Ref	Commissioning Intention	WAST Proposed Delivery Date	WAST 22-25 IMTP Reference	Comments	RAG Q3	Update/Comment/Corrective Action Q3
EMS						
EMS Commissioning Intention – CI1 Clinical Response Model						
Aims						
CI1-A1	**Increase the proportion of activity resolved at Step 2 –** Using the activity within the demand and capacity review as a baseline, this aim requires the proportion of activity resolved at step 2 to increase. The improvement trajectory will be included in the new commissioning framework that will be collaboratively agreed ahead of 1st April 2022	30-Sep-22	5.3, page 26	Uplift to 15% for hear & treat linked to modelling and increased Clinical Support Desk establishment.		The Trust achieved 14.6% in Dec-22.
CI1-A2	**Right response first time – Optimising multiple responses at Step 3 –** Using activity within the demand and capacity review as a baseline, this aim requires an improvement in the multiple response rate (excluding Red as multiple responses expected). The improvement trajectory will be included in the new commissioning framework.	31-Dec-22	5.3, page 27	Roster review project (if fully funded) aims to improve the alignment between the Trust's ambulance resource e.g. CHARUs, more EAs and patient demand, which should improve this metric.		Complex and emotive roster review delivered, but in Dec-22 Red demand was +5,000 incidents, an unprecedented level. The Trust has carried out an urgent clinical review of Red demand in December, which has identified breathing difficulties as a particular issue. High Red demand is resource intensive. Options for servicing this demand currently under consideration.
Products						
CI1-P1	**Remote Clinical Support Strategy –** The first element will be to finalise an integrated remote clinical support strategy and infrastructure that outlines the organisational ambition for remote clinical support at the forefront of ambulance service care.	30-Jun-22	5.3, page 28	Initial modelling completed. Further discussion with NCCU and stakeholders required before production of strategy. Remote clinical strategy part of WAST's overall strategy as an organisation and our ambition to "flip the triangle", bringing together the Clinical Strategy and Digital Patient/Workplace missions within the Digital Strategy.		This work forms part of the gateway to Care programme board. We had a report on progress on this at the meeting on the 29th July and good progress is being made. WAST has been gathering information to better understand how remote clinical support is requested and provided within the Trust. Report currently being written up which will go to clinical colleagues, probably CPAS.
CI1-P2	**Optimising Conveyance Improvement Plan –** Development and implementation of an improvement plan or programme that supports the optimisation of decisions about conveyance. This will include non-conveyance as well as improving conveyance destination decisions and reducing variation for example.	31/03/2022 Amend to 31/03/23	5.3, page 28	Initial modelling completed. Further discussion with NCCU and stakeholders required before production of strategy. Optimising Conveyance Improvement Plan part of WAST's overall strategy as an organisation and our ambition to "flip the triangle", bringing together the Clinical Strategy and Digital Patient/Workplace missions within the Digital Strategy.		Forms part of Clinical Transformation Programme. Delivery date should be 31/03/23? Second invertign the triangle workshop held on 03/10/22. This has identified a range of test of changes that now need to be developed into a programme. Head of Strategy appointed to drive this work forward.
Indicators						
CI1-I1	**Clinical Support Desk Outcomes –** The development of quarterly reports that describe the patient level outcomes for clinical support desk care episodes.	30-Jun-22	4.4, page 12	Work already commenced with initial dashboard available. When clinical triage software (ECNS) is implemented the data captured and how this is reported will be revisited. Huge capability out of linked NHS number data and clinical triage software.		Work on the dashboard reporting underway and close to publishing the patient volumes by CSD Clinicians, CSD MHPs, 111 and PTAS broken down by type Self Care, Refer, Response as a percentage against verified 999 incidents. This gives us the patient level outcomes to that level rather than just as positive consult and close. Next step once this is verified is to add in the ECNS data so that we can see more specific pathways (this is where it's held most accurately) so we can see "referred to GP, referred to MIU, signposted to pharmacy" etc. It will be this quarter for that data (Oct-Dec 22). Feb-23 update: the Consult and Close dashboard is complete which gives us the numbers and percentages by discipline as described; however, the work on reviewing the pathways is with Clinical Services, but with all the work around Industrial Action and Red performance, this is delayed.
