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Welsh Ambulance Services  
NHS Trust

# Welsh Ambulance Services NHS Trust **Integrated Medium-Term Plan**

2023-2026



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## Foreword from the Chairman and Chief Executive

Over the last two years, we have set out in our Integrated Medium Term Plan the challenges we have faced during, and as we emerged from, the pandemic. The challenge throughout 2022/23, however, has continued to grow.

Our people continue to work in a health and care system which at times has been overwhelmed by pressures in our hospitals, the community and, for us, the number of calls to our 999 and 111 services. In our Emergency Medical Services (EMS), demand for the most serious of 999 calls increased again whilst delays at hospital peaked at their highest ever level in December, equating to over one third of our ambulances being unable to respond to calls. This has meant that we do not always reach patients in a timely way, some come to avoidable harm and it is not the safe, high-quality service that any of us want to provide.

Our 111 service also came under severe pressure at times, particularly as we saw a rise in seasonal infections such as influenza, Respiratory Syncytial Virus (RSV) and Strep A that had been tempered during the pandemic meaning we were sometimes unable to answer calls in a timely way either. Our Non-Emergency Patient Transport Service (NEPTS) continued to deliver a consistently good quality service, although we know we can still make improvements, particularly for our oncology patients. We are also working hard to improve transfers between hospitals where we have also seen some delays causing avoidable patient harm during the year.

Over the winter, our people made the difficult decision to take industrial action and whilst the principal reason was pay, we had the chance to talk to those on picket lines who raised issues including work life balance being compromised, often because of unpredictable shift end times, and many other day to day issues. The public responded well during industrial action and on some days, we saw a reduction in the number of people calling 999. However, hospitals still saw pressure at the front door and compounding issues such as seasonal infection and the inability to maintain flow out of hospitals means the system is still under severe pressure.

Despite the challenges, our achievements during this last year have been impressive. Our people have come together at all levels of the organisation not only to respond to the challenges they face on a daily basis but also to make service improvements, without which the situation we faced would have been much worse.

We continued to grow our EMS, recruiting an additional 100 Full Time Equivalent (FTE) front line staff as well as re-rostering across the whole of Wales to better meet demand. We implemented a new remote triage system (ECNS) enabling our Clinical Support Desk to increase the number of people whose needs can be met remotely. Our 111 service responded amazingly to a system outage across GP out of hours, developing new ways of working at pace. Our NEPTS service completed a procurement exercise which has improved the efficiency of the service and allowed us to put new quality standards in place with external providers. We also saw new stations opening, new carbon efficient vehicles being deployed and strides forward in our digital capability.

We want to provide the **right care and advice, in the right place, every time** by delivering **quality driven, clinically led and value focussed** services. This was the commitment we set out in our long term strategy 'Delivering Excellence' and it remains our commitment now. The operating and financial environment that we face

means we need to balance our ambition to make improvements in the quality of care for our patients with the need to look after our people and at the same time provide efficiencies and savings that will help us to deliver financial balance. However, we are motivated by a greater sense of direction having agreed our organisational purpose: **'To Support. To Serve. To Save.'**

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 deliver the improvements to our services that will benefit the population of Wales.



Jason Killens  
Chief Executive



Colin Dennis  
Chair

# Executive Summary

The challenges throughout 2022/23 have once again been significant, as the Trust has had to respond to the unprecedented pressures across the system in the aftermath of the COVID-19 pandemic, as well as managing 3 months of industrial action across the NHS. Our people, as always, have risen to the challenge and worked across boundaries to deliver **change at pace**.

We have spent time over the last 12 months talking about and agreeing our **purpose** – why we come to work. This is now something that will help to bind and unite the organisation towards a common goal.



**'Delivering Excellence'**, our Long-Term Strategy, was agreed in 2019. It sets out an ambition to move away from being a traditional ambulance and transport service to a trusted provider of high quality care, ensuring that patients receive the **'right advice and care, in the right place, every time'**, with a greater emphasis on providing care closer to

home. We have made great progress since then:

- building **111 into a national service** supporting people across Wales with urgent care needs including a much-improved digital offer;
- creating and developing our **remote clinical assessment capacity and capability**;
- significantly growing our **core front line EMS capacity** as well as delivering transformational new services in partnership with others such as the **Advanced Paramedic Practitioner (APP)** rotational model, falls response service and end of life pathways;
- embedding and growing **clinical and operational leadership** capacity and capability;
- renewing our commitment to our **values and behaviours**.

We made very good progress in the last 12 months on delivering the specific key deliverables in our 2022/25 Integrated Medium-Term Plan (IMTP). Achievements have included: the recruitment of an additional **100 FTE** staff into the EMS service; implementation of the new **Cymru High Acuity Response Unit (CHARU)** service; new rosters across the whole of the EMS service; an increase in our **consult and close** rates to 15% through expansion and development of our Clinical Support Desk (CSD); appointment of our first mental health practitioners; expanded number of clinicians undertaking the **MSc in Advanced Practice**; improved **digital first** offer; embedding **clinical leadership** within the 111 service; completing a tendering exercise within NEPTS releasing considerable resource; and opening the new **Cardiff and Aberaeron** ambulance stations.

This plan is the vehicle by which we articulate the steps we will be taking over the next 3 years to continue to move us towards these long-term strategic ambitions and goals. As we have thought about what our priorities need to be, we have **gathered intelligence** on what is important to our patients, staff, and commissioners, reviewed our own performance, considered the risks we are managing, and reflected on the opportunities presented by emerging strategies, plans and priorities from Welsh Government, including the **Ministerial Priorities** and the **Six Goals Programme**.

We are particularly conscious of the fact that, despite the actions we have taken, the ongoing system pressures and excessive hospital handover delays have led to extended call answering times and unacceptably **long waiting times** for an ambulance which in turn have contributed directly to avoidable **patient harm**. We know that harm can occur to patients who have waited too long for a response in the community, to those who are waiting in the back of an ambulance waiting for offload into an Emergency Department or to those who we cannot send an ambulance to at times of highest escalation. The **Board has received a detailed report** at each of its last 3 meetings on actions being taken to reduce and mitigate this harm.

Patients with urgent care needs accessing 111 have also, at times, had a very poor experience with **long call answering** and **clinical ring back times**, and we know that the service has not always felt of value to patients. It has been pleasing to hear, though, about the continued good performance within **NEPTS**, where patients report positively on their experience, although there is always room for improvement.

All of this has exacerbated the pressures our people have felt at work, evidenced in high levels of **sickness absence and turnover**, although there have been positive improvements over the year. We heard directly from staff in roadshows and at picket lines about what it felt like to work in WAST, and we know this coloured their thinking as they contemplated industrial action.

With all of this at the forefront of our minds, we are clear that there must be a **focus on three priorities** - acknowledging that to make a difference, we must continue to **transform** our services and our approach:

- A focus on improving outcomes and experience for **our patients** and reducing harm, by providing the right advice and care, in the right place, every time;
- A focus on improving **our people's** workplace experience, enabling them to be the best they can be;
- A focus on delivering a balanced and transformational plan, by delivering exceptional **value**.

None of this can be done, however, without collaborating with **partners** - Health Boards, Regional Partnership Boards, Welsh Government, Commissioners, Trade Union Partners, staff, volunteers, patients and the public. There is an also expectation, articulated through our commissioning structures, that Health Boards will need to take actions themselves in support of these improvements.

## **Improving outcomes and experience for our patients**

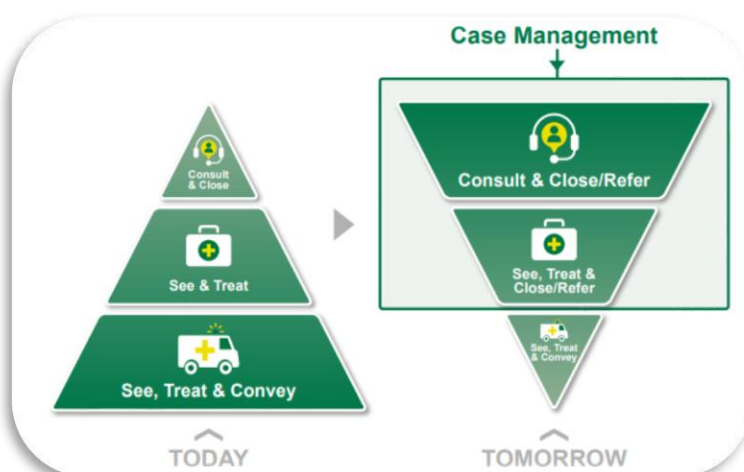
Within our 111 service, our key priorities will be to:

- Work with partners to create a '**digital first**' **vision** for urgent and emergency care services;
- Build on our **digital platforms**, including implementation of **SALUS** and making improvements to the 111 website (funding dependent)
- Stabilise and sustain the **core 111 service**, by maintaining commissioned numbers of staff, improving productivity, and ensuring skill-mix and rostering appropriately meet demand;
- Work with 111 commissioners to plan for roll-out of the 111 service to patients with **urgent dental care needs**;
- Strengthen **senior clinical leadership**, defining the role of advanced and autonomous practice;
- Develop **attractive career pathways** and opportunities that attract and retain colleagues, specifically for clinicians seeking portfolio-based careers;
- Exploit our expertise in **remote clinical assessment** for urgent care and identify opportunities to develop the capability in support of the wider healthcare community.

Discussions are ongoing with our 111 commissioners in relation to the **resource envelope** required to deliver on this overall programme of work and transformation.



For our Emergency Medical Services, the clear priority is to reduce avoidable patient harm. We will do this by **protecting resources to respond** immediately to the most critically ill patients and by continuing our journey to **'invert the triangle'**, developing more of a personalised case management approach to managing patients' care, growing our remote clinical assessment capacity and capability, transforming our on-scene response models and improving pathways into alternative services. We are assuming that **recurrent funding** will be made available to continue with the extra 100 staff recruited this year, but no further funding is confirmed. We do have the **ability to recruit and retain** up to 100 additional staff to pump-prime change. We will:



- Fully staff the **CHARU service** which improves clinical outcomes and boosts red performance;
- Use clinically rich ePCR data to better **stratify patients** according to their needs, allowing us to **modify and tailor our response**;
- Maximise the impact and benefit of the Clinical Support Desk (**CSD**), increasing **consult and close** rates to 17%, introducing **hot clinical review** of a proportion of red calls to confirm appropriate category, and case managing patients within a new **'Virtual Ward'** concept, delivered in partnership with St John Cymru;
- Develop career pathways for staff, including expansion of the **EMT3** role;
- Work with Health Boards through Integrated Commissioning Action Plans (ICAPs) to increase appropriate **alternatives to conveyance** pathways. Emphasis will be on **Same Day Emergency Care**, as well as pathways for fallers, chest pain, breathing problems and those with mental health needs.
- Continue to develop the **Advanced Paramedic Practitioner (APP)** rotational model, supporting not just WAST but the wider health care system (funding dependent)
- Make the **case for further change** through a **formal engagement** process with stakeholders, using analysis from an **independent scrutiny of evidence** and economic benefit as well as an updated **demand and capacity** review.

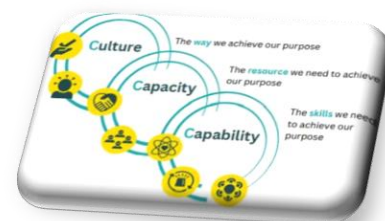
Even with these changes in place, it is probable that, with no additional transformation capacity pump-primed or substantial improvements in hospital handover delays, **response times will unfortunately remain unacceptably long**, and some patients will continue to come to harm.

Within our Non-Emergency Patient Transport Service (NEPTS), we will continue to make improvements in productivity and efficiency including **re-rostering**. We will actively seek to engage ambulance commissioners and wider partners in how to effectively **manage demand** and support patients in the light of the extant **eligibility criteria** – in the current financial climate, where we will have to make difficult choices, we cannot afford to deploy resources in areas which are not commissioned or funded. We will also be working closely with ambulance commissioners on the development of a national **Transfer and Discharge** model, considering carefully how this could bring coherence to a potentially fragmented offering and improve services for patients and flow across the system. Alongside this we will be reviewing our **Urgent Care Service (UCS)** to understand the impact of, and opportunities presented by, the move of the service to Ambulance Care from EMS.

## Improving our people's workplace experience

We are actively listening, learning and ensuring we take action to address some of the biggest issues that are impacting on the **daily lived experience** of our colleagues. Alongside this, building a **safe, positive culture** with an emphasis on **wellbeing, support and development**, where we can bring our whole selves to work are the core elements of high performing organisations. By creating this environment, our people will feel valued and trusted and experience a true sense of purpose and belonging which will enable the Trust to keep improving and deliver our long-term ambitions.

We will be agreeing a new **People and Culture Plan** for 2023-26 to support our organisational strategic ambitions which will have a focus on our 3Cs: **Culture, Capacity and Capability**, which provide the basis for the objectives and plans for our people. We are committing to delivering on three specific priorities that have been identified as important to them:



- Improving **flexible working** models for our frontline colleagues;
- Eradicating **shift overruns**, through co-created solutions
- Improving our people's **digital experience** e.g. single sign on, automation etc.

We will continue our **focus on reducing absences due to sickness absence**. Our target is to bring sickness absences down to 6%, in line with the original demand and capacity review, with a trajectory for improvement over the course of the IMTP having been agreed with ambulance commissioners.

## Delivering a balanced and transformational plan

The plan is underpinned by a **financial plan that will be balanced by the end of March 2024**. Following the submission of an Accountable Officer letter to Welsh Government at the end of February detailing the revenue forecast for 2023/24 at that time, confirmation has been provided of income to cover the 100 FTE additional staff recruited this year. Even then, we will have a **challenging savings target** of c£6m, with £3.4m specific schemes already identified and the remainder to be built up and confirmed through the work of the Financial Sustainability Programme. This will concentrate not just on savings and efficiencies but also on **income generation** opportunities. The plan allows little leeway for development, with a resulting challenge in delivering on our transformational ambitions. We know that the financial settlement in **years 2 and 3** of this plan is likely to be even more challenging.

Supporting the growth and transformation of our core services will be a series of extensive **enabling programmes and plans** including our Quality Plan, Clinical Plan, People and Culture Plan, Digital Transformation Plan and Volunteering Plan. The Estates and Fleet Strategic Outline Programmes will be driven forward as well as, importantly, work to deliver on our Environmental Sustainability Plan taking us towards delivery of our carbon targets by 2030. This threads through our plan with decarbonisation actions featuring throughout. Of particular note will be the requirement to **comply with our duties of quality and candour** through the Health and Social Care (Quality and Engagement) (Wales) Act 2020.

**We know that this plan is ambitious**, and acknowledge that there are risks to delivery, particularly in relation to the financial constraints within the system but also in relation to a range of external factors over which we have limited control and which impact on the speed at which we can transform and improve. The key, however, will be **continued dialogue and engagement** internally and externally, which we are committed to doing in pursuit of a better service for the people of Wales.

# Introduction

This document sets out the Welsh Ambulance Services NHS Trust's (the Trust) Integrated Medium Term Plan (IMTP) for 2023-26, written in line with the NHS Planning Framework for 2023-2026 and the Emergency Ambulance Services Committee (EASC) and 111 Commissioning Intentions. There is a specific focus on year one in this main document, but the deliverables set out in the plan are the continuation from last year's three year approved IMTP and look forward across the period of this plan.

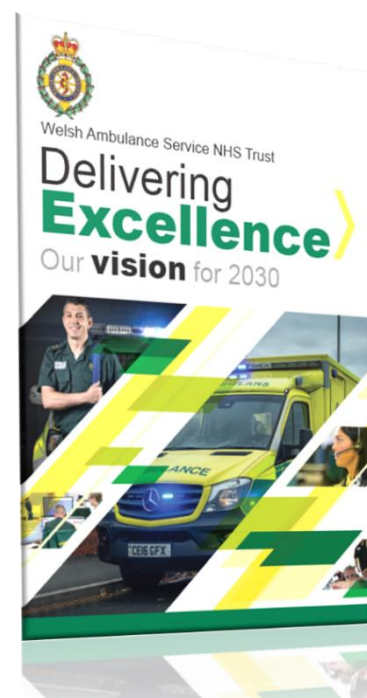
The document is supported by the Minimum Data Set (MDS) as required by Welsh Government (WG), ministerial action plans and appendices which provide more detail on areas of our plan. Further information is available on request.

## 1. Our Long-Term Strategy

### 1.1 Our Strategic Objectives

Our Long-Term Strategic Framework for 2030, '**Delivering Excellence**' was agreed in 2019. It set out our ambition to move from being a traditional ambulance and transport service to being a trusted provider of out-of-hospital high quality care, ensuring that patients receive the '**right advice and care, in the right place, every time**', with a greater emphasis on providing care closer to home. It is a whole organisational strategy, not only concerned with service models, but also with how we support and enable our **people to be the best that they can be**.

We also commit within the strategy to being an organisation that **collaborates** with our partners, stays at the **forefront of innovation and technology**, remains utterly focussed on being **quality driven and clinically led**, and delivers exceptional **value**. We have continued to develop our IMTPs around this strategy and its **six core strategic objectives**.



Since 2019, we recognise that the organisational and broader health system landscape has changed considerably, but this has just placed even greater emphasis on the need for system wide collaboration, developing longer-term



solutions that deliver care to meet the needs of today and for our future generations, focussing on improving clinical outcomes, patient experience and being value driven. As we look back, we can see that we have made good progress, notably:

- building **111 into a national service** supporting people across Wales with urgent care needs including a much-improved digital offer;
- creating and developing our **remote clinical assessment capacity and capability** both in EMS and 111;
- significantly growing our **core front line EMS capacity** as well as delivering transformational new services in partnership with others such as the **Advanced Paramedic Practitioner (APP)** rotational model, falls response service and end of life pathways;
- establishing a transfer and discharge service within Aneurin Bevan University Health Board;
- embedding and growing **clinical and operational leadership** capacity and capability across the organisation;
- renewing our commitment to our **values and behaviours**;
- extending our **partnerships** with Health Boards, Regional Partnership Boards and other providers in the health and care system, as well as working towards University Trust status;
- expanding **our digital offer** to improve our ability to care for our patients and support our people, including the electronic patient care record system and our remote clinical triage system (ECNS).

