

## Agenda – Health and Social Care Committee

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Meeting Venue:	For further information contact:
Hybrid – Committee Room 4, Ty Hywel and video conference via Zoom	Sarah Beasley Committee Clerk
Meeting date: 15 May 2024	0300 200 6565
Meeting time: 09.30	<a href="mailto:SeneddHealth@senedd.wales">SeneddHealth@senedd.wales</a>

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### Private pre-meeting (09:00 – 09:30)

#### 1 Introductions, apologies, substitutions, and declarations of interest

(09:30)

#### 2 General scrutiny session with the Welsh Ambulance Services University NHS Trust

(09:30 – 11:00)

(Pages 1 – 82)

Jason Killens, Chief Executive – Welsh Ambulance Services University NHS Trust

Colin Dennis, Chair – Welsh Ambulance Services University NHS Trust

Andy Swinburn, Executive Director of Paramedicine – Welsh Ambulance Services University NHS Trust

Research brief

Paper 1 – Welsh Ambulance Services University NHS Trust Integrated Medium-Term Plan 2024–2027

Paper 2 – Welsh Ambulance Services University NHS Trust Board meeting paper: Monthly Integrated Quality & Performance Dashboard

January/February 2024

#### 3 Paper(s) to note

(11:00)



- 3.1 Letter to the Chair from the Chair of the Petitions Committee regarding Petition P-06-1404 Increase clarity and rights for people on direct payments or WILG to live independently**  
(Page 83)
- 3.2 Letter from the Chair to Terrence Higgins Trust Cymru regarding the supporting people with chronic conditions committee inquiry**  
(Page 84)
- 3.3 Response from Terrence Higgins Trust Cymru to the Chair regarding the supporting people with chronic conditions committee inquiry**  
(Pages 85 – 89)
- 3.4 Letter from Chair, Legislation, Justice and Constitution Committee to the Cabinet Secretary for Health and Social Care regarding the LCM for the Tobacco and Vapes Bill**  
(Pages 90 – 91)
- 3.5 Letter to the Chair from the Minister for Mental Health and Early Years regarding The Health Claims (Revocation) Regulations 2024**  
(Page 92)
- 3.6 Letter to the Chair from Colegau Cymru inviting the Committee to visit Cardiff and Vale College to inform its inquiry into the prevention of ill-health obesity**  
(Page 93)
- 4 Motion under Standing Order 17.42 (vi) to resolve to exclude the public from the remainder of this meeting**  
(11:00)
- 5 General scrutiny session with the Welsh Ambulance Services University NHS Trust: consideration for evidence**  
(11.00-11.15)

Document is Restricted



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Welsh Ambulance Services  
NHS Trust

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

2024-2027





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## Foreword from the Chairman and Chief Executive

It is our pleasure to publish our 2024-27 Integrated Medium-Term Plan, a plan which sets out what we need to do as a provider of urgent & emergency care services and planned transport services to transform for the benefit of our patients, our people and value & sustainability in partnership with the wider system.

Our people work in a health and care system which continues to see unrelenting pressure on the range of services provided across Wales. As a national provider we feel this pressure too, but we also recognise areas where we can improve, be more efficient and meet the needs of our commissioners, whilst still focusing and evolving our strategic transformation journey towards our 2030 vision set out in 'Delivering Excellence' (our long-term strategy).

We also work in a sector which has come under the spotlight for its culture and poor behaviours. We want our people to work in a culture where they can feel psychologically and physically safe. We will therefore continue the proactive work to address issues raised through our review of Sexism and Sexual Safety in the workplace, making the Trust a place where people feel free to speak up against such behaviours as well as furthering our work on diversity, inclusion and allyship.

At the heart of our services is our response to people with the most critical and life-threatening health needs. We know that too many of these people are not getting the service they need and many of them are either coming to harm in the community or taking themselves to hospital when the wait for ambulances is too long. Our plan sets out how we want to transform our services to protect resources that convey people to hospital by providing remote and community based clinical services to patients who ring 111 or 999.

We occupy a unique position in NHS Wales, a position in which we see an opportunity to meet the demand from our patients differently. This is not a plan to step into spaces occupied by our existing health and care partners but a collaborative plan that seeks to make the most of this unique position.

We enter a new phase of health and care commissioning in Wales in which specialist and ambulance services will be commissioned by a Joint Committee, presenting opportunities for us to balance the core demands of all our services with our transformation offer. We also aim through this plan to deliver against Welsh Government priorities, particularly in support of the Six Goals for Urgent & Emergency Care, where we increasingly see ourselves playing a bigger role in support of the system.

Our plan is predicated on providing the **right care and advice, in the right place, every time** by delivering **quality driven, clinically led and value focussed** services. Delivering this plan will see a greater emphasis on remote and community-based assessment and care, closing cases remotely and in the community safely and without onward travel to Emergency Departments unless absolutely necessary. We will also deliver on our statutory obligations including financial balance.



Jason Killens  
Chief Executive

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

**To Support. To Serve. To Save**



Colin Dennis  
Chair

# Executive Summary

At the heart of this IMTP is our recognition that there remains a **pressing need to change** the way in which we and our partners respond to and meet our patients' needs. We now believe such change need to happen **at pace**. Too many patients continue to come to harm, services are often centred around organisational needs with inefficient and outdated processes affecting patient experience, and the difficulty in navigating our complex health and care system means patients are often not getting the right care in the right place at the right time.

Much of this exacerbates the **pressures on our people**, evidenced in levels of sickness absence and turnover that are higher than we would want, although there have been positive improvements over the last two years. We heard directly from staff in roadshows and through surveys about what it feels like to work in WAST, much of it reflecting their frustrations.

With these drivers at the forefront of our minds, and acknowledging all that our people have worked hard over the last few years to bring us to this point, we are clear that there must be a **purposeful focus on delivering three key priorities:**

- **Transforming** the way in which we deliver care with health board partners by developing, agreeing and implementing a **new clinical response model** that will provide patients with the right advice and care, in the right place, every time and reducing harm;
- Doing everything in our gift to improve **our people's** workplace experience, enabling them to be the best they can be; and
- Delivering exceptional **value and sustainability**, in the context of finance, the environment and Value Based Health Care.



## Our Patients

'Delivering Excellence', our Long-Term Strategy, was agreed in 2019. It sets out an ambition to move away from being a traditional ambulance and transport service to a trusted provider of high-quality care, ensuring that patients receive the **'right advice and care, in the right place, every time'**, with a greater emphasis on providing care closer to home. The direction of travel remains broadly right for the next five years, but we are committed to refining our thinking and agreeing a **new clinical service and response model**, which adopts a more **holistic and integrated approach**, considering how our 999, NHS 111 and Ambulance Care services contribute to the transformation of care.

Our primary and most important priority has always been and will continue to be the provision of a world class **emergency response** service. Our new clinical model needs to ensure that we have sufficient appropriate resources to provide this rapid, emergency response, securing the best possible outcome for each and every patient.

But those needing an emergency response are a small proportion of the overall numbers of patients who contact or call us. A significant proportion of our demand is for patients who have an urgent or lower acuity

health need, and these can present either through a 999 call or via the 111 system. For these patients, irrespective of how they have accessed us, we need to work with our partners to create an integrated **24/7 urgent response service** which is a more bespoke service meeting patient's individual needs closer to home. This includes:

- a **Remote Integrated Care Service** where our existing NHS 111 and 999 clinical teams will come together, working closely with health board remote clinical hubs and developing mechanisms to support their clinical decision making, including access to real time observations through **Connected Support Cymru**;
- an **Urgent On-Scene Community Response service** providing face-to-face assessment and treatment. We already provide a range of responses, such as advanced practitioners, falls services, mental health response and palliative care paramedics, and we want to work with health boards to grow and integrate these with their own community response services. Key to the success of these teams will be working with others to develop access to community pathways.

Our Ambulance Care **patient transport service** will have a greater role in the future in supporting flow across the system, whether that is through flexible discharge services, dedicated and responsive inter-hospital transfer schemes or on the day 'planned' health transport service accessible to HCPs or our own clinicians.

Our ideas need further **evolution in collaboration** with our commissioners, system stakeholders, our people and the public in 2024/25, but in this IMTP we are starting to describe what **good will look like** in three years' time, and how the system can expect to see measurable change and improvements in outcomes. Increasing sophistication in how we measure system wide improvements is a priority, and in particular, ensuring that **data and information is linked** across organisations.

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

- Work with partners to create a '**digital first**' vision for urgent and emergency care services, which is likely to centre around the NHS Wales APP, but in which we will play a part;
- Build on our digital platforms, delivering the **new CAS system** and making improvements to the **111 website** (funding dependent)
- Sustain the core 111 service by maintaining **commissioned numbers of staff**, undertaking a **demand and capacity review** and re-rostering to appropriately meet demand and continuing to find ways of enhancing **clinical practice and** improving **productivity**;
- Work with the Six Goals programme and commissioners to develop new and improved **pathways** including dental care, palliative care, Urgent Primary Care Centres, medicines management line;
- Develop attractive career pathways and opportunities that retain and attract colleagues, specifically for clinicians seeking **portfolio-based careers**.
- Work with Commissioners to agree a **vision for the 111 Gateway to Care** which fully utilises our capabilities to enable primary prevention as well as urgent care responses, for example through use of wearable technologies.

For our EMS service, we will:

- **Invest in and restructure the EMS Coordination** function aimed at enhancing leadership and team structures and opportunities, improving efficiency and reducing turnover;
- Fully staff the **CHARU** service and review the model in order to further improve clinical outcomes and boosting red performance up to 65% by year 3;

- Maximise the impact and benefit of the Clinical Support Desk (CSD) by growing capacity by **23 WTE**, introducing a **rapid clinical screening service**, and **clinically led deployment** in line with the new clinical response model;
- Grow our **Connected Support Cymru** service which supports better remote clinical decision making through on-scene observations, including deployment of 600 **Community Welfare Responders** and 50 Luscii **'Ambulance in a Box'** solutions;
- Continue to work with health boards through Integrated Commissioning Action Plans (ICAPs) and enhance integrated working across teams with health boards;
- Grow our on-scene urgent community response services. This will include
  - training and deploying more **Advanced Paramedic Practitioners (APP)** to support the Trust and the wider health care system, with **sixteen** additional APPs recruited in year 1. To support the growing numbers, new rosters will be introduced and a new **clinical leadership and supervision structure** will be agreed and implemented.
  - expanding our on-scene **mental health response model**;
  - expanding the provision of **Level 2 falls** services.
- Through these changes, aim to **double the numbers of patients** who we safely manage at home or in the community over the next 3 years;
- Make the **case for further change** through a formal engagement process with stakeholders, supported by an updated, strategic, collaborative demand and capacity review.
- Develop and submit the case for investment to meet recommendations of **Manchester Arena Inquiry**.

Within our Ambulance Care service, our top priority will be to work with commissioners to develop and agree a **vision** for these important services, including how they contribute to the wider system transformation. We will continue to make improvements in productivity and efficiency including **re-rostering** within NEPTS. We will also be working closely with ambulance commissioners on the development of a **national Transfer and Discharge model**, considering carefully how this could bring coherence to a potentially fragmented offering and improve services for patients and flow across the system.

### **Improving our people's workplace experience**

The key to delivering the best patient care is focusing on the needs of our people. We are actively listening, learning and ensuring we take action to address some of the biggest issues that are impacting on the daily lived experience of our colleagues. Alongside this, acknowledging the cultural issues that have come to light in the wider emergency service sector, we are continuing work to build a safe, positive culture with an emphasis on wellbeing, support and development, where we can bring our whole selves to work. These are the core elements of high performing organisations. By creating this environment, our people will feel valued and trusted and experience a true sense of purpose and belonging which will enable us to keep improving and deliver our long-term ambitions.

We have agreed a People and Culture Plan for 2023-26 which supports our organisational strategic ambitions which will have a focus on our 3Cs: **Culture, Capacity and Capability**, which provide the basis for the objectives and plans for our people.

We are committing to continuing to work on three specific priorities that we identified last year as important, and we will redouble our efforts, looking for innovative ways of being able to make significant improvements:

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

We will continue our focus on reducing absences due to sickness absence. Our aim is to bring sickness absences down to 6% through this three-year period, accepting that there are many factors which will influence and shape achievement.

### Delivering exceptional value and sustainability

The plan is underpinned by a **balanced financial** plan that continues our recent strong financial performance of balancing throughout the financial year. To achieve this, however, will require the delivery of a challenging savings target of c£6.4m. This will concentrate not just on **savings and efficiencies** but also on proactively exploiting **income generation** opportunities.

Supporting the growth and transformation of our core services will be a series of extensive enabling programmes and plans including our Quality Plan, Clinical Plan, People and Culture Plan, Digital Transformation Plan and Volunteering Plan. The Estates and Fleet Strategic Outline Programmes will be driven forward as well as, importantly, work to deliver on our contribution to the NHS in Wales and WG Environmental Sustainability Plan taking us towards delivery of our **carbon targets by 2030**. This threads through our plan with decarbonisation actions featuring throughout.

We know that this plan is ambitious and acknowledge that there are risks to delivery: in relation to the **financial constraints** across the system; in relation to a range of external factors over which we have limited control; and in relation to the potential impacts of moving to **new commissioning arrangements**. We will be **strengthening support** into a number of our structures and transformation programmes to reduce risks.

However, the steps we will be taking do not sit in a vacuum and are consistent with the ambitions set for us specifically through our **commissioning intentions** and more broadly for the wider system through the **Six Goals Programme**.

We are rightly proud of what we have achieved over the last 12 months. The key will now be continued dialogue and engagement internally and externally, which we are committed to doing in pursuit of a better service for the people of Wales.





# Introduction

This document sets out the Welsh Ambulance Services NHS Trust's (the Trust) Integrated Medium Term Plan (IMTP) for 2024-27, written in line with the NHS Wales Planning Framework and the Emergency Ambulance Services Committee (EASC) and 111 commissioning intentions.

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

## 1. Our Long-Term Strategy

### 1.1 Our Purpose



A purpose statement is something that can bind and unite people across the organisation towards a common goal.

We agreed our purpose in 2023 and we continue to build our plans which help us to live our purpose: **To Support. To Serve. To Save.**

### 1.2 Our Strategic Objectives

Our Long-Term Strategic Framework for 2030, '**Delivering Excellence**' was endorsed in 2019, setting out our long-term vision for the organisation. It set out our ambition to move from being a traditional ambulance and transport service to being a trusted provider of out-of-hospital high quality care, ensuring that patients receive the '**right advice and care, in the right place, every time**', with a greater emphasis on providing care closer to home. This not only ensures that patients receive safe and timely care, meeting their individual needs, and reducing unnecessary conveyances to secondary care, it also supports flow across the wider health and care system and contributes to health board strategies and plans.

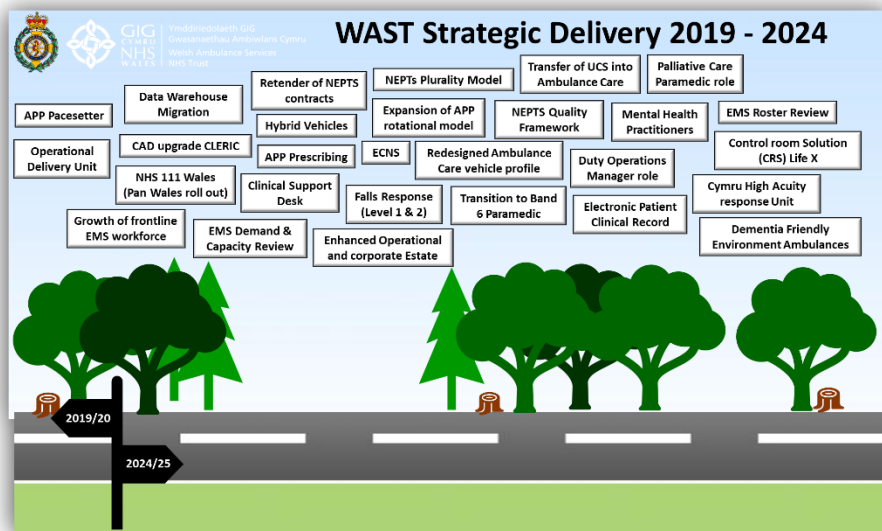
It is a whole organisational strategy, and fundamental to delivering on service improvement is a need to support and enable our **people to be the best that they can be**. We also commit within the strategy to being an organisation that **collaborates** with our partners, stays at the **forefront of innovation and technology**, remains utterly focussed on being **quality driven and clinically led**, and delivers exceptional **value**. We have continued to develop our IMTPs around this strategy and its **six core strategic objectives**.





Last year we took the opportunity to review progress against 'Delivering Excellence'. It is clear that that we have made significant progress in delivering on our strategic ambitions, some of which can be seen in our roadmap from 2019 to 2024 below.

But since we developed the strategy in 2019, the landscape within which we operate has changed considerably. Whilst we are confident that the broad direction of travel remains fit for purpose, our review identified that there was a need to develop and refine our thinking on our clinical response model which will deliver the ambition of 'providing the right care and advice, in the right place, every time'. Our emerging thinking is described in more detail in the next section.



### 1.3 Evolving and Transforming our Service Offers

It is clear to us that there remains a **pressing need to change** the way in which we and our partners respond to and meet our patients' needs. Too many patients continue to come to harm, services are centred around organisational needs with inefficient and outdated processes affecting patient experience, and the difficulty in navigating our complex health and care system means patients are often not getting the right care in the right place at the right time.

Previously, our service transformation ambitions were visualised through the concept of 'Inverting the Triangle'. This focussed primarily on transforming our response to patients who call 999 - moving away from the traditional ambulance model of care of clinical logistics and conveyance to a future where the majority of care needs are met and resolved in or close to the patient's home.

The principles of this concept still hold true. But working across such a complex and interconnected health and care system, in order to maximise the impact and benefits for our patients, we want to broaden our thinking and adopt a more **holistic and integrated approach**, considering how all of our services (999, NHS 111 and NEPTS) contribute to the transformation of care. Visioning workshops have helped to shape our



thinking but our ideas need further **evolution in collaboration with our commissioners**, system stakeholders, our people and the public in 2024/25. It is important to us that our transformation agenda aligns to and delivers the priorities of health boards and the Six Goals Programme.

We are starting to describe a new **integrated clinical response model**, which has a number of key components which are described in more detail in the sections below.

Our primary and most important priority has always been and will continue to be the provision of a world class **emergency response** service. Patients suffering from, for example, cardiac arrests, strokes, respiratory failure or serious injury need either immediate or rapid response and, in many cases, swift conveyance to an appropriate receiving department to meet their ongoing health care needs. For some of our frailer patients who have fallen, whilst they may not be injured, they also need a rapid response to pick them up to avoid the consequences of a long lie. Our strategy must ensure that we have **sufficient, available emergency ambulances, CHARU and other resources** to provide this rapid, emergency response to secure the best possible outcome for each and every patient.

But those needing an emergency response are a small proportion of the overall numbers of patients who contact or call us. A significant proportion of our demand is for patients who have an urgent or lower acuity health need, and these can present **either through a 999 call or via the 111 system**. To enable us to provide the rapid response to emergency situations, we need to more effectively manage those patients whose presentation, whilst urgent in nature, does not necessarily mean that a trip to the emergency department is required. For these patients, irrespective of how they have accessed us, we need to work with our partners to create a **24/7 urgent community response service** which is a more bespoke service meets their individual needs closer to home, avoiding the need for conveyance to hospital or admission. This will include:

- **Remote Integrated Care Service:** we already have a national clinical footprint and infrastructure supporting **NHS 111 and 999** services. These teams help to navigate patients safely through the system to the right care, often providing the advice and care needed themselves so that no further intervention is required. Growing the capacity and capability of this workforce will be key, as well as developing mechanisms to support their clinical decision making, including access to real time observations through **Connected Support Cymru**, enabling both primary prevention as well as urgent care responses, for example through use of wearable technologies. These two clinical teams will be brought together over the next 2 years.
- **Urgent On-Scene Community Response:** Many patients will still need face-to-face assessment and treatment. We already provide a range of responses, such as advanced practitioners, falls services, mental health response and palliative care paramedics, and we want to work with health boards to grow and integrate these with their own community response services. Key to the success of these teams will be working with others to develop access to community pathways.

Our ambulance care **patient transport service** will have a greater role in the future in supporting flow across the system, whether that is through flexible discharge services, dedicated and responsive inter-hospital transfer schemes or on the day 'planned' health transport service accessible to HCPs or our own clinicians. At the planned care end of the spectrum, the continued provision of patient transport for pre-planned outpatient appointments will need to be modernised to provide better patient experience.

There will be a variety of access points to these services, which will include an integrated digital gateway, aligned fully with the NHS Wales App. As well as providing access to urgent care, this is also the mechanism for patients with more **routine needs** to access advice, guidance and to communicate with us. This could

include realising the benefits of AI and Chat Bots, offering a more interactive Directory of Service and the ability to schedule appointments online.

Importantly, we will need to be able to better measure and demonstrate our strategic impact across the system. To take this forward we will focus on the following three work streams:

- **System metrics:** In 2024/25 we will map and review our “system metrics” and seek to develop regular reporting that enables us and our stakeholders to track our impact in line with the new clinical response model. This will have a particular focus on visualisation.
- **Evidencing impact:** The critical enabler is data linking. For us to demonstrate the value we add to the system, we need to be able to follow patients through the system, identifying outcomes, and demonstrating that when we close an episode of care, that patient’s needs are met and they don’t simply access healthcare elsewhere. Our ePCR data is not currently shared with health boards, but we are working with DHCW to make a flow available in late spring / early summer. Further work is required to ensure that any linked data is also available to us.
- **Productivity and efficiency:** We also want to improve data around the productivity and efficiency of each element of the new clinical response model. This will include modelling utilisation levels and working on enhancing access to individual team and clinician data.