CI1-I2	**Outcome by Response Type –** The development of quarterly reports will be available that describe the patient level outcomes for different response types.	31-Mar-23	6.2, page 36	ePCR		Clinical: The introduction of ePCR enables the collection and sharing of information and data in a more timely and accurate manner. This will enable the Trust to better showcase clinical care provided to patients. The Clinical team are focussing on reporting of key clinical indicators and themes within reporting to ensure that good clinical practice is captured and reported. New agreed indicators for this year (commissioning intention) include call to door time for STEMI and Stroke, and Reporting on Outcomes (by response type). There is a lot of work required to agree and then report on these indicators, with the following roll out plan: **Q3 (Oct – Dec 2022)** - A decision will be made on the criteria to define 'call to door' and 'at hospital' for the STEMI & Stroke time-based metrics, and begin developing a reporting dashboard. Establish initial requirements with the NCCU for Reporting on Outcomes (by response type). **Q4 (Jan – Mar 2023) -** Work continues with CIAT/HI/NCCU to decide on the most appropriate data points, taking into consideration those used by English Ambulance Trusts. Finalise the time-based metrics dashboard and test the data internally to include data from April 2022. Review potential data points for use as test data/discuss with NCCU Test reporting with initial data points/discuss with NCCU **April 2023 -** Approve time based metrics for ASI reporting The Trust's introduction of the Cymru High Acuity Response Unit (CHARU) model, based on improved clinical leadership and enhanced training, will further improve outcomes for patients. This commenced in October 2022 in some areas. **Expected Performance Trajectory** Clinical: As shown throughout the UK, the implementation of CHARUs will aid the Trust in successfully increasing ROSC rates. Once CHARU has been implemented it is anticipated that ROSC rates should increase. Definitions work has slipped to Q4 - work will initially test the method based on Stroke and Fractured Neck of Femur presentations whihc are known to the organisation through the ASI work. This will lead to intial data by the end of Q4 and further iterations into Q1 2023/34.

Ref	Commissioning Intention	WAST Proposed Delivery Date	WAST 22-25 IMTP Reference	Comments	RAG Q3	Update/Comment/Corrective Action Q3
EMS Commissioning Intention – CI2 Availability						
Aims						
CI2-A1	**Workforce Stability -** Maintaining the increased staff base following closure of the relief gap identified in the ORH Demand and Capacity Review (2019). Maximising the availability of these staff through reducing sickness levels and abstractions by ensuring that their wellbeing needs are appropriately supported.	31-Mar-23	3.0, page 7 & 4.5, page 15 & 6.1, page 32	The current budget discussions mean that the relief gap for Response will not close as planned this year, with a gap of 52 FTEs. This will remain the case next year unless the funding is found. The Trust has prioritised +36 FTEs into the Clinical Support Desk.		We have 90 of the additional 100 staff required already in the organisation, 60 of these will be operational on or before 23/01/23 and 30 more will come through training the following month. By the end of March, we will be at 99.5% of the new establishment. The reason for the slight slippage is significantly increased attrition over the past two months against forecast. We have carried out exit interviews to understand the reasons for this increase.
CI2-A2	**Workforce Availability -** Grow the workforce in line with the strategic ambition, agreed forecasting and modelling and within financial allocation when made available by Commissioners.	31-Mar-23	5.3, page 27			The +100 will leave an estimated relief gap of -64 against the revised total for the full roster lines of 1,825. Originally 1,691. Further consideration of switch on of CHARUs after initial implementation and further discussion with NCCU on workforce as part of 2023/24 commissioning intentions/IMTP discussion. The CASC has asked the Trust to provide a view on what additionality could be delivered in 2023/24. An initial position has been provided to the CASC by the CEO. A more detailed position will be worked up by 15 Feb-23.
