Ref	Commissioning Intention	Proposed Delivery Date	RAG Q2	Update Q2
EMS				
EMS Commissioning Intention – CI1 Clinical Response Model				
Aims				
CI1-A1	**Increase the proportion of activity resolved at Step 2 –** Using the activity within the demand and capacity review as a baseline, this aim requires the proportion of activity resolved at step 2 to increase. The improvement trajectory will be included in the new commissioning framework that will be collaboratively agreed ahead of 1st April 2022	30-Sep-22		36 FTEs recruited with overall low vacancy factor in CSD (94% for Paramedics and 100% for MHPs0. Aim is to achieve by 15% by end of Q2. This has now been amended to end of Q3 i.e. Dec-2022. 11.7% achieved in in Aug-22.
CI1-A2	**Right response first time – Optimising multiple responses at Step 3 –** Using activity within the demand and capacity review as a baseline, this aim requires an improvement in the multiple response rate (excluding Red as multiple responses expected). The improvement trajectory will be included in the new commissioning framework.	31-Dec-22		Issues around voting validation have impacted on the go live of the roster review, but Trust will expecting to turn on some new rosters early and to deliver the switch on during the time frame Sep-Nov 2022. First rosters have gone live. On target for go live through Sep-22 to Nov-22.
Products				
CI1-P1	**Remote Clinical Support Strategy –** The first element will be to finalise an integrated remote clinical support strategy and infrastructure that outlines the organisational ambition for remote clinical support at the forefront of ambulance service care.	30-Jun-22		This work forms part of the gateway to Care programme board. We had a report on progress on this at the meeting on the 29th July and good progress is being made.
CI1-P2	**Optimising Conveyance Improvement Plan –** Development and implementation of an improvement plan or programme that supports the optimisation of decisions about conveyance. This will include non-conveyance as well as improving conveyance destination decisions and reducing variation for example.	31-Mar-23		Forms part of Clinical Transformation Programme.
Indicators				
CI1-I1	**Clinical Support Desk Outcomes –** The development of quarterly reports that describe the patient level outcomes for clinical support desk care episodes.	30-Jun-22		Work on the dashboard reporting underway and close to publishing the patient volumes by CSD Clinicians, CSD MHPs, 111 and PTAS broken down by type Self Care, Refer, Response as a percentage against verified 999 incidents. This gives us the patient level outcomes to that level rather than just as positive consult and close. Next step once this is verified is to add in the ECNS data so that we can see more specific pathways (this is where it's held most accurately) so we can see "referred to GP, referred to MIU, signposted to pharmacy" etc. It will be this quarter for that data (Oct-Dec 22).
CI1-I2	**Outcome by Response Type –** The development of quarterly reports will be available that describe the patient level outcomes for different response types.	31-Mar-23		IMTP year 2 action to deliver benefits from ePCR business case. Some issues with reporting as switch over to unverified data reporting. We are now reporting on Fractured Neck of Femur, Stroke, STEMI and Hypoglycaemia and sharing for the purpose of the ASI release. ROSC data should be coming to the October CIAG - and we will take a view re release at that meeting. Each of the reported CIs has had a deep dive audit conducted with an improvement plan that we are monitoring via CIAG.

Ref	Commissioning Intention	Proposed Delivery Date	RAG Q2	Update Q2
EMS Commissioning Intention – CI2 Availability				
Aims				
CI2-A1	**Workforce Stability -** Maintaining the increased staff base following closure of the relief gap identified in the ORH Demand and Capacity Review (2019). Maximising the availability of these staff through reducing sickness levels and abstractions by ensuring that their wellbeing needs are appropriately supported.	31-Mar-23		On target for the +100 by 23 Jan-23. Rural workshop held on 30 Sep-22. Scale of issue quantified with second workshop to follow and then report to EMT on quantification and solutions.
CI2-A2	**Workforce Availability -** Grow the workforce in line with the strategic ambition, agreed forecasting and modelling and within financial allocation when made available by Commissioners.	31-Mar-23		The +100 will leave an estimated relief gap of -64 against the revised total for the full roster lines of 1,825. Originally 1,691. Further consideration of switch of CHARUs after initial implementation and further discussion with NCCU on workforce as part of 2023/24 commissioning intentions/IMTP discussion..
