



Emergency Ambulance Services Committee

**INTEGRATED MEDIUM
TERM PLAN 2019/2022**

Table of Contents

Foreword	4
Executive Summary	5
Introduction.....	6
Our Vision	6
Our Business Model	6
Our Guiding Principles.....	6
Application of our Guiding Principles.....	6
Our achievements in 2018/19	7
EASC Commissioned Services.....	7
Our opportunities for 2019-22	8
EASC Commissioned Services.....	8
National Programme for Unscheduled Care (NPUC).....	9
Bespoke Interventions, Specialist Advice, Guidance & Support	10
Putting Policy into Practice.....	11
NCCU process for putting policy into practice	11
National policy delivered locally	12
Our Enablers & Collaborations	16
NCCU collaborations to support and enhance delivery	16
Our Customers.....	19
Emergency Ambulance Services Committee (EASC)	20
Background.....	20
Our Role.....	20
Our Services to EASC	21
Commissioning Emergency Ambulance Services (EMS).....	22
Commissioning Non-Emergency Patient Transport Services (NEPTS)	25
Commissioning Emergency Medical Retrieval & Transfer Service (EMRTS)	26
All Wales discharge & transfer service.....	27
Evaluation.....	27
EASC Financial Values.....	28
EASC: What we will deliver for EASC by when	31
EASC: Potential stakeholder benefits.....	33
Welsh Government.....	34
National Programme for Unscheduled Care (NPUC).....	34
NPUC activity aligning to EASC.....	34
Big 4 Clinical Issues & HCP Calls	36
Bespoke Interventions, Specialist Advice, Guidance & Support	36

Bespoke Interventions, Specialist Advice, Support & Guidance activity aligning to EASC.....	36
Our Infrastructure	37
Background.....	37
Our Role.....	37
NCCU Organisation structure	37
NCCU Resources	38
NCCU Financial Plan 2019/20.....	39
NCCU Workforce Plan 2019/20.....	40
NCCU Digitalization Plan 2019/20.....	41
NCCU Roadmap 2020/2022.....	42
Appendix 1: EMS Commissioning Intentions.....	43
EMS Commissioning Intentions Tables 1 & 2.....	43
Appendix 2: NEPTS Commissioning Intentions.....	60
NEPTS Commissioning Intentions Tables 1 & 2.....	60
Appendix 3: Health Board Representatives at EASC Subcommittees	65
EASC Subcommittee Representation	65

Foreword

Welcome to our Integrated Medium Term Plan for 2019/20 – 2021/22.

It's an extremely important time for the National Collaborative Commissioning Unit. The last 12 months have seen us deliver products and services on behalf of a wide range of customers; collaborating with multiple partners to achieve our vision:

“Leading quality assurance and improvement for NHS Wales through collaborative commissioning.”

On behalf of the Emergency Ambulance Services Committee (EASC) through the Chief Ambulance Services Commissioner (CASC) we commission ambulance services in Wales.

We create, develop, refresh and evaluate National Collaborative Commissioning: Quality & Delivery Frameworks for ambulance services within NHS Wales. This included Emergency Ambulance Services, Non-Emergency Patient Transport Services and Emergency Medical Retrieval and Transfer Services.

We work across the organisational boundaries of the Welsh Government, Health Boards, WAST and partners to maintain and manage relationships, groups, events and communications in support of the effective and efficient commissioning of ambulance services and the committees that support this.

We deliver the National Programme for Unscheduled Care (NPUC) on behalf of Welsh Government.

We also deliver extensive innovative and award winning national collaborative commercial frameworks on behalf of NHS Shared Services which have improved quality and reduced costs.

We provide a range of bespoke interventions, specialist advice & support to a wide range of customers and service areas including commissioning, benchmarking, mental health, learning disabilities, emergency care and paramedicine.

Figure 1 below outlines the structure our IMTP will follow through each section:



Figure 1: NCCU IMTP Structure



Mr. Stephen Harry is the Chief Ambulance Services Commissioner and Director of the Unscheduled Care Programme for Wales.

We have structured our IMTP this way as we know the challenges and the opportunities that are presented with ambulance services and the wider unscheduled care system. We believe the realisation of our strategic vision and bringing together more closely the work of EASC & NPUC holds the key delivering the requirements set out in in legislation by Welsh Government.

Executive Summary

This National Collaborative Commissioning Unit (NCCU) IMTP 2019/22 sets out the work programme for the Unit for the next 3 years.

In constructing our integrated plan we have given consideration to explain the nature of work that we undertake and the customers on whose behalf we deliver: We aim with this IMTP to describe:

- Our vision.
- Our business model.
- Our guiding principles.
- Our Achievements
- The opportunities that will shape the future of NHS Wales.
- Our customers and the products and services we deliver for them.
- The infrastructure and workforce requirements to enable us to deliver at scale and pace.

There is a compelling need for NHS Wales to work collaboratively to focus on improving clinical outcomes and experience for the people of Wales. The progressive policy drivers require NHS organisations to transform to meet policy ambition.

We will work across NHS Wales engaging with all Wales peer groups such as Medical Directors, Directors of Finance, COOs, Directors of Planning, Nurse Directors. to put policy into practice, improve clinical outcomes and experiences.

We will deliver national enablers for service improvements (NESIs) through our work with central supporting organisations, Welsh Government departments within the Health and Social Care Directorate well as StatsWales. These NESIs will:

- Enable the development of ICT infrastructure and digital innovation (NWIS)
- Enable the redesign of existing workforce models (HEIW)
- Enable the establishment of meaningful measures (StatsWales)
- Enable mathematical modelling of flow across 5-step pathways (DU)
- Enable the understanding of financial management and costing value across the 5-step pathways

The completion and the submission of our IMTP sees us begin the start of our journey. The next phase of our work programme challenges us to make the connections and join up opportunities with Health Boards and WAST across the system.

We will evolve our plan, adding sophistication based on evidence; using thematic analysis to identify opportunities that will deliver the greatest net effect in terms of quality, pace and value across NHS Wales.

Introduction

The National Collaborative Commissioning Unit (NCCU), hosted by Cwm Taf UHB, is the collaborative commissioning service of NHS Wales.

Our Vision

“Leading quality assurance and improvement for NHS Wales through collaborative commissioning”.

Our Business Model

With an influenced commissioning value of over £375m (excluding Unscheduled Care Services £1.2bn), NCCU delivers its products and services through a business model that contains the following functions:

- Commissioning development and support;
- Quality assurance and improvement;
- Programme and information management;
- Research development and evaluation;
- Engagement, innovation and national enablers for service improvement
- Specialist advice, guidance and support.

Our business model is designed specifically to enable customers to deliver transformational change and improve patient outcomes and experience. Application of our business model sees us occupying the middle ground between policy makers, Health Boards and local authorities and in between services and providers to facilitate and deliver change. We collaborate and coordinate the input of a wide range of partners, organisations, clinicians, specialist knowledge and skills to augment and enhance what we provide our customers.

Our Guiding Principles

Our purpose is to improve patient outcomes and experience for our customers through the products and services we deliver. To achieve this we work within a set of guiding principles.

Application of our Guiding Principles

It is important to us that our customers’ experiences mirror the principles that guide our work. Our customers will:

- From a patient's perspective understand and articulate what good looks like for their service or population.
- Be able to demonstrate how they have embedded national policy into local practice.
- Benefit from the collaborative relationships we build with them and other organisations to support delivery.
- Be able to reassure the public that the services they use deliver value.
- Continuously learn, evolve and improve services to patients.
- Change behaviour in order to embed innovation.
- Be able to demonstrate how they have improved patient outcomes and experience.



Figure 2: NCCU Guiding Principles

Our achievements in 2018/19

EASC Commissioned Services

Key achievements for 2018/19 for EASC Commissioned Services Include:

- Refresh of Emergency Ambulance Service (EMS) Collaborative Commissioning Quality & Delivery Framework.
- Development of Wales' first Collaborative Commissioning Quality & Delivery Framework for Non-Emergency Patient Transport Services (NEPTS).
- Rollout of the Minister for Health and Social Services expectations to deliver the plurality model for NEPTS across Wales. Cardiff & Vale UHB, Velindre NHS Trust and Hywel Dda UHB NEPTS provision transferred to Welsh Ambulance Service Trust as of 31st March 2019.
- Issuing commissioning intentions for 2019/20 for EMS & NEPTS.
- Development of the final draft business case for the expansion of Emergency Medical Retrieval & transfer Service (EMRTS).
- Publication of the comprehensive and extensive Amber Review on 7th November 2019 and the initiation of the Amber Review Implementation Programme.
- Data linking 400,000 patient records as part of the Amber Review to provide insight across the system on a scale never achieved previously.
- IMTP Guidance and support for EASC commissioned services circulated in advance to support planning processes across Wales.
- Positive NEPTS Internal Audit report showing progress and assurance on NEPTS provision through the development process of the quality and delivery framework.
- Positive EASC Internal Audit report giving assurance on NCCU managing of EASC business.
- Achieved Ambulance Service Performance sustained for red category calls.
- Welsh Audit Office recommendations implemented.
- Evaluation on economic impact of EMRTS service across Wales being developed by our C3 Faculty.
- We have supported ambulance service initiative for clinicians in control and advanced paramedic practitioners.
- We have developed a whole system understanding of the ambulance services. This knowledge has delivered reduced conveyance to hospital despite an increase in demand.

Our opportunities for 2019-22

The next 3 years will see us working closely with existing customers to continue to transform services through collaborative commissioning, advice, support and specialist guidance. We will look to build our customer base and develop a wider remit for our commissioning responsibilities.

We are committed to maximizing the benefits of digitalizing our operation. We will develop an NCCU website as a tool to engage with our customers and showcase our work. We will develop our social media presence to enable us to respond quickly to our customers needs and integrate engagement across our work with patient, the public and services. Our digitization plan will increase the visibility of and engagement with the work delivered by the NCCU. Utilising our website as the first point of contact and the platform for multi media engagement and sharing of learning across NHS Wales. We will maximise opportunities to build on the work delivered within the Amber Review and further develop our integrated information environment linking patient data across the system.

Establishing and leading arrangements for evaluation, continued learning and potential commercial exploitation of our commissioning method. This includes business development and Intellectual Property exploitation with support via Welsh Government and partnership working beyond NHS Wales. These are undertaken through a SHIPP (Swansea Healthcare Innovation Partnership Programme) a Welsh Government funded project.

EASC Commissioned Services

We will continue to commission ambulance services on behalf of EASC using and maintaining quality and delivery frameworks to improve performance and to ensure continued integration with the wider unscheduled care system. Our quality and delivery frameworks will give details in existence of national and local pathways, policies and protocols used to support the delivery of services and through the Commissioning Intentions the joint performance improvements that will be realised across WAST and all Health Boards. We will ensure that the governance structures that support the functioning of EASC remain effective and deliver the work programmes agreed by the committee. In addition to this we will also work with partners to deliver the following defined programmes of work on behalf of EASC:

Development of an EASC strategic commissioning plan

Supporting the commissioning of functions i.e. contact functions across services to deliver the transformation required to deliver A Healthier Wales and to develop Welsh Ambulance Service NHS Trusts strategic planning and influence. A key driver for this will be the first point of contact for accessing services review and the plans from WAST to become the call handler of choice.

Amber Review Implementation Programme (ARIP).

Following on from the Amber Review published and launched at the Sennedd on the 7th November 2018 the ARIP will over the next year deliver the recommendations agreed by The Minister for Health & Social Services.

Dedicated discharge & transfer service in Wales (NEPTS).

Building on existing Non-Emergency Patient Transport services on behalf of EASC and with WAST and Health Boards the NCCU will work to scope and deliver a dedicated discharge service across Wales.

Hours Expansion for Emergency Medical Retrieval and Transfer Service (EMRTS).

Having already supported the EMRTS business case through EASC we will work with the EMRTS service, Health Boards and other partners to deliver the phases detailed in the business case and to ensure that EMRTS remains aligned with services changes and reconfigurations including the Major Trauma Network.

Patient Experience and Staff Satisfaction

The commissioning intentions for 2019/20 will require WAST to develop a mechanism and the capability to measure and assess both patient experience and staff satisfaction. The NCCU will work with WAST to implement and with health boards to disseminate the findings to improve services.

National Programme for Unscheduled Care (NPUC)

There is alignment between the work of EASC and the work delivered through NPUC.

Improved outcomes for patients

The CDNPUC recognizes the increased pressures in the unscheduled care system. Following on from the development of the Welsh Ambulance Service framework the natural progression has been to develop a framework for emergency departments. In doing this light will be shone on further areas for opportunities and development of other frameworks for patients entering the unscheduled care system as well as primary care. Taking this approach it is envisaged there will be an improvement in clinical outcomes and subsequent safety in patient care as well reducing potential harm for patients seeking unscheduled care. By using a framework approach the Clinical Director intends to use big data to describe activity better and by using data linkage reduce variation across the patient centered pathway through unscheduled care. This will be evaluated routinely for each new framework.