#### Decarbonisation and Sustainability

In 2023-24 we will further integrate decarbonisation and sustainability throughout the Trust through our established Decarbonisation Programme Board and Decarbonisation Action Plan, and the underpinning workstreams



It is prudent to undertake a **mid-point review** of our strategy in 2023/24. This will enable us to contextualise the learning and developments of the last 3-4 years, considering the implications of the emerging priorities across NHS Wales, the impact of a global pandemic, any changes to the demographics and needs of the population and exploring advancements in innovation and technology.

## 1.2 Our Purpose

We have progressed work with our people in the last year to help frame **our organisational 'purpose'** which tries to set out 'why' we exist and come to work. This is different from an organisational vision or mission statement which set out 'where' we want to go and 'how' we will get there. A purpose statement is something that can bind and unite people across

the organisation towards a common goal. Following a period of engagement and review with our people, we are proud to put forward the following purpose statement, which will anchor us as we continue to transform and grow.



## 1.3 Evolving & Transforming our Service Offers

A key element of our strategy is to **develop and evolve new models of care and service offers**, to deliver on our ambition of providing the right care and advice, in the right place, every time. The needs and expectations of our population are changing. People are living longer, and care needs are becoming more complex, placing different demands on our services and on the wider health and care system. We do not underestimate the challenge that this creates and recognise that this is not something that we can meet wholly on our own. In a landscape where health services must continue to evolve and keep pace with the needs of our population, we recognise that we cannot stand still and be complacent.

Aligned to our long term strategy and strategic objectives, we have commenced a programme of work to transform the delivery of our Emergency Medical Services (EMS), known as **'Inverting the Triangle'**.

This programme seeks to accelerate the important work we have been undertaking to **protect our resources** to improve our response to patients with a life-threatening emergency in the community, whilst delivering on the intention to 'shift left' and better manage or resolve more patients with an urgent care need without requiring admission to hospital. This could be achieved through various changes to our service model:

- developing a personalised case management approach to managing patients' care which allows us to better plan and schedule care across the system utilising existing and new pathways as alternatives to conveyance;
- growing our remote clinical assessment capacity and capability;
- transforming our on-scene response models.

This high-level vision will require external engagement with our people, public and partners to **co-design and collaborate** on the development of the **future model of care**. This is further explained in section 4.2. We will also be working with commissioners to develop our service offers across the **NHS 111 Wales** service and **Ambulance Care** services over the course of 2023/24 to guide us through the next three years of this plan and beyond.

## 2. Our Key Achievements in 2022/23

Alongside the many actions we have continued to take to respond effectively to and recover from the COVID-19 pandemic, mitigate the effects of the ongoing and sustained system pressures and manage the impact of industrial action, we also made very good progress in the last 12 months towards delivering our key strategic and commissioning commitments and deliverables in our 2022-25 IMTP.

These initiatives prepare the environment for further strategic change as we strive to improve performance, safety, outcomes, and wellbeing for our patients and our people, whilst also adding value to the wider urgent and emergency care system.



### 3. Challenges and opportunities shaping our plan

In developing our plans for 2023/24 and beyond, we have gathered intelligence on what is important to our patients, our people, 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 is set out in the sections below. A fuller analysis of all of these drivers and challenges together with **how we are responding** to them through our IMTP is set out in Appendix 1.

#### 3.1 What do our patients say about our service?

The Patient Experience and Community Involvement (PECI) team continues to engage with the public on what is important to them and on developments they feel the Trust could make to improve services they receive.

Unsurprisingly, the key messages are that people are waiting **too long for both 111 and 999** calls to be answered and for **ambulances to arrive** when people need them. However, we have also had supportive feedback around the **satisfaction with our NEPTS service** as

well as support for some of the areas into which we have expanded such as mental health support.

**Patient stories** have been promoted as a key tool to engage people across communities and to demonstrate how sharing their personal experiences helps us listen and focus discussions around improved quality and patient experience. These stories are shared at our QuEST (Quality, Experience and Safety) Committee and Trust Board. Fiona's Story, Matt's Story, and Sue's Story in particular have highlighted the impact of **long waits for an ambulance** on patient experience and patient outcomes.

We have also learnt a lot from our patients about communication through our contact centres and the difficulties people have in having to **repeat answers to questions** due to the systems we use.

Additionally, this year we specifically engaged on our IMTP through an 'Infoburst' to our networks asking: **What would make the most difference to you and your community?** The responses ranged from challenges in call answering times in 111 to the management of pressure sores whilst people are waiting outside hospitals.

#### Some of the achievements and engagement over the last year



## 3.2 What are our colleagues' priorities?



Continued  
WAST Live



Held  
CEO Roadshows



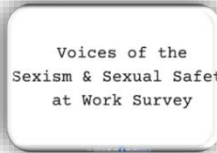
Met with  
Picket Lines



Health & Safety  
Feedback



Conducted  
Surveys



Sexism & Sexual  
Safety Survey

We have continued to engage with colleagues across the Trust throughout 2022/23 to understand the key issues that affect them. This not only helps us shape our future service plans, but also helps us to identify issues that impact on their day to day working lives.

We have used a range of **digital** and **face to face engagements** complemented by **surveys** and feedback from our engagement with staff during the recent **industrial action**. Health and safety data is also used to inform our plans to improve the health, safety and wellbeing of our people through this plan.

A key piece of work undertaken this year was the **Sexism & Sexual Safety Survey**. This has shone a light on aspects of the culture within the organisation, with some candid and honest feedback from our people, and we know we have work to do to create a more positive and supportive culture going forward.

There has been a real **strength of feeling coming from our people** during our various engagement opportunities. The unrelenting **system pressure** has had a significant impact. Staff are frustrated at the long delays outside hospital. For road staff, not only do they see first-hand the harm that comes to patients who have waited too long in the community, they are also worried about the decay of their **clinical skills** as they see fewer patients each shift, and the delays often lead to **shift over-runs** which impact on commitments outside work. Control centre staff **feel powerless** to help patients when they ring again and again to ask for an update on arrival times or when there are no ambulances to dispatch. Our 111 staff are affected when demand is so high, they can't respond as quickly as they would like.

But the feedback has also highlighted areas where our own **systems and processes** negatively impact on our people, for example where processes are overly bureaucratic, complex and time-consuming, where digital systems don't integrate, or where working environments are not fit for purpose. We have heard from our people that many of these issues have influenced them as they have considered taking industrial action over pay. Our plan will have to address the **core needs of our people**.

## 3.3 Our operating and financial context

The Trust monitors quality and performance in an integrated way, looking at four domains based on the Quadruple Aim: our patients, our people, value and system contribution. We have an agreed Quality and Performance Management Framework. At Board level, we monitor 26 key metrics which are designed to show progress against our strategy and plan.

The operating context for the Trust has been and remains challenging. The graphic below summarises some of the headline performance challenges we are facing (based on December 2022 data), with many of the areas of poor performance triangulating with information from our patients and our people. There are some good news stories within the data, for example, our consult and close rate (those 999 calls closed remotely) has increased to 14.9% which is close to the target of 15% and we expect to achieve that by the end of the year. We have also seen positive improvements in quality across our NEPTS services particularly through our management of external contracts.





## As at December 2022...

### Our Patients - EMS

32,000 handover lost hours  
Increased proportion of red calls – now 14%  
Red performance 49% (target 65%)  
Amber 1 median response - 1 hour 44 minutes - many waiting a lot longer  
Increase in patient harm as a result of sustained pressure

### Our Patients - Ambulance Care

NEPTS performance is broadly stable & on target  
Oncology performance is a recognised area of underperformance  
Improvements in quality standards for NEPTS contracts  
Some delays in hospital transfers as the result of handover delays

### Our Patients - NHS 111 Wales

Increased demand over winter, media reporting on Strep A  
Call response and clinical call back targets not achieved, with particular issues at weekends  
Increase in calls abandoned after 60 seconds over the winter

### Our People

EMS hours produced increased as result of addition of 100 WTEs  
High sickness absence levels in all front line services  
Staff turnover has increased, peaking at 11.65% in July 2022  
PADR compliance increased to 87.9% by December 2019

### System Contribution

Consult and close rate at 14.9% (target 15%)  
No improvement in people being referred to alternatives to ED  
Fewer patients being treated at scene (impacted by CSP levels)  
**Finance and Value**  
Trust will break even by end March 2022

However, we are particularly conscious of the fact that, despite the actions we have taken, the ongoing system pressures and excessive hospital handover delays have led to **unacceptably long waiting times** for an ambulance which in turn have contributed directly to avoidable **patient harm**. We know that harm can occur to patients who have waited too long for a response in the community, to those who are waiting in the back of an ambulance waiting for offload into an Emergency Department or to those who we cannot send an ambulance to at times of highest escalation. This has been the subject of much discussion within the organisation through the year, with **Board receiving a detailed report** at each of its last 3 meetings on actions being taken to try and reduce and mitigate this harm.

Whilst we have had a good track record of planning for and subsequently delivering financial balance for several years, **the financial outlook for 2023/24 and beyond is extremely challenging** for the Trust and the whole of NHS Wales, both in terms of revenue and capital. The level of savings required to achieve a balanced position will mean that we have to take a different approach to our financial plans.

#### Decarbonisation and Sustainability



We are making good progress with many elements of our Decarbonisation Action Plan but know that significant investment will be needed to fully realise our ambitions. This is also accompanied by a commitment to access the latest innovation and technology.

This of course creates a tension for the Trust in trying to deliver improvements in quality through both operational change and larger scale transformation and the resources available to deliver, with little or no financial headroom to invest to pump prime change or bring change resources into the Trust across all our programmes of work. We

are also reliant on our external partners in some cases, such as the need to reduce handover delays or creating pathways for us to access via 111, 999 or frontline clinicians on scene. We have therefore had to balance our plan carefully in this respect and continue to monitor, review and adjust our plans according to the resources available.

The **Minimum Data Set (MDS)** at appendix 2 sets out the expected activity and some of our performance trajectories for 2023/24, as well as the workforce and financial plan.



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

The **Wellbeing of Future Generations (Wales) Act** (WBFGA) underpins the Programme for Government, and '**A Healthier Wales**' remains the long-term strategy for the health and social care system. The Minister for Health and Social Care set out her **priorities** for the Health Board and wider NHS in the 2023-26 Planning Framework letter to NHS Chairs. Our IMTP will take account of how we can support the system in addressing the following priorities:

- Delayed transfers of care;
- Primary and Community Care access;
- Urgent and Emergency Care;
- Planned Care and Recovery;
- Cancer;
- Mental Health and CAMH Services.



The **Six Goals programme** has been established at a national and local level to support improvement in the urgent and emergency care system and to contribute to the delivery of the Ministers Priorities.

We have set out in **Appendix 1 more detail** about how we are working towards achieving the quality standards and outcomes set out in the policy handbook. The Trust has a role to play across all the goals. Our 'Inverting the Triangle' offer to the system is directly aligned to goals 1, 3 & 4, our priorities for NHS 111 Wales link to goals 2 & 3, and our priorities for Ambulance Care support the ambitions and aspirations for goals 5 and 6. A complete review of our contribution to the six goals and how this can translate to improved outcomes and performance (in line with our accountability conditions for 2022/23) can be found in appendix 1.



There is a significant transformation programme underway within **Primary and Community Care** across Wales. The Trust is engaged via the Strategic Programme for Primary Care Board represented by the Trust's Executive Medical Director who ensures that there is continuity between the seven programmes of work underpinning the primary care board and objectives defined in our IMTP.

We will prepare in 2023/24 for the potential to be a **named organisation under the Well-Being of Future Generations Act**, ensuring that our policies, strategies and plans are consistent with the Wellbeing Goals and the Five Ways of Working.

As a national organisation in Wales, we have also ensured a renewed focus on our commitment within the Welsh Language (Wales) Measure 2011 and compliance with the Welsh Language Standards.

There are many other legislative, policy, strategic and financial drivers, not mentioned above, which shape our approach to planning and delivery as a Trust and we have taken account of those set out in the NHS Wales Annual Planning Framework.



Some of the more recent include (but not limited to):

- Health and Social Care (Quality and Engagement (Wales)) Act 2020 ([Link](#))
- ISO14001 ([Link](#)) and the Welsh Government ambition for carbon neutrality by 2030 ([Link](#))
- Socio-Economic Duty ([Link](#))
- Strategic Equality Plan ([Link](#))
- The Race Equality Plan for Wales ([Link](#))
- More than Just Words Action Plan ([Link](#))

### 3.5 What do our commissioners say?

The **Emergency Ambulance Services Committee (EASC)** sets commissioning intentions for **EMS and NEPTS**, and in broad terms these have not changed from last year. In addition, EASC have set out a series of expected performance improvements and performance enablers, aimed at both us and the Health Boards:

#### Performance Improvements

- 65% red achieved by end Q2.
- Amber 1 median reduced to 45 minutes by Q2
- Reduction in longest wait times for Red and Amber
- 95% reduction in number of 'no sends' as a result of Clinical Safety Plan by end of Q2.

#### Performance enablers

- WAST UHP 95-100%
- Consult & Close > 17%
- Sickness levels reduced to 5.5%
- All red calls clinically assessed
- Hospital handovers reduced to 15,000 by end of Q2 and 12,000 by end of Q3
- Focus on levels of activity into alternative referral pathways

At the time of writing, these metrics are currently being modelled for achievability, impact and resource requirement, for example we would not be able to clinically assess all red calls without additional clinicians and the 5.5% target for sickness takes us beyond agreed and modelled pre-COVID levels.

The key performance standards for NEPTS in 2023/24, again relating to both the Trust and Health Boards, are:

- Improvements in operational performance for oncology service patients
- Reduction in the number of on the day cancellations
- Reduction the number of bookings made on the day

We will then individually agree **Integrated Commissioning Action Plans (ICAPs)** with the seven Health Boards. ICAPs will set out the local commissioning arrangements jointly with Health Boards, mainly for EMS, based on six goals actions, actions to reduce handover delays and the ambition of 'inverting the triangle'. The intended benefits of this new arrangement are to enable clarity on local service models, improve Trust and LHB relationships, and utilise improved relationships to facilitate co-production and agreement on ways to tackle system wide challenges.

To this end the Trust is developing a "menu of options" for each Health Board in Wales, based on this IMTP, local improvement work and ICAP actions that are currently being implemented or have been implemented successfully.

Appendix 1 includes a table which sets out the key national commissioning intentions and how the Trust is responding to those through this plan. Appendix 5a sets out how we are reviewing, addressing and monitoring commissioning intentions in more detail, including metrics set out above.

## NHS 111 Wales

A structure to support goal 2 of the six goals programme and specifically the **commissioning of NHS 111 Wales** has been implemented by the national six goals programme team. National priorities for NHS 111 Wales have been established following a peer review of the service focussing on workforce, service model and support for wider goal 2 ambitions (see section 4.1). Appendix 5b sets out how we are reviewing, addressing and monitoring commissioning intentions for 111 across the next year.

### National Commissioning Review

A review of national commissioning arrangements for specialist services (commissioned currently by Welsh Health Specialised Services Committee - WHSSC), ambulance, 111 and other commissioned health services is currently being conducted by Welsh Government at the time of writing this IMTP. We will engage in this review process and will work with commissioners on the resulting recommendations as they affect the Trust.

### 3.6 What are the risks that we are managing?



The Trust has made great progress in its approach to risk management and regularly reviews its **Corporate Risk Register** and the Trust's **Board Assurance Framework** to provide a clear line of sight to the controls and related assurances on those controls, and the actions we are able to take (and that are within our gift) to mitigate those risks. We know that there are several high scoring risks within the service that need to be managed and mitigated, and these are set out in the adjacent graphic.

### 3.7 What will be our focus for 2023/24?

With all of this at the forefront of our minds, we are clear that there must be a **focus on three priorities**, collaborating with **partners** - Health Boards, Regional Partnership Boards, Welsh Government, Commissioners, Trade Union Partners, staff, volunteers, patients and the public - acknowledging that to make a difference, we must continue to **transform** our services and our approach:

- A focus on improving outcomes and experience for **our patients** and reducing harm, by providing the right advice and care, in the right place, every time. Our specific priorities are set out in Section 4 which identifies what we will do for patients who use 111, 999 and Ambulance Care services;
- A focus on improving **our people's** workplace experience, enabling them to be the best they can be. Priorities can be seen in Section 5; and
- A focus on delivering a balanced and transformational plan, by working on delivering exceptional **value**. More detail on this can be found in Section 10 'Value and Sustainability'.

## 4. Our patients

**Strategic Objective 1 – Providing the right care or advice, in the right place, every time**

### 4.1 NHS 111 Wales

#### 'Digital First'

Across the NHS 111 Wales service, there is an opportunity to work with partners to **build on our digital platforms** to **maximise support** to patients, carers, citizens, call handlers and clinical advisors. Specifically, feedback from the patient 'infoburst' indicated a need to improve this area of our service, particularly the 111 website.



This will include the continued development of the 111.wales website, but over time will also leverage the new Integrated Information Solution (IIS) platform for 111 (**SALUS**) and the new NHS Wales App with NHS Login, delivered by Digital Healthcare Wales (DHCW). These new services will work together to significantly increase access to, and interaction with NHS Wales and the Trust through digital means, including the ability to book into some services directly.

#### Integrated Information Solution (IIS)

Whilst it has been delayed significantly from its original implementation date, the IIS product delivered into the Trust represents a step change in capability for our 111 teams and GP Out of Hours (GPOOH) across NHS Wales. The new system will enhance our ability to employ remote staff allowing seamless access to a single patient record, enable prescribing, as well as provide a seamless link from symptom checkers on the internet to the telephony service.

#### Decarbonisation and Sustainability

The roll-out of video consulting technology is a key deliverable within our Decarbonisation Action Plan as we look to embrace opportunities to provide care closer to home.



It will allow patients to begin their assessment on the website, transferring seamlessly to the phone where required. **If needed, a video consultation will then be available**, along with electronic prescription of any medication and dispatch of and liaison with a GP where necessary. This will be a first of its type in terms of the level of integration it offers across digital, telephony and traditional clinical platforms.

Its implementation is currently planned for Q3 and will be **resource intensive** particularly in relation to training of our people. Discussions are ongoing with the 111 Programme team on additional resource capacity to support this programme.

