Ref	Commissioning Intention	WAST Proposed Delivery Date	WAST 23-26 IMTP Reference	Lead	RAG Q	Update/Comment/Corrective Action Q2
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.	31-Jan-24	4.1 & 4.2	SC		Although the number of successful consult and close calls have risen it is not on trajectory for the target to be achieved. Processes are more complex than first imagined and activity reporting remains challenging, telephony upgrades have also been delayed. In addition staff abstractions over August and September were higher than anticipated and several vacancies still exist desptire recruitment. Further more a rise in 999 demand has meant the performance expressed as a percentate of those calls has reduced. A focused plan to achieve the 17% has been enacted in CSD relatead to staff availability and continued process improvement. Support has also been requested for improvements to telephony and reporting. 4 FTE Clinicians also come on line in November.
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 and the resolution of that episode of care by a single resource (excluding red response as multiple responses are expected).	On-going	4.2	HB		Aug-23 AQIs indicate 76.5%, 19.2%, 3.5% and 0.7% one ambulance, 2, 3 and 4 respecitvely. 07 Sep-23 EMS D&C slides indicate the Trust's multiple response ratio is 2.0 and higher than other UK ambulance trusts. Work is currently on-going to establish what the target range for ther Trust should be.
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.		4.2	RM/KRD		Closure reporting completed, with the follwing recommendations: G2C to note the findings of the review and contemplate their impact on any potential strategy which would align to the proposed commissioning intention. CSD Operations to note the amount of clinical support being offered by the CSD and use this as part of capacity planning for the CSD.
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.	On-going	4.2	AS/JH/DK		The Optimising Conveyance Group (OCG) reporting into the Clinical Transformation Board oversees a range of key work streams being taken forward by the Trust. This includes: - Continuing to deliver and test the APP Navigator concepts within HDUHB & SBUHB. These trials are focussed upon using the enhanced skill set of APPs to remotely triage and assess patients over the phone to safely reduce hospital conveyance and offer clinical leadership to clinicians on the frontline. - Undertaking a series of small PDSA cycles to test the concept and impact of 'flooding' areas with APPs / CSD resources. Three PDSA cycles have been undertaken during Q2 that are helping to inform key process improvements. - A dedicated working group has been esstablished to bring together a programme of work to further develop and enhance the role of Advanced Practice. In addition a Menu of Options have been developed outlining an offer of potential initiatives available to Health Boards (locally or nationally) to support conveyance reduction. These have been developed and monitored through the ICAP process.
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-23	4.2	SC		Reporting is availabe in the ECNS Power BI modules which can break down triage outcomes by point of care and level of care.
CI1-I2	**Outcome by Response Type** – The development of quarterly reports will be available that describe the patient level outcomes for different response types.	30-Jun-23 Initial Data Sample	7.	DR		Update 06/10/2023 work on hold: HI request 30971 submitted for the work. Awaitng completion of the Tenant structure based on ePCR to enable accurate reporting.

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EMS Commissioning Intention – CI2 Availability						
Aims						
CI2-A1	**Workforce Stability -** Maintaining the increased staff base of following investment in 2022/23. Maximising the availability of these staff through reducing sickness levels and abstractions by ensuring that their wellbeing needs are appropriately supported.	31-Mar-24	5.1	LR/ST		98% SIP to establishment for Para/EMT. 100% for ACA2. Current CHARU fill is 126.5 (including SPs and 18 in training) v 153 target. Abstraction levels have been increasing since April 2023 with further work required to look at 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-24	5.1	HB		APP establishment being increased by 15.7 FTEs and CHARU being fully rolled out, which will lead to a small reduction in number of Eas.
CI2-A3	**Rosters Aligned to Demand –** Ensuring ongoing review of roster effectiveness in aligning capacity to demand, including utilisation of forecasting an modelling for anticipating future changes.	Q1 & BAU	04-Jan-00	HB		Roster review is complete. Evaluation is outstanding, but keys have been delivered.
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.	31-Mar-24	-	HB		Action paused due to staff capacity, but OMDA (Optima) modelling of winter complete (and various internal changes) and EMS Demand & Capacity Review live.
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		LR/HB		Measuring of this indicator has received a lot of attention. Integrated Technical Planning Report now receiving monthly workforce monitoring reports. These are curently manual, but due to be automated and reported using Power BI. See CI2-A1 above.
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.	Dependent on handover reduction and TU negotiations	4.2	ST/HB		This metric is now stable. As a result of agreements made as part of the industrial action settlement, no further work will take place in relation to changes to existing meal break policies.
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. In line with the Six Goals for Urgent and Emergency Care, EASC is committed eradicating handovers over 60 minutes by April 2025.	Health Board responsibility	4.2	NCCU		There has been a reduction i..e c20% lower than last year, with C&V being particularly noticeable for its improvement; however, levels are still extreme at just under 20,000 hours per month, with the expectation that this increase to >25,000 by Dec-23.
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.	Dependent on TU negotiations	5.1	LR		A range of actions agreed as part of non-pay negotiations (Annex A) with strike action now ended.
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	-	LS/JS		The Trust has provided information to IQPD on the very high levels of utilisation for its conveying ambulanc resource, linked to handover. CHARU utilisation is >30% and improving.