The Clinical Director sees work she is currently undertaking supporting the Chief Medical Officer by working with colleagues delivering unscheduled care. Working together with NHS colleagues and developing new relationships with Primary Care, Local Authority and Third Sector colleagues across the whole unscheduled care system the Clinical Director wants to improve care for patients who do not need to come to hospital by supporting patients to enable them to stay at home. This work will better integrate health and social care in alignment with the Parliamentary Review.

Reducing risk across the system

NCCU will develop a consistent approach using frameworks and evidence to reduce unhelpful variation and develop greater understanding of what is happening across the system.

Delivering transformational change

We will continue to deliver transformational change through the collaborative commissioning arrangements that we have in place for services commissioned through EASC and the commercial hospital and care home frameworks across England and Wales. We will support the delivery of unscheduled care quality statements utilising service frameworks, population frameworks and specialist, advice, support and guidance to help customers achieve their goals.

Transformational Enablers

The products we deliver on behalf of our customers have some distinct benefits that help embed change through changing behaviours. Our products enable organisations to:

- Complete baseline measurements; understand their activity and how their resources are utilised.
- Our C3 Faculty through Swansea University will evidence the impact of collaborative commissioning and service improvements.
- Develop meaningful performance measures leading to performance improvement.
- Develop their infrastructure and workforce to sustain change.

Future commissioning opportunities across NPUC

- Service frameworks arising from the EDQDF and a potential Urgent Care review whose scoping the Minister has asked the Clinical Director for Unscheduled Care to consider.
- Population frameworks arising from the National Audit of Intermediate Care.
- Frameworks around functions of a service; simplifying the point of contact for the public accessing services and enabling consistent standards to support delivery and enhance experience.

Bespoke Interventions, Specialist Advice, Guidance & Support

As part of the bespoke work we deliver we will undertake the following:

Review of services that provide telephone assessment and response.

Establish the scope and undertake a review into services that provide telephone assessment and response (Step 2 in the pathway) for the National Programme of Unscheduled Care.

Putting Policy into Practice

The National Collaborative Commissioning Unit supports a whole system approach to health and social care. Our business model and the methods we use to enable and embed change are designed to improve outcomes and experience for patients and allow services to articulate how they contribute to national policy.

NCCU process for putting policy into practice

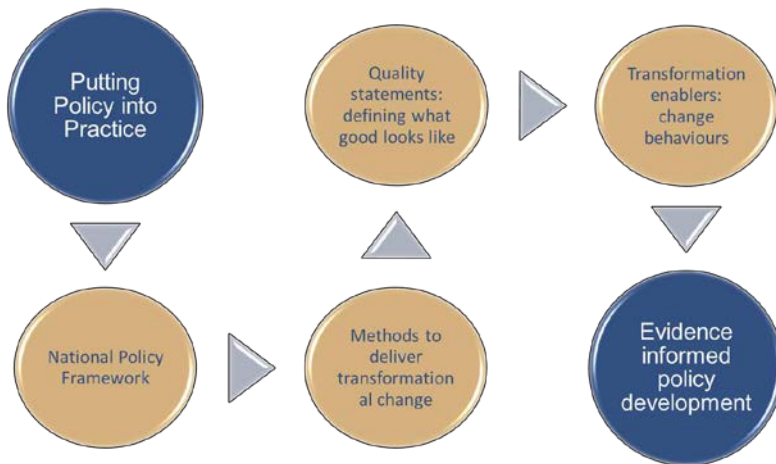


Figure 3: NCCU process for putting policy into practice

We work nationally and act locally but ensuring our products and services support Welsh Government by providing clear line of sight between national policy and its implementation locally.

We work in collaboration with partners to enhance deliver and ensure the best outcomes and experience for patients.

Our frameworks are constructed using the principles of Prudent Healthcare. We apply these through commissioning and development process.

The Process:

National Policy Framework

Working within the emergent National Policy Frameworks developed by Welsh Government.

Quality statements

Defining what good looks like for services and populations.

Transformational change

NCCU utilise a range of methods namely service frameworks, population frameworks and specialist advice, support and guidance to be delivered to customers using robust programme management infrastructure.

Transformational enablers

These are what our customers receive as a result of the process of transformation. Customers can make use of these outputs to deliver improved outcomes and realise the subsequent benefits that enable sustainable change.

Evidence informed policy development

The enablers allow the evidence of impact and learning to inform future policy development.

Working in this integrated way with Welsh Government ensures that NCCU products and services align closely to policy and also enables us to evidence how we meet the policy requirements listed in A Healthier Wales.

National policy delivered locally

Collaboration

The National Collaborative Commissioning Unit as our name suggests places collaboration at the center of achieving sustainable transformation of health services across Wales. We work collaboratively with clinicians, organisations and Welsh Government to deliver our work programme. A map of these collaborations can be found in Our Enablers section and a case study on page 74. Some key examples of national collaboration are listed below:

- EDQDF Programme national launch event, opened by the Minister for Health & Social Services, held on 18 July 2018, led by clinicians and with representation from all key stakeholders.
- The EDQDF team visited sites in all 13 Emergency Department sites for round 1 visits in June/ July 2018 and round 2 visits in November/ December 2018 to develop draft schedules and measures collaboratively and to understand the position and appetite with regards to becoming early framework adopters.
- NCCU working locally with WAST, the Health Boards and WHSSC to implement the plurality model and transform Non-emergency Patient Transport Services across Wales.
- NCCU, Welsh Government Health and Social Services Communications team worked alongside Public Health Wales, Community Pharmacy Wales, health boards, trusts and the NHS Confederation Wales to develop the marketing plan for the winter 2018/19 campaign launched by the Minister for Health & Social Services launched the communications and on 5 November.
- Healthcare Professional (HCP) Calls event held on 4 October 2018 to identify opportunities to reduce demand for HCP calls into emergency departments and ensure health services can meet the current demand for healthcare professional calls.
- Round 2 of Patient Navigation emergency department site visits were held in all Health Board areas in August 2018 to share best practice and identify opportunities for improvement.
- Commissioned PICKER (Europe) and YouGov to undertake patient and staff experience surveys and engaged Welsh Government patient and staff experience leads to support baseline activity and research for Programme Projects.

Evidence driven

The C3 Faculty is a partnership between the National Collaborative Commissioning Unit (NCCU) (hosted by Cwm Taf University Health Board) and Swansea University's College of Human and Health Sciences (CHHS). The aim of the C3 Faculty is to provide academic concept and support structures to enable the development and evaluation of collaborative commissioning.

Current work: In support of the National Programme for Unscheduled Care, the C3 Faculty has developed a programme of work to evaluate the development and implementation of the Emergency Department (Emergency Department) Quality and Delivery Framework (QDF). The development evaluation phase has been conducted in two stages. First, we have obtained baseline data to describe the starting point for each ED. Second, we are conducting an in-depth exploration of factors such as the operational processes employed in the development of the framework, satisfaction with engagement, barriers and facilitators, and any variation in the process. Recruitment for this stage is ongoing, in line with the development of the framework. The next steps will identify a set of measurable outcomes to evaluate the implementation of the ED QDF which we will collect and analyse. This will enable us to establish what areas represent clinical effectiveness and value for money. An interim report is currently being finalised. A detailed final report will also be prepared and disseminated.

Future C3 Faculty work proposes to support the work undertaken by the Emergency Ambulance Services Committee (EASC).

To provide support to EASC in terms of the Winter Planning Evaluation 2018-19:

- Jan-Mar19: To work with Health Board Winter Planning Leads to fully complete the planning templates, collate existing data and implementation plans. To analyse data submissions.
- Apr-Jun19: To collect data on implementation and working with Health Board leads to provide data on net effect of investment. To contribute to the evaluation report.

- Jul-Sep19: To share learning and planning priorities with HBs for winter 2020-21 with resilience plans aligned with IMTP cycle. Support new planning cycle as in Jan-Mar19.
- Oct-Dec19: Report and disseminate recommendations for forecasting/evaluation process for ongoing winter resilience plans.
- To engage as part of the Planning, Development and Evaluation Group (PDEG) and to provide evaluation support for submitted service change proposals.

To inform the future direction of EASC and support the evaluation of ambulance and Unscheduled Care Services service change initiatives in order to share and spread nationally an understanding of what works and doesn't work..

Previous work includes an evaluation of the utility of the CAREMORE® methodology, the findings of which were published in the Journal of Integrated Care (January 2018).

We ensure all commercial frameworks are based on best and current good practice and research. All frameworks are legally compliant and deliver ministerial expectations.

Higher value

NCCU's approach around funding and cost is to go above and beyond the traditional annual deliberations. Our collaborative commissioning method sees us 5 step pathways with associated care standards for each step. We achieve value across each step by achieving optimum activity and performance with the available resource. The commercial frameworks enable providers to achieve best value whilst delivering quality, timely services and this approach has enabled savings of £12m since 2012 across the commercial frameworks.

Independence

NCCU's operation of the commercial frameworks support and enable the movement of individuals to independent living by the monitoring and reporting of progression of individuals care, treatment and outcomes. The 5 Step Pathways given as an example under the 'Prevention and early intervention' design principle above has at Step 1 a focus on what should happen before accessing services and at Step 5 a focus on what should happen to ensure continuity of care.

Integration

The Parliamentary Review of Health & Social Care recommended one seamless system for Wales with new models of seamless care incorporating national principles with local delivery. The National Programme for Frequent Attenders will create a network of teams that run the gamut of the health and social care provision across local areas, and with a national link via the steering group and national events. This network feeds into further networks in the community, enabling a communicative, supportive and informative approach to care. Evidence within Wales has shown that relationships built in the local Frequent Attender Services are aiding emergency work outside of the frequent attender field by enabling communication about vulnerable patients, highlighting risk and concerns before they escalate to entrenched behaviour, accessing support networks before patients' lives break down.

Involvement

NCCU engages nationally with clinicians and people involved in the delivery of services extensively to develop care standards for services that we commission. The engagement completed for our "What does good look like in Emergency Departments?" has seen us host a clinically led launch event opened by the Minister for Health & Social Services and subsequent follow up events led by the Clinical Director for Unscheduled Care across all 13 emergency Department sites across Wales. This involvement has led to the majority of sites wanting to become early adopters for the roll out of the quality and delivery commissioning framework.

Long Term

Our collaborative commissioning frameworks support improvement in both the long and short term. The long term aim being to change behaviour to enable sustained improvement and change. The commissioning framework for Emergency Ambulance Services have led to improvements that have enabled the NCCU to link data of over 400,000 patients as part of the Amber Review. The intelligence gained from this process has provided insight into the long term outcomes of people accessing ambulance services and how the wider unscheduled care system can organise itself to better meet this demand using hear and treat, and alternative pathways to prevent conveyance to hospital.

Personalised

NCCU in conducting the Amber Review undertook both patient and staff surveys to explore and explain Amber from both these perspectives. These informed the recommendations within the review and its ongoing Implementation Programme about the language, care and treatment associated with decision making by patients and staff. The commercial frameworks all deliver a wide choice of specialist provision to meet the exact needs of every patient; all of which are subject to quality assurance checks.

Prevention and early intervention

NCCU promotes then supports others to adopt the 'shift left' philosophy through the 5 Step Pathways it creates to describe national and high level models of care, such as for Emergency Ambulance Services and Emergency Departments within Wales. During our mental health and learning disability review we help Health Boards highlight gaps and opportunities within their internal services. This encourages the public, patients and organisations themselves to consider alternative and more prudent choices. The pathways have the same functions regardless of service or population area allowing standards for functions to be consistent.

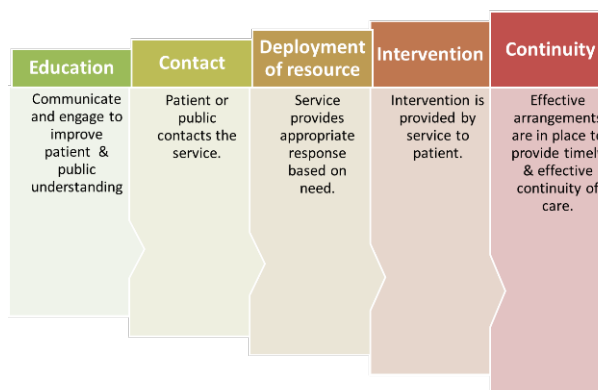


Figure 4: Functions of pathway

An example of the NCCU delivering this is that all Health Boards in Wales, with the exception of Powys, are undertaking work around frequent service users (FSU) of Unscheduled Care in line with WEDFAN, the Welsh Emergency Department Frequent Attenders Network.

Current numbers of FSUs of emergency departments in Wales stand at 12,420 with 86,255 yearly attendances across all emergency departments. There are a further 8,440 frequent callers of the Welsh Ambulance Service NHS Trust (WAST) who generate 67,734 calls to WAST, resulting in a 46% conveyance rate.

Safety

NCCU collaborative commissioning establishes Care standards as the cornerstone of the quality & delivery frameworks for NHS Services and the commercial frameworks for external / independent care sector providers with whom it co-designs. An example of the commercial frameworks is the NCCU's Commissioning Care Assurance and Performance System enabling commissioners across all 7 Health Boards and 22 Local Authorities to access comprehensive intelligence on the safety of individuals within Mental Health and Learning Disability Care Hospitals and Care Homes. We also support WHSSC to undertake quality and safety reviews of internal NHS specialist mental health provision.