**Appendix 2** summarises the key 2024/25 actions, outlined in sections below, which will deliver this transformation.

## 2. Our Key Achievements in 2023/24



Our plan follows on from strong delivery in 2023/24 in which we made strides towards our strategic objectives.

## 3. Challenges and Opportunities shaping our plan

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

Appendix 1 sets out in more detail the patient engagement we undertook in 2023/24 and how the feedback we have been provided with throughout the year contributes to the priorities set out in this plan. This section summarises some of the key feedback we have received in our 3 main service areas.

#### NHS 111 Wales



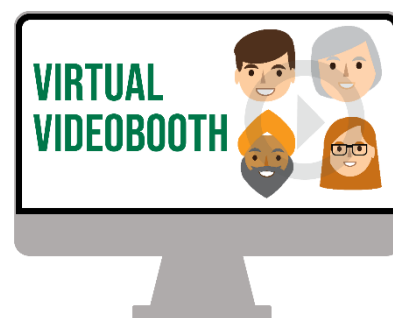
Whilst we are putting a proposal forward to the Information Commissioners Office to try and remedy barriers to effective patient feedback, we do not yet have a governance process in place allowing us to directly contact 111 callers to ask for feedback, leading to a limited response to our telephony survey. However, we received valuable feedback in 2023/24 about the **NHS 111 Wales website** experience. The website is intended to be a helpful and intuitive first port of call for people seeking advice and guidance about their urgent care

needs. The feedback from patients this year has been helpful in identifying areas for improvement.

The majority of the respondents to our surveys rated their experience using the website as poor or very poor, so there is clearly improvement to be made, but there are some positives to build on as we develop our 111 digital vision for the next three years.

#### Emergency Medical Services and Clinical Support Desk - 999

We have been using the **Civica patient experience system** as one mechanism to measure feedback and quality in our 999 services, which now includes patient stories video functionality. The numbers of respondents so far have been limited as we continue to work through consent and information governance requirements. However, the **feedback was largely positive** about most aspects of patients experience of the 999 system, albeit as expected, there was negative feedback about the **wait times for an ambulance**.



Themes coming through our **patient stories, complaints and compliments** also focussed heavily on ambulance response times and handover delays at hospital. There was a feeling of anxiety and examples of poor and in some cases catastrophic outcomes from long waits including for those people who had to make their own way to hospital during period of high escalation, where we were unable to send a resource.

#### Ambulance Care

Feedback about Ambulance Care on the whole was **positive**. Some negative feedback was received in respect of waiting times for ambulances, comfort and pain. What is clear though is the dedication, compassion and friendliness of staff making the patient experience a good one for more people who respond to our surveys.

## 3.2 What are our colleagues' priorities?

We have continued to engage with colleagues across the Trust throughout 2023/24 to understand the key issues that affect them. This not only helps us shape our future service plans, but also helps us to identify issues that impact on their day to day working lives.

We continue to use a range of digital and face to face engagements complemented by our new Hive pulse **surveys** and as well as our 6 monthly **CEO Roadshows** and **Leadership Symposiums**. Health and safety data is also used to inform our plans to improve the health, safety and wellbeing of our people through this plan. We have launched our Freedom to Speak up platform, which provides people with an avenue to feedback on concerns and the Voices Network gives a further avenue for feedback.

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

This year we started to hear broader concerns from our staff, some of which are set out here. →

Despite the worries amongst our people, we have had some positive feedback throughout the year and people continue to be proud of working for WAST. During the CEO Roadshows around 500 people shared their hopes for the future.

Appendix 1 sets out more detail about the feedback we have received and the areas within this plan where we aim to address some of that feedback we received.



## 3.3 Our operating and financial context

**The Trust monitors quality and performance in an integrated way**, looking at four domains based on the Quadruple Aim: our patients, our people, value and system contribution. We have an agreed Quality and Performance Management Framework (QPMF).





The operating context for the Trust remains challenging. The graphic above summarises some of the headline performance challenges we are facing (based on December 2023 data), with many of the areas of poor performance triangulating with information from our patients and our people. There are some good news stories within the data as well. Whilst the percentage of red calls responded to within 8 continues to be well below the 65% target, we are responding to **more red calls** within 8 minutes than ever before as overall red demand increases. We have also seen positive improvements in the quality in our NHS 111 Wales service, with increased capacity delivering improvements in **call answering performance**, fewer calls abandoned and improved clinical call back times.

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

We will meet our statutory financial duties in 2023/24 but have had to deliver £6m in savings. The continued impact of inflation, costs of living and volatility in energy prices as they relate to the Trust mean that **the financial outlook for 2024/25 and beyond continues to be challenging**.

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

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



**The Wellbeing of Future Generations (Wales) Act (WBFGA)** underpins the Programme for Government, and ‘**A Healthier Wales**’ remains the long-term strategy for the health and social care system. The Minister for Health and Social Care set out her priorities in the 2024-27 Planning Framework which this plan will need to meet.

- Enhanced Care in the Community
- Primary and Community Care
- Urgent and Emergency Care
- Planned Care and Cancer
- Mental Health, including CAMHS

The **Six Goals** programme ([Link](#)) has been established at a national and local level to support improvement in the urgent and emergency care system. The Trust has a role to play across all the goals, and this can be seen as the six goals icons have been included in the relevant section of this plan. A complete review of our contribution to the six goals and how this can translate to improved outcomes and performance can be found in appendix 1.



We will continue prepare early in 2024/25 for the Trust to be a named organisation under the Well-Being of Future Generations Act ([Link](#)), ensuring that our policies, strategies and plans are consistent with the Wellbeing Goals and the Five Ways of Working. **Wellbeing Objectives** will be developed around which our next IMTP will be framed.

A further key driver for us in 2024/25 will be the **Social Partnership and Public Procurement (Wales) Act 2023** coming into force. The Act ‘provides a framework to promote the well-being of the people of Wales by enhancing sustainable development (including by improving public services) through social partnership working, promoting fair work and socially responsible procurement’ (Source: [Law.gov.wales](#))

As a national organisation in Wales, we have also continued to focus on our commitment to the Welsh Language (Wales) Measure 2011 and compliance with the Welsh Language Standards, making a huge step forward in employing internal Welsh translation to support our operational and corporate teams.

We are committed to our responsibilities to future generations in respect of the Environment Wales Act ([Link](#)). We have set out throughout this plan how we will tackle our environmental impact, as we strive to work towards Welsh Government net zero targets.

Our plan takes account of many other legislative, policy, strategic and financial drivers, including (not exhaustive):

- Duty of Quality ([Link](#))
- Duty of Candour ([Link](#))
- Socio-Economic Duty ([Link](#))
- Equality legislation and the Strategic Equality Plan ([Link](#))
- The Race Equality Plan for Wales ([Link](#))
- More than Just Words Action Plan ([Link](#))

#### Decarbonisation and Sustainability



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

### 3.5 What do our commissioners say?

The current commissioning arrangements for EMS, NEPTS and 111 will end on 31 March 2023, with the creation of the new **Joint Commissioning Committee**. This will bring commissioning of all our core services into one committee, which may offer further opportunities for integration of our three main patient pathways. In the meantime, the commissioning intentions across 111, EMS and NEPTS have been agreed through existing and current commissioning mechanisms.

The **commissioning intentions for 111** are broadly similar to those set out in 2023/24. For 2024/25 they set out a requirement for a continued focus on quality and performance, an immediate focus on the 111 software system replacement, support for a review of the 111 website and a desire to re-establish a roster review. The Trust is keen to establish a **resource envelope** for 111 in the same way as we are commissioned for EMS and NEPTS, moving away from a spend and recover model. Discussions will continue with the new commissioner in this regard.

For **EMS the 2024/25 intentions** retain their focus on shifting left in the patient pathway and many others remain the same as those in 2023/24. However, there are some new areas of attention including a requirement to develop a strategic workforce plan, recruitment and retention into more challenging rural areas and, interestingly, mental health responses in the light of the Right Care Right Person programme. The Chief Ambulance Services Commissioner (CASC) has indicated continued support for transformation, whilst striking a balance with attending to key core performance targets. We will underpin these developments with the outputs from the independent and collaborative strategic EMS demand & capacity review, which will become available towards the end of Q4 2023/24.

For our commissioners, performance expectations will be introduced in 2024/25 that are aligned to health board's performance improvement levels. With ambulance handover delays being the single greatest factor in emergency ambulance performance, ambulance performance outcomes will be modelled and forecasted against ambulance handover delay levels. Ambulance performance outcomes for 2024/25 will therefore be based on three scenarios which will be modelled in the coming weeks:

- Scenario 1 - No reduction in ambulance handover delays
- Scenario 2 - Reduction in handover delays as per the 2023/24 emergency ambulance services demand and capacity modelling
- Scenario 3 - No ambulance handover delay waits over 1 hour

The **NEPTS intentions are essentially unchanged**, but, importantly, include a wider collaborative piece of work being undertaken led by commissioners on the long-term strategy for Ambulance Care services. In addition to this work on the longer-term strategy, 2024/25 will see a focus on 5 specific areas of performance improvement for NEPTS.

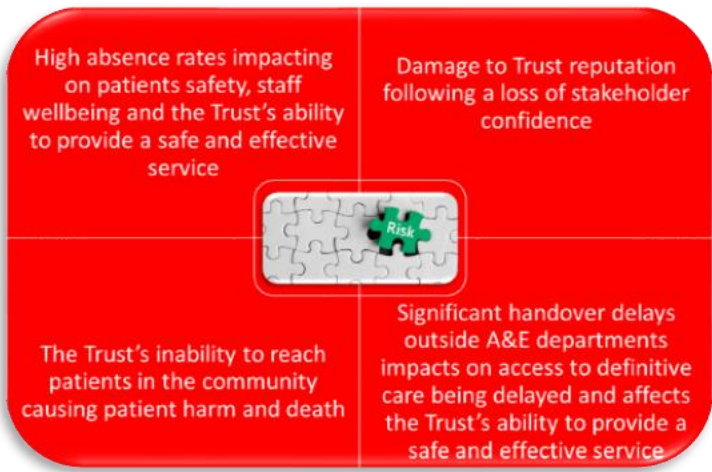
- Improvements in operational performance for oncology service patients
- Improvements in operational performance for outpatient services
- Reduction in the number of reduced treatments for renal dialysis patients

- Reduction in the number of on the day cancellations
- Reduction the number of bookings made on the day

During 2023/24, **Integrated Commissioning Action Plans** were established with health boards and the NCCU. Meetings have been paused pending the establishment of the joint commissioning arrangements, but we remain committed to local planning and commissioning arrangements with health boards.

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

We know that there are several high scoring risks within the service that need to be managed and mitigated. The Trust’s **Board Assurance Framework** provides a clear line of sight to the controls and related assurances on those controls, and the actions we are able to take (and that are within our gift) to mitigate those risks.



Appendix 1 sets out what we are doing in our plan to address our range of corporate risks. However, risks relating to system wide pressures remain largely outside our full control and we continue to work with system partners to reduce the impact of these risks.

This graphic sets out the four highest rated risks, however other key risks include failure of critical systems, cyber security and resources not being available to respond to major incidents, particularly in the light of the Manchester Arena Inquiry findings and recommendations.

Further to feedback from health boards, Regulators and Coroners we have commenced work to better define mitigations to safety risks and quality of care deriving from extended periods in an ambulance; these include the application of Mental Capacity Act and Deprivation of Liberty Safeguards and, Fundamentals of Care including pressure area care, mobilisation and nutrition. A specific concern being considered jointly with wider partners is the need to ensure that clinicians are working within their personal and organisational scope of professional practice. This is expected to report in the first quarter of next financial year.

### 3.7 How we are focusing our plan.

With these drivers at the forefront of our minds, and acknowledging all that our people have worked hard over the last few years to bring us to this point, and collaborating with **partners** - health boards, Regional Partnership Boards, Welsh Government, Commissioners, Trade Union Partners, staff, volunteers, patients and the public, we are clear that there must be a **purposeful focus on delivering three key priorities:**

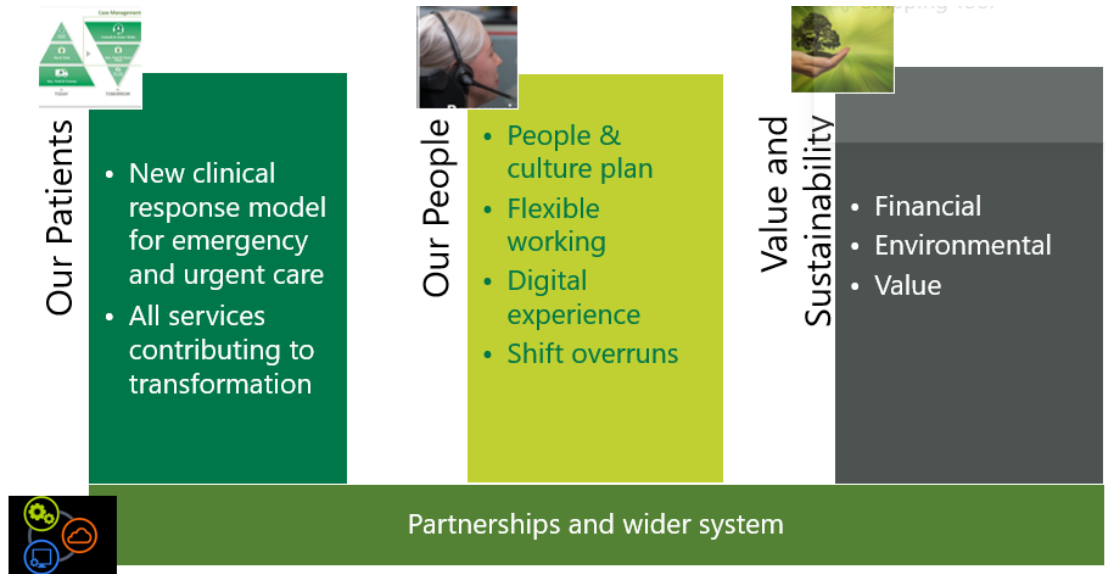
- **Transforming** the way in which we deliver care with health board partners by developing, agreeing and implementing a **new clinical response model** that will provide patients with the right advice and care, in the right place, every time and reducing harm. Our specific priorities are set out in Section 4 which identifies what we will do for patients who use 111, 999 and Ambulance Care services;
- Doing everything in our gift to improve **our people’s** workplace experience, enabling them to be the best they can be. Priorities can be seen in Section 5; and



- Delivering exceptional **value and sustainability**, in the context of finance, the environment and Value Based Health Care. More detail on this can be found in Section 10 'Value and Sustainability'

**Decarbonisation and Sustainability** 

We will build on the 23/24 successful establishment of the Decarbonisation Programme Board to further integrate decarbonisation and sustainability throughout the Trust and promote ownership across all actions in the Decarbonisation Action Plan.



## 4. Our patients

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

### 4.1 NHS 111 Wales

#### What will good look like for 111 users in 2027?

- Patients know how to access the 111 service and choose it as their preferred gateway to care.
- Patients are confident that the service steers them safely through the complex health and care system.
- Patients are happy to comply with the information and advice that they are given.
- Patients receive timely, high quality remote clinical assessments with no further intervention needed for many.
- Where needed, patients are booked directly and seamlessly into the right service.



#### What will be different?

- Consistently timely – less than 5% abandonment
- Improved patient reported satisfaction.
- Increased proportion of consultations closed with no further follow up needed.
- Increased proportion of next steps seamlessly booked.



#### **111 - Gateway to Urgent Care**

*A range of access channels which are people's preferred port of call to meet their urgent health care needs.*

The Welsh Government's priority, set out under Goal 2 of the Six Goals programme is that 'When people need or want urgent care, they will be able to **access a 24/7 Urgent Care Service via the NHS 111 Wales online or telephone service...**'. This closely aligns to our own strategic ambition.



Huge strides have been made in the last two years with the completion of the national 111 roll-out and the introduction of the 111 Press 2 service, which provides immediate access to local mental health teams for those with urgent mental health needs.

Now that the service is fully national, we continue to act with partners to **promote the use of 111 across Wales** using material from previous communication and marketing campaigns and integrating with public health and wider health campaigns.

There is more that can be done to expand the number of services that are accessed via 111. **Urgent dental care** is only accessed via 111 in 4 of our health board areas and work is ongoing with partners to streamline

and improve processes in those areas. A National Urgent Dental Pathway will be developed to support all HBs, with consideration given to how this can be rolled-out in the remaining three.

Over the course of 2024/25, we will be working with Goal 2 leads and commissioners to establish **'what good looks like'** for NHS 111 Wales into the future. This will be an opportunity to consider whether it can provide the national platform for access to **urgent primary care services** both in and out of hours, or support for the wider population health agenda, potentially undertaking **remote monitoring** of patient's conditions through **wearable** devices.

In the sections below, we set out some of the priorities for each of the components of the 111 service, and how they contribute to the overall goals and outcomes we are working towards.



### **111 Digital**

*A modern, easily accessible, user-friendly digital offer integrated with the NHS Wales App and with the 111 telephony service, acting as a gateway to the information, advice and care that patients need*

Across the NHS 111 Wales service, there is an opportunity to work with partners to build on our digital platforms to maximise support to patients, carers, citizens, call handlers and clinical advisors. The **NHS 111 Wales website** continues to be a key priority, and we see opportunities to align its development more closely with the Welsh digital and data strategy. It is likely, in the future, that the NHS Wales App will be the digital gateway for the



people of Wales needing urgent care advice and signposting, and our digital offer will need to be fully integrated. Over the course of the next 3 years, we would expect to see the **integration of our digital and telephony channels** so that patients can pass seamlessly from one to the other.

Although the NHS 111 Wales Website and online symptom checkers have millions of unique views each year, patient feedback indicates that there is **much to be done to improve the offer**. Some funding has been made available this year which has allowed for small improvements to accessibility, usability, choice architecture and planned care pages but a full review is long overdue.

In 2024, a **review of the current website** has been commissioned. This will articulate improvements required in front-end design, clinical and communication content, platform structure, reporting and insights, product strategy and service flow. Its outputs will help us to articulate **options for the future of the 111 digital offer**, and the funding required to sustainably use it as a tool to alleviate system pressure, increase user experience, manage demand for NHS 111 Wales phone contacts and create a truly effective digital-first access point for urgent care in Wales. We continue to press commissioners in terms of additional recurrent funding which is urgently required to realise these ambitions.



### Call handling

*Rapid call answering, initial triage and onward referral, part of the gateway for anyone with routine or urgent care needs.*

High quality and rapid **call answering performance** is key to excellent patient experience and provides a confidence in the service. We have delivered significant improvements in call handling performance and clinical ring back times in the last 12 months, hitting the targets for several months. Further improvements and consistency across the week are still required.

Targeted **recruitment and training** efforts will ensure that we achieve commissioned call handling levels, which are currently agreed at 190 WTE. In 2024/25 we will commission a strategic **demand and capacity review** which will allow us to **re-roster** our capacity into 2025/26. Implementing performance and process improvement measures, reducing sickness levels, reviewing skill mix and career progression opportunities, and realising the benefits from the 111 systems implementation (below) will allow us to maximise the value from our call handling resource and hence deliver continuous improvements in call answering times.



### Remote clinical assessment service

*Timely, high quality clinical assessment, advice and referral to pathways that meet patients' needs.*

*Many patients will not need any further intervention.*

#### Decarbonisation and Sustainability



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

One of our ambitions is to develop the service so that more patients have their needs met without the need for onward referral. This is also a priority for commissioners and is included in our commissioning intentions. We can achieve that by increasing the **capacity and capability of our clinical teams** - growing, developing, and empowering our clinical workforce and equipping them with the right training, skills, and support to excel in everything they do.



In relation to **capacity**, we will seek to recruit up to commissioned levels of clinicians, currently agreed as **103 WTE**, and as part of our offer in terms of recruiting and retaining staff, we will look to introduce a fully **home working option** for staff. At present, all clinicians within this service are nurses or paramedics. Employing clinicians from other professions and specialties, as we have within our 999 Clinical Support Desk, would allow us to increase overall knowledge and experience within the team, increase confidence and autonomy and lead to better outcomes for patients.

In 2024/25 we will consider the case for changing the **skill mix** within existing resource, employing **pharmacists** and **respiratory and paediatric** clinical leads. Benefits will be evaluated, and further skill mix changes considered for years 2 and 3. This will support the development of career pathways and opportunities that attract and retain colleagues working in NHS Wales 111, specifically for clinicians seeking **portfolio-based careers**.

The teams' **capabilities** will be enhanced through our work with Health Education and Improvement Wales (HEIW) to deliver **remote clinician decision-making (RCDM) qualification** in Wales, hopefully achieved during 2024/25. The '**Confident and Clinically Competent Workforce Programme**', led by our 111 consultant clinician, will continue across the next 2 years. Lastly, we will be trialling the utilisation of **advanced practice** within the remote clinical setting and look to expand this over the 3 years.

