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Welsh Ambulance Services
NHS Trust

Welsh Ambulance Services NHS Trust

Integrated Medium Term Plan

2021/22 – 2023/24



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Foreword from the Chairman and Chief Executive

The last year has been, without question, the toughest in our organisation's history. Since enacting our Pandemic Plan in March 2020, every one of our staff has had a role to play, whether they've had a patient-facing role or have worked to put in place systems to support core services. We don't underestimate the physical and emotional strain that the pandemic has brought for all our people.

As the vaccine delivery programme continues apace, and cases and hospitalizations significantly decrease, we have been able to start to scale back our response, moving from a 'Response' to a 'Monitor' position, and are hopeful that we are now on a path to recovery.

Our achievements during the pandemic have truly been exceptional, and we have learnt how working closely together across Directorates and with commissioners and partners has allowed us to deliver solutions to difficult problems at pace - something we want to nurture as we move forward.

On top of the pandemic response, our people have worked tirelessly on longer term priorities set out in our 2020/23 IMTP, supported by a significant growth in funding from commissioners: we have recruited an additional 136 WTE front line staff within EMS; rolled out the 111 service into CTM Health Board as well as commencing the roll out of the Contact First service; completed our first ever demand and capacity review for the Non-Emergency Patient Transport Service; and delivered, on time, a new transfer and discharge service within AB Health Board.

We are now starting to turn our attention to what we want to achieve in 2021/22 and beyond.

At the heart of our plan is a desire to **improve the quality of service** we provide to patients, and we will do this by increasingly being a **clinically led** service that remains focused on **delivering value**. Our plan is shaped by the EASC Commissioning Intentions, the requirements of the 111 Programme Board and policies and strategies developed at Welsh Government level - but also by our belief that we can play a greater part in delivering the right care, in the right place, every time across the Welsh urgent and emergency care system.

Our plan includes actions we must take to continue to **respond** to the ongoing impact of the pandemic, but also ensuring that we take time to **pause, reflect and reset**, reducing or mitigating the four harms resulting from the pandemic. As a result of learning from the last year, we will also be looking to develop longer term approaches to agile, flexible and remote working and training.

As an essential national service provider, we'll be continuing to **grow our core services**, supported by further uplifts in funding, which will allow us to improve response times to patients across all services. This will include recruiting 127 WTE into front line EMS services, rolling out 111 and Contact First to the whole of Wales, and implementing the recommendations from the NEPTS demand and capacity review. Supporting this, we have major programmes of work on digital transformation, estate and fleet modernisation as well as, crucially, taking more action to look after the well-being of our people.

We will be **working closely with partners** through the year to **refine our ambition and service offer** for the future, and, subject to funding, we are looking to develop our services for those in mental health crisis, and increasing the number of patients who can be safely cared for and treated closer to their home through 'hear and treat' and 'see and treat' services.

Thank you for taking the time to read our plan, and we look forward to working with colleagues, patients and partners as we continue to grow and transform our services for the benefit of the population of Wales.



Jason Killens
Chief Executive



Martin Woodford
Chairman

1.0 Executive Summary

The Trust responded quickly and effectively to the **COVID-19 pandemic**, standing up our Pandemic Plan in March 2020. The challenges throughout the year have been significant, as they have in all other parts of the health service, but staff across the organisation have risen to the challenge, and worked across traditional directorate and organisational boundaries to **deliver change at pace** throughout the year. Many staff are exhausted, and our plan takes account of the need for a **pause, reset and recovery** to allow a process of individual and organisational healing.

Alongside the many actions we had to take to respond effectively to the COVID-19 pandemic, we also made better than expected progress towards delivering the **key strategic commitments and deliverables** in our 2020-23 IMTP. Included within these achievements has been the recruitment and deployment of an additional 136 WTE front line EMS staff, the roll out of core 111 services into Cwm Taf Morgannwg Health Board, completion of the first ever demand and capacity review within our Non-Emergency Patient transport Service (NEPTS) and delivery of a new transfer and discharge service to support the clinical futures strategy within Aneurin Bevan Health Board.

Our plan for 2021/22 and beyond is shaped by a number of key factors including intelligence on what is important to our patients, staff and commissioners (including commissioning intentions), a review of our own performance and the risks we are managing, and the opportunities presented by emerging strategies and plans from key partners and groups across Wales.

In particular, we are cognisant of the need to take action with others to bring down the unacceptably **long waiting times for an ambulance**. The long waits for both red and amber categories of patients has led to a number of patient safety concerns and serious adverse incidents which need to be addressed sustainably in partnership with commissioners and health board partners. Within our call taking and clinical assessment services - the '**Gateway to Urgent and Emergency Care**' - we can see exciting opportunities to do much more to accelerate the roll-out and transformation of the service and to ensure that patients receive the right service, in the right place, every time.

We are keen to submit a plan that has a **three-year forward view**, building on the minimum requirements of an Annual Plan as set out by Welsh Government. However, we are aware that this forward work programme will be heavily shaped by ongoing discussions, particularly the work of the Ministerial Taskforce, the Urgent and Emergency Care Board, 111 Programme Board and further consideration of our developing service ambition and offer.

Our plan, therefore, has two components. The first component sets out the actions and funding required to support programmes already in train that strengthen and **build our core services**. The second component, based on emerging thinking, represents a number of offers for commissioners and the wider system to consider which could start to move us forward on our **transformation journey**, improving the quality of service and experience for patients.

Within the 111 and 999 call-taking and clinical assessment services, our key agreed and funded priorities will be to:

- roll out the core 111 service into **BCU and C&V** Health Boards;
- roll-out **Contact First** across Wales;
- recruit and train sufficient call takers and clinicians to support the growth in the service;
- implement strengthened operational and clinical leadership and governance structures;
- make significant strides in improving the **111 website** including our digital offer;
- implement the new **SALUS** system;
- develop plans for expanding the use of video consultation; and
- develop and agree a **remote clinical assessment strategy** with commissioners and partners.

We have also set out proposals for an enhanced 24/7 service for patients in **mental health crisis**, building on the successful pilot of mental health practitioners within our 999 clinical support desk during the first phase of the pandemic. Further discussions on a way forward nationally are underway, and funding would need to be secured to take this initiative forward.

For our Emergency Medical and Mobile Urgent Care services, our priorities are to improve response times to patients, and take action to maximise opportunities for them to be cared for closer to home, only conveying to hospital where it is clinically necessary and appropriate. We will:

- deliver Year 2 of the Demand and Capacity Programme, which will include recruitment of a further **127 WTE staff** to close the relief gap and work with a third party to **redesign rosters** across Wales to better match demand, ready for implementation through 2022/23;
- develop a new model of service to deliver improved services for patients in **rural areas**, and pilot it in one area of Wales;
- work in partnership with Trade Union colleagues to implement a range of **modernisation practices** to increase capacity to respond to patients;
- implement the new **electronic patient care record**;
- work with health boards to implement a new **respiratory pathway**, and consider priorities for further pathway development;
- work with health boards through the EDQDF programme to reduce **handover delays** at hospitals; and
- implement **Cymru High Acuity Response Unit (CHARU)** model across Wales to improve ROSC rates.

We have identified opportunities to recruit and train **additional paramedics, over and above the relief gap**, put a further tranche of paramedics through the **advanced practice** course in September 2022, develop a **24/7 mental health response vehicle** service and roll out **Level 2 Falls Services** more widely. Additional funding would need to be secured and agreed to take these initiatives forward.

Within our NEPTS service, our priority is to complete the transfer of work, take forward the Transport Solutions programme, and develop an agreed action plan arising from the **Demand and Capacity Review**. We will also be evaluating the new **transfer and discharge** service in ABUHB, as well as supporting commissioners in the development of a specification for a national service.

Supporting the growth and transformation of our core services will be a series of extensive enabling programmes and strategies including our Quality Strategy, Clinical Strategy, People and Culture Strategy, Digital Transformation Strategy and Estates and Fleet Strategic Outline Programmes. A robust programme management structure and performance management framework will be put in place to monitor and assure delivery.

Our plan cannot be delivered by us in isolation. It will be ever more important for us, in what is an increasingly complex landscape, to **collaborate with partners** – Health Boards, Regional Partnership Boards, Welsh Government, Commissioners, Trade Union Partners, staff, patients and the public – in order to both create and implement the best solutions and services for the people of Wales. In particular, we want to engage on how we can play a strengthened role within the urgent and emergency care system, turning the current way of working on its head, increasing the numbers of patients whose needs are met through our integrated remote clinical assessment service, our see and treat services or collaborative community referral pathways, and significantly reducing the numbers we currently convey to hospital.

For core services commissioned by EASC, our plan requires and assumes funding of **£194.6m** in 2021/22, a significant and welcome growth supporting the resilience, quality and breadth of the services we provide. This will be funded in part directly from Health Boards and in part from central allocations. This includes full year recurrent funding for a range of schemes which were funded non-recurrently (and in most cases part year) in 2020/21, and the agreed developments set out above, and will fund a growth in both front line and corporate support staff. The organisation will also develop with commissioners a value based approach to commissioning and delivery.

2.0 Introduction

This document sets out the Welsh Ambulance Services NHS Trust's (WAST) Plan for 2021/24, written in line with Welsh Government guidance. Whilst Welsh Government have required as a minimum an Annual Plan, the WAST Board have agreed that we would like to continue to use the planning process to look further ahead, accepting that actions in Year 2 and 3 will be subject to change, particularly as we continue, nationally, to recover from the COVID-19 pandemic.

The document is supported by the Minimum Data Set as required by WG, along with a number of appendices which provide more detail on areas of our plan and also provide detail on planned actions in years 2 and 3. Further information is available on request.

3.0 Our Key Achievements in 2020/21

Alongside the many actions we had to take to respond effectively to the COVID-19 pandemic, we also made better than expected progress towards delivering the key strategic commitments and deliverables in our 2020-23 IMTP. The impacts of these initiatives have delivered positive improvements for our patients, staff and partner organisations. In a number of instances, we have actually seen an acceleration of initiatives within the IMTP, including leaps forward in our use of estate, fleet and technology to keep the organisation functioning at all levels. Some of our key achievements are highlighted in the infographic below.



3.0 Challenges and Opportunities Shaping our Plan

In developing our plans for 2021/22 and beyond, we have gathered intelligence on what is important to our patients, staff and commissioners, reviewed our own performance and the risks we are managing, and carefully considered the opportunities presented by emerging strategies and plans from key partners and committees across Wales. A short summary of what we have learnt and how our plan responds to these influences is set out in the sections below.

3.1 Pandemic Response

The response to the COVID-19 pandemic has presented both challenges and opportunities. There has been a lot of learning applied throughout our iterations of quarterly plans in 2020/21 and a structured approach to reviewing our experience using the RSA Lab Collective Sense Making methodology ([Link](#)).

Some of the main challenges have been the pressure, stress and physical effects of dealing with and in some cases contracting COVID-19 that our staff have felt over the last year. We have endeavoured to push forward with our IMTP priorities during the second wave, but progress has been hampered in some areas. Alongside our original priorities new and emerging priorities including vaccinating staff, Contact First, early opening of the Grange University Hospital and the our provide of surge testing capacity have all presented challenges requiring additional resources, but also present the Trust with opportunities going forward into this next year of planning.

Further opportunities presented by the need to respond to the pandemic included the increased pace of digital rollout ahead of a full digital strategy being signed off. This has helped to shape the thinking for our recovery planning about how technology and a digital workplace can support a modern set of service offers as well as helping the wider WAST workforce to become more agile and reap the benefits of matrix working across teams. This will support our ambition set out in this plan to develop a more integrated set of service offers for Wales.

3.2 What do our patients say about our service?

We continuously engage with people across Wales and capture their feedback on what they feel is important. This is regularly reported to our Quality, Patient Experience and Safety Committee and to the Trust Board.

Our patients tell us that listening to and communicating with them, valuing their experience/feedback, and treating them as individuals with their own unique needs is important. Treating people with dignity, respect and compassion is contributing to their sense of a personalised experience of using our services.

Complaints themes and investigations into Serious Adverse Incidents commonly refer to long waits in the community with a common causal factor being long waits at hospital which we jointly investigate with Health Boards.