Scalable

NCCU thinks nationally and acts locally using concepts, methods and tools which are scale free. Adopting a 'Once for Wales' approach. This enables benefits to be realised at local, regional and national levels for a wide range of stakeholders. A list of the benefits for each customer is included in the Our Customers section.

Seamless

NCCU's support of the EASC and NPUC has identified the opportunity for activities to be undertaken seamlessly across Unscheduled Care Services which could lead to services being considered on a functional structure by Health Boards and other NHS Wales organisations based around for example:

- *What is your population choosing?*
- *How does your population make contact?*
- *Who can your population see?*
- *What treatment does your population receive?*
- *Where does your population go next?*

The mental health and learning disability commercial frameworks enable commissioning across services and types of care and the exchange of information across health and social care

Transformative

NCCU leads the development of transforming health and social care through collaborative commissioning. Academic evidence has concluded that our methods for commissioning are effective and deliver transformational change. We deliver quality improvement for our customers across Wales; supporting them to do the same things better.

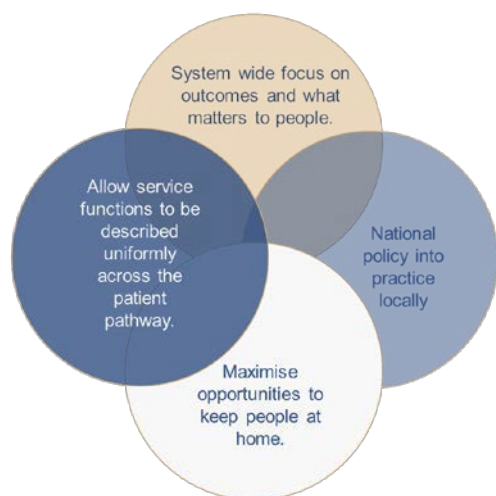


Figure 5: Design Principles for Unscheduled Care

Voice

NCCU's delivers the National Programme for Unscheduled Care on behalf of Welsh Government using the following design principles. Application of our 5-Step approach empowers those commissioning, providing and users receiving the service to co-produce and agree an overarching communication aid to simplify what is being provided and by whom. Also, CCAPS provides a user-friendly placement finding service which commissioners can utilise jointly with the individuals, friends and family of those needing to be placed. We are currently working with people with lived experience of learning disabilities to understand what matters to them when living in a care home.

Our Enablers & Collaborations

NCCU collaborations to support and enhance delivery

We collaborate and coordinate the input of a wide range of partners, organisations, clinicians, specialist knowledge and skills to augment and enhance delivery for our customers. The table below maps the existing (green) and potential future collaborations (orange) we will develop to support the delivery of our vision and the contents of this plan over the next 3 years.

EASC	Welsh Government	Health Boards/ WAST/Velindre	NWIS	Stats Wales	Delivery unit	Finance delivery Unit	HEIW	WHSSC	NHSWSSP	PHW 1000 lives plus	PICKER Institute Europe	C3 Faculty	NHSBN	Royal Colleges	Police/Fire	Local Authorities	3 rd Sector Voluntary
Emergency ambulance service																	
Amber review implementation																	
Non-emergency patient transport																	
Emergency medical retrieval & transfer service																	
NPUC	Welsh Government	Health Boards/ WAST/Velindre	NWIS	Stats Wales	Delivery unit	Finance delivery Unit	HEIW	WHSSC	NHSWSSP	PHW 1000 lives plus	PICKER Institute Europe	C3 Faculty	NHSBN	Royal Colleges	Police/Fire	Local Authorities	3 rd Sector Voluntary Agencies
Urgent Care Review																	
Winter Pressures																	
HCP Calls																	
Big 4 clinical issues																	
What does good look like in ED?																	
What does good look like Urgent care?																	

All Wales Laundry Review	Green	Green	Green	Grey	Grey	Grey	Grey	Grey	Grey	Green
All Wales Catering Management Info System	Green	Green	Green	Grey	Grey	Grey	Grey	Grey	Grey	Green
WHSC Reviews	Green	Grey	Grey	Grey	Grey	Grey	Grey	Grey	Green	Grey
1st point of contact for accessing services review	Orange	Orange	Orange	Grey	Grey	Grey	Grey	Grey	Grey	Grey
Mental Health Benchmarking	Orange	Orange	Orange	Grey	Grey	Orange	Grey	Grey	Grey	Grey
Supporting Welsh Government	Green	Green	Green	Green	Green	Green	Green	Green	Green	Grey
3 rd Sector organisations working in hospitals	Orange	Orange	Grey	Grey	Grey	Grey	Grey	Grey	Grey	Grey

Our Customers

This section of our IMTP describes our customers, the organisations that work on behalf of; the background to our involvement, the role that we fulfil for them along with the service we provide and products we use to deliver that service.

Each section will follow the same layout.

- A description of the customer or the work we undertake.
- The background to the working relationship.
- What role the NCCU fulfil in the delivery of that role or on behalf of that customer.
- What we will deliver by when.
- The potential benefits achievable by our customers for each area of work.

The customers in this version of the IMTP are EASC and the NPUC.

Emergency Ambulance Services Committee (EASC)

Background

The Emergency Ambulance Services Committee (“Joint Committee”) was formed by statutory instrument 2014 No. 566 (W. 67) on the 10th May 2014. The Joint Committee is made up of the Chief Executives of the seven Local Health Boards, Chief Ambulance Service Commissioner (CASC) and an Independent Chair both appointed ministerially.

The seven Local Health Boards in Wales are required under the legislation to work jointly to exercise functions relating to the planning and securing of emergency ambulance services. The CASC exercises these duties on behalf of the Joint Committee. EASC support the commissioning intentions and the financial envelope required to improve and deliver ambulance services across Wales.

Our Role

The National Collaborative Commissioning Unit (NCCU) is responsible to the Chief Ambulance Services Commissioner (CASC) for the delivery of services to EASC. This entails ensuring that safe, effective and timely services are delivered. It also includes the creation, development, operation, refresh and evaluation of National Collaborative Commissioning: Quality & Delivery Frameworks for ambulance services within NHS Wales covering Emergency Ambulance Services, Non-Emergency Ambulance Services and Emergency Medical Retrieval Transport Services. NCCU have delivered this service since the inception of the Joint Committee.

We support EASC to put national policy into practice locally. Our commissioning model support Once for Wales improvements and supports WAST and Health Boards to work together to integrate Emergency Ambulance Services into the wider Unscheduled Care system, deliver the plurality model for Non-emergency Patient Transport Services and deliver a world leading consultant led Emergency Medical Retrieval and Transfer Service.

National Collaborative Commissioning frameworks and the role of the NCCU are now integral to the development and delivery of IMTPs across Wales. The NCCU will drive the sharing and spreading of successful innovation arising from commissioning across NHS Wales learning from both public and private sectors and the third sector.

The commissioning intentions set annually by NCCU on behalf of the CASC require WAST to provide updates to the framework and improve their performance (IMTP Templates 1a & 1b). These actions are documented and progress reported using templates to the EASC subgroups. The commissioning intentions also highlight where WAST and Health Boards are required to work together to deliver joint improvements (IMTP Template 2). These joint initiatives should be described uniformly in plans across all Health Boards. NCCU have also supplied each Health Board with a standard descriptor of EASC commissioned services for their IMTP in 2019/22. The EMS IMTP templates are attached as Appendix 1. The NEPTS IMTP templates are attached as Appendix 2.

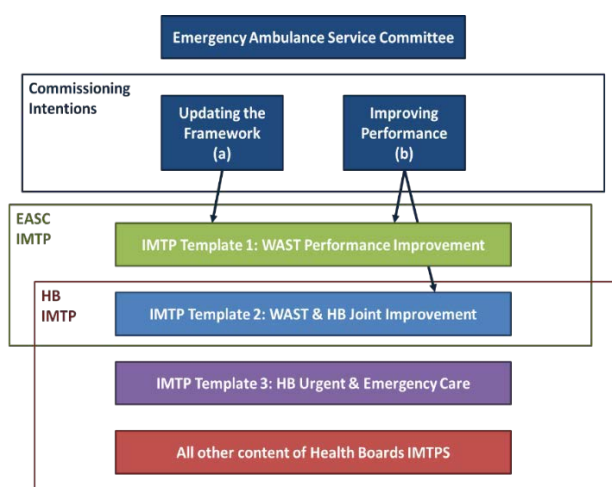


Figure 6: Commissioning Intentions and IMTP Alignment

The commissioning intentions were developed through collaboration between WAST & Health Boards representatives at the EASC subcommittee during October and November 2018. The finalised commissioning intentions were agreed by EASC on the 13th November 2018 then shared nationally by NCCU through the Directors of Planning; Finance; Primary Community & Mental Health as well as Chief Operating Officers on the 13th of December 2018. This communication also included a standard descriptor of EASC Commissioned services for inclusion in Health Board IMTPs, guidance on developing local measures and details of the financial payable to EASC for each Health Board.

We support the effective running of the main committee by ensuring that the sub committees of EASC for EMS, NEPTS & EMRTS function effectively as described below. The nominated Health Board Representatives each of the subcommittees are documented In Appendix 3.

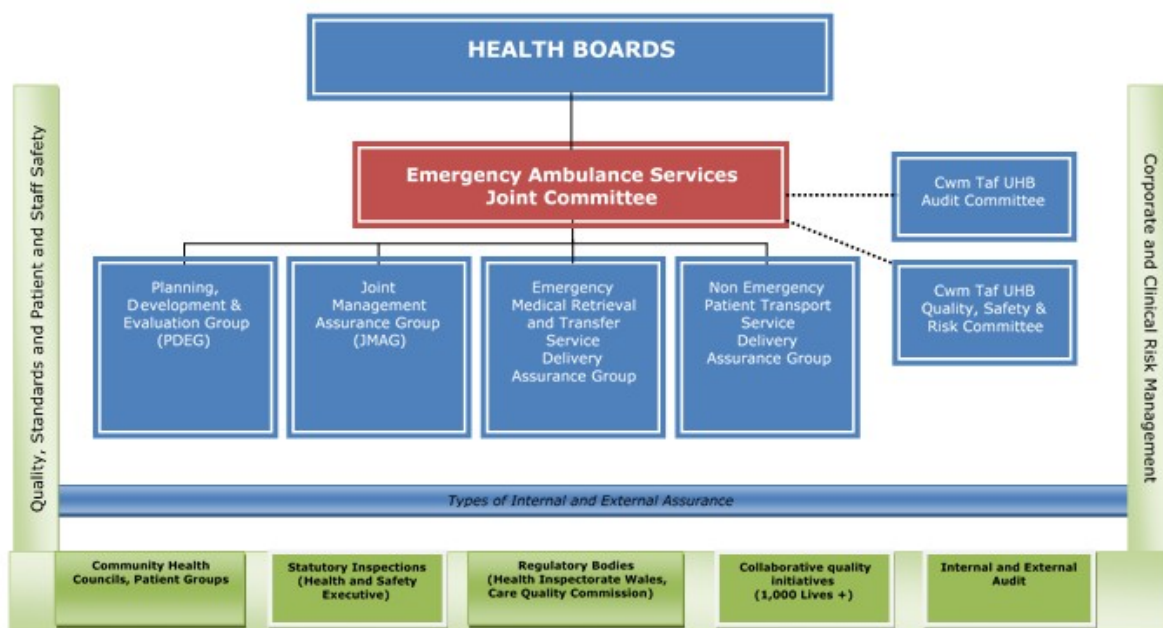


Figure 7: EASC Governance framework

The relationship between EASC and the NCCU through the CASC well established and mature. This has seen the NCCU be commissioned by EASC and Welsh Government to deliver bespoke products of work in addition to the services it delivers; such as:

- The Amber Review, commissioned directly by The Minister for Health & Social Services and published on the 7th November 2018.
- Band 6 benefits realisation assessment involved the establishment of a range of metrics directly related to the enhanced competencies being delivered through the implementation of the Band 6 rollout in the Welsh Ambulance Service.

Our Services to EASC

NCCU on behalf of the CASC and EASC are responsible for commissioning Ambulance Services across Wales. This includes Emergency Ambulance Services; Non-Emergency Patient Transport Services; Emergency Medical Retrieval and transfer Services as well as scoping a dedicated discharge and transfer service.

We also deliver bespoke pieces of work and will deliver the Amber Review Implementation programme as well as a demand and capacity review of Emergency Ambulance Services.