Critical to the 111 service is the computer decision support system. Our current CAS system, which hosts both the non-clinical Call Streaming Prioritisation Tool (CSPT) and clinical consultation, is no longer fit for purpose. A procurement and implementation programme has been underway since November 2023 for a replacement. The legacy CAS contract for the Trust terminates on 20th May 2024 and cannot be extended. We will replace and go-live with a **new system by 30th April 2024**. This investment in a new 111 CAS system will enable safe continuation of the 111 Wales service, but due to the rapid procurement and deployment, further work will be required over the next few years to further develop the various elements to secure maximum benefit.

#### Decarbonisation and Sustainability



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

The new system will use the same triage software as that used by our clinical support desk for 999 calls. This will have the benefit of **interoperability between 111 and 999** supporting our ambition to integrate the clinical functions of those services. The system will also enable functionality to fully operate pathways such as mental health press 2 and dental access. The new system will therefore make for a more seamless experience for our patients, ensuring they get the right care and advice in the right place every time.



#### Access to pathways

*A wide range of pathways accessible from the 111 service, increasingly able to be booked directly, with seamless integration of information to get patients the right care in the right place*

As set out in the commissioning intentions, we will work with the Six Goals Programme (Goal 2) transformational workstreams, specifically the development of 'Enhanced Clinical Pathways', which will include:





- Palliative Care pathway development
- Medicines Management Model
- Consultant Connect & support to Care Homes
- Directory of Services
- Direct Booking (the first direct booking into Urgent Primary Care has been implemented in BCU in the last few months)



#### Future integration of 111 and 999 services

We have described here how the 111 service will become the Gateway to 24/7 urgent care services that meet patient needs. There are many patients who ring 999 who also have urgent, as opposed to emergency, care needs. With the integration of commissioning functions, there will be an opportunity to explore how we can provide one **remote integrated care service** irrespective of a patient's access route. Pathways available for 111 patients should also be available to those who ring 999 where they are appropriate and vice versa. It is our intention to develop a case for integration and alignment of pathways and processes but also bring together remote clinical capacity in CSD and 111 as **an integrated remote clinical assessment team in 2025/26**. This is a high-level concept at present and will need much more detailed discussion with both commissioners and with our people and we commit to **developing proposals in collaboration**, listening in particular to the needs of our staff.



IMTP objective	Year 1	Year 2	Year 3
 <i>A modern, easily accessible, user-friendly and integrated digital offer</i>	<ul style="list-style-type: none"> <li>Priority Improvements made to existing digital offer by end of Q3 (funding dependent)</li> <li>Vision &amp; business case for 'digital first' by end of Q4</li> </ul>	<ul style="list-style-type: none"> <li>Agree and implement plan to achieve vision in partnership with DHCW, Welsh Government &amp; Six Goals Programme</li> </ul>	<ul style="list-style-type: none"> <li>Continued implementation of digital first vision</li> </ul>
 <i>Rapid call answering, initial triage and onward referral</i>	<ul style="list-style-type: none"> <li>Undertake demand &amp; capacity review in Q4</li> <li>Maintain commissioned staffing levels throughout the year</li> </ul>	<ul style="list-style-type: none"> <li>Re-roster of integrated care services following D&amp;C review</li> </ul>	
 <i>Timely, high quality clinical assessment, advice and referral</i>	<ul style="list-style-type: none"> <li>111 CAS system implemented by end April (Q1)</li> <li>Increase multi-disciplinary working - pharmacy, respiratory, neonatal by end Q4</li> <li>Plan to create integrated remote clinical care service Q4</li> </ul>	<ul style="list-style-type: none"> <li>Implement integrated remote clinical assessment team</li> <li>Continue to grow multidisciplinary teams</li> </ul>	<ul style="list-style-type: none"> <li>One remote clinical assessment team in place</li> </ul>
 <i>Seamless transfer of callers to wide range of available pathways</i>	<ul style="list-style-type: none"> <li>Strengthen links with primary care / out of hours inc. UPCC by Q4</li> <li>Dental access improved for 4 HBs by Q4</li> <li>Pathways in place for medicines management &amp; end of life by Q4</li> </ul>	<ul style="list-style-type: none"> <li>Scoped further opportunities for collaboration across clinical hubs</li> <li>Dental access via 111 for all HBs</li> <li>Implement and increase direct booking opportunities</li> </ul>	

## 4.2 Emergency Medical Services (EMS) - 999

### What will good look like for 999 callers in 2027?

- All patients receive an appropriate and timely response.
- Patients in life threatening or emergency situations consistently receive an immediate or rapid response.
- Patients who need to go to hospital are conveyed and handed over quickly.
- More patients' needs are met closer to home.

### What will be different?

- Achieve 65% red target.
- Reduce unmet demand by half.
- Double the numbers of patients safely managed at home or in the community.
- Increase ROSC rates to between 25-30%

We have continued to see significant pressures within the 999 service in the last 12 months which have led to very **poor patient experience and outcomes**, with ambulance response times remaining too high for all categories of patients. Too many patients have come to harm as a result, whether that's through waiting too long for a response in the community, waiting too long in the back of an ambulance for offload into an Emergency Department or through not getting an ambulance at all at times of highest escalation (unmet demand). This has continued to be the subject of much discussion within the organisation through the year, with **Board receiving a detailed report** at each of its meetings on actions being taken to reduce and mitigate this harm.



This has continued to be the subject of much discussion within the organisation through the year, with **Board receiving a detailed report** at each of its meetings on actions being taken to reduce and mitigate this harm.

All of this contributes to the pressures our people have felt at work, whether that's those who work in our control centres, on the road or supporting in corporate departments. The pressure is often evidenced in high levels of **sickness absence and turnover**, although there have been positive improvements over the year. We heard directly from staff in roadshows and through a variety of surveys about what it felt like to work in the Trust.



As we look forward to the next 3 years, the clear priority is to **reduce avoidable patient harm** and to deliver on the ambitions set out above.

We don't believe that doing more of the same is the answer, and are convinced that our emerging **clinical response model**, delivered in collaboration with health care partners, is critical to getting patients the right care, in the right place, every time.

There have been a range of factors which have affected this, including a further significant **9%** rise in the number of **red calls**, and continued capacity losses through **hospital handover delays** which accounted for 27% of conveying capacity in January 2024. We took many actions in mitigation including maintaining a high level of **front-line production** and very small numbers of vacancies, doubling the number of **CHARU on-scene** responses, supporting more people to return to / stay in work, introducing **community welfare responders** to support our remote clinicians with eyes-one observations to aid clinical decision making, expanding numbers of **Advanced Paramedic Practitioners**, and working with health boards on alternative pathways through, for example, including embedding the **APP Navigator** roles into 4 health board locations.

Each component of our service will need to evolve and transform to allow these ambitions to be realised.



### **Emergency Medical Services Co-ordination (EMSC)**

*Delivering immediate 999 call answering, accredited determination of callers' needs and efficient and effective processes to allocate and dispatch the right resource.*

Whilst the headline performance metrics for our control centres are positive, this is a high-pressure environment, with high levels of turnover and work required to deliver our target culture. A range of transformation workstreams, initially identified in the 2019 Demand and Capacity Review, have recently been invested in and recommenced, designed to enhance stability of the service, improve the experience of our people within this important service and deliver a range of efficiency improvements.

- **New management structures:** implementation of a new career structure that offers more opportunities for the development and retention of staff who want an emergency call handling career. This will also support the cultural transformation of the department.
- **Development of a single allocator model:** This will ensure greater efficiency in the allocation and dispatch function, in line with practice across other UK ambulance services.
- **Realignment of boundaries and dispatch desks:** Aside from an equitable spread of work this also provides some changes to the alignment of patient flows across health board boundaries and from one part of Wales and into another.

- **Building new rosters that align to these changes:** rosters should be reflective of the workloads across desks and during times when demand has dropped off significantly.
- **Target culture work:** working with our TU partners on culture change with clear action plans put in place to address key themes and issues across the area.

The current clinical response model, which delivers a determination of MPDS code and linked broad response priority (red, amber, green), can mean that patients with very different needs are provided with the same broad response. We have tested out the concept of **rapid clinical screening** and **clinically led dispatch** within EMSC in the last year and aim to implement this fully during 2024/25 as a core component of our new clinical response model. This will mean that all calls will be rapidly reviewed by a clinician immediately after the call handler has completed their work. The clinicians will confirm whether an immediate dispatch is required as well as the number and type of resources to be dispatched or identify those patients where it is clear that a conveying resource is required rapidly, such as for strokes. The remaining calls will be transferred to our remote clinical assessment team. **Additional capacity** will be deployed to enable this new function.



### **Remote Clinical Assessment Service**

*Multi-disciplinary team delivering high quality, timely, remote clinical triage, assessment and consultation, making decisions on the best response for each patient and the system*

Increasingly, this service is becoming central to our new clinical response model, allowing us to ensure that each patient receives a more bespoke and personalised response which meets their needs and ultimately allows more patients to be treated safely in or near their home, reducing the numbers who are conveyed to Emergency Departments.

Calls will be transferred to our **remote clinical assessment** team from the clinicians in EMSC. They will contact the patient via telephone or video call, undertake an assessment and determine the most appropriate response, which may include advice on self-care, signposting to alternative pathways, advising alternative transport, or dispatching a range of our clinicians for an on-scene assessment.



Additional capacity will clearly be required to meet the demand for rapid clinical screening (as above) and remote clinical assessment, and an **additional 23 w.t.e.** will be recruited during the first quarter of 2024/25. Further work is underway to determine the precise mix of professions as we continue to work on the development of increased multi-professional knowledge and experience within the service.

With over 45% of calls assessed by our **mental health practitioners** being closed, plans are in place



to use some of this additional capacity to provide mental health cover 24/7 (currently 12 hours / day).

**Connected Support Cymru (CSC)** is an initiative which has developed significantly in 2023. Starting as a concept for 'night sitting' within EMS commissioning intentions, this has evolved into a service which supports the remote clinical teams to enable better clinical decision making, manage cases remotely and supports patients to stay safely at home. It also provides us with the opportunity to test digital advancements through Small Business Research Institute (SBRI) challenge funding which could lead to our infrastructure offering a once for Wales front end to wearable and remote diagnostic support that clinically screens and supports patients achieve timely access to health board pathways. CSC therefore has three major components:

- **Community Welfare responders:** alongside our volunteer strategy we are recruiting up to 600 more volunteers across Wales to provide 'eyes on' observations of patients in their own homes.
- **Clinical Support Desk:** CSD clinicians review observations and 'case manage' patients in their own homes until there is an opportunity to refer on to community or primary care services or close the case down remotely.
- **'Ambulance in a box':** a digital solution being developed and tested over a 12-month period for remote monitoring of patients by the CSD. Twenty of these 'boxes' will be used in stage 1 to test in care homes in Aneurin Bevan and Betsi Cadwalader health boards, with a further 30 'boxes' available for stage 2 testing in other areas.



There are plans for this concept to be scaled up in phases over the life of this IMTP and for it to eventually allow us to maximise our expertise in remote clinical management and use of remote technology in a 'once for Wales' approach, supporting and enabling health board strategies and plans. Whilst we have secured some charitable and SBRI funding to support Phase 1, the full benefit of this service will only be realised through additional investment, with a **business case** currently being considered at a national level.

We must maximise the value of this precious clinical resource, and so work will also be undertaken over the course of the IMTP to work with our people on moving towards our target **culture**, support staff and their well-being to **improve attendance**, continue to develop and enhance the way in which the **ECNS software system** is used, improve the **efficiency and effectiveness** of processes within the department, and develop more **sophisticated data collection** mechanisms to support a better understanding of the service.

Following an independent review of the Clinical Support Desk by the NCCU in 2023, a number of recommendations were accepted, predominantly around the need to develop a standard operating procedure for the service as well as enhance the way in which the service is measured and monitored. These will be actioned in 2024/25.

For 2025/26 and 2026/27 further transformation is expected as the new clinical response model starts to emerge. In particular, as we consider our response to all patients with urgent care needs who currently access our services either through ringing 111 or 999, we will be considering how we can make best use of all of remote clinical resources and will be working to create one **integrated clinical assessment hub** in 2025/26.



## 24/7 on-scene, clinical assessment, treatment, and referral service

*A range of clinicians providing high quality, immediate or timely on scene assessment, care, and referral*

We need to take action to ensure that sufficient capacity is in place across Wales to provide a world class, **immediate emergency response** to the most critically ill patients and **timely conveyance** into the hospital for those that need that level of care. Areas of action will include:

- Recurrent funding of the additional **100 WTE** paramedics and technicians recruited last year;
- Support for the recruitment and training functions to **maintain capacity at commissioned levels**, whilst smoothing the balance of the available workforce between **urban and rural areas**;
- Fully staffing the **CHARU service**, with focussed recruitment into rural areas and action taken to **adapt the model** to maximise outcomes for patients;
- Developing improved career pathways for staff, including review of **Band 4 technician** role;
- Increasing capacity through continuing our programme of **managing attendance** towards a target of 6% over the 3 years;
- Working closely at all levels with health boards to support them in **reducing handover delays** and aligning our **escalation** arrangements with theirs. We will continually model the right level of capacity as handover levels fall.

We will develop and grow our capacity and capabilities to provide the right care for those patients with **urgent, same day health needs**, treating more patients on scene or where required referring confidently and safely into health board services within the community, avoiding the need for conveyance and possible admission into secondary care and helping to reduce system pressures. It is clear to us that there will be a range of different responses required, some of which we will provide ourselves and others which will be provided in **partnership with health boards** or other health care providers. Areas of focus in the next 3 years are set out below.

### Advanced Paramedic Practitioners (APPs)

Our ambition will be to grow our APP workforce by **up to 40 per year** for the next 3 years (**16 in Year 1**). This will involve providing permanent roles for those who successfully complete the existing master's education programmes, but will also require us to increase the pipeline of those in education. This workforce will not only be **deployed within the Trust**, directly providing clinical care for patients with urgent care needs who access our services but could also be **embedded in health board services**, where their skills and experience are in demand. Examples at present include rotational models into primary care, the Safer at Home team in Cardiff and Vale and APP navigators working in multi-disciplinary, remote clinical settings in 3 health board areas.

#### Decarbonisation and Sustainability

We will continue to support patients at home wherever possible. Our clinical professionals will drive fewer miles and support alternative care pathways. We will build on the success of our innovative fleet solutions, exploring all opportunities to develop a low emission, versatile and appropriate fleet, whilst ensuring that patient safety remains at the forefront of delivery.



To inform the new clinical response model, we will continue to focus on optimising the dispatch processes through 'tests of change' to ensure APPs are allocated to the right calls aligned to where they offer the greatest patient and system benefits. With many of our APPs now **independent prescribers**, over the course of the next 3 years, we will move to a position where all APPs can prescribe.

As this workforce grows, we will need to ensure that there is robust clinical leadership and supervision, and in 2024/25 we will identify and implement a **new clinical leadership structure** that will enable our APPs to operate safely and confidently at the top of their skill set.

## Falls Service

Over the next years we will review the model of falls provision including **Level 1 falls** and **Level 2 Falls and Frailty services**, considering the demand and capacity modelling undertaken and with an imperative to outline a model which enables patients to be swiftly and safely lifted from the floor, reducing the impact of potential long lies and improving subsequent clinical outcomes. The enhanced Level 2 service offers a response to patients experiencing complexity, experiencing a new onset or worsening of frailty, providing access to a timely response, receiving support closer to home, working in partnership with health boards. We will look to expand the number of Level 2 services in advance of next winter.

## Mental Health Services

We will develop our **Mental Health and Dementia Plan**, working with Welsh Government partners on the new 10-year mental health strategy for Wales.

Mental health calls represent around 10% of ambulance demand and continue to increase. These calls are often complex and a significant challenge to a generalist workforce. Mental health service users are twice as likely to experience significant waits than others in this highly unsuitable environment when in distress.



However, through the introduction of **Mental Health Practitioners** in our Clinical Support Desk we have made positive improvements achieving increased consult and close rates reducing the need for ambulances and reducing impact on EDs.

Whilst there have been significant improvements for patients it remains the case that a proportion of our mental health calls will still require a face-to-face assessment. In other areas of the UK **mental health response vehicles** have been introduced to address this need resulting in increased see and treat rates and reduced conveyances to ED. Our team has reviewed outcomes from other areas with significant see and treat rates of 85% with 95% positive staff feedback and a 100% staff perception that service users had benefitted from the service.

We are currently testing mental health response in collaboration with Aneurin Bevan UHB, with early data suggesting performance in line with findings in England. We will use the evidence to confirm the model we wish to deploy and then implement this in key areas across Wales. We will explore the opportunity to increase the Mental Health Practitioners capacity and create a portfolio career that enables us to respond remotely and in person through the MHRV to people in crisis.

Additionally, we are looking to develop our mental health offer further to ensure we have the capacity and capability to respond to the '**Right Care Right Person**' ([Link](#)) **implementation**. The impact of this in areas that have commenced has been significant to ambulance services; within South West Ambulance Service they have experienced a 25% increase in mental health contact and in London Ambulance Service over half of their mental health response vehicles have been taken up by RCRP demand. Without increased resource there is a risk that patients with mental health needs will fall in between services (Police/ NHS/ Social Services) and be left without the support and treatment they require exposing the trust to organisational risks.

We will continue to **develop our internal training for our people** to support them with the skills and knowledge required to support mental health needs including children and young person's mental health, perinatal mental health and personality disorders. In addition to this since May 2023 we have offered weekly suicide first aid virtual classroom training to all Trust staff. Finally, the team is ambitious that the training provided to staff is formalised through the provision and development of a level 7 mental health crisis assessment module to further develop the knowledge, skills and experience of our people in effectively treating mental health patients; discussions are underway with HEIW to deliver this.

We will continue to progress establishing our **optimal configuration for dementia friendly ambulance environments** by establishing a program to assess national initiative and opportunities available to the Trust. The MHD Team has completed Phase 1 of the of this program in piloting Reminiscence Interactive Therapy Activities (RITA) tablets on our ambulances. The RITA pilot has now been evaluated with positive outcomes and there are ongoing discussions with our commissioners to explore funding options and further rollout.

Phase 2 is a 12-month pilot that began in September 2023 focusing on the internal ambulance environments and ameliorating their aesthetics to **promote a positive and therapeutic dementia friendly environment**. The pilot is being carried out in Ceredigion area and utilises local imagery on windows, reminiscence booklets and music therapy for 2 NEPTS vehicles. Finally, the team have been working in partnership with Cardiff & Vale HB to explore pathways in their Emergency Department for dementia patients, focusing on the admissions process, improvements to the handovers, training and ED environments.

### **Learning Disabilities and Neurodiversity**

An extensive programme of engagement and development work has taken place to improve the experiences and outcomes for those with a learning disability accessing Trust service and this will continue.

In September 2023 representatives were invited and presented to the Learning Disability Ministerial Advisory Group on progress made in key areas and the Trust's ambitions for how it might meet the needs of people with a learning disability moving forward. The presentation was well received and led to discussions including flagging of individuals, systems that speak to each other so clinicians can learn about individuals' needs, frequent callers, the intersectionality of learning disability, neurodiverse and ethnic minority communities and further engagement and networking opportunities.

We will therefore develop a plan setting out how we are **supporting people with learning disabilities and neurodiverse service users** throughout the period of this IMTP.

### **Access to alternative pathways**

The numbers of our patients safely referred to alternative pathways has remained low for many years. As part of their strategies and plans, health boards continue to develop their preventative offer as well as growing the numbers of primary and community care services which allow patients to stay at home. Direct access to these services for our remote or road clinicians to use will support the reduction of conveyance to EDs. Our teams will continue to engage with health board and Welsh Government colleagues through Integrated Commissioning Action Plans (ICAPs) meetings and the Six Goals programme to influence and drive this agenda. The six goals programme has a focus on referrals into **Same Day Emergency Care**, where there is the potential for around 4% of our demand to be referred into these services but is also working on pathways for specific groups of patients such as **fallers, chest pain, breathing problems and those with mental health needs**. Our APPs also offer benefits in providing a pathway within WAST for some of these conditions.



The changes which we have outlined here, coupled with reductions in handover delays, have been modelled in our 2023 EMS Demand & Capacity Review, with initial and draft results demonstrating that it is possible to deliver a service for Wales which consistently responds immediately to those with life threatening or emergency needs as well as improving outcomes for all other patients by providing a more bespoke and appropriate response that meets their needs. This independent and collaborative strategic EMS Demand & Capacity Review will be presented to the new Joint Commissioning Committee in the first half of 2024/25 for determination of next steps and future investment.

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

The Trust is a category one responder under the Civil Contingencies Act 2004, the framework for civil protection across the UK. This legislation determines how we plan for and respond to emergencies, manage

our business continuity arrangements, and co-operate with other agencies. A key strand of our preparedness relates to the Manchester Arena Inquiry. **The Manchester Arena Inquiry:** Volume 2 was released on the 22<sup>nd</sup> November 2022. 149 recommendations were made within the report and each emergency service across the UK is required to assess their own capabilities against these recommendations. Having carried out that review, we will make recommendations to our commissioners detailing the additional or different resources required to ensure we are able to respond effectively to a mass casualty incident in the numbers required.







#### 4.2.2 Volunteers

This year marks **Year 4 of our inaugural volunteering strategy**. Whilst significant progress has been made in years 1 to 3 in developing our volunteering offer and embedding our volunteers within Team WAST, there remains more to do.

The **development of our Community Welfare Responder role** as part of the broader Connected Support Cymru programme is at the heart of our enhanced volunteering experience. Additionally, our **new volunteer management system will also go live**, streamlining much of our administrative processes and improving our information systems. We will also develop our function-based model across our volunteer management team and continue to increase our numbers of Community First Responders and Volunteer Car drivers with ambitious recruitment programmes across both programmes.