#### 111.wales.nhs.uk

In 2022, our 111.wales website saw 4 million unique visits by users across Wales. It acts as a first point of contact in their journey within the health and care system, and allows the Trust to respond dynamically with new information to meet to changing healthcare needs as was seen with COVID, Strep A, and winter pressures. In 2022/23, using non recurrent resource made available by our 111 commissioners, work focused on **improving the accessibility and usability** of the site (per regulatory requirements), surfacing information on Planned Care, and improving the experience of seeking information, location-based services, and signposting. Going forward, the focus will shift from the technical foundations, to making the service an **exceptional clinical and content platform**. Programme improvements will include integration with the forthcoming 111 Integrated Information Solution (IIS), updated clinical content and self-care guidance, and interoperability with other NHS Wales systems for a more connected, personalised experience.

Whilst this is our ambition, there is currently **limited resource available**, and discussions are therefore ongoing with our 111 commissioners to secure capacity to continue to make these improvements in 2023/24. Ultimately, as well as improving the user experience, the changes we would like to make will reduce the need for a call and hence reduce demand on the telephony element. For that reason, we want to work with partners across the system including Welsh Government, our 111 commissioners and the Six Goals Programme to create a **'digital first' vision for accessing urgent and emergency care services**, which can articulate the longer term benefits and costs.

## Strengthening NHS 111 Wales

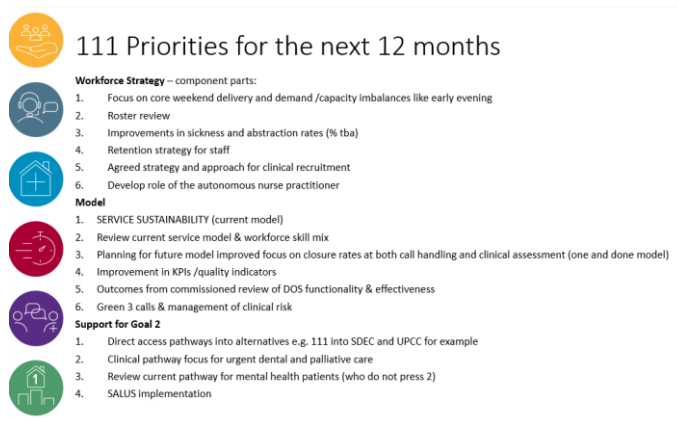


The 111 service has continued to deliver an important and key service to the Welsh public through what has been a very challenging 2022/23 period. The service has often been under immense pressure with significant spikes in 111 call demand. These were most prominent over the winter period, in part due to the general pressures being felt across the urgent and emergency care system but also because of the circulation of viruses such as influenza, invasive group A Streptococcus (iGAS) infections and Respiratory Syncytial Virus (RSV) in children. In addition, the service has had to manage a prolonged business continuity incident arising from an outage of the Adastra (GP Out of Hours system) interface with the 111's administration system, and the impact of ongoing industrial action affecting the NHS.

The service responded admirably to these external challenges but has not been able to deliver required levels of performance, particularly in relation to call answering and clinical ring back times. This is exacerbated by difficulties in recruitment and retention of staff, high levels of sickness absence and a mismatch between capacity and demand, with weekend performance typically worse. Specific 111 patient surveys suggest that some of the population do not see the value that 111 adds to the urgent and emergency care system, seeing it as simply a pass through to other services.

We have reflected on the findings of the **111 peer review** which focused on our demand and capacity challenges, along with the review of our current service models and the impact these have on the current operational and clinical performance.

We are working in collaboration with the Six Goals Director to develop a **new commissioning framework for the 111 service**. This will set out a clear 'quality & delivery framework' for the service, which will articulate what good looks like together with a proposed governance and performance monitoring approach. Our anticipation is that this will also allow us to agree a **resource envelope**, allowing more surety on finances to develop the service. Discussions are currently being concluded on this matter. Priorities have been set out here.



The service is closely aligned to Goal 2 priorities which specify that **'When people need or want urgent care, they will be able to access a 24/7 Urgent Care Service via the NHS 111 Wales online or telephone service...'**. This remains our strategic ambition to become the 'Gateway to Care' for patients 'to seamlessly access urgent & emergency care services'.

Based on our own understanding of the service and its challenges and the identified commissioning intentions, our focus will firstly be on stabilising the service, seeking to improve performance and patient experience, but



secondly on taking opportunities to grow and transform the service. We have set out actions across five key deliverables.

We will continue to take action with partners to **promote and expand the use of 111 across Wales**, so that more people with urgent care needs can be supported to get the right help and integrate NHS Wales 111 **into public health** and wider health campaigns to demonstrate its centrality to healthcare delivery. Additional funding in 2022/23 has allowed for development of an all Wales communication and marketing campaign. Although no additional funds are likely to be available through 2023/24, we will continue to work within existing resources to promote the service. We will complete the roll out of the **111 Press 2** initiative that commenced in 2022/23 and initiate work on **'111 dental'**, so that people can more easily access mental health and urgent dental treatment across Wales. The '111 dental' programme will require additional resource.



One of our aims is to develop the service so that more patients have their needs met without the need for onward referral. We can do that by increasing the **capacity and capability of the call taking and clinical teams** - growing, developing, and empowering our workforce and equipping them with the right training, skills, and support to excel in everything they do.

To do this, over the next year, we will develop improvements in accredited remote clinical and non-clinical education and we will be working with Health Education and Improvement Wales (HEIW) to develop thinking in this area. **Remote clinician decision-making (RCDM) accreditation** is fast

being recognised as a clinical speciality within the UK and internationally. Remote clinical decision-making, commonly referred to as 'telephone triage', describes clinicians' non-face-to-face involvement in patient care. This remote interaction is typically undertaken by telephone or visual-audio format, by paramedics, nurses, doctors, and pharmacists. We will seek to exploit our expertise in **remote clinical assessment** for urgent care and identify opportunities to develop the capability in support of the wider healthcare community

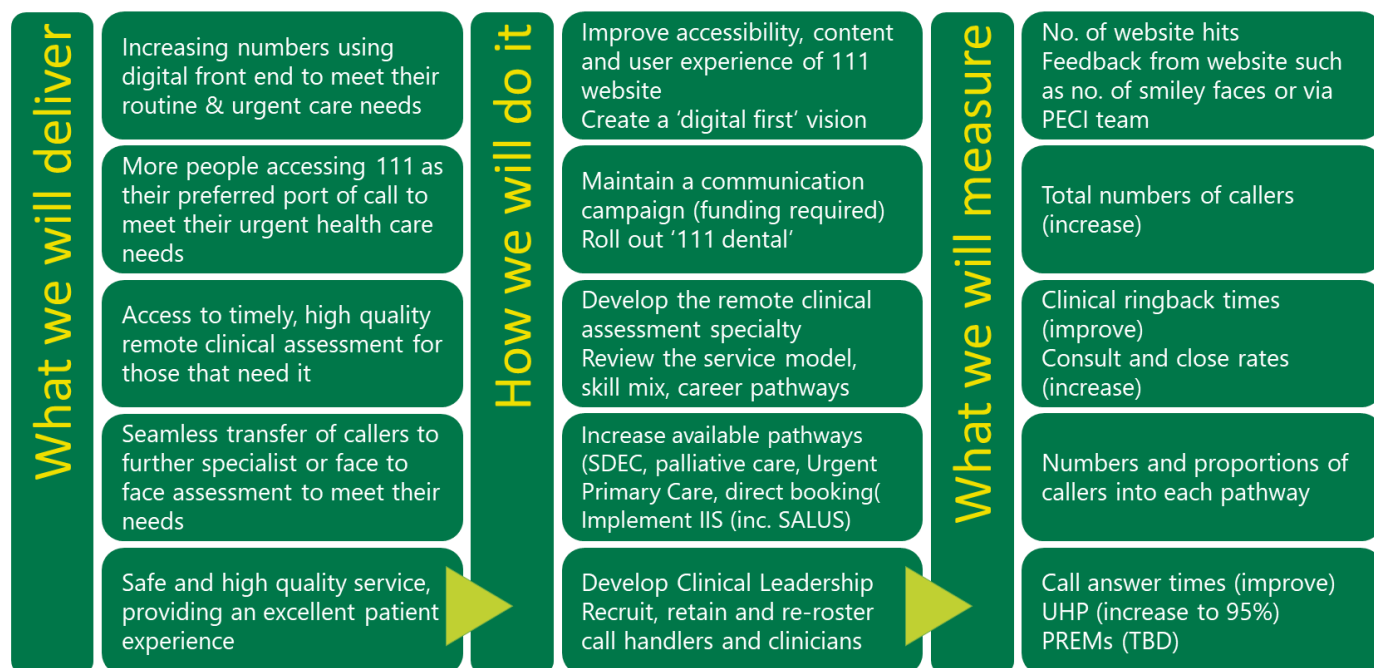
**Clinical leadership** is a key component of how we will further improve the clinical capability of the service. There is clear read across to the next steps in our clinical and quality strategies in widening the clinical expertise in the organisation and exploring the role of advanced practice in all areas of our clinical workforce. This will allow further opportunity for **autonomous practice**, and the development of career pathways and opportunities that attract and retain colleagues working in NHS Wales 111, specifically for clinicians seeking **portfolio-based careers**.

There are clearly many patients who we will need to signpost to the most appropriate service, so we want to work with partners to increase the number of **seamless 24/7 pathways from the 111 clinical team** to appropriate specialist remote assessment or face to face consultations, such as **Same Day Emergency Care (SDEC), Urgent Primary Care and palliative care**. By doing this, we aim to develop our services, infrastructure, and operating models to achieve our long-term strategic objective to provide the right care or advice, in the right place, every time.



The outcome from the recent **111 Demand & Capacity review** will help inform and shape our future workforce profile, ensuring service capacity is aligned to future demand profiles so that we can see rapid improvements in call answering and clinical ring back times and achieve performance targets consistently across the week. Resources required to meet performance targets will be the subject of ongoing discussions with 111 commissioners. We will be undertaking a strategic review of our workforce ensuring a consistent service across 7 days of the week, **re-**

**rostering** our capacity, targeting **recruitment and training** efforts, implementing performance and process improvement measures, working to reduce sickness levels, reviewing skill mix and career progression opportunities, and realising the benefits from the SALUS implementation.



## 4.2 Emergency Medical Services - 999



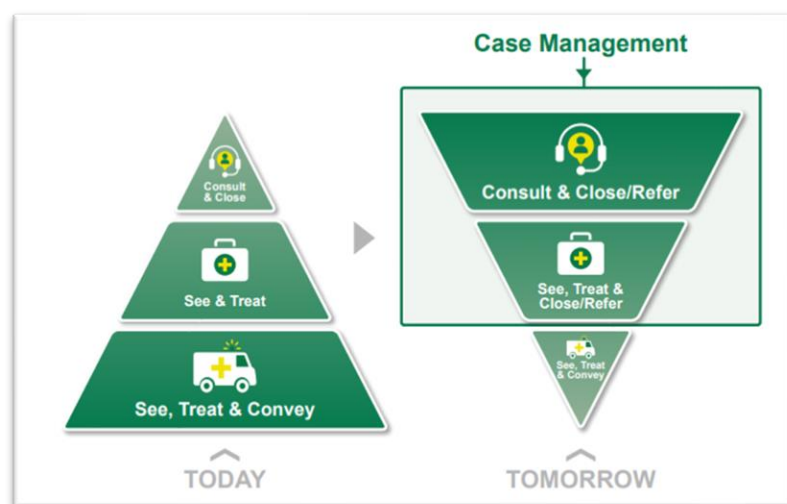
As set out in Appendix 1 and section 3.3 above, we have seen significant pressures within the 999 service in the last 12 months which have led to very **poor patient experience and outcomes**, with call answering times too long at times and ambulance response times lengthening for all categories of patients. Too many patients have come to harm as a result, whether that's through waiting too long for a response in the community, waiting too long in the back of an ambulance for offload into an Emergency Department or through not getting an ambulance at all at times of highest escalation. This has been the subject of much discussion within the organisation through the year, with **Board receiving a detailed report** at each of its last 3 meetings on actions being taken to reduce and mitigate this harm.



All of this has exacerbated the pressures our people have felt at work, whether that's those who work in our control centres, on the road or supporting in corporate departments. The pressure is often evidenced in high levels of **sickness absence and turnover**, although there have been positive improvements over the year.

We heard directly from staff in roadshows and at picket lines about what it felt like to work in the Trust, and we know this coloured their thinking as they contemplated industrial action.

There have been a range of factors which have affected this, including a significant rise in the number and proportion of **red calls**, and continued, excessive capacity losses through **hospital handover delays** which accounted for 37% of conveying capacity in December 2022. We took many actions in mitigation including recruitment of an **additional 100 FTEs** (funded non recurrently via EASC), **re-rostered** to gain a performance benefit of 72 FTE, implemented the new **CHARU** service, supported more people to return to / stay in work, increased **consult and close rates** to 15%, expanding numbers of clinicians undertaking the **MSc in Advanced Practice** and worked with Health Boards on alternative pathways such as **Same Day Emergency Care (SDEC)**.



As we look forward to the next 3 years, the clear priority is to **reduce avoidable patient harm**. We don't believe that doing more of the same is the answer, and are convinced that our ambition of '**inverting the triangle**' is critical to getting patients the right care, in the right place, every time whilst also supporting the wider health and care system.

Whilst the 'inverting the triangle' model does not explicitly call out any changes to our **EMS coordination function**, call handlers provide the vital first part of a patients journey when they call 999 and our dispatchers and allocators are at the sharp

end of ensuring that patients get the right response as quickly as possible. Over the next 3 years, we will consider how we can better support this group of important staff to undertake these vital roles.

We need to take action to ensure that **sufficient response capacity** is in place across Wales and **protect it** to be able to respond immediately to the most **critically ill patients** (bottom third of the triangle). For patients who have urgent but potentially not immediately life threatening care needs, we will then need to develop a more personalised **case management approach** (top two thirds) to oversee and ensure the most effective and tailored individual response. This will mean growing remote clinical assessment capacity and capability, transforming on-scene response models and working closely with partners in improving pathways into alternative services, with fewer patients needing conveyance to an ED as a result.

We are assuming that **recurrent funding** will be made available to continue with the extra 100 staff recruited this year in terms of our core response capacity. No further funding is confirmed for any additional capacity increases, so our plans will need to be implemented within the current resource envelope. We could however recruit and train up to 100 further staff if resources were available from ambulance commissioners.

In terms of ensuring that sufficient response capacity is in place and that we protect it to be able to respond immediately to those who most critically ill, the key priorities will be to:

- Fully staff the **CHARU service**. This will improve clinical outcomes, including the Return of Spontaneous Circulation rates (ROSC) and contribute to improving red performance. This will have to be balanced off through a reduction in EA capacity;
- Use clinically rich ePCR data to better **stratify patients** according to their needs, allowing us to **modify and improve our response**, potentially reducing multiple attendance levels;

- Ensure that we support the recruitment and training functions to **maintain capacity at commissioned levels**. We also want to continue to develop our plans in **rural areas** to increase capacity here and balance response performance across urban and rural areas;
- Develop improved career pathways for staff, including expansion of the **EMT3** role;
- Grow our **senior paramedic** contingent to maximise the benefit of enhanced clinical leadership;
- Increase capacity through continuing our programme of **managing attendance** towards a target of 6% by end the 2024, and working closely at all levels with Health Boards to support them in **reducing handover delays** in line with EASC targets.

In more effectively responding to the majority of callers with urgent but not immediately life threatening care needs, who need a more tailored service, our priorities will be to:

- Maximise the impact and benefit of the Clinical Support Desk (**CSD**). As part of the work they are already doing, we are confident that we can increase **consult and close** rates to 17%. One of our priorities for this year, which mirrors that of ambulance commissioners, is to commence **hot clinical reviews** of a proportion of red calls to confirm appropriate category. Discussions are ongoing in terms of the additional resource that would be needed to do this on top of the consult and close priority. We know that to fully realise the value of this growing part of our service, we will need to grow and mature **clinical leadership** to support the team, and plans are being drawn together to do that.
- Pilot, evaluate and grow the new '**Virtual Ward**' concept, delivered initially in partnership with St John Cymru. This new service and way of working will move us away from our traditional core service. CSD clinicians will retain clinical oversight of patients, with on the ground St John resource available to undertake face to face observations and provide elements of care which will allow patients to remain in their homes until the right service for them is available. As a clear example, patients could remain in their homes overnight until community services open in the morning. There are plans for this service to grow in phases and for it to eventually be a service that maximises our expertise in remote clinical management and use of remote technology in a 'once for Wales' approach.
- Continue to develop the **Advanced Paramedic Practitioner (APP)** role, supporting not just our response but the wider health care system (funding dependent). We have a cohort of eligible staff who will become available through the year and we will want to ensure that value is created as a result of the costs incurred in their training. A **bid** will be submitted to Welsh Government as part of their £5m allocation to increased AHPs within Wales. We will also be undertaking some 'tests of change' or creating '**perfect days**' through Q1 where we will work with a Health Board partner to flood an area with APPs to identify the benefits to patients and the system.
- Increase the number of appropriate **alternative pathways** for our CSD or road clinicians to use, again reducing conveyance to EDs. Integrated Commissioning Action Plans (ICAPs) and the Six Goals programme will be the key vehicles to influence and drive this agenda. There will be an emphasis specifically on referrals into **Same Day Emergency Care**. There is the potential for around 4% of our demand to be referred into these services with a modelled gain of around 5% in red performance and 29 minutes improvement in the Amber 1 median. At present, less than half a percent are referred. We also see opportunities at a local level, through the ICAPs, to work with Health Boards on pathways for specific groups of patients such as **fallers, chest pain, breathing problems and those with mental health needs** and will develop a '**menu of options**' for consideration, based on evidence and benchmarking of what is working well.





Even with these changes in place, it is probable that, with no additional transformation capacity pump-primed or substantial improvements in hospital handover delays, **response times will unfortunately remain unacceptably long**, and patients will continue to come to harm.

#### Decarbonisation and Sustainability



We will continue to support patients at home wherever possible. Our clinical professionals will drive fewer miles and support alternative care pathways. In 2023 – 24 we will build on the success of our PHEV car response vehicles, and further develop a low emission, versatile and appropriate car based response service.