CI2-A3	**Rosters Aligned to Demand -** The current demand profile is not matched by available resource. This has a significant impact on quality of service for patients and wellbeing of staff. Roster reviews have been undertaken with partners throughout 2021-22 to agree core principles and working parties have progressed the design and building of rosters. Rosters aligned to demand will be available for each area in 2022-23 and an implementation programme will be developed and delivered.	30-Nov-22		Some issues around voting validation and also USHs payments, but project is on target for go live in Sep-22 and completion in Nov-22. Two rosters have gone live. Project on target.
Products				
CI2-P1	**Forecasting and Modelling Framework -** A collaboratively developed forecasting and modelling framework that underpins a demand and capacity approach that will set out the ongoing arrangements for proactively undertaking this work for the next decade, this will include demand-led iterative forecasting and modelling and health economic evaluations. This will ensure the required strategic, tactical and operational focus to plan and forecast seasonal fluctuation and to ensure resource and resilience during times of system pressure.	30-Sep-22		Delayed due to focus on EMS Operational Transformation Programme and REAP4; however, Trust has good arrangements in place, but formal Trust Board and EASC approval would aid sponsorship of this business critical process. Commisioning & Performance Manager appointed, but on three months notice, so will not be in post until Christmas. Unlikely to complete this action until end of Q4.
Indicators				
CI2-I1	**Workforce Additionality Measure –** A collaboratively agreed baseline and workforce additionality requirement will continue to be reported and refined, including vacancy factors, turnover and other confounders.	Live		Being reported to every EASC Management Group. A significant amount of work undertaken on the +100 so further granular update to Aug-22 EASC Management Group. Update will now be provided to Oct-22 EASC Management Group.

Ref	Commissioning Intention	Proposed Delivery Date	RAG Q2	Update Q2
EMS Commissioning Intention – CI3 – Productivity				
Aims				
CI3-A1	**Reducing Post-Production Lost Hours –** Post-production lost hours have long been a significant contributor to reduced productivity. Using an agreed baseline measurement period, post-production lost hours will be reduced in line with a quarterly agreed improvement trajectory. The improvement trajectory will be included in the new commissioning framework that will be collaboratively agreed ahead of 1st April 2022.	Dependent on TU negotiations		Deep dive to Apr-22 Finance & Performance Committee. Work undertaken on improved data accuracy, which has reduced PPLH. Approach is still reliant on human accuracy/error, with further fix required by CAD supplier (time frame to be agreed). PPLH was 7,125 in Aug-22, higher than last few months, but range of actions being progressed, in particular, compliance with existing return to base policy, PPLH compliance (including using periods of handover to work on tasks) and CAD solution which will automate placing crews on break when they return to station (go live 17 Oct-22).
CI3-A2	**Reducing Notification to Handover Time** – NHS Wales is a significant outlier in the UK and internationally for lost productivity due to extended notification to handover times. EASC is committed to delivering less than 150 hours per day across Wales and 95% of handovers completed within 1 hour, with a backstop of no handover taking more than 4 hours. Individual improvement trajectories will be agreed for each site and will be included in the new commissioning framework.	Health Board responsibility		The Trust lost 30% of its conveying capacity in Aug-22 and over 24,000 ambulance unit hours. August is traditionally a low month for handover with peak winter normaly being 40% to 50% higher. The figures are deeply concerning and if the hours do increase in the way they have in previous winters the Trust will need to be operating at Clinical Safety Plan 3b and probably at levels 4.