Commissioning Emergency Ambulance Services (EMS)

NCCU commission EMS across Wales on behalf of EASC. In order to discharge this responsibility effectively we deliver the following products:

Maintaining the collaborative commissioning Framework agreement

Commissioning value of £158.809m, refreshed Framework signed in January 2019. The NCCU is responsible to EASC via the CASC for the creation, development, operation, refresh and evaluation of National Collaborative Commissioning: Quality & Delivery Frameworks for ambulance services within NHS Wales this includes:

- Defining the quality and safety expectations for Emergency Ambulance Services, NEPTS and EMRTS in the form of standards.
- Ensuring these standards are in accordance with Welsh Government standards, regulatory and statutory requirements, and best practice; and are regularly reviewed and kept up to date for each service.
- Determining the activity currencies which are used to measure the work of Emergency Ambulance Services, NEPTS and EMRTS.
- Ensuring the activity is regularly counted and reported, and is also used to support demand and capacity work for each service.
- Identifying all available resources for Emergency Ambulance Services, NEPTS and EMRTS, including revenue, capital and alternative funding sources.
- Ensuring the resources and financial value payable is agreed between all applicable parties to all the frameworks. This includes each Health Board, WAST, Velindre NHS Trust, WHSSC and the Air Ambulance Charity.
- Leading the designing of the service model(s) to operate across Emergency Ambulance Services, NEPTS and EMRTS. Ensuring that these are presented in a way which is understandable to the public and patients.
- Ensuring the component parts of the service model(s) are understood and agreed, and the activity, resources and performance of each service is measured and performance managed.
- Articulating how the interactions between professionals between parties to the frameworks across Emergency Ambulance Services, NEPTS and EMRTS operate to support delivery of the service model.
- Defining performance measures to evidence whether the standards for each of the Emergency Ambulance Services, NEPTS and EMRTS are being met and that a balance is being achieved between improved clinical outcomes, better patient experience and value for money and are regularly reported and acted upon to ensure continuous improvement.

EMS Commissioning Intentions

The development and sharing of EMS commissioning intentions across Welsh Government and Health Boards as commissioners of EMS. These intentions take the form of tables. The tables reflect updates to the framework agreement (table 1a), WAST Performance improvements (table 1b) and joint initiatives (table 2) to be undertaken by WAST and Health Boards. The tables and the responses to them are included as appendix 1.

Quality Assurance & Improvement

The NCCU is responsible to EASC through the CASC for the quality assurance and improvement of the EASC commissioned service of EAS through:

- Incidents and complaints reporting and reviews;
- Daily performance reviews;
- Clinical risk assurance reviews;
- Enactment of the recommendations from PACEC Review and expectations of The Minister for Health & Social Services ;
- Published reporting of accurate Ambulance Quality Indicators (AQIs);
- enhanced user friendly reporting of AQIs;

- Development of a comprehensive suite of performance and outcome measures across clinical, patient experience and value for money which are regularly reported;
- Development, operation and enhancement of the electronic Benchmarking Toolkit.

Amber Review Implementation Programme (ARIP)

Deliver the programme for the recommendations arising from the Amber Review. To include:

- Improved timeliness of ambulance response for patients.
- Decreased hospital handover delays
- Improved set of Ambulance Quality Indicators
- Enhanced clinical support for Ambulance control centre
- Remote Mental Health expertise for Ambulance clinicians.
- Rollout of lifting devices to all care home settings in Wales.
- Decreased ambulance service sickness.
- Increased efficiency in the use of ambulance services resource

EASC subcommittee representatives

NCCU maintains the structures to ensure effective functioning of the EASC subcommittees in relation to EMS.

CASC advice to on EMS

Chief Ambulance Services Commissioner (CASC provides advice on ambulance services to a wide range of stakeholders.

Monitoring & evaluation

Evaluation of service change initiatives and business case proposals.

Ambulance performance

Chief Ambulance Services Commissioner (CASC responsible for reviewing ambulance service performance.

Implementation of Audit Findings

In July 2017 the Auditor General published the National Audit Office Review of Emergency Ambulance Services Commissioning Arrangements in Wales. One of the key recommendations identified in the report was:

“The subgroup structure of EASC lacks clarity and purpose which is impacting on the ability of the subgroups to make a meaningful contribution to the commissioning agenda. EASC should urgently review the structures, roles and memberships of its three subgroups to ensure they are mutually exclusive, have a clear purpose and appropriately support the work of EASC.”

As a result of this recommendation EASC development session was held on the 27th June 2017 and it was proposed that

- the original group known as the Quality Assurance and Improvement Panel (QAIP) to be replaced by the Planning, Development and Evaluation Group (PDEG);
- the original groups known as the Collaborative Commissioning Delivery Group (CCDG) and the Performance Delivery Group (PDG) to be replaced by the Joint Management Assurance Group (JMAG);
- The Non-Emergency Patient Transport Service Delivery Assurance Group (NEPTS DAG) and the Emergency Medical Retrieval And Transport Service Delivery Assurance Group (EMRTS DAG) will continue to meet (although time limited for a further 12 months) or until the work can be incorporated into the PDEG or JMAG business.

In 2018 PDEG has widened its remit to include both EMS & NEPTS activity, giving assurance to EASC and promoting collaboration with WAST and Health Boards on joint initiatives.

Both JMAG and NEPTS DAG developed and the 2019/20 Commissioning Intentions for EMS and NEPTS.

Commissioning Non-Emergency Patient Transport Services (NEPTS)

This is the service we will provide to EASC during 2019-2022. In order fulfil this responsibility effectively we will deliver the following products:

Maintaining the collaborative commissioning framework agreement

Commissioning value of £20.893m, the framework will be operational from January 2019 covering WAST, all Health Boards, WHSSC and Velindre NHS Trust, it reflects the 'plurality model' required by The Minister for Health & Social Services and is exceptionally complex given the variety of current contractual arrangements operated by WAST, all Health Boards, WHSSC and Velindre NHS Trust, between each other and with external providers. NCCU also fulfill the duties described above in respect of NEPTS.

NEPTS Commissioning Intentions

The development and sharing of NEPTS commissioning intentions across Welsh Government, Health Boards as commissioners of NEPTS. These intentions take the form of tables. The tables reflect updates to the framework agreement (table 1a), WAST Performance improvements (table 1b) and joint initiatives (table 2) to be undertaken by WAST and Health Boards. The tables and the response to them are included as Appendix 2. The NEPTS table 2's are still being worked through by the NEPTS DAG, it is the intention by April 2019 WAST & Health Boards will have a standard process and th structures in place to update the joint intentions on a monthly basis.

Quality Assurance & Improvement

The NCCU is responsible to EASC through the CASC for the quality assurance and improvement of the EASC commissioned service of NEPTS through:

- Incidents and complaints reporting and reviews;
- Enactment of the recommendations from the 2015 Business Case and expectations of The Minister for Health & Social Services ;
- Development of a comprehensive suite of performance and outcome measures across clinical, patient experience and value for money which are regularly reported;

EASC subcommittee representatives

NCCU maintains the EASC subcommittee structures to ensure effective delivery of the NEPTS transformation agenda across Wales. We facilitate the NEPTS DAG and meet with Health Boards monthly to ensure the joint WAST and Health Board initiatives and Minister for Health & Social Services expectations are being met for non-emergency patient transport.

CASC advice to on NEPTS

Chief Ambulance Services Commissioner (CASC) provides advice on NEPTS ambulance services to a wide range of stakeholders as an when required.

Implementation of Audit Findings

Implementation of 2018 Internal Audit findings for NEPTS.

Engagement with Community Health Councils

We support local and strategic engagement with Community Health Councils (CHC) regarding the transformation of NEPTS services across Wales. NCCU facilitates an all Wales strategic meeting with CHC's and supports Health Boards with local meetings to share information on service development.

Development of local NEPTS measures

We will work with Health Boards and WAST to develop local measures and standard communication that give assurance to Boards and the public on the development of the NEPTS service following transfer to WAST.

Commissioning Emergency Medical Retrieval & Transfer Service (EMRTS)

EMRTS Cymru is a pre-hospital critical care service for Wales which has been operating since 2015 with four helicopters and five Rapid Response Vehicles (RRVs) to “To provide advanced decision making and critical care for life or limb-threatening emergencies that require transfer for time critical specialist treatment at an appropriate facility”. It is a partnership between Wales Air Ambulance Charity, Welsh Government and NHS Wales. The service ensures that all of the Welsh population will be able to access critical care within 30 minutes by air and 60% within 30 minutes by road.

EMRTS has been developed to bring specific benefits to Wales, specifically:

- Reductions in geographical inequity for patients with critical care needs
- Health gains by improving clinical outcomes, and
- Improved clinical and skills sustainability – improving the clinical skills, recruitment and retention in key acute care areas.

Developing the collaborative commissioning framework agreement

Collaborative Commissioning of Commissioning Emergency Medical Retrieval & Transfer Service using CAREMORE® National Quality and Delivery Framework. Commissioning value of £3.833m, not including the contribution from the Wales Air Ambulance (WAA) Charity of circa £4m, the framework is under development to be operational from quarter 2 2019/20 and will be between EASC and the host of EMRTS, ABMU Health Board, with work ongoing with the WAA Charity to clarify their role and responsibilities; it is based on the approach used for creating the emergency ambulance services framework.

EASC subcommittee representatives

NCCU maintains the structures to ensure effective functioning of the EASC subcommittees in relation to EMRTS.

Formal Service Evaluation

The independent EMRTS Cymru Service Evaluation is being undertaken by The C3 Faculty with Swansea University to produce a comprehensive evaluation of three years of EMRTS service activity and outcomes. The review is being undertaken against the agreed benefits realisation plan and key investment objectives of Health Gain, Equity and Clinical & Skills Sustainability. This will culminate in a 3-year Service Evaluation Report in April 2019 and a Health Technology Assessment (HTA) formally exploring the economic benefit.

Service developments and future plans

There are a number of major service developments planned in the next 3-5 years. The key service enhancement is the proposed expansion of hours from a 12 to a 24 hour service. In addition EMRTS is expecting to adapt and expand to support strategic developments in acute pre- and in-hospital care in Wales.

Hours expansion

NCCU in collaboration with EMRTS and the Air Ambulance Charity, has developed a fully costed proposal for staged 24 hour operation. This has been submitted to Welsh Government for their consideration and in order to provide advice to the Minister for Health & Social Services.

Major Trauma

The NHS Wales Health Collaborative has been developing a Trauma Network for South and West Wales and South Powys. One of the key enablers of introducing a successful trauma network in South Wales has been identified as the availability of 24/7 enhanced care teams (NHS Clinical Advisory Group Report 2010). The EMRTS already provides pre-hospital critical care and advanced decision-making to this subset of patients, and provides time-critical transfers to those patients requiring a

higher level of care. This provision would be strengthened with a 24/7 service but EMRTS may also play a role in the coordination of major trauma patient's care via the ASD, consultant advice and ensuring that smaller hospitals are supported in the care and onwards transfer of these patients via EMRTS clinical teams.

Health Board strategic change

There are many strategic change programmes underway across NHS Wales. Some of these have clear implications for the transfer of critically ill and injured patients around the clock and EMRTS is committed to supporting these where appropriate.

Research activity

EMRTS is well placed to develop research and quality improvement initiatives to improve knowledge and treatment of critically ill patients. A research and development strategy will be developed in the next year.

Critical care transfers

Improvement of critical care transfers between hospitals has been identified as a priority in Wales. The Wales critical care network is considering options for the development of a retrieval service and EMRTS has agreed to support this development.

Cardiff Heliport

The Wales Air Ambulance Charity has signed the long-term lease for Cardiff Heliport. The Heliport acts as the base for the Children's Wales Air Ambulance. This fourth aircraft, has a different role to the other three emergency helicopters as it undertakes planned transfers. This aircraft is fully funded by the Charity with investment in aviation base infrastructure and four substantive Helicopter Transfer Practitioners. EMRTS future plans will include increased use of the heliport which is closest to the largest population concentration in Wales. We will also work the EMRTS Service and partners to ensure that the service level agreement for the hosting of the service is fit for purpose moving forward and that it reflects the unique relationships that exist to deliver an EMRTS Service across Wales.

All Wales discharge & transfer service

To support the EASC requirement to scope and deliver a dedicated discharge and transfer service across Wales we will work with Welsh Ambulance Service Trust and Partners to develop a detailed business case and to support the commissioning of the service using the CAREMORE® method.

Evaluation

During 2019/20 we will continue to work with the C3 Faculty to provide support to EASC in terms of the Winter Planning Evaluation 2018-19 and to inform the future direction of EASC and support the evaluation of ambulance and Unscheduled Care Services service change initiatives in order to share and spread nationally an understanding of what works and doesn't work.

NCCU has delivered evaluation of the WAST initiatives around the expansion of the clinical desk and Advanced Paramedic Practitioners. Utilising baseline measures and being clear around the benefits that will be realised to ensure that funded schemes provide the value to the system.