Our approach seeks to build on the strategic and policy drivers underpinning the delivery of Urgent and Emergency Care across Wales. We do however recognise that this is an ambitious and complex proposal to execute, and one that the Trust cannot design and deliver in isolation. Whilst we believe there is a **growing body of evidence to**

**this approach**, we are developing a **case for change** to support our hypothesis, which will include consideration of system wide economic benefits.

We are also undertaking a thorough interrogation of the datasets we are now able to bring together from not only our CAD system but also ePCR and ECNS. We are working with Health Boards and DHCW to **join up data** to give a holistic picture of the best pathways for patients.

We will take this learning into a more formal **engagement period** with our stakeholder in line with our Stakeholder Engagement Plan through the first half of the year, recognising that we need to work in a **collaborative and engaging way** with our patients, the public, our people and other key stakeholders to co-design the future solution.

We continue to undertake strategic and tactical modelling as part of routine business for EMS. However, it is timely now to undertake a further **EMS Strategic Demand & Capacity Review** in the light of the significant changes in both the system and clearer articulation of our ambition since the last review in 2019. This will help us to shape our plans and identify any further areas of efficiency that we can work on.

## Volunteers

Progress on Year two of our Volunteer Strategy brought a governance review and the Volunteer Team have commenced work to develop a governance framework to ensure our volunteers are supported by a suite of fit for purpose policies and procedures. We have developed a robust Volunteer Steering Group with representatives of all volunteer roles across the Trust. The Volunteer Steering Group supports with delivery of the volunteer strategy, provides a sounding board for new initiatives, act as a critical friend to teams across the Trust and ensure the voice of volunteers is heard across the organisation.

We continue our work to develop an **engagement plan** and work collaboratively with colleagues across the Trust to **extend our volunteer reach** across diverse communities within Wales, ensuring these communities are represented within the volunteer portfolio. The Volunteer Team delivered a large scale public engagement event (The Royal Welsh Show) within 2022, engaging with more than 10,000 members of the public and providing hands on CPR demonstrations to more than 2000, we also provide support to local and regional engagement events, supporting colleagues across the Trust.

Our **stakeholder engagement plan** is in progress and we have redefined and formalised relationships with existing partners. We have identified local, regional and national partners with whom we intend to develop relationships to support the EMS and Ambulance Care functions, continuing our work of building resilience within the communities we serve.

During Year 3 we intend to work with colleagues across the Trust, further developing **new volunteer roles** and **digital solutions** to providing welfare services and patient monitoring to those experiencing lengthy waits in the community. We will also be rolling out analgesia for volunteers to use to manage patients' pain following the approval for volunteers to use paracetamol in 2022/23 and looking at what other analgesia our volunteers can use.



## 4.2.1 Emergency Preparedness, Resilience and Response (EPRR) and specialist operations

The EPRR team continues to support the Trust within the Emergency Planning field, this has included leading on the planning for the Trust response to the sad demise of The Queen and The Kings first visit to Wales, leading on the **support given to our Ambulance Service colleagues** in other parts of the UK during the UN Climate Change Conference in Glasgow and to the Isle Of Wight Ambulance Service when some of our staff were sent to support the service during the Tourist Trophy and the Grand Prix races on the island.



**Business continuity remains a priority** within the team to ensure the Trust is prepared to maintain its business-as-usual functions, recent incidents have led to the team developing new business continuity plans, these have included a Power Outage Plan and an ICT Disruption Plan.

The Specialist Operations team have now been in place for **over 10 years**. The team members have been cementing their use of extended clinical skills introduced in 2021 and enhancing their response to **Chemical, Biological, Radiological and Nuclear**

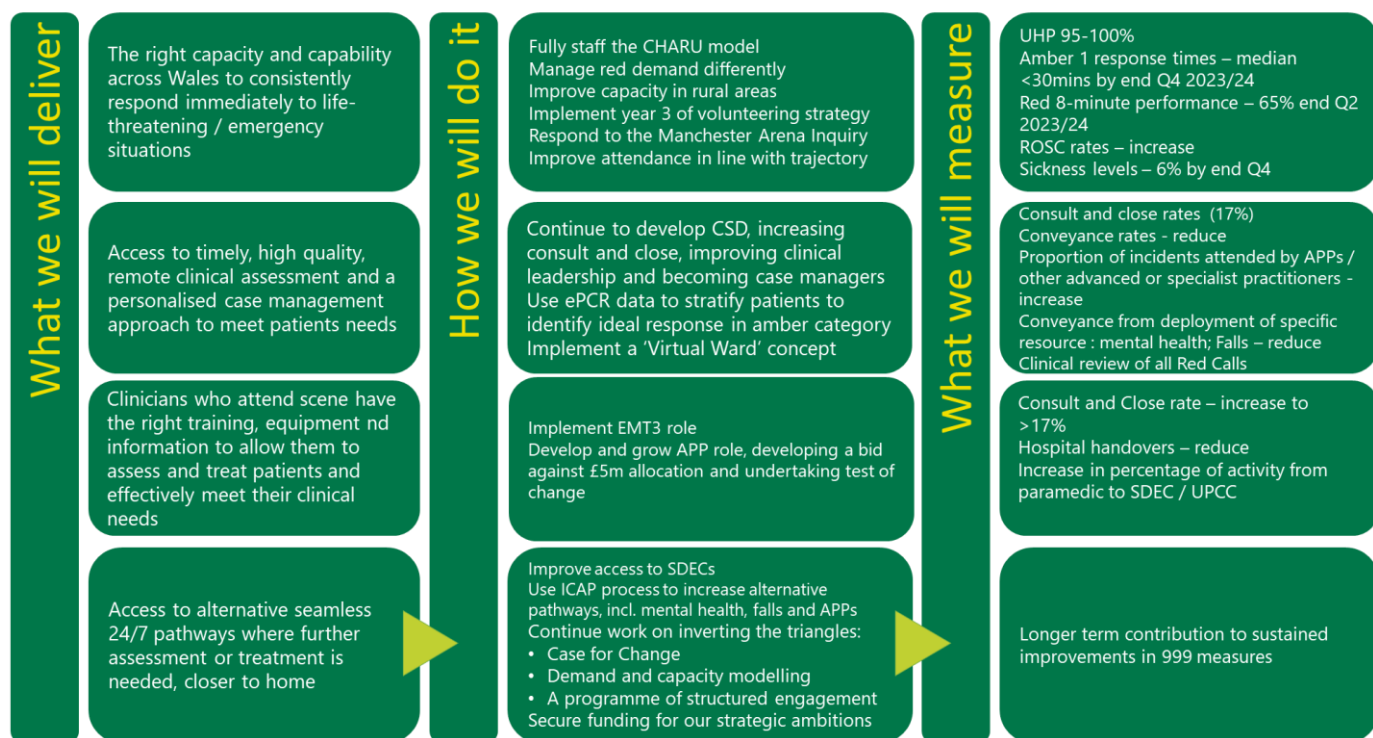
**incidents** by training in new Personal protection equipment. The number of Specialist Operational Response Team (SORT) staff has been increased across the Trust to provide a more robust response to SORT incidents.

Looking ahead we anticipate a challenging time for the team, with a number of changes impacting on the EPRR and Specialist Operations arena, many of them following the **Manchester Arena Inquiry**, within the next 3 years the team will be looking at the following areas:

- Reviewing and enhancing our ability to respond to a terrorist incident
- Introduction of the new Triage Tool
- Introduction of new clinical skills to the Hazardous Area Response Team (HART)
- Enhancing our SORT capabilities
- Outcome of the Wales Civil Contingencies review and implementing the findings
- Outcome of the UK Government Resilience Framework and implementing the identified lessons from this.



**Partnership working** remains a high priority for the team. Engagement and close working with the Wales Resilience Partnership team, the Contest Cymru Board, the Contest Cymru Prepare and Protect Board, the four LRFs and their sub groups, the Wales Learning and Development Group, the Emergency planning Advisory Group, Counter terrorism Policing Wales, the UK Ambulance EPRRG and its sub groups, NARU and its sub groups will continue across the team to ensure the Trust is represented by knowledgeable, skilled and experienced individuals, both in Wales and the wider UK.



## 4.3 Ambulance Care

Ambulance Care comprises of our Non-Emergency Patient Transport Service (NEPTS), our Urgent Care Service and a specifically commissioned Transfer Service to support Aneurin Bevan University Health Board's model of care. Ambulance Care is also working collaboratively with ambulance commissioners to develop and deliver a joined up and consistent Transfer and Discharge model for the whole of Wales.

These services have a critical role in enabling flow across our health system and access to planned care across Wales for patients that are eligible for transport. **Ambulance care plays a vital role in supporting goals 5 and 6 of the Six Goals.**



Our ambulance commissioners have acknowledged the significant work undertaken following the approval of a Business Case for the modernisation of NEPTS in Wales in 2015. A range of opportunities were outlined in the business case for improvements including governance, performance, quality improvements and the remaining aspects have now been delivered. We will work with our commissioners to reflect on the learning and closure of the work whilst continuing to build on all the transformational work that has been undertaken following the transfer of all the NEPTS activity from the Health Boards.

Following this work the Trust is now the lead provider for all non-emergency transport for Wales and has a future **ambition to be the provider of choice for transfer and discharge services.**

**Targeted areas for improvement for Non-Emergency Care** outlined by our commissioners for 2023/24 are the

- Improvements in operational performance for **oncology service patients**
- Reduction in the number of **on the day cancellations.**
- Reductions in the number of **bookings made on the day.**

We want to build on **the transformational work that has been undertaken in NEPTS** over previous years, extracting and acting upon opportunities to deliver a more efficient and high quality service. This includes working with health boards and providers of oncology services on our proposed establishment of an enhanced hub to improve the service for our oncology patients. This proposal builds on the success of the implementation of the renal hub and its improvement of service. We are also committed to working collaboratively with health boards to redesign systems and processes to reduce the number of cancellations and bookings made on the day to improve efficiency and experience. We will continue to develop and strengthen the focus on delivery and reporting of improved **patient experience** and **service quality**. We will also continue to implement recommendations from the demand and capacity review for NEPTS which includes **re-rostering** in both our NEPTS contact centre (NET centre) and on the road.

We will actively seek to engage ambulance commissioners and wider partners in how to **effectively manage demand** and support patients in the light of the extant **eligibility criteria** – in the current financial climate, where we will have to make difficult choices, we cannot afford to deploy resources in areas which are not commissioned or funded.

As we finalise modelling of transfer and discharge and Urgent Care services in Q1, we will consider outcomes from this review to develop the proposed concept for a transfer and discharge service across Wales. We will then work with ambulance commissioners on developing **implementation plans for transfer and discharge** and complete a **strategic review** of the **Urgent Care service** to develop a delivery plan and future service model that ensures appropriate usage, maximises efficiencies and identifies and makes use of synergies that exist within the widened Ambulance Care services.

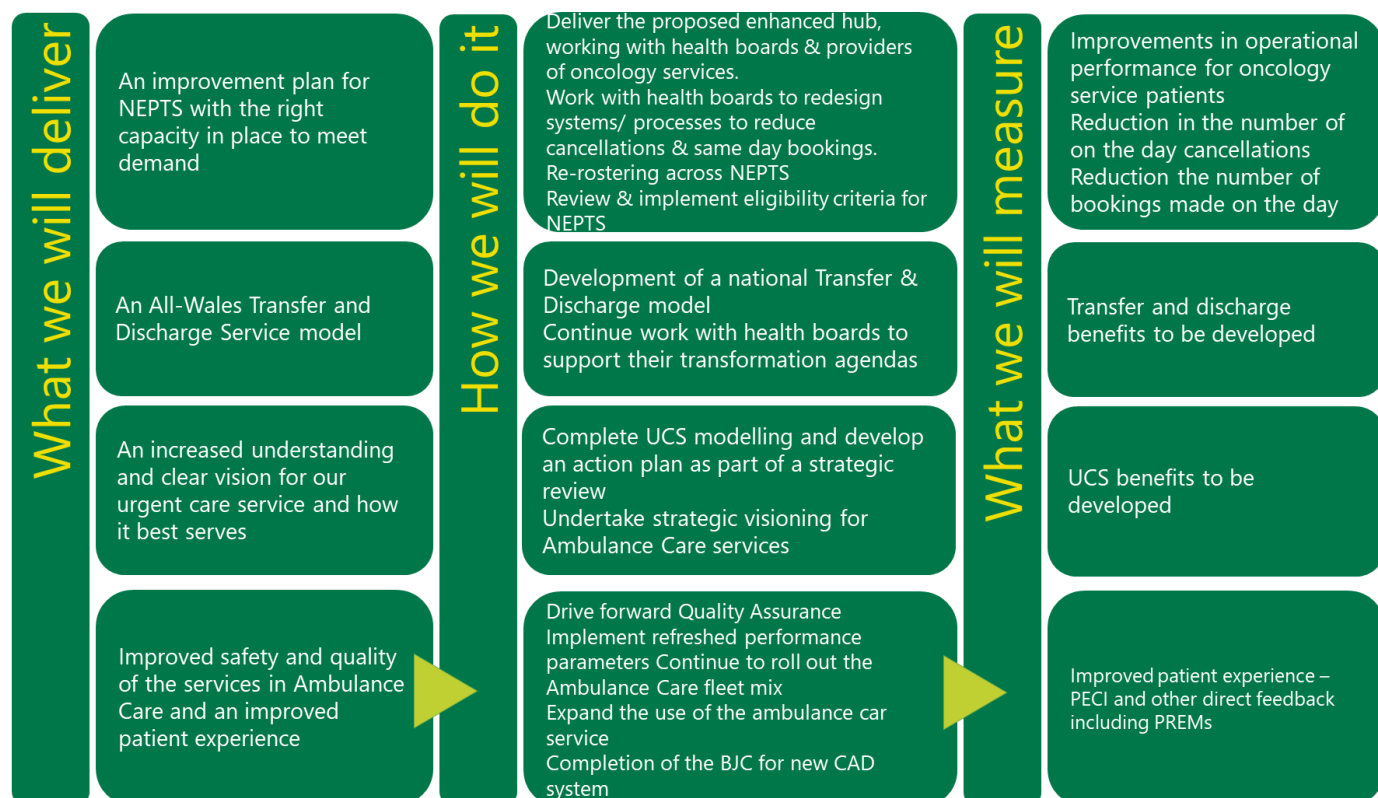
#### Decarbonisation and Sustainability



We will continue to explore opportunities for lower emission vehicles. Our changing mix of Ambulance Care fleet will look to provide smaller vehicles which support this. Further work around reduction in on the day cancellations will contribute to our reduced carbon emissions.

To enable this, we will continue to roll out our refreshed **Ambulance Care fleet mix**.

As we move forward, we will then further **develop our strategic vision** for the Ambulance Care Services.





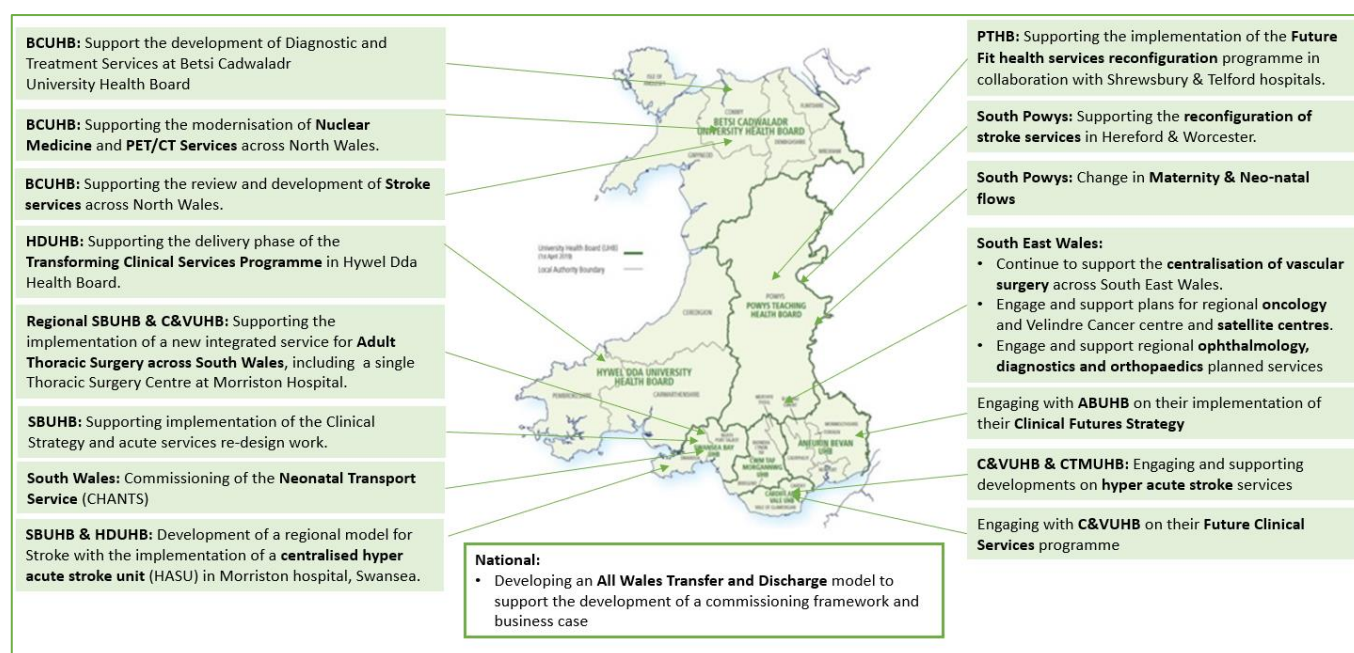
## 4.4 How will Health Board strategic plans affect us?

The NHS Wales Planning Framework sets out a need for Health Boards to work together, across organisational boundaries, to plan and deliver on a regional basis. We will engage fully with the continuing development and implementation of the National Clinical Framework in respect of its key workstreams. We will also ensure we play our part in facilitating and supporting the strategic direction and operational implementation through the networks and groups that develop through the framework.



We continue 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. Whilst some changes affect the EMS, for example the development of Hyper-Acute Stoke services, the majority of change will affect our Ambulance Care services (UCS and NEPTS). However, this cannot be a set of fragmented service developments and so they need to be scoped, quantified, and aggregated in some cases to **develop a consistent service model that could be rolled out across Wales.**

The **map below** provides an overview of the 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.

