

Ref	Commissioning Intention	WAST Proposed Delivery Date	WAST 23-26 IMTP Reference	RAG Q	Update/Comment/Corrective Action Q3
<b>EMS</b>					
<b>EMS Commissioning Intention – CI1 Clinical Response Model</b>					
<b>Aims</b>					
CI1-A1	<b>Increase the proportion of activity resolved at Step 2</b> – Using the activity within the demand and capacity review as a baseline, this aim requires the proportion of activity resolved at step 2 to increase.	31-Jan-24	4.1 & 4.2		14.1% consult & close achieved in Dec-23. The 17% ambition remains. Correct action plan in place. New telephony system considered key, which will give performance information per clinician, in the same way Call Handlers now have for 111, which has proved beneficial.
CI1-A2	<b>Right response first time</b> – Optimising multiple responses at Step 3 – Using activity within the demand and capacity review as a baseline, this aim requires an improvement in the multiple response rate and the resolution of that episode of care by a single resource (excluding red response as multiple responses are expected).	On-going	4.2		This will be picked up via the emerging EMS Demand & Capacity Review, which is due to report in Q4. The Trust has a specific focus on multiple attendance for Red, with the introduction of Red screening in June 2023. The latest information is with the Executive Director of Operations.
<b>Products</b>					
CI1-P1	<b>Remote Clinical Support Strategy</b> – The first element will be to finalise an integrated remote clinical support strategy and infrastructure that outlines the organisational ambition for remote clinical support at the forefront of ambulance service care.		4.2		IMTP workshop held in early Q3. This produced a high level map (organisational design) with a clear focus on integration between the 111 and 999 telephony/remote clinical triage. The current dual commissioning of 111 and 999 does not support the Trust's ambitions in this area. The new JCC, with the transfer of the 3 patient pathways into the JCC, offers an opportunity to develop this area further. A related consideration is the 111 website. This is not fit for purpose. Some in year monies have been received from 111 commissioners, which will enable a review by a third party, but a full business case may be required in 2024/25.
CI1-P2	<b>Optimising Conveyance Improvement Plan</b> – Development and implementation of an improvement plan or programme that supports the optimisation of decisions about conveyance. This will include non-conveyance as well as improving conveyance destination decisions and reducing variation for example.	On-going	4.2		The Trust continues to develop its evidence base, in particular:- <ul style="list-style-type: none"> <li>•Three formal cycles of PDSAs have been undertaken focused upon 'APP Flooding' during Q2 &amp; Q3. Initial PDSAs undertaken to evaluate the concept of 'Early Clinical Screening' in Q3 and into Q4.</li> <li>•Connected Support Cymru Business Case submitted for consideration.</li> <li>•APP Navigator services continue in HDda &amp; Swansea Bay.</li> <li>•Close working with Hywel Dda and Cardiff &amp; Vale Health Boards to support emerging 'integrated hubs' concept.</li> </ul> <p>The Trust is working with the NCCU, via the current EMS Demand &amp; Capacity Review to model a new service model, that reflects the above developments.</p>

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<b>Indicators</b>					
CI1-11	<b>Clinical Support Desk Outcomes</b> – The development of quarterly reports that describe the patient level outcomes for clinical support desk care episodes.	30-Jun-23	4.2		Complete
CI1-12	<b>Outcome by Response Type</b> – The development of quarterly reports will be available that describe the patient level outcomes for different response types.	30-Jun-23 Initial Data Sample	7.		Tenant structure not available, so further action delayed.