Service users' feedback and observations have been captured through ongoing patient engagement activity as well as a specific survey undertaken following the first wave of the pandemic. This feedback can be summarised as follows:

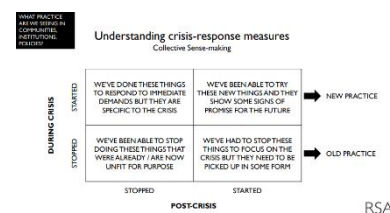


Table 1: Patient Feedback

What we have heard from our patients in the last year...	What we have done and what we will do to respond...
<ul style="list-style-type: none"> • People accessing NHS 111 Wales reported long waits for their call to be answered • Those with sensory loss (Deaf) felt PPE was a barrier to communication, in particular when face masks are used • Carers felt that they could be better involved in decision making for those they care for • NEPTS patients have reported rudeness of staff and late arrival for their appointments • Emergency staff were viewed very positively during the pandemic and there was good level of satisfaction with 999 responses despite the challenges we have seen during the latter part of the year • There are public concerns about contracting COVID-19 in healthcare settings; • Public did not want to put pressure on the NHS during the height of the first wave of the pandemic; • Patients and their carers have told us that long waits for hospital handover (and not always being able to travel with the person they care for) in the back of the ambulance can be very distressing for all involved, especially those with dementia. 	<ul style="list-style-type: none"> • We will be recruiting additional staff and rostering them to ensure we have right number on to meet demand across the week – see page xx; • We have been working with the Centre for Sign Sight Sound to create communication resources to improve experiences of those with sensory loss • We will be implementing the Once for Wales Service User Experience System and working closely with the emerging all Wales Citizen Voice organisation to ensure we listen and learn from the key issues that affect our service users, their carers and the wider public – see page xx; • There are major programmes of work underway to improve our NEPTS service – see page xx; • This plan will build on the positive experiences and our plans for our 999 and mobile urgent care services will encompass this learning – see pages xx; • We are developing a culture of quality which will place further importance on IPC and we have a plan for Health and Safety Transformation – see page xx; • The modernisation and integration of our services will offer patients more options for meeting their urgent and emergency care needs, including remote clinical assessment by phone or video – see page xx. • We have a comprehensive programme of work to increase capacity within our emergency medical services, together with an integrated offer to the system to support improvements in delays at hospitals. This will be a key focus of our work with commissioners, wider system partners and in response to the Ministerial Ambulance Availability Taskforce – see pages xx

3.2 What are our colleagues' priorities?

Throughout the response to the pandemic, communication with our colleagues has been more important than ever. We have always strived to listen to our colleagues, but it has been critical to engage fully during what has been a difficult year. Weekly bulletins have provided staff with updates on procedural, HR and other matters relating to the pandemic response. We have held regular WAST Live sessions with Executives and focussed sessions on topics such as wellbeing and mental health, held on Zoom and broadcast on our closed Facebook group. The Facebook group remains a good source of live feedback, although we will look at the benefits of more bespoke platforms for interaction within this plan.

We also more formally sought views from colleagues through a bespoke COVID-19 "Have your say" survey and through the NHS Staff Survey in November 2020.

In addition to direct staff feedback, we meet weekly with Trade Union partners, in a meeting format that has been welcomed as being solution focussed and collaborative on key issues of concern to our colleagues across the Trust.

Table 2: Staff Feedback

What we heard from our colleagues in the last year...	What we have done and what we will do to respond...
<ul style="list-style-type: none"> Teams across the organisation are reporting fatigue and exhaustion There is a need to focus on staff wellbeing, including the potential mental health impact of the pandemic Colleagues want to embrace the team spirit and “matrix working” approach taken during the pandemic From the staff survey, colleagues want to see an end to bullying and harassment, and more positive behaviours at all levels of the Trust They like the regular communication through bulletins and WAST Live streams – but noted some opportunities to improve social media engagement Some colleagues suggested there needs to be more opportunities to talk, and they want their engagement with line managers to be positive, with more visibility of middle management Other colleagues reported a lack of compassionate leadership in some areas; PPE and infection prevention and control were emotive issues for staff facing COVID-19 everyday Staff fed back both positively but also with some concerns about working with military, fire service and student colleagues The staff survey also highlighted improved training and development as an area for focus. 	<ul style="list-style-type: none"> There is a strong focus on the physical and mental health and wellbeing of the workforce in this plan. The Health and Wellbeing Strategy will focus actions on this area of work – see pages xx The plan also sets out the need for a pause, reset and recovery to allow a process of individual and organisational healing – see pages xx Our plan includes a Culture, Leadership and Behaviours Reset commencing with a Trust Wide Engagement Project – see pages xx We are committed to building on our strong partnership working with staff and their representative Trade Unions and will develop the Go Together Go Far (GTGF) concept– see page xx; Our “digital workforce” plan will deliver improved corporate communications through development of Microsoft Teams, Microsoft Yammer and integration with other key workforce systems - see page xx; We have actions to reset and refresh our leadership strategy with specific support for our new Duty Operations Managers and Senior Paramedic roles. The strategy will be built on the concept of compassionate leadership and supported by a reset of our behaviours – see page xx; We are developing a culture of quality which will place further importance on IPC and we have a plan for Health and Safety Transformation – see page xx The plan for both 999 (EMS) and NEPTS services includes further expansion of the capacity and capability of the workforce, mutual aid will reduce and end as part of our recovery plan – see page xx; We are developing purpose-built training facilities enabling innovative and creative use of technology, incorporating learning from the pandemic to improve training across all levels of the organisation – see page xx

3.3 How well have we performed?

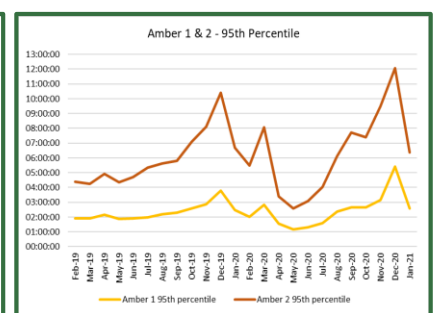
2020/21 was a very challenging year for the Trust from a performance perspective. Within our EMS service, whilst improvements were seen during the first wave of the pandemic, in general, **response times to both red and amber calls** were much higher than we would want, with the headline red 8 minute target not achieved since July 2020. We saw large numbers of **patients waiting extremely long times**, with 606 patients waiting over 12 hours for an ambulance in Dec-20.

There is also significant variation in performance between health boards with urban areas seeing stronger red performance, but much longer amber waiting times and the reverse in our more rural settings.

Fig 1: Red Performance



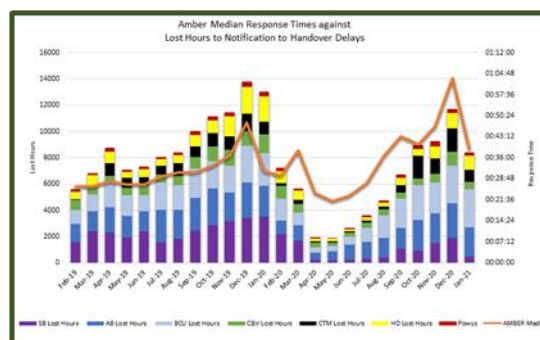
Fig 2: Amber Performance



These longer response times represent significant **patient safety concerns** and led to a number of serious adverse incidents through the year, which has been a major focus for the work of the Board and its committees through the year.

One of the key factors affecting response capability and available capacity in the system is the impact of **handover lost hours**. Again, major improvements were seen in the first wave, but lost hours grew again in quarter 3. Our plan continue to focus on working with health boards to help them to make improvements in this area.

Fig 2a: Amber response against handover delays



Fundamentally, we want to be able to reduce response times, with an aim of consistently achieving the 65% red 8 minutes target, and bringing amber 1 median response times down to 18 minutes as set out in the ORH review. The EMS Demand & Capacity Programme is the Trust's key strategic response to these issues, delivering additional capacity to the front line, working to secure improvements in efficiency in our own service, and working with commissioners and partners to transform the system.

Fig 3: 111 Calls Answered Performance

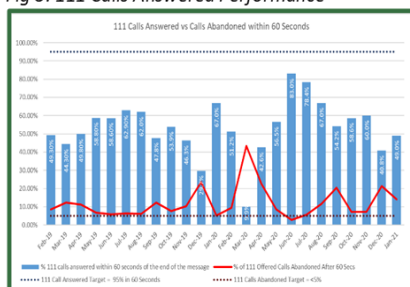
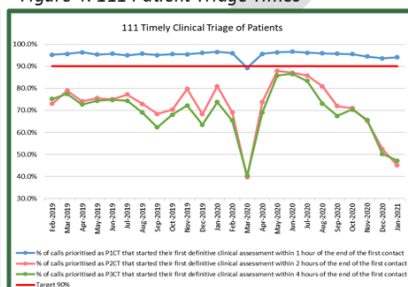


Figure 4: 111 Patient Triage Times



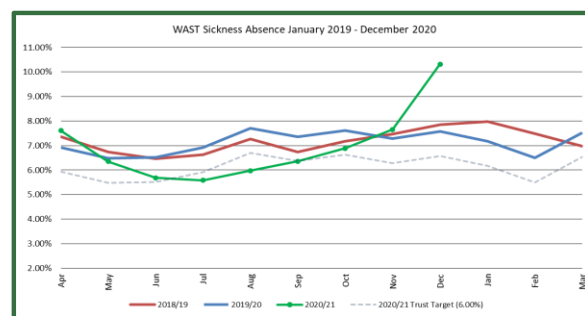
Capacity across NHS 111 Wales has been significantly increased in response to the pandemic, but call answering (and abandonment) remain an issue as does the **timely clinical triage of 111 patients**, with only the highest priority patients being above target. Our plans put forward further proposals for increasing capacity to meet the planned further increases in demand.

NEPTS performance has remained strong (with the exception of oncology) through 2020/21 as a result of reduced demand, which has not yet recovered to pre-COVID-19 levels. However, further improvements can be made, and these are outlined in the recently completed NEPTS Demand and Capacity review which will now be considered fully, and an action plan developed with commissioners. A more immediate tactical focus for NEPTS is the impact of the wider health care system "resetting" in 2021/22 which may see demand increase, which, if compounded by a continued need to social distance, we may not be able to service.

Finally, a metric that straddles all three services is the Trust's **sickness absence levels**. The Trust had started to see a significant improvement in sickness absence, but the second CoVID-19 wave has produced a sharp spike in sickness absence, which is also reflected in our roster abstractions data. Our plan includes many actions to continue to support the health and well-being of our colleagues.

Full details on our performance during 2020/21 against these indicators are set out in a range of public documents which includes the Monthly Integrated Quality & Performance Report (MIQPR) which forms part of Trust Board papers and the Ambulance Quality Indicators (AQIs) which are published quarterly by EASC. We will continue to use these reports to report our performance and to identify actions being taken to improve. The latest report can be requested via this [link](#). (update link).

Fig 6: Sickness Absence



Pre-CoVID-19 the Trust had significantly improved its **forecasting and modelling** capability. This has proved beneficial through the pandemic response and the Trust will continue to grow its approach to forecasting and modelling at a strategic, tactical and operational level across the three patient flows that the Trust manages. A weekly Forecasting & Modelling Group leads on this work.

3.4 What do our commissioners and partners say?

EMS and NEPTS are commissioned by EASC, supported by the NCCU based on five step commissioning frameworks. The commissioning intention process for 2021/22 (and beyond) has changed, becoming more strategic and outcome focused, which has reduced the number of intentions. **Key commissioning intentions** for 2021/22, as summarised by EASC, are set out below.

Table 3: Commissioning Intentions

Commissioned Service	Summary of Priorities	Outcomes	Response in this IMTP
Emergency Ambulance Service	<ul style="list-style-type: none"> Implementation of Demand and Capacity Review specifically <ul style="list-style-type: none"> Complete the closure of the relief gap Deliver efficiencies related to rosters and post production Focus on delivering improved patient and system outcomes at step 2 (Answer my call) of the ambulance care pathway. Develop a value based approach to service commissioning and delivery Support and enable system wide understanding and improvement. 	<ul style="list-style-type: none"> Ensuring the minimum number of front-line staff are in post Ensuring the maximum number of front line staff are available to respond to demand Ensuring that patients receive the right care at the earliest possible opportunity on their episode of care and avoid unnecessary conveyance to scene or hospital Making the best and most efficient use of the resources available Integrated and proactive management of escalation across the system 	<p>Section 5.2</p> <p>Section 5.2</p> <p>See Section 5.1 to 5.3</p> <p>See section 5.1 to 5.3</p> <p>See section 6.4</p>
Non-Emergency Patient Transport Services (NEPTS)	<ul style="list-style-type: none"> Consolidate and build confidence in the plurality delivery model Understand and mitigate demand Modernise and transform capacity Support system transformation 	<ul style="list-style-type: none"> Completion of the Ministerial commitment to modernise NEPTS Reduction in overall demand and a more efficient and effective transport service for patients Increase and diversification in capacity to meet the changes in patient demand Responsive to the new emerging demands and patterns of service delivery 	<p>See section 5.4</p> <p>See section 5.4</p> <p>See section 5.4</p> <p>See section 5.4 and 5.5</p>

There is a very specific and welcome intention for **reducing handover lost hours** so that they do not exceed 150 hours per day 95% of the time. This will clearly be for Health Boards to deliver, but the Trust will expect to collaborate with Health Boards, in particular, on optimising conveyance and treating, referring more patients into community services closer to home and supporting timely patient discharge from hospital.

Our plan reflects how each of our strategic themes and deliverables contributes to achieving the commissioning intentions and to these priorities. Our detailed responses against each specific commissioning intention can be found at Appendix x.

The EASC 2021/22 Annual Plan sets out the focus of the **Ministerial Ambulance Availability Taskforce**: in particular, the development of a citizen centred, modern ambulance service; clearly defining the Trust's role within the wider unscheduled care system; and developing a long term improvement plan. This will include the utilisation of resources to support frontline services, digitalisation and financial mechanisms that promote collaboration and value. We are partners on the Taskforce, and see this as a critical vehicle for garnering support to transform the way in which we operate and deliver.

There are a number of **national and local strategies** and plans either already in place, such as ‘A Healthier Wales’ or in development through the work of groups such as the newly constituted Urgent and Emergency Care Board, Primary Care Board or Regional Partnership Boards, all of which will influence our thinking. We will also increasingly be looking to effectively engage with and influence these groups.