## 5. Our people

### Strategic Objective 2 – Enabling our people to be the best they can be

#### 5.1 Our workforce profile

WAST currently employs approximately 4,400 people (March 2023). The largest staff group is Additional Clinical Services at 52%, which includes our Ambulance Care Assistants (ACA1/ ACA2s), all grades of EMTs, and Call Operators, followed by our Allied Health Professional staff group at 26%, which includes our paramedics. This is an increase of 9% (388 FTE) in post compared to December 2020.

48% of our workforce is female, which is an increase of 3% since December 2020. 20% of the workforce is part-time, which has remained at a similar level compared to the previous year. 20% of our workforce is aged 56 or over, suggesting an ageing workforce profile. Our hardest to recruit roles are qualified Paramedics and EMTs, 111 Clinical Advisors (nurses) and Digital Specialists.

WAST's vision and aspiration to expand services to reduce demand on the wider health and social care system is underpinned by an ambitious transformation plan. This is challenging where there is significant demand for high quality candidates, limited supply of qualified candidates alongside increased turnover post pandemic and an aging workforce. The role of the Workforce Planning and Transformation team is to find ways to address these challenges. They are not related to one specific directorate or service but are seen across the organisation. Where there are Workforce and Organisational Development (WOD) solutions to these challenges, these are recognised in the Directorate priorities.

#### Workforce Challenges

- Delivering a robust workforce transformation plan in support of the Trust's strategic ambition incorporating sufficient education commissioning numbers, workforce redesign, service expansion and redistribution activities.
- Creating a culture where workforce transformation becomes the norm and is underpinned by supportive and enabling workforce policies and processes.
- Supporting our existing Emergency Medical Service staff to have the right skills and behaviours to deliver our expanding remote consult and close services and face to face see and treat services in the community (e.g. increasing the numbers of advanced paramedics with prescribing skills).
- Sourcing a supply of additional EMS staff to meet increased demand on our existing conveyance services.
- Extending our C1 licence training offer into 2023/24 to give access to a bigger pool of applicants.
- Focussing on retention of our people to reduce the demand on attracting new candidates.
- Supporting wellbeing initiatives post pandemic to keep people well in work
- Improving resource availability by reducing sickness and absences.
- Maintaining the national 111 service and improving 111 retention.
- Equipping staff to utilise new digital technologies.
- Regular review of education commissioning needs to meet organisational demands.

Figures and projections calculated in the **Minimum Data Set (MDS)** are based on our analysis and previous experience. There are always risks which we will work to mitigate. For example, in terms of the trajectory of absence, considerable success has been achieved in the last 12 months to reduce absence by over 4%. As this figure reduces, it becomes more challenging to reduce the numbers. Therefore, to get from 8% to 6% is more difficult than getting from 12% to 8% and so on. In aiming to reduce to 6%, the MDS reflects 7.4% sickness average across the year. In terms of workforce planning and attracting good quality candidates to the Trust, again there are challenges. We



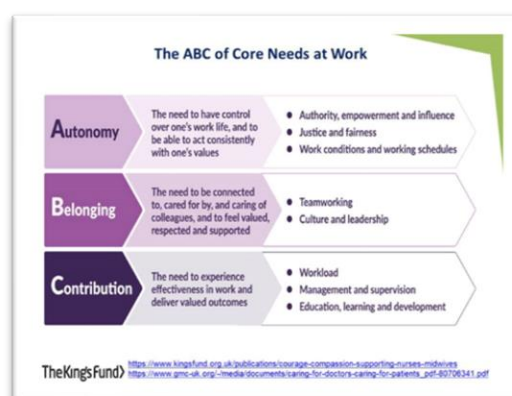
are in a candidate led market with competition from an increasing number of employers offering competitive packages. We will continue to work on how we market roles and review the Trust's offer to candidates so we can attract high quality people who want to grow their career. The assumption in our finance and workforce plans is for funding for previous investments to balance our plan throughout the year (including the 100FTEs). Our **MDS** has therefore been updated on this basis.

## 5.2 Culture, Capability and Capacity

We are committed to delivering the best possible service to patients and to achieve this we must invest and care about our own people. As referenced within section 3.2, we are actively listening, learning and ensuring we take action to address some of the biggest issues that are impacting on the daily lived experience of our colleagues. Alongside this, building a safe, positive culture with an emphasis on wellbeing, support and development, where we can bring our whole selves to work are the core elements of high performing organisations. By creating this environment, our people will feel valued and trusted and experience a true sense of purpose and belonging which will enable the Trust to keep improving and enable us to successfully deliver and achieve our long-term service ambitions.

Our **People and Culture deliverables** for 2023-26 support our organisational strategic ambitions and are closely aligned to the King's Fund 'ABC framework', building opportunities for **Autonomy**, developing a sense of **Belonging** and ensuring colleagues feel they can make a valuable **Contribution** to the organisation.

Complementing this will be a focus on our 3Cs: **Culture, Capacity and Capability**, which provide the basis for the objectives and plans for Our People. These will bring about significant programmes of work which are equally important to the Trust as developing our services, as without Our People we cannot provide the quality of service we wish to provide.



We have identified those aspects of our culture that we want to **cherish** and also listened to what needs to **change**, and this vision of meaningful culture change will be at the heart of everything we do. The **daily lived experiences** of our colleagues will be central to our approach, and we will embed a culture of continuous conversations where every voice counts, recognising that valuing individuality and building high performing teams will be critical to our success.

**Equality, Diversity and Inclusion** form a golden thread throughout all our People and Culture activities, reflecting our commitment to creating a workplace where everyone feels valued, can bring their whole self to work and experiences a deep sense of belonging. This year we will refresh our **Strategic Equality Objectives** and ensure delivery of **the Anti-Racist Wales Action Plan**. This will extend to the way in which we care for our patients and engage with our communities. We will continue to take positive action to **increase our diversity and reflect the communities we serve**.

Supporting our people to develop the skills required to bring our service of the future to life will be vital. We will enable and celebrate **effective decision making** at every level of the organisation and reinforce and promote **continuous development for all professions**. For our leaders and managers, we will ensure they have the knowledge, skills, and agility to deal with complexity and respond to the changing needs and aspirations of a diverse workforce.

The **health and wellbeing** of our people will remain a key organisational priority and we will ensure there is regular evaluation of impact and benefits of the huge range of interventions we provide. This emphasis on health and wellbeing will complement our ongoing commitment to improve attendance and be supplemented by simple people management policies, proactive management and tailored responses to absence management.



Having just gone through a period of significant disruption, pressure, and uncertainty in relation to recent Industrial Action, it is vital we take time as an organisation and as individuals and teams to recover and "heal". We have taken the learning and the challenges from this experience and will use the valuable feedback and insight we have gained to help shape our culture change journey. The continued emphasis on wellbeing, embedding compassionate leadership and meaningful constructive partnership with our TU colleagues will be key.

On a practical level we will also deliver some resource intensive work at pace to ensure we **successfully implement the non-pay agreements** that have resulted from the shared commitment with our Trade unions to find a way within WAST to respond to specific local issues and support the resolution of the national pay dispute. These agreements and **other initiatives such as the implementation of e-timesheets** will require active engagement and open dialogue with our Trade union partners. We are confident that our partnership framework and

strong relationships will enable us to focus together on improving the working environment, providing the right tools and streamlining processes and practises to ensure there is a direct and positive impact on the daily lived experience for all our staff.

Finally, in order to deliver on our organisational strategic ambitions, we will further enhance **change capacity and expertise** across the organisation, to ensure our people feel effectively supported through this period of transformation. These '**change champions**' will also help drive our cultural transformation efforts, modelling the behaviours and growth mindset of our desired culture, breaking down silos and enabling organisation-wide collaboration. We will also need to work closely with our Trade Union (TU) partners who represent many of our people.



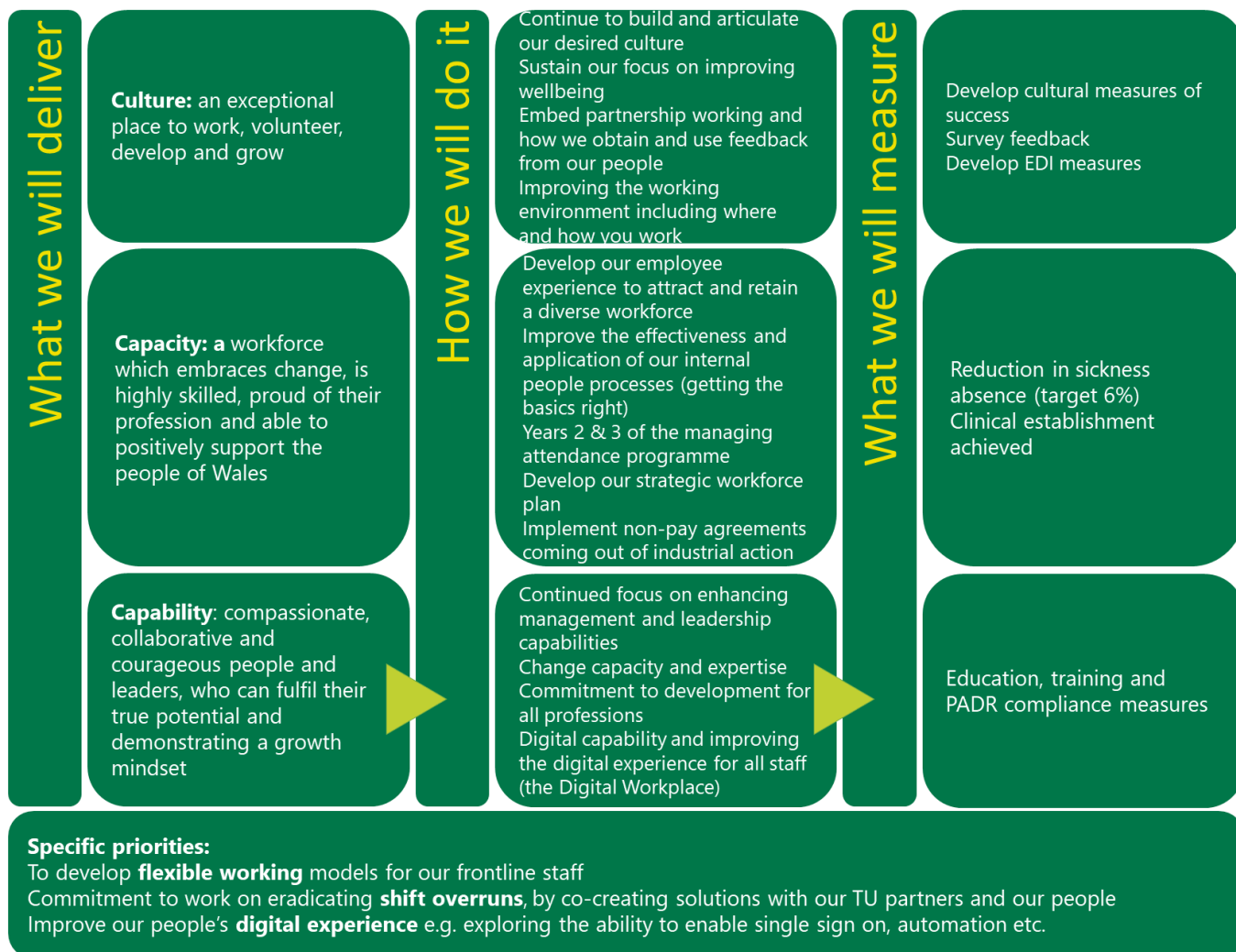
#### Decarbonisation and Sustainability

We have now embedded an agile working model which is supporting reduced commuting emissions. We will ensure our estate is fit for purpose to provide flexible, welcoming and collaborative spaces for our people. We will continue to embrace opportunities to give our people closer links with nature to support their wellbeing.



Whilst there are many things we need to do to achieve the 3Cs we wanted to focus this year in particular on three areas that are important to our people through the conversations we have had with them throughout 2022/23 as specific priorities for next year:

- Improving **flexible working** models for our frontline colleagues, creating a culture whereby people can achieve a better balance of work and life outside of work;
- Eradicating **shift overruns, by working with our TU partners** to co-create solutions to this complex problem; and
- Improving **the digital experience** of our people, addressing issues such as multiple sign on to applications and building on our digital strategy as set out in section 7.



## 5.3 Welsh language

**Leadership is a key driver for the successful implementation of *More than just words*.** We will need strong leadership to underpin the actions to transform Welsh language provision for the future, to drive the impetus for change and create a culture where people feel empowered to use the Welsh language each day at work. This is more than just compliance with statutory requirements, it should be something inherent in what we do in **working towards the 'Active Offer'**.

The 'Active Offer' simply means providing a service in Welsh without someone having to ask for it. The Welsh language should be as visible as the English language. However, we will continue to ensure compliance with the Welsh Language Standards, reported and monitored regularly through our Assistant Director Leadership Team, the CEO and Chair (through their accountability to the Minister) and Trust Board.





## 6. Infrastructure – estates, fleet and decarbonisation

### Strategic Objective 3 - Being at the forefront of innovation and technology

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. 2022/23 has seen a continued period of growth in the number of people employed by the Trust and we continue to respond in a flexible way to ensure we have the right buildings and vehicles in the right place for our staff to provide best and safest care across Wales. Our continued increased focus on the start of the patient pathway and improvements in 999, 111 and Ambulance Care is supported by significant improvement schemes across our main sites; for example, completion of significant investment programmes at Vantage Point House (VPH), Cwmbran and Ty Elwy, St Asaph as well as the creation of a 111 call taking facility in Cardiff to improve facilities and accessibility for our staff. We are committed to ensuring that our developing infrastructure supports the Trust's and Welsh Government **ambition for net carbon neutrality by 2030** and we have made good progress in the implementation of some key actions within **our Decarbonisation Action Plan**. Continuing the good practice from the previous IMTP, we continue to demonstrate the Trust-wide ownership of actions within the plan.

**The Estates Strategic Outline Programme (SOP) and Fleet SOP have been fully endorsed** by Welsh Government enabling us to produce a further series of business cases to achieve this vision. The Strategic Outline Programmes have been updated in line with the recommendations of the 2019 EMS Demand and Capacity (D&C) Review, responding to the major challenges and risks to ensure we have the right estate and the right fleet profile in the right place to support the growth in the EMS service, and we continue to evaluate and assess the implications of the NEPTS D&C Review as well as the longer term strategic work on inverting the triangle and increasing our clinical triage offer.







In refreshing the SOPs, 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. We delivered on a realisation of this concept with the opening of Cardiff Ambulance Station. With the recent improvements to the estate, as well as the breadth of schemes currently in progress and planned for future years, we are well on the way to addressing continued challenges with the deteriorating condition of some of our estate and the impact that this has on our colleagues. We also continue to consider the impacts for our corporate staff on agile working practices and have three modern fit for purpose office spaces at Cwmbran, St Asaph and Swansea which can be used by all our

staff on a flexible and collaborative basis to ensure that we provide good facilities for staff to meet, and work from, as and when they are required. We have also developed state of the art modern training spaces incorporating lecture and immersive rooms at Ty Elwy, Cwmbran, Cardiff and Swansea which provide good coverage for training across Wales.

**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. We have submitted the Business Justification Case to Welsh Government for the 2023/24 vehicle replacement scheme and, subject to approval, over the next 12 **months we will be replacing 108 vehicles** across our fleet including EMS and Ambulance Care. As part of our commitment to reducing our carbon and vehicle emissions, we have focussed procurement on **smaller and more efficient vehicles** to reduce our CO2 vehicle emissions.



The Welsh Government targets of a net-zero position by 2030 pose real and complex challenges for the Trust. In response to this, we have established a **Decarbonisation Programme Board** to take forward the development of our Sustainability and Infrastructure investment requirements in line with our Estates and Fleet SOP deliverables, which will outline the financial and resource implications for the move to a carbon-neutral ambulance Trust. This will need significant input from our colleagues across the Trust and builds on additional investment within the Finance and Corporate Resources Directorate in 2022/23 to establish a programme team and robust governance processes. The relevant business cases in support of Estates and Fleet developments will continue to reinforce the importance of this agenda, and to push us towards

#### Decarbonisation and Sustainability

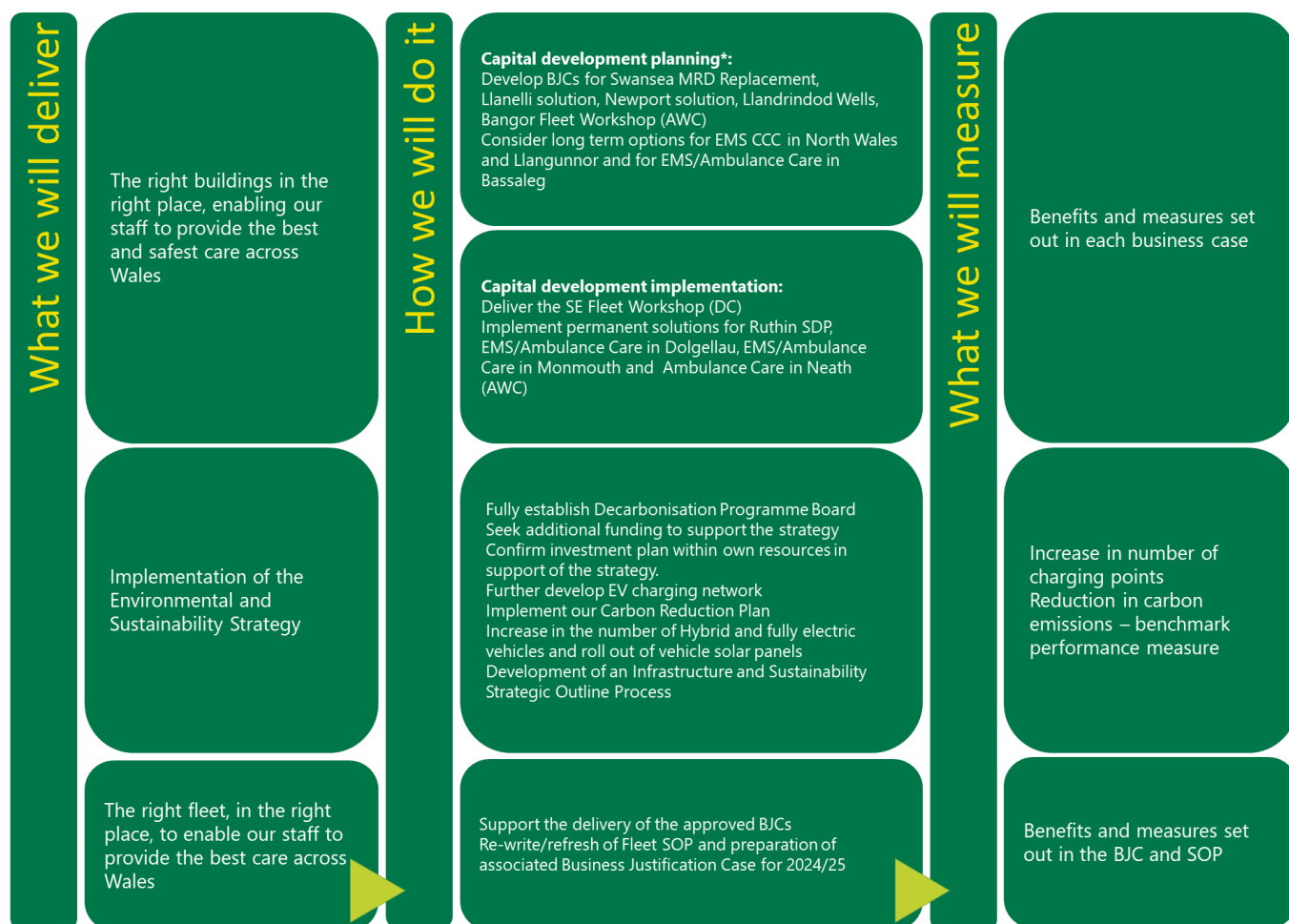
As a key part of our ambition to reduce our carbon emissions, improvements within our estate and fleet are central to our ambition of reducing carbon emissions. We will deliver a range of dedicated schemes across our estate in 2023 – 25 through WG funding (EFAB) and embed decarbonisation elements in all our estate improvements.



a position of carbon neutrality, maximising our use of new technology and responding in a flexible and agile way to the changing external environment. Our Decarbonisation Action Plan can be found in appendix 4 but also our key decarbonisation priorities can be found throughout this document aligned to our plans.