EASC Financial Values

EASC Funding 2019/20

The financial value of £158.809m is the sum available to EASC for EMS 2019/20, with payment made via WHSSC to WAST. Financial uplifts are in accordance with the commissioning intentions and annual guidance issued from Deputy Chief Executive of NHS Wales. Figure 8: EASC for EMS 2019/20 sum values

EASC: WAST EMS Provision 2019/20 Quality & Delivery Framework Agreement	Abertawe Bro Morgannwg UHB	Aneurin Bevan UHB	Betsi Cadwaladr UHB	Cardiff & Vale UHB	Bridgend (Cwm Taf) UHB	Cwm Taf UHB	Hywel Dda UHB	Powys THB	EASC Requirement
	£m	£m	£m	£m	£m	£m	£m	£m	£m
18/19 Commissioned Services baseline (WAST)	20.983	24.982	38.489	17.927	0.000	13.585	20.522	11.145	147.634
Adjust for Bridgend Boundary Transfer	(5.687)	0.000	0.000	0.000	5.687	0.000	0.000	0.000	(0.000)
Restate non recurrent adjustments: ESMCP (19/20 impact)	0.003	0.006	0.009	0.004	0.001	0.003	0.005	0.002	0.033
19/20 Opening WAST Commissioned Services baseline	15.300	24.988	38.498	17.931	5.688	13.588	20.526	11.148	147.667
2% Discretionary Uplift	0.305	0.499	0.767	0.358	0.114	0.281	0.408	0.222	2.953
1% Healthy Wales Plan	0.152	0.249	0.383	0.179	0.057	0.141	0.204	0.111	1.477
18/19 & 19/20 Pay Award Through Commissioners	0.344	0.561	0.867	0.403	0.128	0.305	0.461	0.251	3.320
Agreed Developments:									
Paramedic Band 6 (19/20 uplift) as per allocation letter table A2	0.204	0.301	0.334	0.226	0.060	0.193	0.191	0.064	1.573
Clinical Desk Enhancements (full year impact of 18/19 development)	0.085	0.139	0.215	0.100	0.032	0.076	0.115	0.062	0.824
APP (full year impact of 18/19 development)	0.120	0.197	0.304	0.141	0.045	0.107	0.162	0.088	1.163
19/20 ARRP Adjustment	(0.017)	(0.028)	(0.044)	(0.020)	(0.006)	(0.015)	(0.023)	(0.013)	(0.168)
19/20 Additional Investment EMS	1.193	1.918	2.826	1.387	0.428	1.087	1.518	0.785	11.142
19/20 WAST Requirement through EASC	16.493	26.906	41.324	19.318	6.116	14.675	22.044	11.933	158.809

Note

The above excludes:

- Possible APP Expansion Plan (further 50WTE) of £3.246m
- National Pay Issue: Pension rate increase – Employers Contributions £6.000m
- National Pay Issue: Holiday Pay on Voluntary Overtime - £0.968m

The financial value of £20.893m is the sum available to EASC for NEPTS 2019/20 (pre further enactment of the plurality model), with payment made via individual organisations to WAST. This is detailed across each organisation in figure 9: EASC for NEPTS 2019/20 sum values

Financial uplifts are in accordance with the commissioning intentions and annual guidance issued from Deputy Chief Executive of NHS Wales.

Organisation	Service Name	Values 18/19				Adjustments		Mapping Exercise to Commissioner		Inflation Uplifts Other		Values
		Rollover Annual Value	Plus 2% Uplift for 2018/19	Transfer of Services from HBs	Revised Contract Value 2018/19	Full Year Impact 19/20	Income Transfers 19/20	Pay Award 18/19	Pay Award 19/20	2% Growth Uplift	1% Healthy Wales Plan	Planned Income 19/20
		£	£	£	£	£	£	£	£	£	£	£
ABMUHB	PCS	3,292,316	65,846		3,358,162			38,626	37,555	67,163	33,582	3,535,088
	Net Centre	133,615	2,672		136,287			1,568	1,524	2,726	1,363	143,468
ABUHB	PCS	2,049,803	40,996		2,090,799			24,048	23,382	41,816	20,908	2,200,953
	Discharge	500,230	10,005		510,235			5,869	5,706	10,205	5,102	537,117
BCUHB	PCS	4,301,332	86,027		4,387,359			50,463	49,065	87,747	43,874	4,618,508
	PCS (Chester)	39,760	795		40,555			466	454	811	406	42,692
	Net Centre	139,706	2,794		142,500			1,639	1,594	2,850	1,425	150,008
C&VUHB	PCS	3,541,440	70,829		3,612,269			41,548	40,397	72,245	36,123	3,802,582
	TransferRepatriation C&V UHB residents & ECRs			50,000	50,000					1,000	500	51,500
	Transfer - St J - Discharge & Transfer Contract (10 months)			583,334	583,334	116,666						700,000
CTUHB	PCS	1,248,677	24,974		1,273,651			14,650	14,244	25,473	12,737	1,340,755
HDUHB	PCS	1,915,819	38,316		1,954,135			22,476	21,854	39,083	19,541	2,057,089
PtHB	PCS	569,857	11,397		581,254			6,686	6,500	11,625	5,813	611,878
	OUTSIDE OF POWYS	236,022	4,720		240,742			2,769	2,692	4,815	2,407	253,425
	ECR CARS	109,254	2,185		111,439			1,282	1,246	2,229	1,114	117,310
	East Gloucester Contract						64,832			1,297	648	66,777
Velindre NHS Trust	PCS	617,928	12,359		630,287			7,250	7,049	12,606	6,303	663,495
Totals		18,695,759	373,915	633,334	19,703,008	116,666	64,832	219,340	213,262	383,690	191,845	20,892,643

Notes

1. Pay Award 1819 and 1920 replicates the mapping exercise requested by WG to provide funding via commissioners
2. Excludes Renal Income paid via by WHSSC within the EASC contract
3. Assumed 2% Growth and 1% Healthier Wales funding which will be passed via WG to Commissioners
4. Excludes non contracted income recovered via HBs for ECRS
5. Excludes NEPTS Contracts provided to NHS English organisations
6. Excludes any 'transfer of services' values to WAST from HBs for 18/19 and 19/20 as these figures will require 'due diligence' prior to transfer
7. Excludes explorative work on implications of implementing the NEPTS Business Case as this is currently being worked on
8. ABM & CTHB figures are rolled over from 18/19 and take no account of the boundary changes from 1st April 2019

The financial value of £3.833m is the sum available to EASC for EMRTS 2019/20, with payment made via WHSSC to ABMU as the host body of EMRTS. This is detailed across each organisation in figure 10. Note this excludes the funding from Wales Air Ambulance Charity. Financial uplifts are in accordance with the commissioning intentions and annual guidance issued from Deputy Chief Executive of NHS Wales.

EASC: EMRTS Provision 2019/20 Quality & Delivery Framework Agreement	ABM	AB	BC	C&V	Bridgend	CT	HD	P	EASC Requirement
	£m	£m	£m	£m	£m	£m	£m	£m	£m
18/19 Commissioned Services baseline (EMRTS)	0.583	0.656	0.821	0.531	0.000	0.337	0.451	0.174	3.553
Adjust for Bridgend Boundary Transfer	(0.159)	0.000	0.000	0.000	0.159	0.000	0.000	0.000	0.000
Restate non recurrent adjustments: ABM inflation transfer	0.007	0.011	0.013	0.009	0.003	0.006	0.007	0.002	0.058
19/20 Opening EMRTS Commissioned Services baseline	0.431	0.667	0.834	0.540	0.162	0.343	0.458	0.176	3.611
2% Discretionary Uplift	0.009	0.013	0.017	0.011	0.003	0.007	0.009	0.004	0.072
1% Healthy Wales Plan	0.004	0.007	0.008	0.005	0.002	0.003	0.005	0.002	0.036
Estimated EMRTS Expansion Plan 2019/20 (Part Year 2019/20 £150k)	0.014	0.021	0.026	0.017	0.005	0.011	0.014	0.006	0.114
19/20 Additional Investment EMRTS	0.027	0.041	0.051	0.033	0.010	0.021	0.028	0.011	0.222
19/20 EMRTS Requirement through EASC	0.457	0.708	0.885	0.573	0.172	0.364	0.487	0.187	3.833

EASC: What we will deliver for EASC by when

EASC	Quarter 3 & 4 2018/19	Quarter 1 & 2 2019/20	Quarter 3 & 4 2019/20
<p>EASC service specific deliverables</p>	<ul style="list-style-type: none"> ✓ Q3 - The production of annual commissioning intentions for EMS, NEPTS and guidance support for EMRTS. ✓ Q3 - The sharing of EAS NEPTS EMRTS commissioning intentions across Welsh Government, Health Boards as commissioners of EAS NEPTS EMRTS; WAST as providers of EAS and NEPTS; WHSSC and Velindre NHS Trust as commissioners of NEPTS; and ABMU as host of EMRTS. ✓ Q3 - Review and subsequent recommendation for approval of the WAST IMTP. ✓ Q3 - Support Health Boards; WHSSC and Velindre NHS Trust's IMTPs for their consideration of EMS NEPTS and EMRTS. ✓ Q3 - Publication of the Amber Review. ✓ Q3-4 2018/19 & Q1-4 2019/20 work across the organisational boundaries of the Welsh Government, 7 Health Boards, WAST, WHSSC and Velindre NHS Trust; and Director / professional groupings such as clinical, planning, finance, performance and service delivery; to maintain and manage relationships, groups, events and communications in support of the effective and efficient commissioning of EMS, NEPTS and EMRTS. ✓ Q4 -Review the operation of the infrastructure in support of efficient and effective function of the EASC Committee following the WAO Review of Emergency Ambulance Services Commissioning Arrangements 2017 and agree structure for 2019/20. ✓ Q4 - Finalise the signing of Emergency Medical Services (EMS) Quality & Delivery Framework Agreement (QDF) and the Non-Emergency Patient Transport Services (NEPTS) Quality & Delivery Framework Agreement (QDF) following sharing and explaining of the frameworks with the new WAST CEO and new EASC Chair. ✓ Q4 -Enactment of the recommendations and The Minister for Health & Social Services 's expectations from the Amber Review through the establishment of the Amber Review Implementation Programme (ARIP): <ul style="list-style-type: none"> • Improved timeliness of ambulance response for patients. • Decreased hospital handover delays • Improved set of Ambulance Quality Indicators • Enhanced clinical support for Ambulance control centers • Remote Mental Health expertise for Ambulance clinicians. • Rollout of lifting devices to all care home settings in Wales. • Decreased ambulance service sickness. • Increased efficiency in the use of ambulance services resource ✓ Q4 - Determine the resources needed in support of the ARIP requirements. ✓ Q4 2018/19 & Q1-4 2019/20 Determine the resources needed in support of EASC's information management requirements. ✓ Collaborative Commissioning Cymru (C3) Faculty between NCCU and Swansea University has work programme in support of EASC's responsibilities and products. ✓ Q4 and Q1 2019/20 Work with the PICKER Institute (Europe) to support the conclusion of their commissioned work on understanding Public and Staff perceptions across the 5-Step Ambulance Patient Care Pathway /USC Pre Hospital Pathway 	<ul style="list-style-type: none"> ✓ Q1-2 2019/20 the development of strategic commissioning plans for EAS NEPTS and EMRTS. ✓ Q1-4 2019/20 Delivery of the improvements to the EMS Quality & Delivery Framework as specified within Commissioning Intentions 2019/20 and agreed as part of the EASC and WAST IMTP 2019/20 Alignment process and its associated documentation ✓ Q1-4 2019/20 Delivery of the improvements to the NEPTS Quality & Delivery Framework as specified within Commissioning Intentions 2019/20 and agreed as part of the EASC and WAST IMTP 2019/20 Alignment process and its associated documentation ✓ Q1-4 2019/20 Delivery of EMS performance improvements by WAST as specified within Commissioning Intentions 2019/20 and agreed as part of the EASC and WAST IMTP 2019/20 Alignment process and its associated documentation ✓ Q1-4 2019/20 Delivery of EMS performance improvements by both WAST and Health Boards as specified within Commissioning Intentions 2019/20 and agreed as part of the EASC and WAST IMTP 2019/20 Alignment process and its associated documentation ✓ Q1-4 2019/20 Delivery of NEPTS performance improvements by WAST as specified within Commissioning Intentions 2019/20 and agreed as part of the EASC and WAST IMTP 2019/20 Alignment process and its associated documentation ✓ Q1-4 2019/20 Delivery of NEPTS performance improvements by both WAST and Health Boards / Velindre NHS Trust / WHSSC (Renal Network) as specified within Commissioning Intentions 2019/20 and agreed as part of the EASC and WAST IMTP 2019/20 Alignment process and its associated documentation ✓ Q1-Q4 2019/20 Establishment with the use of additional resources a quality assurance and improvement service for EASC commissioned services of EMS and NEPTS which will include: <ul style="list-style-type: none"> • incidents and complaints reporting and reviews; • daily performance reviews; • clinical risk assurance reviews. ✓ Q1-4 2019/20 manage the PDEG and JMAG through the setting of meeting dates, the production of agendas and supporting papers, the taking of action notes and the reporting of progress and any decision making requests to EASC. ✓ Q1-4 2019/20 Ensure the proper accounting and management of funding for which EASC is responsible. ✓ Q1-4 2019/20 the provision of strategic financial advice and leadership for EASC commissioned services. ✓ Deliver the ARIP utilising the resources needed as determined in Q4 2018 ✓ Q1-4 the C3 Faculty will on behalf of EASC establish a consistent and transparent approach for conducting service evaluations, by providing advice, guidance and supporting documentation. ✓ Q1-4 Work with the Picker Institute (Europe) on the patient and staff experience surveys required as part of the ARIP. ✓ Q1-4 2019/20 work with the NHS Benchmarking Network to maintain and enhance the toolkit which has been established for emergency ambulance services. 	<ul style="list-style-type: none"> ✓ Q3 the production of annual commissioning intentions for EMS, NEPTS and guidance support for EMRTS. ✓ Q3 The sharing of EAS NEPTS EMRTS commissioning intentions across Welsh Government, Health Boards as commissioners of EAS NEPTS EMRTS; WAST as providers of EAS and NEPTS; WHSSC and Velindre NHS Trust as commissioners of NEPTS; and ABMU as ✓ Q3-4 2019/20 review and subsequent recommendation for approval of the WAST IMTP. ✓ Q3-4 2019/20 Support Health Boards; WHSSC and Velindre NHS Trust's IMTPs for their consideration of EMS NEPTS and EMRTS