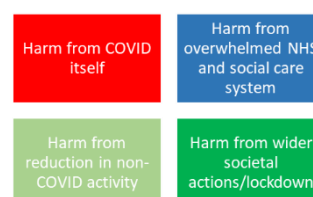
‘**A Healthier Wales**’ states that *“more services will be provided outside of hospitals, closer to home, or at home, and people will only go into hospital for treatment that cannot be provided safely anywhere else”*. In 2020 the National Programme of Unscheduled Care set out **six goals for urgent and emergency care**. Goal 2 set out plans for a “phone first before attending ED” concept and a requirement for 24/7 pathways to be developed, with a priority on respiratory and mental health patients. Whilst these were driven by the need to support social distancing in EDs during the pandemic these are key components for system wide transformation alongside the development of an Emergency Department Quality and Delivery Framework and the Welsh Access Model to urgent and emergency care.

In terms of primary care, A Healthier Wales provides a clear plan for progressing the **national primary care plan** and the reinforcement of cluster working as part of the national model for local health and care. WAST recognise that we must work closely with primary care clusters to support the national model, which will change the focus of care from hospital-centred to place-based. In partnership with primary care we will deliver the core principles of planning care locally; equitable access; improving quality, a skilled workforce and strong leadership. Based upon the good work already taking place with primary care, our ambitions align with the direction of travel set out in A Healthier Wales through the development of an optimised Advanced Paramedic Practitioner (APP) rotational model. This model contributes significantly to primary care’s aspirations of offering a continuum of service provision via a multidisciplinary team. The APP model is our main offer to reduce the first contact waiting times for GPs, provide proactive intervention, self-management, and crisis avoidance in primary care. Such collaborative work will also lead to alternative care pathways being available for our emergency medical services (EMS) to access in an integrated model of both primary and community care.

During the last year, the **“Beyond the Call” National Review of Access to Emergency Services for Those Experiencing Mental Health and/or Welfare Concerns** has been concluded, with a number of recommendations for improving services for people in mental health crisis. In response, our plan provides an enhanced focus on our service offer in this area. Mental health crises and dementia are significant elements of our work in terms of volume and complexity and are a feature in all four service offers. We are also proposing, subject to funding and in partnership with commissioners and health boards, to develop a hub of mental health practitioners within our existing remote clinical assessment teams as well as a ‘see and treat’, face-to face response service.

3.5 What risks are we managing?

We are cognisant of our role in supporting NHS Wales to mitigate the **four harms experienced** during the pandemic over the last year. These four harms will continue to be prevalent as we move forward out of the pandemic and our plan has taken these harms into account. This will be underpinned by our internal approach to risk management through the Trust’s **Board Assurance Framework** and regular review of our Corporate Risk Register. We know that there are several high scoring risks within the service that need to be managed and mitigated.



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

Table 4: Highest Corporate Risks

Risk	Level	What we will do in this plan to respond...
Unable to attend patients in community who require See & Treat		There are a number of actions in this plan that address this risk including: <ul style="list-style-type: none"> Increasing capacity in our EMS service (see page xx) The development and piloting of a rural model (see page xx) The role of the Operational Delivery Unit (see page xx)
Patients delayed on ambulances outside A&E Departments		There are a number of actions in this plan that address this risk including: <ul style="list-style-type: none"> The role of the Operational Delivery Unit (see page xx) Transforming and modernising our service offer, including mobile urgent care (see page xx) Working with the system to consider how we can support the Welsh Access Model and implementation of Contact First across Wales (see page xx)
Business continuity for recording digital patient clinical records		This will be addressed through the delivery of the electronic patient care record solution, with an interim extension to the DigiPen contract. (see page xx)
Impact on EMS CCC service delivery due to estates constraints		Measures to increase estate capacity have been progressed since last March/April, with further works programmed for VPH, Thanet, Llangunnor and Ty Elwy (See page xx)
Increased risk of personal injury claims citing COVID exposure		This is being managed through the utilisation of deep dive investigations to assess the probability of workplace based transmission of the disease. This plan includes the publication of a Health & Safety Transformation Plan. (see page xx)
Organisation not in compliance with Health and Safety legislation		The Trust will develop and deliver a Health & Safety Transformation plan to enhance provision of health & safety systems and processes and establish cultural change. (see page xx)

The Trust remains committed to implementing a positive Risk Management culture through our Risk Management Strategy and improvement plan, embracing risk as an opportunity for improvement.

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

There are a number of further legislative, policy, strategic and financial drivers, not mentioned above, which shape our approach to planning and delivery as a Trust. These include:

- The Wellbeing of Future Generations Act and in particular the Five Ways of Working ([link](#))
- The Emergency Department Quality and Delivery Framework and the developing Welsh Access Model ([link](#))
- Health and Social Care (Quality and Engagement (Wales)) Act
- ISO14001 and the Welsh Government ambition for carbon neutrality by 2030
- NHS Wales Strategic Service Changes (see page xx)
- Prudent Healthcare agenda ([link](#))

5.0 Our Service Offers to Patients and the System –The Right Care in the Right Place Every Time

5.1 Our Long-Term Strategy

LONG TERM STRATEGY FRAMEWORK



The Trust's Long-Term Strategy is a key driver for the organisation's service ambitions. 'Delivering Excellence' remains fit for purpose, however work is ongoing to simplify the language of the strategy and to publish a summary of the Trust's strategic ambitions. This has resulted in a focus in this plan on the key service offers that the Trust is making to its commissioners, the wider health and care system and society in supporting recovery from the impact of the pandemic and leading to a more modern ambulance service which offers a range of health advice, signposting and care services as well as modern non-emergency patient transport options.

'Delivering Excellence' recognises the four main service areas currently provided by WAST on a permanent basis seeking to integrate them fully. It is consistent with the quadruple aim of A Healthier Wales and provides a simplified individual patient/user experience tailored to their needs. The Trust's ambitions build upon the existing Five Step commissioning model in 999 (EMS) and NEPTS services enabling a quantum shift left and supports the system aim to safely and effectively provide care closer to home in a setting appropriate to individual need – providing the right care in the right place, wherever and whenever it is needed.

Our Long Term and Clinical Strategies recognise that we live in a world where the needs of our population are changing.

People are living longer and care needs are becoming more complex, placing different demands on the ambulance service. We do not underestimate the challenge that this creates and recognise that this is not a challenge that we can meet on our own. Technology is now a part of everyday life, transforming the way that we live in Wales.



TODAY



TOMORROW

NOTE: * = indicative value

This plan will set out our four integrated service offers, across 111 and 999 call taking and clinical response, Emergency Medical Services (EMS) response and non-emergency transport and transfers. In each section of the plan we will describe what we aim to deliver over the next three years (our 'deliverables') and the actions that we will take (in some cases subject to funding) in 2021/22 towards achieving those deliverables. Appendix 1 has further information about the actions we can take in years 2 and 3 of this plan.

5.1 Our 111 and 999 Call Taking and Clinical Assessment Services

WAST operates clinical contact centre call handling and clinical triage/assessment services nationally for both 111 (currently NHS Direct in BCU and C&V) and 999. The 111 service is currently supported by a limited digital front end through a legacy website and a small number of digital symptom checkers. Both services operate separately 365 days a year, 24 hours a day with variable levels of performance as outlined in sections above. Patients ringing 999 either receive advice over the phone (Hear and Treat) or a response to scene from our Emergency Medical Service (EMS). Callers ringing 111 broadly receive self-care guidance, advice to attend an Emergency Department or a referral into local urgent primary care and out of hours services for further assessment and treatment.

For our 999 activity, we currently 'Hear and Treat' around 10% of calls. All other verified incidents (around 90%) receive a 'See and Treat' response with around 60% of demand conveyed to an Emergency Department. The remainder receive on scene assessment and treatment or referral to community-based services supported in a small number of cases by Consultant Connect. Digitally enabled on scene decision making and diagnosis is rare.

During the pandemic, particularly early on, the demand for the both the telephone and online 111 and 999 services grew significantly, particularly the role of online symptom checkers. The growth in demand brought about higher call volumes and longer waits, prompting innovation in queue messaging and a "receptionist" model which can be used at times of high seasonal demand. We also saw opportunities for the 111 service to work more seamlessly with our 999 service, particularly in line with the recommendations of the CCC Clinical Review and the ambition to increase opportunities to Hear and Treat through an Integrated Clinical Hub. We have particularly seen a growing need arising from people with a mental health crisis, presenting an opportunity to take the first steps towards establishing 111 as the first port of call for people with mental health needs.

Contact First emerged during the pandemic as a way in which NHS 111 Wales can support patients to access the most appropriate urgent or emergency care service for their need, working with health boards to identify alternatives to an ED or MIU attendance, scheduling appointments where possible to manage demand. The concept has already gone live in Aneurin Bevan and Swansea Bay University Health Boards with further plans for national rollout in year 1 of this plan.

Whilst there will still be a requirement for a strong telephony service within both 111 and 999, innovation through digital enhancements can widen our opportunity to increase the number of people treated remotely by phone, video or through 111 online. These digitally enabled advances will also in the future provide the platform to support both our front line EMS people at scene.

All the evidence from work being done across Wales and in the UK suggests that there is a huge potential for these services to do more. Our vision, therefore, is for 111 to be the '**Gateway to Urgent and Emergency Care**', working seamlessly with the 999 service supported by a national **integrated clinical assessment hub**.






- Over time, more patients will access the service as their preferred first point of call to help meet their urgent health care needs.
- Increasing numbers will also be able to access the digital 111 front end to meet their routine and urgent health care needs.
- For those callers with urgent care needs, they will be able to access a timely, high quality clinical assessment with the most appropriate clinician



to meet their needs, either on the phone or by video. It is anticipated that for many callers, no further intervention will be needed.

- Patients who do need further specialist or face to face assessment or treatment will be booked directly into the right service to meet their needs, at the right time, with more care delivered closer to home.
- And the quality and safety of the service as part of the wider unscheduled care system will be world-class and will provide an excellent patient experience.

To start on our journey of achieving these ambitions for 111 and 999 clinical call handling, we aim to deliver the following over the next 3 years, with specific actions for year 1:

Deliverables in 2021-24	Actions in 2021-22	Time
 We will work with partners to promote and expand use of 111 across Wales	<ul style="list-style-type: none"> • Roll-out core 111 service to BCU Health Board • Roll out core 111 service to C&V Health Boards • Complete the roll out of Contact First across Wales, including robust governance agreements • Take the first steps in implementation of 111 as access point for Mental Health crisis response 	<ul style="list-style-type: none"> • End Q1 • End Q4 • End Q2 • End Q4
 We will increase accessibility, content and user experience of the 111 Digital front end, which can offer increasingly personalised advice	<ul style="list-style-type: none"> • Establish a 111 Digital Programme, inclusive of funding request for a standalone 111.wales team to deliver; <ul style="list-style-type: none"> • Improved Directory of Services • Improved Website with digital patient pathways. 	<ul style="list-style-type: none"> • Q1-Q4
 We will increase the capacity and capability of the clinical team, increasing clinical information available to them and we will create one integrated national team	<ul style="list-style-type: none"> • Develop within commissioners a remote clinical support strategy and commence implementation of recommendations from the CCC Clinical Review • Develop plans and commence implementation of video consultation / consultant connect (or replacement) • Introduce mental health practitioners, integrated across 111/999 clinical teams (subject to funding) • Develop a case for change for discussion with stakeholders on the integration of clinical teams 	<ul style="list-style-type: none"> • Q1-Q4 • Q3 • Q2 • Q2
 We will work with partners to increase the number of seamless 24/7 pathways from the 111 clinical team to appropriate face to face consultations	<ul style="list-style-type: none"> • Implement the new 111 system: SALUS • Work with health boards to improve the Directory of Service • Pilot and implement a booking system for patients requiring an ED appointment, to improve seamless experience for patients 	<ul style="list-style-type: none"> • End Q2 • Q1-Q4
 We will take steps to continuously improve the safety and quality of the service and provide an improved patient experience	<ul style="list-style-type: none"> • Recruit the agreed level of additional call takers and clinicians recruited to meet demand and to ensure that calls are answered promptly and call backs within agreed timeframes • Recruit to operational and clinical leadership and governance structures and embed them fully 	<ul style="list-style-type: none"> • Q1-Q3 • End Q2

The success of our plan, in support of the quadruple aim will be measured by a simplified set of metrics for 111 as shown in the following table:

Quality, Patient Safety and Outcomes	Safety - 111 call handling abandonment rate (target 5%) Experience - Proportion of calls answered within 60 seconds Safety - 111 clinical triage call back times – proportion of call backs within specified times Patient experience – other measures –To be developed Complaints Serious / adverse incidents	Partnerships / System Contribution	Numbers of callers to 111 service Proportion of patients who receive advice, prescription or booked appointment for face to face service increases (i.e. consult or close) NEW
Our People	Abstractions including sickness level Hours produced by type	Value	Achieving financial balance Number of handoffs (to reduce) NEW – to be developed

5.2 Emergency Medical Service response

The ORH review of EMS Demand and Capacity, which concluded in January 2020, set out the key issues that the EMS service has to address in order to reduce our red and amber response times and reduce unacceptable levels of variation across Health Boards. This is a vital part of our plan to **reduce patient safety concerns and adverse incidents**. There are a range of factors which affect response times, all of which will need to be addressed through this plan:

- **Demand:** Red demand has increased significantly over the last 2 years. This is a major contributing factor in relation to performance. The ORH review forecast that overall demand levels are likely to rise by 2.3% per year.
- **The number of Response hours produced:** The ORH review concluded that more front line staff were required to fill existing rosters (relief gap) and further increases were then required to bring down response times to acceptable levels. This will allow the number of hours produced to increase, and this has started to be seen in the last year as we have recruited an additional 136 WTE front line staff. Increasing production is dependent on a number of other factors too, including overtime levels, sickness rates and other abstractions such as training and leave.
- **The number of hours lost** each month due to **hospital handover delays** or inefficiencies within the EMS service itself, such as **post-production lost hours**, which are often not far off those lost outside hospital. As outlined previously in this plan, Wales is an outlier in terms of time spent at Emergency Departments, and we have a long way to go collectively to achieve the new ambitions set out in the collaborative commissioning intentions, but we also know that there are areas of our own service that need to be modernized, with efficiency improved.