CI2-A3	**Rosters Aligned to Demand -** The current demand profile is not matched by available resource. This has a significant impact on quality of service for patients and wellbeing of staff. Roster reviews have been undertaken with partners throughout 2021-22 to agree core principles and working parties have progressed the design and building of rosters. Rosters aligned to demand will be available for each area in 2022-23 and an implementation programme will be developed and delivered.	30-Nov-22	5.3, page 27	The Trust is on target to deliver the roster review project by 30 Nov-22. The roster keys being used in the roster review are predicated on funding being available for CHARUs (91 FTEs) and no removal of EAs in HD (16.9 FTEs).		Complete. Closure/lessons learnt/evaluation to be completed in Q4.
Products						
CI2-P1	**Forecasting and Modelling Framework -** A collaboratively developed forecasting and modelling framework that underpins a demand and capacity approach that will set out the ongoing arrangements for proactively undertaking this work for the next decade, this will include demand-led iterative forecasting and modelling and health economic evaluations. This will ensure the required strategic, tactical and operational focus to plan and forecast seasonal fluctuation and to ensure resource and resilience during times of system pressure.	30-Sep-22	4.5, page 17 (do we reference that we are going to build a framework?	The Trust is just completing the Quality & Performance Management Framework. Once this is launched, the Trust will start on the Forecasting & Modelling Framework. The Trust is well placed to write this Framework.		Delayed due to focus on EMS Operational Transformation Programme and REAP4; however, Trust has good arrangements in place, but formal Trust Board and EASC approval would aid sponsorship of this business critical process. Commisioning & Performance Manager appointed, but on three months notice, so will not be in post until Christmas. Unlikely to complete this action until end of Q4. New Commissioning & Performance Manager in post from 30 Jan-23, which will give more capactiy to progress producing the formal framework.
Indicators						
CI2-I1	**Workforce Additionality Measure –** A collaboratively agreed baseline and workforce additionality requirement will continue to be reported and refined, including vacancy factors, turnover and other confounders.	Live	3.0 & 5.3 & 8.1	The Trust reports on this measure every three weeks to the EMS Operational Transformation Programme Board. The Trust will continue to refine the measure through the Integrated Technical Planning Support Group.		Being reported to every EASC Management Group. A significant amount of work undertaken on the +100 so further granular update to Aug-22 EASC Management Group. Update was provided to Oct-22 EASC Management Group, Dec-22 meeting cancelled, but Trust has continued to provide updates. Next update due on 16 Feb-23.

Ref	Commissioning Intention	WAST Proposed Delivery Date	WAST 22-25 IMTP Reference	Comments	RAG Q3	Update/Comment/Corrective Action Q3
EMS Commissioning Intention – CI3 – Productivity						
Aims						
CI3-A1	**Reducing Post-Production Lost Hours –** Post-production lost hours have long been a significant contributor to reduced productivity. Using an agreed baseline measurement period, post-production lost hours will be reduced in line with a quarterly agreed improvement trajectory. The improvement trajectory will be included in the new commissioning framework that will be collaboratively agreed ahead of 1st April 2022.	Dependent on TU negotiations	4.5 page 16, 5.3 page 27	Work on data accuracy being finalised before further consideration can be given on baseline and next steps.		Deep dive to Apr-22 Finance & Performance Committee. Work undertaken on improved data accuracy, which has reduced PPLH. Approach is still reliant on human accuracy/error, with further fix required by CAD supplier (time frame to be agreed). PPLH was 7,125 in Aug-22, higher than last few months, but range of actions being progressed, in particular, compliance with existing return to base policy, PPLH compliance (including using periods of handover to work on tasks) and CAD solution which will automate placing crews on break when they return to station (go live 17 Oct-22). PPLH is now stable. Further dialogue with TU partners suspended due to industrial action.
CI3-A2	**Reducing Notification to Handover Time** – NHS Wales is a significant outlier in the UK and internationally for lost productivity due to extended notification to handover times. EASC is committed to delivering less than 150 hours per day across Wales and 95% of handovers completed within 1 hour, with a backstop of no handover taking more than 4 hours. Individual improvement trajectories will be agreed for each site and will be included in the new commissioning framework.	Health Board responsibility	4.5 page 16, 5.3 page 26	The Trust will seek to support the NCCU and health boards with information to aid the determining of trajectories and if funded, can offset some of the impact of the extreme levels of handover through the Transition Plan; however, reducing handover is a health board responsibility.		The Trust lost 37% of its conveying capacity with over 32,000 hours lost to Welsh hospitals, more if English hospitals are included. The new rosters and associated WAST efficiences are simply not designed to cope with this level of loss. The strike action days have seen a signficant improvement in handover and early indications in Jan-23 indicate the possiblity of a more sustained improvement, however, it is too early to conclude that at this stage.