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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	Sept-23 Training & Mar-24 PLICS	10	NK		Continued delays in relation to the supplier and the Health Informatics carrying a number of staffing vacancies due to a competitive market for IT staff will lead to the training being completed now by Nov 2023.
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	10	AC		Decision made to now produce a formal strategy. Initial planning in early Q3, with formal sign off planned for end of Q4.
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)	Mar-24 PLICS & Sept-23 Benchmarking	10	NK		As per C14-A1 Qtr 2 update, supplier & Health Informatic staffing issues will delay the production of dashboards and the ability to benchmark until Nov-23. Capacity to progress the benchmarking dashboard has been limited, however, that is easing now, so Q3 action to scope out contents of dashboard, with a view to go live in Q4.
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.	Live	10	AC		Service Review about to commence. Business case process also about to go live. Draft project management pathway document (including benefits realisation and evaluation) drafted and out for internal consultation. See also CI4-I1. WAST has been working closely with Swansea University on the Logic Model approach to developing an evaluation methodology. This is in keeping with the approach that was collaboratively developed in 2020 with NCCU but is being nuanced to allow for evaluations at PDSA level through to evaluation of key commissioned service developments.

Ref	Commissioning Intention	WAST Proposed Delivery Date	WAST 23-26 IMTP Reference	Lead	RAG Q	Update/Comment/Corrective Action Q2
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	See above.	10	AC		PREMS live, but in development. We are using the CIVICA patient feedback system to develop the qualitative data The Patient Level Information and Costing System (PLICS) is due to come on stream in Mar-24. PROMS is in development and dependent on DCHW and data linnkage is a key issue here. However, we have been working closely with the Value in Healthcare Team led by Dr Sally Lewis on our approach to developing our VBHC plans further, drawing in the role of Quality Impact Assessments, data sources (linking through existing dashboards) and joining communities of practice. We are moving our working group to a more Task and Finish approach to developing some of the tools and methodologies and reviewing our VBHC work programme, with support from both Value in Health and Public Health Wales. Business Care Process and Project Management Pathway are relevant considerations and are in train. The Business Case and evaluation panel process is being tested on the Community Welfare Response Business Case currently in development. Benchmarking dashboard new target date of Q4.