IMTP Objective	Year 1	Year 2	Year 3
 <i>Immediate 999 call answering, and efficient and effective dispatch of the right resource</i>	<ul style="list-style-type: none"> <li>New management structure EMSC Q2</li> <li>Implement single allocator model, dispatch roster review &amp; boundary changes Q2</li> <li>Deliver targeted support around culture and change Q4</li> <li>Implement rapid clinical screening and dispatch Q3</li> </ul>	<ul style="list-style-type: none"> <li>EMS &amp; NEPTS CAD business case(s) written</li> </ul>	
 <i>High quality, timely, clinical triage, assessment and consultation, with personalised response</i>	<ul style="list-style-type: none"> <li>Recruit additional 23 remote clinicians from Q1</li> <li>Connected Support Cymru: Deploy 600 Community Responders/ 50 'ambulance in a box' throughout the year</li> <li>New clinical response model agreed by end of Q2</li> <li>Scope interoperability of 111/ 999 by Q4</li> </ul>	<ul style="list-style-type: none"> <li>Develop business case for ongoing funding for CSC</li> <li>Recruit and grow MDTs</li> <li>Wearable tech implemented</li> </ul>	<ul style="list-style-type: none"> <li>Implement full CSC (subject to funding)</li> <li>One remote clinical assessment team</li> </ul>
 <i>High quality, immediate or timely on scene assessment, care and conveyance where needed</i>	<ul style="list-style-type: none"> <li>Maintain commissioned staffing levels, and smooth between urban and rural Q4</li> <li>Fully roll out CHARU Q2 and implement plan to improve effectiveness Q3</li> <li>Employ 16 APPs completing masters Q1</li> <li>Commission 16 APP training places in Q2</li> <li>Implement APP clinical leadership in Q2</li> <li>Year 4 - volunteering strategy actions Q4</li> <li>Manchester Arena Inquiry (MAI) investment case completed Q1</li> <li>Develop response to RCRP and share with commissioners Q1</li> </ul>	<ul style="list-style-type: none"> <li>Further growth in APP numbers (up to 40)</li> <li>Strategy agreed for embedding APPs into HBs</li> <li>Expand number of APP prescribers</li> <li>Implement MAI recommendations subject to investment</li> <li>Year 5 actions - volunteering strategy</li> </ul>	<ul style="list-style-type: none"> <li>Further growth in APP numbers (up to 40)</li> <li>All APPs now prescribers</li> <li>Implement MAI recommendations subject to investment</li> <li>New volunteer strategy</li> </ul>
 <i>A range of 24/7 pathways available for further assessment or treatment, closer to home</i>	<ul style="list-style-type: none"> <li>Evaluation of APP navigator model Q3</li> <li>Evaluation of mental health response in AB and design and deploy model Q3</li> <li>Evaluate falls &amp; frailty services and expand Level 2 Q3</li> <li>Work with health boards to improve SDEC access throughout year</li> </ul>	<ul style="list-style-type: none"> <li>MH response expanded to more health board areas</li> <li>Falls level 2 expanded to more health board areas</li> </ul>	<ul style="list-style-type: none"> <li>MH response reviewed to ensure sustainability and value</li> <li>Falls level 2 expanded to more health board areas</li> </ul>

### 4.3 Ambulance Care

#### What will good look like for Ambulance Care users in 2027?

- Eligible patients receive a prompt, modern transport service to their appointments with easy booking and tracking systems.
- Patients needing to be transferred from one hospital to another are conveyed to the right place quickly and safely, which helps hospitals manage flow.
- Patients are transported home safely without having to wait



#### What will be different?



- All performance targets on timeliness will be exceeded.
- Improved efficiency – fewer on day bookings and cancellations
- All inter-site transfers will be provided within time specified.
- Patient satisfaction rates will have increased.

Ambulance Care comprises of our Non-Emergency Patient Transport Service (NEPTS), our Urgent Care Service and a specifically commissioned Inter Hospital Transfer Service to support Aneurin Bevan University Health Board's model of care. These services have a critical role in enabling flow across our health system and access to planned care across Wales for patients that are eligible for transport. Ambulance care plays a vital role in supporting **Goals 5 and 6 of the Six Goals.**



We have made significant progress on our continuing transformational journey in Ambulance Care; implementing improvements whilst also working on our **strategic vision** for the future, we have undertaken modelling in our service areas to consider how we can continue to maximise our potential offer to support

the health system whilst continuing to improve quality and patient experience. The key areas we will take forward this year will be the ongoing **development of our vision**, and the underpinning transformation plans for ambulance care, consolidating the work we have done for NEPTS, Urgent Care and the ambitions around Transfer & Discharge.



### **Non-Emergency Patient Transport Service**

*A flexible, user-centred transport service, ensuring patients can access their outpatient appointments on time and are discharged home safely.*



We continue to build on the transformational collaborative work with our health board partners and Trusts, introducing **an extended enhanced hub** to support our **oncology patients**, building on the success of the renal enhanced hub, providing an improved service to patients. We also will continue our work and develop an enhanced joint implementation plan for oncology patients to enable further improvements.

We are also committed to working collaboratively with health boards to develop in partnership some outcomes and principles to jointly improve the proportion of

discharge and transfers **booked in advance** which will enable a more efficient service and reduce the number of **on the day cancellations**.

We have also reviewed our **liaison service** model and proposed some changes to our commissioners to enable greater support to the systems flow; in 2024/5 we aim to agree and implement a preferred model.

We will also seek to implement recommendations from the demand and capacity review for NEPTS which includes **re-rostering** in both our NEPTS contact centre (NET centre) and on the road.

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

We are reviewing and enhancing our ICT systems to:

- offer our patients and healthcare professionals different ways to book, review and update transport requests,
- review and build upon pilot testing that has been underway this year to integrate our ICT systems with health board patient administration systems to help reduce late notice cancellations.

#### **Decarbonisation and Sustainability**



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







### **All Wales Transfer and Discharge Service**

*A national service, still in development, which will provide a dedicated resource to ensure patients can be conveyed in a timely way between hospitals, to access the right level of care for their needs*

Increasingly, as described in the section below, health boards are developing new service models which see centralised services and a greater need for movement between hospital sites. We will work with Commissioners on the development of the **All-Wales Transfer and Discharge service**. Work was commenced in this year, but we will build on the concept and the outcomes of the modelling and will specifically focus on how this service can be provided in a financially sustainable way.

★★★★ We will continue to develop and strengthen the focus on delivery and reporting of improved **patient experience** and **service quality** including the implementation of the Welsh Ambulance Quality Standard Award which will ensure Ambulance services across Wales are delivered in the most safe and consistent possible manner.

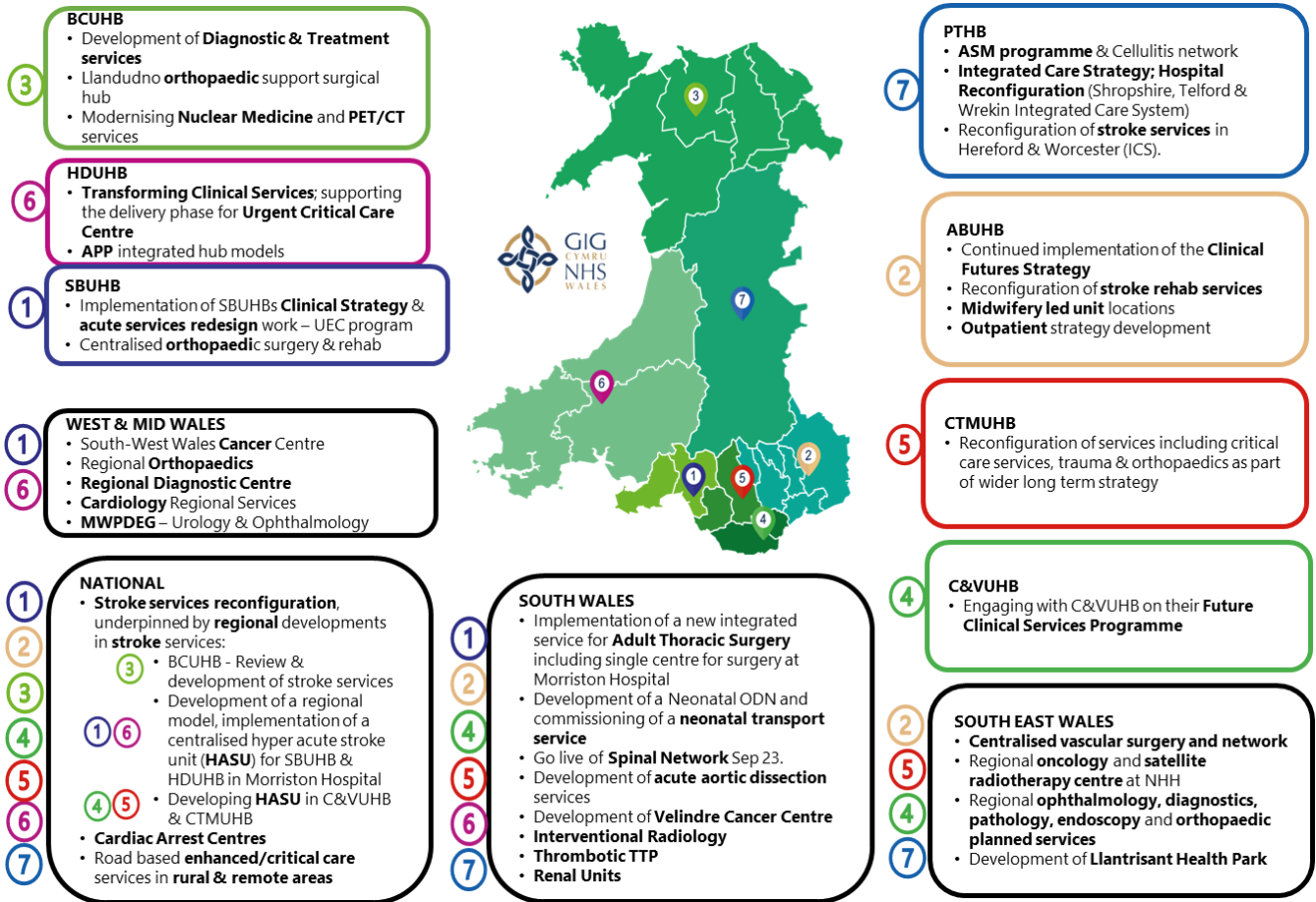
IMTP Objective	Year 1	Year 2	Year 3
 <p><i>A flexible, user-centred Non-Emergency Patient Transport Service with the right capacity in place to meet demand</i></p>	<ul style="list-style-type: none"> <li>New systems implemented to reduce cancellations &amp; same day bookings Q4</li> <li>Re-rostering across NEPTS Q4</li> <li>Enhanced oncology implementation plan Q4</li> <li>UCS review implemented Q2</li> </ul>	<ul style="list-style-type: none"> <li>Continued implementation of reductions in same day bookings</li> <li>Continued implementation of oncology plan</li> </ul>	
 <p><i>A dedicated and timely transfer &amp; discharge service supporting HBs with their transformation agendas</i></p>	<ul style="list-style-type: none"> <li>Implement new protocols in CAD for transfers in Q1</li> <li>CAD system upgrade and exploration of integration with EMS CAD by end Q4</li> <li>T&amp;D national model agreed with commissioners Q4</li> <li>Plan for 24/7 major trauma desk (subject to funding) by Q4</li> </ul>	<ul style="list-style-type: none"> <li>T&amp;D implementation (subject to additional cost)</li> <li>Wales-wide major trauma desk (subject to funding)</li> <li>Implement clinical desk model for seamless integration of all transfers</li> </ul>	
 <p><i>A clear vision for Ambulance care services that supports wider health and care transformation</i></p>	<ul style="list-style-type: none"> <li>Commissioner led strategic review completed Q1</li> <li>Internal vision for Ambulance Care services agreed in Q2</li> </ul>		
 <p><i>A high quality, safe service with improved patient experience</i></p>	<ul style="list-style-type: none"> <li>Quality assurance mechanisms for external providers further enhanced Q4</li> </ul>	<ul style="list-style-type: none"> <li>NEPTS Fleet Review</li> <li>User experience evaluation (link to work on Value Based Health Care)</li> </ul>	<ul style="list-style-type: none"> <li>Business Case for NEPTS Fleet</li> </ul>

#### 4.4 How will health board strategic plans affect us?

Our services are recognised as a key enabler of transformational changes across the system to enable access to sustainable and specialist services across the country; working together to ensure safe and effective pathways into services whilst also planning for the additional demand for transfers, repatriations and discharges where required. We continue to work collaboratively and proactively with health boards and Clinical Networks to support strategic, **transformational service changes** (national, regional and local) across Wales to ensure the best possible outcomes and experience for the people of Wales.

We need to remain flexible to change but realistic in the context of the demand on our service and the capacity to deliver change at pace. We will take account of the full range of strategic service changes in Wales as we develop options for a Transfer & Discharge service in collaboration with health boards.





The map above provides an overview of the main service change programmes of work where we are working collaboratively with partner organisations. For effective planning it is important to have timely and meaningful communication, and we will be **focussing resources to co-ordinate our role in local, regional and national planning across health board areas and NHS networks.**

## 5. Our people

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

#### What will good look like for our people in 2027?

- ❑ Culture: Our people will experience WAST as an exceptional place to work, volunteer, develop and grow
- ❑ Capacity: our people will embrace change, be highly skilled, belong to a profession and have access to development and career pathways.
- ❑ Capability: we will see compassionate, collaborative & courageous people and leaders, benefitting from bespoke development programmes, demonstrating a growth mindset



#### What will be different?



- ❑ Sickness absence will be below 6%
- ❑ Turnover rates will have fallen.
- ❑ Engagement scores will be amongst highest in Wales.
- ❑ Staff will have regular check-ins with their manager.
- ❑ More colleagues will be part of our networks.

### 5.1 Our workforce profile

In order to deliver our ambitions in terms of service transformation, it is **critical** that we have the right people in the right posts at the right time and we must enable them to be the best they can be.

We will shortly be publishing our **Strategic Workforce Plan**, developed in collaboration with colleagues across the organisation. This dynamic document gives the framework for workforce planning priorities for the next five years to support the organisation's aspirations. In particular it will address: the future workforce skill mix; the role for advanced and enhanced practice and consequential education requirements; how we accommodate portfolio careers and develop rotational models; and how the use of digital will play out over the next few years in people's working lives.

Our Integrated Technical Planning Group brings together colleagues across the organisation to work on the holistic picture including clinical skills, education and training, planning, fleet and estate teams to ensure the organisation is taking a co-ordinated approach to planning the deployment of its key resources. This supports a cross-functional approach to developing and deploying our workforce to maximise their impact and productivity.

#### Workforce Challenges

Appendix 1 sets out some of our key workforce challenges. A key area with a direct impact on our ability to deliver high quality services is **sickness absence**. Following some significant improvements since 2021/22, we have seen a slight increase in sickness absence over the last few months, most likely attributed to seasonal variation. There has continued to be a concerted effort to support and manage colleagues back into work alongside a proactive approach focused on culture change and support.

## WORKFORCE PROFILE



We have hard to fill posts and **recruitment challenges** in some **rural areas** for jobs at all levels. We will be working with universities to set realistic expectations for newly qualified paramedics in terms of locations and will review what can be done to deliver some wrap around support and incentivisation for these rural areas.

### Workforce System Improvement and Future Programmes Plan 2024 – 2027

A further challenge over the coming three years is the **Future NHS Workforce Solution Programme**, which is one of the biggest digital transformation programmes NHS Wales staff will experience for some time and will run throughout the three-year term of this IMTP and beyond. This national transformation programme will provide a robust, intuitive, agile workforce system that meets the evolving needs of NHS Wales.

## 5.2 People and Culture

To align with our People and Culture Plan ambition of an inclusive, professional and psychologically safe organisation, our IMTP objectives fall under our three Cs of **Culture, Capacity and Capability**. We also continue to set out three clear **Commitments** which our people have told us are important in terms of their workplace experience.



### Culture

The aims under the Culture theme are threefold. Firstly, we aim to **enhance and strengthen our internal capacity to drive culture change**, with a particular emphasis on further developing and leveraging the Culture Champion role, Change Agents, and our staff networks. These individuals will play a pivotal role in championing and supporting our ongoing cultural transformation.

Secondly, our focus extends to **developing and amplifying employee voice**, for both individuals and collectively through social partnership, a crucial component for increasing overall employee engagement. To achieve this, we will mobilise various tools such as team diagnostics embedded in the culture health check toolkit, Hive pulse surveys, CEO Roadshows, Freedom to Speak Up initiatives, Voices Network, employee recognition programs, and the proactive scrutiny of exit interview feedback. Additionally, we will continue to prioritise creating a workplace that is safe and respectful by addressing concerns related to Sexual Safety and Misogyny.

Thirdly, our focus extends to **developing and amplifying employee voice**, for both individuals and collectively through social partnership, a crucial component for increasing overall employee engagement. To achieve this, we will mobilise various tools such as team diagnostics embedded in the culture health check toolkit, Hive pulse surveys, CEO Roadshows, Freedom to Speak Up initiatives, Voices Network, employee recognition programs, and the proactive scrutiny of exit interview feedback. Additionally, we will continue to prioritise creating a workplace that is safe and respectful by addressing concerns related to Sexual Safety and Misogyny.

Thirdly, we are committed to incorporating **compassionate practices** into all our people-focused activities. This involves a comprehensive plan with all managers undergoing additional training, accompanied by guidance and support materials. Case reviews and coaching sessions are integral elements of this approach, ensuring that our leaders consistently embody and promote compassionate practices in their interactions.

## Capacity

Under the Capacity theme, our IMTP objectives are geared towards delivering on **our Strategic Workforce Plan**, a dynamic document essential for aligning workforce requirements with the ongoing business transformation.

Concurrently, we continue in our efforts to embed a **culture of positive attendance management** through targeted interventions, supporting colleagues to remain in the workforce, and actively implementing our Health and Wellbeing Plan. The Health and Wellbeing Plan also recognises the significant impact of employee experience and the growing evidence that no amount of individualised wellbeing support will mitigate for poor experience.

Our continued focus on the experience of work and enabling our capacity to provide new patterns of work including flexible working options and listening to our people as their external and personal experiences change the support that they need to continue to be their best in work. This also applies to our volunteers and we want to ensure their experience and support reflects our appreciation of their outstanding support.

Additionally, we maintain **our focus on 'getting the basics right'**, which involves preparing for the implementation of the ESR (Electronic Staff Record) replacement system and enhancing our systems and processes for greater efficiency. A key aspect of our capacity-building efforts is the publication of a refreshed Health & Wellbeing Plan for the Trust, the Health Check Pilot Programme and Health Surveillance, providing diagnostic access for staff and facilitating ongoing evaluation of our health initiatives.

## Capability

Our objectives centre around developing the **capability of leaders and managers** to lead and manage change while reinforcing the evolving organisational culture outlined in the People and Culture Plan. Initiatives such as the Management Essentials Programme, Team Culture Health Check Toolkit, coaching and mentoring skills to enable managers to facilitate conversations around issues including equalities, diversity and inclusion, 'Our WAST Way', form the cornerstone of this objective.

We are dedicated to **growing and nurturing our leadership and management capability for the future**. Providing a career development pathway for leaders and managers within the Trust demonstrates our commitment to growing leaders of the future through building an internal pipeline of talented and skilled colleagues committed to cultural change and transformation. It is imperative that our leaders possess the necessary skills to facilitate conversations around protected characteristics and EDI issues. There will be an intensified focus on coaching and mentoring efforts to address EDI issues and inappropriate behaviour promptly ensuring ongoing support for team needs, relationship strengthening, and early issue management.

We understand the importance of **reinforcing professions and professional development**, across the entirety of the workforce. Finalising the People Development Plan is a critical component of this objective; providing a clear summary of job families, progression routes and the support accessible throughout careers to nurture talent and navigate the opportunities available.

To **create an environment conducive to growth and well-being**, we will emphasise effective and ongoing conversations, 'Check Ins', that contribute to improved individual and team performance and development.

Throughout these endeavours, the golden thread of equality, diversity, and inclusion (EDI) runs, underpinning all aspects of our operations. This commitment includes publishing and **delivering our Strategic Equality**

**Plan (SEP)**, ensuring adherence to statutory requirements, and making EDI a cornerstone of our organisational culture.

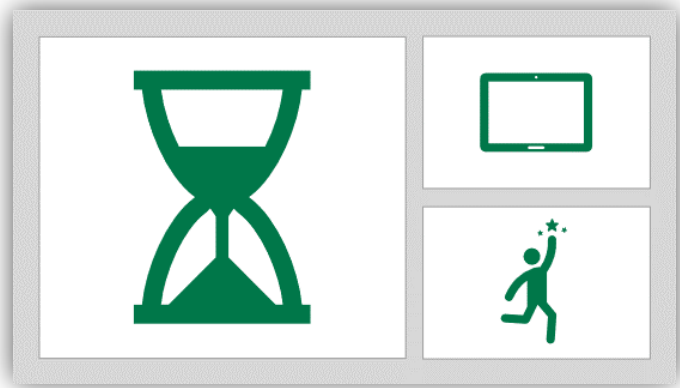
In alignment with our commitment to equality, diversity, and inclusion (EDI), we will continue to actively **monitor compliance and ensure the correct reporting procedures**, adhering to the public sector duty and relevant statutory requirements. As part of our comprehensive approach, we prioritise the publication of key reports and plans to transparently communicate our progress and actions in the realm of EDI.