In conjunction with the decarbonisation agenda and in order to address the WG priority on the **Foundational Economy**, the organisation continues its work with Procurement colleagues as NHS Wales Shared Services Partnership (NWSSP) brings together key metrics that enable us to identify if the Welsh pound is being spent in Wales, and that prior to awarding of a key contract to a supplier highlighting if the supplier is from Wales and scores highly on a sustainability score covering areas such as environmental management systems, local sourcing of materials, recycling and appropriate disposal of equipment that does not adversely impact on the environment.





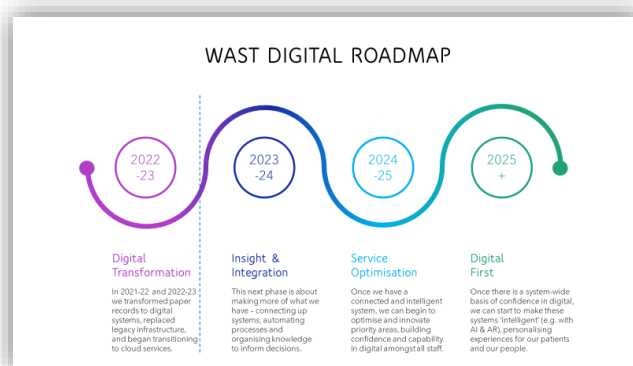
\*subject to prioritisation

## 7. Our digital roadmap

### Strategic Objective 3 - Being at the forefront of innovation and technology

**Digital has a key part to play** in the transformation of urgent and emergency care – not only as an enabler of innovation within clinical and operational services, but as a direct driver of better access and empowered service users, and appropriate demand management.

Over the course of the next 12 months, we will be building on the foundational transformation of the past couple of years, connecting up the recently embedded digital platforms and services, and automating processes around the organisation, to **fundamentally change the way we conduct our business.**



## Data Linkage & System Integration

2022/23 was the first full year that the Trust used the Terrapace application and ePCR at scale. The implementation programme has successfully digitised the elements of information capture, search, and sharing, as well as practices such as referrals during frontline interactions with patients. ECNS achieved a similar transformation for our 999 Clinical Support Desk in 2022, moving from paper/PDF based assessment solutions to a fully digital record. One key achievement from both programmes is the ability to access and analyse clinical information dynamically, supporting real-time decision making for individual needs. Using combined clinical and operational datasets, we can also look to utilise risk stratification methods to improve triage, prioritisation and pathways for patient cohorts; and thirdly, by **linking with other NHS Wales data**, we will seek greater insight and understanding of healthcare

### Decarbonisation and Sustainability

We continue on our journey to significantly reduce our use of paper and digitise our records. We are working to link our systems together so that we can monitor the efficiency of our buildings, outputs generated by our renewable technology across the estate and the utilisation of our EV charging network.



inequalities and patient outcomes across the system. The Trust continues to be part of the £60 million National Data Resource (NDR) Programme, run by Digital Health Care Wales (DHCW), with the ambition of **modernising data management systems, and linking key data from across NHS Wales**, into a central store to improve service design and patient care.

## Digital Medicines Transformation Priorities (DMTP)

DMTP discovery work will provide an organisational opportunity to scope how the digitisation of medicines can be achieved within the Trust across three identified service lines (EMS via ePCR, CSD via ECNS & CAD via the Integrated Urgent Care module, and NHS111 via SALUS). We will complete funded discovery work to understand how this will benefit the Trust. The DMTP is integrating our medicines data and being able to share this readily across service lines will improve patient safety and allow health-care professionals and patients to have a better overview of our services' interventions across the healthcare system (subject to a funding proposal to be submitted in Q4 2022/23). This will support transformation activities and feed our data into wider NHS systems for the benefit of patients accessing services via EMS and NHS111. This will form the basis of a future bids for specific systems and integration.

## Mobile Data Vehicle Solution (MDVS)

As part of the UK-wide Emergency Services Mobile Communication Programme (ESMCP), we will implement a new **Control Room Solution (CRS)** in 2023 to replace the ageing Integrated Command and Control System (ICCS) used by dispatchers in our control rooms. The upgrade allows us to operate more easily with other services, and readies us for the replacement of the Airwave communication service. The next major project deliverable in the ESMCP is **the Mobile Data Vehicle Solution (MDVS)** which replaces Mobile Data Terminals (MDT) across our Emergency Ambulance Fleet. The new technology which will be rolled-out across 2023/24 provides a suite of increased capability above the existing MDTs, whilst also equipping our Ambulances with vehicle wi-fi.

## Automation

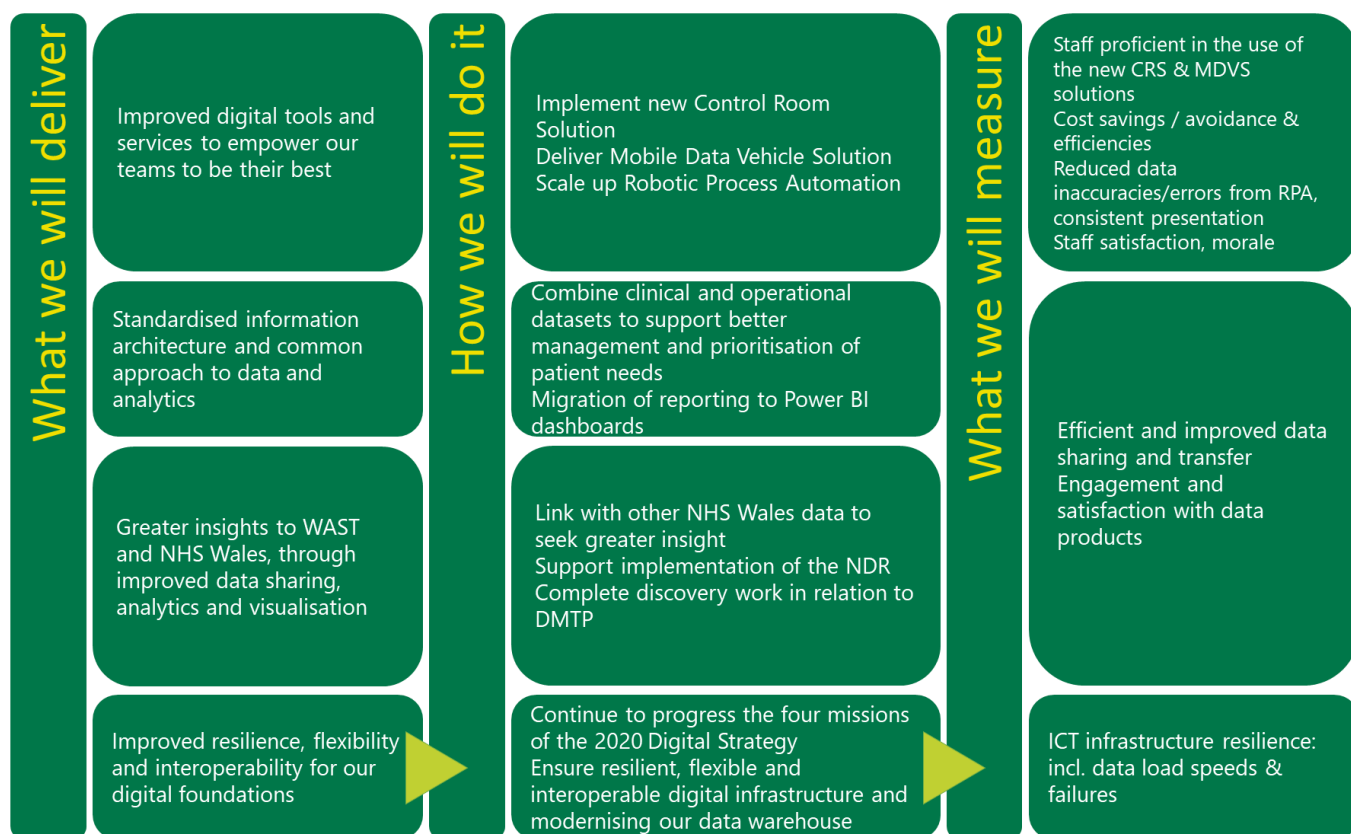
Following funding from the Welsh Government Digital Priorities Investment Fund (DPIF) we implemented and tested **Robotic Process Automation (RPA)** in various departments across the Trust. This pilot has already demonstrated improved efficiencies to processes such as account creations, and has drastically reduced the effort of manual data trawls for investigations conducted by the Concerns team from hours to just a couple of minutes. In 2023/24 we will continue enabling our people to focus time on higher value activity and create service efficiencies by maintaining these new RPA cases and scaling up automation activity.

## Core Infrastructure

Additionally, we will continue to progress the **4 missions of the 2020 Digital Strategy, including Digital Foundations**. In terms of physical infrastructure, Information Communications Technology (ICT) is critical to both maintaining and expanding services within Operations, Fleet and Estates. All new buildings require fitting out with the latest ICT equipment, networking, and audio-visual equipment to enable hybrid working, whilst we continue to modernise the digital offer within both our EMS and NEPTS fleet to provide connected workspaces wherever our people need to be. In terms of digital infrastructure, there is also a constant requirement to ensure that our critical services are supported by modern, resilient, and secure technology.

## Digital Inclusion

It is important that through any and all periods of digital transformation, we consider the impact of change on our workforce. Alongside the technical delivery of the above mentioned projects and programmes, a parallel programme of work will consider the education and training packages required. We will reignite the **Digital Champions Network** to build confidence and capability for the new digital ways of working within the Trust and gather feedback to ensure we are designing technological solutions which meet intrinsic motivations and solve real problems for our people.



## 8. Partnerships and the wider system

### Strategic Objective 4 - Developing services in collaboration

#### 8.1 Partnerships and engagement

As we look ahead to a post-pandemic era, it is important that we reflect on what has been learnt over the last few years and what this means for the future.

While **partnership and collaboration** had been at the heart of our mission for a number of years, the pandemic brought home both the importance of relationships within and beyond the organisation. It also sowed the seeds of a new era of less linear and **more dynamic relationships**, where the concept of shared benefit, both for organisations and, importantly, for patient, staff and volunteers, would need to be at the heart of our future approach to partnership and engagement.



In 2022/23, we spent some time reflecting on the lessons of the pandemic and how the positive aspects of partnership can be sustained as we enter a new environment of post-pandemic healthcare. The public rightly expect improved levels of service, while NHS and social care organisations face multiple challenges in terms of workforce availability and morale, constrained public sector finances and relentlessly growing levels of demand.

These are challenges shared across the health and care sectors, and which are recognised by Welsh Government. For the Trust, this has led to efforts to capitalise on learning from the pandemic, with an ambition to accelerate its programme of transformation.

Understanding our collective challenges, working with partners to deliver different solutions to both new and established problems and, ultimately, better services for our patients and a more fulfilling working life for our people, are now at the heart of **our refreshed engagement framework and delivery plan**. This plan sets out in particular an extensive programme of engagement with key stakeholders, including the public on the solutions that are needed to achieve our ambition to 'invert the triangles'.

The framework and plan focus on working with stakeholders and the public on new solutions for us as an ambulance service, while making a positive impact on the wider health and care system.

Welsh Government has similarly recognised the Welsh Ambulance Service's role in the wider partnership and collaboration arena. At the time of writing, it seems likely that, following a recent consultation, the Trust will be **recognised as one of a handful of additional organisations to which the Wellbeing of Future Generations (Wales) Act 2015 will be extended** in 2023/24.

When the legislation was enacted some eight years ago, the Welsh Ambulance Services NHS Trust was not one of the 44 public sector bodies covered by the requirements of the Act. At the time, the Trust committed to working within the spirit of the Act and has continued to do so.

Given the Trust's commitment to partnership and its pivotal role in the health and care system in Wales, that omission is likely to be rectified in 2023/24, which will see the provisions of the Act extended to the Trust and

which will require us in the 2024/25 IMTP to include **wellbeing objectives** in line with other organisations already subject to the legislation.

During 2023/24, we will consider the **impact of these revised statutory obligations**, what they mean for our partnership approach and how they will help inform our approach to transformation, so that we are fully prepared to include these important objectives in our plan for years 2 and 3 and beyond.

Similarly, we have recently learned that, subject to consultation, it is likely that the Trust will also formally have a seat at **all Regional Partnership Boards across Wales**. Again, when the Social Services and Wellbeing (Wales) Act 2014 was enacted, the Trust was not one of the organisations that was included in the legislation in terms of having a seat as of right at the seven Regional Partnership Boards (RPBs) across Wales.

The RPBs have evolved over the years and are now seen as a key delivery vehicle for the integration of health and care services, with access to funding to support this important work from Regional Investment Funds. Over the last seven years, the Trust has worked hard to secure representation on four of the seven Regional Partnership Boards, with representation also on the Gwent Adult Services Partnership (GASP), which is a subset of the Gwent RPB.

We are also cognisant of our role as an 'anchor institution' in the communities we serve. The plans we have set out for our people, our patients and the wider system have been developed in recognition of the challenges those communities face, particularly as a time when people face a cost of living crisis and we will further develop our wellbeing objectives to take the current challenges people face into account.

Further information is expected from Welsh Government in 2023/24 to understand more about next steps in respect of full statutory membership of the RPBs and the implications of this. However, both this, and inclusion under the WBFGA signal that Welsh Government, and others, recognise the contribution which the Welsh Ambulance Service can make in the partnership arena and these are welcome developments.

As well as opening up fresh opportunities to **work more collaboratively with health and social care partners**, both from the statutory and third sectors, to be truly innovative, we will need to harness the innovative talents of its people and academic and industry partners.

As ever in the partnership and collaboration space, time, rather than ambition, is the enemy. On that basis, some thought will need to be given to how best to **focus the energies of key staff on the partnership priorities** that will make the biggest difference to the organisation, as well as ensuring portfolios are aligned to avoid duplication and optimise support for staff in our research, innovation and education fields.

#### Decarbonisation and Sustainability



We are collaborating with partners to explore joint solutions to some of our key estate challenges. Our partnership approach will be central to the development of an EV charging network across Wales as we look to maximise opportunities across our estate and more widely.

Regardless of operational challenges, the Trust retains its commitment to being a **reliable, innovative and forward-thinking partner**. In 2023/24, the Trust undertook a Reputation Audit with key stakeholders which garnered the views of almost 50 key stakeholders, the outcome of which will form the basis of a new dialogue with partners and will see that commitment renewed.

## 8.2 'University Trust Status'

The Trust is now well on its journey to attaining **university trust status (UTS)** from Welsh Government, and 2023/24 will see the establishment of a task and finish group to explore the necessary governance processes needed as the organisation works towards the appointment of an academic non-executive director in 2024/25, something which is a requirement for university trust status.



In the meantime, the organisation's Academic Partnership Committee is starting to build momentum, with a focus in the next 12 months on understanding where our opportunities lie, the work currently underway and how we spread and celebrate our engagement with higher and further education, as well as life sciences and industry partners.

There is much to do in this realm, particularly in respect of **delivering a culture of 'democratised learning'**, where opportunity is available for all our people, from the achievement of recognised qualifications through to post-doctoral research. One of the Trust's key facets is that its research and innovation is largely focused on solving real world issues. Given the challenges the organisation and the sector is facing, there is a real opportunity to work collaboratively with partners across academia and commercially to drive real and sustainable improvement and change as the organisation continues to evolve.

Whilst formal confirmation of university trust status (UTS) is awaited, the **Academic Partnership Committee** will now drive development and delivery of our plans by setting up a specific task and finish group to develop the academic offer further.

The Committee has therefore agreed to roll over the three priorities set out last year as:

- **Priority One:** Digitisation enabling better outcomes (see sections 4.1, 4.2 & 7)
- **Priority Two:** Advanced practice and specialist working, consult and close and service transformation, including research (see sections 4.2 & 8.3):
- **Priority Three:** Decarbonisation, fleet modernisation and sustainability (see section 6)

### 8.3 Research and innovation

The Trust conducts Research and innovation (R&I) within NHS Wales, but is significantly influenced by local, national, and international partnerships and strategic perspectives. Harmonised and cross-boundary working is therefore vital, and we aim to adopt national recommendations and perspectives outlined within initiatives such as the UK Life Sciences Vision, UK vision for clinical research delivery, and saving and improving lives: future of clinical research.