Products				
CI3-P1	**Modernising Workplace Practices Implementation Plan** – There will be an implementation plan and supporting structures in place to ensure workforce practices and policies are reviewed, modernised and improved. The wellbeing of the workforce and safety of patients will be paramount within this. The improvement trajectory will be included in the new commissioning framework.	Dependent on TU negotiations		The Trust and it's TU Partners have been working with ACAS on developing the best way forward for the organisation and its people. A plan has been developed off the back of this engagement with a range of actions including: • A review of the partnership statement • Development of partnership principles • Joint training for managers and TU partners on working together • Supporting TU Partners with their role • Reviewing consultation guidance for managers and redeveloping • Developing the WASPT (Welsh Ambulance Service Partnership Team) governance arrangements and supporting structures • Review mechanisms for learning from partnership working We will also include any additional recommendations shared by ACAS. In terms of modernising practices the opportunities for our people will be focused on the ABC – Autonomy, Belonging and Contribution and our transformation intentions (Inverting the Triangle) which will include work on self-rostering and alternative shift patterns, learning and development and career pathways, sustainable recruitment and retention, change management and workforce flexibility.Changes have already been agreed in relation to use of CPD time
Indicators				
CI3-I1	**Unit Hour Utilisation Metric** – continue to refine the approach and reporting in order to actively improve patient safety, performance and efficiency.	On-going		Transferred from Optima to HI and ODU. Checking with Leanne and Jon. Note this action is no longer in the EASC Action Plan, that goes to the Minister. Delayed due to operational focus and planned sick leave; however, we have completed a utilisation page for PowerBI and this will be going live in November. This illustrates the "resource busy" proportion of a shift and rest breaks, PPLH etc

Ref	Commissioning Intention	Proposed Delivery Date	RAG Q2	Update Q2
EMS Commissioning Intention – CI4 - Value				
Aims				
C14- A1	**Value-Based Healthcare for the Welsh Ambulance Service** Building on the engagement already undertaken, develop and embed a value-based approach for the Welsh Ambulance Service which enables better collective decision making across the whole urgent and emergency care system and accounts for WAST's use of, and impact on, economic, social and environmental resources over the short, medium and long term. This will include: • Development of WAST's strategy and approach to Value-Based healthcare which links outcomes, patient experience and use of resources • Implementation of a costing model for "5 step" pathway • Improvement in ability to identify areas of unwarranted variation in service delivery across Wales	31-Mar-23		Good progress through the WAST Value Based Health Care working group. Work is ongoing to consider how PROMs and PREMs data can be captured, and we have engaged with the Welsh Value in Health Centre, who will be delivering a presentation to the Value Based HealthCare working group in July 2022. WAST has also begun work with ABUHB to explore the opportunity for PREMs to inform the ongoing evaluation of the Grange University hospital transfer service, which can in turn inform the development of an All Wales model for transfer and discharge. Progress is also being made on the delivery and implementation of Patient Level Information and Costing System (PLICS), working with the supplier to develop the system for WAST and HI is sourcing the data required to build the system. The financial sustainabulity programme also has workstreams focussed on benchmarking, value and efficiency as well as a key area of work to evaluate the impact of key investments, which will adopt a value based approach based on the methodology developed by NCCU. 05/10/2022 Programme evidencing good structure with regards to ongoing workstreams. PLICS timelines presented to the group, with three-phase approach to delivery. Phase 1 to run to end of FY 22/23, with formal Programme Board established to support delivery. PM resource TBC imminently. Collation of benchmarked data remains the primary action around PROMS, in order to establish baseline in line with other AMB Trusts, while PREMS requires a finalised evaluation framework in order to determine the priorities.
Products				
CI4-P1	**Value-Based Strategy** The Trust will develop a strategy to implement a value-based approach across the organisation and outline its role in delivering value across the wider UEC system. The value-based strategy will be integrated with and align to existing organisational strategies (e.g. clinical, quality, long term, digital, environmental etc.) and the Commissioning Intentions outlined in this document in order to ensure goal congruence.	Live		Whilst WAST has not developed a strategy, the VBHC working group is aligning its work with specific work around financial sustainability, whilst also ensuring patient and staff outcomes and experience have parity with financial value. **05/10/2022** Decision taken by VBHC Group on the 30th September to use Programme Workplan as guidance for direction. Strategy to be drafted if explicitly requested.
CI4-P2	**Value-Based Tools and Methods** In order to monitor and measure value-based performance, the Trust will need to design, develop and implement a range of tools including, but not limited to, the following: • Patient Level Costing Model • Benchmarking Dashboard(s)	31-Mar-23		As above, data collection and engagement with supplier ongoing for PLICS. Work ongoing around PROMs and PREMs. It should be noted that PROMs is a difficult area for an emergency service, based on the longitudinal nature of data collection pre-, during and post-intervention. However, WAST is keen to explore the opportunities to work with Health Boards. **05/10/2022** As per update above, PLICS to pursue formal programme delivery stage, while PROMS and PREMS remain in a Planning Phase, focussing on data collation, benchmarking, and framework design.