Through our experience work with communities, we are noticing that poor patient experiences relate to those who come under specific characteristics of the Equality Act with instances where we have not made reasonable adjustments or assessed the specific risks for these patients. This is particularly the case in some of our Ambulance Care services and we need to ensure that our work around EDI is holistic and captures the individualised needs to our service users as well as our people.

Underpinning our EDI commitment are specific actions aligned with SEP Objectives for the coming years. This comprehensive framework ensures that our EDI initiatives are not only monitored do but also strategically implemented, contributing to a workplace that is diverse, inclusive, and committed to eliminating discrimination.

## Commitments

In our 2023-26 IMTP we made a clear commitment to our people to address three key issues that came through feedback from them during engagement opportunities. From the feedback staff and volunteers have given us again this year we know these are still as important to them and we have further work to do. It is imperative that we make better progress on this through the next financial year.



- **Shift overruns:** we made progress in 2023/24 in some areas of Wales by implementing 'holding areas' allowing staff to take breaks and end their shift whilst patients are looked after by dedicated ambulance staff in clinical areas outside or near to the Emergency Department. Whilst it is not certain that we can maintain these areas indefinitely we are seeking to implement them at other sites where there are persistent handover delays and will explore other opportunities to support staff at end of shift to maintain a good work/life balance.
- **Digital Experience:** we have made strides in developing tools and training to support digital literacy and process automation. However, we have further to go to including implementing a simplified sign on solution across our PCs and iPads, as well as delivering automated solutions for our colleagues to reduce the burden of manual tasks where possible.
- **Flexible working:** there has been progress in developing a culture whereby flexible working has less barriers for, particularly, frontline staff. In 2024/25 there will be additional legal requirements for the Trust to ensure there are no barriers to flexible working and this programme of work will continue.

### Decarbonisation and Sustainability

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





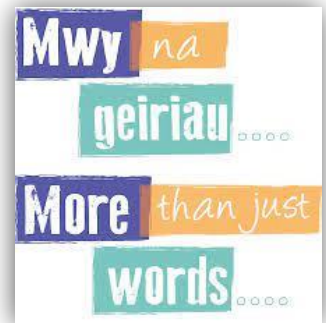
IMTP objective	Year 1	Year 2	Year 3
<b>Culture</b>	<ul style="list-style-type: none"> <li>Strategic Equality Plan published Q1</li> <li>Dedicated Guardians appointed Q1</li> <li>Expand culture champions, change community and network membership by Q4</li> <li>Assess impact of cultural toolkit by Q4</li> <li>Review Allyship &amp; Bystander training in Q3</li> <li>Identify and implement measures to promote the employee offer by Q3</li> </ul>	<ul style="list-style-type: none"> <li>Further development and roll out of compassionate practices, equality, allyship &amp; bystander training</li> <li>Continue to expand and develop our networks</li> <li>Evaluate impact of employee offer on recruitment</li> <li>Seek organisation-wide feedback on psychological safety levels</li> </ul>	<ul style="list-style-type: none"> <li>Continue to build our desired culture</li> <li>Review and evaluate interventions to inform future plans</li> <li>Refresh our People and Culture Plan</li> </ul>
<b>Capacity</b>	<ul style="list-style-type: none"> <li>Health and Wellbeing plan finalised Q4</li> <li>Approved Strategic Workforce Plan Q1</li> <li>Implement retention work plan by Q4</li> <li>Support ESR optimisation and replacement programmes - ongoing</li> <li>Refresh and deliver managing attendance programme - ongoing</li> <li>Carers support initiatives commenced Q1</li> </ul>	<ul style="list-style-type: none"> <li>Implementation of Health &amp; Wellbeing Plan</li> <li>Year 2 delivery Strategic Workforce Plan</li> <li>WAST support for potential early adopter of ESR replacement system</li> <li>Continue to establish a pathway of support for Carers within the organisation</li> </ul>	<ul style="list-style-type: none"> <li>Year 2 delivery plan for Health &amp; Wellbeing Plan</li> <li>Year 3 delivery and review of Strategic Workforce Plan</li> <li>Readiness for transition to ESR replacement system</li> <li>Continue to establish a pathway of support for Carers within the organisation</li> </ul>
<b>Capability</b>	<ul style="list-style-type: none"> <li>Coaching and mentoring of leaders &amp; managers focussed on EDI -ongoing</li> <li>Implement People Management Essentials by Q4</li> <li>Finalise People Development Plan by Q4</li> <li>Introduce ongoing 'check ins' to support formal PADR by Q4</li> </ul>	<ul style="list-style-type: none"> <li>Refresher training in workforce planning to support reviews of workforce, training &amp; succession plans</li> <li>Leadership aspects of Strategic Equality plan continue to be delivered</li> </ul>	<ul style="list-style-type: none"> <li>Expand opportunities for colleagues to embrace and develop within their profession and demonstrate those professional qualities and standards in all that they do</li> </ul>

**Commitments:**

To develop **flexible working** across the organisation  
 Commitment to reduce **shift overruns**, through partnership working across NHS Wales and with TU partners & our people  
 Improve our people's **digital experience** through a refreshed digital plan

### 5.3 Welsh language

Leadership is a key driver for the successful implementation of **More than just words**. We will need strong leadership to underpin the actions to transform Welsh language provision for the future, to drive the impetus for change and create a culture where people feel empowered to use the Welsh language each day at work. This is more than just compliance with statutory requirements, it should be something inherent in what we do in **working towards the 'Active Offer'**. An Active Offer simply means providing a service in Welsh without having to ask for it and having the Welsh language as visible as the English language.



During this financial year we improved our compliance with the Welsh Language Standards and our delivery of an Active Offer by **centralising our translation service** with the recruitment of a Welsh Language Translator. This has increased our ability to provide bilingual services to our service users and to our staff. Our **111 Service** implemented an improvement plan that included new ways of working in order to increase its ability to answer calls from our service users in Welsh. A new **mandatory Welsh language awareness course** was introduced to staff and we will seek to further promote the course through this IMTP period to increase compliance.



In Year 1 we will seek set to develop a **baseline for compliance** with the Welsh language standards and to introduce and implement a new **Welsh Language Policy** for the promotion and facilitation of the Welsh language. As part of our commitment to the More Than Just Words Action Plan we will seek to complete our Strategic Workforce Plan which contains a

Welsh language workstream where work will progress via a **Welsh language skills gap analysis** followed by training and development initiatives and recruitment strategies.

We will continue to ensure compliance with the Welsh Language Standards, reported and monitored regularly to the Board and via the CEO and Chair through their accountability to the Minister.

IMTP objective	Year 1	Year 2	Year 3
<p><i>Strengthen Welsh Language compliance through strong leadership, enabling Welsh language to flourish</i></p>	<ul style="list-style-type: none"> <li>• Welsh language policy approved and communicated in Q1</li> <li>• Welsh language standards baseline established in Q2</li> <li>• Toolkit for senior leaders &amp; Board developed by Q4</li> <li>• Welsh language advisory group established in Q2</li> </ul>	<ul style="list-style-type: none"> <li>• Recruitment strategy developed to attract and evaluate candidates based on their Welsh language proficiency</li> <li>• Introduction of minimum 'courtesy' level of Welsh language skills</li> </ul>	<ul style="list-style-type: none"> <li>• Develop our priorities for Welsh language in line with a refresh of the plan for compliance</li> </ul>

## 6. Infrastructure – estates, fleet and climate change

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

Key to the ambition for the design and infrastructure of the organisation to be at the forefront of innovation and technology are our **estates and fleet**. Building on a period of growth in 2022/23, the 2023/24 year has seen the progression of a number of schemes to enhance and improve the estate, whilst disposing of some of our poorest condition estate. This ensures we can work towards having the right buildings and vehicles in the right place for our staff to provide best and safest care across Wales.

Our increased focus on the start of the patient pathway is supported by progress in projects to relocate staff from Bryn Tirion and accelerated plans for a revised Llangunnor CCC footprint. We have supported our Fleet and Commissioning Teams in strengthening their regional presence with the opening of the South-East Workshop and Commissioning Centre in Merthyr Tydfil and supported front line EMS operations through relocation of Cwmbran Ambulance Station to Beacon House, and further accelerating plans for a Dolgellau Ambulance station. 2023/24 has also seen us dispose of poor and inefficient estate at Blackweir in Cardiff, and Cefn Coed in Swansea.



The **Estates Strategic Outline Programme (SOP)** and **Fleet SOP** (refreshed in 2021) have been fully endorsed by Welsh Government enabling us to work towards producing a series of business cases to achieve this vision. We continue to align with the strategic ambitions of these plans, but there is now an opportunity to refresh these plans. We will need to respond to our major challenges and risks to ensure we have the right estate and the right fleet profile in the right place to support any planned growth in services linked to our transformed service offer.



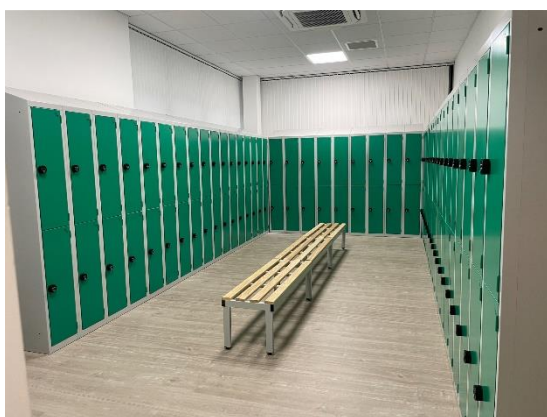
In refreshing the SOPs, the **“Make Ready”** concept continues to be at the forefront of operational site business case development and operational teams are a vital component in ensuring our premises are fit for the future.

#### Decarbonisation and Sustainability



Improvements within our estate and fleet are central to our ambition of reducing carbon emissions. We will deliver a range of dedicated schemes across our estate through WG funding (EFAB) and embed decarbonisation elements in all our estate improvements.

In 2024/45 we will complete the relocation of staff from **Bryn Tirion to Ty Elwy**, providing a modern and fit for purpose facility which brings EMSC, Ambulance Care, Resources and 111 into the same building. We will complete work on a new ambulance station in **Dolgellau**, and we will further progress our delivery of a new footprint within **Llangunnor CCC** (with work anticipated to complete in 2025/26).



We also continue to consider the impacts for our corporate staff on **agile working practices** and have three modern fit for purpose office spaces at Cwmbran, St Asaph and Swansea which can be used by all our staff on a flexible and collaborative basis to ensure that we provide good facilities for staff to meet, and work from, as and when they are required, whilst ensuring that we maximise the use of Trust assets and building occupancy.

At the time of writing, prioritisation of schemes against the remaining 24/25 Discretionary Capital allocation is ongoing with a number of schemes being considered to address challenges

e.g. improvements to estate at Monmouth Ambulance Station and the Bangor Fleet Workshops, and replacement of iPads over their asset life.

A **modern and efficient fleet** is vital to ensure that we provide a high-quality service to our patients and a comfortable environment for our people to work within. In light of limited funding in 2023/24, we have submitted the **Business Justification Case** to Welsh Government for the 2024/25 vehicle replacement scheme and, subject to approval, over the next 12 months we will be replacing 157 vehicles across our fleet including EMS and Ambulance Care. As part of our commitment to reducing our carbon and vehicle emissions, we have focussed procurement on smaller and more efficient vehicles. For our Car Based Response Vehicles we will be seeking to provide a full EV solution, which is backed up with appropriate charging infrastructure.



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

IMTP objective	Year 1	Year 2	Year 3
<i>The right buildings in the right place, enabling our staff to provide the best and safest care across Wales</i>	<ul style="list-style-type: none"> <li>• Complete Dolgellau Ambulance Station (DC)</li> <li>• Complete Bryn Tirion relocation project (DC)</li> <li>• Refresh Estates SOP (AWC)</li> <li>• Business cases for Swansea, Newport, Llanelli &amp; Llandrindod Wells</li> <li>• Scoping work for Bangor Fleet workshop &amp; Monmouth</li> </ul>	<ul style="list-style-type: none"> <li>• Year 2 discretionary capital priorities</li> <li>• AWC bids – delivery of successful business cases &amp; development of next round of business case priorities</li> <li>• Delivery of Llangunor CCC new footprint (DC)</li> </ul>	<ul style="list-style-type: none"> <li>• Year 3 discretionary capital prioritisation</li> <li>• AWC bids – delivery of successful business cases &amp; development of next round of business case priorities</li> </ul>
<i>The right fleet in the right place, enabling our staff to provide the best and safest care across Wales</i>	<ul style="list-style-type: none"> <li>• Delivery of the 2024/5 Vehicle Replacement Programme</li> <li>• Consider timeline and process for a refresh of the Fleet SOP (AWC)</li> <li>• Fleet replacement BJC for 2025/26 (AWC)</li> </ul>	<ul style="list-style-type: none"> <li>• Fleet replacement BJC &amp; programme (AWC)</li> </ul>	<ul style="list-style-type: none"> <li>• Fleet replacement BJC &amp; programme (AWC)</li> </ul>

## 7. Our Digital roadmap

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

#### What will good look like for digital in 2027?

- We use cutting-edge systems to ensure impenetrable cybersecurity.
- Digital solutions are integrated into daily life, giving enhanced efficiency and experience.
- We lead in innovation with state-of-the-art technologies supporting strategic goals.
- We embrace a digital-first strategy for transformation, maintaining agility and patient-focused efficiency.
- We enable integrated, actionable data across

#### What will be different?

- No successful breaching cyber attacks
- Reduced numbers of calls to helpdesk and improved first resolution rate.
- Increased number of technology exploration projects scaled up.
- Increased number of users confident in accessing, using and interpreting data
- Increased levels of patient and staff satisfaction and adoption of our digital solutions

The other aspect of 'being at the forefront of innovation and technology' is **how we develop our digital offers** to support our service delivery and long-term strategic ambitions. This digital offer needs to keep pace with the needs of our patients and our people today but also the development of our future service model. Our long-term strategy 'Delivering Excellence', sets out how we could adopt digital technologies that provide greater, and seamless accessibility for our patients, support our people to provide timely, safe and effective services and to use data to inform how our system can operate optimally for the needs of future generations.

The **rapid progress of technology** presents both opportunities and challenges. We need to ensure we address the fundamental challenges of a 24/7 urgent and emergency care service which is heavily reliant on data and technology whilst balancing the need for progression and adoption of new technologies such as robotics and AI.

We are also faced with **workforce challenges**. In a competitive employment market for digital specialists, we need to ensure we can develop the capability and capacity of our digital teams to both ensure our essential services are maintained alongside the opportunities to be pioneers in digital health care in Wales.

**Decarbonisation and Sustainability**



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

We are not starting from a blank page. In November 2020 we published our first **digital strategy**. Whilst the 'Principles' and digital 'Missions' set out in the strategy remain important, we have begun to refresh and reframe our digital plan in light of the challenges we face and the opportunities available to us.

The refreshed plan will focus on five '**cornerstones**' which seek to attend to the '**here and now**' issues that require urgent attention, whilst also setting out a path towards **adoption of new technologies** and ways of working which will modernise our services, meeting the expectations (and limitations) of digital end users (both our patients and our people) whilst also providing greater efficiency and added value across the patient pathway.



Each of these cornerstones includes a range of options to move us forward, but this is a plan which covers 5 years and within that we will have to make choices and **prioritise** the most important programmes of work that will have the most benefit for our patients and our people within the resource envelope available. We will not do this alone, some of our advancements will require collaborative work across the system with our health board Partners and Digital Health and Care Wales (DHCW), particularly the implementation and

utilisation of the **National Data Resource (NDR)**. This will support how we deliver and measure the impact of our plan in a value-based way.

Our digital plan will underpin our commitment to data quality in support of the wider system in NHS Wales through enhancement of our **data quality provision and assurance plan**. Finally, one of our most important digital priorities that will feature in our refreshed digital plan is **information governance (IG)**, which sits within our IG strategy and compliance framework, as we seek to continually improve IG compliance across the Trust.

Our digital plan is in development and our key milestones for the next 5 years will be developed and agreed by the **end of Q2 2024/25**. We have committed in our financial plan to investing in our digital capacity and capability to ensure we are able to meet the challenges and opportunities that digital provides throughout across the 3 years of this IMTP. Publishing the plan will be the first and most important milestones in 2024/25.

## 8. Partnerships and the wider system

### Strategic Objective 4 - Developing services in collaboration

#### What will good look like for our partnerships in 2027?

- We will be seen as a credible, reliable, forward thinking and collaborative partner.
- We will have a shared vision for the ambulance service, supported by stakeholders and funders.
- We will work with non-traditional partners on innovative solutions and services.
- We will have a culture of democratised learning underpinning our university status.
- We will actively contribute to the Well-Being of Future Generations through well-being objectives.



#### What will be different?



- Improving scores on reputation metrics (TBD)
- Stakeholder support for strategy gained over a three-to-five-year timescale.
- Increased number of research projects ongoing
- Increased levels of alternative funding streams

### 8.1 Partnerships and engagement

We continue to **recognise the importance of partnership and collaboration** as we seek to redefine our role in the Welsh health and care system. This means working to develop strong relationships with our partners, predicated on optimising the use of public service resources to better serve our patients, ensuring that our strategic ambitions are aligned.

There is much to do to achieve this, including understanding more about how we are **viewed by our partners**, working with them to build and strengthen understanding and opportunities for collaboration.

We have ambitious ideas about how we can work very differently to meet the needs of patients, but we cannot achieve these ambitions in isolation. 2024/25 and beyond will see us reviewing our current

engagement framework in light of feedback secured through a range of mechanisms, including a **refreshed reputation audit**. What we learn and how we respond will be crucial in supporting our longer-term strategy.



While we have been working in the spirit of the Act for a number of years, 2024/25 will also be the year that sees the Welsh Ambulance Services formally come under the **Wellbeing of Future Generations Act**. This will bring with it a number of responsibilities, including **the development and publication of wellbeing objectives** by the end of March 2025, as well as further responsibilities aligned to the Act such as our duties under the Environment Act and Social Partnership and Public Procurement (Wales) Act.

**Aligning our strategy with the Act**, ensuring what we do now and in the future does not disadvantage our future generations and builds a stronger NHS that can meet their needs will be an important element of how we move forward.

We continue to be represented on six of the seven **Regional Partnership Boards in Wales**. Being visible at RPBs allows us to participate not only in system wide discussion with health, care and other partners about our collective challenges, but also to look for collaborative opportunities to make a difference for our population.

As a Trust, we have benefited from RPB funding through the **Regional Integration Fund (RIF)** for example to support falls services and trial a mental health response vehicle in South East Wales. In the next year, as public finances continue to be stretched, RPBs will doubtless be taking a keen interest in how their funds are spent and the outcomes for people that result from those investments.

#### Decarbonisation and Sustainability



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

We will continue to look for innovative ways to **work with RPB partners** to test and develop new approaches, to make sure our collective efforts are targeted, effective and improve access and wellbeing for our populations.

## 8.2 Academic partnership & democratised learning

Over the last couple of years, the Trust has been working hard to deliver **university trust status** and consolidate its approach to research, innovation and the democratisation of learning.

With a multiplicity of clinical, operational and corporate staff possessing a range of interests, skills and qualifications, coupled with an ambitious organisational strategy to redefine what it means to be an ambulance service, it is important that we enable our people, and our organisation, to be the best they can be.

If we are to genuinely develop as a leading ambulance service, it is important we **continue to innovate, support research and development**, both in testing new approaches with academic partners and using the best evidence available to inform our longer term plans.



The Trust continues to develop and deliver world-class research and innovation (R&I) which relies on local, national, and international partnerships. We operate within wider Health and Social Care R&I infrastructures and ecosystems and benefit from initiatives such as the UK Life Sciences Vision, UK vision for clinical research delivery, and saving and improving lives: future of clinical research.



We continue to deliver the Trust's **Clinical Strategy: Delivering Clinical Excellence** in Wales, which reflects the Health Care Research Wales (HCRW) policy perspective set out in Making Research Careers Work. We are embedding research across the organisation, encouraging, and developing our people to actively support high-quality R&I that is responsive to our population's care needs and translating evidence-based findings into our models of care. In 2023 we contributed to many local national and international policies and initiatives, such as the Innovation Strategy for Wales and NHS R&D Framework which will inform our own strategies and plans.

Confirmation has been received that the organisation will gain **university trust status from April 2024**. This will mark the culmination of a number of years of work and will help us drive our focus on innovation, research and learning to inform our future development. This is particularly important as we strive to meet the requirements of the new NHS Wales Research and Development Framework, which has pan-organisational impact.

April will also see a **new non-executive director** from academia join our Board, which will add another layer of expertise and support to our growing ambition.

The Trust's **Academic Partnerships Committee** will be the assurance committee for the NHS Wales R&D Framework and will continue to act as an "engine room" of innovative thinking as the Trust accelerates its transformational plans.

#### Decarbonisation and Sustainability



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

The Trust's core priorities in its UTS bid included **decarbonisation and sustainability, advanced clinical practice and digital opportunities**. These continue to be core elements of the organisation's IMTP and, while performance monitoring may occur through other committees, the Academic Partnership Committee will continue to show a keen interest in these areas and receive information and presentations on these subjects as appropriate.