Products						
CI3-P1	**Modernising Workplace Practices Implementation Plan** – There will be an implementation plan and supporting structures in place to ensure workforce practices and policies are reviewed, modernised and improved. The wellbeing of the workforce and safety of patients will be paramount within this. The improvement trajectory will be included in the new commissioning framework.	Dependent on TU negotiations	5.3 page 27	A draft report has been made available to Executives. Further dialogue planned with TU partners in Q1.		The Trust and it's TU Partners have been working with ACAS on developing the best way forward for the organisation and its people. A plan has been developed off the back of this engagement with a range of actions including: • A review of the partnership statement • Development of partnership principles • Joint training for managers and TU partners on working together • Supporting TU Partners with their role • Reviewing consultation guidance for managers and redeveloping • Developing the WASPT (Welsh Ambulance Service Partnership Team) governance arrangements and supporting structures • Review mechanisms for learning from partnership working We will also include any additional recommendations shared by ACAS. In terms of modernising practices the opportunities for our people will be focused on the ABC – Autonomy, Belonging and Contribution and our transformation intentions (Inverting the Triangle) which will include work on self-rostering and alternative shift patterns, learning and development and career pathways, sustainable recruitment and retention, change management and workforce flexibility. The delivery of the ACAS outcomes will be undertaken as a priority as this sets the framework for engagement and partnership working across the organisation. Further negotiations suspended with TU partners due to strike action.
Indicators						
CI3-I1	**Unit Hour Utilisation Metric** – continue to refine the approach and reporting in order to actively improve patient safety, performance and efficiency.	On-going	4.5 page 16	The Trust is already reporting on this metric, but further refinement is required during the first half of 22/23.		Transferred from Optima to HI and ODU. Checking with Leanne and Jon. Note this action is no longer in the EASC Action Plan, that goes to the Minister. Delayed due to focus on more immediate issues and planned sick leave for a key individual. We have however completed a utilisation page for PowerBI and this will be going live in November. This illustrates the "resource busy" proportion of a shift and rest breaks, PPLH etc. No further action linked to on-going escalation levels and industrial action.

Ref	Commissioning Intention	WAST Proposed Delivery Date	WAST 22-25 IMTP Reference	Comments	RAG Q3	Update/Comment/Corrective Action Q3
EMS Commissioning Intention – CI4 - Value						
Aims						
C14- A1	**Value-Based Healthcare for the Welsh Ambulance Service** Building on the engagement already undertaken, develop and embed a value-based approach for the Welsh Ambulance Service which enables better collective decision making across the whole urgent and emergency care system and accounts for WAST's use of, and impact on, economic, social and environmental resources over the short, medium and long term. This will include: • Development of WAST's strategy and approach to Value-Based healthcare which links outcomes, patient experience and use of resources • Implementation of a costing model for "5 step" pathway • Improvement in ability to identify areas of unwarranted variation in service delivery across Wales	31-Mar-23	7.1 page 42	The Trust is aiming to: ensure alignment with the Quality and Performance Management framework so that Value is not seen as an "add on" but an integral part of how we understand the impact of the services we provide; implement a Patient Level Information Costing System (PLICS) tool to understand where variation exists across the services we provide; embed value based techniques into evaluation of key service investments and revenue business cases; and deliver training across the organisation to support a Value based approach.		Good progress through the WAST Value Based Health Care working group. Work is ongoing to consider how PROMs and PREMs data can be captured, and we have engaged with the Welsh Value in Health Centre, who will be delivering a presentation to the Value Based HealthCare working group in July 2022. WAST has also begun work with ABUHB to explore the opportunity for PREMs to inform the ongoing evaluation of the Grange University hospital transfer service, which can in turn inform the development of an All Wales model for transfer and discharge. Progress is also being made on the delivery and implementation of Patient Level Information and Costing System (PLICS), working with the supplier to develop the system for WAST and HI is sourcing the data required to build the system. The financial sustainability programme also has workstreams focussed on value and efficiency as well as identifying income generating opportunities. Work is ongoing to evaluate the impact of key investments, with a methodologies to be presented to the VBHC WG on the 30th January.