Ref	Commissioning Intention	Proposed Delivery Date	RAG Q2	Update Q2
CI4-P3	**Value-Based Reporting** WAST will enable a clear line of sight from commissioner allocation through to utilisation and the outcomes delivered by the services. WAST will holistically demonstrate through its reporting all separate revenue streams and associated costs of broader service provision (e.g. 111, NEPTS etc.). WAST receives a capital allocation directly from Welsh Government. The utilisation of the capital budget and the use of the ring-fenced depreciation allocation will need to be clearly identified in any report. As a result, WAST will be able to demonstrate how its capital allocation is being invested to deliver on the commissioning intentions.	31-Mar-23		Key service evaluations will need to focus on the value, some of which is being taken forward in Financial Sustainability programme. 05/10/2022 Relevant work that is currently operational under the Financial Sustainability Review umbrella will be fed sideways into the VBHC Programme, as well as upwards via the ADLT and STB, which inclludes individual scheme evaluations.
Indicators				
CI4-I1	**Value-Based Core Requirement to be agreed with Commissioner by the end of quarter 2:** • WAST Value Based Strategy • Plan for Value Based Tools and Methods design, development and implementation • Value Based Reports developed for revenue and capital • Value-Based indicators developed in line with broader indicators outlined in CI1 to CI5 • Connections to system-wide urgent and emergency care performance measures as identified in CI6 – Wider Health System	30-Sep-22		As above progress is being made, and reporting in line with quality and prformance management framework at top level is very much based around the balanced scorecare of patients, staff, value and system in line with Quadruple Aim. However, more work required to establish how PROMs and PREMs can feature in reporting. Business case process being developed to embed a valued based healthcare approach to benefits realisation from outset. 05/10/2022 Business Case Process presented for wider discussion at the IMTP Collaborative Planning event on the 4th October, 2022. Feedback positive, with focus on how to collate thematic BJC intentions and align in the most efficient way, as well as ensuring an objective process for feedback throughout the BJC process.

Ref	Commissioning Intention	Proposed Delivery Date	RAG Q2	Update Q2
EMS Commissioning Intention – CI5 – Harm & Outcomes				
Aims				
CI5-A1	**Proactively Identifying Harm** – There will be a process for identifying harm/near misses prior to a complaint or report being logged. This will include process for reviewing patient clinical records and engagement with the wider health system (i.e. sharing information around patients impacted by CSP levels).	Live		Report recently developed and supplied. Also process in place in CCC.
Products				
CI5-P1	**Clinical Indicator Plan and Audit Cycle – I**mplementation of the clinical indicator plan and audit cycle, this will provide a forward view of the type, content and regularity of clinical indicator and audit reporting. Specific seasonal and responsive (to emerging trends) reports and audits will be included within the plan.	Plan and cycle e agreed (prior to the roll-out of ePCR).		Check working with NCCU, should be new wording around plan and cycle (not audit). The CI Plan has been reviewed following the implementation of the ePCR from April 2022. We are now reporting on Fractured Neck of Femur, Stroke, STEMI and Hypoglycaemia and sharing for the purpose of the ASI release. ROSC data should be coming to the October CIAG - and we will take a view re release at that meeting. Each of the reported CIs has had a deep dive audit conducted with an improvement plan that we are monitoring via CIAG.
Indicators				
CI5-I1	**Call to Door Times –** Call to door times for STEMI and stroke will be produced on a monthly basis.	See commentary		The new agreed indicator for this year (commissioning intention) is the call to door time for STEMI and Stroke. There is a lot of work required to agree and then report on this indicator, with he following roll out plan: Q3 (Oct – Dec 2022) – a decision will be made on the criteria to define 'call to door' and a reporting dashboard will be developed. Q4 (Jan – Mar 2023) – The data will be tested internally to include data from April 2022. April 2023 – Approve for ASI reporting

Ref	Commissioning Intention	Proposed Delivery Date	RAG Q2	Update Q2
EMS Commissioning Intention – CI6 – Wider Health System				
Aims				
CI6-A1	**System Flow** – Optimise the flow of ambulances in to hospital sites in Wales, reducing batching and increasing the timeliness of patients accessing secondary care. The implementation of rosters aligned to demand for each area in 2022-23 will address this, with the improvement trajectory included in the new commissioning framework that will be collaboratively agreed ahead of 1st April 2022.	30-Nov-22		Roster review on target for go live Sep-22 to Nov-22.
CI6-A2	**Transfer and Discharge Service** – To reduce the number of transfers and discharges being undertaken by the EMS fleet. This will include the development of a case for a new national transfer and discharge service.	31-Mar-23		Position paper presented to Aug-22 EASC Management Group. Project team established and PID written. Next area of focus is forecasting and modelling, in particular, high acuity transfers. Meeting to be arranged with ORH on this. Modelling programmed for results in Q4.