		<ul style="list-style-type: none"> ✓ Q1-4 2019/20 Work with WHSSC and Major trauma Network around EMRTS provision is support of the setting up of South Wales Major Trauma Network. ✓ Q2Finalise the signing of the EMRTS QDF ✓ Supporting WAST development of Discharge & transfer business case through EASC. 	
<p>Business as usual activity 2019/2022</p>	<ul style="list-style-type: none"> ✓ Q3-4 2018/19 & Q1-Q4 2019/20 Assessing and recommending for approval business cases which may be revenue, capital or from alternative funding sources in relation to EMS, NEPTS and EMRTS developments ✓ Q3-4 2018/19 & Q1-4 2019/20 Ongoing production of the quality assurance and production performance reports required by EASC, EASC's Planning Development & Evaluation Group and EASC's Joint Management Assurance Group. ✓ Q3-4 2018/19 & Q1-4 2019/20 reporting of any findings in relation to quality assurance and improvement of the EASC commissioned service of NEPTS which may come to light through the NEPTS Delivery Assurance Group. ✓ Q3-4 2018/19 & Q1-4 2019/20 reporting of any findings in relation to quality assurance and improvement of the EASC commissioned service of EMRTS which may come to light through the EMRTS Delivery Assurance Group. ✓ Q3-4 2018/19 & Q1-4 2019/20 PDEG to undertake <ul style="list-style-type: none"> • a planning role – to link the strategic intentions of services for which EASC is responsible with related services across NHS Wales particularly across the Unscheduled Care System and advise EASC upon their inclusion in planning processes across Welsh Government, Health Boards and WAST on a local, regional or national basis; • a development role – to consider the initiation, development and implementation of service changes across the 5-Steps of the Ambulance Patient Care Pathway / pre hospital USC Pathway; and key enabling products in support of frameworks – this will include the consideration of proposed funding bids such as from Invest to Save etc; • an evaluation role – to ensure any <ul style="list-style-type: none"> i) proposed service changes; and ii) key enabling products, are robustly evaluated and underpinned by credible research & development activities; with any learning and evidence shared. 	<ul style="list-style-type: none"> ✓ Produce reports required by the EASC Meetings to effectively discharge its responsibilities. ✓ Establish and manage groups which are created from time to time to develop quality & delivery frameworks such as those presently operating in support of the EASC commissioned service of NEPTS through at present the NEPTS Delivery Assurance Group; and the EASC commissioned service of EMRTS through at present the EMRTS Delivery Assurance Group.* ✓ Preparation of the Annual Governance Statement for EASC. ✓ Development and undertaking of External Audit work plans for EASC. ✓ Development and undertaking of Internal Audit work plans for EASC. ✓ Consideration and subsequent implementation of any actions arising following internal and external audit reviews. ✓ Establish, monitor and maintain oversight of the refresh requirements for both EASC and providers under the quality & delivery frameworks which it creates. ✓ C3 Faculty identifies opportunities and develops bids for submission to relevant R&D Funding Calls in support of EASC's responsibilities and products. ✓ C3 Faculty prepares and presents publications on findings from work undertaken in relation to EASC's responsibilities, products and the application of the CAREMORE® methodology in support of the quality & delivery frameworks created on behalf of EASC. ✓ Deliver the EASC information management requirements of: <ul style="list-style-type: none"> • meeting the expectations of EASC being a designated official publisher of statistics through its submission of accurate Ambulance Quality Indicators (AQIs) for publication by Stats Wales; • designing the EMS, NEPTS and EMRTS data repositories including the reporting of what, when and to whom • supporting the use of the data repository in reviewing and analysing EMS NEPTS EMRTS performance • development of a comprehensive suite of performance and outcome measures across clinical, patient experience and value for money which are regularly reported • tailoring reports to EASC and its sub-groups • acting as the conduit between WAST and HBs for EMS NEPTS and EMRTS for the development and then reporting of local measures relevant for Health Boards' populations • Operation and enhancement of the electronic Benchmarking Toolkit. 	

EASC: Potential stakeholder benefits

EASC	Patients & Public	Welsh Government	Health Boards	WAST
<p>Commonality of benefits across EASC Commissioned Frameworks</p>	<ul style="list-style-type: none"> ✓ Understanding the service ✓ Knowing when and how to use the service ✓ Awareness of the expected Care standards for the service 	<ul style="list-style-type: none"> ✓ Understanding the service ✓ Helping to inform policy ✓ Helping to agree policy ✓ Helping to put policy into practice ✓ Specified National ('Once for Wales') Care standards for the service ✓ Transparent and consistent all Wales data reporting ✓ Published Statistics 	<ul style="list-style-type: none"> ✓ Understanding the service ✓ Self-assessment against core requirements ✓ Support and clarity on the expectations for service delivery ✓ Transparency and a mechanism for balancing activity and resources with performance ✓ Clarity of the expected Care standards from the service ✓ Identification of opportunities for reduction in conveyance of patients to hospital. ✓ Identification of opportunities for direction of patients to more appropriate services ✓ Transparent and consistent all Wales data reporting ✓ Understanding of the resource envelope to identify alternative models to improve patient flow and reduce variation & waste 	<ul style="list-style-type: none"> ✓ Understanding the service ✓ Ability to put policy into practice ✓ Possibility of negotiating policy ✓ Sharing of good practice ✓ Networking – as a team, professionally and individually ✓ Informing policy ✓ Learning from peers ✓ Improved Staff Health & Well Being ✓ Transparency for balancing activity and resources with performance ✓ Delivery of the National Care standards for the service that have been created by the service ✓ Identification of opportunities for direction of the public to alternative services ✓ Identification of opportunities for direction patients to more appropriate services ✓ Transparent and consistent all Wales data reporting ✓ Understanding of the population profiles ✓ Understanding of the resource envelope to identify alternatives models which may improve patient flow and reduce variation & waste
<p>Emergency Ambulance Services</p>	<ul style="list-style-type: none"> ✓ Data linking improves patient outcomes. ✓ ARIP reduces amber response times. ✓ Lifting equipment for care homes across Wales. 	<ul style="list-style-type: none"> ✓ Data linking improves patient outcomes & provides insight across the whole system. ✓ ARIP reduces amber response times. ✓ Lifting equipment for care homes across Wales. 	<ul style="list-style-type: none"> ✓ Data linking improves patient outcomes & provides insight across the whole system. ✓ ARIP reduces amber response times. ✓ Lifting equipment for care homes across Wales. 	<ul style="list-style-type: none"> ✓ Data linking improves patient outcomes & provides insight across the whole system. ✓ ARIP reduces amber response times. ✓ Lifting equipment for care homes across Wales.
<p>Non-Emergency Patient Transport Services</p>	<ul style="list-style-type: none"> ✓ All Wales equity of service through WAST centrally managed Plurality Model ✓ Improved quality assurance on 3rd party providers of NEPTS transport. ✓ Clearer guidance on eligibility and alternative transport provision 	<ul style="list-style-type: none"> ✓ All Wales equity of service through WAST centrally managed Plurality Model ✓ Transparent and consistent all Wales data reporting ✓ Improved quality assurance on 3rd party providers of NEPTS transport. ✓ Identification of opportunities for reduction in conveyance of non-eligible patients. ✓ Implementation of The Minister for Health & Social Services expectations – evidence 	<ul style="list-style-type: none"> ✓ All Wales equity of service through WAST centrally managed Plurality Model ✓ Transparent and consistent all Wales data reporting ✓ Improved quality assurance on 3rd party providers of NEPTS transport. ✓ Identification of opportunities for reduction in conveyance of non-eligible patients. 	<ul style="list-style-type: none"> ✓ All Wales equity of service through WAST centrally managed Plurality Model ✓ Ease of access to patient transport 24/7
<p>Emergency Medical Retrieval & Transfer Service</p>	<ul style="list-style-type: none"> ✓ Enhanced operational hours. ✓ Understanding of the economic impact of EMRTS service across Wales. ✓ EMRTS Supporting major service change 	<ul style="list-style-type: none"> ✓ Enhanced operational hours. ✓ Understanding of the economic impact of EMRTS service across Wales. ✓ EMRTS Supporting major service change 	<ul style="list-style-type: none"> ✓ Enhanced operational hours. ✓ Understanding of the economic impact of EMRTS service across Wales. ✓ EMRTS Supporting major service change 	<ul style="list-style-type: none"> ✓ Enhanced operational hours. ✓ Understanding of the economic impact of EMRTS service across Wales. ✓ EMRTS Supporting major service change

Welsh Government

National Programme for Unscheduled Care (NPUC)

NPUC activity aligning to EASC

Below are detailed the NPUC activity that will align with or have an influence on EASC commissioned services:

Service Frameworks

What does good look like for the Emergency Department? (EDQDF)

Working with clinical leaders to develop a quality and delivery framework for these essential services and agreeing care standards, a uniform approach to measuring activity and a nationally agreed high performing model of care for Emergency Departments will enable.

What does good look like for Urgent Care within NHS Wales?

The Minister for Health & Social Services has requested the the Clinical Director of the NPUC to consider the need for National Urgent Care Review across Wales and report back to him (October 2018). The Clinical Director is developing this proposal for consideration by The Minister.

Following consideration and agreement by the Minister if agreed an exploratory phase will commence to understand baseline positions in terms of quality assurance and measurement across Home to Emergency Department Services. This exploratory phase will in the first instance bring together stakeholders from the Primary Care Programme, 111 Programme, NWIS, Welsh Government Emergency Care and Urgent Care teams, NHS Wales and Local Authorities.

The NHS Benchmarking Network (NHSBN) could support this work, it could build upon the All Wales participation in the NHSBN's Emergency Care Project 2018/19, Urgent Care Project 2018/19 and National Audit of Intermediate Care (NAIC) Project 2018/19.

Subject to the Ministers approval the exploratory phase will align with the NPUC concept to identify and develop the 'offer' to the public from health and social care services in the context of USC policy, quality statements and frameworks.

The overarching approach is based upon determining that as well ambulance services and emergency departments what other (services) are there available today to an individual when something unexpected happens? This enables services NHS Direct, 111, Out of Hours, Crisis Resolution, Primary Care, Step up/ down services, Social Services etc. to be considered on a functional structure based around:

- What populations are choosing locally and nationally?
- How does the population make contact?
- Who can the population see?
- What treatment does the population receive?
- Where does the population go next?

At the end of the exploratory phase a work programme will be finalised which will detail the resources needed to deliver the subsequent phases and frameworks, it will also help to inform: Health Boards Winter Resilience Plans 2019/20 and facilitate the drafting of Commissioning Intentions aligned with IMTP 2020/21 processes to help drive service improvements across the unscheduled care system.

What does good look like for Intermediate Care?

It is our intention during years 2 & 3 of this IMTP NCCU on behalf of the NPUC to begin the process of scoping a framework for these services. Working with clinicians to agree care standards, a uniform approach to measuring activity and a nationally agreed high performing model of care for Intermediate Care will enable optimisation of clinical outcomes and patient experience. If sanctioned by the Minister the Urgent Care review will inform this.

What does good look like for Ambulatory Care?

If sanctioned by the Minister the Urgent Care review will inform this this work during years 2 & 3 of this IMTP NCCU on behalf of the NPUC will begin the process of scoping the inclusion of these services into the EDQDF.

What does good look like for GP Out of Hours?

If sanctioned by the Minister the Urgent Care review will inform this this work during years 2 & 3 of this IMTP NCCU working with the National Programme for Primary Care to support clinical leaders to develop a quality and delivery framework for these essential services and agreeing care standards, a uniform approach to measuring activity and a nationally agreed high performing model of care for GP Out of Hours Services will enable optimisation of clinical outcomes and patient experience.