Our research priorities for 2024/25 will be to:

- Develop, attract, and deliver high-quality R&I and contribute to Wales strategy, policies and forums such as the NHS R&D Leadership Group and NHS R&D Framework.
- Work with a range of research organisations and academia, and develop new partnerships, to collaborate and influence building our skilled workforce supporting R&I.
- Continue to develop R&I as a golden thread across all of our activities, building innovation and knowledge into practice.
- Continue to collaborate with key partners such as SBRI, Health Technology Wales and the HCRW evidence centre.

IMTP Objective	Year 1	Year 2	Year 3
<i>Well-placed to influence system thinking / strategy development</i>	<ul style="list-style-type: none"> <li>• Second reputation audit completed Q1</li> <li>• Finalised influencing / stakeholder engagement plan Q1</li> <li>• Structured engagement commenced with stakeholders &amp; public from Q2</li> <li>• Continued engagement with RPBs throughout the year</li> </ul>	<ul style="list-style-type: none"> <li>• Year 2 delivery of influencing / stakeholder engagement plan</li> <li>• Further reputation audits undertaken</li> <li>• Continued engagement with RPBs</li> <li>• Further focused work with staff and TU partners</li> </ul>	<ul style="list-style-type: none"> <li>• Year 3 delivery of influencing / stakeholder engagement plan</li> <li>• Further reputation audits undertaken</li> <li>• Continued engagement through RPBs</li> <li>• Further focused work with staff and TU partners</li> </ul>
<i>Meet the requirements of the Wellbeing of Future Generations Act</i>	<ul style="list-style-type: none"> <li>• Wellbeing objectives signed off and published to frame IMTP for 2025-28 by Q4</li> </ul>	<ul style="list-style-type: none"> <li>• Framework for internally monitoring wellbeing objectives agreed and implemented</li> </ul>	<ul style="list-style-type: none"> <li>• Continual monitoring and review of wellbeing objectives as BAU</li> </ul>
<i>University Trust Status in collaboration with WG, embracing a 'democratised culture' of learning, research and innovation</i>	<ul style="list-style-type: none"> <li>• UTS status communicated Q1 and embedded through year</li> <li>• Mechanism for reporting against NHS Wales R&amp;I Framework and UTS agreed in Q1</li> <li>• Academic Partnership priorities updated and published</li> <li>• Organisation name changed in relation to UTS by Q3</li> </ul>	<ul style="list-style-type: none"> <li>• Further embedding of UTS and internal monitoring and review arrangements agreed</li> <li>• Embed academic partnership remit changes as a result of updated priorities</li> </ul>	<ul style="list-style-type: none"> <li>• Continual monitoring and review of research &amp; innovation framework, academic partnership priorities and UTS as BAU</li> </ul>

## 9. Quality driven and clinically led

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

#### What will good look like for a quality driven and clinically led organisation in 2027?

- We will be open and honest with patients and families when things go wrong, saying sorry and taking action to put things right.
- All of our people will be committed to improving quality and safety, with robust quality management systems in place.
- We will engage with our communities, with meaningful opportunities for co-production.
- Clinicians will feel supported, empowered and developed through excellent clinical leadership



#### What will be different?

- All duty of candour requirements met and learning acted on.
- Increased number of patient outcome measures reported, driving improvement.
- Increased evidence of meaningful engagement and involvement, driving satisfaction
- Increased opportunities for our people to progress their clinical practice and career.



## 9.1 Health & Social Care (Quality and Engagement Wales) Act

### Delivery of Duty of Quality, 12 Health and Care standards

With our continued commitment to the Act, we will maintain progress on internal and external demonstration of compliance to the Duty of Quality. **'Always On' Reporting** from 'Floor to Board' will be a key facet of our Quality & Performance Management Framework. We will also support the **national Safeguarding Review** and consider additional measures required to offer public confidence in safe and reliable services.

We will also aim to secure more **real time** and **effective patient** experience feedback on all services provided and realise the expected benefits of the CIVICA platform, working through consent and IG considerations so that we can use this rich source of feedback to inform quality improvement and transformation.



### Delivering to the Duty of Candour

In 2024/25 we will be investing further in our Putting Things Right function to complete the organisational change process and recruitment. We will also deliver a **performance improvement** plan within our Putting Things Right team across concerns, complaints, incidents, and mortality (Coroner, Medical Examiner & Trust) reviews (including automation efficiencies). This will provide us with a more robust and efficient platform to support our obligations under the Duty of Candour.

We have made significant progress in our reporting of harm but we have more to do on this and how we measure outcomes for patients. We will identify opportunities for data engineering and modelling to **better inform** the Trust and wider system on levels of harm/outcomes for patients, joining up our value-based healthcare agenda with our measurement of strategic impact across the wider system.

### Working Safely

We are committed to working with our **Trade Union (TU) Regional Partnership Forums** to build confidence in the processes which support Health & Safety (H&S). We will continue to develop effective H&S risk assessment and compliance assurance processes across the organisation, maintaining support to operational colleagues in enabling workforce wellbeing. There will be a greater focus on **musculo-skeletal injury** over the coming year following an increase in the number of reported injuries and related sickness absence. There will also be a continued focus on preventable stressors that affect mental health and wellbeing, such as shift overruns.

During 2023/24 the Trust has taken significant steps to address the concerns of our people relating to **diesel fumes** exposure and we have worked with partners across the NHS to implement mitigating measures where diesel fume exposure is greatest. Over the period 2024/25 we will continue to work with partners to resolve the root cause of exposure by reducing handover delays and increase the assurance processes for mitigating actions to exposure being taken on each site. We have also been working with Dyson to develop a heating unit that could be used within an ambulance and that would reduce the requirement for the engine to be

switched on during extended handover delays; it is expected that this will be licenced for use and fitting in new vehicles during 2024/25 and consideration is being given to retrofitting although this is unlikely.

We will also play a role in supporting the Welsh Government renewed focus on **Healthcare Acquired and Community Acquired Infection, Prevention and Control** expected in 2024/25, embedding key learning from the COVID-19 pandemic.

## Quality Improvement & Population health

Throughout this IMTP period we will **identify areas for quality improvement** based on clinical outcomes, service utilisation, patient experience and international evidence, applying a consistent QI methodology to our improvement initiatives and large-scale transformation programmes alike.

In being 'patient-centred' we have focused on where we can add most **value** for the people of Wales. This includes innovative approaches through digital technologies and embedding quality assurance and improvement.



We will be responding to and promoting mental health and well-being, promoting healthy behaviours/decisions, delivering excellent clinical care to avoid hospital admissions, fostering resilient communities through engagement and education, and promoting dignified care.

Wales is facing significant health challenges. It is projected to see a significant change in its population demographic with over 1,008,000 older people living in Wales by 2030 – 33% of

the total population. This brings challenges in ensuring older populations can maintain good health; improve feelings of isolation and loneliness, frailty, and dementia.

A further health challenge will be the **impact of obesity** on hospital admissions in Wales and a recognition that bariatric patients will present with different body shapes resulting in more specialist equipment need and implications for handover to hospital staff. Improved communication between control, the ambulance crew and hospital and issues relating to dignity, safety, and privacy. We are already aware and reporting the need to improve staff education/training on bariatric care.

Our **Population Health analytics programme will be developed** as a programme of work centred on population health, this includes information from our personalised care initiatives (wearables, vital signs etc.), risk stratification and pathway design.

## 9.2 Clinically led

Enhancing our **clinical leadership** across the Trust continues to be a key priority, significantly contributing to and underpinning our future visions for our service models.

Significant workstreams contribute to continually reviewing and optimizing our responses and pathways as we transition towards the future. This includes clinical leadership and capacity into our **clinical support desk** and our ambitions to enhance our clinical offer to our patients, reducing the need for conveyance to hospital

through increased clinically driven improvements. Improvements will include the use of advanced practice paramedics and advanced nursing practitioners, independent prescribing, senior paramedics supporting emergency ambulance crews with clinical feedback, CHARU and remote clinical consultations. Importantly, as a newly recognised University Trust we will continue to build on our research reputation in the pre-hospital emergency care domains and ensure that clinicians have the opportunity to **progress their career in research** if desired.

We will put in place a new leadership and supervision structure for advanced paramedics, which will pave the way for greater consistency of outcome and further opportunities to enhance the skills of all **advanced paramedics** in independent prescribing. In addition, we are strengthening our leadership in remote clinical care through both **generalist and clinical specialty** roles that lead clinical practice and improvement across the organisation; as has been undertaken for mental health crisis support and pre-hospital maternity emergency care. For our **Maternity and Neonatal Safety Programme** we are seeking to securing substantive funding for the Trust’s Lead Midwife to maintain the quality and safety improvements achieved in remote and face to face clinical practice to date. We will maintain collaboration with the Chief Nursing Officer Wales’ office to develop a proposal for the Trust hosting a 24/7 ‘labour-line’ as set out in the Maternity and Neonatal Review recommendations.

Our ambition is to continue to build on our clinical leadership and to place the Trust at the forefront of progression within pre-hospital care in Wales and beyond.

IMTP objective	Year 1	Year 2	Year 3
<i>Systems that meet the requirements of the Duty of Quality and Duty of Candour</i>	<ul style="list-style-type: none"> <li>Always on Reporting Dashboard in Q1</li> <li>Quality Plan - Create Vision for improvement by Q4</li> </ul>	<ul style="list-style-type: none"> <li>Quality Strategy 2024-27 review</li> <li>Implementation 24/7 labour line</li> <li>Implementation of MEWS</li> <li>3 P's Framework</li> </ul>	<ul style="list-style-type: none"> <li>ANTT Continue to monitor compliance and report to Training School. Embed into Training Programme</li> </ul>
<i>Excellent clinical leadership</i>	<ul style="list-style-type: none"> <li>New APP clinical leadership structure introduced in Q2</li> <li>New remote clinical assessment service clinical leadership team Q2</li> </ul>	<ul style="list-style-type: none"> <li>Fully implement clinical supervision policy</li> </ul>	<ul style="list-style-type: none"> <li>First learners 2026 Confidence and Competence workplan</li> </ul>
<i>A culture of quality improvement with robust quality management systems</i>	<ul style="list-style-type: none"> <li>Quality Improvement hub - Design and testing in operations Q1 Implementation, Q2</li> <li>Embed Quality management system Trust wide Q4</li> </ul>	<ul style="list-style-type: none"> <li>New WIIN solution</li> </ul>	<ul style="list-style-type: none"> <li>Quality Assurance Self Assessments Gap Analysis and forward Plan</li> <li>Educational content for Level 2&amp;3</li> <li>Datix Quality Plan operational review</li> </ul>
<i>High quality Putting Things Right, Safeguarding and Health &amp; Safety systems</i>	<ul style="list-style-type: none"> <li>Safeguarding Annual Report draft. annual VAWDASV report Q1</li> <li>Implement bespoke training materials Q2</li> <li>Draft Health &amp; Safety Strategy Q1</li> </ul>	<ul style="list-style-type: none"> <li>Safeguarding Maturity Matrix</li> <li>Health &amp; Safety strategy pilot &amp; implementation</li> <li>Refresher training</li> </ul>	<ul style="list-style-type: none"> <li>PTR Sustained 5-day response review process</li> </ul>
<i>Meaningful engagement and co-production with communities</i>	<ul style="list-style-type: none"> <li>CIVICA enhancements Q2</li> <li>Continuing commitment to improving experiences for People with a Learning Disability – Q1</li> <li>Improve Data Capture adapting ePCR.</li> </ul>	<ul style="list-style-type: none"> <li>Development of patient stories and in-person focus groups</li> <li>PREMS operational reporting</li> <li>Patient story podcast, linked to storytelling</li> </ul>	<ul style="list-style-type: none"> <li>CIVICA build into BAU dependant on Information Governance</li> </ul>



## 9.3 Well governed

### Managing risk

#### What will good look like for risk management in 2027?

Risk management will be an enabler of our long-term strategy and decision making

#### What will be different?

- Board agreed approach to strategic BAF and how to use it
- Board agreed approach to developing risk appetite statements
- Roll out of a programme of training in line with the Risk Management Policy and procedure

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

The Trust embarked upon a **risk management transformation programme** during 2023/24 to further strengthen and positively impact the development of the Trust's future strategic ambition and provide clarity on the risks that would prevent us from achieving our organisational objectives.

The programme built on the positive risk culture embedded during 2022/23 with the re-articulation of the Trust's principal risks, the development of a Risk Management Policy and Procedures, and the introduction of a transitional Board Assurance Framework (BAF). The maturity of the BAF as a vehicle to support the Board in delivery of the organisation's long term goals is the focus for this year's IMTP which will incorporate the design and **implementation of a strategic BAF** as well as the development of a **suite of risk appetite statements** and **roll out of organisational wide training** which will bring the risk management transformational change programme to a conclusion in its final year.

As the Risk Management transformation programme is concluded, it is anticipated that the **Policy Improvement Programme will begin in the latter half of 2024/25 and into 2025/26.**

### Integrated Governance

#### What will good look like for integrated governance in 2027?

WAST will have a true integrated governance system so that from floor to board there is a clear line of sight of expectation, assurance, strategic delivery and risk supported by guidance, templates and consistency

#### What will be different?

- Mapping of all governance structures as a single source of truth
- A legislative universe and a compliance prioritisation audit
- Digitised corporate governance SOP
- Actions from the admin and support services review will be complete

Integrated governance is a **holistic approach that aims to streamline and unify the mechanics and dynamics of governance in the Trust**. It involves the application of a set of simplified governance principles to the existing, maturing and emerging elements of our governance, accountability, risk and assurance frameworks. This will ensure coherence, efficiency, and accountability at all levels from **'floor to board'**.

We will be developing an **integrated governance handbook**, together with a number of supporting tools, policies and guidelines which provide guidance and structure for the organisation. The scope of the project is wide-ranging and aligns to outcome of the administration and support services review. It will be rolled out on a priority basis in 2024/25 due to capacity constraints whilst the Covid-19 Public Inquiry is underway.

IMTP Objective	Year 1	Year 2	Year 3
<i>A risk management framework as a key enabler of our long-term strategy and decision making</i>	<ul style="list-style-type: none"> <li>Strategic Board Assurance Framework agreed and implemented by end Q3</li> <li>Suite of risk appetite statements implemented and issued in Q4</li> <li>Risk management policy and procedures published in Q1</li> <li>Risk training rolled out and level 1 training package on ESR by end Q4</li> </ul>	<ul style="list-style-type: none"> <li>Board Assurance Framework digitised</li> <li>Risk appetite sessions with Board</li> <li>Risk management sessions with Board</li> </ul>	
<i>An integrated governance framework</i>	<ul style="list-style-type: none"> <li>Governance structures mapped out in Q2</li> <li>Legislative universe developed in Q3</li> <li>Audit of compliance priorities complete by end Q3</li> <li>Corporate Governance SOP digitised in Q4</li> </ul>	<ul style="list-style-type: none"> <li>Corporate Governance Plan / Handbook published</li> </ul>	<ul style="list-style-type: none"> <li>Full suite of documents, training and education in place</li> </ul>

## 10. Value and sustainability

**Strategic Objective 6 - Delivering exceptional value**

### 10.1 Financial sustainability programme



The need to produce and deliver a **transformative savings and income generation plan** is essential to support the strategic direction of travel for the Trust. Building on the work that has already been undertaken as part of our financial sustainability workstreams in 2023/24, we have brigaded a range of activities and put in place a robust delivery framework that aligns to two key areas of work, **Achieving Efficiencies**, and **Income Generation**.

Our focus is on proactively identifying efficiencies and cost savings and seeking out opportunities to generate income and investment. In order to deliver on longer-term financial sustainability, a deeper understanding of how our organisation works, is required. This will be achieved by completion of review of all our service lines, and implementation of resulting recommendations of this and the administration and support service review.

2023/24 saw significant challenges in the way we approached and **enhanced our income generation potential**, and work was undertaken to analyse the existing barriers to sourcing and delivering income, which included sourcing additional capacity and resource within existing teams. Work continues to **assess the viability of potential commercial opportunities and business development**, considering the impact on our people and maintaining core services. This will involve undertaking a robust market analysis to explore commercial potential.

The **Financial Sustainability Programme** will continue to be a key pillar in this plan and will drive transformation to achieve efficiencies as well as exploring opportunities for income generation alongside our existing commissioning arrangements.

## 10.2 Value Based Healthcare

Whilst the focus of financial sustainability is on the financial efficiencies and income opportunities that might add value to what we do as a Trust, it is important to reiterate our **commitment to Value-Based Healthcare**. We will work with colleagues across Wales to ascertain, and utilise, the methodology for determining commissioning investments that ensure the most effective use of finances for improved **population health outcomes**.

We are unwavering in our commitment to develop meaningful outcome measures which truly represent what is important to patients (**PROMs**) and which capture their experience of our services as they describe it (**PREMs**), lining up with the work being undertaken to embed the Civica system alongside other feedback and engagement opportunities.

In 2024/25 we will continue to work closely with the **Value in Health Centre** with whom we have already engaged extensively over the last year. They have helped us think in more detail about how we can culturally embed value based healthcare through education, engagement and tools which can be applied in urgent and emergency care services run by the Trust and as we link across the entire urgent and emergency care system, while aligning WAST-centric VBHC objectives with work ongoing across the entire NHS Wales system.



Source: [vbhc.nhs.wales/files/our-strategy-to-2024/](https://vbhc.nhs.wales/files/our-strategy-to-2024/)

Inefficiencies remain via variation in both our service availability across Wales and the cost of the services we provide. We will continue to develop and implement **Patient Level Information and Costing** (PLICS) to understand variation and use it to better allocate resources where they add most value, while better understanding service variation via the ongoing Service Review which is due to be completed in Q2 2024/25. We will also use **benchmarks** to demonstrate where we can tailor improvements to the services we provide.

## 10.3 Environmental sustainability

We are committed to ensuring that our developing infrastructure supports the Trust's and Welsh Government ambition for net carbon neutrality by 2030 and we have made good progress in the implementation of some key actions within our **Decarbonisation Action Plan**, supported by the Decarbonisation Programme Board structure which facilitates Trust wide ownership of plan actions. In 2023/24 we have successfully delivered 5 EFAB funded estates schemes which increase the efficiency of our buildings, whilst also addressing some additional infrastructure issues such as roofing. In addition, wherever possible we are seeking to further understand the potential within our estate, and within the supporting infrastructure, to ensure that funding opportunities can be realized, further delivering required improvements.

The Welsh Government net-zero targets pose real and complex challenges for the Trust. In response to this, we are developing our **Sustainability and Infrastructure investment requirements** in line with our Estates and Fleet SOP deliverables, which will outline the financial and resource implications for the move to a carbon-neutral ambulance Trust. This will need significant input from our colleagues across the Trust and we are keen to maximise all funding opportunities to realise our ambitions, as well as working with our partners wherever possible. The relevant business cases in support of Estates and Fleet developments will continue to reinforce the importance of this agenda, and to push us towards a position of carbon neutrality, maximising our use of new technology and responding in a flexible and agile way to the changing external environment. Our Decarbonisation Action Plan can be found in appendix 5 but also our key decarbonisation priorities can be found throughout this document aligned to our plans.

In addition to work around decarbonisation and net zero, NHS Wales has been asked to consider the reality of climate change and its impacts in the short, medium and long term. In 2024/25 **we will work closely with NHS Wales partners on Adaptation Planning** and will bring together a working group of experts in the field of planning, environmental sustainability, capital development, business continuity and emergency planning across the Trust to develop adaptation plans.



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IMTP objective	Year 1	Year 2	Year 3
<i>Sustainable savings &amp; efficiencies</i>	<ul style="list-style-type: none"> <li>Service Review across the Trust completed with recommendations by Q2</li> <li>Develop FSP communications and engagement plan in Q1</li> </ul>	<ul style="list-style-type: none"> <li>Review &amp; refresh plan for 2025/26*</li> </ul>	<ul style="list-style-type: none"> <li>Review &amp; refresh plan for 2025/26*</li> </ul>
<i>Generate income alongside our core commissioned functions</i>	<ul style="list-style-type: none"> <li>Complete commercial market analysis exercise in Q1</li> <li>Develop commercial strategy based on outcome of market analysis exercise in Q2</li> </ul>	<ul style="list-style-type: none"> <li>Review &amp; refresh plan for 2025/26*</li> </ul>	<ul style="list-style-type: none"> <li>Review &amp; refresh plan for 2025/26*</li> </ul>
<i>A Value-Based approach across the organisation which is embedded in culture</i>	<ul style="list-style-type: none"> <li>Agree on reporting structure and lead Executive in Q1</li> <li>VBHC Framework agreed in Q2</li> <li>Finalise implementation of PLICs in Q1</li> <li>Agree pathways for value-based healthcare – working with NHS Exec in Q2</li> </ul>	<ul style="list-style-type: none"> <li>Established pathways for value-based interventions and evaluation</li> <li>Refresh value-based health care work programme</li> </ul>	<ul style="list-style-type: none"> <li>Application of value-based principles &amp; evaluation across our future service model</li> </ul>
<i>Developing and implementing our plans for Environmental Sustainability and Adaptation</i>	<ul style="list-style-type: none"> <li>Develop a Decarbonisation Action Plan delivery resource plan in Q1</li> <li>Further accelerate delivery of actions within the Decarbonisation Action Plan (timescales as per the plan)</li> <li>Establish a cross-organisational Adaptation Planning group in Q1</li> <li>Deliver a range of EFAB funded schemes across the estate throughout the year</li> </ul>	<ul style="list-style-type: none"> <li>Publish Adaptation Plans aligned to Business Continuity, Decarbonisation and Capital plans</li> <li>Refresh of the DAP in response to the revised WG Decarbonisation Strategic Delivery Plan</li> </ul>	

\*due to annual nature of financial allocations the FSP plan is refreshed annually in line with cost improvement requirements.

