establish and model reasonable and realistic levels of improvement in efficiency in WAST and Health Boards, or to identify the level and type of resources required to meet specified quality and response time standards.

In parallel with, and complementary to the on-going work, we are therefore working on a proposal for Health Boards and WAST to jointly commission a forward looking strategic demand and capacity

review, designed to model the optimal efficient level of ambulance resources that are required across the system to deliver agreed levels of performance and quality for all categories of emergency calls against forecast demand for the next five years.

The review will have seven main components:

- Forecast all incident demand by type and location over the next five years;

- Agree the required levels of quality and time performance for each type of patient;

- Model the required resources to deliver required quality and performance by hour of day, day of week and geographical location;

- Identify and quantify WAST efficiencies including new models of response such as APPs, abstraction reduction and roster realignment;

- Identify and model unscheduled care system efficiencies;

- Model the impact of planned service changes affecting patient flows;

- Model required resources for Clinical Contact Centres including call handing and clinical staff delivering hear and treat services to meet forecast activity and quality and performance requirements

A paper will be presented to EASC in February 2019 and it is anticipated that this will be endorsed. The work will be overseen by a senior Collaborative Steering Group and will complete in the summer of 2019.

The table below provides the high-level actions which we will be taking over the course of Year One in order to begin taking this agenda forward and also some outcome measures by which we can monitor the progress we have made.

Continue to provide the best possible care, outcomes and experience to our patients - Amber Review		
	Actions	**Headline Outcomes**
Year 1	Participate fully in the Amber Review Programme Implementation Group	• Resources aligned to demand • Amber median, 65th percentile and 95th percentile to reduce across all Health Board areas.
	Develop and deliver a robust internal action plan to address WAST recommendations	
	Report regularly to the Strategic Transformation Group and Board on progress	
	Collaborate with CASC and Health Boards to undertake a Demand and Capacity Review	
Years 2 & 3	Continue to work on actions arising from the Demand and Capacity Review and Amber Review	

Click here to request further information regarding how we will deliver these Year One activities

6.1.3   Our NEPT Service

We have made great progress in terms of improving and transforming our NEPT service, but there remains more work to be done to deliver on the Cabinet Secretary's expectations within the recommendations of the NEPTs business case and to deliver on the commissioning intentions as set out by EASC.

The NEPT services are commissioned by EASC through the NEPTS Quality and Delivery Assurance Framework, based around a five step model of service delivery. The aim of the five step model is to focus on patient flow and to provide a clear framework for the delivery of the service in line with patient need. The detailed response to each of the commissioning intentions are set out in the attached EASC templates.

Our priorities for the service over the life of this IMTP are described across these five steps where appropriate, and include actions which will improve the quality of the existing core service for our patients and users, but also seek to develop and expand the service offer in line with our long term goals and aspirations. We will:

Transfer of NEPTS work to WAST

The transfer of Health Board commissioned NEPTS work to WAST will be completed in the next year, allowing us to fully implement and maximise the benefits of the plurality model. This will create better value for money and allow better coordination of these services across Wales. In addition, there are clear benefits for patients and service users, who will receive a comfortable, safe and timely NEPTS service that meets their clinical and individual needs. From a business perspective the transfer of work will improve the quality of service by ensuring that both WAST and non-WAST providers deliver services in line with the new framework. However from a quality perspective, delivering services nationally but with an awareness of specific geographic need, will bring a range of local population benefits.

Further work is progressing with the Commissioner in terms of the longer term financial sustainability of the NEPTS service and how this delivers both the continued enhancements and efficiencies required within the previously approved business case and within existing or future resource envelopes.

As part of this plan we are managing the risk of the non-delivery of the efficiency savings for NEPTS under the approved business case by conducting very robust due diligence work with Health Board colleagues prior to the transfer of work.

Step 1: Help Me Choose

> Specific Commissioning Intentions:
>
> - Ensure NEPTS specific engagement activity can be identified

The valuable NEPTS resource needs to be focussed on patients who are eligible for transport as described in WHC 2007(05). We know that for a variety of reasons, we continue to transport patients who are not eligible, and we are committed to working with Health Boards to agreeing and implementing in partnership a **patient assessment tool** which correctly assesses and identifies eligible and non-eligible users. This will allow us to focus our resource on the patients who really need it and to meet genuine increases in demand appropriately. This will be a sensitive change that we will handle carefully in partnership with the Commissioner and Health Boards.

However, we are conscious, in line with our long term strategy, that we do not simply wish to be a transport provider, but that we have a wider role to play in meeting our users' transport needs, so that they are able to access the health care services that they require. We are therefore establishing a **patient support service** from existing resources who will support patients and service users to find alternative transport solutions. This will involve us working closely with Health Boards, Local Authorities and third sector partners to increase our awareness of and develop alternative methods of transport to care, improving our ability to signpost appropriately.

We also aim to improve our **patient experience** by implementing the Dementia and Patient Experience and Community Involvement Improvement plan.

Step 2: Answer My Request

> Specific Commissioning Intentions:
>
> - Improve the quality of booking information
> - Produce call numbers and time bands for Powys and Ty Elai call centres

Our main priority under this step of the process is to develop and implement a consistent and high quality method of accessing NEPTS provision for patients and Health Care Professionals (HCP) who use our service. We currently operate 3 of our own WAST call centres, but there are separate centres in Powys and Ty Elai, and for HCPs, in some areas they can also book transport through the hospital liaison offices or by using online booking services. There are different processes in place in most of these areas, which leads to an inconsistency of approach, difficulties in providing standardised data and a variance in the information on the outcomes of our booking process. This can lead to poor experience from a patient perspective and may contribute to the numbers of booked journeys which are cancelled or aborted.

In Year 1 we will review the call taking and booking processes for patients across our own centres, and design a new process that will be consistently applied. We would then anticipate, in discussion with Powys and Cwm Taf Health Boards to then be able to transfer their call taking services into ours to deliver one service and process for the whole of Wales. For patients this will mean that there will be just one number that they call and a consistent approach each time they call. There will be some changes for our staff, with calls being taken by the next available operator, wherever they are based, and we will work closely with them to implement these changes.

Step 3: Coordinate my Journey

> No commissioning intention issued

The CAD system is critical to the coordination of patient journeys, and is now due to be renewed. In the next year, we will identify the specification and develop the business case for a **new CAD system** that will support the transformation of the NEPTS service as described in the NEPTS Business Case Review allowing us to drive efficiency and value in the service. Once approved and procured, we will implement the new system in Year 2 of this plan.

Our current CAD has no form of integration with Health Board PAS or booking systems to allow for appointment bookings that require transport to be electronically forwarded to the NEPTS CAD or to allow for a one click cancellation of transport when appointments are cancelled or rearranged. Currently, this can result in transport being dispatched on the wrong dates or dispatched when an appointment has been cancelled or rearranged.

To support this development, in year 2 we will undertake a review of HB appointment booking systems to help inform the development of a schedule of requirements for integration between HB appointment booking systems and WAST CAD system. We will implement agreed actions from the review in year 3.

Our staff, and in particular, our volunteering staff are also key to this step of the pathway, and as described in **Section 8.2.9**, WAST will be looking to **redefine and potentially enhance volunteer capability**, through the development and approval initially of a Volunteering Strategy.

A key part of our service is the provision of **liaison teams** to provide a physical link at key hospital sites between patients, crews and hospital departments. In the next year we will review the current operating model for the provision of liaison services and implement a new model that improves existing communications pathways and improves operational efficiency.

Step 4: Pick Me Up

> Specific Commissioning Intentions:
>
> - Reduction in aborted journeys.
> - Reduction in social journeys.
> - Reduce failed discharges

We will continue to invest in making **our fleet** as modern, efficient and environmentally friendly as possible to ensure we maximise patient and staff experience whilst also meeting Welsh Government emissions targets. **Section 6.5.5** contains more detail on the priorities within the Fleet Strategic Outline Plan.

We are also conscious that there is much we can do to improve the service we provide for the transport of **bariatric patients**. This is a specialist service, provided currently on an ad-hoc and un-coordinated basis. In the course of Year 1 we will develop a case for the development of a discrete service that will meet the needs of this group of patients, for consideration by our Commissioners.
There will be an on-going focus on reviewing our performance against **NEPTS quality indicators** as per the requirements of the NEPTS Quality Framework, with a clear plan being developed to identify areas for improvement.

Step 5: Take Me Home

> Specific Commissioning Intentions:
>
> - Reduce on the day cancellations
> - We will identify service change initiatives that have an impact on NEPTs

There will be an on-going focus on reviewing our performance against **NEPTS quality indicators** as per the requirements of the NEPTS Quality Framework, with a clear plan being developed to identify areas for improvement.

At present, both NEPTS and EMS provide elements of a **discharge and transfer service** for patients in hospital but this varies across times of the day, days of the week, and geographical locations. There is no consistent approach or model, and in some instances, in the absence of a WAST provided service, Health Boards have commissioned their own services. It is our ambition to engage with Health Boards and our Commissioner on a new model for a national discharge and transfer service, that will meet their needs and will ensure that patients can be discharged in a timely, safe and high quality way. In Year 1, we will articulate and develop a model which we would then look to secure funding for and start to implement in Years 2 and 3.

The table below provides the high-level actions which we will be taking over the course of Year One in order to begin moving this agenda forward and also some outcome measures by which we can monitor the progress we have made.

Continue to provide the best possible care, outcomes and experience to our patients NEPTS		
	Actions	**Headline Outcome Measures**
Year 1	Transfer of ABMU NEPTS activity	• Increase in the proportion of journeys undertaken for eligible patients

• Increase in the proportion of ineligible patients who are helped to find alternative transport solutions

• Reduction in the number of aborted and cancelled journey |
	Transfer of AB NEPTS Activity	
	Transfer of Cwm Taf NEPTs activity	
	Transfer of BCU Activity	
	Transfer of Powys Activity	
	Agree and implement approach to patient eligibility with Commissioner and HBs	
	Implement a patient support service	
	Agree and implement new call taking and booking process for our call centres	
	Transfer calls from Powys and Ty Elai to WAST and apply consistent process	
	Develop specification and business case for new CAD system	
	Develop a case for the development of a specialist bariatric service	
	Articulate potential models for a national transfer and discharge service for discussion with CASC / EASC	
Year 2 & 3	Review of HB appointment booking systems - integration between HB appointment booking systems and WAST CAD	
	Start to roll out national transfer and discharge service	

Click here to request further information regarding how we will deliver these Year One activities

6.1.4   The Carter Review: Our Response

The Lord Carter of Coles' Review, *'Operational Productivity and Performance in English NHS Ambulance Trusts'* was published in September 2018. Whilst the review focused on English Trusts some of the learning can be translated to Wales. We undertook a self-assessment against each of the recommendations, and it was clear that we were already undertaking or planning to undertake related actions. Much of the sentiment which is articulated in the report is therefore embedded throughout this plan. However, some of the specific points from the review which our Assistant Directors will be taking forward as additional projects include:

- Mental Health data capture – exploring opportunities arising from the ePCR
- Capturing PROMS & PREMS) – exploring opportunities arising from ePCR
- Agree a standard approach to conversion specification for vehicles to take advantage of cost savings
- Review the way in which ambulances are procured to increase purchasing power
- Agree a standard load list of equipment
- Consider fuel purchasing arrangements with other blue light services
- Consider opportunities for robotic process automation, machine learning algorithms & AI to support NHS operating model and sustainable savings.

The table below provides the high-level actions which we will be taking over the course of Year One in order to begin taking this agenda forward and also some outcome measures by which we can monitor the progress we have made.

Continue to provide the best possible care, outcomes and experience to our patients Carter Review		
	Actions	**Headline Outcome Measures**
Year 1	Review list of potential further areas of work as above and develop work programmes as appropriate	Link to outcome measures on productivity
	Undertake further self-assessment in Q3 to determine progress	

Click here to request further information regarding how we will deliver these Year One activities

6.3   Enable our People To Be The Best They Can Be

We have made significant progress, working together with trade union partners over the past three years, towards making the Trust a leading ambulance service and a great place to work. Some of our more notable achievements include creation of the Trust's shared behaviours, successful negotiation and implementation of a Band 6 role and deal for paramedics living and working in Wales, national recognition for our innovative approach to recruitment and the introduction of Learning and Celebration Events and Annual Award ceremony designed to recognise the valuable contribution of our fantastic staff. This past three years has provided us with a great basis upon which to further transform and develop our services and people.

We have also set out an exciting vision for the future of work at the Welsh Ambulance Service. Taking what we have seen, heard and read we have turned this into a set of five challenging but achievable strategic ambitions in relation to People and Culture 2030 and the context to our IMTP priorities and our plans for 2019/20 – 21/22. Over this next three years we will continue to build our brand as an exemplar employer, and our ambition to be recognised as an *exceptional place to work, volunteer, develop and grow.*

As we move increasingly towards being seen as a provider of 'out of hospital' healthcare services, rather than simply a transportation service, and expand our out of hours service offering, we will need to ensure our future workforce is **sustainable, agile, highly skilled and capable**. Key to enabling this will be the transformation of our education and training provision to ensure our clinicians are developed and supported to work at the top of their scope of practice, maximising the impact they can have delivering, collaborating and co-ordinating the provision of care across the wider healthcare system, building community resilience in a variety of settings and roles. We will also need to prepare our workforce to be agile and ready to work alongside increasing levels of **technological sophistication** as we develop our systems and equipment and move towards greater digitisation of our services.

In preparing for the future, developing and implementing our workforce strategies and delivery plans in respect of our identified priority areas - education and training, health and wellbeing, leadership and management development and volunteering - we will also address the workforce risks and challenges coming over the horizon and those already identified through the Amber Review as well as those from the Carter review.

Below is a brief overview of the key strategic actions identified to deliver our strategic priority to make WAST an exemplar employer. Further detail of this, and of the workforce risks referred to above can be found in **section 8.2**.