Products				
CI6-P1	**Aligned Escalation and Clinical Safety Plan** – A single WAST escalation and clinical safety plan will be in place that is aligned with system-wide escalation processes, responding to areas of greatest clinical risk.	30-Apr-22		Endorsed by NHS Leadership Board, but has not been enacted. Now part of the 6 goals programme.
CI6-P2	**National Transfer and Discharge Commissioning Framework –** A collaborative commissioning framework for a national transfer and discharge service will be agreed following the development of the business case.	31-Mar-23		See CI6-A2.
Indicators				
CI6-I1	**System Pressures Dashboard** – WAST and Health Boards will collaborate to ensure that a live system pressures dashboard is in place that enables users to understand current and emerging pressures.	NCCU Lead		Endorsed by NHS Leadership Board, but has not been enacted. Now part of the 6 goals programme.

Ref	Commissioning Intention	Proposed Delivery Date	RAG Q2	Update Q2
NEPTS				
NEPTS Commissioning Intention 1- Plurality Model				
CI1a	**Resource Efficiency** - Demonstrate that resources are being utilised effectively following transfer of work. This will include the re-design and renewal of patient contracts inherited via the transfers of work to deliver the best patient transport model for Wales ensuring value and efficiency of utilisation. The second phase will of this work will focus on the procurement strategy, fully reviewing who is best placed to deliver the various aspects of patient transport in accordance with NEPTS objectives and standards.	31-Mar-23		Tenders recently awarded. Commercially sensitive. Verbal update to CASC. Positive outcome..
CI1b	**Plurality Providers** - Continue to expand and improve the availability of plurality providers and to increase the focus on quality, improved patient experience, value and sustainability.	31-Mar-23		Tender process complete. Commercially sensitive. Reported verbally to CASC. Positive outcome.
NEPTS Commissioning Intention 2 – Demand				
CI2a	**Planning** - Implement improved and dynamic planning process that maximises the utilisation of resources and ensure stability and resilience for future demand.	31-Mar-23		Paused. No funding for +12 FTEs.
CI2b	**Demand Management** - Utilise a range of options including effective use of resources, effective rostering and closer working with the patient and Health Board colleagues to deliver appropriate transport requirements.	31-Mar-22		Working on re-rostering pre-work progressed with PID anticipated for Oct-22. PID expected now in early Nov-22. Pre-work on fleet and roster key options has been undertaken.

Ref	Commissioning Intention	Proposed Delivery Date	RAG Q2	Update Q2
NEPTS Commissioning Intention 3 – Capacity				
CI3a	**Transforming Capacity** - Implement processes to increase NEPTS capacity within current internal and external resources including workforce and fleet.	31-Mar-23		Working on re-rostering pre-work progressed with PID anticipated for Oct-22. See above now expected in early Nov-22. This will include fleet and estate implications.
CI3b	**Reducing Lost Capacity** - Implement improvement plans and oversight arrangements to deliver reduction in lost capacity due to system inefficacies. This includes a requirement on WAST to ensure more effective use of internal resources (workforce, fleet and estates), there is also a requirement for improved collaboration and communication with Health Boards to minimise lost time at hospital sites.	31-Mar-23		PDSAs undertaken. Report to next Ambulance Care Transformation Programme Board on next steps. Report tabled, with agreement to focus on high volume/low performance clinics. Project team meeting w/c 03 Oct-22 to determine plan for move to this approach.
NEPTS Commissioning Intention 4 – System Transformation				
CI4a	**Forecasting and Modelling Framework** - A collaboratively developed forecasting and modelling framework will set out the ongoing arrangements for proactively undertaking this work for the next decade, this will include demand-led forecasting and modelling and health economic evaluations. This will ensure the required strategic, tactical and operational focus to tactically plan and forecast seasonal fluctuation and to ensure resource and resilience during times of system pressure.	30-Sep-22		Delayed due to focus on EMS Operational Transformation Programme and REAP4; however, Trust has good arrangements in place, but formal Trust Board and EASC approval would aid sponsorship of this business critical process. Commisioning & Performance Manager appointed, but on three months notice, so will not be in post until Christmas. Unlikely to complete this action until end of Q4.