Clearly one of the major impacts of the pandemic has been the number of our colleagues who have not been able to undertake their duties due to **sickness, self-isolation or shielding**. In December 2020, at the peak of this second wave of the COVID-19 Pandemic, the Trust saw over 400 front line staff (across all services) absent due to COVID-19, representing around 13% of the workforce. Sickness levels have historically been high. Some improvements were seen during the first wave, but overall levels of sickness and abstraction peaked at an all time high in December. Whilst it will be difficult to predict with any certainty the long term impact of the pandemic, the sections of our plan which focus on our workforce clearly call out a range of actions we will be taking to support our colleagues and their health and well-being.

A further unexpected impact on performance in the last year has been the time taken to **don Level 3 PPE** for staff attending red calls and this has had a material effect on response times which is likely to continue for some time. This will continue to be an issue even as we enter a cautious recovery phase in the coming months.

Despite the pandemic reducing our ability to deliver all of our intended IMTP milestones in 2020/21, we were able to achieve the first year recruitment of an **additional 136 WTE** as part of the EMS Demand and Capacity implementation programme. We also appointed a company to undertake **roster reviews** and identified the estates and fleet implications of the growth in WTE across Wales to inform our estates and fleet plans going forward to support a smoothing of the variation across Wales.

As part of our AQI programme, we review data against several **clinical indicators**, allowing us to check on the quality of our service and outcomes for patients. Recent reviews have shown that there is work to be done in a number of areas, but most importantly, to improve our Return of Spontaneous Circulation rates (**ROSC**), which are below those of other areas in the UK.

Our ambition then for the EMS service will be

- To have the right capacity and capability in place across Wales to consistently respond immediately to life-threatening / emergency situations.
- Clinicians attending scene will have access to the right equipment, information and the latest technology to allow them to assess and







treat patients and effectively meet their clinical needs.

- Patients who ring 999 but who do not have a life threatening or emergency need could be transferred seamlessly into the 111 service, which will provide clinical assessment for all with face to face assessment provided if necessary by a skilled ambulance clinician.
- We will work with partners to put in place consistent 24/7 pathways across Wales to ensure patients are referred or conveyed to the most appropriate service / hospital to meet their clinical needs and are handed over safely and effectively. Patients will be managed as close to home as possible and will only be conveyed to ED if this is the most appropriate place for them to be.
- We will take steps to improve the quality of the service further so that it is world-class and can provide an excellent patient experience.

Looking forward to 2021/22 and the first steps in this modernisation and transformation journey, as part of Year 2 of the EMS Demand and Capacity programme, we plan to further increase our **baseline capacity by 127 WTE**. However, this year's programme will also consider equity of access, particularly in rural areas to ensure time critical response targets are not just met by high performing areas but across all areas of Wales. In delivering year 2 of the programme we will also need to take account of the future staffing requirement for the Grange University Hospital following a review of the service and activity levels in May 2021.

To achieve these ambitions for EMS (999) response WAST aims to deliver the following over the next 3 years, with specific actions for year 1:

Deliverables in 2021-24	Actions in 2021-22	Time
 We will increase and balance response capacity and capability across urban and rural areas of Wales	<ul style="list-style-type: none"> • Implement second year of EMS D&C programme including recruitment of 127 WTE to close the relief gap and rosters aligned to demand for each area • Develop a rural model and pilot in one area of Wales, aimed at improving red response times • Approve and take forward year 1 actions of our volunteering strategy • In partnership, implement a range of modernisation practices to increase productivity • Develop demand and capacity strategy for the future 	<ul style="list-style-type: none"> • End Q4 • End Q2 • Q1-Q4 • Q1-Q4 • Q2
 We will increase resources (information, equipment and technology) available to clinicians on scene to allow them to most effectively assess and treat patients	<ul style="list-style-type: none"> • Continue actions to implement Duty Operation Manager / Senior Paramedic roles • Pilot or extend use of video / phone consultation to improve advice • Operationally implement the electronic Patient Care Record system for frontline response staff • OnClick Major Incident training and Everbridge communication platform rolled out 	<ul style="list-style-type: none"> • Q1-Q4 • End Q4 • End Q3 • Q1
 We will work with partners to increase number of seamless 24/7 referral pathways as alternatives to ED conveyance and improve hospital handover	<ul style="list-style-type: none"> • Complete a phased roll out of the national respiratory pathway to all Health Boards across Wales • Work with partners to develop other referral pathways, using linked data, for example through Lightfoot, to inform where possible (plan to be developed further in collaboration) • Scope our pathways development work for mental health and dementia • Work with partners to significantly reduce handover delays, including collaborating in EDQDF work programme and using WIIN as a mechanism for improvement 	<ul style="list-style-type: none"> • Q2 • Q1-Q4 • Q2 • Q1-Q4
 We will take steps to continuously improve the safety and quality of the service and provide an improved patient experience	<ul style="list-style-type: none"> • Implement concept of Cymru High Acuity Response Units (CHARU) in order to secure improvement in Return on Spontaneous Circulation (ROSC) rates • Develop a clinical indicator plan and audit cycle • Review of clinical response model (comparison with England) • Deliver new Mental Health and Dementia Plan setting out in detail how we will improve WAST services 	<ul style="list-style-type: none"> • Q3 • Q2 • Q1 • Q2

Appendix 1 provides further detail and actions for future years.

The success of our plan, in support of the quadruple aim will be measured by a simplified set of metrics for 999 and EMS Response as shown in the following table:

Quality, Patient Safety and Outcomes	Safety - 999 call handling time Safety – red and amber response times Complaints Serious / adverse incidents Call to door times for STEMI / stroke ROSC	Partnerships / System Contribution	Conveyance rates Hear and treat rates See and treat rates Hospital handover lost hours
Value	Utilisation metric Post production lost hours	Our People	Abstractions including sickness level Hours produced by type

5.3 Mobile urgent care – Care closer to home

As part of our commitment to supporting the wider primary care strategy and National Programme of Unscheduled Care, we are working with our partners to deliver services that help people to be cared for at home, only conveying them to hospital where this is absolutely necessary and appropriate.



We have continued to innovate and transform the way the EMS service is delivered to meet the changing health needs of the population. The development and successful implementation of new models of care including the Advanced Paramedic Practitioner (APP) rotational model, Independent Prescribing (IP) capability, progress in regard to the paramedic band 5-6 competencies and the Falls Response Framework have played an integral role to deliver high quality patient focussed care. This has resulted in an increase in the number of patients safely treated at home or in the community and reducing the number of patients conveyed to hospital where seen in this way.

The continued development of the concept of a mobile urgent care service together with elements of our Older People and Falls Framework development and Public Health Plan, will form a programme of work to drive forward the scaling up of successful services in support of the unscheduled care system. Mobile urgent care will support a modernised, integrated service offer which will bring together the expertise of our clinicians together with specialised primary and community resources across the NHS, local authorities and 3rd sector to See, Treat and Refer or Discharge people without the need to convey them to secondary care.






As a first port of call through either 111 or 999, we handle a significant proportion of mental health crisis care episodes across Wales. Crisis demand is highly likely to increase in the post-pandemic period. When patients phone 999 in mental health crisis they are more likely to be conveyed by ambulance to an emergency department. We propose to develop a Mental Health Specialist See and Treat offer within WAST similar to that seen in other ambulance services in England who have already achieved significant improvements in outcomes and efficiency.

The ambition for the mobile urgent care service is therefore that

- patients who ring either 111 or 999 who need a face to face assessment before final decisions can be made about the service they need will be seen in a timely way by an ambulance service clinician.
- Ambulance clinicians attending scene will have the right education, training, equipment, technology and patient information to allow them to assess, treat and refer patients and effectively meet their clinical needs regardless of whether they are mental or physical health needs.
- As a result of this modernised service offer, more patients can be treated and discharged on scene or referred to a service that provides the right care close to home.
- Working with our partners, we will ensure that the service will be safe and of high quality and will provide an excellent patient experience.

We will work with partners to develop existing or new metrics in support of our service ambitions, but the success of this service offer will also positively impact on the range of EMS performance indicators as well as indicators across other parts of the system.

To achieve these ambitions for mobile urgent care WAST aims to deliver the following over the next 3 years, with specific actions for year 1:

Deliverables in 2021-24	Actions in 2021-22	Time
 <p>We will increase the capacity and skill mix of the mobile urgent care service</p>	<ul style="list-style-type: none"> Develop with commissioners an optimising conveyance improvement plan to analyse and identify the optimal response to safely reduce hospital conveyance and increase care delivered closer to home or in the community Complete roll out of the national Respiratory pathway and refresh of the national Falls pathway Develop a forward-looking workforce plan to deliver this service, including consideration of expansion of APP workforce Consolidate the CCC rotation for the APP model and explore the most effective dispatch model Business case to support Falls Response Model across Wales Review response to 111 calls that require a face-to-face clinical assessment in addition to wider community-based care capacity. 	<ul style="list-style-type: none"> End Q4 Q1-Q4 Q1-Q3 Q1-Q2 Q2 Q4
 <p>We will increase the capability and skill-set of the mobile urgent care service</p>	<ul style="list-style-type: none"> Increase our Independent Prescribing capacity (min 5 new IPs funded) Evaluate and further develop the band 6 paramedic skills and competencies 	<ul style="list-style-type: none"> Q1-Q4 Q1-Q4
 <p>We will work with partners to develop this service as an integral part of the wider unscheduled care system</p>	<ul style="list-style-type: none"> Establish the "Care Closer to Home group" as a programme for delivery Recruit clinical leadership and project management resources to support roll out of the Care Closer to Home programme across Wales Formalise our relationship with national urgent / unscheduled and primary care programmes and develop collaborative plans to maximize contribution WAST makes to the system Develop a specialist Mental Health See and Treat offer for consideration by commissioners Embed preferred technical platform to access senior clinical support 	<ul style="list-style-type: none"> Q1 Q1 Q1-Q4 Q1 Q1-Q4
 <p>We will implement our Older Peoples Framework including our response to falls</p>	<ul style="list-style-type: none"> Develop a business case to support Falls Response Model across Wales Scale up and spread the use of frailty scoring across service areas including development of the education/training for internal and external audiences 	<ul style="list-style-type: none"> Q1 Q1-Q4
 <p>Take action to improve the safety and quality of the service, and improve patient experience</p>	<ul style="list-style-type: none"> Continue evaluation of the impact of Independent prescribing Deliver an evaluation /visionary document of the all Wales opportunities to improve the health and care system for older people from a WAST & system –partner perspective Establish a user involvement infrastructure to ensure co-production in service development for Older People 	<ul style="list-style-type: none"> Q2 Q4 Q4

Appendix 1 provides further detail and actions for future years.

5.4 Non-emergency transport and transfer activity

The transformation plan for NEPTS in 2020/21 was to some extent interrupted by the pandemic, including the challenge presented by the need to socially distance patients. A key part of the plan, in line with the previously approved business case, was the transfer of health board commissioned NEPTS activity under the management of WAST. In support of this we aimed to further develop the plurality model, utilising the 365 platform to commission and procure additional activity as required and finalise our Transport Solutions project to support those not eligible for NEPTS to find alternative transport provision.

Despite the pandemic, some progress was made and the contracts for Powys Teaching Health Board transferred to WAST in December 2020. NEPTS services were also critical in supporting surge capacity and the opening of field hospitals across Wales. This need for this capacity has largely reduced following the second wave as COVID-19 related pressure on bed capacity has started to diminish and Health Boards commence their planned care recovery. The ABUHB and BCUHB transfer documents are ready for approval with the aim of transferring services in April 2021.

A key impact of NHS planned care activity recovering is within NEPTS. It has been less easy to forecast NEPTS demand, as this is reliant on projections of planned activity levels across Wales, and the Trust will work with its partners in Health Boards and evaluate their annual plans to provide some further clarity on this issue. The Trust will be commencing a programme of work with a view to implementing further transformation of the service and the findings of the NEPTS Demand and Capacity Review, working with the CASC and NEPTS Delivery Assurance Group around the detail.





During 2020 WAST supported the implementation of the South Wales Major Trauma network in September 2020, a Thrombectomy repatriation service and the early opening of the Grange University Hospital (GUH) in November 2020. The GUH transfer and discharge model is the first of its kind in Wales and is providing valuable learning from a potential all Wales model. The Trust will work with the CASC to build on achievements in setting up major trauma, Thrombectomy and the Grange University Hospital inter-hospital transfer and discharge models to develop an all Wales approach tailored to local need.



The ambition for Non-Emergency Patient Transport Services (NEPTS) is to have the right capacity and capability, with skilled staff in place across Wales to transport eligible people efficiently and safely to and from their planned appointments at hospital and to take them home when they are discharged. With our help and in partnership with the third sector, patients who are not eligible for our service will be assisted to access suitable alternative provision to meet their healthcare needs.

Working with our commissioners and system partners, we aim to be the provider of choice for the safe and timely transfer of patients between hospitals in support of clinical needs and system flow across Wales. We will take steps to continually improve the quality and safety of the service will be world-class and provide an excellent patient experience.