	Actions	Outcome Measures
Enable our people to be the best they can be **'great staff experience creates great patient experience**		
Year 1	Deliver an improvement in resource availability at all levels	• Achieve target sickness reduction to 6.3% March 2020. • Maintain low levels of frontline vacancies (below %%) and improved UHP and relief capacity / overtime reduction. • Reduction in incidence of bullying and harassment.
Year 1	Develop and approve leadership and management development strategy	
Year 1	Approve a health and wellbeing strategy	
Year 1	Approve a transforming education strategy	
Year 1	Refresh our commitment to volunteering and approve strategy	
Year 2 & 3	Implement volunteering strategy	• Improvement key indicators of staff survey. • To include improvement in key indicators related to staff personal safety and attendance and wellbeing. • Improvement in CPD rates and delivery of band 6 competence requirements. • Maximised contribution of volunteers, improvements to volunteer numbers. • Overall improvements in staff engagement (survey) score and achievement of workforce KPs.
Year 2 & 3	Continue plans to deliver an improvement in resource availability at all levels	
Year 2 & 3	Implement leadership and management development strategy	
Year 2 & 3	Implement a health and wellbeing strategy	
Year 2 & 3	implement a transforming education strategy	

Click here to request further information regarding how we will deliver these Year One activities

For more detail on our five strategic and transformational WOD ambitions see our 'Long Term Future of Work: Our Strategic People & Culture Ambitions 2030 and our People and Culture Strategy 2019-2022' (when approved).

6.4   Whole System Partnership and Engagement   1   5   8

We are committed to playing our part in the delivery of *A Healthier Wales*, with its focus on the delivery of a whole system approach to health and social care, in the context of health, well-being and the prevention of illness.

At the core of this approach is system-wide partnership and engagement, predicated on integrated planning and delivery, spanning the health and social care interface. It requires a new approach to working with partners, based on shared ambitions and delivery plans in which each partner has a discrete but inter-related role. One such facet of this is our desire to achieve University Trust status. More information on this can be found in **section 7.2.1**.

This approach to working in partnership to deliver better services for the people of Wales is reflected in our long term strategic framework, which recognises that our relationships with partners will need to look quite different by 2030 if we are to deliver our ambition. We must start developing those relationships now.

Our range of partners will also need to expand, focusing not only on those with whom we deliver services or have shared care of a patient, but also partners who are supporting us to develop new solutions, for example in the technology arena.

In the same way, our relationship with our **patients and wider public** will be very different. Our focus will be on education, self-care and support in the community when it is needed. We will focus on building resilient communities through an advanced programme of engagement, starting with children as soon as they enter the formal education system, through to working with employers to train their people in CPR and defibrillation. We will work and support the full range of age groups, cultures and communities, to ensure that the people of Wales are confident in basic life support skills.

To create these resilient communities, we will work closely with local authorities and agencies, third sector and community groups to ensure we are supporting and sharing the spread of life-saving and first aid skills across our communities.

Some of this work has already started, for example through our Restart a Heart and Shoctober initiatives which provide children with training in basic life support. However, we are currently in discussion with Welsh Government about how to systematise the inclusion of these life skills within the Welsh curriculum, working in partnership with third sector agencies. It is in this way that we will see Wales develop not only the skills of its young people, but also the resilience of its communities and its health service workforce of the future.

This approach will also mean **our people** working in a different way at different times in their career, or undertaking more than one role; for example, delivering care to patients in their own home one week, while teaching local children about CPR the following, in a structured pattern of work that means colleagues have the opportunity for diverse and satisfying working lives. This diverse approach to work also extends to those other patient-facing roles, e.g. call handlers, and our people who work in corporate teams.

As a result, our training of staff will look different, with an emphasis on collaborative training across the public service and beyond, and the rotation of employees across organisations. Our people will have the skills to work across and with other organisations through a different approach to role design and academic and occupational training.

Our people won't expect to work in one environment. They will expect to collaborate with other professionals and the wider community and will be flexible as to where and how they work, with a focus on making every contact count for patients. This will include a significant focus on prevention

and the wider public health agenda, something which will be reflected in the forthcoming public health plan for the organisation, which will set out the role the Welsh Ambulance Service can play in the prevent

This will mean a collaborative approach to sharing information and to referring patients to a range of services that best meet their needs, regardless of where and how those patients are. Social prescribing, with a focus on reducing loneliness and isolation and building community resilience will be as important as clinical interventions for many of our patients, and our teams will be central to delivering this, in collaboration with a wide range of partners.

In short, the concept of delivering the quadruple aim as outlined in A Healthier Wales, underpins both this integrated medium term plan, and our long term strategy, covering as it does:

- Improved population health and well-being
- Better quality and more accessible health and social care services
- Higher value health and social care and
- A motivated and sustainable health and social care workforce

All of these areas are reflected in our plans, and all require us to work with partners in new and/or different ways.

Similarly, our relationship and engagement with the people we serve will need to be refocused to ensure that their voice and experience influences our service developments, while ensuring we provide patients with the information and support they need to manage their health and wellbeing.

There are other plans signposted within this document which will require us to work in a refreshed model of partnership, including with our commissioners, in order to be successful. These include our emerging public health plan (**section 5.1**), our plans to extend advanced paramedic practice and the roll-out of our APP model (**section 5.3.1**); our commitment to being the provider of the 111 service (**section 5.3.3**) and our new training strategy (**section 8.2.8**).

Whilst it is important that we develop a long term approach to partnership and engagement it is also important we maintain those existing relationships which we have. Three significant relationships that we must ensure we maintain and strengthen are;

Health Boards

Strategic service change

Over the life of this plan, we expect the following regional strategic service changes to take place which we must engage (and be engaged) upon.   There are, in addition to this, a range of more local service changes which will also impact upon our services.

Year	South-East	Central-West	North
2019/20	• Paediatric, Obstetric & Neonatal changes • Bridgend CBC transition • Interventional Radiology • Major Trauma network		Regionalisation of stroke services (Q4 into Q1 20/21)
2020/21	• Grange Hospital	• Shrewsbury & Telford Future Fit	
2021/22		• Hereford and Worcester regionalisation of stroke services	

It is vital that we are an integral part of service change project and programme boards so that we can work collaboratively to understand the clinical, resource and activity implications for our services and so that we can provide the appropriate conveyance, transfer and repatriation services across both EMS and NEPTS.

We need to work closely with the Chief Ambulance Services Commissioner (CASC) and EASC to 'test' the commissioning process and ensure the appropriate resources follow these changes. Initially the planned demand and capacity review will support us in this process.

Whilst these represent the known service changes (with dates) which we will need to respond to, there are a plethora of other changes on the horizon which could prove material during the life of this plan. A particular service development which we need to be aware of and closely engaged with is the model being developed for thrombectomy. As no service currently exists in Wales, WHSSC will be looking to commission services from English providers.

Whilst we recognise the time critical nature of transfers means some of this work will be undertaken by Emergency Medical Retrieval Service (EMRTS), we must remain cognisant of the potential implications on our service too, particularly prior to decisions about EMERTS expanding into a 24/7 service.

Many of these service changes are a shift towards a more regional model of service provision following 'hub and spoke' models of care. A consequence of this model is an increase in transport activity with patients often having to travel slightly further for initial specialist care and then repatriation back to their local DGH for ongoing care and/or rehabilitation. We will have a key role to play in delivering this activity, but it represents 'new' activity which will need to be commissioned.

As part of developing a sustainable solution we will look to work with our commissioner and Health Board partners to explore and develop, over the life of this plan, a fully costed and commissioned *national discharge and transfer* service which will span aspects of both our EMS and NEPT services. It is likely we will want to work with EMRTs on this too.

Business as usual operational delivery

In addition, and as mentioned previously in this plan, we have also agreed an approach with each Health Board as to how we will deliver the 2019/20 commissioning intentions that require collaboration and joint working to ensure better operational performance and outcomes. The plan for each Health Board can be requested by clicking [here](#).

Emergency Medical Retrieval Service (EMRTS)

EMRTS Cymru is a pre-hospital critical care service for Wales. It is a partnership between Wales Air Ambulance Charity, Welsh Government and NHS Wales. The service ensures that all of the Welsh population will be able to access critical care within 30 minutes by air and 60% within 30 minutes by road.

A key service enhancement of EMRTS is the proposed expansion of hours from a 12 to a 24 hour service. A fully costed proposal for staged 24 hour operation has been submitted to Welsh Government for their consideration and as a service we are supportive of this proposal as it is highly complementary to our long term goal of delivering excellence.

There has always been a strong partnership between the Welsh Ambulance Service and EMRTS and we will look to strengthen this relationship over the life of this plan.

Our Blue Light Partners

We work in close partnership with all other Welsh police and fire and rescue services across a breadth of service areas. For full details of all the activities we have ongoing and/or planned with our blue light

partners please request a copy of the Joint Emergency Service Group (JESC) directory of services (January 2019). Many of these support the 'shift left of activity' agenda.

There is a strong driver both internally and externally for development of partnerships with blue light partners, primary care and other public sector organisations. There are potential opportunities for co-locating administrative centres, Fleet, CCCs and SDPs which will be thoroughly explored when opportunities arise.

We have also identified specific opportunities by working collaboratively on the intelligence we gather. More information on this can be found in **section 6.1.1**.

Whole system partnership and engagement		
	Actions	**Outcome Measures**
Year 1	Implementing our new Engagement Framework, with a refreshed focus on public, patient, stakeholder and employee engagement.	• Increase in number of new pathways with Health Boards • Membership of at least three RPBs • At least one joint appointment in place • Increased number of shared facilities with other public service/third sector
	Revisit our 17/18 and 18/19 collaborative priorities of estates, training and emergency service collaboration to ensure they remain fit for purpose for the duration of the IMTP cycle.	
	Develop and implement our approach to working with Regional Partnership Boards, to ensure we are working collaboratively on pan system initiatives	
	Work with our commissioner and health Board partners to scope a transfer and repatriation service to support Health Board strategic service change	
Year 2 & 3	Identify two key projects on which to focus our collaborative efforts, with key milestones for delivery and a framework for benefits realisation.	
	Assess the overall impact of our engagement framework and refine for the following three year period.	
	Start to Implement a transfer and repatriation service.	
	Dependent on Year One outcomes, diversify attendance at Regional Partnership Boards and in other partnership arenas, to help our people develop the skills they need to work collaboratively across organisational boundaries	

Click here to request further information regarding how we will deliver these Year One activities

6.5 Ensure the Design & Infrastructure of the Organisation are at the Forefront of Innovation & Technology

6.5.1 Technological Innovation

The field of technological innovation is exciting, complex and developing at a rapid pace. We also recognise that there are huge opportunities for us to exploit in this area and this is why our Board approved the creation of a "Director of Digital" post which will be advertised early in 2019/20. One of the first areas of priority for this post will be to develop a Digital Transformation strategy.

The recently published Carter Review explored the productivity of Ambulance Services in England, and emphasised the importance of the 'digital ambulance service' to meet the changing needs and expectations of service users and integration within the wider health system. The review recognised that further focus is required to ensure that 'ambulance services are at the forefront of technological innovation' and that 'new technology is rapidly adopted'.

Embracing technological innovation is a key objective of the Trust's long term vision for 2030 to improve the quality of care we provide to our patients, resilience of our critical systems and to enable our workforce to be the best that they can be.

We have identified four themes that underpin our strategic ambition to be at the forefront of Innovation and Technology.

Theme 1:
We will **reduce our carbon footprint** by having a more **environmentally friendly** (low-emission) fleet powered by the **latest alternative sustainable fuels**.

Theme 2:
We will **embrace cutting edge technology** to improve and enhance the care we provide to our service users

Theme 3:
We will **transform the way we capture, share and utilise patient and clinical information**;

Theme 4:
We will **transform the way we communicate** with our service users, workforce and stakeholders.

6.5.2 Improvement and Innovation

WAST have historically used a collection of improvement and project techniques, similar to other NHS and public sector organisation. In order to accelerate improvement and innovation within the UK healthcare sector, governments and other bodies have created several improvement specialist entities along with development of structured project management techniques. This rich array of tools and techniques has provided many approaches for our staff to undertake improvement work, yet this has led to variation in how these are undertaken and an inconsistency in the governance and support.

To address this, a WAST Improvement & Innovation Framework has been designed to support all our staff with an interest in a particular improvement or innovation, in developing a proposal for 'test-of-change' and in seeking further information or expert advice on a particular improvement/innovation technique or strategy. Our commitment to further develop expert improvement advisors and quality coaches to support staff across the Trust with improvement is core to WIIN.

To support the embedding of this framework, a WAST Innovation and Improvement Network (WIIN) has been established and a WIIN portal will be launched on March 25th 2019. To access a copy of the framework and a link to the emerging portal please click here. We will utilise WIIN to ensure that improvements are aligned to our IMTP goals and our three year key deliverables.

In addition, the Trust is also a full partner in the "Project A" initiative. Project A is a twelve month programme of ambulance improvement across the UK, allowing a cross section of frontline staff to share their experiences, gather a reflection of insights into the way urgent care works on a daily basis, and explore ideas from the frontline that lead to improvements across ambulance services. Our staff and volunteers, along with other UK Ambulance Service colleagues, contributed to more than 600 ideas that were submitted via the ideas platform and tweet chats during the summer of 2018. WAST staff are now leading a national "Project A" piece of work showcasing our approach to providing services to people who fall.

Whilst our Long Term Strategic Framework outlines our vision and ambitions for 2030, this IMTP articulates the work and projects that we will be progressing over the next three years to take this forward. These are set out in the table below and all align to either one or more of the four technological themes described above or link to our approach to service improvement and innovation.