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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. Further action by 30 Jun-23.	9.1	JP		Trust produces a harm report for every Trust Board. This is a retrospective assessment linked to work by AACE. Forward actions include estimating harm via the EMS Demand & Capacity Review and through work with OMDA (Optima). The Trust is also increasing the capactiy in its PTR team, which includes increasing analytical capacity within the team (OCP consultation closes in Oct-23). Developing work on tissue damage, linking with health boards and learning from deaths via mortality review process.
Products						
CI5-P1	**Clinical Indicator Plan and Audit Cycle –** Implementation of the clinical indicator plan and audit cycle, this will provide a forward view of the type, content and regularity of clinical indicator and audit reporting. Specific seasonal and responsive (to emerging trends) reports and audits will be included within the plan.	Live	7	DR		Update 06/10/2023 - complete and part of the Clinical Intelligence and Assurance Group (CIAG) monthly agenda. Passed upwards to Clinical and Quality Governance Group for onward review by QuEST (presented to QuEST as an agenda item from the Feb 2023 meeting).
Indicators						
CI5-I1	**Call to Door Times –** Call to door times for STEMI and stroke will be produced on a monthly basis.	See commentary	7	DR		Work on reporting a new clinical indicator relating to call to door times for STEMI and Stroke is now largely complete with the Trust expecting to include information in the next iteration of the MIQPR in Oct-23.
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.	Live	-	HB		The roster review is complete. No work being undertaken on batching with focus more within health board around continuous flow models. ODU continues to oversee system.
CI6-A2	**Transfer and Discharge Service** – To reduce the number of transfers and discharges being undertaken by the EMS fleet. This will include the review of current and future arrangements.	Modelling in Ap-23. Further actions TBD in collaboration with NCCU.	4.3	AC		ORH modelling is complete. Results on proof of concept now need to be shared more widely before potential development of case for change.
Products						
CI6-P1	**Aligned Escalation and Clinical Safety Plan** – Health Boards in partnership with WAST will ensure they have complementary plans and actions to support the patient safety during deployment of high levels of escalation and clinical safety plans.	WAST CSP live and updated	Health Board Action	NCCU		WAST CSP embedded, but subject to further review before winter. HB escalation framework due to go live by mid Nov-23.
CI6-P2	**National Transfer and Discharge Commissioning Framework –** A collaborative commissioning framework for a national transfer and discharge service will be developed.	NCCU Lead	4.3	NCCU		Linked to CI6-A2 above.
Indicators						
CI6-I1	**System Pressures Dashboard –** WAST and Health Boards will collaborate with DHCW to ensure that a live system pressures dashboard is in place that enables users to understand current and emerging pressures.	NCCU Lead	NCCU	NCCU	?	NCCU to update.

Ref	Commissioning Intention	WAST Proposed Delivery Date	WAST 23-26 IMTP Reference	Lead	RAG Q	Update/Comment/Corrective Action Q2
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.	Live & 31 Mar-24 for delivery of strategy	4.3	MH		No change to agreed actions and comments. Insufficient amount of time has passed since the completion of the TOW to gather sufficient information to inform a review.
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.	Live / BAU	4.3	MH		The alternative provision team continues to work to identify, onboard providers onto the framework. The levels and status of these are reviewed monthly by the Ambulance Care SLT using the Ambulance Care quality dashboard. This is now BAU process Work continues on the 3Q measures with the final version of measures to decide the award of the additional 2qs almost finlaised. This will be coimpleted in Q3 and it is anitipcated that this action will become a BAU process, hopefully facilitiating closedown of thsi 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.	Live / BAU	4.3	MH		Capacity management plan has since been reviewed with a proposal on increasing the filtering of T1 patients who historically would be seen as ineligable is awaiting a decision from WAG. Upgrades to the new online CLERIC CAD have inflicted performance issues on the operating system. CLERIC have been working closely with WAST to remedy the issues (external hosting from IOMART). This has delayed the normal development of new mechanisms. However, the completion of the OCP and creation of an AC Coordination structure will enable this work to proceed at pace.
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-Mar-24	4.3	MH/HB		Executive decision not to undertake full roster review of NEPTS transport (third party cost of) with potential for a mini-review (subject to capacity in the Resource function).
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-24	4.3	MH/HB		See update for CI2b.

Ref	Commissioning Intention	WAST Proposed Delivery Date	WAST 23-26 IMTP Reference	Lead	RAG Q	Update/Comment/Corrective Action Q2
CI3b	**Reducing Lost Capacity -** Implement improvement plans and oversight arrangements to deliver reduction in lost capacity due to system inefficiencies. This includes a requirement on WAST to ensure more effective use of internal resources (workforce, fleet and estates), there is also a requirement for improved collaboration and communication with Health Boards to minimise lost time at hospital sites.	Live	4.3	KH		Resource downtime reporting is now fully integrated within Ambulance Care's performance management BAU. The report is accessed via Qlik sense and is included in weekly auto generated reports to Operational Team Leaders, Operations and Service Managers. It is also reviewed weekly by Head of Service and Assistant Director via the weekly National Performance, demand and Capacity meeting chaired by the Director of Operations. Current workflow, working with the HB's, WAST have taken an SBAR through the DAG with agreement on reducing the wait and return resouce downtime.
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.	31-Mar-24	-	HB		Action paused due to staff capacity, but OMDA (Optima) modelling of winter complete (and various internal changes) and EMS Demand & Capacity Review live. No active modelling of NEPTS at this time, but UCS recently subject to re-basing modelling, with results due to be reported to WAST's ELG on 25 Oct-23.