To achieve these ambitions for non-emergency transport and transfer activity WAST aims to deliver the following over the next 3 years, with specific actions for year 1:

Deliverables 2021-24	Actions in 2021-22	Time
 <p>We will develop and deliver an improvement plan for NEPTS and increase capacity where required to meet demand</p>	<ul style="list-style-type: none"> Bring all non-emergency healthcare transport services in Wales under WAST management and oversight by completing transfers from ABUHB and BCUHB Establish a NEPTS Transformation Programme Board Review recommendations from the NEPTS Demand & Capacity Review and agree action plan with commissioners Deliver business case to Welsh Government for procurement of a new CAD Increase the efficiency of our service, maximising use of resources to meet demand 	<ul style="list-style-type: none"> Q1 Q1 Q1-Q4 Q3 Q1-Q4
 <p>We will continue to deliver against our Transport Solutions Programme to embed as a business as usual approach to service delivery</p>	<ul style="list-style-type: none"> Identify the transport needs of non-eligible patients across Wales Work in partnership with the patient and alternative service providers to deliver solutions that meet patient transport needs 	<ul style="list-style-type: none"> Q1 Q2
 <p>We will develop and implement with partners an All Wales Transfer and Discharge Service</p>	<ul style="list-style-type: none"> Undertake a review of the transfer and discharges services in Aneurin Bevan Undertake an evaluation of the first year of the Major Trauma network Develop in partnership with the NCCU a sustainable model to meet the needs of the future system for Transfer and Discharge across Wales Support the NCCU in the development of the business case for the delivery of National Transfer and Discharge Services by the end of 2021 Work with WG and NCCU to design a National Mental Health Conveyancing Service for Wales 	<ul style="list-style-type: none"> Q1 Q2 Q2-Q3 Q4 Q1-Q4
 <p>We will take steps to continuously improve the safety and quality of the service and provide an improved patient experience</p>	<ul style="list-style-type: none"> Work in collaboration with Health Boards to implement improvements to booking systems which reduce aborted journeys 	<ul style="list-style-type: none"> Q1-Q4

Appendix 1 provides further detail and actions for future years.

5.5 Emergency Preparedness, Resilience and Response (EPRR) & Specialist Operations

Following wave one of the pandemic we undertook a debriefing process and identified that our original Pandemic Plan (developed in October 2019) didn't recognise the specific issues we faced from this particular global pandemic and that the traditional response and recovery model of incident management did not fit the needs of the prolonged response.

Therefore, we worked through the recommendations to develop a new Pandemic Plan which included 2 positions within the response phase which allowed us to step down to a monitor position (or a standby position), we also created additional cells and renewed the overall command structure into a management structure as this worked better with a long duration incident.

As we now enter the monitor position of our response and transition towards a recovery phase we will debrief wave two to identify further lessons from the experiences across our pandemic response cells and teams across the Trust to support any future activation of the plan.

We completed our Command training programme last year and paused due to the Pandemic, we are now introducing Strategic, Tactical and Operational command refresher courses for existing Commanders and new operational courses for the Duty Operations Manager cadre that need them. We are continuing to work with the Wales Prepare and Protect Group (part of the Wales Learning and Development Group) to deliver multi agency training for Marauding Terrorist Attacks (MTA) with the Wales Extremism and Counterterrorism Unit (WECTU) for multi-agency MTA commanders.

As well as providing training to new staff on their entry to the service the Trust's EPRR team has also funded and developed online training in Major Incidents with OnClick that will hopefully go live in April 2021 and will allow us to track staff who haven't received the training and target them for it, this will also include a session on logging to ensure that our cadre of loggists have the opportunity to refresh their skills. We also Chair the South Wales Joint Emergency Services Interoperability Principles (JESIP) group working with partner agencies across South and North Wales to embed JESIP principles into their incident management processes.

We are also introducing the Everbridge multi-platform messaging system to enhance our major incident notification process with partner agencies.

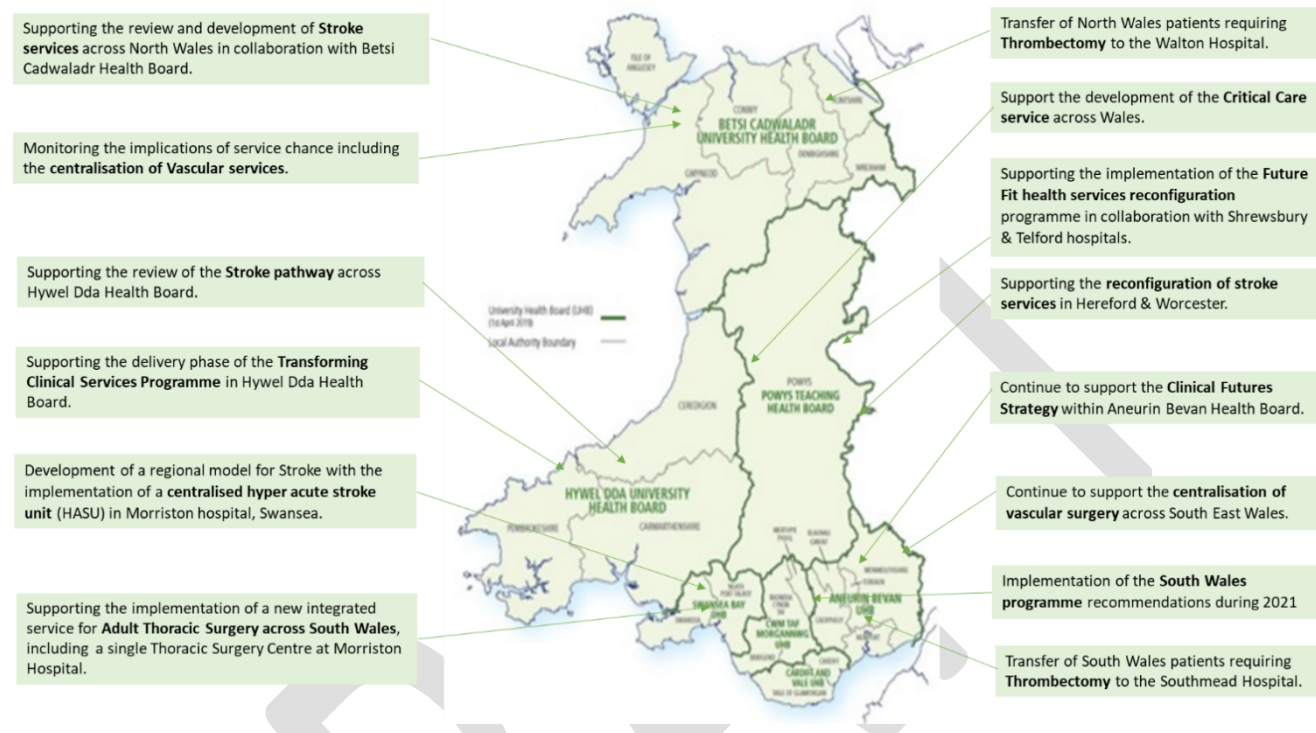
5.6 Wider system recovery and strategic service changes

This year in particular there has been significant disruption to "normal" Health Board activity but also significant progress across the system in delivering care differently to ensure NHS Wales could reduce the impact of the four harms brought about by the pandemic. Not only within WAST but also in every Health Board, services have changed and adapted at pace including the use of remote and mobile solutions for outpatient and primary care appointments.

A consequence of these rapid and emerging changes is often a change and/or increase in emergency, transfer and discharge ambulance activity. We will have a key role to play in delivering solutions to support these changes, but it may represent additional activity which will need to be commissioned.

The Trust continues to work collaboratively and proactively with Health Boards to support strategic, transformational service changes (regional and local) across Wales to ensure the best possible outcomes and experience for the people of Wales.

The map below provides an overview of the other main service change proposals we are working on collaboratively with partner organisations to drive forward sustainable changes in health provision. Our service needs to remain flexible to change but realistic in the context of the demand on our service and the capacity to deliver change at pace. As new service change proposals are identified or existing changes become higher priority for Health Boards, we will re-assess and prioritise our areas of focus and involvement to ensure that we robustly engage in the high priority and high importance change proposals, including any required changes to operational and clinical models not yet described in this IMTP.



6.0 Our Enablers


6.1 Our people

Through the delivery of our People and Culture Strategy, our ambition is that the Trust will be recognised and renowned as an exceptional place to work, volunteer, develop and grow. The past twelve months has had a profound impact on the workforce whether on the frontline, in a Clinical Contact Centre or working from home. The impact on our people has been physical, emotional and psychological and, as we move towards our recovery, both personal and organisational, taking time to pause and reconcile recent events will be essential. This organisational time for reflection and healing will inform a reset of the culture, leadership and behaviours for the organisation.

COVID19 has required us to change and adapt at high speed to enable the organisation to respond while continuing to deliver high quality care to our patients. The transformational use of technology has been a significant driver of change and as we emerge from response mode we have the opportunity to embrace more flexible and remote ways of working across our services. We have also seen significant change with the rapid development and delivery of new services and ways of working which demonstrate WAST's ability to adapt and work flexibly with partners and deliver at pace. As we build on these successes the Trust will also reflect and assess whether there is more that we can do to ensure our workforce practices are modern and reflect the needs of this changing context. The workforce has grown significantly over the past 12 months through the provision of new services, as well as investment through the demand and capacity programme of work for EMS,

and this growth provides exciting opportunities for increased diversity as we work with under-represented communities differently and encouraging innovation and curiosity to improve the services we provide to our patients. Building on these changes the development of a strategic workforce plan will help the Trust and its stakeholders reflect on the introduction of new service models to inform the shape of a workforce that enables the organisation to grow and influence across the Health system. By understanding the workforce need, demand and supply we can plan to deliver the future workforce required to deliver our ambitions ensuring we have the right people in the right place, at the right time with the right skills and at the right cost.

In recognition of the unprecedented circumstances and associated COVID19 workforce, strong partnership working with Trade Union partners has never been more important. Our ongoing commitment to Partnership Working with Trade Union colleagues remains important moving forward. Our priorities include the further embedding of the principles of our “Go Together Go Far” philosophy and the implementation of a new Facilities agreement and model for partnership working. We believe the continued strengthening of these relationships is critical to our future success and look forward to further developing our ways of working together to achieve our shared ambitions for the Trust being an employer of choice. To achieve this ambition WAST aims to deliver the following over the next 3 years, with specific actions for year 1:

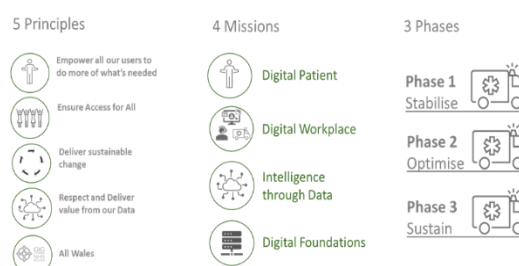
Deliverables 2021-24	Actions in 2021-22	Time
 <p>We will take actions to increase the level of resources and support available to our people in relation to their well-being</p>	<ul style="list-style-type: none"> Encourage the organisation to take time to pause and support a process of healing as we recover from the pandemic response Implement Year 1 of the Wellbeing Strategy with focus on plans to support staff with long COVID and mental wellbeing Prepare ourselves to support the vaccination programme delivery 	<ul style="list-style-type: none"> Q1 Q1-Q4 Q3-Q4
 <p>We will reset our Culture, Leadership and Behaviours to foster an engaged workforce</p>	<ul style="list-style-type: none"> Engage colleagues across WAST in conversations to enable us to reset our culture, leadership and behaviours learning from the pandemic Review and refresh out Partnership Working arrangements building on the achievements of Go Together Go Far (GTGF) Increase change management capacity and skills across the Trust to support the organisation to deliver the benefits of service transformation programmes of work Deliver our strategic equality objectives to enable an inclusive culture across the organisation 	<ul style="list-style-type: none"> Q1-Q4 Q2 Q3 Q1-Q4
 <p>We will plan and deliver a modern workforce across our current and future service offers</p>	<ul style="list-style-type: none"> Scope the development of a strategic workforce plan that defines the shape of the workforce to deliver our long-term ambitions Deliver the front line and corporate workforce changes emerging from the EMS Capacity and Demand Growth / NEPTS D&C / Contact First / MTU / CCC growth / Ministerial Ambulance Availability Taskforce to deliver a modern ambulance service Shape the plan for a technology enabled workforce (as part of Strategy delivery), to include agile working model Enable and support transformational learning throughout the organisation with modern well equipped education facilities at Matrix House, Cardiff MRD and Ty Elwy Deliver the organisational change required to support the restructure of the Operations Directorate 	<ul style="list-style-type: none"> Q3-Q4 Q1-Q4 Q2 Q1-Q4 Q2
 <p>We will develop our leaders</p>	<ul style="list-style-type: none"> Refresh our Leadership Strategy and reset our leadership ambitions enabled through the delivery of accessible leadership resources Deliver the Duty Operations Manager development programme to support new leadership model in operations supporting our front-line colleagues Produce a succession plan for the Trust, identifying key posts and opportunities and develop and approach to identify and manage talent 	<ul style="list-style-type: none"> Q1-Q4 Q1-Q2 Q2-Q3

Appendix 1 provides further detail and actions for future years.

6.2 Innovation and technology






Delivering Excellence set out an ambition for the design and infrastructure of the organisation to be at the forefront of innovation and technology. In 2020 amidst the height of the pandemic the Trust achieved huge strides in its digital agenda and following the appointment of its first Director of Digital early in 2020, the Trust approved its Digital Strategy in November 2020.