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<b>EMS Commissioning Intention – CI2 Availability</b>					
<b>Aims</b>					
CI2-A1	<b>Workforce Stability</b> - Maintaining the increased staff base of following investment in 2022/23. Maximising the availability of these staff through reducing sickness levels and abstractions by ensuring that their wellbeing needs are appropriately supported.	31-Mar-24	5.1		EMS staff in post to establishment is 95% (31 Dec-23). The Trust continues to attempt to recruit to the full roll out 153 FTE CHARU requirement, with a 25% gap currently. Abstractions were 31% in Nov-23 (just 1% point above benchmark) and 34% in Dec-23.
CI2-A2	<b>Workforce Availability</b> - Grow the workforce in line with the strategic ambition, agreed forecasting and modelling and within financial allocation when made available by Commissioners.	31-Mar-24	5.1		The Trust has successfully recruited the 2023/24 MSC intake of APPs with the establishment increasing by 15.7 FTEs. The Trust has agreed to run a temporary relief gap to fund on the EA roster lines to fund this uplift, as no further funding available. There were 2 APP vacancies against the 89 FTE establishment (31 Dec-23).
CI2-A3	<b>Rosters Aligned to Demand</b> – Ensuring ongoing review of roster effectiveness in aligning capacity to demand, including utilisation of forecasting an modelling for anticipating future changes.	Q1 & BAU	04-Jan-00		Complete. The forthcoming 2023 EMS D&C may offer further tweaks in to rosters, but major change should not be expected.
<b>Products</b>					
CI2-P1	<b>Forecasting and Modelling Framework</b> - A collaboratively developed forecasting and modelling framework that underpins a demand and capacity approach that will set out the ongoing arrangements for proactively undertaking this work for the next decade, this will include demand-led iterative forecasting and modelling and health economic evaluations. This will ensure the required strategic, tactical and operational focus to plan and forecast seasonal fluctuation and to ensure resource and resilience during times of system pressure.	31-Mar-24	-		The Trust is changing it balance of spend between third party and in-house, which will enable the Trust to recruit a Data Science and Data Modelling Post. This will enable the framework to be written. Whilst not written the Trust has good access to forecasting and modelling software, aligned to the commissioning framework.
<b>Indicators</b>					
CI2-I1	<b>Workforce Additionality Measure</b> – A collaboratively agreed baseline and workforce additionality requirement will continue to be reported and refined, including vacancy factors, turnover and other confounders.	Live			Complete. The monthly report is now supplemented with a quarterly report to Executives.

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<b>EMS Commissioning Intention – CI3 – Productivity</b>					
<b>Aims</b>					
CI3-A1	<b>Reducing Post-Production Lost Hours</b> – Post-production lost hours have long been a significant contributor to reduced productivity. Using an agreed baseline measurement period, post-production lost hours will be reduced in line with a quarterly agreed improvement trajectory.	Dependent on handover reduction and TU negotiations	4.2	Blue	As per previous comment.
CI3-A2	<b>Reducing Notification to Handover Time</b> – NHS Wales is a significant outlier in the UK and internationally for lost productivity due to extended notification to handover times. In line with the Six Goals for Urgent and Emergency Care, EASC is committed eradicating handovers over 60 minutes by April 2025.	Health Board responsibility	4.2	Red	There was a material reduction in handover lost hours in Dec-23 compared to Dec-22, -10,000, which is welcome, but the levels remain extreme and much higher than the level on which the rosters are predicated (6,000) and some distance from the EASC ambitions.
<b>Products</b>					
CI3-P1	<b>Modernising Workplace Practices Implementation Plan</b> – There will be an implementation plan and supporting structures in place to ensure workforce practices and policies are reviewed, modernised and improved. The wellbeing of the workforce and safety of patients will be paramount within this.	Dependent on TU negotiations	5.1	Blue	See Q2 comment.
<b>Indicators</b>					
CI3-I1	<b>Unit Hour Utilisation Metric</b> – continue to refine the approach and reporting in order to actively improve patient safety, performance and efficiency.	On-going	-	Green	Utilisation levels are formally reported to Trust Board, as well as within the Operations Directorate. Current focus on CHARU, in particular, utilisation of their code set.