This section sets out our priorities for delivery in 2023-26.

We continue to **contribute to Wales strategy, policies and forums** such as the Cross-Party Group on medical research and Health & Care Research Wales (HCRW) Plan for instance, which recognises the need to address issues of equality, diversity and inclusion in R&I, with patients at the centre and enabled to take part in R&I wherever they are, signaling a need for streamlined, efficient and innovative R&I, enabled by data and digital tools.

We will **contribute to work** with a range of research organisations and academia to collaborate and influence building our skilled workforce supporting R&I. We will also **cultivate new partnerships** in areas such as autonomous systems, robotics, Artificial intelligence, diagnostics, and drone technology, as well as ongoing work with industry through SBRI Centre of Excellence challenge funding in support of our 'Inverting the Triangle' ambitions, notably the opportunity to converge with the work on the 'Virtual Ward' concept.

We will **adopt and support the innovation action plan** and its aligned model of 'innovation pull' and 'innovation push' by creating greater coherency across the innovation system, focusing NHS Wales innovation activity more on organisational priorities and need.

We will build on the **distributed leadership model for R&I** adopted within our innovative clinical structure where R&I is embedded at all levels and across the organisation. We continue to face **challenges in releasing paramedics** to work in this role which we will continue to work with our People Services and others to address

this. We will **continue to collaborate** across areas of strategy, planning, finance, People Services, fleet and estates to harness opportunities for R&I and build capacity.

We have long recognised the aspiration for **R&I to feature as a golden thread across all of our activities**. This, however, continues to be difficult given the challenges faced by the Trust and other ambulance services. We do however continue to embed and integrate R&I within service delivery and care pathways. We recognise how R&I should be a core activity and should be 'everybody's business'. There is recognition for an R&I culture of openness, where ideas are discussed and developed at all levels; being inextricably linked to quality & improvement.

#### Decarbonisation and Sustainability



We continue to look at the feasibility of reducing our use of Entonox and replacing it with a medical gas with a lower GWP. Exploring innovative and technology-based solutions to the decarbonisation challenge will be key to delivering our ambitions.

The Trust continues to be a learning organisation, mobilising the findings and knowledge from R&I into practice. We will continue to collaborate with partners such as Health Technology Wales and the HCRW evidence centre who have conducted evidence reviews in areas such as mechanical chest compression to PPE for our staff. These findings are informing new models of service delivery and design of future care, such as the Cymru High Response Unit (CHARU) and others.

Embedding R&I across the Trust will require high visibility through education and awareness raising about its value and impact to the Trust, NHS Wales and wider society. We involve patients and the public in driving the research agenda, through individual studies, but recognise more needs to be done and will work with our partners in health teams on this.



## 9. Quality driven and clinically led

### Strategic Objective 5 - Being quality driven and clinically led

#### 9.1 Delivering on our duties

We conclude delivery of our Quality Strategy 2021-24 to ensure **compliance with our duties of quality and candour** through the Health and Social Care (Quality and Engagement) (Wales) Act 2020. In 2022 the Trust approved a Quality and Performance Management Framework (QPMF) evolving our performance culture to one that is focussed on the quality and safety of the services we provide. Having tested the QPMF in areas of the organisation we will now continue to embed it across the Trust alongside investment in and implementation of our quality management systems that enable information-based decision making, in a timely and appropriate operational level.

We will work with NHS Wales partners in delivering initiatives that support an **underpinning culture of quality and candour**, and in 2023/24 we will determine the resources required to deliver on our duties under the act.

We continue to make progress with improving our approach in integrating quality across the organisation and now set our ambitions to embed new working structures that will further develop matrix working through our quality management team, and developing a **Quality Improvement Hub** that will provide support and training across the organisation. This will support NHS Wales's Safer Care Collaborative efforts to improve patient experience and care in their pathway journey, across organisational boundaries.

From 1st April 2023 the **All Wales Citizens Voice Body (CVB)** will replace Community Health Councils. We will continue to engage with representatives as this transition takes place and ensure continued sharing of patient experience.

Recommendations from a range of inquiries into culture, patient safety and high mortality in the NHS have called for strengthening of safeguards for the public by providing additional independent scrutiny of the medical circumstances and cause of deaths. The Medical Examiner Service (**MES**) is now statutory in NHS Wales and by September 2023 will review all non-coronial deaths. The Trust has an approved mortality review framework in place and will continue to work with the Medical Examiner Service to respond to information requests to inform reviews, undertake mortality reviews and participate in system wide reviews.

### **'Working Safely'**

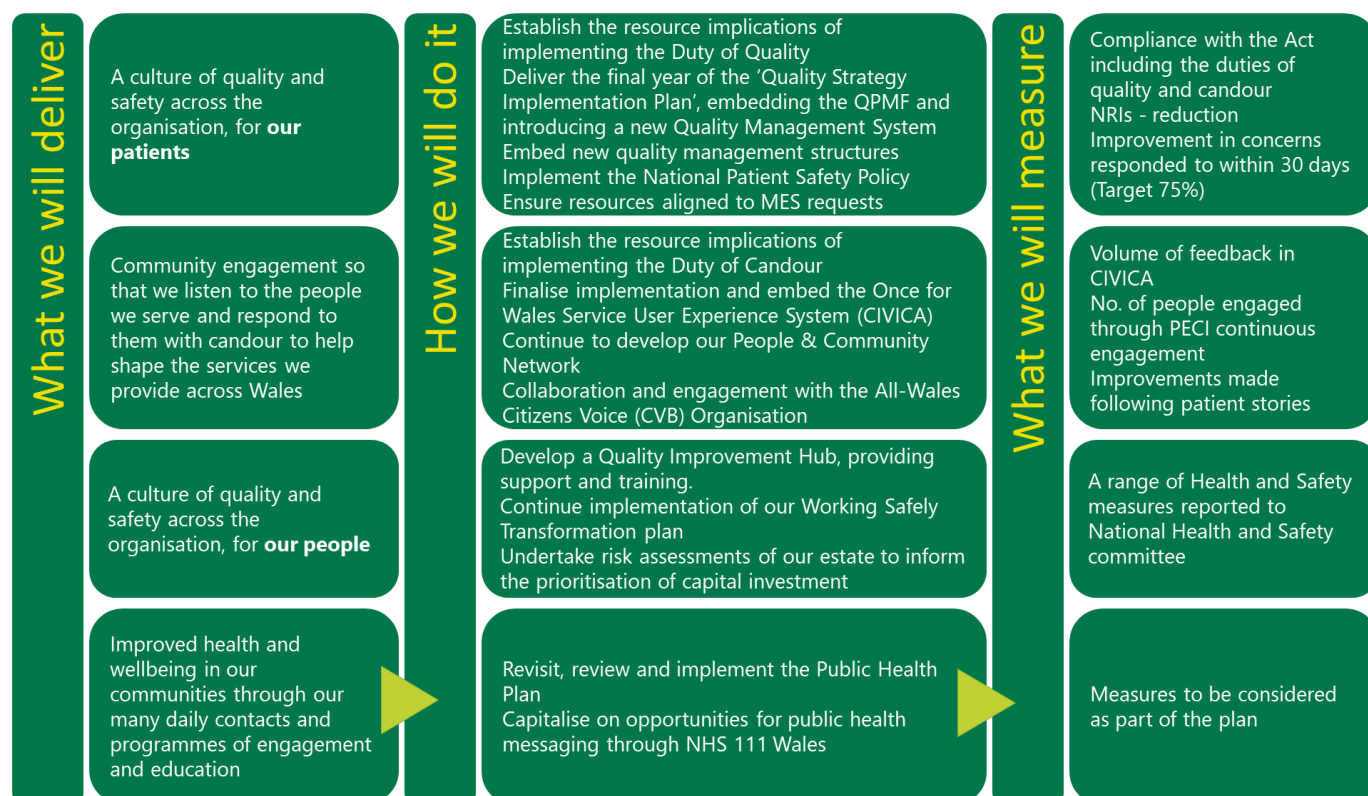
In support of the commitment that our people (section 5) are healthy and well, we have successfully implemented some key deliverables over the past year that has supported our working safely agenda, a key focus that has delivered the structures and foundations to enable the organisation to continue its journey of continually improving the working safely culture. We will continue to **deliver on our working safely ambitions** continuing to mature our safety systems and culture which support the prioritisation of capital spend to improve the safety of our estate and fleet infrastructure, pro-actively reduce the potential and impact of incidents of violence and aggression upon our people, and enhance opportunities for safer handling and ergonomics to ensure the health of our people in undertaking their roles.

### **Public health**

The Trust recognises that it has an **important role to play in supporting public health improvement** across the population of Wales. As a major employer we recognise the importance of supporting colleagues to look after their own health and will continue to develop policies and interventions that demonstrate employee wellbeing as a core value to which we aspire. We recognise we are uniquely placed to support the wider health and care community in dealing with public health concerns. Through our digital and data platforms we will contribute to population health analytics solutions, linking with work being undertaken in other UK ambulance services, and facilitate whole care pathway analysis that targets secondary and tertiary prevention interventions.

We will continue our work in the community **raising awareness of risk factors to ill health** and how they contribute to medical emergencies. We will identify opportunities to ensure patient contact and our digital patient care record makes every contact counts in both the management of a presenting condition, and in identifying risk factors to long term conditions for others to follow up. Our Infection Prevention Control team will continue to work closely with Public Health Wales to ensure our **NHS 111 Wales offers the community accessible information** on which to deal with community **infectious disease outbreaks** and, ensure our colleagues are appropriately equipped to support patients who become unwell due to community acquired infections.

The work our colleagues undertake remotely and face to face in peoples own homes offers unique opportunities to contribute to safeguarding and raise early alerts to concerns, this is an important area of our practice that we will continue to invest in and ensure all learning opportunities are taken.



## 9.2 Clinically led

**Delivery of the Clinical Strategy** continues with a focus on prioritising activities and workstreams that will contribute to the inverting the triangle strategy. A new structure has been brought into place in the Clinical Directorate to support the appointment of the first Director of Paramedicine within an ambulance service in the UK, with Assistant Directors of Clinical Delivery, Clinical Development and Research & Innovation being appointed to support the new structure and enhance clinical leadership across the organisation.

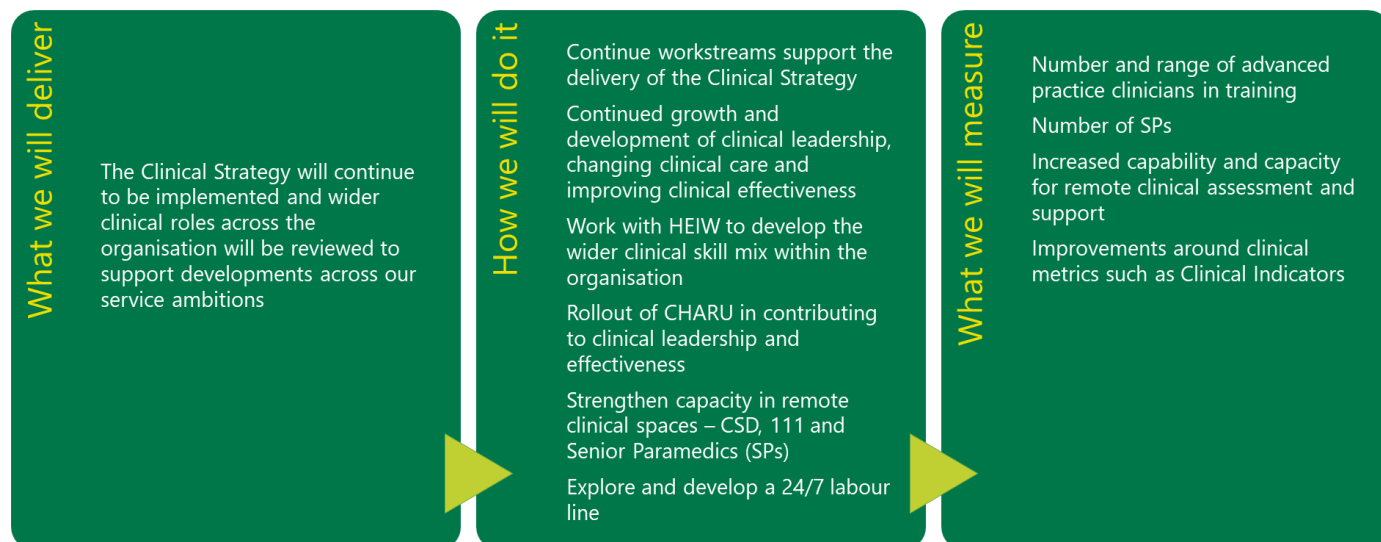
A significant workstream is being undertaken with our MPDS partners surrounding the clinical dispatch codes that support our **Clinical Response Model** in identifying the best approach to patient response and care as we transition towards a greater consult and close function within the organisation. A programme of work to enhance this element of service development is also under way in the Clinical Support Desk to enable sufficient **clinical leadership and capacity** to support this area of the Trust.

Evidence-based research continues to underpin and inform the progression of clinical leadership within the Trust, as demonstrated in section 8.3 above and this, alongside the development of **varied, skilled career path opportunities** for our workforce (including among others the APP with independent prescribing, Senior Paramedic, CHARU, Nursing and Research career options), place the Trust as an organisation at the forefront of progression and clinical leadership within pre-hospital care in the UK and internationally. The improvements we're intending to make in training, clinical leadership expansion and autonomous working give us confidence as an organisation to expand into areas that increase our clinical risk appetite but that will allow us to care for people more effectively in the community.

### Maternity Care

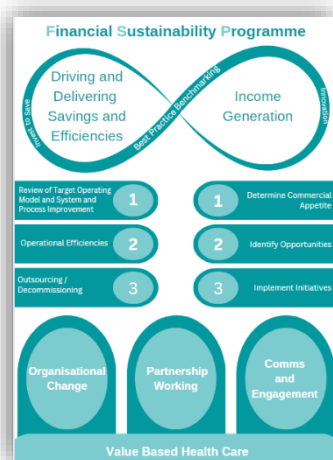
WAST has been appointed one of the Local Safety Champion Midwives through Welsh Government's Maternity and Neonatal Safety Support Programme with the aim to ensure women and babies have clear and consistent approaches to maternity and neonatal care across all services in Wales. This has enabled WAST to explore the standard of service provision to women, completely reviewing the education and training needs of the workforce

in relation to maternity and neonatal services. In addition, the Local Safety Champion Midwife is going to explore and develop the opportunity for the ambulance service to host a 24/7 Labour Line.



## 10. Value and sustainability

### Strategic Objective 6 - Delivering exceptional value



Following a sustained pandemic response and with the impact of inflation and the costs of living as they relate to the Trust, the financial outlook for 2023/24 and beyond is understandably challenging. We have been working with EASC, WG and the Finance Delivery Unit (FDU) to develop our financial plan for 2023/24 (see section 11) and horizon scanning across the full three years of this plan. The wider NHS is experiencing the same issues and it is expected to be more **difficult to secure the funding for all our strategic ambitions as “pump prime” funding**, despite there being emerging evidence for the increased value that we can offer the system. We know that if we want to achieve some of our ambitions set out in this plan we will face choices, we will either need to extend savings further, generate new income, or stop doing something else.

Whilst we have been able to address some of the income requirements in the plan (set out in the financial plan in section 10 ‘Our financial plan’) there will be **challenges and cost pressures** that we have also had to plan for. This had led us to develop a plan which has more focus on value and financial sustainability as well as the impact on our people, whilst maintaining our ambitions to improve the quality of service we provide to our patients. The **Financial Sustainability Programme** we will put in place is a key pillar in this plan and will drive transformation to achieve efficiencies as well as exploring opportunities for income generation alongside our existing commissioning arrangements.

The need to produce and deliver a **transformative savings and income generation plan** is essential to support the strategic direction of travel for the Trust. Against a backdrop of increasing costs, a range of financial constraints and wholesale tightening of budgets across the entire public sector, we recognised a change of approach was necessary to enable us to pursue more significant longer term financial value, savings and efficiencies. We must rapidly prepare and adapt to a financial and operating environment that will be far more challenging than we or indeed the entire NHS has ever faced before.



As such, building on the work that has already been undertaken as part of our financial sustainability workstreams in 22/23, we have brigaded a range of activities and put in place a robust delivery framework that aligns to two key areas of work, **Achieving Efficiencies**, and **Income Generation**. Our focus is on proactively identifying efficiencies and cost savings while delivering at pace and seeking out opportunities to generate income and investment. With these aims in mind, we will develop and deliver an innovative savings and commercial plan on a more sustainable footing and at scale. Learning from best practice, this is an organisation-wide programme which will reinforce our commitment to developing and celebrating a culture of innovation, quality improvements, and enable our people to help drive forward the change that is required. For our leaders, we will ensure that commercial skills and continuous improvement skills are core elements of their ongoing development.

We will also ensure that we have the right tools, effective communication channels and an emphasis on benefits realisation in place to give us the best possible chance of success.

## Value Based Healthcare

Whilst the focus of Financial Sustainability is on the financial efficiencies and income opportunities that might add value to what we do as a Trust, it is important to reiterate our **commitment to Value Based Healthcare** which is a theme which runs through all three pillars of our plan. We will work with colleagues across Wales to ascertain, and utilise, the methodology for determining commissioning investments that ensure the most effective use of finances for improved **population health outcomes**. We are unwavering in our commitment to develop meaningful outcome measures which truly represent what is important to patients (**PROMs**) and which capture their experience of our services as they describe it (**PREMs**). In Q1 we will welcome support from the **Value in Health Centre** who have already commissioned a literature review of value based healthcare in pre-hospital care and who will run a workshop to help us think in more detail about how we can culturally embed value based healthcare through education, engagement and tools which can be applied in urgent and emergency care services run by the Trust and as we link across the entire urgent and emergency care system.

There remains variation in both our service availability across Wales and the cost of the services we provide. We will continue to develop and implement **Patient Level Information and Costing** (PLICS) to understand variation and use it to better allocate resources where they add most value. We will also use **benchmarking** to demonstrate where we can tailor improvements to the services we provide (notably in rural areas – see section 4.2). We will also use evidenced based cases for change to work with our commissioners, partners and stakeholders to develop our service offers, as we have done in our 'Inverting the Triangles' programme (see section 4.2).