Ensure the design and infrastructure of the organisation are at the forefront of innovation and technology		
	Action	**Outcome Measures**
Year 1	Develop a Digital transformation strategy	Baseline Trust's position against an agreed digital maturity model (Year One) and track progress in subsequent years, linked to delivery of agreed Trust strategy

% of operational staff with mobile device over the life of this plan

Growth in both capability and capacity of our workforce in applying the 'model for improvement'

Number of improvement ideas being progressed |
	Look to increase the number of **low-emission hybrid vehicles** being used across the Trust	
	Pilot **Solar Panel charging technology** on operational vehicles to provide on-board power	
	Engage with Blue Light partners to explore opportunities to **utilise drone technology** for on-scene incident surveillance	
	Establish a group to explore the application and benefits of the latest technology, including
• Artificial Intelligence technology
• Autonomous vehicle technology
• Clinical Diagnostic Equipment
(e.g. Point of Care testing	
	Explore and pilot **Telehealth / Video Technology** opportunities to improve communication and support patient care and clinical decision.	
	Fully implement the **Electronic Patient Clinical Record** solution that must be in place by time of Digipen contract expiry.	
	Agree and deploy our approach to communicate with our people using digital platforms, including evaluating and agreeing approaches to BYOD vs further roll out of **WAST digital devices**, the further extension of Wi-Fi enabled ambulances and the use of digital/video engagement platforms to provide real-time interaction e.g. Zoom	
	Launch and develop the **WIIN** platform (WAST Innovation and Improvement Network)	
Year 2 & 3	Explore opportunities to **integrate systems** with the wider health system	
	Work with industry leads to **identify and pilot non-diesel powered operational vehicles**	

Click here to request further information regarding how we will deliver these Year One activities

We believe there are four highly important underpinning components to our ability to place innovation and technology forefront of our thinking. The following section of this plan explores those four components.

6.5.3   Health Informatics

The focus of this team in short term will be to build upon and further develop the work from the previous year. While there are a multiplicity of tasks to undertake to support our overall objectives, detailed below are the highest priority themes which it is anticipated will make a significant difference to the organisation and the wider healthcare community. It should be noted that the Directorate's local development plan outlines further actions, while any actions outstanding from the 2018/19 IMTP will also be picked up, where they remain appropriate.

The following sections outline over the next three years what the teams areas of focus will be.

Ensure the design and infrastructure are at the forefront of innovation and technology - *Our Health Informatics capabilities*	

	Action	**Outcome Measures**
Year 1	**CAD Enhancements project** -Support the changes to the CAD system	Board approved NEPTs CAD business case Operational Qlik sense software Operational Optima software and number of service changes successfully modelled.
	EMS and NEPTS Commissioning framework- understand the reporting requirements for the AQI's	
	Enterprise Business Intelligence Solution Qlik Sense- Continue design, development and testing of Dashboards in accordance with customer requirements	
	Optima Implementation project- Agree and deliver a programme of forecasting/prediction work and develop architecture around Optima.	
	Implementation of the national 111 programme- Continue with the rollout of the 111 service across Wales and the respective reporting strategy.	
	Service Reconfiguration Framework- Engage with stakeholders externally in the wider reconfiguration of services across all Health Boards.	
	Implementation of the Directory of Service (DoS)- Refresh of the current DoS to make it a more fit for purpose solution and scalable for the future expansions.	
	CAS replacement project- Provide governance guidance and support to the formal tender process to replace existing NHSDW and GPOOH software systems with a new baseline solution. Support Implementation and migration of new system across WAST.	
	Implementation of an Electronic Patient Care Record- Approval of business case (Q4 2019/20) and Implementation (Q1 – Q4 2020/21).	
	National data resource development- We will work with health, social care and blue-light partners to improve data sharing, including the national data resource (NDR) programme to increase two way exchange of health information for service improvement, performance and transformation initiatives.	

Click here to request further information regarding how we will deliver these Year One activities

6.5.4 Information, Communication, Technology (ICT)

The second core component is our Information, Communication and Technology (ICT) team. It is vital that we maintain and improve our ICT infrastructure. The following sections outline over the next three years what our areas of focus will be. There activities are aligned with the themes of the Welsh Governments Informed Health and Care (A Digital Health and Social Care Strategy for Wales).

<table>
<tr><td colspan="6">Ensure the design and infrastructure are at the forefront of innovation and technology- Our ICT</td></tr>
<tr><td></td><td>Information for you</td><td>Improvement and innovation</td><td>Supporting professionals</td><td>Planned Future</td><td>Outcome Measures</td></tr>
<tr>
<td>Year 1</td>
<td>Implement opportunities for patients to access services electronically (NEPT & NHSDW).</td>
<td>Progress electronic information exchange building on implementation of the new CAD.</td>
<td>
1. the implementation of new functionality in the C3 CAD
2. Continue preparation / mobilisation of Airwave services.
3. Support for 111 programme
4. Support to ECPR procurement
5. Extend the roll-out of the mobile and agile working through use of tablet devices / vehicle Wi-Fi.
6. Extend access for clinicians to the Welsh Clinical Portal.
</td>
<td>Invest in building a secure, robust and resilient ICT infrastructure.</td>
<td>ECPR approved business case

% of operational staff with mobile devices over life of this plan</td>
</tr>
<tr>
<td>Year 2 & 3</td>
<td>Build on previous work to scale out alternative access channels, a revised website and continue to work with the national programmes around Directory of Service and electronic patient access.

Review and revise our patient access capabilities delivering new systems and capabilities to our patient facing services.</td>
<td>Improve information sharing and collaboration.

Work with NWIS and national programmes to increase two way exchange of information

Continue to work with partners across health, other public sectors, suppliers and the public to identify opportunities to increase information sharing.</td>
<td>
1. Continued preparation and mobilisation of Airwave.
2. Support and complete 111 rollout
3. Implementation of the new ECPR
4. Development of NEPTS CAD a business case and subsequent implementation
5. Compete migration of services onto the ARP CRS and MDVS solutions and migration onto the new ESN delivered by the national ESMCP programme.
</td>
<td>1.Improve and enhance the ICT infrastructure
2. Greater use of mobile and remote working technologies.
3.Review opportunities to replace systems and technologies</td>
<td>Board approved NEPTS CAD business case</td>
</tr>
</table>

Click here to request further information regarding how we will deliver these Year One activities

6.5.5   Infrastructure (Our Fleet)

The third component is our fleet department. We are currently in the second year of delivering the 10 year Strategic Outline Programme (SOP) that was endorsed by Welsh Government in 2018/19. Please click here to request a copy of the fleet SOP.

The SOP articulates the Trust's vision to for the delivery of Fleet Services up until 2028/29 and focuses upon the following three key work streams:

1. **Fleet Replacement:** the process to procure new vehicles based upon an agreed fixed asset life cycle
2. **Vehicle Maintenance**: ambition to provide all vehicle maintenance 'in house' and fully embed a robust planned preventative maintenance system on a time based servicing.
3. **Make Ready**: the plan to implement the 'Make ready' solution across Wales to ensure vehicles are prepared and re-stocked for safe and clean transportation of patients.

The following section of this plan outlines the key initiatives that will be delivered over the next three years to support implementation of the SOP, to test and embrace new technology and continue to drive continuous improvement of Fleet services.

Ensure the design and infrastructure are at the forefront of innovation and technology- *Our Fleet*		
	Action	**Outcome Measures**
Year 1	Continue to deliver the **Fleet Apprenticeship** scheme	Reduction in carbon footprint
	Ensure the **Make Ready and Fleet** work streams are in alignment enabling a single point of management and a reduced risk of duplication with regards to all elements of the SOP.	WG approved MRD and workshop business case
	Progress the purchase of the new combined **fleet workshop** in South East that will replace Blackwood, Blackweir and provide services to the Cwm Taf Health Board area.	
Year 2 & 3	Put into place arrangement to integrate Solar Panels into the Vehicle Specification.	% of fleet apprentices completing scheme
	Commence construction of the combined fleet workshop in South East	
	Pilot a dedicated 'Fleet Desk' in South East to improve the day to day management of operational vehicles	
	Develop the Vehicle Telematics data to support economical driving and reduce wear and tear on the vehicle.	
	We will explore opportunities to introduce maintenance bays to accommodate all electric, hybrid and alternatively fuelled vehicles.	
	Develop a plan to progress development of 'In House' maintenance provision across Mid & West Wales, identify opportunities for co-location with MRD roll out : • Increased efficiency of both maintenance and restock/cleaning at one time • Reduced vehicle down time • Improved efficiency of Apprentice Fleet Assistant (AFA) and Make Ready Depot (MRD) staff on same site • Clinical staff not tied up in noncore duties such as cleaning driving and stocking	

Click here to request further information regarding how we will deliver these Year One activities

6.5.6 Infrastructure (Our Estate)

Our estates priorities for the life of this plan are set against our Board and Welsh Government approved Estates Strategic Outlines Programme (SOP). This SOP describes a "Make Ready" concept being implemented on a 'hub and spoke' basis with appropriate sizing, scope and siting of operational facilities. However, this programme of work also includes improvements to;

- Clinical contact centres;
- Training facilities;
- Workshop facilities as part of the Fleet SOP; and
- Regional administrative centres.

In addition we have real ambition to work collaboratively with other blue light partners in developing solutions to some of our estates issues along with improving the overall state (by reducing backlog maintenance) and functionality of our facilities. Please click here to request a copy of our estate SOP.

To help us move toward delivering our SOP we have mapped out our programme of work for the following three years.

Ensure the design and infrastructure are at the forefront of innovation and technology- *Our Estate*		
	Action	**Outcome Measures**
Year 1	Prepare a **revised SOP** for submission to Welsh Government, which will set out the next set of priorities for investment, with the priorities to be discussed and agreed in partnership	WG approved MRD and workshop business case
	Complete the development of a **replacement workshop** facility for Blackweir and Blackwood as detailed in the Fleet SOP	Improved estate utilisation
	Maintain **ISO14001 accreditation**, develop plans as part of the decarbonisation	Fully operational administrative sites function in St Asaph and Matrix One (Swansea) by end of Year One
	The **re-location of services** from the former Cefn Coed Hospital Campus, Swansea	
	A replacement of Blackweir ambulance station to allow a **'make ready'** solution for the capital of Wales, with business case for major capital to be approved	
	Re-location of the support functions at the former HM Stanley site in St Asaph to a modern office facility	
	Review the arrangements for **station cleaning** across Wales with a view to developing a consistent approach, in partnership with trade union partners	Reduction in backlog maintenance
Year2 & 3	Progress works as part of the **decarbonisation of the public sector**, this will require technological initiatives and work practice such as agile working	
	To continue with the improved relationships with **blue light partners** and others to realise joint working opportunities	
	Develop agreements to introduce solutions for **reactive and pre-planned maintenance**	
	Continue with **joint procurement** opportunities with other public sector organisations where appropriate	
	Review the **administrative estate**, especially within the South East	
	To progress the development of workshop facilities to allow **in house maintenance** as detailed within the Fleet SOP	

Click here to request further information regarding how we will deliver these Year One activities

7. Our Golden Threads

1   4   6

7.1   Quality at the Heart of Everything We Do

In 2030, 'Delivering Excellence' will mean that WAST has put patient experience, outcomes and the quality of care at the heart of everything we do. Analysing quality data and information and being a listening organisation by embedding patient, carer and staff feedback from their experiences of receiving and providing care will be central to achieving a high quality service.

For the life of this plan we have identified eleven core quality *themes* which we need to further progress, and our key actions in relation to each theme are set out in the remainder of this section.

Health and Care Standards:

  • Will be meaningful to everyone and be translated and embedded across the Trust.

Trust Quality Strategy:

  • Review in line with the Welsh Government Quality & Governance Bill and engage in partnership.
  • Embed the duty of Quality and duty of Candour.
  • Quality and Governance Bill is integral to all WAST business functions. Evaluation of the Trust compliance with the Duty of Quality and Duty of Candour.

Please click here to request a copy of the Trust Quality strategy.

Quality Assurance:

  • Develop a business case relating to the concept of an electronic audit tool to provide a mechanism for compliance assurance and inform improvement priorities and learning. This will Inform the platform for Qliksense reporting.
  • Apply Qliksense to identify trends and themes across the Trust at every level to inform improvement priorities, continuous professional development and education, as well as IMTP/LDP planning.
  • Implement electronic solution to undertake auditing process.
  • The electronic audit tools and Patient Record data is informing quality assurance and improvement priorities.

Risk Management Strategy:

  • Implement the e-risk assessment and register (datix modules) across the Trust. Embed a governance process in the Trust that supports the e-risk tool in line with the maturing Board Assurance Framework. Develop staff guidance for Risk Management processes. Develop risk assessment training package for staff in WAST. The Trust will ensure that a positive Risk Management Culture exists to support the duty of candour required of the organisation under the forthcoming Quality Governance Bill.
  • Electronic risk assessments inform Trust Risk Management process to inform risk maturity. Risk assessment training embedded as a core training requirement.
  • The Trust has achieved its risk assurance milestone.

Please click here to request a copy of the Trust risk management strategy.

4

Health and Safety Improvement plan:

  • Deliver the priorities for Year One with H&S assurance dashboard for: 1) Board Leadership; 2) Effective Communication; 3) Partnership and Collective Responsibility; 4)

Governance; 5) Training and Education; 6) Staff well-being and welfare; 7) Benchmarking for sharing and learning. All Board members objectives embrace H&S and achieve IOSH Leading Safely training. Establish H&S champions network across WAST.

- Maintenance of the plan and embed the H&S electronic audit and continuous professional development for H&S. Embed H&S assurance dashboard.
- Priority actions embedded and assurance measured.

Please click here to request a copy of the Trust health and safety improvement plan.

Safeguarding annual report and annual plan:

- Implementation of the Safeguarding electronic referral process across Trust services. WAST is represented at all NHS Wales Safeguarding Boards. We will undertake a training needs analysis including how to support staff who are required to deal with distressing situations.
- Evaluate effectiveness of the electronic safeguarding referral process. Review all training programmes for Safeguarding compliance with safeguarding competencies and VAWDASV agenda referral process is embedded as core business. All WAST staff and volunteers will receive safeguarding training as business as usual.
- Review the national 2018 safeguarding guidance and competencies for healthcare staff and design appropriate implementation plan

Please click here to request a copy of the Trust safeguarding annual report and annual plan.

Infection Control Improvement Plan:

- Launch Safe, Clean Care Campaign and assessment of compliance with vehicle cleaning standards. Review priorities in IPC improvement plan.
- Evaluate effectiveness of Safe Clean Care. Implement assurance framework for vehicle cleaning standards and scale up across Make Ready Depots
- Safe Clean Care embedded and compliance with standards for vehicle cleaning are business as usual

Please click here to request a copy of the Trust Infection Control Improvement Plan.

WAST Public Health Plan:

- Finalise the development of the plan for approval in May 2019.
- Design implementation plan and evaluate to monitor the benefits and impact of the plan.