To be a modern service the need for data becomes even more important so we aim to provide our services and stakeholders with the best data, at the best time, presented



in the best manner to drive the best decisions for the benefit of patients and colleagues. Our people will have all the training, tools, support and information required to perform their role to the highest level, anywhere, anytime, from any device.

To achieve these ambitions WAST aims to deliver the following over the next 3 years, with specific actions for year 1:

Deliverables 2021-24	Actions in 2021-22	Time
 We will deliver the Digital Strategy	<ul style="list-style-type: none"> Develop and transition towards a new operating model Develop a Strategic Outline Programme Deliver pilot activity to test new technology for each of the digital missions 	<ul style="list-style-type: none"> Q3 Q2 Q3
 We will implement key systems to improve the capture, sharing and utilisation of information	<ul style="list-style-type: none"> Design and commence procurement for a new 'Local Data Resource (LDR)' Design and deliver new methods of data visualisation, using Power BI Review the structure of the Informatics Department as part of the wider Target Operating Model design 	<ul style="list-style-type: none"> Q3-Q4 Q1 Q2
 We will utilise technology to improve communication	<ul style="list-style-type: none"> Deliver improved corporate communications through development of Microsoft Teams, Microsoft Yammer and integration with other key workforce systems. Develop a cohesive vision for the use of video and other enhanced communications 	<ul style="list-style-type: none"> Q3 Q2-Q3
 We will procure and implement an electronic Patient Clinical Record (ePCR)	<ul style="list-style-type: none"> WAST acceptance of Functional Design Specification Complete application and System Design Application and system testing ePCR training complete Complete pilot Phase and deploy core solution across Wales 	<ul style="list-style-type: none"> Q1 Q1 Q2 Q3 Q4
 We will deliver the Emergency Services Mobile Communications Programme	<ul style="list-style-type: none"> Deliver the new Control Room Solution (CRS) Develop and submit the Full Business Case for the Mobile Data Vehicle Solution (MDVS) 	<ul style="list-style-type: none"> Q2 Q3

Appendix 1 provides further detail and actions for future years. This will include a specific national communications programme of work to move from the current Airwave platform to the Emergency Services Network in year 2, which will have an impact across all areas of this plan.

6.3 Infrastructure

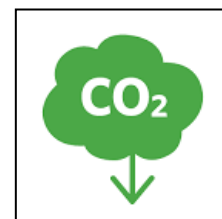
Key to the ambition for the design and infrastructure of the organisation to be at the forefront of innovation and technology are our estates and fleet.

The growth in the number of people we employ throughout this plan as well as changes driven by the coronavirus pandemic mean that we will need to ensure we have the right buildings and vehicles in the right place for our staff to best and safest care across Wales, ensuring that NEPTS and EMS crews can respond in a timely manner. A key component of a modern infrastructure is that it supports the Trust's and Welsh Government ambition for carbon neutrality by 2030.

There have been some significant changes in 2020/21 which have impacted on the prioritisation of the projects within the Estates Strategic Outline Programme (SOP). Whilst we continue to prioritise development of our estate in line with the approved SOP, we are in the process of refreshing the strategy, to take account of the COVID-19 impacts and the outcomes of the EMS Demand and Capacity (D&C) Review, which presents a major challenge and risk to ensure we have the right estate in the right place to support the growth in the EMS service, providing a platform for improved timeliness of response. The COVID-19 impact exacerbates the risk around space to accommodate growth and challenges us to provide further space to enable social distancing, without compromising the facilities available to our staff. This has led to an increase in a key part of the plan, in line with the previously approved business case, was the transfer of health board commissioned NEPTS activity under the management of WAST the number of estates occupied by WAST during 2020/21. A further challenge has been the deteriorating condition of some of our estate and the impact that this has on our colleagues. This plan will take us on a journey to start addressing these challenges.

In addition to this, we are cognisant of the emerging priorities from the NEPTS Demand and Capacity Review, CCC Review, Agile Working strategies and continued pressures on the WAST estate. In refreshing the SOP, the “Make Ready” concept continues to be at the forefront of operational site business case development and operational teams are a vital component in ensuring our premises are fit for the future.




A modern and efficient fleet is vital to ensure that we provide a high quality service to our patients and a comfortable environment for our people to work within. Over the next 12 months we will be replacing 84 vehicles across our fleet including EMS, NEPTS and Hazardous Area Response Team (HART) vehicles. As part of our commitment to reducing our carbon and vehicle emissions, we have focused procurement on smaller and more efficient vehicles to reduce our CO2 vehicle emissions.



Our priority for fleet delivery in 2021/22 will be to deliver the remaining 84 vehicles from the 2020/21 Business Justification Case.

In line with the decarbonisation agenda, all projects will focus on options to improve energy efficiency as part of our aim to be carbon neutral by 2030, and in line with the implementation of our Environment Strategy.

To achieve our infrastructure ambitions WAST aims to deliver the following over the next 3 years, with specific actions for year 1:

Deliverables 2021-24	Actions in 2021-22	Time
 <p>We will deliver the Estates Strategic Outline Plan</p>	<ul style="list-style-type: none"> Commission Cardiff MRD facility, October/November 2021 Develop OBC for Swansea MRD Replacement Develop and implement plan for our CCC pan Wales in light of the changes made as a result of the pandemic, resulting in increased 111 capability and the introduction of contact first. Full Business Case approval for the South East Fleet Workshop solution. Longer term solution for GUH transfer service commissioned including corporate administrative capacity in South East Identification of appropriate corporate facilities to support agile working Consider implications of NEPTS D&C Review and alignment with SOP Implementation of 111 solution for BC UHB (Ty Elwy) Secure additional C&E resources to support delivery of significantly increased work programme Development of business case for Llanelli solution (emerging ESOP priority) Development of business case for Newport solution (emerging ESOP priority) Development of business case for Llandrindod Wells (emerging ESOP priority) Development of business case for Bangor Fleet Workshop (emerging ESOP priority) 	<ul style="list-style-type: none"> Q3 Q2 Q2 Q3 Q3 Q4 Q4 Q1 Q2 Q4 Q4 Q4 Q4 Q4
 <p>We will implement the Environmental and Sustainability Strategy</p>	<ul style="list-style-type: none"> Further progression of the decarbonisation agenda and embedding this within the Trust in line with WG Decarbonisation Strategy Develop an Electric Vehicle Strategy including a charging network Deliver on our commitments to modernise our fleet including the increase in the number of Hybrid vehicles and roll out of vehicle solar panels. Access funding to commence initiatives as part of the decarbonisation of the estate and also our travel which will enable us to implement a Sustainable Travel Plan 	<ul style="list-style-type: none"> Q4 End Q4 End Q4 End Q4
 <p>We will deliver the Fleet Strategic Outline Plan</p>	<ul style="list-style-type: none"> Deliver the vehicle replacement scheme as per the approved Business Justification Case 	<ul style="list-style-type: none"> End Q4

Appendix 1 provides further detail and actions for future years.

6.4 Partnerships and the wider system

WAST’s role in the wider health and care system in Wales is an important one as a national provider of urgent and emergency care services. While this, of course, remains at the core of the ambulance’s service provision, the organisation is increasingly assuming a position as a leader across the wider NHS Wales system, reflecting its ambition to shape and influence the future of urgent and emergency care services across Wales.

This means working closely with stakeholders across NHS Wales, Welsh Government and beyond to establish options for the future of both the ambulance service and the wider urgent care system, challenging traditional

thinking and roles and ensuring the potential of the Welsh Ambulance Service to sit at the heart of some of these developments is understood and supported.

The partnership landscape across Wales is complicated, but WAST is endeavoring to play as robust a role as it can by being represented at a number of key fora, including four Regional Partnership Boards (RPBs) (or their substructures), the Unscheduled Care Delivery Board, EASC, the Ministerial Taskforce on Ambulance Availability and a number of other new and emerging fora. At the heart of much of this work is an ambition to see the rapid development of more modern and integrated urgent and emergency care services, with improved access for patients to the right parts of what is currently a complex system, delivered in a way that meets the needs of patients.

Given the recent White Paper on Rebalancing Care and Support, and the proposals to re-designate RPBs as statutory bodies with the ability both to hold their own budgets and employ staff, it will be even more important that WAST continues to have a voice at RPB tables across Wales.

A rapid evolution of the urgent and emergency care system in Wales is even more necessary in the wake of the Covid-19 pandemic and perhaps now also more likely, given what has been learnt over the last 12 months. Throughout the pandemic, WAST has been a key player, both regionally and nationally, in the response to and forthcoming recovery from the COVID-19 pandemic. This has driven a different type of engagement and delivery with a range of existing and new partners.

Our relationship with the CASC and his team has continued to grow and mature significantly throughout the pandemic and a key to the success of this IMTP and the realisation of our longer term ambitions will be our partnerships and collaboration with government, health boards, local authorities, third sector bodies, our staff (and their representatives), plus a range of other important stakeholders, not least the people of Wales who use our services.

An example of our new partnerships and service delivery offer which will extend into 2021/22 is the provision of COVID-19 mobile testing. During the pandemic WAST took over the responsibility of operating the reserve Mobile Testing Units to provide surge capacity for COVID-19 testing across Wales. This is a very distinct service when compared to our existing core services and functions. We were able to assume this service by utilising our expertise in logistical planning, harnessing our national infrastructure, and building on our organisational relationships with partner agencies. Testing will continue to be a key component in the fight against the spread of coronavirus, and year 1 of this plan will see the WAST Mobile Testing Unit service continuing to support the Welsh testing infrastructure. We will continue to support the development of testing strategy working collaboratively with the UK Department of Health and Social Care, the Welsh Government and TTP Wales.

Some of the further areas for work in the recovery phase of the pandemic and in moving forward with our partners will be the work to strengthen and increase the capacity of clinical assessment in 111 and 999 already set out in this plan. This will need to be supported by our work with health boards and local authorities to ensure 24/7 community pathways available to both 111 and 999 clinicians, ensuring that only those patients who really need to go to hospital are conveyed. To do this we will need to work collaboratively within regional planning fora to ensure we are both aligned to system priorities and able to influence how these priorities develop in the future.





When hospital is the right destination for a patient, that patient should expect, and experience, seamless care. One aspect of this is the ability to ensure flow across the system and through hospitals in particular, something which we will continue to support through our continuing development of the Operational Delivery Unit (ODU), which assists health boards across Wales in improving access and flow. We will also continue to participate and collaborate with the Emergency Department Quality and Delivery Framework (EDQDF) as it develops post-pandemic.

Ensuring our people, their trade union representatives, politicians (recognising the importance of the 2021 Senedd election), policy makers and, critically, our patients and the wider public understand what to expect from our services and, crucially, how we anticipate them changing over the coming months and years, will be at the heart of our engagement work in 2021/22.

Our new Quality Strategy, which is aligned to the tenets of Welsh Government's Health and Social Care (Quality and Engagement) (Wales) Act, which became law in June 2020 and will come into force in the spring of 2022, will put a new emphasis on how we engage with the public in the broadest sense.

In April 2021, we will launch our new People and Community Network as a platform for harnessing the energy, ideas and thoughts of the people of Wales. The role of the network will also include co-producing and influencing improvements led by the WAST Improvement and Innovation Network (WIIN).

The public should expect the best service available to them, with innovation, technology and best practice being applied where it drives improvement across the whole system. Our people also expect to work in an organisation which is geared up for the future, where they feel supported and engaged, and where they feel there are opportunities to develop themselves and their ideas. To that end, we will continue to develop our thinking around the benefits of achieving University Trust Status, something which has been a long-held ambition and which we will look to finalise in 2021.

Deliverables 2021-24	Actions in 2021-22	Time
 <p>We will engage with a range of stakeholders to ensure that we are well placed to influence system thinking / strategy development</p>	<ul style="list-style-type: none"> Develop a plan for engaging on our strategic ambition statements with system partners, with formalised links into primary care and key programmes of work around urgent and emergency care Revise the organisational Engagement Framework, testing the approach with stakeholders and the public prior to Board Consolidate existing position and endeavour to secure at least one additional RPB seat Engage with new Government and opposition party representatives post 2021 Senedd elections 	<ul style="list-style-type: none"> Q2-3 Q2-3 Q1-Q4 Q2
 <p>We will continue to develop and embed system working including escalation (e.g. continuing use of ODU)</p>	<ul style="list-style-type: none"> Support the review of national, regional and local escalation arrangements Secure recurrent funding for continuation of the ODU in support of future escalation arrangements Extend existing contracts and recruit to fill vacancies in ODU (subject to funding) 	<ul style="list-style-type: none"> Q1-Q2 Q1 Q1-Q2
 <p>We will continue to deliver and further develop the capabilities, scope and functions of the WAST MTU service to meet the requirements of the Welsh Testing infrastructure.</p>	<ul style="list-style-type: none"> Continue to deliver safe and efficient Welsh reserve MTU operations up till 31st August 2021 Potentially extend the contract in agreement with the Welsh Government, TTP Wales and DHSC if service is required beyond August 2021 Further develop the capabilities of the WAST MTU service at request of the Welsh Government in agreement with the DHSC 	<ul style="list-style-type: none"> Q2 Q2 Q1
 <p>Finalise our organisational position on achieving University Trust Status in collaboration with WG</p>	<ul style="list-style-type: none"> Develop an initial assessment for review by WG. Dependent on feedback, determine our position on submission of a full application for UTS in September 2021 	<ul style="list-style-type: none"> Q1-Q4

6.4.1 Welsh Language

The Trust has been implementing the requirements of the Welsh Language Standards as detailed in our compliance notice. This has included promoting a bi-lingual service in our 111 contact centres, encouraging staff to learn Welsh, offering bi-lingual services and recruitment of more Welsh speaking staff.