Products						
CI4-P1	**Value-Based Strategy** The Trust will develop a strategy to implement a value-based approach across the organisation and outline its role in delivering value across the wider UEC system. The value-based strategy will be integrated with and align to existing organisational strategies (e.g. clinical, quality, long term, digital, environmental etc.) and the Commissioning Intentions outlined in this document in order to ensure goal congruence.	Live	7.1 page 42	The Trust has delivered a presentation to Finance & Performance Committee on its proposals for Value Based Healthcare and is now moving into the delivery phase. There is no plan to write up the approach into a formal strategy as such.		Whilst WAST has not developed a strategy, the VBHC Working Group is aligning its work with specific work around financial sustainability, whilst also ensuring patient and staff outcomes and experience have parity with financial value.
CI4-P2	**Value-Based Tools and Methods** In order to monitor and measure value-based performance, the Trust will need to design, develop and implement a range of tools including, but not limited to, the following: • Patient Level Costing Model • Benchmarking Dashboard(s)	31-Mar-23	7.1 page 42	See Value Based Healthcare above.		As above, data collection and engagement with supplier ongoing for PLICS. Issues surrounding data entry and consolidation have impacted the delivery timeline, and while the suppliers are still working on a fix, no dashboard can be created until the data entries are accurate. Work ongoing around PROMs and PREMs. It should be noted that PROMs is a difficult area for an emergency service, based on the longitudinal nature of data collection pre-, during and post-intervention. However, WAST is keen to explore the opportunities to work with Health Boards, and is considering work undertaken across the border in how to overcome IG and data sharing issues. A piece of work remains ongoing around consolidating a benchmarked metric report for WAST, within which identifiable external (and internal) benchmarks can be used to idenitfy outliers in service and resource delivery. The aim of this exercise is to generate a reportable dataset that will create possible lines of enquiry around improvement.
CI4-P3	**Value-Based Reporting** WAST will enable a clear line of sight from commissioner allocation through to utilisation and the outcomes delivered by the services. WAST will holistically demonstrate through its reporting all separate revenue streams and associated costs of broader service provision (e.g. 111, NEPTS etc.). WAST receives a capital allocation directly from Welsh Government. The utilisation of the capital budget and the use of the ring-fenced depreciation allocation will need to be clearly identified in any report. As a result, WAST will be able to demonstrate how its capital allocation is being invested to deliver on the commissioning intentions.	31-Mar-23	7.1 page 42	See Value Based Healthcare above.		Key service evaluations will need to focus on the value, some of which is being taken forward in Financial Sustainability programme. Work is progressing around approval of the business case process which forms part of a two-pronged approach to investment evaluation. The first element is agreeing an evaluation methodoolgy, as well as agreeing (as part of the BJC process) a robust but consistent approval methodology that reduces the long term risk associated with investment in growth or services.
Indicators						
CI4-I1	**Value-Based Core Requirement to be agreed with Commissioner by the end of quarter 2:** • WAST Value Based Strategy • Plan for Value Based Tools and Methods design, development and implementation • Value Based Reports developed for revenue and capital • Value-Based indicators developed in line with broader indicators outlined in CI1 to CI5 • Connections to system-wide urgent and emergency care performance measures as identified in CI6 – Wider Health System	30-Sep-22	7.1 page 42	See Value Based Healthcare above.		As above progress is being made, and reporting in line with quality and performance management framework at top level is very much based around the balanced scorecare of patients, staff, value and system in line with Quadruple Aim. However, more work required to establish how PROMs and PREMs can feature in reporting, and work ongoing between VBHC WG chair and partners to undertstand expectations. Business case process being developed to embed a valued based healthcare approach to benefits realisation from outset.