Putting Things Right Improvement Plan - Winter Assurance Panel Improvement Plan:

- Embed the PTR Scrutiny panel for assurance for learning and improvement. Use Datix system intelligence to inform improvements.
- Identify the themes and trends from PTR scrutiny panels to inform WIIIN priorities for improvement projects and learning for staff CPD.
- Increase recognition of themes and trends from concerns (through Qliksense) at every level in the Trust to inform priorities for improvement and learning. Expand capacity with staff skills with Root Cause Analysis training to maximise capability.

Please click here to request a copy of the Trust Putting Things Right Improvement Plan - Winter Assurance Panel Improvement Plan.

Patient Experience & Community Involvement:

- Implementation of the national service user experiences framework.
- Deliver a continuous engagement model with patients, their carers/families and public

- Embrace the Commissioners for Children and Older People objectives including the principles of the UN Rights of the Child and ageing well in Wales programme.
- Compliance with national standards for Learning Disabilities, Sensory Loss and BAME
- Create resources for the general public to promote self-care and health promotion (including NHS Direct Wales website content, information leaflets/booklets, audio and film/video resources).

Mental Health and Dementia:

- Be an active member of NHS Wales Mental Health Network Board, the T4MH Partnership Board and the Crisis Care Concordat, and in the rest of the UK through UK Ambulance Project A.
- Our new long term mental health strategy will take into account the broad societal challenges (rapid rises in dementia prevalence, increases in common mental health problems and complexity), and will ensure that the public receive the very best service possible, and where possible experience more joined up services when they are in crisis. We will:
- Ensure that mental health and dementia improvement is a focus across the Trust
- Ensure mental health and dementia learning for new entrants to WAST and staff in post,
- Develop, implement and evaluate a distress brief intervention programme for people who are in crisis but fall below threshold for mental health services (with LHBs, Police, Welsh Government)
- Scope the potential for a world first – an advanced paramedic practice in mental health and dementia programme, including academic study and practice placements in crisis/dementia teams
- Explore how we can integrate all mental health 'hear and treat' services in Wales e.g. CALL mental health helpline, Police Triage, local single point of access services, including using a single, standardised mental health and assessment triage platform
- Develop options for an improved mental health act (including Section 136) conveyance offer with local authorities, Health Boards, the police and Welsh Government.

The Trust has developed improvement plans for the corporate Quality functions for the organisation and continuously reviews progress against the milestones through the Trusts Quality Steering Group. These plans align with national strategy as well as statutory and regulatory requirements of the Trust.

7.2   Value and Efficiency in Everything We Do

6

In this section we articulate what we mean by value. We recognize it means many things to many people. Two potential definitions are set out below:

- **Delivering services and service change that ensure value for money**. All future Trust business cases, whether these be for external capital investment funding or for internal due diligence, decision making and good governance processes will seek to ensure that such value benefits are clear and central to any determination of preferred options. Return on investment evaluation will be improved, and the Trust will consider what further enhancements it may need to its business case processes following recent updates to national WG Infrastructure Investment Guidance.

- Value based healthcare that drives **quality and sustainability by continually focusing on and measuring outcomes** that matter to patients and careers alongside understanding the true cost of care.

Value and efficiency is one of our guiding principles, and this means that we have ensured it is expressed throughout this plan. For example where **section 5.3.6** references the procurement and embedding of a new EPCR system for the Trust, this will be done with an underlying theme of value and efficiency being at the core of our business case.

This section therefore focuses on some of the processes which we will look to put in place to ensure we are *applying* value and efficiency to all we do.

Value (Financial Efficiency)

We will focus, as a minimum, on the following programmes of work, along with the continuing drive to ensure front line resources are maximized and the Trust continues to seek to shift resources "left" in terms of the 5 step ambulance pathway, in line with the recently published Amber Review.

- Improvements will be made to the way that the Trust understands its cost base and its cost behavior as services change and additional efficiencies continue to be planned and delivered. This will include a further enhancement of cost benchmarking, both within Wales and across the ambulance sector within the UK.
- Ensure procurement efficiencies are maximised, in conjunction with NWSSP.
- Improve efficiency in stock inventory and asset tracking, through RFID.
- Map any gap analysis against Global Digital Exemplars in NHS England and agree action plans to close.
- Consider whether any other corporate functions could be "contracted out" in conjunction with NWSSP.
- Establish how, through working collaboratively with partners within the NHS, but also more broadly with other emergency services, we can work more efficiently providing both financial and operational benefits.

Value Based healthcare

We will further explore the concept of value based healthcare within the unscheduled care, out of hospital and ambulance sectors.

We will look to place a greater focus on outcomes rather than outputs and the need to ensure and evidence improving cost when compared to outcomes that matter to the patient.

Areas where we will focus on initially during the life of this plan include:

- Falls prevention and the nationally recognised falls framework;
- How value is deemed in relation to the continuing improvements required in respect to the maintenance of our fleet;
- Further work with International Consortium for Health Outcome Measures (ICHOM) will continue to see what areas of improvement can be jointly explored, as well as with the Bevan Commission, with the Trust being one of only two organizations in NHS Wales selected to host a finance specific Bevan exemplar project.

We are, however, not seeking to progress this in isolation but rather complementary with;

- The principles which underpin the NHS Wales wide drive for Efficiency, Healthcare Value and Improvement.

- The prudent healthcare agenda and our ongoing commitment to ensuring prudent healthcare runs through our entire service.

7.2.1 Research and Development

7

Core to underpinning a value based approach to the health care which we provide is having sound evidence upon which to base our services and over the life of this plan we will be looking to ensure all of developments are ground in good research and evidence and evaluation..

We recognise that achieving University Status is key to this. Such status supports purposeful and transformational research and development, training and education, innovation and directive relationships with industry across all functions within our organisation, separately and collectively. It engenders equity across the service and enables excellence to be identified and nurtured throughout the organisation. Externally, it reinforces the status of WAST as an equally vital component of a highly professional workforce, committed to challenging itself to contribute to a modern and effective NHS. University Status acts as a catalyst, realising ambition by forging partnerships which support and expose WAST to the latest thinking and facilities from technological developments, clinical excellence, operational intelligence to the leadership and management skillsets required to support, deliver and continuously improve.

Our current research activities

Our research and development functions are delivered by HCRW@WAST (Health and Care Research), which is part of the Health and Care Research Wales arm of Welsh Government.

The table below summarises the research portfolio for 2019/20 and beyond. You can also request a copy of our R&D annual report clicking here

Research Trial	Expected Completion Date
TIME: Take home Naloxone Intervention - *Multicentre Emergency setting Feasibility Trial*.	30/06/2020
STRETCHED: Strategies to manage Emergency Ambulance Telephone Callers with sustained high needs - *An Evaluation using linked Data*	30/12/2021
PHECG 2: Use and impact of the Pre-Hospital 12-lead Electro Cardio Gram in the primary PCI era - *Mixed method study (PHECG-2)*	30/11/2019
INFORM: Improving care for people who Frequently call 999: co-production of guidance - *an Observational study using routine linked data and mixed methods*	30/09/2021
ARRIVE: Ambulance paramedics responding to urgent patient requests in general practice for home Visits- *Evaluation development*	30/09/2020
EDARA: Evaluating the Diversion of Alcohol-Related Attendances	
OHCAO: Epidemiology and Outcome from Out of Hospital Cardiac Arrest	
Pre Hospital STUMBL: Small scale pathway Portfolio Study which is being conducted to support/develop a multicentre Randomised Feasibility Study- *Qualitative study*	Nov 2018
Pre Hospital STUMBL: Multicentre Randomised Feasibility Study evaluating the impact of a prognostic model for the management of Blunt chest wall trauma patients in pre-hospital care.	2019-2021
PARA VR: Development of prototype for Virtual Reality Training for Paramedics	2018-2019
KESS MSc: Feasibility of conducting a Randomised Controlled Trial (RCT) of Resilience Intervention Training in undergraduate paramedics and Emergency Medical Technicians.	2018-2019
End Of Life Care	2019
ACCELERATE	2019-2020

		2019-2021
RAPID 2: Paramedic Fascia Iliaca Compartment Block. Follow-on study of RAPID Trial which was led by WAST		2019-2021
What is the understanding and awareness of Adverse Childhood Experiences (ACEs)		2019-2021

	Action	Outcome Measures
Year 1	Deliver an action plan to move the Trust towards University Status	
Year 2&3	Achieve University Trust status	

Click here to request further information regarding how we will deliver these Year One activities

8. Our Supporting Plans

8.1   Finance

Our financial plan for 2019-22 will build on the plans and financial performance of the last few financial years, in which the Trust has, year on year, achieved financial balance. The updated plan focusses in more detail on the 2019/20 financial year with the following two years being indicative of our assumptions in relation to income and expenditure, and which incorporate our operational plans and ambition for this period.

WAST receives the vast majority of its income through a commissioning arrangement, led by the Chief Ambulance Services Commissioner, who acts on behalf of all Welsh Health Boards on the commissioning of Emergency Ambulance Services. This arrangement is conducted through the Emergency Ambulance Services Joint Committee (EASC) which is responsible for developing collective commissioning intentions and plans and agreeing the resourcing to deliver these. Funding for ambulance services is incorporated as part of the allocations made to NHS organisations by the Welsh Government. It is expected that national, NHS wide, planning assumptions, including funding uplifts, will be equally relevant to commissioning agreements and the financial plan for WAST has been developed on this basis.

Other income will continue to flow to the Trust, including that direct from WG for Resilience, direct from HBs for some locally agreed schemes and service delivery, some cross border income and some technical funding from WG. Whilst under a commissioning framework with EASC, funding for the NEPTS service continues to flow direct from Health Boards, with a separate funding arrangement via ABUHB also in place with regards to the roll out of the 111 service in Wales.

8.1.1   Key Income assumptions

There are some key financial assumptions within the Trust's three year financial plan which include as part of the Welsh Government budget uplift:-

- 2% uplift for core cost growth, which includes funding to meet the first 1% of 2019-20 pay award costs;
- Further funding to support the Agenda for Change (A4C) pay award (2018-19 recurrent costs and 2019-20 increases) and the recurrent effect of the 2018-19 DDRB award;
- A fair share of the £45 million – equating to broadly 1% of discretionary HCHS – as additional growth funding from the £60 million funding for A Healthier Wales, for investment in new and emerging developments to contribute to and help deliver the Healthier Wales agenda as part of the wider system;
- Ring fenced funding will be provided in full to support the increasing cost profile of the Band 6 paramedic business case and the continued roll out of the 111 service.

Confirmation has been received from WG that this approach means that all main funding streams will receive a minimum 3% uplift in 2019-20, with an expectation that 3% is passed on, as a minimum, to joint commissioners and providers. It is recognised that 1% of this (as identified above) which represents c£1.7m for WAST, is specifically targeted to support new initiatives that align with the implementation of "A Healthier Wales" and as such a range of proposals for investment have been developed for further consideration with our commissioners. These proposals include the further implementation of the Falls Framework, Joint Response models with blue light partners, development of Mental Health and Dementia and Older Persons Strategy as well as further developing NEPTS. All proposals have also been mapped against the EASC provided commissioning intentions, especially

focussing on how HCP calls are treated, ED avoidance, and development of alternative pathways and reducing hospital handover times.

In addition the following assumptions have been made:-

- Additional funding of **£2m**, over and above the budget and Allocation Letter uplifts has been assumed, to support the full year cost of some of the additional capacity agreed as part of the winter plans for 2018/19. This is following discussions with WG which confirmed that this funding, provided non-recurring by WG in 2018/19 will then need to be reocurringly provided from core allocations via the commissioning arrangement with EASC. Specifically this includes

    - o Additional Clinical Desk capacity £0.8m.
    - o A first tranche of delivering on the Advanced Paramedic Practitioners (APP) business case – 20 APPs - £1.2m

- Additional funding of **£3.246m will be required in 2019/20 to support the next stage of implementation of the APP business case,** assuming this is implemented in full from 1st April 2019. A source of funding to do so is required and needs confirming before such further investment and implementation can proceed. As such, this has not yet been fully included within the Trust's financial plan, with the working assumption being this would be "neutral" from a financial gap perspective in that costs will only be incurred once funding for this is confirmed, and such funding will only be required to cover additional costs incurred. Future year's impact of the APP business case and resulting requirements are expected to be refreshed following the upcoming Demand & Capacity (D&C) review, following the Amber Review.

- The full costs of the **increase in employers pension costs,** estimated at up to £6m**,** will be funded on a national basis by Welsh Government as will any liability arising from the ongoing legal ruling in relation to payment for holiday pay entitlement on voluntary overtime which has been calculated at £1m per annum, plus potential backdating. These are all clearly NHS wide issues.

- It is expected that the additional costs of service change Pan Wales and system wide Major Service change programmes in which WAST participates will be funded to reflect the financial impact on services in the future. As part of this it will be vital that the full potential to maximise benefits from collaborative working are considered, particularly in the context of significant increases in demand. Specifically these include Paediatric, obstetric and Neonatal (PON) service changes which will be live in 2019/20 (Cwm Taf LHB specific),and the Grange University Hospital development in Cwmbran, service reconfiguration which is yet to be quantified. Again, where possible, the likely impact of such changes over the next 3 – 5 years will also be considered as part of the D&C Review.

- The wider financial impact of the outcomes of a revised D and C Review, and the emergent intelligence from optima will need to be considered alongside any recommendations in relation to capacity and service change.

For NEPTS, this will include the current baseline plus funding uplifts, with a recognition that this will increase for future transfers of work from HBs. Further work is progressing with the Commissioner in terms of the longer term financial sustainability of the NEPTS service and how this delivers both the continued enhancements and efficiencies required within the previously approved business case and within existing or future resource envelopes.

For 111, this will continue to include agreed funding to match the additional costs of delivering the continued roll out of 111, and any costs associated with the procurement of the new 111/GPOOHs system, this funding will continue to be routed through Aneurin Bevin LHB.

The table below presents our (current) assumptions in relation to how the expected uplifts will be applied in relation to the baseline income that WAST receives from Welsh Health Boards and Trusts.