Ref	Commissioning Intention	Proposed Delivery Date	RAG Q2	Update Q2
EMRTS				
EMRTS Commissioning Intention 1- Service Expansion				
CI1a	**Enhanced CCP-led response** – Building on the findings of recent winter initiatives and demand and capacity planning undertaken within the service, support the implementation of an enhanced daytime response that will ensure more effective use of resources, improve service quality and the patient experience and provide opportunities for workforce development.	01-Apr-22		Building on the precedent for CCP-led response as established in Caernarfon and Welshpool EMRTS bases with the establishment of the dual CCP model and the winter pressures resource that has already operated from Cardiff Heliport, the enhanced daytime CCP-led response from Cardiff Heliport has been in place since April. Early indications are that the dual-CCP crew at Cardiff are attending a significant number of the incidents previously managed by the Doctor-led resource based at Dafen (Llanelli), and are completing the incident through to hospital handover without the need for a Doctor to be in attendance. The EMRTS qualified CCP is able to undertake advanced clinical interventions and treatments, safely managing a wide group of critically unwell patients. As previously agreed, a 1 year evaluation will be undertaken in Quarter 1, 2023-24.
CI1b	**Planning** – Build on the implementation and consolidation of Phase 1 of the EMRTS Service Expansion project, working collaboratively with commissioners to plan the implementation of the remaining phases of the EMRTS Service Expansion programme.	31-Mar-23		Following recent discussions at EASC Committee and its subgroups, a service development proposal is being considered and discussed at the EASC meeting on 8 November
EMRTS Commissioning Intention 2 – Adult Critical Care Transfer Service Implementation				
CI2a	**Service Delivery** – The ACCTS team will continue to manage ongoing service delivery and will ensure robust performance management with a focus on outcomes, value, quality and safety of service delivery.	31-Dec-22		The ACCTS service is approaching a full year of service delivery. A review of Year 1 will be undertaken in Quarter 3. To date it can be noted that the service has: • delivered significantly in excess of forecasted activity in both North and South Wales • undertaken critical care transfer training courses across the system • participated in time critical transfers supporting the wider system. Going forward, ACCTS will be included as an addendum to the EMRTS Quality and Delivery Framework.
CI2b	**Engagement** – Building on established relationships, continue to engage with all stakeholders to review and strengthen the service model(s) implemented to maximise the clinical outcomes, value, quality and safety of service delivery.	31-Mar-23		The service continues to work with the Wales Critical Care and Trauma Network to ensure that the needs of patients are met. Two different operating models have been established (North Wales and South Wales) in response to the needs of the different populations. In terms of activity the service is delivering significantly in excess of forecasted activity in both North and South and feedback from the critical care network has been extremely positive.
CI2c	**Evaluation and Review** – Undertake evaluation and review relating to the implementation of the ACCTS, reporting on lessons learned, service activity and providing the required assurance regarding the realisation of anticipated outcomes and benefits going forward.	31-Dec-22		A review of Year 1 will be undertaken in Quarter 3. In the interim, data continues to be collated relating to service performance and activity against the anticipated outcomes and benefits, this will also include a lessons learned exercise informed by the learning and issues encountered during the planning and implementation phases of this project - this will be available in Quarter 2 and will inform the Year 1 review in Quarter 3.

Ref	Commissioning Intention	Proposed Delivery Date	RAG Q2	Update Q2
EMRTS Commissioning Intention 3 – Service Evaluation				
CI3a	**Improvement Plan** – Develop and implement an improvement plan in response to the EMRTS Service Evaluation Report.	30-Sep-22		Building on the recently published service evaluation report and the ongoing evaluation as part of these commissioning intentions, the service has asked for stakeholder views on what should be included in the ongoing evaluation during a recent EMRTS DAG meeting.
EMRTS Commissioning Intention 4 – System Transformation				
CI4a	**Demand and Capacity Strategy** – To continue with the work on a collaboratively developed demand and capacity strategy will set out the ongoing arrangements for proactively undertaking this work for the next decade, this will include the use of forecasting, modelling and health economic evaluations.	31-Mar-23		The service has commissioned Optima to undertake this work. Optima have already been used by WAST for a number of years to support their work on seasonal forecasting and modelling and bring expertise in scenario modelling, testing resourcing and operational changes with a view to improving performance and patient outcomes. Following recent discussions at EASC Committee and its subgroups, a service development proposal will be considered and discussed at the EASC meeting on 8 November