Ref	Commissioning Intention	WAST Proposed Delivery Date	WAST 22-25 IMTP Reference	Comments	RAG Q3	Update/Comment/Corrective Action Q3
EMS Commissioning Intention – CI5 – Harm & Outcomes						
Aims						
CI5-A1	**Proactively Identifying Harm** – There will be a process for identifying harm/near misses prior to a complaint or report being logged. This will include process for reviewing patient clinical records and engagement with the wider health system (i.e. sharing information around patients impacted by CSP levels).	Live				Report recently developed and supplied. Complete.
Products						
CI5-P1	**Clinical Indicator Plan and Audit Programme – I**mplementation of the clinical indicator plan and audit programme, this will provide a forward view of the type, content and regularity of clinical indicator and audit reporting. Specific seasonal and responsive (to emerging trends) reports and audits will be included within the plan.	Plan and cycle e agreed (prior to the roll-out of ePCR).	6.2 page 35 onwards	Work being led by the Clinical Intelligence Assurance Group. A clinical indicator plan and cycle developed including a forward view of the type, content and regularity of clinical indicator reporting. Specific seasonal and responsive (to emerging trends) reports included within the plan. Clinical Audit plan for 2023/24 agreed at CIAG and has been shared with QUEST for organisational approval.		The CI Plan has been reviewed following the implementation of the ePCR from April 2022. Now reporting on Fractured Neck of Femur, Stroke, STEMI and Hypoglycaemia and sharing for the purpose of the ASI release. ROSC data should be coming to the October CIAG - and we will take a view re release at that meeting. Each of the reported CIs has had a deep dive audit conducted with an improvement plan that we are monitoring via CIAG. Update 01022023 - Clinical Audit plan agreed at CIAG with action to progress to CQGG and on to QUEST for approval. All Clinical Indicators now being reported and published by NCCU at the end of Q3 including ROSC at Hospital. Improvement work ongoing. Clinical Indicator Plan to be finalised in Q4.
Indicators						
CI5-I1	**Call to Door Times –** Call to door times for STEMI and stroke will be produced on a monthly basis.	See commentary	6.2 page 35 onwards	This indicator is reliant on linked data between the PCR and CAD systems. This has been looked at in the past and cannot be easily and reliably achieved at this stage. Discussions have been held around possibly using MINAP data for some of the times but this did not progress or look like an easy or reliable option (other UK Trusts had issues with this). This work is also dependent on implementation, testing and assurance of ePCR which will include the necessary times to produce this metric. Further discussions with NCCU on agreeing the definition of and delivery date of this indicator.		The new agreed indicator for this year (commissioning intention) is the call to door time for STEMI and Stroke. There is a lot of work required to agree and then report on this indicator, with he following roll out plan: Q3 (Oct – Dec 2022) – a decision will be made on the criteria to define 'call to door' and a reporting dashboard will be developed. Q4 (Jan – Mar 2023) – The data will be tested internally to include data from April 2022. Update - Q3 action has slipped due to team capacity - meeting on the 13th February to finalise time criteria and specifications prior to first run of the data to test. April 2023 – Approve for ASI reporting.

Ref	Commissioning Intention	WAST Proposed Delivery Date	WAST 22-25 IMTP Reference	Comments	RAG Q3	Update/Comment/Corrective Action Q3
EMS Commissioning Intention – CI6 – Wider Health System						
Aims						
CI6-A1	**System Flow** – Optimise the flow of ambulances in to hospital sites in Wales, reducing batching and increasing the timeliness of patients accessing secondary care. The implementation of rosters aligned to demand for each area in 2022-23 will address this, with the improvement trajectory included in the new commissioning framework that will be collaboratively agreed ahead of 1st April 2022.	30-Nov-22	5.3, page 27	The Trust is on target to deliver the roster review project by 30 Nov-22. The roster keys being used in the roster review are predicated on funding being available for CHARUs (91 FTEs) and no removal of EAs in HD (16.9 FTEs).		Complete.