Uplift assumptions	2019-20				
	Baseline	Uplift @ 2 %	Healthy Wales @ 1 %	Pay Award	Total
Income Source	£m	£m	£m	£m	£m
EMS baseline	146.5	3.0	1.5	3.3	**154.2**
Renal Transport	1.1	0.0			**1.1**
Airwave	-0.2				**-0.2**
Clinical Desk	0.8				**0.8**
ESMCP	0.0				**0.0**
Band 6 paramedic - per WHC (2017) 053	1.6				**1.6**
APP - partial Business Case	1.2				**1.2**
Total EMS	**151.1**	**3.0**	**1.5**	**3.3**	158.8
NEPTS (inc £763k Cardiff)	20.0	0.4	0.2	0.4	**21.0**
Income from Health boards & Trusts (including 111)	6.5	0.1	0.1	0.1	**6.8**
Total income from NHS Wales	**177.6**	**3.4**	**1.7**	**3.9**	186.6
Other income					
Welsh Government	4.5	0.0	0.0	0.0	**4.5**
Other Income	2.2	0.0	0.0	0.0	**2.3**
Total income	**184.2**	**3.5**	**1.7**	**3.9**	193.4

Alternative funding sources

We will continue to explore opportunities to develop services, many in collaboration with our commissioners and other partners, that may attract additional funding from other specific central budgets including; Digital revenue investment, prevention, Mental Health and Learning Disabilities, Clinical Plans and Value Based Healthcare, Transformation programme and Substance misuse.

8.1.2   Expenditure

The Trust's expected cost base movement has been scrutinised along with the current and future expected levels of expenditure. Our plan is based on the recurring costs from 2018/19 uplifted for inflation plus known pressures including business rates and rents, fuel, maintenance costs of medical equipment, transport and ICT costs. This list is by no means exhaustive but provides a detailed flavour of some of the areas of cost pressure that the Trust will need to look to manage. Specific costs base movements quantified at this stage include:-

- Inflationary cost pressures, pay and non-pay, statutory compliance issues – c£5.4m.

- A range of net cost pressures required to be incurred in order for the Trust to deliver on this plan, or as a consequence of capital and other investment decisions, which are to be delivered from within the existing (uplifted) resource envelope. Examples include increased costs of rent and rates, fuel and transport costs and medical and surgical equipment maintenance costs. This is inclusive

and in alignment with relevant revenue impacts identified with our Estates and Fleet SOPs and subsequent business cases.

Years 2 and 3

We have taken a strategic approach to the development of a Medium Term Financial Plan which has enabled the organisation to address both immediate financial requirements but reflects our commitment and flexibility to adapt to service change. It is evident that the effects of service change and the resultant financial impacts must be considered at a system wide level and that as part of this our resource and investment plans reflect the principles which underpin A Healthier Wales. This includes in conjunction with the Trust's commissioners. Similarly there will continue to be a drive to further increase efficiency, to ensure value for money and to maximise the benefits of the resources available.

Whilst the allocation letter from Welsh Government provides only for 2019/20 we have assumed that there will be similar levels of uplift for the following 2 years, together with an expectation that the costs associated future pay inflation will be met in full. Similarly there is assumption that top sliced funding to support paramedic band 6 and the further roll out of 111 will increase in line with agreed future profiles. On this basis we have made corresponding assumptions in relation to the expenditure changes for future years.

Summary of 3 year revenue financial plan

The table below sets out a summary of the assumed **in year** key, material revenue cost changes described for each of the years 2019/20 to 2021/22 which has been revised to reflect our updated planning assumptions.

Summary of assumed financial changes	2019-20			2020-21			2021-22		
	R	NR	Total	R	NR	Total	R	NR	Total
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Brought forward recurring deficit/-surplus	0.0		0.0	0.0		0.0	0.0		0.0
Income changes									
Future years inflation	-3.5		-3.5	-3.9		-3.9	-4.2		-4.2
Healthy Wales	-1.7		-1.7	-2.0		-2.0	-2.1		-2.1
2018/19 pay deal	-2.0		-2.0	-4.4		-4.4	-3.9		-3.9
APP	-1.2		-1.2			0.0			0.0
Band 6	-1.6		-1.6	-1.6		-1.6	-1.2		-1.2
Clinical Desk	-0.8		-0.8			0.0			0.0
ESMCP	0.0		0.0	-0.4		-0.4	0.9		0.9
Service Change	-0.2		-0.2						
Other income changes	0.5		0.5	0.0		0.0			0.0
Assumed increase in funding for 111 (via ABUHB)	-1.0		-1.0	-1.0		-1.0	-1.0		-1.0
Total income changes	**-11.5**	**0.0**	**-11.5**	**-13.3**	**0.0**	**-13.3**	**-11.5**	**0.0**	**-11.5**
Expenditure changes									
Unavoidable costs - Inflation, pension, statutory compliance etc	5.4		5.4	5.8		5.8	5.4		5.4
APP	1.2		1.2	0.0		0.0	0.0		0.0
Contingency Reserve	0.5		0.5	0.5		0.5	0.5		0.5
Healthy Wales	1.7		1.7	2.0		2.0	2.1		2.1

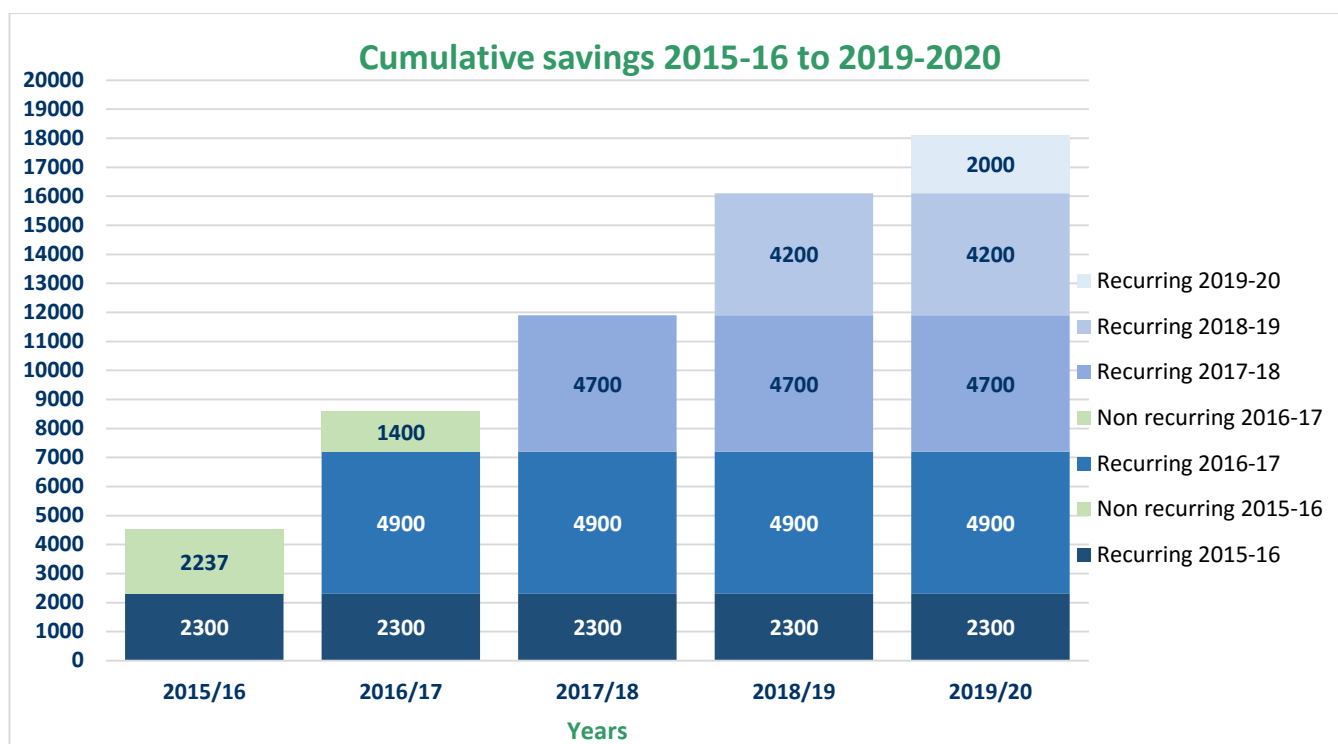|	C1	C2	C3	C4	C5	C6	C7	C8	C9
Continued capacity			0.0	0.5		0.5	0.5		0.5
Apprenticeship levy	0.0		0.0	0.0		0.0	0.0		0.0
Non-recurring savings delivery / gains	0.0		0.0	0.3		0.3	0.0		0.0
Cost pressures	2.1		2.1	2.2		2.2	2.3		2.3
Reduction of non-recurring costs	-1.0		-1.0	0.0		0.0	0.0		0.0
Assumed increased 111 costs	1.0		1.0	1.0		1.0	1.0		1.0
Additional Depreciation funding	0.0		0.0	0.0		0.0	0.0		0.0
Band 6	1.6		1.6	1.6		1.6	1.2		1.2
Service change	0.2		0.2	0.0		0.0	0.0		0.0
Clinical Desk	0.8		0.8	0.0		0.0	0.0		0.0
ESMCP			0.0	0.4		0.4	-0.9		-0.9
Total expenditure changes	**13.5**	**0.0**	**13.5**	**14.3**	**0.0**	**14.3**	**12.1**	**0.0**	**12.1**
Sub total deficit / -surplus (inc bfwd)	**2.1**	**0.0**	**2.1**	**1.0**	**0.0**	**1.0**	**0.6**	**0.0**	**0.6**
Efficiencies / service re-design / gains									
Planned accountancy gains (profit on disposal)									
Potential savings	-2.1			-1.0		-1.0	-0.6		-0.6
Non recurring savings	0.0			0.0		0.0	0.0		0.0
Total efficiencies / service re-design / gain	**-2.1**	**0.0**	**-2.1**	**-1.0**	**0.0**	**-1.0**	**-0.6**	**0.0**	**-0.6**
Total deficit / -surplus			**0.0**			**0.0**			**0.0**
Recurring deficit/-surplus carried forward			**0.0**			**0.0**			**0.0**

Resulting financial outlook

The revised table of assumed financial changes above indicates that a minimum of **£2.1m (circa 1.5%) of savings** and cost containment measures will need to be delivered to achieve financial balance in 2019/20, assuming all of the funding identified earlier within this plan is agreed and received, or some of the costs identified as needing specific additional funding do not materialise, some of which, if so, may have a potentially significant service impact. This level of minimum savings is achievable, but is not without risk and the need for continuing robust management to ensure delivery, especially in the context of that already achieved by the Trust over recent financial years.

8.1.3   Our Approach to Savings Delivery

We have demonstrated our ability to deliver significant savings (in excess of £16m over the previous 4 years) which has resulted in the achievement of financial balance. Our approach to developing savings plans has reflected the need to deliver immediate, recurrent and sustainable cost reductions. We are committed to the transformation of our services to facilitate value based healthcare and which optimising the use of resources, both with in WAST and on and NHS Wales basis.

Assuming delivery of financial balance in 2019/20 and the savings required to do so, this will bring the total recurring savings achieved by the Trust to over £18m, as demonstrated below. This is in excess of 12% of the Trust's discretionary revenue expenditure at the start of this period

Cumulative savings 2015-16 to 2019-2020

Chart legend:
- Recurring 2019-20
- Recurring 2018-19
- Recurring 2017-18
- Non recurring 2016-17
- Recurring 2016-17
- Non recurring 2015-16
- Recurring 2015-16

Year	Recurring 2015-16	Non recurring 2015-16	Recurring 2016-17	Non recurring 2016-17	Recurring 2017-18	Recurring 2018-19	Recurring 2019-20
2015/16	2300	2237					
2016/17	2300		4900	1400			
2017/18	2300		4900		4700		
2018/19	2300		4900		4700	4200	
2019/20	2300		4900		4700	4200	2000

To continue to deliver year on year savings of this level is clearly a challenge. However, opportunities remain which the Trust will continue to seek to maximise in order to deliver on its statutory financial duties. For 2019/20, these areas of continuing opportunity for the delivery of savings have been assessed as follows:-

- Through reducing levels of overtime and variable pay incurred to provide sickness cover, we will save £400k. This is based on modelled and differential targets which will result in a Trust average of 6.3%, an overall reduction of circa 0.7% against current sickness levels.
- Reduction in general overtime costs in alignment with our general drive towards recruitment into permanent posts, together with reviewing skill mix will save £300k.
- Improved fleet efficiency of £200k will be achieved through a modernised fleet stock together with a reduction in external maintenance costs. In addition we will look to increase fuel efficiency which will also reflect our commitment towards hybrid and / or electric vehicles.
- Non-operational vacancy management of £300k reflecting the current and past levels of achievement.
- Travel & subsistence of £200k.This is in line with recent internal audit findings and recommendations. We will look to reduce travel through greater use of technology, ensure maximum VFM where travel is essential and further improve our procurement to reduce overnight accommodation costs. This will all be in tandem with further reviews of our T&S policy and procedures to ensure eligibility and adherence.
- Further drive other potential procurement and non-pay savings, in conjunction with NWSSP and focussing on contract renewals, opportunities to reduce the range of suppliers for certain items and through the potential to explore some short term specialist procurement work.
- As ever, there will be a range of Local Schemes, currently estimated at c£300k, to be delivered through a variety of smaller scale schemes by budget holders across the Trust.
- Income generation including interest receivable £300k. This will include further exploring the ability to maximise s106 funding potentials.
- Estates efficiencies £100k, to be delivered through energy efficiency with an emphasis on environmental sustainability and estates developments.

8.1.4   Summary of Financial Risks

No financial plan is risk free. Financial risk management forms a key element of the project plans which underpin both our ambitions and savings targets. We have strengthened our financial capacity and corporate focus on finance, and as an organisation have structures in place to drive through the delivery of our financial plan.