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<b>EMS Commissioning Intention – CI4 - Value</b>					
<b>Aims</b>					
C14- A1	<p><b>Value-Based Healthcare</b> for the Welsh Ambulance Service</p> <p>Building on the engagement already undertaken, develop and embed a value-based approach for the Welsh Ambulance Service which enables better collective decision making across the whole urgent and emergency care system and accounts for WAST’s use of, and impact on, economic, social and environmental resources over the short, medium and long term. This will include:</p> <ul style="list-style-type: none"> <li>• Development of WAST’s strategy and approach to Value-Based healthcare which links outcomes, patient experience and use of resources</li> <li>• Implementation of a costing model for “5 step” pathway</li> <li>• Improvement in ability to identify areas of unwarranted variation in service delivery across Wales</li> </ul>	Sept-23 Training & Mar-24 PLICS	10		Work is progressing with building the system, be it slower than planned, as the Trust is develops work-around to issues within the core data to allow for the outputs to produce meaningful results, a number of issues have been recorded including issues with core data missing key information, which is included in the NHS England Digital requirements, this has resulted in additional work to collate and process, however this data is a requirement both for the system but also to allow us to benchmark against other Ambulances Services.
<b>Products</b>					
CI4-P1	<p><b>Value-Based Strategy</b></p> <p>The Trust will develop a strategy to implement a value-based approach across the organisation and outline its role in delivering value across the wider UEC system. The value-based strategy will be integrated with and align to existing organisational strategies (e.g. clinical, quality, long term, digital, environmental etc) and the Commissioning Intentions outlined in this document in order to ensure goal congruence.</p>	Live	10		Slippage on developing VBHC Framework over Q4. Draft still being developed with signoff moved to Q1 2024/2025. Progress in Q3 centred on aligning priorities with work currently being undertaken nationally, led by the Welsh Value in Health Centre. Meeting with WViHC late January 2024 to align current objectives and actions taken forward to formalise the reporting structure and processes externally.
CI4-P2	<p><b>Value-Based Tools and Methods</b></p> <p>In order to monitor and measure value-based performance, the Trust will need to design, develop and implement a range of tools including, but not limited to, the following:</p> <ul style="list-style-type: none"> <li>• Patient Level Costing Model</li> <li>• Benchmarking Dashboard(s)</li> </ul>	Mar-24 PLICS & Sept-23 Benchmarking	10		Benchmarking Dashboard work progressing with metrics and data soures identified for 1/4 key areas of reporting. First area chosen as pilot to test data sources and impact. As per C14-A1 work is progressing however not at the pace the Trust would like, the Trust is aiming to develop local dashboards for testing in during QTR1 of 24-25.
CI4-P3	<p><b>Value-Based Reporting</b></p> <p>WAST will enable a clear line of sight from commissioner allocation through to utilisation and the outcomes delivered by the services. WAST will holistically demonstrate through its reporting all separate revenue streams and associated costs of broader service provision (e.g. 111, NEPTS etc.).</p> <p>WAST receives a capital allocation directly from Welsh Government. The utilisation of the capital budget and the use of the ring-fenced depreciation allocation will need to be clearly identified in any report. As a result, WAST will be able to demonstrate how its capital allocation is being invested to deliver on the commissioning intentions.</p>	Live	10		<p>Service Review underway and into data collection phase. Interviews due to commence beginning of February 2024, with engagement sessions planned with Business Liaisons.</p> <p>Project Path Framework due for signoff at Strategic Transformation Board at the end of February 2024, with work ongoing to finalise and collate templates and toolkits.</p> <p>Work on developing Logic Models with Swansea University continues, and following meeting with the Welsh Value in Health Centre in January 2024, may idenitify further alignment with national objectives regarding benefits realisation.</p>

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CI4-11	<p><b>Value-Based Core Requirement to be agreed with Commissioner by the end of quarter 2:</b></p> <ul style="list-style-type: none"> <li>• WAST Value Based Strategy</li> <li>• Plan for Value Based Tools and Methods design, development and implementation</li> <li>• Value Based Reports developed for revenue and capital</li> <li>• Value-Based indicators developed in line with broader indicators outlined in CI1 to CI5</li> <li>• Connections to system-wide urgent and emergency care performance measures as identified in CI6 – Wider Health System</li> </ul>	See above.	10		<p>PREMS continues to be in development. Q3 due to see implementation of PREMS function within new SALUS system, however significant changes to the SALUS project has halted work on the function. Work ongoing within the CIVICAS system to mitigate the 'opt-in' function.</p> <p>As per previous update PROMS remains dependent on work with DHCW and and data linkage across external systems remains key.</p> <p>As noted in updates above, work ongoing with Welsh Value in Health Centre.</p>

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<b>EMS Commissioning Intention – CI5 – Harm &amp; Outcomes</b>					
<b>Aims</b>					
CI5-A1	<b>Proactively Identifying Harm</b> – There will be a process for identifying harm/near misses prior to a complaint or report being logged. This will include process for reviewing patient clinical records and engagement with the wider health system (i.e. sharing information around patients impacted by CSP levels).	Live. Further action by 30 Jun-23.	9.1		New PTR structure being recruited into currently, with new head of recently appointed. Harm report continues to go to every Trust Board. First set of full results for EMS D&C being reported to CASC and team on 06/02/24.
<b>Products</b>					
CI5-P1	<b>Clinical Indicator Plan and Audit Cycle</b> – Implementation of the clinical indicator plan and audit cycle, this will provide a forward view of the type, content and regularity of clinical indicator and audit reporting. Specific seasonal and responsive (to emerging trends) reports and audits will be included within the plan.	Live	7		Update 07/02/2024 - action complete and is a standing item on the CIAG monthly agenda. The tracker is presented to Clinical Quality Governance Group and has passed through the meetings to be an agenda item for the February 2024 QUEST committee.
<b>Indicators</b>					
CI5-I1	<b>Call to Door Times</b> – Call to door times for STEMI and stroke will be produced on a monthly basis.	See commentary	7		Complete, with call to door times being publically reported to Trust Board.