We will continue to work across the organisation to progress the actions as set out in the [More than Just Words Interim Action Plan 2019 and 2020](#). These will be embedded within existing structures and will help to ensure ownership of and accountability for the Welsh language at all levels of the organisation.

7.0 Our Fundamentals

7.1 Quality Driven, Clinically Led, Value Focussed

In the summer of 2020, the Welsh Government introduced the Health and Social Care (Quality and Engagement) (Wales) Act which will:

- Strengthen the existing **duty of quality** on NHS bodies and extend this to the Welsh Ministers in relation to their health service functions;
- Establish an organisational **duty of candour** on providers of NHS services, requiring them to be open and honest with patients and service users when things go wrong;
- Strengthen the voice of citizens, by replacing Community Health Councils with a new all-Wales **Citizen Voice Body** that will represent the interests of people across health and social care;
- Enable the appointment of **Vice Chairs for NHS Trusts**, bringing them into line with Health Boards.







Our revised Quality Strategy, which will be ratified in April 2021 at QuEst Committee will set out how WAST will comply with this Act. Our ambition is for a culture of Candour to be evident across our workforce, creating an environment that is transparent, honest, and open to learning which enables citizens across Wales to have a voice. This will be underpinned by a culture of quality and quality improvement, with robust systems to keep the quality at the heart of everything we do. Our communities will be supported through our thousands of daily contacts and through programmes of engagement and education to improve their health and wellbeing.

In our Clinical Strategy, in a post coronavirus environment, we bring forward a refreshed ambition for how we aim to deliver the best services for patients. This strategy acknowledges the challenge in 'A Healthier Wales', to make our health system fit for the future with a renewed focus on quality improvement and value in all that we do. We recognise WAST's role as part of the broader urgent and emergency care system and will continue to develop our people and services so that we are able to influence a shift towards scheduled care as far as possible.

Our strategy highlights the important role that clinical leadership plays in our effectiveness and builds on the operational and clinical leadership structures implemented from 2017/18. We have already taken steps to structure our organisation in a way that is fit for the future and allows us to further develop our twin ambitions of being a clinically-led and operationally effective service.

In support of our Clinical Strategy we will create a culture of strong clinical leadership, strengthened partnerships and smarter ways of working that allow us to embrace technology and develop our clinical offering to deliver on our ambition for an integrated system of care across all our service offers. This will be supported by a great emphasis on the value we bring and we will develop our value based healthcare offer within the unscheduled care, out of hospital and ambulance sectors.

We and our commissioners are committed to improving and demonstrating the value of the services we offer. We will further develop and embed a value-based approach 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. Therefore we will work with the commissioner on a value based approach, working up a detailed programme which connects and joins up EASC, WAST and the Finance Delivery Unit.

Deliverables 2021-24	Actions in 2021-22	Time
 We will implement the Trust's Quality Strategy	<ul style="list-style-type: none"> Revise the Trust Quality Strategy to align with the Bill. Develop a Quality Strategy Implementation Plan to support us to self-assess our progress with Quality Governance 	<ul style="list-style-type: none"> Q1 Q3
 We will secure and implement Quality Management and control systems	<ul style="list-style-type: none"> Develop the Trust Quality Management System (Quality Planning, Quality Improvement, Quality Control and Quality Assurance). Develop and implement a Quality Governance sub structure to our Quality, Experience and Safety Committee (QuEST) Implementation of COVID -19 post-pandemic Infection Prevention and Control Action Plan Implement a sustainable Transformation Plan for Health and Safety 	<ul style="list-style-type: none"> Q1-Q4 Q4 Q2-Q4 Q1-Q4
 We will transform the way we work and engage with people	<ul style="list-style-type: none"> Implementation of the Once for Wales Service User Experience System 	<ul style="list-style-type: none"> End Q3
 We will revisit and implement the Public Health Plan	<ul style="list-style-type: none"> Making Every Contact Count (MECC) is built into the CPD programme for Paramedics/EMTs /Nurses and NEPTS Continue to have discussions in partnership with Velindre Trust and PHW regarding a joint appointment to lead the public health plan Continue to make improvements to increase uptake of the workforce having the Influenza vaccine Lead the implementation of online symptom checkers as part of the new 111 integrated information system and widen accessibility through the 111 app 	<ul style="list-style-type: none"> End Q4 Q1 Q3-Q4 End Q4
 We will implement the Clinical Strategy to support developments across our service ambitions	<ul style="list-style-type: none"> Reviewing the Clinical Strategy and incorporating learning from the Covid-19 pandemic Needs assessment for the implementation of the Clinical Strategy (e.g. educational needs) Implementation, planning and delivery of the strategy 	<ul style="list-style-type: none"> Q1 Q1-4
 We will deliver a value based approach	<ul style="list-style-type: none"> Work with the NCCU and Finance Delivery unit to develop a strategy and approach to Value-Based healthcare which links outcomes, patient experience and use of resources Improvement in ability to identify areas of unwarranted variation in service delivery across Wales 	<ul style="list-style-type: none"> End Q2 Q3-Q4

Appendix 1 provides further detail and actions for future year

7.2 Research and Innovation (R&I)

During the COVID-19 pandemic studies were paused across the health and care system resulting in significant disruption of WAST non-COVID-19 research activity. We will restart our research portfolio in line with National Institute for Health Research (NIHR) guiding principles. It has been challenging to strike a balance between restoring our active portfolio against the need to continue to support the COVID-19 effort. However, we have now recovered all of our existing research, along with supporting two COVID-19 urgent Public Health studies, and whilst organisational challenges continue, these remain our research priorities.

Our COVID-19 recovery planning recognises the need for resilience, growth and the potential high-value environment of WAST for clinical research. We continue to reflect Wales and UK wide research strategic aims, such as those set out in the Support and Delivery Service Strategic Framework 2017-2022. We continue to increase opportunities for patients and the public to participate in research, build our research community, attract and deploy appropriately skilled staff, and embed our shared values and behaviours. During our recent clinical restructure we purposefully included R&I as a core element within job descriptions, are therefore well placed to realise and release further research capacity through our clinical leadership teams. Whilst competing operational pressures continue, we remain steadfast in our aspirations for R&I in clinical leadership, along with research paramedic role which is vital to support safe and efficient delivery of studies.

We have continued to build on longstanding partnerships such as those with PRIME Centre Wales, Warwick University and others to develop and deliver high quality studies, and as we recover, we look forwards to delivering large studies which we have developed with partners such as PARAMEDIC 3 and RAPID 2. We are also seeking out new partnerships and emerging opportunities to conduct innovative research in faster and more efficient ways. We have worked with local, national and international partners to explore digital tools and infrastructure, and continue to seek and secure funding in areas such as Artificial Intelligence and Robotic which includes our ongoing research ASSIST.

8.0 Our Workforce Plan

Workforce Risks

We would identify the high level risks in the following categories (further detail can be found in appendix x):

- Failure to ensure robust workforce plans. This will be mitigated by detailed annual workforce plans, and will be supported in future by a Strategic Workforce Plan to be developed this year.
- Failure to ensure adequate and safe resource availability. This will be mitigated by focus on improving attendance, improved recruitment timescales, improving available information, resource policy and practices and modernising our bank arrangements.
- Failure to ensure that our workforce is adequately equipped with the right knowledge and skills. This will be mitigated by implementation of our Transforming Education and Training Strategy.
- Failure to provide a safe, positive, well led working environment. This will be mitigated by the implementation and further refresh of our People and Culture Strategy.

Transforming our EMS Workforce – Planning, Recruitment and Training Implications of Delivering the ORH Demand and Capacity Review

Workforce requirements:

- a. **Phase One (Years One and Two):** Additional WTEs required to close the relief gap; *and*
- b. **Phase Two (Years Three, Four and Five):** Additional WTEs required to meet agreed targets

This comprises a total of 562 additional WTEs (118.5 Paramedics, 374.5 EMTs, 48.3 UCAs and 20.7 APPs) over the five year period. (Note, however, that these numbers will change slightly when current position is factored in, recognising that the baseline for the ORH work was December 2018).

Our developing recruitment and training plans for 2021/22 are based on a range of detailed assumptions which will continue to be monitored through the year. It is important to note that we are planning on a level of over-establishment of Paramedics to mitigate the fallow year, with the final level of over-recruitment to be agreed with commissioners.

It should be noted that any significant change to these assumptions will impact on delivery, and additional requests will need to be considered in the context of this plan.

In order to deliver this ambitious plan, it is estimated that a growth in supporting infrastructure and cost will also be required in a number of areas to support the growth in frontline staffing - including additional support to deliver clinical induction and driver training, and additional driver training vehicles (DTVs) currently in process; additional resource to manage the in-house elements of the recruitment and on-boarding process; the impact and need for a future increase in frontline supervision capacity and clinical leadership, in occupational health and wellbeing infrastructure, corporate support teams infrastructure, equipment, uniform, vehicles, lockers is also detail to be worked through and agreed with Commissioners.

Future Education Commissioning Requirements

This year, our education commissioning submission reflects our assumptions regarding the anticipated long-term effect of COVID on our workforce and the age profile of our frontline Paramedic workforce, likely resulting in a higher turnover rate and greater number of internal movements and reductions in working hours. Commissioned places have also been adjusted up slightly to mitigate against the risk of higher levels of attrition associated with introduction of degree level study. We will continue to dynamically review with key partners our past and future commissioning numbers in the context of commissioned and projected increased paramedic

numbers and potential future growth in advanced paramedic workforce requirements across the system (that may be identified in Health Board plans or as part of continued discussions on the wider APP business case).

Notes to Accompany the Minimum Dataset

Workforce Numbers:

- Mobile Testing Units (MTUs): contract currently in place for 4 MTUs until end of August
- Operational Delivery Unit (ODU): NOTE FROM JON SWEET – “AWAITING WRITTEN CONFIRMATION – PLEASE DO NOT SHARE WIDELY” 9 posts in place at present, with additional 4 posts factored in from June onwards (all permanent positions)
- NEPTS: No additionality yet agreed for 2021/22 based on findings of Demand and Capacity Review SD – ADD SOMETHING RE: GUH – Alex adding some wording re: GUH in EMS D&C section
- EMS Demand and Capacity: additional 127 FTEs factored in (relief gap closure)
- Paramedic temporary over-establishment: PENDING DECISION AT EMT 03.03.21, THIS MAY NEED TO BE REMOVED Temporary over-establishment factored in, to mitigate against the effects of the fallow year
- Contact First: additional 65.02 FTEs factored in
- 111 Continued Roll Out: additional 61.48 FTEs factored in; an additionality of 17 FTEs is also factored in to provide surge capacity for demand volatility
- Assumes that shielding will cease 30.04.2021

Sickness projections:

COVID forecasting and modelling data currently only available from WG up to June 2021, with data based on a level of vaccination and a level of social compliance to particular levels of social restriction. Projections beyond June will need to be revised based on future forecasts.

Current sickness data indicates a downward trend in sickness absence from January 2021, seemingly aligned with the reducing COVID incidence rates across Wales.

Long COVID: Most people are recovering, albeit over a longer period of time, and may need a longer phased return to work including review of shift times. We need to continue supporting staff that are facing significant challenges as a direct result of long COVID, psychological challenges as well as physical. We must also consider the possibility that some people may not be able to return to their previous role.

Mental Health: Our entire workforce is exhausted and will need time to heal – example taken from UK Military – post operational stress management, time to connect with each other, families and home and then return to normal duties. We are mindful of how much we achieved and need to consider how to slow momentum and expectations. Staff currently absent due to stress / anxiety / depression are from the operations directorate, however it's important to consider the possibility of hidden health and wellbeing issues (e.g. colleagues working from home continuing to work despite not feeling well; impact of working from home on colleagues' health and wellbeing – potential for increased MSK and mental health related absence in future).

9.0 Our Financial Plan

2021/22 Finance

Our financial plan for 2021-24 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. Whilst the intention will be to present this over a 3 year period, the below currently focusses on the 2021/22 financial year with the following two years, in

terms of indicative assumptions in relation to income and expenditure, and which incorporate our operational plans and ambition for this period, to follow.

2021/22 Income assumptions

There are some key financial assumptions within the Trust's 2021/22 financial plan which include as part of the Welsh Government & EASC budget uplift: -

- 2% uplift for core cost growth, which includes funding to meet the first 1% of 2021/22 pay award costs;
- Further funding then expected across the NHS in Wales to support any additional costs in 2021/22 of the resulting Agenda for Change (A4C) pay deal;
- 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.
- Net effect of removing non rec items from 2021/21 and full year effect of items into 2021/22 - c£5.5m (including EMS Demand & Capacity for Yr1 and the Grange University Hospital business case.).
- A current estimate of c£17m of other developments for 2021/22, including:
 - EMS Demand & Capacity Review Year 2 - £4.6m
 - Contact First - c£6m
 - Corporate posts - £1.2m
 - 111 - c£4m

Plus the following could be delivered to the system if additional funding made available to do so:

- Mental Health Crisis Response Model - £4m
- Resources to support further developments and enhancements of See & Treat / Mobile Urgent Care - £2m

2021/22 savings requirement

The Trust is due to overachieve on its in-year savings target set as part of its balanced financial plan at the outset of 2020/21. However, it is recognised that some elements of this in the current financial year have been delivered in a non-recurring way, and the ability of the service to again currently focus on the delivery of significant savings for the 2021/22 financial year being minimal.