A summary of the key risks to the delivery of the Medium Term Financial Plan includes:

- Funding assumptions in relation to pay awards, other cost pressures and general uplifts are received in line with that assumed within this plan. This should be low risk given the WG and Commissioner assurances and support provided to this plan;
- Specifically the assumption that, to balance in 2019/20, the total additional cost of the final changes to employers pensions contributions are funded in full – this is likely to be a significant cost for both the Trust and the wider NHS (and public sector) in Wales;
- Outcome of legal ruling on holiday pay on voluntary overtime and funding availability to support this, if required;
- Non-pay inflation and any impact in relation to Brexit (particularly suppliers);
- Full implementation of the NEPTS business case, specifically matching the profile of efficiency with service development, or the agreement of additional funding;
- Availability of capital funding to support the infrastructure investment required to implement service change, and the ability of the Trust to deliver the revenue consequences of capital schemes within stated resource envelope;
- Financial impact of EASC commissioning intentions, and confirmation of the EMS financial resource envelope as assumed within our financial plan;
- Ensuring additional avoidable costs that impact on the Trust as a result of service changes elsewhere in the NHS Wales system are fully recognised and funded;
- Ensuring any further developments (e.g. further implementation of the APP business case) are only implemented once additional funding to support these is confirmed;
- That the Bridgend locality boundary change has no detrimental financial impact on the Trust;
- Delivery of cash releasing savings and efficiencies.

8.1.5   Capital

The capital programme has been developed in parallel with our service, estate and fleet plans. The Trust is in a good position with WG endorsed 10 year SOPs for both fleet and estates, along with a number of business cases aligned to these either being considered by WG or in varying stages of development. This Trust has also demonstrated value for money from the investments it has made from is discretionary capital allocation over recent years.

Discretionary Capital

The Trust is assuming a continuation of a discretionary capital allocation of at least £5.8m from which it will fund a range of estates, ICT, medical equipment and other schemes.

 The organisation has recently strengthened its overall approach to capital planning, with the establishment of an Internal Capital Management Board, supported by SOP Delivery Groups which meet monthly and oversees all aspects of capital planning. On top of this there is a specific discretionary capital Task & Finish Group that meets twice yearly to prioritise the discretionary capital schemes. The is all then taken to the Trust Board's Finance and Resources (FRC) Committee, and Trust Board for approval.

Details of a range of upcoming proposed capital schemes and resulting expenditure can be seen in the capital section of this plan.

Costs of Capital

The costs of capital have been included as £14.929m in accordance with the allocation value presented within WHC (2018) 50.

8.2 Workforce

8.2.1 Our People and Culture Story

The majority of our workforce delivers patient centred services within our Operations Directorate, which includes our Clinical Contact Centres (including NHSDW and 111 services) and our Non-Emergency Patient Transport Service (NEPTS). Our patient facing services are also supported by colleagues working within our corporate and support functions (approximately 500 staff) and our valued extended volunteer workforce, including over 1,000 Community First Responders (CFRs) and circa 300 Volunteer Car Drivers.

We have seen a positive increase in the number of female staff employed over the past three years, from 25% to 43%. However, we have seen only a very small increase in our BME workforce, from 18 to 25 staff (less than 1% of the overall workforce). This is despite building community links and working to improve the overall experience of our BAME staff. We recognise that more work is needed to both increase BME representation within the organisation, and to widen access to careers within the service and to the paramedic studies with Swansea University. We have identified some further resource in 2019/20 to enable us to make greater progress towards our ambitions to increase diversity, and the Trust's Strategic Equality Plan, *Treating People Fairly* will be refreshed in 2020.

We have also seen an increase in the number of staff aged 50+, from 34% 3 years ago to 40% in 2019. The challenge of an ageing workforce, increasing longevity and expectations of a longer working life are strong drivers to continue to focus on the health and wellbeing of our workforce. Delivery of a broad Health & Wellbeing Strategy is one of our key strategic actions described further below.

Following a period of relative stability among the Executive Leadership Team, the past few months has seen turnover around the top table, with the arrival of a New Chief Executive in September 2018 and changes to a number of Director roles. During Year One of this plan, we will be looking to recruit substantively to interim Directors posts, including the creation of a Director of Digital Transformation to develop and drive the strategy to deliver the technological transformation ambitions set our earlier. We will also be implementing proposed changes to Executive Portfolios. Succession planning to Director level posts continues to present a challenge, as we increasingly see the gap between the salaries of Director posts in smaller trusts and those of Senior Managers and Assistant Directors in the larger Health Boards closing, and Welsh salaries failing to keep pace with those of English counterparts. This requires the support of Welsh Government in addressing such challenges going forward.

8.2.2 Factors Driving our Workforce Planning (Demand)

We currently employ almost 3,400 staff (3178 WTE as of 31/12/18) which has grown from 3,185 staff over the past 3 years. This growth is also reflected in the size of the paybill which has increased from £89,316,455 to £97,304,001 over three years. This growth results from a number of investments made by Commissioners and Welsh Government in our front line EMS, strengthening of clinical leadership and the roll out of 111 services, and is reflective of increasing confidence in the organisation's ability to deliver.

With demand on our services continuing to increase year on year, we need to be increasingly innovative and develop new workforce plans and initiatives which support the aspiration to expand our place within the wider system, as described in **section 5**. In 2018/19 we introduced our workforce planning toolkit based on the 6 step model of workforce planning to support the workforce planning

process. The Trust is also making use of workforce supply forecasting methods and is preparing for Optima (modelling software) to be available to assist prediction of workforce demand. Further work will be done to continue to embed robust workforce planning processes across the organisation over the next three years.

The following developments are key drivers of our workforce plan. These reflect some of the narrative referred to in **Section 5** of this plan (where further detail is contained).

- **Future of Advanced Practice**

As our service models develop to better meet the needs of our patients, we have explored and utilised the benefits of advanced practice enabling our workforce to develop and grow through their careers and expand their offerings to patients. The potential impact of further roll out of the Trust's Advanced Paramedic Practitioner business case from 2019/20 is a significant development, requiring further investment to deliver an increase of 50 – 60 advanced practitioners across Wales. As full investment has not yet been confirmed, these numbers are not yet included in our financial or workforce plan numbers. However, consideration has been given to how the Trust would deliver this ambition in terms of supply of qualified advanced paramedic practitioners, including the potential impact on future education commissioning numbers, and our plans have been adjusted accordingly to mitigate any potential future risk.

Non-medical prescribing is an additional and very much linked aspiration that links to the expansion of advanced practice across the organisation and has the potential to be a strategic enabler for the organisation, supporting even more people to live well at home.

- **Expansion of the Clinical Desk and Hear & Treat in CCCs**

We have increased the number of clinicians triaging calls within our Clinical Contact Centers (CCCs) and have asked our clinicians to work differently with our blue light partners, including locating our staff out of police control centres across Wales. This has had a positive impact on our performance by reducing conveyance to hospital and improving patient experience and has led to further investment in this area as part of our 2018 winter plans, with an additional 16 WTE posts. We will continue to monitor the benefits of this investment to increasing hear and treat rates, conveyance over the coming months and also productivity rates.

- **Further roll out of 111**

We are currently the host for the 111 pathway which has resulted in an increase in our workforce establishment of 35.87WTE Call Handlers and 22.89WTE Nurses within the NHSDW/111 service to date. Over the duration of this plan as 111 rolls out across Wales we anticipate a further increase of 74.92WTE Call Handlers and 43.85WTE Nurses. These numbers are reflected in our workforce plan numbers.

Over this next few years, we will develop an OD plan designed to further integrate the NHSDW and 111 services and teams, and to improve attraction, recruitment and retention of staff required to sustain delivery of the NHSDW/111 service across Wales. This will include the continued development and implementation of a professional Nursing Career Framework, which includes the development of a Band 5 Clinical Adviser role, Band 8a Specialist Nurse role (advanced practitioners) and rotational opportunities to support enhanced Nurse triage skills.

- **Forecasting Capacity and Demand – Emergency Medical Services (EMS) Skill Mix**

Following the conclusion of the 2018 Amber Review, it is proposed and agreed with Commissioners to run a fresh demand and capacity exercise based on up to date demand projections, and taking account of skill mix developments and opportunities such as advance practice roll out. The output of this exercise will be reviewed against our existing workforce plans and will be reflected in our workforce plan for 2020/21 onwards.

- **Non-Emergency Patient Transport Services (NEPTS)**

Further detail of our future plans and challenges facing the NEPTS service can be found in **section 6.1.3**. A small increase in baseline establishment of the NEPT Service as a result of the transfer of work between Health Boards and WAST in 2018/19 has been taken account of. No further increases in WTE have been identified or included in our workforce plans at this time, and any change will be addressed in line with future planned transfers of work. The role and contribution that volunteering plays within the provision of the service has been identified as a potential risk to sustainability (particularly within the North), and needs to be redefined as part of a future look at demand for services and capacity to deliver. This is the subject of ongoing dialogue with Commissioners.

- **Nurse Staffing Level (Wales) Act 2016**

We have responded to Nurse Staffing Level (Wales) Act 2016 in a number of ways including the focused development of our Nursing Career Framework (2018), the development of our workforce for the 111 service implementation and, evidence of the nursing staffing levels to support the first expansion phase and implementation of the clinical desk in the clinical contact centres while working with commissioners to maximise the future expansion of this service. We will continue work in partnership to develop the nurse staffing levels guidance as part of the Act for our services in out of hospital care (i.e. 111 service and clinical desk). We will also continue to lead our focus on effective staff well-being and retention strategies with the learning from the NHS Wales Staff Survey and explore the potential for a nurse (staff) bank in the future as our service expands.

- **External Developments and the impact of Brexit**

As described within the finance plan (**section 8.1.1**) it is expected that any external factors such as major service changes being led by Health Boards or regions of Health Boards, where they impact upon service delivery and capacity, will be funded accordingly. The use of the Optima system will enable us to better understand and assess the impact of these projected developments in future.

The issue of Brexit is not expected to impact on our workforce significantly. We will continue to ensure those staff identified as affected are supported and understand how they will be impacted, and that the impact of Brexit on delivery of our services is monitored closely over the next 12 months and risks mitigated accordingly.

8.2.3   Factors Affecting our Workforce Availability (Supply)

There is no doubt that our workforce is highly motivated to provide the best possible care to our patients. However there are a number of factors that can affect their productivity and availability to respond to the demands on our service, as highlighted in both Carter and Amber reviews. A number of these are highlighted below along with actions we will be taking to address them.

- **Education Commissioning Supply**

We will continue to work with Health Education and Improvement Wales (HEIW) to ensure we are commissioning the required number of education spaces to meet our future workforce requirements. Our plans are based on scenario planning and forecasting assumptions to ensure we are able to provide sufficient workforce supply. The commissioning numbers requested for academic year 2020/21 are provided within the technical template plan and are described in further detail in our People Strategy along with the plans to mitigate a future fallow year which comes as a result of the introduction of the 3 year degree in Paramedicine (and withdrawal of the 2 year diploma course).

- **Effective Workforce Planning and Timely Onboarding Processes**

We will continue to embed robust workforce planning processes across the organisation to ensure anticipate our safe staffing requirements in a timely way, and our future supply chain. This includes the need to ensure effective succession planning, timely recruitment and on-boarding processes, improvements to job evaluation timescales and effective change management processes.

- **Rosters, over runs and timely meal breaks**

It is increasingly important to ensure that our staff are in work at the right time in the right place to meet the increasing demands on our service. We will complete our ongoing roster reviews in Cwm Taf and Aneurin Bevan Health Board areas, informed by the previous demand and capacity findings and plan for future changes that may come as a result of a planned fresh demand and capacity review in 2019. We must be more agile, build readiness and understanding among the workforce to respond positively to the need to change rosters with changes in demand; making greater use of technology (e.g. modelling software and self rostering systems) to ensure that we can both review our demand profiles and align our rosters and workforce accordingly on a more frequent basis, and encourage greater ownership of working patterns with individuals.

We will also continue to work together with trade union partners to ensure the health and wellbeing of our staff is prioritised, creating greater flexibility in our systems to respond to short notice requests for leave and time off in lieu, further improving the levels of staff receiving timely meal breaks for rest and refreshment and ensuring they can finish work on time as far as possible.

Recruitment *#RemarkablePeople*

We will continue to build on our brand as a great employer, linking to the national brand (Live, Work, Train Wales) and ensure developing our own brand or reputation as an employer who recruits 'remarkable' people, with the right values and behaviours, into our services. Our approach to recruitment will focus on the increased use of social media and other modern, evidenced based approaches to attract the best people, improve candidate experience and overall ensure we are seen as the ambulance employer of choice. We will also prioritise and plan initiatives that ensure we are widening opportunity and access to less represented members of our communities including BME communities, the armed force, disabled applicants.

- **Attendance at Work**

Whilst the imperative to improve attendance among our workforce is a key priority, over the past few years we have been unable to deliver sustainable reductions in sickness absence. In 2018/19 we developed a nine point action plan which set out some short and longer term actions. We will continue to progress the actions identified to secure a tangible improvement in the management of long term

sickness cases, and longer term, a shift in culture, attitudes and health of our workforce that we believe is required to reduce the frequency of absence.

To monitor and drive improvement, we will also set variable improvement targets on a sliding scale across the Trust with the aim of delivering a reduction in the sickness rate to 6.3% in Year One, 5.9% in year two and 5.45% in year three. Based on current benchmarking, this would place us in the mid-range of ambulance services, and is believed to be a realistic target range. It is estimated these improvements will deliver savings of approximately £400k in Year One, with a subsequent additional £100k in years two and three.

8.2.4   Workforce Plan Assumptions

In light of the above, we have made the following assumptions in forecasting our future workforce needs and our education commissioning numbers.

A number of key workforce planning assumptions have been made within our three year plan, linked to the financial assumptions made (which can be found at page XXX). These include:

- Impact on our baseline starting WTE position for 2019/20 of the additional funding of £2m agreed to increase capacity on the clinical desk (16 WTE) and the first tranche of delivering on the Trust's Advanced Paramedic Practitioners (APP) business case (20 WTE) in 2018/19

- Increase of baseline WTE frontline relief capacity paramedics as a result of a decision of the Executive Management Team to convert overtime spend to substantive posts in 2018 (35 WTE)

- Increase of WTEs (74.92WTE Call Handlers and 43.85WTE Nurses) in line with funded roll out of the national 111 Service over the next three years

- No planned increases in WTE's for NEPTS to deliver the current baseline of work. (Note this may change as the role of volunteers within the provision of NEPTS is redefined and as future transfers of work from Health Boards are progressed).

- Any further identified growth in WTE numbers linked to service developments, both WAST (such as the advanced practitioner business case) and as a result of developments across the wider system, will only be shown where there is an identified and agreed line of funding to accompany the development.