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<b>EMS Commissioning Intention – CI6 – Wider Health System</b>					
<b>Aims</b>					
CI6-A1	<b>System Flow</b> – Optimise the flow of ambulances in to hospital sites in Wales, reducing batching and increasing the timeliness of patients accessing secondary care.	Live	-		Complete. The 2023 EMS D&C will offer a further view on this.
CI6-A2	<b>Transfer and Discharge Service</b> – To reduce the number of transfers and discharges being undertaken by the EMS fleet. This will include the review of current and future arrangements.	Modelling in Ap-23. Further actions TBD in collaboration with NCCU.	4.3		Final ORH report presented to T&D Group, which includes NCCU. The draft 2024/25 commissioning intentions include an intention around pursuing a partnership approach to the development of transfer services that meet the needs of health boards. This is a probable focus on the more high acuity transfers. Further modelling may be required and further direction by health boards and the NCCU.
<b>Products</b>					
CI6-P1	<b>Aligned Escalation and Clinical Safety Plan</b> – Health Boards in partnership with WAST will ensure they have complementary plans and actions to support the patient safety during deployment of high levels of escalation and clinical safety plans.	WAST CSP live and updated	Health Board Action		WAST CSP reviewed in time for festive season.
CI6-P2	<b>National Transfer and Discharge Commissioning Framework</b> – A collaborative commissioning framework for a national transfer and discharge service will be developed.	NCCU Lead	4.3		
<b>Indicators</b>					
CI6-I1	<b>System Pressures Dashboard</b> – WAST and Health Boards will collaborate with DHCW to ensure that a live system pressures dashboard is in place that enables users to understand current and emerging pressures.	NCCU Lead	NCCU	?	NCCU to update.

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<b>NEPTS</b>					
<b>NEPTS Commissioning Intention 1- Plurality Model</b>					
CI1a	<b>Resource Efficiency</b> - Demonstrate that resources are being utilised effectively following transfer of work. This will include the re-design and renewal of patient contracts inherited via the transfers of work to deliver the best patient transport model for Wales ensuring value and efficiency of utilisation. The second phase will of this work will focus on the procurement strategy, fully reviewing who is best placed to deliver the various aspects of patient transport in accordance with NEPTS objectives and standards.	Live & 31 Mar-24 for delivery of strategy	4.3		Procurement strategy is on target for completion by end Q4.
CI1b	<b>Plurality Providers</b> - Continue to expand and improve the availability of plurality providers and to increase the focus on quality, improved patient experience, value and sustainability.	Live / BAU	4.3		3Q model (now called Wales Ambulance Quality Standard Award) completed and will go live in Q1 24/25.
<b>NEPTS Commissioning Intention 2 – Demand</b>					
CI2a	<b>Planning</b> - Implement improved and dynamic planning process that maximises the utilisation of resources and ensure stability and resilience for future demand.	Live / BAU	4.3		Cleric system now functioning as expected and performing well. teamnow working on implementing next phase of improvements focused on integration with other systems and improved patient access for queries and booking.  OCP continues to progress and coordination team are now starting to be managed by a seperate management team. Still more work to do to complete this would as Q4 progresses.
CI2b	<b>Demand Management</b> - Utilise a range of options including effective use of resources, effective rostering and closer working with the patient and Health Board colleagues to deliver appropriate transport requirements.	31-Mar-24	4.3		No update on Q2 re roster

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<b>NEPTS Commissioning Intention 3 – Capacity</b>					
CI3a	<b>Transforming Capacity</b> - Implement processes to increase NEPTS capacity within current internal and external resources including workforce and fleet.	31-Mar-24	4.3		See update for CI2b.
CI3b	<b>Reducing Lost Capacity</b> - Implement improvement plans and oversight arrangements to deliver reduction in lost capacity due to system inefficiencies. This includes a requirement on WAST to ensure more effective use of internal resources (workforce, fleet and estates), there is also a requirement for improved collaboration and communication with Health Boards to minimise lost time at hospital sites.	Live	4.3		Work identified in Q2 still ongoing
<b>NEPTS Commissioning Intention 4 – System Transformation</b>					
CI4a	<b>Forecasting and Modelling Framework</b> - A collaboratively developed forecasting and modelling framework will set out the ongoing arrangements for proactively undertaking this work for the next decade, this will include demand-led forecasting and modelling and health economic evaluations. This will ensure the required strategic, tactical and operational focus to tactically plan and forecast seasonal fluctuation and to ensure resource and resilience during times of system pressure.	31-Mar-24	-		The Trust is changing its balance of spend between third party and in-house, which will enable the Trust to recruit a Data Science and Data Modelling Post. This will enable the framework to be written. Whilst not written the Trust has good access to forecasting and modelling software, aligned to the commissioning framework.