## 11. Our financial plan

The full revenue and draft capital financial plan for the Trust for 2024/25 is provided in appendix 4

### Revenue

The financial plan is presented as a balanced revenue financial plan for the 2024/25 financial year. This is based on some key funding and cost assumptions included with it and additional actions that are expected to continue to be progressed through the financial year to deliver savings, and exploit any emerging areas of additional income generation, in order to balance. Given the current financial environment and context, and the continuing way in which the NHS in Wales and, in particular our commissioners, are funded, this plan inevitably focusses on the 2024/25 financial year, although the supporting tables and technical submission maps this over the three financial years through to 2026/27.

Specifically, this plan will only provide for a balanced revenue financial outturn for the Trust for the 2024/25 financial year based on the following key financial assumptions:

- The additional funding as assumed and detailed in this plan is received in full. Primarily this relates to the full pass through of the general 3.67%, applied to all of the Trust's key commissioning agreements. On top of this an element of additional funding (£0.45m) specifically ringfenced for additional energy costs support for the Trust;
- That the first call on the above uplift is to ensure that the recurring costs and subsequent funding base for the Trust is put on a sustainable footing and includes that recurring assumed at the outset of



the 2023/24 financial year. Specifically, this means that the full costs of an additional 100 frontline EMS staff appointed through the latter half of the 2022/23 financial year are now funded in full recurrently;

- That the resultant in year costs for key cost pressures identified within this plan are no more than that currently estimated and now, in some cases, specifically funded within it;
- The ability to fully deliver on a range of cost containment, cost avoidance and savings of a minimum of £6.4m, or 2.2% of cost baseline, which will be key to delivery of a balanced financial position in year;
- That any and all additional costs the Trust may incur as a result of the following will either be funded separately, in addition to that currently assumed within this financial plan, or will not be able to be incurred:
  - costs relating to the 2024/25 pay deal, along with the recurrent costs of the 2023/24 pay deal, still to be confirmed;
  - Any costs relating to any proposed banding change for EMT / technician level posts following the issuing of updated national A4C job profiles during the latter part of 2023, and outcome of formal job evaluation process;
  - Any costs, capital or revenue, emerging from the recommendations of the Manchester Arena Inquiry, and
  - Any and all costs associated with the recently submitted Connected Support Cymru business case, other than that already confirmed through Charitable grants.

The high-level summary revenue financial plan for 2024/25 is therefore as follows:

	<b>Opening Budgets 24/25 £m</b>	<b>Planned Savings £m</b>	<b>Revenue Set Budgets 24/25 £m</b>
Income	-289.133	-0.640	-289.773
Operating Expenses	281.148	-5.481	275.667
Profit on Disposal	-0.445		-0.445
Interest Payable	0.100		0.100
Interest Receivable	-0.500	-0.300	-0.800
Depreciation and Impairments (Baseline)	15.251		15.251
<b>Total Expenditure</b>	<b>295.554</b>	<b>-5.781</b>	<b>289.773</b>
<b>Planned Budget Surplus (-) / deficit</b>	<b>6.421</b>	<b>-6.421</b>	<b>0.000</b>

## Risks

No financial plan is risk free. The main risks that will need close monitoring and mitigating actions through the upcoming financial year, include:

- The recovery of all of the income assumptions this balanced financial plan now makes;
- No other developments, enhancements or cost increases not currently funded within budgets will be able to be progressed until a confirmed funding source for them is found, or an agreed equivalent value of cost is stopped or reduced elsewhere;

- The ability to deliver a minimum of c£6.4m in savings and efficiencies in year. This equates to c2.2% of the Trusts discretionary income;
- Despite an element of additional funding provided, some cost elements are still hard to predict through the coming 15 months and may remain volatile, with a clear indication from WG that no further funding will follow in year in 2024/25 to manage any such variations;
- That the upcoming proposed changes in commissioning have no wider impact on the Trust financially, including in relation to how it is currently funded for EMS, NEPTS services, etc;
- The ability to manage in year cost pressures as they arrive, within the small contingency this plan continuities to hold.

## Capital

Appendix 4 also summarises our initial capital programme for 2024/25, focussing predominantly on the discretionary capital funding received from WG, noting the already confirmed discretionary capital commitments for the 2024/25 financial year. This is currently a draft plan, as in previous years, a detailed update on the final impact of the 2023/24 financial year end on the 2024/25 programme will be presented to both the Trust's F&PC and the Trust Board in May 2024, at which point it is assumed that the full capital programme for the Trust can be approved, fully consistent with the funding being made available from WG.

## 12. Delivering our plan

### 12.1 Risks to delivery

Risks to the delivery of key programmes of work within this IMTP will be monitored by individual programme boards or lead directorate, escalating to Strategic Transformation Board where necessary and raising to the Corporate Risk Register/Board Assurance Framework if Board level awareness and scrutiny is required.

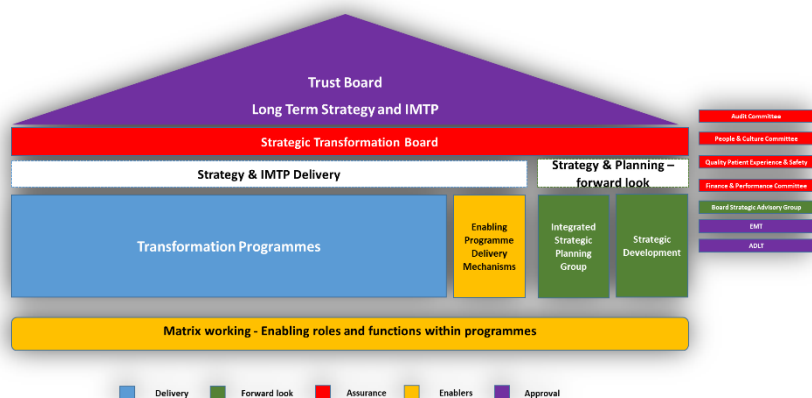
The **key risks to delivery** of this IMTP will be:

- Our ability to deliver a **balanced financial plan** – the financial outlook has improved but remains challenging for the next three years and a key indicator of success of this plan will be to confidently present a plan that could balance and subsequent delivery of financial balance by year end in year one and into years two and three (reported monthly through the year).
- **Capacity to deliver** on priorities within the plan – our financial plan seeks to mitigate this through the resources directed towards supporting priority areas/areas of unavoidable spend, with some increasing levels of capacity in key areas.
- Difficulty in maintaining progress on strategic ambition with **focus on the short term** – it remains difficult to plan ahead of year one towards our longer-term ambitions without certainty of the future operating and financial context. However, recent Demand & Capacity reviews seek to address this imbalance and the financial plan identifies resources to support priorities within the plan.
- **Ongoing wider system pressures** impacting on our services - we are in a vicious circle of operational pressure we think can only be addressed through wholesale transformation. However, the focus on the here and now requires significant management time which cannot be focussed on the transformation agenda.
- **Commissioning landscape** – the new joint commissioning arrangements may refocus the priorities for ambulance services, so we must work closely with our commissioners and partners to grasp the corresponding opportunities that present through the new arrangements.

## 12.2 Managing transformation

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

To further support the Trust Board to retain an overarching view of IMTP delivery, the **Strategic Transformation Board (STB)** chaired by the Chief Executive, will continue to provide monitoring, oversight, and governance over the implementation of the deliverables in this IMTP.



**STB has a portfolio management approach** and overview to enable and govern IMTP delivery through core service transformation and enabling programmes, underpinned with proportionate programme and project documentation. These programmes were established in 2021 and have the delivery vehicles for change and transformation.

However, with the integration of our strategic transformation agenda across our service areas in developing a service model fit for the future, we will **review the current transformation programmes** to ensure they are fit for purpose. The governance will remain broadly the same, but there are opportunities to make our approach even more **agile, lean and efficient**.

We continue to populate and test portfolio, programme and project management software to support the strategic and programme level oversight of our IMTP delivery.

The **Transformation Support Office** will continue to support the strategic transformation agenda across the organisation, developing the organisation's capacity and capability to manage large complex programmes and service change internally and across the system. Each programme will have its own detailed plans behind each of the deliverables in this IMTP. Based on the anticipated benefits set out in this IMTP, the new programme structures will update benefits realisation plans, which will feed into the mechanisms set out in the QPMF which will be a tool to support delivery of the IMTP. As a result, we will synergise our quality improvement, innovations and transformation resources and approach under the STB to ensure our strategy development and transformation agenda is underpinned by a **value focussed, data driven, evidence based, and patient focussed service and quality improvement methodologies**.

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

## Questions

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

### **List of appendices**

Appendix 1 Challenges and opportunities shaping the plan

Appendix 2 Service Transformation Deliverables 2024/25

Appendix 3 Ministerial templates (a-h)

Appendix 4 Detailed Financial Plan

Appendix 5 Decarbonisation Action Plan

Appendix 6 Minimum Data Set

Appendix 7 EQIA



GIG  
CYMRU  
NHS  
WALES

Ymddiriedolaeth GIG  
Gwasanaethau Ambiwlaens Cymru  
Welsh Ambulance Services  
NHS Trust

<b>AGENDA ITEM No</b>	<b>9</b>
<b>OPEN or CLOSED</b>	<b>OPEN</b>
<b>No of ANNEXES ATTACHED</b>	<b>1</b>

**MONTHLY INTEGRATED QUALITY & PERFORMANCE DASHBOARD –  
January/February 2024**

<b>MEETING</b>	Trust Board
<b>DATE</b>	28 March 2024
<b>EXECUTIVE</b>	Rachel Marsh – Executive Director of Strategy, Planning & Performance
<b>AUTHOR</b>	Hugh Bennett - Assistant Director, Commissioning & Performance Mark Thomas – Commissioning & Performance Manager Melanie O’Connor - Commissioning & Performance Officer
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**EXECUTIVE SUMMARY**

The purpose of this report is to provide senior decision makers in the Trust with an integrated dashboard (Our Patients, Our People, Value and Partnerships/System Contribution) focused on the “vital few” key metrics. This report is for **January/February 2024**.

Our response times to 999 callers remains of concern with red 8-minute performance at 49.9% in February 2024 and Amber 1 median at 1 hour and 27 minutes, which the Trust knows leads to avoidable patient harm. The Trust continues to work on actions within its control to mitigate this risk including, for example, maintaining high levels of EA production and fully rolling out the CHARU service. Work continues on an action plan to increase the consult and close rates to the target 17%, as this is modelled to have a significant impact on response times. The Trust lost nearly 24,000 hours to handover in February 2024, and this level of lost capacity is difficult to compensate for, despite all of the actions being taken. The 2024/25 budget includes further investment in activities designed to shift demand left and mitigate the impact of handover lost hours.

111 performance is broadly stabilised, but patient demand was 17% higher in February 2024, compared to February 2023, with a commissioned 4% reduction in call handlers in 2024/25. The service is in a more resilient place, but if demand continues to remain at these levels future performance may become a concern. The immediate focus for 111 is the delivery of the new 111CAS by 30 April 2024, which is on target at this time.



Ambulance Care, in particular, Non-Emergency Patient Transport Service's (NEPTS) performance has been stable, with oncology remaining above target and renal performance achieving its target. Both the NET Centre and NEPTS transport are due to be re-rostered, a key efficiency.

The Trust continues to focus on its people, with a range of actions in place to improve workplace experience including, for example, reducing shift overruns, whilst also continuing with the more strategic focus on the People & Culture Plan. Sickness absence was 8.89% in January 2024 compared to 9.54% in December 2023. The 23/24 IMTP ambition is to reach 6%, but it is unlikely that this will be achieved. The Trust will continue its focus on sickness absence. It is of note that the EMS abstractions have hit the 30% benchmark in January and February respectively.

The Trust continues with its programme of transformation as detailed in its 2024-27 IMTP, which is required in order to ensure that patients receive the right care in the right place every time.

#### **RECOMMENDATION**

Trust Board is asked to: -

- **Consider** the January/February 2024 Integrated Quality and Performance Report and actions being taken and determine whether:
  - a) The report provides sufficient assurance.
  - b) Whether further information, scrutiny or assurance is required, or
  - c) Further remedial actions are to be undertaken through Executives.

## SITUATION

1. The purpose of this report is to provide senior decision makers in the Trust with an integrated dashboard (Our Patients, Our People, Value and Partnerships/System Contribution) focused on the “vital few” key metrics. This report is for **January/February 2024**.

## BACKGROUND

2. This Integrated Quality & Performance Report contains information on key indicators at a highly summarised level which aims to demonstrate how the Trust is performing across four integrated areas of focus: -
  - Our Patients (Quality, Safety and Patient Experience);
  - Our People;
  - Finance and Value; and
  - Partnerships and System Contribution
3. As previously agreed, the metrics which form part of this committee/Board report are updated on an annual basis, to ensure that they continue to represent the best way of tracking progress against the Trust’s plans (IMTP) and strategies. A revised set were agreed for 2023/24. All the updates for the revised set have now been completed, with the exception of: a metric on the duty of candour where we will need to determine our own metric whilst national reporting is agreed; completed symptom checkers; and value indicators for 111/CSD – it is likely that this one will be difficult to determine.

## ASSESSMENT

### Our Patients – Quality, Safety and Patient Experience

4. **Call answering** (safety): the speed at which the Trust is able to answer a 999 or 111 call is a key patient safety measure.
5. **999** call answering times have declined to 15 seconds in February 2024 from 3 seconds in January 2024, not achieving the 6 second target. The 65<sup>th</sup> percentile and median performance remain very good.
6. **111 call answering performance remains broadly stable**, although the call abandonment performance at 6.2% in February was slightly off target. The Trust has almost recruited up to the 198 FTE call handler commissioning control total for 2023/24 with very good levels of production. It should be noted that the Trust is anticipating a reduction in the commissioned level of call handler FTEs next year (-4%). Demand in February 2024 was 17% higher than February 2023. If this level of demand is sustained, alongside a reduction in capacity, then future call abandonment performance could start to be a concern. In the short term, there

will also be a planned short term dip in staffing numbers linked to the imminent 111 CAS go live and the need to re-programme training capacity away from new recruits and towards the existing workforce on the new system. This will have some short term impact on performance.

7. **111 Clinical response:** clinical ring back times for patients with the highest priority remained above target at 95.8%. Unfortunately, response times for lower priority calls deteriorated and are some way below target. This drop in performance has been affected by a rise in call demand, but also high clinician sickness absence. Clinician sickness has seen a material improvement in February, falling to 11.3% compared to 15.6% in January. As with call handling performance, there is likely to be some further deterioration linked to staff abstracted to undertake training for the new system.
8. **Ambulance Response** (safety / patient experience): the red 8-minute response performance for February 2024 was 49.9% remaining below the 65% target. However, as total red demand has increased, so has the actual number of red incidents attended within 8-minutes. The Amber 1 median in February was 1 hour 27 minutes and the Amber 1 95<sup>th</sup> percentile was 6 hours 51 minutes. These long response times have a direct impact on outcomes for many patients.
9. Factors which affect response times together with actions being taken are set out in the paragraphs below.

Capacity:

- Recruitment: The Trust currently has 95% of commissioned front-line posts in place. This very small vacancy factor compares very favourably with other health care organisations. Recruitment of another cohort of EMTs has been undertaken in Feb-24.
- Some additional funding was made available to pilot the new Connected Support Cymru service in partnership with St John Cymru (SJA). The Trust is also continuing with this project through the volunteer Community Welfare Responders, which is producing some positive early results.

Efficiency (rosters, abstractions/sickness absence and post-production lost hours)

- The Managing Attendance Programme continues, delivered through this year's ten-point plan. There was a reduction in overall sickness levels during the middle part of 2023, and although increases have been seen over the past few months, further work is still on-going to reduce to 6% during 2023/24 (January's performance was 8.80%). The Chief Ambulance Services Commissioner has asked for a formal update on the programme at the next EASC Management Group meeting in April 2024.

### Demand Management

- The increase in Clinical Support Desk capacity has meant that the Trust has been able to increase its consult and close numbers over the past 12 months, with 4,657 successful consult and close outcomes achieved during February 2024. However, the actual percentage achieved during February 2024 was 13.9%, below the Trust's 2023/24 ambition of 17%. A corrective action plan is in place including a focus on recruitment and abstractions, but also a new telephony system (interim solution in place), which enables individual clinician activity and performance data. Further capacity will be added to the team in the first two quarters of 2023/24.

### Red Improvement Actions

- For Cymru High Acuity Response Units (CHARUs) the aim is to fully populate the CHARU roster keys (153 full time equivalents), with the current estimated gap (live and recruited, not yet live) is -18%. Recruitment into the more rural parts of Wales is proving challenging, but the gap 153 is gradually being achieved.
  - Red review. This rapid review of all red calls by a clinician in the CSD is being undertaken within additional resource, when possible, but ideally, as previously identified, would require additional capacity. The 2024/25 budget includes an uplift in the CSD establishment of 23 FTEs, which will enable the CSD to fully fund red review.
  - A more efficient response logic, which went live on 19 June 2023, is reducing the number of multiple attendances to certain categories of red call, releasing resource to respond to other calls.
  - CHARU utilisation rates, with a focus on aspects of post-production lost hours and data analysis of utilisation and missed reds. Currently CHARUs are undertaking 1.86 jobs per shift.
- 10.** One of the key factors in relation to response times is the capacity lost to **handover outside Emergency Departments**. 23,896 hours were lost during February 2024. These levels remain so extreme that all the actions within the Trust's control cannot mitigate or offset this level of loss. There has been a noticeable improvement in Cardiff & Vale's handover lost hours linked to an organisational focus, with other health boards reporting that they are seeking to learn lessons. Performance into March has remained very challenging with days where over 1,000 hours are lost.
- 11. Ambulance Care (Patient Experience):** Oncology performance in February 2024 was 71.28%, hitting the 70% target. Renal performance also remains above target at 73.69%. Advanced discharge & transfer journey booked in advance performance increased compared to the previous month to 85%; however, remains below the 95% target. Overall demand for NEPTS continues to increase but remains below pre-pandemic levels. The Trust has a comprehensive Ambulance Care Transformation Programme in place, which includes delivering a range of

efficiencies and improvements, for example: aligning clinic patient ready times to ambulance availability and addressing oncology performance. Subject to final approval, the Trust is anticipating re-rostering NEPTS transport in 2024/25 which will better align capacity with demand patterns.

- 12. National Reportable Incidents (NRIs) / Concerns Response:** the Trust reported five NRI's to the NHS Executive in February 2024, a slight increase from the three reported in January 2024; and 14 serious patient safety incidents were referred to health boards under the Joint Investigation Framework, which has now been adopted NHS Wales wide. In February 2024 complaint response times decreased to 35%, down significantly on the 53% recorded in January 2024, and remaining below the 75% target, with cases remaining complex. Reviews of lower graded concerns are being undertaken to ensure proportionate investigations are undertaken. The Trust is currently recruiting to a new structure for the Putting Things Right (PTR) team, which will increase capacity and leadership, including a new Head of Service, appointed and arriving shortly.
- 13. Clinical outcomes:** The percentage of suspected stroke patients who are documented as receiving an appropriate stroke care bundle was 73.5% in February 2024, remaining below the 95% performance target. Work is ongoing to improve reporting and compliance through the ePCR system. The return to spontaneous circulation (ROSC) compliance rate increased to 14.7% in February 2024 compared to 13.9% in January 2024.
- 14.** The Trust is now able to report on call to door times for Stroke and STEMI patients. For February 2024 these highlight call to hospital door times of two hours and 19 minutes for stroke patients and two hours and seventeen minutes for STEMI. Clearly these times are too long and are representative of the longer response times for all calls as a result of the pressures and issues outlined in this report.
- 15.** In February 2024, 8,623 patients **cancelled** their ambulance, and the Trust was unable to send an ambulance due to application of CSP levels to approximately 460 callers. The Trust believes that 50% of this combined number is unmet demand and is likely to be popping up elsewhere in the system. Anecdotal evidence from health boards supports this view, but data linking planned for 2024/25 is a key enabler to properly evidence this.
- 16.** A formal programme to take forward the transformation of our service model continues. The Trust has proceeded with growing the numbers of APPs this year with the 2023/24 establishment now at 89 FTEs. A further 32 APPs are planned for 2024/25. The current focus is on developing a strategic case for change, which will be supported by the 2023 EMS Demand & Capacity Review. The review will be formally reported internally and to external stakeholders in Q1.



## Our People (workforce resourcing, experience, and safety)

- 17. Hours Produced:** The Trust produced 118,349 Ambulance Response unit hours in February 2024 and delivered an emergency ambulance unit hours production (UHP) of 95%, achieving the 95% target. Key to the number of hours produced are roster abstractions.
- 18. Response Abstractions:** EMS abstraction levels increased to 30.26% in February 2024, returning just above the 30% benchmark figure. EMS Response sickness abstractions stood at 8.13% (benchmark 5.99%).
- 19. Trust sickness absence:** the Trust's overall sickness percentage was 8.89% in January 2024, a slight decrease on the 9.54% recorded in December 2023. Actions within the IMTP concentrate on staff well-being with an aim to continue to reduce this level supported by the ten-point plan. The CASC has requested an update on the programme to the next EASC Management Group (April 2024).
- 20. Staff training and PADRs:** PADR rates did not achieve the 85% target in February 2024, but have been steadily improving (79.25%). Compliance for Statutory and Mandatory training increased slightly to 77.73%.
- 21. People & Culture Plan:** The Trust launched its People & Culture Plan in April 2023 and workstreams are being delivered around behaviours, in particular, sexual safety, Freedom to Speak Up, 111 culture review, flexible working and the introduction of a staff pulse survey tool. The Executive Leadership Team undertook a pan-Wales round of CEO Roadshows in November 2023. Feedback from attendees identifies workloads as the main cause of stress and pressure. The next round of CEO Roadshows is in April 2024.