- Efficiency and productivity gains will be delivered in line with agreed targets or identified opportunities, including a reduction in sickness absence rates on a sliding scale, further shifts in skill mix between Band 5 Emergency Medical Technician 3 and Band 6 Paramedics, a review of administrative and corporate services structures, and further improvements in meal break compliance and reduced overruns as a result of the implementation of actions arising from the 2018 Amber Review.

8.2.5   Workforce Risks and Challenges

No plan is without risk, and below is a summary of the key risks identified as they impact on our planned workforce numbers and developing strategies. Further detail of the actions being taken to mitigate and plan for these risks can be found in our People Strategy and Delivery Plan, to request a copy of this document click here:

- Failure to deliver required efficiency and productivity improvements, particularly attendance improvement targets, and reputational risk linked to the national picture.

- Failure to realise clinical benefits of the previous Band 6 Paramedic investment and impact of not meeting compliance requirements on Band 6 competences / further skill mix implications of paramedics opting / moving to EMT3 and potential financial impact on investment received.

- Financial, and potential industrial relations risk, presented by the ongoing tribunal case of Flowers v East of England Ambulance Service (holiday pay)

- Failure to secure required level of funding to further roll out APP Business case and realise benefits

- The NEPTS baseline capacity to meet demand and continuing transfer of work

- Potential corporate growth meet increasing demand, as highlighted as a risk in the 2018 WAO Structured Assessment, including make ready and occupational health.

- Out of date job descriptions for many of our groups of frontline staff and growing expectations of staff and TUs regards review, of out of date job descriptions, including impact of the clinical team leader review

- Roll out of prescribing rights for advanced paramedics (financial risk)

- Introduction of degree requirement for paramedics; supply & commissioning to avoid the fallow year

What actions we will take:

4

	Action	Outcome Measures
	Enable our people to be the best they can be - *secure efficiency and productivity improvements to deliver an increase in workforce availability and stable, safe frontline services*	
Year 1	Deliver the actions within the Attendance Improvement Plan	Reduction in sickness absence rates to 6.3%.
	Complete implementation of revised rosters within Cwm Taf and Aneurin Bevan Health Board areas.	Improved UHP, relief capacity and reduced reliance on overtime.
	Measure the benefits of the Band 6 paramedic investment and ensure compliance with competence requirements	Improved CPD rates and delivery of band 6 competence requirements.
	Demand and capacity review of EMS services; impact assess projected requirements on existing and future workforce capacity	
	Plans for roll out of advanced paramedic practitioners (subject to funding approved) and expansion of 111 Service across Wales	Realisation of Band 6 business case benefits – clinical and non-clinical
	Seek further improvements to overruns, delays and meal break compliance through IQT Improvement Project approach	Performance and conveyance
	To have signed up to the Armed Forces covenant	

Click here to request further information regarding how we will deliver these Year One activities

Year 2 & 3	Deliver the actions within the Attendance Improvement Plan and secure a reduction in sickness absence rates to 5.9%	improvements, previously identified elsewhere in this plan.
	Fully realise the benefits of the Band 6 paramedic investment	
	Prepare for further expansion of advanced paramedic practitioners and 111 service across Wales (subject to funding approved)	Maintain low levels of frontline vacancies, less than 5%.
	Scope and plan for potential implementation of self rostering systems	
	Deliver the actions within the Attendance Improvement Plan and secure a reduction in sickness absence rates to 5.45%	Staff survey indicators.
	Ensure recruitment plans take account of the need and opportunity to over recruit to help mitigate the expected 'fallow year' in supply of qualified paramedics	
	Prepare for further expansion of advanced paramedic practitioners and 111 service across Wales (subject to funding approved)	

Making WAST a great place to work

Great employee experience leads to great patient experience. There is a wealth of evidence[1] available to support this statement, and if we continue to focus our efforts on improving the employee (and volunteer) experience, our patients will benefit. Our actions and priorities in this regard are informed by our *2018 NHS Wales Staff Survey*, which highlighted good progress had already been made, but also a number of key areas for further improvement, including:

1. *Team-working*
2. *Senior Manager and Executive visibility and confidence.*
3. *Communications (between managers and staff).*
4. *Management of Change.*
5. *Experience of harassment, bullying and abuse (which has increased in line with NHS Wales).*

In responding to these, and other challenges and priorities set out throughout this Plan, we will focus on delivering improvement through the following strategies:

1. Leadership and Management Development
2. Health & Wellbeing
3. Transforming Professional Education and Training
4. Volunteering

8.2.6   Leadership and Management Development

4

The scale of change to come may not be unprecedented, but the added challenge and expectation created by *A Healthier Wales* of leaders working and influencing across the wider health and social care system and public services, presents an added layer of complexity to our leadership challenge over the next few years. Consistently, the evidence base[2] is clear on how leaders can ensure that colleagues provide the best care in a system: trust people to make decisions (patients and colleagues);

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[1] *Engage For Success* UK Government
[2] *Caring To Change* Kings Fund (2017) – West, M et al

focus on team working and effectiveness, partnerships and collaboration; be compassionate; take every opportunity to live and breathe the desired behaviours and culture.

Demographic diversity is also a real challenge for the organisation, and an appropriate leadership response is required. From multi-generational colleagues through to greater ethnic diversity and increased respect for individual beliefs and ways of being, the role of the leader moves from forcing a singular set of values and culture to support individuals to reinforce a shared set of behaviours, promoting trust and facilitating colleagues to understand and celebrate difference.

However, there are a number of indicators, including the workforce response to flu vaccinations and our NHS Wales Staff Survey 2018, which point towards there still being a challenge to engage and secure high levels of trust between frontline staff and senior leaders.   We will therefore prioritise the implementation of our Leadership and Management Development Strategy over the next three years to address these challenges and continue our positive journey of culture change.

Enable our people to be the best they can be - *We will implement our Leadership and Management Development Strategy*		
	Action	**Outcome Measures**
Year 1 actions	Scope and agree key measures and develop a baseline to evaluate the Strategy against	Overall improvements in staff engagement (survey) score and achieve key workforce KPIs
	Identify current and future leadership & management positions and hard to fill leadership and management posts	
	Agree the appropriate diagnostic tools to be used and adopt the agreed succession planning and talent management approach outlined in the Strategy	
	Design interventions to identify and develop aspiring leaders managers at all levels including design & deliver Bespoke Development and Assessment centre	
	Ensure refreshed development plans for: ✓ EMT & Board Development ✓ Deputy / Assistant Director level ✓ Heads of Service, Area and Locality Managers	
	Continue the delivery of the Team Leader Development Programme (Inc. Silver IQT)	
	Develop a coaching network	
Year 2 & 3 actions	Design and Deliver Development opportunities for:: ✓ EMT & Board Development ✓ Deputy / Assistant Director level ✓ Deliver Open development centres	
	Design interventions to identify and develop aspiring leaders managers at all levels	
	Continue the delivery of the Team Leader Development Programme (Inc. Silver IQT)	
	Develop a coaching network	

	Deliver Bespoke Development and Assessment centre	
	Provide skills development to undertake meaningful quality PADR discussions	

Click here to request further information regarding how we will deliver these Year One activities

8.2.7 Supporting our People to Enjoy a Long, Healthy, Happy Working Life.   ★4

Over the coming years, we will all need to adapt and cope with changes to the social, political, technological and economic environment at a pace that has not be required before. Some staff will relish the opportunities that this provides, whilst for others the changes will be highly challenging. This is likely to create demands and stress which will impact on the overall health and wellbeing of us all. Combined with the implications of increasing longevity in a workplace designed on 20th Century practices, rising levels of carer responsibilities (and already stretched health and social care resources unable to support), increasing levels of stress related sickness absence, predicted rises in levels of obesity, cancer, cardiovascular disease and musculo-skeletal disability among the population of Wales the impact for individuals is predicted to be significant.

In response, we will develop a broad Health and Wellbeing Strategy that takes account of the physical, financial and mental wellbeing needs of our workforce, their motivation, engagement and design of work. The potential for developing our in house occupational health and wellbeing resources will follow to ensure that we understand and can respond to the needs of individual members of staff. We also recognise the impact that the increasing incidence of violence and abuse against our frontline staff, including those answering calls within our Call Centres. As part of this strategy, we will ensure a focus is maintained on actions needed to minimise risk of violence, improve personal safety and the working environment, and deliver against the expectations of the NHS Wales Obligatory Responses to Violence in Healthcare framework.

Within this Strategy we expect the following key actions:

Enable our people to be the best *they can* be - *We will develop and secure approval for a Health & Wellbeing Strategy and implementation plan*		
	Action	**Outcome Measures**
Year 1	Secure Board approval for the HWB Strategy and support for an implementation plan	Reduced incidence of violence, aggression, bullying and harassment reported
	Design and launch a campaign aimed at reducing the incidence of violence and abusive behaviour towards #TeamWAST; scope and seek support to invest in improving the case management support for staff who are victims of incidents of violence and abuse.	
	Scope potential expansion of the Occupational Health & Wellbeing Service, to include use of telehealth and other technology	Improved support to staff who are victims of acts of violence and aggression, through to successful prosecution
	Implement home working models of remote working to enable a more flexible approach to responding to high levels of demand	
	To have published an action plan to address issues arising out of the staff survey by Q2.	
Year	Scope the potential for introduction / expansion of self rostering systems for field and CCC operations	

	Develop Business Case for the expansion of the Occupational Health Service (subject to appetite of Trust to expand)	Increased access to Occupational Health Services
	Refresh and renew the Trust Strategic Equality Objectives and Plan	
	Consider potential scope and appetite to offer a Single OH Service for Wales in longer term	Published SEP 2020-24
	Consider application for Platinum Corporate Health Standard Status	

Click here to request further information regarding how we will deliver these Year One activities

8.2.8   Transforming Professional Education and Clinical Training

Our ambition to be a leading ambulance service can only be delivered if we evolve and transform our future education and training provision to ensure we are able to maximise the potential impact of our frontline workforce on the experience and health of patients in and out of hospital.

We see the development of *Technology Enabled Learning* playing a key role in the future design and delivery of education. We intend to enable immersive and virtual learning environments while recognising the need to create local, equitable access to high quality, learner centred education opportunities in a fit for purpose environment. We will continue to explore the benefits of co-locating our educational provision with academic and other partners in future. We are also working with our academic partners to plan for the introduction of the degree in Paramedicine as entry level for a newly qualified paramedic, and to widen participation and access by further expanding our apprenticeship and learning from pre-degree pilot schemes run in England aimed at encouraging individuals from BME backgrounds into Paramedicine.

We will also embed our recently developed nursing and midwifery career framework and paramedic career frameworks which set out opportunities for development of advanced practice skills and internal rotations in WAST to maximise the skills of registered nurses and paramedics, and encourage progression from student to Nurse or Paramedic Consultant posts with rotations for staff in WAST and across Health Boards.

Our desire to achieve University Trust status is key to our education ambitions also and more information on this can be found in **section 7.2.1**.

Our ambitions will be further articulated in our Transforming Professional Training and Education Strategy, for which we aim to secure Trust Board approval early in 2019, and then move swiftly to implement.

Enable our people to be the best *they can* be - *We will develop and secure Board approval for our Transforming Professional Education and Training Strategy and implementation plan*		
	Action	**Outcome Measures**
Year 1	Secure funding and support for the establishment of locality learning cells across the Trust	Improved attendance at mandatory CPD and good levels of staff satisfaction
	Secure funding for introduction of virtual technology into training spaces in the North	

	Secure improvement in compliance with CPD requirements	
	Commence student nurse placements, enhance practice coach model within NHSDW & 111 Service, and introduce rotational posts with Health Boards.	
Year 2 & 3	Consider options to grow our Apprenticeship opportunities	Increased apprenticeship opportunities
	Realise and measure benefits of Band 6 competence delivery	
	Ensure fit for purpose training environments with appropriate technology and kit identified 3 regions of Wales (C&W, SE and North)	Compliance with Band 6 paramedic competence requirements Statutory and Mandatory Training targets achieved Improved recruitment and retention rates, particularly 111/NHSDW Will support delivery of clinical outcomes identified elsewhere in this plan.

Click here to request further information regarding how we will deliver these Year One activities

8.2.9 Refreshing our Commitment to Volunteering

The Trust acknowledges that our volunteers play an important role in improving people's experiences of care, building stronger relationships between services and communities, improving public health and reducing health inequalities. The requirement of volunteers is radically changing and there are huge opportunities for volunteers to help transform health and social care services across Wales.

Identifying new volunteer opportunities will be fundamental in supporting the expectations of: the Wellbeing of Future Generations Act and delivering A Wales of Cohesive Communities (local volunteering opportunities, dementia-friendly and build social networks); and the vision described by Welsh Government's plan for Health and Social Care: *A Healthier Wales.* This plan identifies that a seamless whole system approach to health and social care is required with a particular focus on community activities and regular contact with friends and neighbours which will help people to stay active, and reduce loneliness and isolation, supporting mental and physical health. For many people the support they need will be delivered by different people working closely together – professional and unpaid carers, family and friends, community volunteers, housing organisations and neighbours, as well as themselves. A whole system approach will enable all of these people and teams to work together, harnessing the full range of community assets, and based on a solid foundation of common values, shared information and mutual respect.

We are committed to refreshing our commitment to Volunteering through the development of a strategy that enables us to maximise the impact of the contact colleagues, paid and unpaid, make in their communities and to support our services.

We will:

Enable our people to be the best *they can* be -   *We will refresh our commitment to volunteering with the Trust Board and develop a strategy that enables us to achieve our agreed ambitions*

		Action	Outcome Measures
Year 1		Develop an ambitious Volunteer Strategy that outlines the future recruitment strategy to attract new volunteers that are representative of the communities they serve	Maximised contribution of volunteers, improvements to volunteer numbers
		Review on-boarding processes	
		Implement ESR to store volunteer data	
		Standardise mileage allowance	
		Develop Volunteer polices/handbook	
		Review current resource and structure to manage volunteers across WAST	
Year 2 & 3		Work towards Investing in Volunteers (LiV) Quality Standards	
		Improve engagement and communication with volunteers	
		Investigate collaborative working opportunities with St John and Review current informatics / data	
		Develop approaches (culture and process) to support colleagues to use work time for broader "public good" as part of a Corporate Social Responsibility programme	
		Work in partnership with blue light services to develop a Cadet scheme	
		Implement First Responder on Scene level 3 qualification (FRoS)	

Click here to request further information regarding how we will deliver these Year One activities

Although our workforce plans and strategic actions are ambitious, we are confident they are necessary to achieve our the Trust's strategic priority to make WAST a great place to work, where we enable our staff to be their best, transforming education and creating positive experiences of learning, training, working and volunteering. At the heart of our strategies is the belief that great staff experience leads to great patient experience and by recognising the unique needs, talents and contributions of our staff we are confident that our patients and the communities that we serve will benefit by receiving care of the highest quality.