CI6-A2	**Transfer and Discharge Service** – To reduce the number of transfers and discharges being undertaken by the EMS fleet. This will include the development of a case for a new national transfer and discharge service.	31-Mar-23	5.4, page 30	WAST plans to work in partnership with on a commissioning framework/business case for this service (including mental health).		Position paper presented to Aug-22 EASC Management Group. Project team established and PID written. Next area of focus is forecasting and modelling, in particular, high acuity transfers. Meeting to be arranged with ORH on this. Modelling programmed for results in Q4. This still the position, but need to move on this. ORH procured.
Products						
CI6-P1	**Aligned Escalation and Clinical Safety Plan** – A single WAST escalation and clinical safety plan will be in place that is aligned with system-wide escalation processes, responding to areas of greatest clinical risk.	30-Apr-22	Health Board Action	WAST is live with its CSP and has supported the system wide approach with data and the development of the ODU. The aligned health board CSP is due to go live in Apr-22.	?	This has now moved to the 6 Goals programme.
CI6-P2	**National Transfer and Discharge Commissioning Framework –** A collaborative commissioning framework for a national transfer and discharge service will be agreed following the development of the business case.	31-Mar-23	5.4, page 30	WAST plans to work in partnership with on a commissioning framework/business case for this service (including mental health).		See CI6-A2.
Indicators						
CI6-I1	**System Pressures Dashboard** – WAST and Health Boards will collaborate to ensure that a live system pressures dashboard is in place that enables users to understand current and emerging pressures.	NCCU Lead	NCCU	A systems pressure dashboard with a focus on the utilisation measure (Commissioning Intention 3) has been included within the Urgent & Emergency Care Improvement Plan as part of the work around system escalation. Work required with HB colleagues and WG (DU etc.) in the development of this.	?	DCHW is now leading on this for NHS Wales.

Ref	Commissioning Intention	WAST Proposed Delivery Date	WAST 22-25 IMTP Reference	Comments	RAG Q3	Update/Comment/Corrective Action Q3
NEPTS						
NEPTS Commissioning Intention 1- Plurality Model						
CI1a	**Resource Efficiency** - Demonstrate that resources are being utilised effectively following transfer of work. This will include the re-design and renewal of patient contracts inherited via the transfers of work to deliver the best patient transport model for Wales ensuring value and efficiency of utilisation. The second phase will of this work will focus on the procurement strategy, fully reviewing who is best placed to deliver the various aspects of patient transport in accordance with NEPTS objectives and standards.	31-Mar-23	5.4, page 29 onwards	A range of performance metrics are in place as part of our reporting and engagement process with NEPTS DAG/HBs. These are reviewed regularly internally at a Team and at a senior level. A procurement improvement plan is also being developed which will set out the principles and delivery methods that we will deploy to transform the shape of current provision.		As C1b
CI1b	**Plurality Providers** - Continue to expand and improve the availability of plurality providers and to increase the focus on quality, improved patient experience, value and sustainability.	31-Mar-23	5.4, page 29 onwards	Provider engagement sessions have been held (for providers in and outside of Wales) to increase capacity. The NEPTS team are working with existing providers to identify capacity and assist them in developing additional and new type capacity to support delivery. The team is also developing a procurement improvement plan to put structure around this work.		Tender process complete and contracts awarded. Some additional contracts to be awarded, but as the plurality model is continually reviewed then this will always be the case. Quality metrics are now in place for providers as BAU and processes exist to continually review and reshape provision as operational patterns shift. Complete.
NEPTS Commissioning Intention 2 – Demand						
CI2a	**Planning** - Implement improved and dynamic planning process that maximises the utilisation of resources and ensure stability and resilience for future demand.	31-Mar-23	5.4, page 29 onwards	The NEPTS D&C Review identified a need for +12 FTEs in planning and day control. This is unlikely to be funded. This forms part of the Ambulance Care Transformation Programme. The other key change identified by ORH was the alignment of patient ready outbound times with vehicle availability. PDSAs are currently being undertake as test of change in this area.		Paused. No funding for +12 FTES. There was also a related efficiency around the NET Centre and undertaking a roster review. Additional erlang C modelling has been undertaken using more recent data and the Trust is now moving to the initiation stage of a NET Centre roster review.