Population Frameworks

Welsh Emergency Department Frequent Attenders Network (WEDFAN)

The national programme for frequent attenders into USC will:

- Support the Frequent Attender Services to be the delivery arm for aspects of the Regional Partnership Boards Wellbeing Plans in accordance with the Wellbeing of Future Generations Act: all economy areas Well Being Plans include supporting healthy, equal and cohesive communities – frequent attenders are often none of these but have great potential with multi-agency support. Frequent Attender Services will have close working relationships with a multitude of partner agencies and will be able to work with those at most need of the support described in the Act.
- Develop a local service, per health board area, caring for high impact service users by working closely with local partner agencies, in particular, third sector organisations, to establish informed and responsive relationships with local services that support vulnerable people.
- Work with the patient to reduce their demand on the USC streams, whilst ensuring they are able to access and sustain support and integration with community based assets.
- Provide a baseline analysis of the scale, scope and impact of frequent attenders and will coordinate local, regional and national clinical and managerial engagement to share current and proposed practices across Health Boards and Partners.

- Provide training and support to design and develop capacity and capability for integrated anticipatory care planning in every participating Emergency Department and Minor Injury Unit and secure expert advice and support in designing and delivering a robust evaluation of patient feedback and experience, to inform the further development of anticipatory care planning.
- Develop a suite of patient experience, outcome and value for money indicators and make recommendations for the adoption of a national performance framework.

IMTP Guidance – Alignment with planning

This project will deliver the following:

- Priorities for EASC and NPUC guidance for IMTPs 2019/20.
- Update of ambulance framework.

Big 4 Clinical Issues & HCP Calls

This priority is about focusing on certain clinical conditions or types of calls to the ambulance, out of hours or other services that could be better managed in the community, avoiding the need for transport to, or presentation at, ED. We want to ensure the demand of the Big 4 Clinical Issues conditions/calls on the unscheduled care system are dealt with using the principles of prudent healthcare, to reduce unwarranted variation between services and Health Boards, to promote self-reliance and the appropriate use of community services. Big 4 Clinical Issues are the general clinical areas of: mental health, falls, breathing difficulties and chest pain and health call professional calls to emergency ambulance services.

Big 4 clinical issues

This project will deliver the following:

- Baseline matrix of each areas of Big 4 Clinical Issues Clinical Issues areas regarding pathways / activity / measures and models
- Identify and clarify what good looks like and recommendations against good verse existing service

Health Care Professional Calls

This project will deliver the following:

- An evidence based recommendation of “what does good look like” for HCP calls.
- Baseline of admission process, activity and performance for each hospital site in Wales in and out of hours and robust data specification for ongoing performance management arrangements by Health Boards and Welsh Government.

Bespoke Interventions, Specialist Advice, Guidance & Support

Bespoke Interventions, Specialist Advice, Support & Guidance activity aligning to EASC

Below are detailed the NCCU activity that will align with or have an influence on EASC commissioned services:

First point of contact for accessing services review

To explore and establish the scope for a review into services that provide telephone assessment and response.

Our Infrastructure

Background

Since the internal market in Wales ended in 2009, conventional commissioning of services has largely ceased, although many forms of contracting remain including inter-health board trading. There is, however, a growing realisation that explicit agreements covering care standards, pathways, expected performance, incentives/disincentives and finances could lever quality improvements and increase value in an integrated non-competitive environment. This was given further traction by the advent of Prudent Healthcare - 'healthcare which is conceived, managed and delivered in a cautious and wise way characterised by forethought, vigilance and careful budgeting which achieves tangible benefits and quality outcomes for patients'.

This has given rise to the concept of collaborative commissioning which offers the potential for a national ('once for Wales') approach to initiate, share and develop innovation and enable delivery of prudent healthcare principles through a commissioning lens.

Our Role

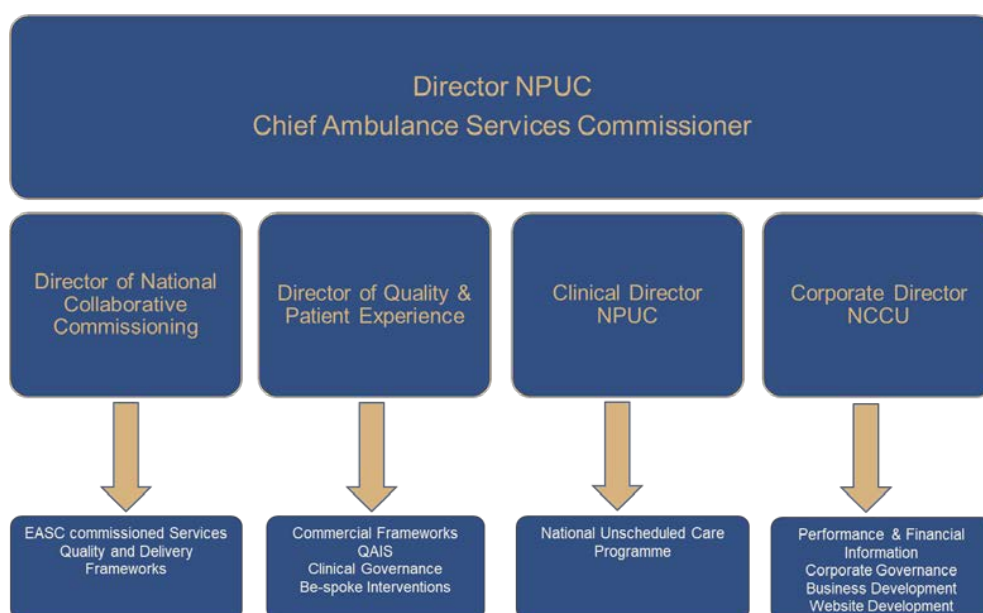
NCCU is an agile resource that provides the focus for the alignment of current national commissioning activities, this includes creating the infrastructure, funding opportunities and partnerships to support improved and cohesive commissioning activities across primary, community and secondary care between and across NHS Wales Health Boards and between health boards and local authorities.

Key to the success of NCCU in delivering transformation is the ability to work using a matrix approach, removing the traditional silos that organisation structures enforce. We identify opportunities to facilitate cross-functional team working. Developing shared accountability and responsibility for delivery of specific programmes, projects and goals. We recruit on this basis and expect our personnel to be agile and flexible in their approach and able to develop ideas and create innovative solutions to deliver transformation.

NCCU Organisation structure

The internal NCCU structure reflects the structure of the work in this IMTP. Organising our internal structure in this way enables the NCCU to identify and co-opt resources across functions to support and deliver NCCU objectives.

Figure 11: NCCU Structure



NCCU Resources

In order for the NCCU to deliver its ambitious IMTP 2019/22 it is imperative we have the right people with the right skills in the right roles to build the capability and capacity to support delivery at scale and pace. In order to deliver effectively for our customers we have identified the core resource requirements required to support the broad portfolio of work undertaken by the NCCU and also project specific resources and inputs required from collaborators.

Core resources

Additional to existing core resources; NCCU wish to develop new or enhance existing core services or functions through recruitment to support delivery of the work outlined in this IMTP. Finance support specific to each work area and the following functions outlined below:

- Quality Assurance & Improvement Service
- Programme Management Function
- Business Intelligence Function
- Communications & Digital Engagement function

Project specific resources

Project specific roles will be required to lead and support existing NCCU staff to deliver specific programmes or projects. These roles have been identified. These roles will be supported by input from the core functions to enable delivery.

Multi Partner Collaboration

The delivery of the NCCU work programme requires collaboration across organisational boundaries (see Our Enablers section). The NCCU maintains responsibility for the delivery of its programme but co-opts on specialist guidance, advice and support to enhance delivery and improve outcomes. Our business model enables us to plan work under the 6 components and ascertain the resources and expertise required to deliver.

Matrix working

The figure below illustrates the NCCU Matrix working model for planning using the NCCU Business Model components to resource allocation to support delivery using NCCU resources and collaboration between organisations.

Although in the financial tables below budgets are allocated against departmental headings for ease of understanding the matrix model that we work within requires staff to contribute to and lead pieces of work across our four work areas. Matrix working in this way allows core skills to contribute to or support multiple projects or programmes of activity making best use of our available resource.

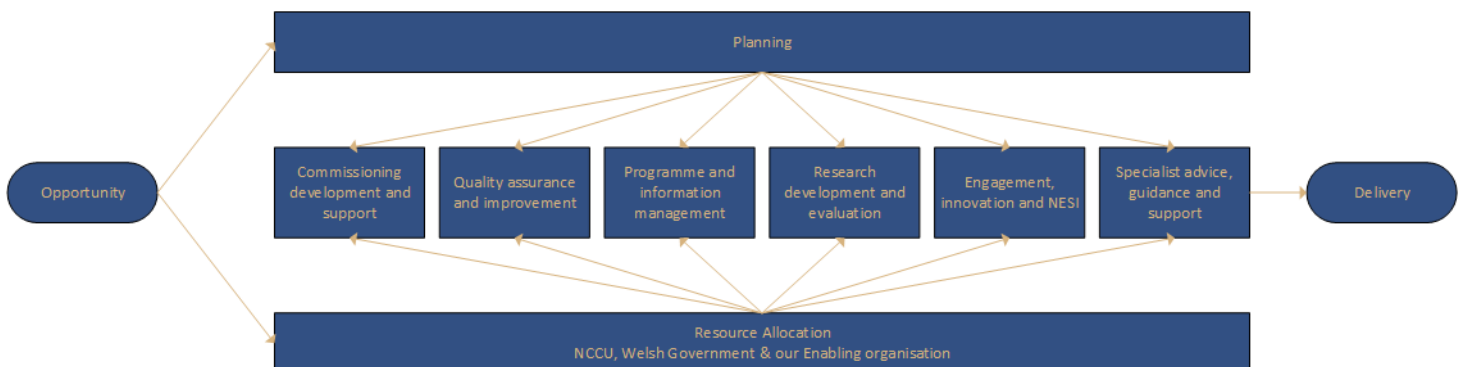


Figure 12: NCCU Model for matrix working

NCCU Financial Plan 2019/20

The planned recurrent sources of funding for the NCCU is shown in me is collected via WHSSC from Health Boards for both EASC and Commercial Frameworks, and from WHSCC via a Welsh Government allocation to Cwm Taf UHB.

NCCU Planned Sources & Applications of Funds 2019/20

Sources of Funding per work programme 2019/ 20		
Funding Type	Sub-heading	Total
EASC	Additional funding for Premises	40,000
	Additional funding for staffing	80,000
	EASC funding	350,000
	WG Allocation re Chair	19,152
EASC Total		489,152
Commercial Frameworks	QAIS funding	672,080
	QAIS funding – CAMHS	37,000
Commercial Frameworks Total		709,080
NPUC	Unscheduled Care Funding	467,499
	WG Unscheduled Care Allocation - Clinical lead	90,000
	WG Unscheduled Care Allocation - Q4	152,501
NPUC Total		710,000
Inflation, pay award & other adjustments Total		83,572
Total Sources		1,991,804
Application of Funding per Department 2019/20		
Department		
Clinical	Staff	90,000
	Non Staff	500
Clinical Total		90,500
Commissioning	Staff	292,308
	Non Staff	73,010
Commissioning Total		365,318
Corporate	Staff	476,371
	Non Staff	185,019
Corporate Total		661,390
Quality	Staff	738,400
	Non Staff	52,624
Quality Total		791,024
NCCU Inflation, pay award & other adjustments Total		83,572
NCCU Total Staff		1,597,079
NCCU Total Non-Staff		266,153
NCCU Inflation, pay award & other adjustments Total		83,572
Total Applications		1,991,804
Planned Difference between Sources & Applications		0

In addition to the recurrent plan for 2019/20 onwards, the NCCU is responsible for the Invest to Save Care Home Project I2S (12)-16-039 with a funding allocation across 2018/19 to 2020/21 of £1.6m. This funding is received via Cwm Taf UHB then onto WHSSC who ensure it becomes a budgeted sum with NCCU responsibility. There are fixed term posts and secondments associated with this work programme with an agreement by NHS Wales Director of Finance that Health Board will make the repayments from 2021/22 onwards. By 2021/22 as well Health Boards will be in a position of knowing the real benefits from the work which may mean recurrent investment within the NCCU for ongoing quality assurance improvement and efficient work by the NCCU.

NCCU Workforce Plan 2019/20

This workforce plan outlines the core and project specific roles and subsequent budget required to deliver this IMTP.

Department	Role	Sum of WTE	Forecast 2019/20 Expenditure
Clinical	Associate National Clinical Director	0.10	30,000
	National Clinical Director	0.30	60,000
Clinical Total		0.40	90,000
Commissioning	Director of National Commissioning	1.00	123,530
	Assistant Director of Commissioning	1.00	71,607
	Admin Support Officer	1.00	21,555
	Project Support Officer	1.00	40,259
	Project Support Officer	1.00	35,358
	NPUC Advisor	1.00	0
	WEDFAN Lead	1.00	0
Commissioning Total		7.00	292,308
Corporate	Chair	0.10	34,052
	Lead Executive	0.80	118,085
	Corporate Director	1.00	102,407
	Office Manager	1.00	46,125
	Admin Support Officer	1.00	21,555
	Business Intelligence Developer	1.00	51,398
	Data Warehouse Developer	1.00	51,398
	WHSSC Finance support	0.10	11,340
	PA	0.80	28,011
	Board Secretary	0.10	12,000
	Corporate Total		6.90
Quality	Director of Quality and Patient Experience	1.00	123,530
	Assistant Director of Quality & Patient Experience	1.00	71,607
	Practitioner	1.00	51,398
	Practitioner	1.00	51,398
	Practitioner	1.00	51,398
	Practitioner	1.00	51,398
	Practitioner	1.00	51,398
	Assistant CASC	1.00	59,672
	Assistant Director of Quality	1.00	74,048
	QAIS Head of Service	1.00	51,398
	Performance Officer	1.00	24,418
Performance Officer	1.00	24,418	
Performance Officer	1.00	24,418	
Performance Officer	1.00	27,900	
Quality Total		14.00	738,400
Grand Total		28.30	1,597,079

NCCU will identify non-recurrent sources of funding to support specific non recurrent project activity required to deliver this IMTP.