Much of our success to date has been based upon a strong message of 'Go Together, Go Far' and the encouragement and expectation of working together with our Trade Union Partners. This is a message we will continue to promote and embed throughout this plan. In Year One of the plan we will refresh and reinforce our commitment to partnership working, review our facilities arrangements and developing a model for consultation and partnership engagement that we can promote in development of our management teams and local representatives as part of our leadership and management development strategy. We believe the continued strengthening of these relationships is critical to our future success.

8.3   Commissioning and Performance

Performance Indicators

The Trust is held to account externally on its performance against three key sets of metrics:

- Welsh Government targets;
- EASC commissioning intentions; and
- Any additional AQI's which don't form part of the above.

In previous years, there have been commissioning intentions for EMS only, but for 2019/20 we saw see a set introduced for NEPTS and a set may be introduced for 111 in future years.

Performance in 2018/19

Full details on the performance of the Trust during 2018/19 are set out in a range of public documents which include the Integrated Quality & Performance report which forms part of Trust Board papers and the Annual Quality Indicators (AQI) which are published by EASC.

A summary of some of the performance headlines are set out below:

- Total EMS incident demand has increased by 0.76% year on year. However, this overall figure hides significant variation in red, amber and green incident demand, with red incidents increasing by 13.83%, amber by 8.67% and green reducing by 17.70%. We are currently undertaking further analysis on the reasons behind the increase in red and amber demand and will share the results with our stakeholders.
- We have continued to maintain red performance above the EASC and Welsh Government target of 65% of immediately life threatening incidents being responded to in 8 minutes, although there has been some variation at a Health Board level.
- However, amber performance and related patient safety concerns and adverse incidents have become an increasing challenge. Performance against the amber median and amber 95th percentile has deteriorated, which is a product of increasing demand and continued high levels of lost hours available. We have set out in **section 6.1.1** and section **6.1.2** the actions that we will be taking internally and in collaboration with others to improve amber performance.
- There have been positive improvements against a number of the performance indicators, for example, in relation to the number of ambulances stopped as a result of hear & treat and the reducing conveyance to emergency departments. However, we acknowledge that for many of the EMS commissioning intentions, performance has not shown the improvements required. This will need to change as we move forward into our next 3 year plan.

Performance Monitoring

Performance against all of our performance targets and commissioning intentions is currently reported monthly to our Executive Management Team, to our Board, to EASC meetings and to the half yearly JET meetings.

During year one of this plan we are also looking to review and refresh our Performance Management Framework.

Performance Improvement

Moving into 2019/20, it is important to us that we are able to demonstrate delivery of all Welsh Government targets and EASC Commissioning Intentions.

The previous sections of this plan focus largely on delivery of headline outcomes, many of which are commissioning intentions, for the benefit of our staff and users. However, there are also a number of actions we plan to take that are specific to improving the management of commissioning and performance, which are detailed here.

- In Quarter 1, we will undertake a forensic piece of work to review performance against each commissioning intention, through a series of engagement workshops with key operational and support staff. This will then allow us to ensure that we have actions in place that will address each one.
- We will review our arrangements for managing the commissioning interface, both at a national and at a Health Board level, including working with EASC on local quality and

performance dashboards for each Health Board, liaising closely with the named lead for ambulance commissioning in each area.

- We will work with the National Collaborative Commissioning Unit (NCCU) on delivering the agreed range of updates to the EMS and NEPTS commissioning frameworks (commissioning intentions Table 1a EMS and Table 1a NEPTS respectively) for example, developing agreed performance triggers, developing an expanded set of clinical indicators, and improving information on the Clinical Support Desk and call to door times.
- We will work with the CASC on reviewing the commissioning governance arrangements, in particular, key meetings such as the Joint Management Assurance Group (JMAG), the Planning Evaluation Delivery Group (PDEG) and EASC/WAST Performance Meeting. This overhaul of the commissioning interface will also include the arrangements for NEPTS and NEPTS commissioning intentions

The joint WAST / Health Board Commissioning Templates (also known as template 2) have been developed collaboratively by WAST and Health Board partners, to capture the joint service initiatives being planned for 2019/20. The purpose of the plans are to identify a range of joint initiatives focused upon delivering tangible and sustainable improvement in patient care across the 5 step ambulance model and support improvement against the strategic commissioning intentions. In 2019/20 implementation of the plans will continue to be monitored through the Trust's EMT and EASC PDEG on a quarterly basis.

We also plan to further develop Optima Predict, in collaboration with NCCU, with a planned programme of modelling work for 2019/20 and improve our approach to in-house forecasting through links with the university sector in Wales. We will complete our roster reviews in Aneurin Bevan and Cwm Taf and continue to use the updated roster review toolkit to undertake roster reviews in other areas.

We will review and improve our Planning & Performance Framework in 2019/20, engaging with directorates and stakeholders. A key part of the Framework will be the continued roll out of Qliksense at pace, with a focus on delivering dashboards that support the delivery of quality and performance improvements at all levels of the organisation.

We will further develop our Board and Committee level reporting, focusing on the headline outcome measures and by exception, detailing actions being taken to mitigate any deviation from expected trajectories.

The Trust has considered the Carter Review on English ambulance services and identified a range of actions for the Trust to undertake. A key action emerging from the Carter Review for performance will be the development of a range of productivity benchmarks for the Trust.

Finally, we will continue to refine our approach to tactical winter planning using performance management techniques like: the 5 Step EMS and NEPTS ambulance care pathways, forecasting, plan testing, active performance management during the winter period and post-delivery evaluation.
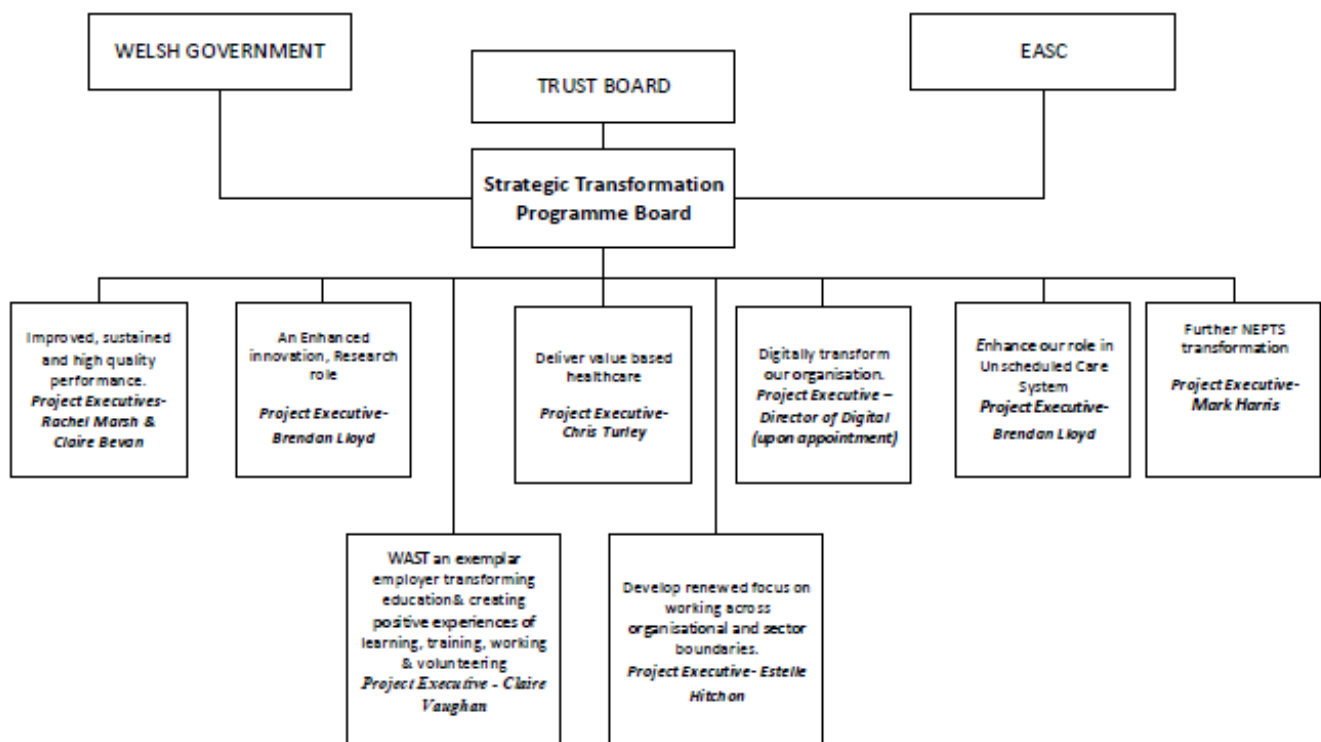
9. Plan Delivery

We recognise that writing a good plan represents only half a job compete and there is an absolute requirement to deliver on the promises and commitments which we make in this plan.

On this basis, we are very clear how we will both monitor progress, risks and benefits associated with the plan, and how we measure the impact of the plan.

Last year our IMTP was tracked by the IMTP Delivery and Assurance Group (iDAG). Whilst the process received substantial assurance by an internal audit in 2017/18 we want to ensure that *form follows function.* Having taken into consideration that in this plan we have eight broad priority themes which have a scope across the three years of the plan, a decision has been taken to move away from using IDAG as a mechanism to monitor delivery. Instead we will be establishing a strategic transformation programme board which will be chaired by the Chief Executive.

Each of the priority themes will have its own project structure and will report into the programme board as shown in the diagram below.

Each project has additional documentation which outlines the work it will be progressing and expected timescales. To request a copy of the current project documentation can be found by clicking here. As part of the delivery of these programmes of work we will be considering early on in the plan the resources required to provide adequate programme and project management support.

Governance arrangements for the programme are fully aligned and linked with overarching organisational approach to risk management and in addition the Strategic Transformation Board will report quarterly to Trust Board on progress whilst its activities will also form a core part of the joint executive team (JET) meetings which we have with Welsh Government and the formal meetings with have with the CASC as part of EASC structures. Provision has also been made to ensure there are adequate internal links between the STB and the Board Assurance Framework.

We recognise that information about the STB and the progress it is making does not just need to flow 'updates' it also needs to cascade down affectively through the organisation. To address this a communications specialist will be a permanent member of the Board to ensure there is adequate messaging going out across the organisation. In addition, we will work with each Directorate to update their Local Delivery Plans, to ensure that they fully align with the organisation's plan.

In previous years we have also set ourselves a suite of performance ambitions to assure ourselves that the actions we are taking are having an effect. This plan takes a more sophisticated approach and for each project we have identified a number of targets which we are committed to achieving by way of demonstrating / measuring the impact the plan is having. These targets can be found in **section 4** of the plan.

10. Acronyms

A&E	Accident & Emergency
AB	Aneurin Bevan
ABMU	Abertawe Bro Morgannwg University Health Board
AFA	Ambulance Fleet Assistant
APP	Advanced Paramedic Practitioner
AQI	Annual Quality Indicators
BAME	Black, Asian & minority ethnic
BCU	Betsi Calwaldwr University Health Board
BSL	British Sign Language
CAD	Computer Aided Dispatch
CASC	Chief Ambulance Services Commissioner
CCC	Clinical Contact Centre
CEO	Chief Executive Officer
CFR	Community First Responder
CPD	Continuous Professional Development
CPR	Cardiopulmonary resuscitation
D&C	Demand & Capacity
DDRB	Doctors Dentists Review Body
DoS	Directory of Services
ED	Emergency Department
EMRTS	Emergency Medical Retrieval and Transfer Services
EMS	Emergency Medical Services
ePCR	Electronic Patient Clinical Record
FBC	Full Business Case
FRC	Finance and Resources Committee
FRoS	First Responder on Scene
GP OoH's	General Practitioners Out of Hours Service
H&S	Health & Safety
HCP	Healthcare Professional
HCHS	Hospital & Community Health Services
HWIW	Health Education and Improvement Wales
ICHOM	International Consortium for Health Outcomes
IMTP	Integrated Medium Term Plan
IPC	Infection Prevention Control
IQT	Improving Quality Together
JESC	Joint Emergency Services Group
JET	Joint Executive Team
KPI's	Key Performance Indicators
LDP	Local Delivery Plan
LHB	Local Health Board
MRD	Make Ready Depot
NDR	National Data Resource
NEPTS	Non-Emergency Patient Transfer Services
NHSDW	National Health Service Direct Wales
NWIS	NHS Wales Informatics Service
NWSSP	NHS Wales Shared Services Partnership
OD	Organisational Development
OH	Occupational health

PADR	Personal Appraisal Development Review
PCR	Patient Clinical Record
PECI	Patient Experience Community Involvement
PON	Paediatric, Obstetric and Neonatal
PREMS	Patient Reported Experience Measures
PROMS	Patient Reported Outcome Measures
RFID	Radio frequency identification
RPB	Regional Partnership Board
RRV	Rapid Response Vehicle
SAI	Serious Adverse Incident
SOP	Strategic Outline Programme
UFR	Uniformed First Responder
UHP	Unit Hours Production
WAO	Wales Audit Office
WAST	Welsh Ambulance Services NHS Trust
WG	Welsh Government
WHC	Welsh Health Circular
WHSCS	Welsh Health Specialist Services Committee
WIIN	WAST Improvement & Innovation Framework
WOD	Workforce & Organisational Development
WTE	Whole time equivalent

11. IMTP Reference Library

If you wish to view any of the documents listed throughout this plan please contact the Planning & Performance Team on

AMB_Planning_And_Performance@wales.nhs.uk