## Finance and Value

- 22. Financial Balance:** The reported outturn performance at Month 11 is a surplus of £108,000, with a forecast to the year-end of breakeven.

## Summary

- 23.** The indicators used at this high-level highlight that the 111, EMS and Ambulance Care performance are stable; however, 111 and EMS performance are not where the Trust would want them to be.
- 24.** 111 has seen a clear improvement in performance over the past 12 months and the service is undoubtedly more resilient, however, the current high levels of demand plus a commissioned reduction in call handlers and clinicians may mean that the improved performance comes under pressure in 2024/25. The Trust and

commissioners will need to keep the level of demand under review and determine whether a reduction in capacity will affect performance into next year.

25. EMS performance has been recognised as challenging for a long time. Transformation of our service offer is a necessity (not an option) for reducing handover lost hours along with handover reduction by health boards. The Trust also needs to continue its focus on core activities like abstractions, production and utilisation.

## RECOMMENDATIONS

TB is asked to: -

- **Consider** the January/February 2024 Integrated Quality and Performance Report and actions being taken and determine whether:
  - a) The report provides sufficient assurance.
  - b) Whether further information, scrutiny or assurance is required, or
  - c) Further remedial actions are to be undertaken through Executives.

REPORT APPROVAL ROUTE	
<b>Date</b>	<b>Meeting</b>
25 <sup>th</sup> March 2024	Executive Director Strategy, Planning & Performance
28 <sup>th</sup> March 2024	Trust Board

REPORT APPENDICES
<b>Appendix 1 – Top Indicator Dashboard</b>

REPORT CHECKLIST			
Confirm that the issues below have been considered and addressed		Confirm that the issues below have been considered and addressed	
EQIA (Inc. Welsh language)	x	Financial Implications	x
Environmental/Sustainability	x	Legal Implications	x
Estate	x	Patient Safety/Safeguarding	x
Ethical Matters	x	Risks (Inc. Reputational)	x
Health Improvement	x	Socio Economic Duty	x
Health and Safety	x	TU Partner Consultation	x

Russell George MS

Chair of Health and Social Care Committee

Tŷ Hywel

Cardiff Bay

CF99 1SN

**Welsh Parliament**

Cardiff Bay, Cardiff, CF99 1SN

Petitions@senedd.wales

senedd.wales/SeneddPetitions

0300 200 6565

11 April 2024

Dear Russell,

Petition P-06-1404 Increase clarity and rights for people on direct payments or WILG to live independently

The Petitions Committee considered this petition at our meeting on 18 March. The committee noted that legislation on Social Care is expected to be introduced after Easter. It was agreed to write to your Committee to raise awareness of the issues outlined in the petition and the role they could play in addressing the bill.

The full details of the Committee's consideration of the petition, including the correspondence and the actions agreed by the Committee can be found here:

<https://business.senedd.wales/mgIssueHistoryHome.aspx?lId=42962>

I would be grateful if you could send your response by e-mail to the clerking team at [petitions@senedd.wales](mailto:petitions@senedd.wales).

Yours sincerely



Jack Sargeant MS

Chair

Croesewir gohebiaeth yn Gymraeg neu Saesneg | We welcome correspondence in Welsh or English.

—

## Health and Social Care Committee

Rhys Goode

Head of Terrence Higgins Trust Cymru

## Senedd Cymru

Bae Caerdydd, Caerdydd, CF99 1SN

Seneddlechyd@senedd.cymru

senedd.cymru/Seneddlechyd

0300 200 6565

—

## Welsh Parliament

Cardiff Bay, Cardiff, CF99 1SN

SeneddHealth@senedd.wales

senedd.wales/SeneddHealth

0300 200 6565

21 February 2024

Dear Rhys

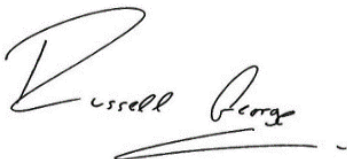
The Health and Social Care Committee is currently undertaking an inquiry into supporting people with chronic conditions. In particular, the Committee is looking at how to deliver the vision of holistic, person-centred care for people with chronic conditions.

At its meeting on 24 January 2024, the Committee heard evidence from Prof Jim McManus, National Director for Health and Well-being, Public Health Wales, about ensuring people with chronic conditions receive care and support to give them the best possible health outcomes. He highlighted care for people living with HIV as an area of good practice.

The Committee would be interested in hearing examples of services for people living with HIV that provide care in a person-centred way and learning what makes them successful. In particular, we would like to hear about any collaboration between different services to provide wraparound care and support for people living with HIV.

We would be grateful if you were able to provide us with some written evidence on these points, and would welcome a response by the end of March. If you would like to discuss further, please do contact the clerking team and they will be happy to assist: seneddhealth@senedd.wales.

Yours sincerely



Russell George MS

Chair, Health and Social Care Committee

Croesewir gohebiaeth yn Gymraeg neu Saesneg. We welcome correspondence in Welsh or English.





## The HIV and sexual health charity for life

### Russell George MS

Chair, Health and Social Care Committee

Senedd Cymru

28<sup>th</sup> March 2024

Dear Russell,

### **RE: Terrence Higgins Trust response to the Senedd Health and Social Care Committee request for evidence**

Thank you for your letter requesting a submission of evidence to the committee. As you'll be aware, Wales has an ambitious HIV Action Plan that seeks to eliminate HIV transmission by 2030. This work has started slowly, but we hope that with focus and constructive scrutiny this plan can be successful if strong partnerships can be achieved.

For those living in Wales with HIV currently, the holistic care they receive is a postcode lottery, with greater access to support and wider non-clinical services in the larger urban areas. In fact, while developing the HIV Action Plan with the Welsh Government, we were anecdotally told by a person living with HIV that 'the best thing you can do if you are living with HIV in Wales is to move' – which is a stark reminder of the work we have to do.

However, some positive work has begun to happen through the HIV Action Plan working group – including a commitment to a new patient management system which will allow a national picture to be created of those lost to care and living with the virus. Much of this work however focuses on prevention rather than developing the care for PLWHIV. It is our belief more focus must be given to this, particularly within the social care sector where for the first time, people living with HIV will be reaching retirement age – a miraculous change from the many people's expectations even just a decade ago.

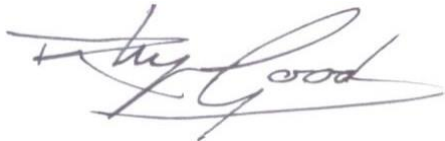
Below, we have provided some positive examples of holistic care in England that we hope will prove useful and that could be encouraged in Wales. Overarchingly, stronger partnership working between central government, health boards, Public Health Wales and the HIV charitable sector is needed to ensure people aren't lost



to care and enables them to live the full healthy lives that are achievable with the right support.

We would welcome a further discussion with the committee around HIV in Wales and the work that is needed to achieve the end of HIV transmission by 2030. We would also be happy to provide further evidence as required.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Rhys Goode', with a stylized flourish at the end.

**Rhys Goode**

Head of the Terrence Higgins Trust Cymru

Pennaeth Terrence Higgins Trust Cymru

**Terrence Higgins Trust Cymru**

Tel: 020 7812 1600 Email: [info@tht.org.uk](mailto:info@tht.org.uk) Website: [www.tht.cymru](http://www.tht.cymru) THT Direct: 0808 802 1221

## **Evidence to the Senedd Health and Social Care Committee on holistic care for chronic conditions**

At Terrence Higgins Trust our mission is to end new cases of HIV across the UK by 2030 and be here until the last people living with HIV needs us.

Medical advances mean that HIV is now a manageable chronic condition. People living with HIV on effective treatment can expect to have a normal life expectancy and can't pass on the virus. This means that HIV treatment also acts as prevention.

The population of people living with HIV is ageing - nearly half of people living with HIV in the UK are now over 50 years old and many live with comorbidities. In 2022, 64% of people living with HIV reported having been diagnosed with one or more long-term condition in addition to HIV.<sup>1</sup>

Holistic, specialist care for people living with HIV is crucial, particularly as people living with HIV often face stigma or fear facing stigma in non-specialist services.

Work to engage and re-engage people in HIV care in England provides a good model for what good holistic care for chronic conditions can look like.

### **Stigma and specialist services**

Stigma associated with HIV and self-stigma affects people's access to care. The most recent national survey of people living with HIV found that:

- 1 in 10 had not told their GP about their HIV status
- 1 in 14 had avoided accessing healthcare services because of their HIV status
- 1 in 10 had not told anybody apart from health care staff about their HIV status

This means that it is crucial that people living with HIV can get holistic support from their HIV clinic, which for some is their only interaction with the health care system. The best services in England have peer support services and caseworkers embedded in the clinic.

### **People lost to HIV care**

The UK government reports that England has exceeded the UN's 95:95:95 targets, with 95% people living with HIV having been diagnosed, 98% of those people on treatment and 98% of those virally suppressed (Comparative data is not publicly available in Wales currently).

However, there is a significant group not captured in this cascade. A growing number of people living with HIV in England are 'lost to care': they have been previously diagnosed with HIV but have not attended an HIV clinic for more than 15 months and so are not getting the care they need. UKHSA estimates that up to 14,773 people with diagnosed HIV in England are either not accessing care. This is a result of complex factors, including experiences of HIV stigma and poverty.

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<sup>1</sup> UKHSA, Positive Voices 2022: Survey report, January 2024.

Terrence Higgins Trust is calling for a national programme in England to re-engage those lost to HIV care, building on effective pilot work that has taken place. We believe this to also been needed in Wales, but due to deficiencies in data available and a lack of a patient management system it is currently difficult to scope. That is why we have pushed the Welsh Government to prioritise the development of a new patient management system as part of the HIV Action Plan for Wales, developed in conjunction with us.

### **Re-engaging people in HIV care in South London**

Pilot work funded by the Elton John AIDS Foundation and National Lottery in South London provide a framework for re-engaging patients currently not access the HIV care they need. The project found that engagement work was most effective and cost efficient when it was based directly in the HIV clinic (although work in GPs and from community organisation was also effective).

The project identified that 824 people living with HIV in Lambeth, Southwark and Lewisham were not accessing care. The three hospitals were able to successfully re-engage 153 people in the course of a year, at an average cost of £3,000 per patient. Of this group, 71% were from Black African, Black Caribbean and Black 'other' communities. More than half were women and 44% of those re-engaged lived in the most deprived 20% areas (based on the Index of Multiple Deprivation).

Dedicated engagement and re-engagement work is resource intensive, but it is cheaper when compared to the cost of care for people with untreated HIV and onward transmissions of HIV (with average care costs for HIV £200,000). In 2018/19, at Guys and St Thomas' Hospital Trust alone, the cost of in patient admissions for people living with HIV not accessing care was £408,135.<sup>2</sup>

Following the project, this work has become systematic at hospitals in South London. For example, Kings College Hospital's clinic employs a dedicated administrator whose sole role is to identify people lost to follow up and encourage them to attend the clinic. They make contact with them on a dedicated mobile phone, with WhatsApp the most effective way to reach patients. The clinic also has a patient representative and peer mentor based in clinic and embedded in this work. All attend a fortnightly vulnerable patients meeting with the clinical team.

### **Engaging and re-engaging people in HIV care in Bristol**

Pilot work funded by Fast Track Cities Bristol, with charity Brigstowe and Southmead Hospital, has demonstrated the value of embedding community support in HIV care.

The project involved the secondment of a support worker from voluntary organisation Brigstowe to the HIV clinic, who worked intensely with patients from January to October. This formal secondment was crucial as it enables the support worker to access patient contact details.

The project calculated that a single missed appointment can cost the HIV clinic three hours in staff time. The most complex patients missed up to six appointments a year, with 19.5 hours of staff time wasted – and so this work can save significant amounts of staff time.

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<sup>2</sup> Dr Kate Childs, Presentation at the British HIV Association Conference, March 2023.

The project identified that it was often secondary issues that were the obstacles to patient engagement: mental health, addiction, financial and housing issues were all preventing people from attending the clinic, as well as HIV stigma.

The community support worker developed relationships with clients, facilitated attendance at the clinics (including through appointment reminders, escorting patients to them) and address secondary issues including referral on to other services.

The length of engagement with a patient varied significantly from case to case, with some people needing active support for two weeks, but in more complex cases intense support was required for as much as sixteen weeks, with the ultimate aim of creating a long-term package of support that meant the patient could stay independently engaged.

As a result of the support, of 24 patients, nine had an improved attendance, seven had their first clinic appointment in 12 months and seven had a viral load that became undetectable (meaning they can't pass on the virus).

### **Care for people diagnosed through opt-out HIV testing in A&ES**

Nearly one in three of the people who have been diagnosed with HIV through opt-out HIV testing in emergency departments in England were people previously diagnosed but lost to care.

As the programme expands to 47 more hospitals, 10% of the allocated £20 million funding will go to community and peer support for retention and re-engagement in care, in recognition of the importance role that community and peer support plays in holistic HIV care.

### **Terrence Higgins Trust's re-engagement project in London**

Terrence Higgins Trust has just launched a project funded by Fast Track Cities London, which will work across six HIV clinics to engage and re-engage people living with HIV in care. This work is in partnership with other charities: partnership with The Food Chain, African Advocacy Foundation and 4MNetwork.

This will include a holistic care package of tailored support for patients to improve the quality of life of people with a detectable viral load – both who have recently been out of care and those who are not entirely out of care but engage sporadically and are more likely to stop attending altogether.

The project will include a dedicated care coordinator who will work within HIV clinics and also be able to refer patients to other services and support them to access them. This will include peer support services, food and nutrition services, chemsex support, and tailored support for mothers and carers.

We would be pleased to share the results of this work with the committee when they are available.

### **Terrence Higgins Trust Cymru**

**Legislation, Justice and  
Constitution Committee**

**Welsh Parliament**  
Cardiff Bay, Cardiff, CF99 1SN  
SeneddLJC@senedd.wales  
senedd.wales/SeneddLJC  
0300 200 6565

Eluned Morgan MS  
Cabinet Secretary for Health and Social Care

30 April 2024

Dear Eluned

## Legislative Consent Memorandum on the Tobacco and Vapes Bill

I refer to your letter of 16 April 2024 to the Llywydd regarding the above legislative consent memorandum.

In your letter, you state that the Bill is jointly supported by the four governments of the UK and is largely within the Senedd's competence, adding that:

*"The rapid development of the Bill, and the complexity and breadth of the provisions has meant that it has not been possible for my officials to complete the detailed analysis required within the normal two week deadline set out in Standing Orders."*

Given that the intention to legislate was announced on 4 October 2023 and that the Bill is supported by the four governments of the UK, we are unclear why the Welsh Government has not been able to comply with the Senedd's Standing Orders following the Bill's introduction on 20 March 2024.

We would therefore be grateful if you could write to us with a commentary of the inter-governmental discussions that have taken place on the Bill and to provide a timeline of those discussions, referencing any contacts between officials and between Ministers.

It would also be helpful to understand if the *United Kingdom Internal Market Act 2020* was an influencing factor in the decision to adopt a four government approach to the legislation. We would be grateful if your commentary of inter-governmental discussions could cover any consideration of the impact of the 2020 Act, were the governments to legislate separately.




We recognise that Standing Order 29.3 requires certain information to be provided in the memorandum about the delegated powers to be provided by the Bill to the Welsh Ministers. Given that concerns have been raised about the nature of these powers, we would be grateful if you could let us know:

- what discussions you held with the UK Government about the level of detail to be placed on the face of the Bill;
- if you asked for any powers to be delegated to the Welsh Ministers and if so, whether you were able to influence the scope of those powers;
- whether you were able to influence the relevant procedure for each delegated power.

We would be grateful to receive a response by 16 May 2024.

I am copying this letter to the Llywydd and Russell George MS, the Chair of the Health and Social Care Committee.

Yours sincerely,

A handwritten signature in black ink that reads "S. Murphy". The signature is written in a cursive, flowing style.

Sarah Murphy  
Chair

# Agenda Item 3.5

Jayne Bryant AS/MS  
Y Gweinidog Iechyd Meddwl a'r Blynyddoedd Cynnar  
Minister for Mental Health & Early Years



Llywodraeth Cymru  
Welsh Government

Ein cyf/Our ref MA-JB-5117-24

Russell George MS  
Chair  
Health and Social Care Committee  
Senedd Cymru  
Cardiff Bay  
Cardiff CF99 1SN

[seneddhealth@senedd.wales](mailto:seneddhealth@senedd.wales)

1 May 2024

Dear Russell,

## The Health Claims (Revocation) Regulations 2024

I am writing to inform the committee of the intention to consent to the UK Government making and laying the Health Claims (Revocation) Regulations 2024 (the Regulations). The Regulations will be made using powers in Section 14 of The Retained EU Law (REUL) (Revocation and Reform) Act (the REUL Act).

The Regulations will revoke legislation identified as redundant following the UK's exit from the EU, which was not included in Schedule 1 of the REUL Act. Revocation of these instruments will have no policy effect in Wales and will reduce unnecessary complexity in the statute book.

Although the Welsh Government's general principle is that the law relating to devolved matters should be made and amended in Wales, on this occasion, it is considered appropriate for the UK Government to legislate on a GB-wide basis. This approach would ensure redundant legislation is revoked equally across the nations to which they applied.

The Regulations will be laid before the UK Parliament in June 2024.

I have also written to Sarah Murphy MS, chair of the Legislation, Justice and Constitutional Committee and to Buffy Williams MS, chair of the Children, Young People and Education Committee

Yours sincerely,

## Jayne Bryant AS/MS

Y Gweinidog Iechyd Meddwl a'r Blynyddoedd Cynnar  
Minister for Mental Health & Early Years

Canolfan Cyswllt Cyntaf / First Point of Contact Centre:  
0300 0604400

Bae Caerdydd • Cardiff Bay  
Caerdydd • Cardiff  
CF99 1SN

[Gohebiaeth.Jayne.Bryant@llyw.cymru](mailto:Gohebiaeth.Jayne.Bryant@llyw.cymru)  
[Correspondence.Jayne.Bryant@gov.wales](mailto:Correspondence.Jayne.Bryant@gov.wales)

Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

Health and Social Care Committee  
Senedd  
Cardiff Bay  
Cardiff  
CF99 1SN

30 April 2024

Dear Russell George MS and Helen Finlayson,

**Invitation: Health and Social Care Committee to visit Cardiff and Vale College**

In response to the Committee's latest consultation looking at obesity and the prevention of ill health, to complement written evidence currently being drafted by ColegauCymru and the FE sector, I would like to invite Committee Members to visit Cardiff and Vale College. The College has embedded active wellbeing across its City Centre Campus including new facilities, staff and opportunities, and I believe the Committee would benefit greatly from seeing firsthand the work that this college in particular is doing to support and promote activity and wellbeing. This visit will provide Members an opportunity to meet learners and speak to staff members who manage the delivery of active wellbeing within the college.

As an organisation, ColegauCymru promotes the public benefit of further education in Wales. We believe that all learners have the right to world-class education, delivered in a safe, diverse and inclusive setting and within a sector which supports the wider community, employers and the economy. We also provide member colleges with a range of professional support services that help enhance learner outcomes whilst enriching the learning experience, this includes strategic development of Active Wellbeing and related interventions in FE.

The [ColegauCymru Active Wellbeing strategy](#) provides FE colleges with the opportunity to make a difference to the future health, wellbeing and prosperity of learners, communities and Wales as a nation. The strategy has promoted physical, mental and emotional wellbeing through increased access to physical activity since 2020, building on project delivery since 2014. Research shows that there is a significant drop off in activity levels from the age of 14 upwards with many young people becoming inactive during some of their most formative years. Active wellbeing promotes the benefits of being active and currently engages 5,000 – 6,000 young people across Wales every year.

We are flexible with regards to dates for the visit, however we are aware that the consultation on obesity and the prevention of ill health is closing on June 7. With this in mind, we'd like to invite the Committee to hold their visit to the College **on Thursday June 6<sup>th</sup>** following the Committee meeting. One option to explore could be the Committee hosting its meeting at the college, and then undertake a tour of facilities after the formal agenda.

I do hope the Committee will be able to accept our offer to visit Cardiff and Vale College to see firsthand the fantastic wellbeing facilities available to learners and the community, and I look forward to welcoming you there on the day.

Yours sincerely,



Catherine Lewis

**Principal, NPTC Group of Colleges and ColegauCymru Active Wellbeing Group Chair**

Uned 7 Cae Gwyrdd, Greenmeadow Springs, Tongwynlais, Caerdydd CF15 7AB  
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Cwmni Cofrestredig Rhif 2832103 Elusen Gofrestredig Rhif 1060182



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www.collegeswales.ac.uk hello@collegeswales.ac.uk T: 029 2052 2500  
Registered Company No 2832103 Registered Charity Number: 1060182