CI2b	**Demand Management** - Utilise a range of options including effective use of resources, effective rostering and closer working with the patient and Health Board colleagues to deliver appropriate transport requirements.	31/03/2022 should be 31/03/23	5.4, page 29 onwards	Agreement with NCCU not to re-roster in 2022/23 and let the system reset. 2022/23 being used to review ORH keys, finalise on a set of roster keys and prepare for re-rostering in 23/24.		t was agreed to undertake pre-work in 2022/23, let the NEPTS patient care pathway stabilise with the removal of CoVID-19 restrictions and bring forward a PID, with the actual roster review then being undertaken in 2023/24. Part of the pre-work involved engaging service managers and testing the ORH keys and a revised set through the Cleric Training Software Module. This was being undertaken, but has been stopped due to focus on escalation levels/strikes and issues around landing the ACA2s (part of the +100) into Ambulance Care. The plaln is still to re-roster in 2023/24.

Ref	Commissioning Intention	WAST Proposed Delivery Date	WAST 22-25 IMTP Reference	Comments	RAG Q3	Update/Comment/Corrective Action Q3
NEPTS Commissioning Intention 3 – Capacity						
CI3a	**Transforming Capacity** - Implement processes to increase NEPTS capacity within current internal and external resources including workforce and fleet.	31-Mar-23	5.4, page 29 onwards	This links to previous commissioning intention. As part of the development process for the roster review, WAST will review its workforce, fleet and estate requirements as it fixes on the right roster keys to service demand. Also about PPLH reporting and management.		It was agreed to undertake pre-work in 2022/23, let the NEPTS patient care pathway stabilise with the removal of CoVID-19 restrictions and bring forward a PID, with the actual roster review then being undertaken in 2023/24. Part of the pre-work involved engaging service managers and testing the ORH keys and a revised set through the Cleric Training Software Module. This was being undertaken, but has been stopped due to focus on escalation levels/strikes and issues around landing the ACA2s (part of the +100) into Ambulance Care. The plaln is still to re-roster in 2023/24.
CI3b	**Reducing Lost Capacity** - Implement improvement plans and oversight arrangements to deliver reduction in lost capacity due to system inefficacies. This includes a requirement on WAST to ensure more effective use of internal resources (workforce, fleet and estates), there is also a requirement for improved collaboration and communication with Health Boards to minimise lost time at hospital sites.	31-Mar-23		Ongoing. This is about matching outpatient ready times with vehicle arrival times. A PDSA type approach is being adopted here, again, project brief currently being prepared. See also CI2a above.		Resource downtime reporting developed and monitored weekly under BAU arrangements. PDSAs undertaken on adjusting ready times and +200 clinics updated so far. Remainder to be reviewed and updated in Q4 . Weekly reporting and monitoring of the hours lost at handover/pick up for discharge in place, however this is proving a challenging topic to get support from Heakth Boards on and most hours lost are for reasons related to HB action. A pilot approach in BCU has been paused by the HB due to internal constraints
NEPTS Commissioning Intention 4 – System Transformation						
CI4a	**Forecasting and Modelling Framework** - A collaboratively developed forecasting and modelling framework will set out the ongoing arrangements for proactively undertaking this work for the next decade, this will include demand-led forecasting and modelling and health economic evaluations. This will ensure the required strategic, tactical and operational focus to tactically plan and forecast seasonal fluctuation and to ensure resource and resilience during times of system pressure.	30-Sep-22	4.5 page 17	Framework will be for 111, EMS and Ambulance Care and be similar in style the Quality & Performance Management Framework going to Trust Board 24/03/22. Will be led by collaborative Forecasting & Modelling Group.		Delayed due to focus on EMS Operational Transformation Programme and REAP4; however, Trust has good arrangements in place, but formal Trust Board and EASC approval would aid sponsorship of this business critical process. Commisioning & Performance Manager appointed, but on three months notice, so will not be in post until Christmas. Unlikely to complete this action until end of Q4. New Commissioning & Performance Manager in post from 30 Jan-23, which will give more capactiy to progress producing the formal framework.