# 11. Our financial plan

The full revenue and draft capital financial plan for the Trust for 2023/24 is provided in appendix 6.

## Revenue

The financial plan is presented as a plan that will deliver a balanced revenue financial position for the Trust by the end of the 2023/24 financial year, based on some key funding and cost assumptions included with it and additional actions that are expected to continue to be progressed through the early part of the financial year to deliver additional savings and efficiencies in order to achieve balance. Given the current financial environment, this plan inevitably focusses on the 2023/24 financial year, although the supporting tables and technical submission maps this over the three financial years through to 2025/26.

Specifically, this plan will only provide for a balanced revenue financial outturn for the Trust for the 2023/24 financial year based on the following key financial assumptions:

- The funding required for the cost of an additional 100FTEs front line EMS staff funded non recurrently and appointed to through the latter half of the 2022/23 financial year is provided via commissioners **in full**. This is either for the full year costs of these staff (c£6m) or to match any reduced costs through the 2023/24 financial year if staffing levels have to be reduced. Whilst this assumption is consistent with and mirrors that supported within the EASC IMTP, any subsequent residual unfunded cost impact of this additional 100 FTEs in the 2023/24 financial year is likely to put the Trust into a deficit position;
- Our ability to fully deliver on a total cost containment, cost avoidance and savings programme of £6m, of which c£2.6m remains to be fully identified at the outset of the financial year;
- That the resultant in year costs for key cost pressures identified within this plan are no more than that currently estimated. In particular this relates to energy, utilities, fuel and general non pay inflation; and
- That any and all additional costs we may incur as a result of any settlement agreement for the current Industrial Action is fully funded. This includes both the pay deal elements and any additional cost impact of the non-pay agreements being considered, including any specific to the Trust via a separate Welsh Ambulance annex to the potential settlement.

The financial context and outlook for the Trust, along with the rest of the NHS in Wales and indeed the public sector UK wide, is extremely challenging. The combination of increasing costs, costs remaining for enhancements that were put in as a result of the COVID-19 pandemic, a cost-of-living crisis, and reduced funding uplifts inevitably result in choices and a significant increase in productivity, efficiency and savings having to be made if we are to continue our excellent recent financial performance of delivering a balanced position year on year.

The upcoming challenging financial outlook for next financial year and beyond has been recognised for a while. As such as early as May 2022 we agreed to establish a range of Financial Sustainability Workstreams with a view to working up what could be achieved to assist in the delivery of a continuing balanced position for the 2023/24 financial year and beyond. Whilst progress has been made across a number of programmes as a result of these work streams, more recently the required step up of delivery has become even more apparent and we have launched the Financial Sustainability Programme to recognise this challenge.

This financial plan presents a way forward in the shape of what needs to be done to deliver a balanced financial performance for the 2023/24 financial year. However, as above, it is built on a range of assumptions in relation to both income and funding and expenditure that will need to be delivered in order to do so. It is inevitably going to be a higher risk financial plan than we have faced for a number of years and the Trust Board, it's commissioners, Welsh Government and other key stakeholders will need to be comfortable with the level of risk being taken at the outset of the financial year.

We have discussed and explored in detail some of the likely choices we will be faced with in order to present a balanced financial plan for 2023/24. One of the key outcomes of these discussions was the need to agree a set of principles by which we would progress this challenging programme, including the following:

- We will avoid negatively impacting on our strategic ambitions and direction (inverting the triangle);
- We will seek to protect business critical roles as far as possible;
- We will seek to agree all changes with commissioners so that they have the required impact on the Trust's finances bottom line;
- We will apply a "value for patients and staff" lens to all discussions and decisions;
- We will recognise this programme and its aims as a key priority across the organisation;
- We will act in alignment with our organisational values;
- We will apply a greater commercial / efficiency lens to decision making.

Noting the above, further key elements and assumptions that are included in the revenue financial plan represented in table below are as follows:

- We will be entering the 2023/24 financial year in a relatively strong financial position, having, despite the challenging and elevated nature of financial risk managed through the 2022/23 financial year, delivered a balanced position month on month for a number of financial years. With the exception of a relatively small value identified within this as savings currently being achieved in a non-recurring way, we currently do not have any underlying deficit that needs to be addressed going forward;
- As per the NHS Wales Allocation Letter, it is assumed that the 1.5% core uplift in funding provided to commissioners will be passed through to us in full. This should be a relatively safe assumption as equivalent uplifts have been similarly fully passed through to us for a number of financial years. The financial impact of the 2023/24 pay award has also been assumed as being fully funded and will have no impact on the Trust's bottom line as similar to the 2022/23 pay award the value being treated as both additional income from WG and spend in year;
- Another main impact on our costs movement and resulting financial challenge for the next financial year (and beyond) is therefore the continuing impact of significant levels of inflationary and other pressures in the general economy. This includes significant cost pressures relating to energy and utility (gas and electricity) and vehicle fuel which will not now be subject to any separate in year funding from Welsh Government in the way that it has in the 2022/23 financial year. The costs estimated at this point in time for these items therefore is essentially a two year cost pressure set against that which can be supported from the core funding uplift provided. It is however noted that these costs continue to be volatile and forecasting the costs of significant elements of this through to a period some 15 months hence is almost impossible. Further work has therefore progressed on this collectively across NHS Wales to at least ensure some consistency in forecasting across the system but also to try and factor in some of the more recent positive movements in prices for at least some elements of this. This has therefore now been further refined and updated in the current financial challenge for next financial year.

This result of the detail provided in appendix 6 is therefore the following high level summary Income & Expenditure plan for the 2023/24 financial year. More detail will also be provided in a separate budget setting paper being presented to the Trust Board on 30<sup>th</sup> March 2023, for approval:

Summary financial plan - 2023/24 AS AT 31/03/23	Opening Budgets 23/24 £m	Planned Savings £m	Savings to be allocated £m	Revenue Set Budgets 23/24 £m
Income	-270.9	-0.7		-271.6
Operating Expenses	262.1	-2.3	-2.6	257.2
Profit on Disposal	-0.2	-0.1		-0.3
Interest Payable	0.1			0.1
Interest Receivable	0.0	-0.3		-0.3
Depreciation and Impairments (Baseline)	14.9			14.9
Total Expenditure	276.9	-2.7	-2.6	271.6
Planned Budget Surplus (-) / deficit	6.0	-3.4	-2.6	0.0
Total Savings required £6m.				

## Risks

No financial plan is risk free. However, as we head into 2023/24 the level of financial risk of delivering a balanced in year and year end position is clearly much greater than in the recent past. This has therefore already been reflected by the agreed continued inclusion of a risk for this on the Corporate Risk Register, despite the continued good financial performance and delivery through the 2022/23 financial year, and the agreement to undertake a more detailed review of this risk at the May 2023 meeting of the Trust's Finance & Performance Committee.

The main risks that will need close monitoring and mitigating actions through the upcoming financial year, include:

- The recovery of all of the income assumptions this balanced financial plan now makes, in particular ensuring the commitments made in the EASC IMTP are fully delivered upon. This predominantly relates in particular to the c£6m funding assumed within this financial plan from commissioners for the continuing costs of an additional 100 FTEs front line EMS staff recruited to, and funded non recurrently, through 2022/23. We have now received written correspondence from the CASC, signalling support for our IMTP, the financial plan that underpins it and the key financial planning assumptions within it, including that the Trust will be funded for the 2023/24 costs of these 100 FTEs. Within this correspondence it states, ***"we also confirm our support for the assumption that you will receive funds to cover the recurrent cost of the 100wte"*** and also goes on to say, ***"we have included an assumption in the EASC IMTP that central funds will be made available to EASC to accommodate this"***.
- A key fundamental risk being the ability to work up additional schemes and delivery, at pace, to close the current residual c£2.6m financial gap for the coming financial year. Whilst this may be considered a manageable value going into the financial year, it must also be set in the context of that already assumed at £3.4m within the plan to get to this level of remaining balance;
- No other developments, enhancements or cost increases not currently funded within budgets, including potentially some linked to proposed areas of development within this IMTP, will be able to be progressed until a confirmed funding source for them is found, or an agreed equivalent value of cost is stopped or reduced elsewhere. However the ability to do this in the context of the current residual financial gap and total savings already required to balance in year makes this unlikely;
- The ability to therefore deliver a minimum of c£6m in total savings (£2.6m+£3.4m as noted above) and efficiencies in year. This equates to c4% of our discretionary income and would see a further c40% increase required in savings delivery from 2022/23 (which in itself has delivered over 50% more savings than that required over the previous two financial years). Finance & Performance Committee (F&PC) will be provided with significantly enhanced monitoring of the savings plan, including as some remaining elements of it are developed and agreed;
- The capacity and ability to focus on the required additional savings to balance during any continued period of Industrial Action;



- The ability to properly resource and support a number of the Financial Sustainability Programmes (FSPs) which in itself could result in further cost pressures. These would therefore very much have to be considered as non-recurring and invest to save;
- The inevitable impact much of this is likely to have on staff morale and Trust reputation;
- The ability to manage in year cost pressures as they arrive, within the small contingency this plan continuities to hold.

## Capital

Appendix 6 also summarises our initial capital programme for 2023/24, focussing predominantly on the discretionary capital funding received from WG, noting the already confirmed discretionary capital commitments for the 2023/24 financial year. This is currently a draft plan, as in previous years, a detailed update on the final impact of the 2022/23 financial year end on the 2023/24 programme will be presented to both the Trust's F&PC and the Trust Board in May 2023, at which point it is assumed that the full capital programme for the Trust can be approved, fully consistent with the funding being made available from WG.

## 12. Delivering our plan

### 12.1 Managing risk

Risk management is an integral part of the Trust's governance arrangements, and the Trust Board has a responsibility to ensure that the principles of good governance are underpinned by such frameworks for risk and assurance, performance, and quality improvement to provide safe and effective care for patients and staff and ensure the safety of the environment around them.

A **risk management transformation programme** has been developed to support this which will further strengthen and positively impact the development of the Trust's future strategic ambition and provide clarity on the risks that would prevent us from achieving our organisational objectives.

Having embedded a positive risk culture during 2022/23 with the re-articulation of the principal risks and the introduction of a transitional **Board Assurance Framework (BAF)**, the maturity of the BAF as a vehicle to support the Board in delivery of the organisation's long term goals is the focus for this plan.



The **scale of change** required to deliver on this plan and to achieve our ambition is significant, particularly for our people across the service. Whilst, as described above, we will be putting in place a robust **programme management approach** to support the transformation programme, there will nevertheless be risks to delivery which we will need to identify, manage, and mitigate.

Managing risk is a key organisational responsibility and remains an integral part of our governance arrangements that will further strengthen and positively impact the development of the Trust's future strategic ambition and provide clarity on the risks that would prevent us from achieving our organisational objectives.

The Trust Board receives a report on the highly scored operational risks and the Board Assurance Framework at every meeting, and the Board Committees receive reports on risks within their remit for oversight, scrutiny, and challenge. The Audit Committee has oversight of the risk systems and processes in place.

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 delivery** of this IMTP will be:

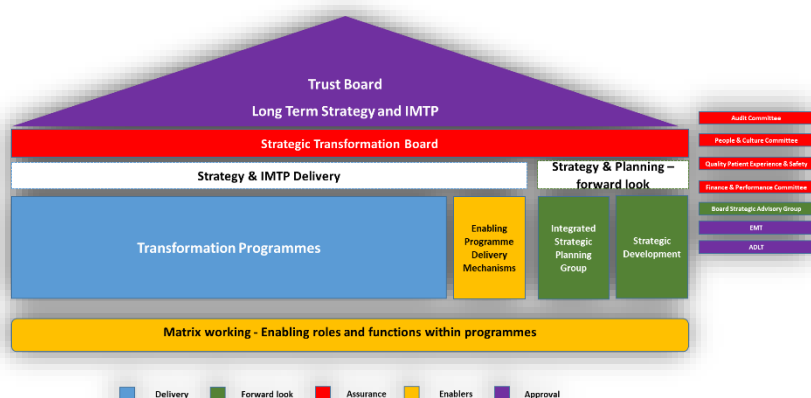
- Our ability to deliver a **balanced financial plan** – the financial outlook appears challenging for the next three years and a key indicator of success of this plan will be to confidently present a plan that could balance and subsequent delivery of financial balance by year end in year one and into years two and three (reported monthly through the year).
- **Capacity to deliver** on priorities within the plan
  - **Time available** to devote to priorities, as we are unable to increase staff to undertake key programme and project roles without further investment or an increase in savings.
  - With **resources (revenue / capital) curtailed** our ability to target investment at our strategic plans becomes increasingly difficult
- Difficulty in maintaining progress on strategic ambition with **focus on the short term** – it remains difficult to plan ahead of year one towards our longer term ambitions without certainty of the future operating and financial context.
- Ongoing disruption through **Industrial Action** – significant resource, time and focus is required at a senior level in the organisation to respond to industrial action, keeping people safe. Without an agreement between governments and trade unions at the time of writing we anticipate Industrial Action to continue into 2023/24.
- **Ongoing wider system pressures** impacting on our services - we are in a vicious circle of operational pressure we think can only be addressed through wholesale transformation. However, the focus on the here and now requires significant management time which cannot be focussed on the transformation agenda.
- **Commissioning landscape** may change – the review of commissioning in Wales may change the governance and commissioning arrangements on behalf of Health Boards. These new arrangements may refocus the priorities for ambulance services, so we must work closely with our commissioners and partners to grasp the corresponding opportunities that may come through the review.

These risks will be captured on the corporate risk register as required, articulated through a full risk description with mitigating actions and controls aligned to this IMTP, quarterly tactical and local operational plans.

## 12.2 Managing transformation

**The Trust Board remains the overarching accountable committee for delivery of the Trust's IMTP and long-term strategic plans**, with individual sub-committees maintaining oversight and scrutiny of specific deliverables. Further assurance is provided through the **Board Assurance Framework (BAF)**.

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 deliverables in this IMTP.



STB has 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. These programmes were established in 2021 and have embedded themselves as the delivery vehicles for change and transformation.

We will continue to develop portfolio, programme and project management software 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 and service change internally and across the system. Each programme will have its own detailed plans behind each of the deliverables in this IMTP. Each programme will also develop benefits realisation plans, which will feed into the mechanisms set out in the QPMF which will be a tool to support delivery of the IMTP. As a result we will synergise our quality improvement, innovations and transformation resources and approach under the STB to ensure our strategy development and transformation agenda is underpinned by a **value focussed, data driven, evidence based, and patient focussed service and quality improvement methodologies**.

Not all delivery of the IMTP will be undertaken in programmes, and there are local improvements that are made throughout the period of this plan at directorate level that provide the environment for performance and quality improvement to enable transformation at a Trust wide level. We will therefore strengthen our links through to local directorate plans, in line with the QPMF, so that all areas of the Trust are linked into the improvements we make through cross-directorate / matrix working.

The way in which we can seamlessly link improvement activity through research and innovation activity, particularly through our networks, notably **WIIN**, to the transformative programmes of work overseen by STB will enable the scale up of improvements seen in local and regional initiatives to support the challenges in and delivery of this IMTP and our commissioners' intentions.



## Conclusion

In this plan we have presented **the next stage in delivering our strategic objectives** over the next three years. We have set out the priorities for year one and the anticipated, measurable benefits of our deliverables. The plan, and the deliverables in this plan, **build on our previous IMTP and are shaped by a number of key drivers** including: the voice of our patients and colleagues; our statutory duties; our EASC and 111 commissioning intentions; the performance improvements we need to make; and the risks that we need to address.

Through the plan we have also reflected the **priorities for the Minister**, which have been summarised in the ministerial action plans relevant to the Trust in appendix 3. We have also set out how we will deliver change aligned to the **Six Goals for Urgent and Emergency Care** (appendix 1), as well as **supporting the system in its recovery and strategic service change** plans and IMTP priorities. The IMTP therefore reflects those things that we **must** do to deliver high quality and safe services to patients but also those things that we think would add value across

urgent & emergency, primary care, and community services in Wales. We continue to measure the success of our plans in a balanced way, and in keeping with the Healthier Wales Quadruple Aim.

The scale of change required to deliver on this plan and to achieve our objectives has had to be balanced against the needs of our people, who have fed back significant challenges in their day to day working lives. However, the scale and pace of change also has to be balanced against the financial outlook for the NHS over the next three years. We have had to put in place a significant programme for **financial sustainability** focussed on efficiency & savings and opportunities for further income generation. The plan is presented as **a plan that could balance** by March 2024, but this is not without risk.

We **achieved a lot in 2022/23** against the backdrop of rising pressure across the whole system and, in the latter part of the year, industrial action. We are mindful of the **health and wellbeing of our people**, and we will continue to ensure that mechanisms are in place to support their physical and mental wellbeing. Our People and Culture plan for the next three years seeks to develop the **culture, capacity and capability** of the Trust that will ensure our people are **healthy & well, feel safe and supported** to be their best.

We have solid foundations on which to deliver our plan. We are continuing to drive forward the development of our **long-term strategy**, and **delivery through our Strategic Transformation Board** and assured through a **Quality and Performance Management Framework** and strong governance structures and processes.

We recognise that we cannot deliver the entire plan in isolation and there are external factors that we can influence but also factors that we cannot. We are, however, **confident in our ability to deliver this plan**. Some of our **objectives will require support**, including financially, and we are working with stakeholders and commissioners to **prioritise the transformation required to address the challenges we face** in Wales.

We look forward to working with our **commissioners, Welsh Government, citizens of Wales and other key internal and external stakeholders** through continued dialogue and engagement, which we are committed to doing in pursuit of a better service for the people of Wales.

If you have any questions about our plan or require any of the policies, strategies or plans referred to in this IMTP or require a version in Welsh please contact [AMB.Planning.And.Performance@wales.nhs.uk](mailto:AMB.Planning.And.Performance@wales.nhs.uk)

## List of appendices

Appendix 1 Detailed review of challenges and opportunities shaping the plan

Appendix 2 Minimum Data Set

Appendix 3a – 3g Ministerial Action Plans

Appendix 4 Decarbonisation Action Plans

Appendix 5a EASC Commissioning Intentions inc. EASC IMTP metrics

Appendix 5b 111 Commissioning Intentions

Appendix 6 Financial plan detail

Appendix 7 Letter of support from EASC

Appendix 8 A look ahead to years 2 and 3 of the IMTP