Ref	Commissioning Intention	WAST Proposed Delivery Date	WAST 22-25 IMTP Reference	Comments	Lead	RAG Q4	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.	SC		The Trust achieved 14.6%, 14.9% and 14.2% to Feb-23 or 14.56%, which rounded is 15%, thefore ambition achieved.
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.	HB		The roster review was successfully delivered, which was the main response of the Trust to this intention, however, 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 including full roll out of CHARUs, clinical screening of Red and a change in response logic.
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.	RM		Good progress has been 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. Initial modelling completed in this area. Currently awaiting the PWC case for change, which will further clarify what is possible. PWC report available in early Q1.
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.	AS		Initial modelling completed which indicates the potential to reduce conveyance by 1,600 patients per week. Further work now being undertaken by PWC on the triangle inversion case for change. The ability to optimise will be dependent on the system's appetite for funding this change. An immediate issue is the 17 TAPPs due to "tip out" in Q1, which are currrently funded from Paramedic roster lines.
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.	SC		Delayed from original date. Q1 should see the Trust start reporting on the full range of information required for this intention. The Trust is reporting patient volumes by the different type of resource and the broad outcome e.g. self care etc., but via the new ECNS the Trust will be able to add a level of granularity to this in terms of the pathways referred to.
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	DR		Sample data will be submitted (sample period December 2022) to CIAG (Q1 2023/24) for the Reporting on Outcomes (by response type). Further development and timeframes dependent on evaluation of sample.

Ref	Commissioning Intention	WAST Proposed Delivery Date	WAST 22-25 IMTP Reference	Comments	Lead	RAG Q4	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.	LR/HB		90 of the +100 in post by 31 Mar-23. Workforce plan to maintain the revised establishment with no vacancy factor in place subject to response from CASC regarding 2023/24 funding levels. Managing Attendance Programme in place. Additional focus on abstractions may be required, but they are regularly reviewed and have started to fall back towards pre-pandemic levels. Sickness asbence dipped below 8% in Feb-23.
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		HB		The Trust has responded to the CASC briefing paper to Jan-23 EASC with what FTE additionality it could recruit in 2023/24 & 2024/25 with the focus of this additionality being full roll out of CHARU and actions that support shift left e.g, expansion of CSD, clinical screening, night sitting service etc. The +90 are EMT and ACA2s. For the CHARU lines the Trust was funded (via the relief gap closed) for 52 FTEs for re-rostered position on RRVs. This was then amended to CHARUs with an estimated requirement of 153 FTEs. The gap therefore is 101 Paramedic FTEs. These are currently being recruited from EA lines, which will leave a gap on the EA lines of 101 Paramedic FTEs.
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).	HB		Complete. Closure/lessons learnt/evaluation to be completed in Q4 (delayed, will be completed in Q1).
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.	HB		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.	LR/HB		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.
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.	ST/HB		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 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.	NCCU		NCCU action. The Trust lost 37% of its conveying capacity in Dec-22 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. In Mar-23 the Trust lost 28,637. The levels remain extreme.
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.	LR		This intention has been overtaken by industriail action and the on-going dialogue about pay and non-pay changes.
Indicators							

Ref	Commissioning Intention	WAST Proposed Delivery Date	WAST 22-25 IMTP Reference	Comments	Lead	RAG Q4	Update/Comment/Corrective Action Q3
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.	HB/LS/JS		The Trust is already reporting on this metric, but further refinement is required subject to day to day pressures.

Ref	Commissioning Intention	WAST Proposed Delivery Date	WAST 22-25 IMTP Reference	Comments	Lead	RAG Q4	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.	AC/NK		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 (May 2023) to support a Value based approach. PLICS delayed, due to supplier, by 12 months. 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.	AC/NK		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; however, we have included in our IMTP plans to establish a Value Based Healthcare Steering Group, which will guide the integrated approach to value, supported by the Value In Health Centre.
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.	NK		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.	NK		KKey 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.	AC/NK		See above. Strategy is live as per PowerPoint to F&P Committee. Tools and Methods is linked to PLICS (Mar-24). Value based reporting is due by 30 Jun-23. Value indicators is the proposed benchmarks (Sep-23) and the connections to the wider system will be considered as part of the current work with PWC.
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			JP		Regular Harm Report to Trust Board. Quality function within CCC with focus on pro-active identification. At the Mar-23 CASC Assurance it was agreed to review the Trust's reporting of patient harm to enable a more coherent picture to be presented to EASC. This will be undertaken in Q1 2023/24. The Trust's response to the new Duty of Quality & Candour is also relevant. The Trust will be rebooting its Quality & Performance Management Framework Steering Group.
Products							
CI5-P1	**Clinical Indicator Plan and Audit Programme –** Implementation 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.	DR		Live. 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. Amend intention to remove "audit".
Indicators							

Ref	Commissioning Intention	WAST Proposed Delivery Date	WAST 22-25 IMTP Reference	Comments	Lead	RAG Q4	Update/Comment/Corrective Action Q3
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.	DR		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.

Ref	Commissioning Intention	WAST Proposed Delivery Date	WAST 22-25 IMTP Reference	Comments	Lead	RAG Q4	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).	HB		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).	AC		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. Modelling expected to be completed in Apr-23. Exceptance by both NCCU and WAST that time frame moved back.
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.	NCCU		NCCU action.
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).	NCCU		NCCU action.
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.	NCCU		NCCU action.

Ref	Commissioning Intention	WAST Proposed Delivery Date	WAST 22-25 IMTP Reference	Comments	Lead	RAG Q4	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.	MH		All contracts that transferred over have been reviewed and retendered to achieve best value and optimise service delivery. This initial phase has been completed and now transfers to BAU as it will need a constant cylce of review and retender. Whilst delivery of the procurement strategy has commenced, more work is required to complete this.
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.	MH		Retender of the existing contracts has been completed. This exercise will need to continue for as long as we have the current service delivery model to ensure we have a strong pool of suppliers to bid for work, so is now a BAU action.
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.	HB		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.	MH/HB		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.

Ref	Commissioning Intention	WAST Proposed Delivery Date	WAST 22-25 IMTP Reference	Comments	Lead	RAG Q4	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.	HB		See previous intention. Roster review PID and funding needs to be agreed early in Q1. Worked was paused in second half of 2022/23 due to escalation levels and IA. Also work needs to be picked up on testing the ORH keys and finalising them. Workforce & fleet will be reviewed as part of the roster review preparation (initial review complete). The building blocks introduced in 22/23, including the move to a new version of Cleric and delivery of the new orgnaisational structure for Ambulance Care will also allow the service to introduce new mechanisms for improving utilisation, loading and general efficiency.
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.	KH		Complete. The service has moved to BAU a process to review ready times to ensure they remain reflective of the actual position. This was a key recommendation of the ORH D&C review. We have also introduced a resource donwtime reporting systyem and this is in the early stages of review and response. It will require more work durng the year to extract maximum benefit inclding the engagement and support of HBs to implement the required changes e.g reduce wait & return, on the day cancellations etc.
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.	HB		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.