This currently amounts to c£2m and will need replicating in 2021/22 or will emerge in year as a cost pressure. Whilst it is clearly preferable to identify and now seek to deliver this through recurring, sustainable solutions, this value as a minimum, needs to be recognised in our opening 2021/22 financial plan as a "financial gap" / savings requirement, with further elements of this no doubt then required to offset and mitigate some of the risks and pressures previously described.

It is likely therefore that the final initial balanced financial plan for the Trust will include a savings requirement of at least c£2.8m; whilst less than in 2020/21 this is more in line with that required and delivered in the previous couple of financial years and still represents a significant challenge in light of the on-going Covid-19 pandemic.

Key financial planning assumptions 2021/22

Key other assumptions within the financial plan include:

- Underlying assumptions remaining that any on-going unavoidable costs in relation to the Covid-19 pandemic are funded separately and in full by either WG or commissioners.
- Any recurring costs resulting from any settlement of the "Flowers" case are similarly funded separately, in line with that previously provided for the current balance sheet accruals. Notting of course that this is an all Wales and not just WAST issue;

- Any costs incurred for any other, separate ongoing developments, e.g. MTUs, are funded separately and do not detract from the core funding or service provision of the organisation.

The table below highlights the overall financial plan for 2021/22.

Table x

Welsh Ambulance Services NHS Trust	
High Level Financial Plan - as at 05/03/21	
Income Sources	£m
EASC	194.5
NEPTS	25.5
111	10.8
HART / CBRN	3.0
HB EMS	2.7
MTU	2.1
Other	4.0
Total Income Assumptions	242.6
Pay and non Pay Budgets	245.4
Savings programme	2.8
Current Financial Gap	0

Summary of financial risks 2021/22

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 continue to seek to strengthen where we can 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 specific risks to the delivery of the 2021/22 financial plan includes:

- Significant planned increase in EASC income 2021/22;
- A significant element of the 2% funding uplift is already committed;
- Proposed financial plan will present a minimum savings requirement for 2021/22 of between £2.5m and £3.0m, being that delivered non recurrently in 2020/21 plus additions for cost pressures 2021/22;
- As above, the cost impacts of the outcome of the legal ruling on holiday pay on voluntary overtime and funding availability to further support this, if required;
- Continuing financial support from Welsh Government in relation to Covid pandemic costs which may persist at a significantly material level into the new financial year;
- Non-pay inflation and any impact in relation to Brexit (particularly suppliers);
- 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 are only implemented once additional funding to support these is confirmed;
- Delivery of cash releasing savings and efficiencies;
- Increasing pressures on the Welsh Risk pool.

Capital Plan 2021

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, which are currently being refreshed to reflect the changes in the service and demand, along with a number of business cases aligned to these either being considered by WG or in varying stages of development. The Trust has secured funding for major capital development which are currently progressing at pace including Cardiff MRD, ePCR, 21/22 Fleet BJC and the new 111 system. This Trust has also demonstrated value for money from the investments it has made from its discretionary capital allocation over recent years.

Discretionary Capital

The Trust is assuming a continuation of a discretionary capital allocation of at least £5.825m from which it will fund a range of estates, ICT, medical equipment and other schemes.

The organisation has continued to strengthen 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. These are all then taken to the Trust Board's Finance and Performance (FPC) Committee, and Trust Board for approval.

Costs of Capital

The costs of capital have been included as £14.929m in accordance with our current funded depreciation support.

10.0 Delivering Our Plan

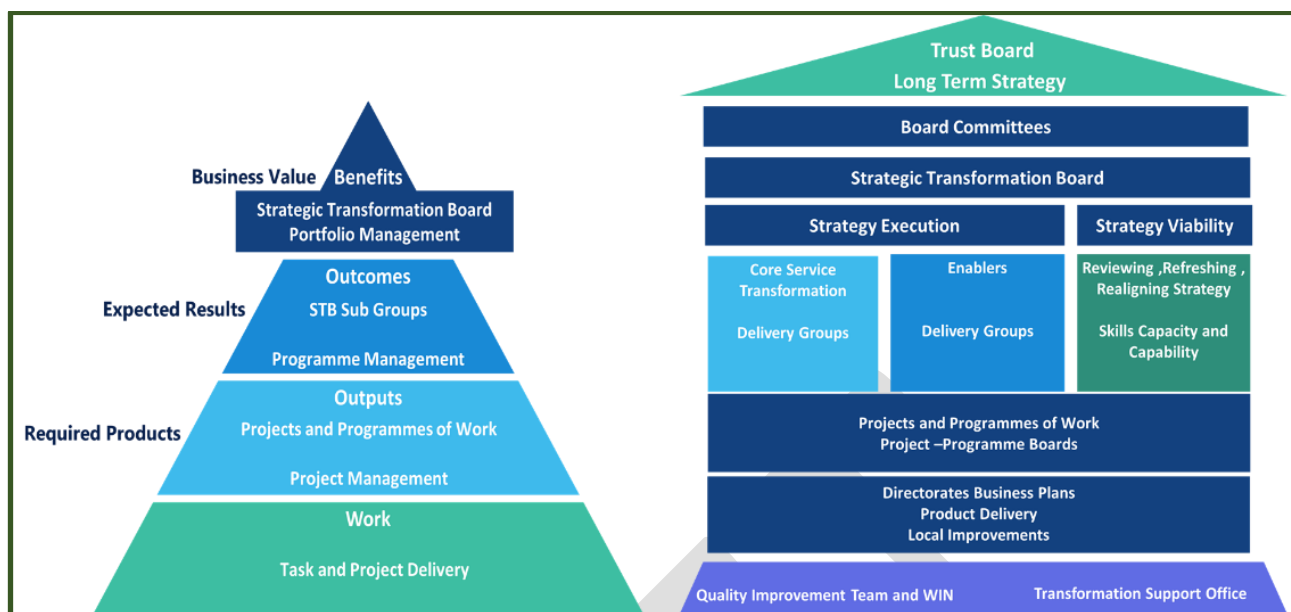
9.1 Managing transformation

The Trust Board remains the overarching accountable committee for delivery of the Trust's IMTP and long term strategic plan, with individual sub-committees maintaining oversight and scrutiny of specific deliverables. Assurance is provided through the Board Assurance Framework (BAF) and further work will take place in 2021/22 to align this IMTP to the BAF. The BAF ensures that our approach to managing risk aligns with our long-term strategic ambition, delivered through the IMTP. To further support the Trust Board to retain an overarching view of IMTP delivery, the Strategic Transformation Board (STB) chaired by the Chief Executive, will continue to provide monitoring, oversight and governance over the implementation of the IMTP deliverables.

A refreshed STB will have a dual purpose to focus on:

- "Strategy Execution & Implementation" - Delivery of current IMTP in support of the long term strategy.
- "Strategy Viability" - Looking outwards, responding to changes in the PESTLE landscape, and inwards for lessons learnt throughout the delivery of our IMTP to ensure the long term strategy remains viable, relevant and the organisation has the capability and capacity to achieve it.

STB will adopt a portfolio management approach and overview to enable and govern IMTP delivery through core service transformation and enabling programmes, underpinned with proportionate programme and project documentation which will be reviewed and refreshed this year.



We are currently exploring the use of portfolio, programme and project management software that will link with MS 365 and Power BI to support the strategic and programme level oversight of our IMTP delivery.

The Transformation Support Office will continue to support the strategic transformation agenda across the organisation, developing the organisation's capacity and capability to manage large complex programmes internally and across the system. We will synergise our quality improvement and project management resources and approach under the STB agenda to ensure our strategy development and transformation agenda is underpinned by data driven, evidence based and patient focussed quality improvement methodology.

In 2021, we plan to refresh our programme and project management framework to have a pragmatic and uniform approach to applying MSP® and Prince 2® methodologies and closely linking in with approach to Quality Management systems as set out above and in section 7. This work will also focus on developing a robust benefit realisation methodology to ensure that benefits are being identified, captured, assessed and evaluated. This will be integrated into our planning for delivery in 2021/22.

The way in which we are able to seamlessly link improvement activity through the WIIN to the transformative programmes work overseen by STB will enable the scale up of improvements seen in local and regional initiatives to support delivery of this IMTP and EASC's commissioning intentions.

9.2 Quality and Performance management frameworks

The Trust has a Board (2016) approved Performance Management Framework (PMF). The Framework was designed to be for three years i.e. updated for 2019/20. The Trust started reviewing the PMF in 2019/20, but work was stopped due to the pandemic. The Trust has made substantial progress on its PMF including:

- A regularly approved IMTP with underpinning local development plans (replaced with quarterly operational plans in 2020/21)
- Roll out a programme and project management framework;
- Roll out of the WAST Improvement & Innovation Network (WIIN);
- Strategic demand and capacity reviews;
- The use of benchmarks flowing from the demand and capacity reviews;
- Robust tactical seasonal planning;
- Tactical and operational forecasting and modelling, including predictive modelling of Red performance;

- The standard use of time series analysis which enables trends and seasonality to be interpreted;
- The use of patient flow maps for understanding data;
- The standard use of distribution curves, rather than “hit miss” targets;
- A significant overhaul of external reporting;
- Investment in supporting software: QlikSense and Optima;
- The establishment of robust processes for monitoring progress of the IMTP delivery;
- The linking of quality, activity, resource and performance information into integrated reports; and
- Quality metrics that provide a strong focus on patient experience and safety.

A short interim review will be undertaken in Q4 2020/21 with further work in 2021/22 supported by a permanent Performance Management Development Group and a Forecasting & Modelling Steering Group. The metrics set out in section 5 of this IMTP are part of that development, but with further work to do in respect of the innovative service ambitions to shift left in the patient pathway.

The Trust is a very data rich environment but our approach will be to develop meaningful simplified measures which support our benefits realisation plans and provide assurance to the Board and our commissioners.

Further areas for development include:

- Re-clarifying the performance management roles and responsibilities;
- Re-clarifying the flow of performance management information to everyone in the Trust’s performance management system;
- The roll out of MS 365 Power BI;
- The further development of forecasting and modelling, in particular, a more regular predictive performance capability;
- Further use of statistical process control;
- Performance data availability to support benefits realisation and measurement;
- Further capacity to support performance improvement; and
- Strengthening the data and reporting requirements for benefits realisation in 111 and NEPTS.

9.3 Risks to delivery

Managing risk will remain a key organisational responsibility and is an integral part of our governance arrangements. Existing and potential Corporate Risks will continue to be routinely monitored and assessed by the Assistant Directors Leadership Team who provide recommendations to the Executive Management Team which in turn provides assurance to the Board. In addition, each of the Corporate Risks are allocated to either the Quality, Safety & Patient Experience Committee, the Finance & Performance Committee or the People & Culture Committee for strategic oversight, scrutiny and challenge with the full Corporate Risk Register submitted to Audit Committee and Trust Board at every meeting. Programmes of work within this IMTP will provide and/or support the mitigation or reduction of these organisational risks

Risks to the delivery of key programmes of work within this IMTP will be monitored by individual programme boards, escalating to STB where necessary and raising to the Corporate Risk Register if Board level awareness and scrutiny is required.

The key risks to deliver of this IMTP will be:

Variants driving a potential **future waves of the COVID-19 pandemic** adversely impacting on organisational sustainability and resilience in the medium to long term or such waves colliding with other external factors impacting the ability to respond safely to the community such as the impact of seasonal surges in demand or a major incident. Our Pandemic Response structure remains agile and WAST will continue to produce seasonal

plans including a tactical summer plan as the country potentially moves out of lockdown and sees an increase in hospitality and tourism.

Specifically, Emergency Medical Service (EMS) demand increasing, negatively impacting response performance, which will compromise the safety of patients waiting in the community. The Trust will continue to monitor and analyse the modelling data, demand and performance, implement its seasonal plan, production levels and demand management initiatives as necessary (and where funded) and will continue dialogue with commissioners on any impacts.

Excessive delays to crews outside Emergency Departments – this remains a key issue for the Trust and if delays continue at present levels or even those seen in 2019, the impact will be significant on the ability of the service to respond quickly and safely to patients in the community.

Health Board elective activity – the expectation for Health Boards to prepare plans for re-establishing planned elective activity presents a risk of harm from an overwhelmed system. This will particularly affect NEPTS, whose capacity is under review in light of the changes to ensure social distancing and patient and crew safety. WAST is working to better understand this impact in the coming weeks with either Optima Predict modelling or insights from the NEPTS Demand and Capacity Review.

Health Board service change - There is a risk of harm from an overwhelmed system for WAST in trying to respond to rapid changes across Wales during the recovery effort. WAST will continue to work with the EASC sub-structures and review Health Board plans to provide a forward look for our Senior Operational Team (SOT) and EMT.

Financial Risk – the plan is presented as a balanced plan, but there may continue to be unforeseen costs arising from COVID-19 and any difficulty in meeting our savings target. Financial performance and in particular savings are regularly reviewed at ADLT and there is regular and ongoing dialogue with the Commissioner. Our ability to spend capital allocation is also a risk but this is monitored through internal delivery groups and through Capital Management Board.

Health and well-being of the workforce – the fallout of increasing levels of anxiety or stress, impacting on staff well-being and potentially absence. The workforce actions outlined in the plan will be designed to minimise or mitigate these risks.

10. Conclusion

1 page