NCCU Digitalization Plan 2019/20

Digitalization represents one of the biggest opportunity areas for the NCCU. Given our national remit and the need for collaboration to deliver the ambitions of a progressive policy agenda we are well placed to take a lead on the use of technology to share information, develop concepts, develop & transform services and support smarter working. Through our digitization plans we will outline the developments that we wish to take forward as part of this IMTP. The key developments and their application are outlined below:

NCCU Website Development

The NCCU intends to develop its own web presence as the central point of contact between us and our customers. This IMTP document has been constructed to become the blueprint for the development of the NCCU website. The website will utilise the IT infrastructure of our host health board. It will articulate our customers and the products that we deliver on their behalf. NCCU will also use it to disseminate research evidence and intelligence from the work that we deliver.

NCCU Social media presence

NCCU will develop a corporate social media presence and ensure that all key leads develop social media presence so that they can collaborate and share progress on key pieces of work that they deliver. We will also ensure that national launch events we set up to deliver our work utilise hashtags to enable clinicians to continue to develop the debate online and through social media feeds on our website.

Online collaboration

NCCU uses online collaboration to maintain and update the Tables 1a, 1b, 2 and 3 outlined in the IMTP guidance issued to Health Boards from NCCU. These tables enable online collaboration to deliver the WAST Commissioning Intentions for EMS and NEPTS across Wales. They also enable online collaboration for Health Boards and WAST to update progress on the delivery of the joint initiatives identified in IMTPs. The 'Table 3' allow health boards to collaborate online and update progress of the urgent care initiatives identified in IMTPs. NCCU also use this approach and tool to capture and evaluate the impact of the winter funding initiatives across Wales on behalf of Welsh Government. This way of working enables organisations to share initiatives that deliver better outcomes and improve the quality and experience of care people receive. It enables Welsh Government to understand what innovations have the most impact and what can achieve increased value with future funding.

Business Intelligence, data analytics & information

NCCU will recruit business intelligence and data expertise to support our digitization plans. Making sense of and utilising data and evidence to inform decision making and improve outcomes for patients through the products and services we deliver is a key priority for us. Also having the ability to access information directly from the servers of the organisations we commission improves the insight we have as commissioners and will enable us to develop more strategic commissioning plans with EASC.

NCCU Integrated Information Environment

NCCU through its work with NWIS and WAST as part of the Amber Review has created an integrated information environment. This linked patient data provides insight into service performance and the impact that has on patient outcomes across the system. It provides the evidence to improve services and the infrastructure to track those improvements across the system. The use of service or population frameworks as the building blocks for commissioning promotes the use of data and measurement and enables NCCU to build the scale of its integrated environment. "What does good look like for Emergency Departments?" through collaboration with NWIS will provide a digital solution to collect data on patients' journey through emergency departments to admission or discharge. The "What will good look like for Urgent Care?" work

NCCU Roadmap 2020/2022

NCCU IMTP Roadmap 2020/2022			
Quarter 1 & 2 2020/21	Quarter 3 & 4 2020/21	Quarter 1 & 2 2021/22	Quarter 3 & 4 2021/22
EASC Commissioned Services			
Collaborative commissioning EMS/NEPTS/EMRTS			
Hours Expansion for Emergency Medical Retrieval and Transfer Service (EMRTS).			
Embed EASC Strategic Commissioning Plans across NHS Wales			
Support WAST & Health Boards to develop and embed dedicated discharge and transfer service across Wales			
Implementation of findings from First point of contact for accessing services review			
National Programme for Unscheduled Care			
What does good look like for Urgent Care?			
National engagement activity	Develop Quality Statements	What does good look like for Intermediate Care?	
National engagement activity		Develop Quality Statements	What does good look like for Ambulatory Care?
National engagement activity		Develop Quality Statements with NPPC	What does good look like for GP Out of Hours?
Improvements to patient outcomes & experience from established populations frameworks (IPOP, WEDFAN)			
Delivery/BAU activity of NPUC programme: PAG & MAG, HCP Calls, Big 4 Clinical issues, Measurement, Policy & Guidance			
Commercial Frameworks			
Mental Health & Learning Disability Adult Hospitals Framework			
Mental Health & Learning Disability CAMHS hospitals			
Mental Health & Learning Disability Adult Care Homes			
Sharing, embedding, developing audit methodologies across NHS Wales			
Bespoke Interventions, Specialist Advice, Guidance & Support			
Supporting Welsh Government			
Develop Quality Statements	Implementing the finding from Review of Older Peoples Care Homes Commissioning		
WHSSC Reviews			
Mental Health Benchmarking			
All Wales projects: Laundry & Catering implementation			
Local Care Mapping			

Appendix 1: EMS Commissioning Intentions

EMS Commissioning Intentions Tables 1 & 2

The tables below give the detail of the WAST and Joint work to be delivered to achieve the 2019/20 commissioning intentions for EMS. NCCU use an online collaboration tool to share, maintain and update progress on these actions across WAST and the Health Boards. The database is live. These tables represent the content and progress as of 29th January 2019.

Table 1 EMS: WAST Updates to the Framework Agreement (1a), Performance Improvements (1b)									
EASC IMTP	Organisation	Short Title	Summary Description	Operational Leads	Scale or Location	Timescale	5 Step Model	CAREMORE	Primary Net Effect
Table 1a - Updates	WAST	Band 6	Development of clinical indicators which complement the benefit realisation assumptions for Band 6 Paramedic investment to be produced.	Rachel Marsh		<3 Months	Step 4 - Give me treatment	Review of Performance	
Table 1a - Updates	WAST	IMTP	Review of 2018/19 IMTP financial assumptions and financial plan v forecast outturn for 2018/19 and 2019/20 financial assumptions and financial plan.	Chris Turley		<3 Months	Across the Steps		
Table 1a - Updates	WAST	Data repository	Data repository covering A1 Activity, RE1 Resource Envelope, R1 Performance Measures, including the AQIs, to be utilised with when, who, when specifically stated.	Rachel Marsh		<6 Months	Across the Steps	Care Standards	
Table 1a - Updates	WAST	Call to door times	Call to door times for STEMI and stroke to be produced.	Chris Turley		<3 Months	Step 4 - Give me treatment	Review of Performance	
Table 1a - Updates	WAST	Update Framework Agreement	Overall framework updated and signed off by CASC and WAST CEO.	Julian Baker		In Place	Across the Steps	Care Standards	
Table 1a - Updates	WAST	Trigger points	Trigger points which indicate poor deteriorating performance against performance metrics within the data repository to be identified by CASC and specific actions to warrant corrective action identified.	Julian Baker		<3 Months	Across the Steps	Care Standards	
Table 1a - Updates	WAST	IMTP Delivery	Progress review of 2018/19 IMTP actions	Rachel Marsh		In Place	Across the Steps	Care Standards	
Table 1a - Updates	WAST	Local measures	Development of local measures by health board.	Rachel Marsh		<6 Months	Across the Steps	Care Standards	
Table 1a - Updates	WAST	Fleet and staff mix	Fleet and staff mix to be reviewed for each health board area tailoring the delivery of the 5 Step Ambulance Patient Pathway to local population needs.	Rachel Marsh		<12 Months	Across the Steps	Care Standards	
Table 1a - Updates	WAST	Tables 1,2 & 3	Inclusion of completed IMTP 2019/20 tables following EASC IMTP approval.	Rachel Marsh		<3 Months	Across the Steps	Care Standards	
Table 1a - Updates	WAST	Core requirements	The reporting against core requirements to be undertaken twice a year as described under the Commissioning Intention for Care Standards.	Rachel Marsh		<12 Months		Care Standards	
Table 1a - Updates	WAST	Financial value payable	Financial value payable by EASC and associated assumptions.	Chris Turley		<3 Months	Across the Steps		

Table 1a - Updates	WAST	Operational arrangements to be reviewed by EASC on an ongoing basis.	NCCU and WAST to specifically work on a work programme that feeds into JMAG/PDEG/EASC and the EASC/WAST Performance Meeting.	Julian Baker		<3 Months	Across the Steps	Care Standards	
Table 1b - Performance	WAST	"Net effect"	Known "net effect" in terms of activity impact, resource impact and performance impact from all initiatives.	Julian Baker	Once for Wales	> 12 Months	Across the Steps		
Table 1b - Performance	WAST	Allocation times	Time to allocation to Red calls to reduce.	Louise Platt	Once for Wales	In Place	Step 2 - Answer my call		Increase Capacity in Community
Table 1b - Performance	WAST	Clinical Support Desk.	Patient demographics recording to be improved to support patient identifier for linked data.	Chris Turley	Once for Wales	<6 Months	Step 2 - Answer my call		Increase Capacity in Community
Table 1b - Performance	WAST	Resource utilisation to improve	Use of external providers to be reduced.	Louise Platt	Once for Wales	In Place	Step 3 - Come to see me		Increase Capacity in Community
Table 1b - Performance	WAST	Red performance	Red performance to be maintained and the 95th percentile to reduce.	Louise Platt	Once for Wales	In Place	Step 3 - Come to see me		Improve Efficiency in Community
Table 1b - Performance	WAST	Resource utilisation will improve	Sickness rates reduced for all direct staff across each of the steps.	Louise Platt	Once for Wales	<6 Months	Across the Steps		Increase Capacity in Community
Table 1b - Performance	WAST	Amber performance	Amber 95th percentile times to reduce across each health board area.	Louise Platt	Once for Wales	In Place	Step 3 - Come to see me		Improve Efficiency in Community
Table 1b - Performance	WAST	Proportion of spend	Shift from Steps 5 & 4 to Steps 3 & 2.	Louise Platt	Once for Wales	<12 Months	Across the Steps		Increase Capacity in Community
Table 1b - Performance	WAST	Handover to clear	Handover to clear times to reduce across all health boards areas.	Louise Platt	Once for Wales	In Place	Step 5 - Take me to Hospital		Improve Efficiency in Community
Table 1b - Performance	WAST	Resource utilisation will improve	Overtime use to reduce.	Louise Platt	Once for Wales	<6 Months	Step 3 - Come to see me		Increase Capacity in Community
Table 1b - Performance	WAST	Ideal response	The percentage of incidents where the first arriving vehicle is the ideal response to increase.	Louise Platt	Once for Wales	In Place	Step 4 - Give me treatment		Increase Capacity in Community
Table 1b - Performance	WAST	Multiple arrivals	Multiple vehicle arrivals at scene to reduce for Amber and Green incidents.	Louise Platt	Once for Wales	In Place	Step 3 - Come to see me		Increase Capacity in Community
Table 1b - Performance	WAST	Resource utilisation will improve	Compliance with planned (that is new) rosters to increase.	Louise Platt	Once for Wales	In Place	Step 3 - Come to see me		Increase Capacity in Community
Table 1b - Performance	WAST	Clinical Support Desk	Clinical desk activity types to reflect all activity undertaken.	Chris Turley	Once for Wales	<6 Months	Step 2 - Answer my call		Increase Capacity in Community
Table 1b - Performance	WAST	Clinical Support Desk	The volume of calls assessed and closed by the clinical desk to increase.	Louise Platt	Once for Wales	In Place	Step 2 - Answer my call		Increase Capacity in Community

Table 1b - Performance	WAST	Clinical indicators	Clinical indicators performance to improve, and be above 95% in all health board areas (except ROSC).	Brendan Lloyd	Once for Wales	In Place	Step 4 - Give me treatment		Improve Efficiency in Community
Table 1b - Performance	WAST	Resource utilisation will improve	Rosters aligned to demand (across days and time of day) for direct staff across each step.	Louise Platt	Regional	<12 Months	Step 3 - Come to see me		Increase Capacity in Community
Table 1b - Performance	WAST	Reduced spend	On operating expenses.	Chris Turley	Once for Wales	<12 Months	Across the Steps		Increase Capacity in Community
Table 1b - Performance	WAST	Call to door times	95th percentile call to door times (STEMI and Stroke) to reduce across each health board area.	Louise Platt	Once for Wales	In Place	Step 4 - Give me treatment		Increase Capacity in Community

Table 2 EMS: WAST & Health Board Joint Initiatives

Organisation	Short Title	Summary Description	Operational Leads	Scale or Location	Timescale	5 Step Model	NPUC Priorities	Primary Net Effect	Primary Net Effect Comment
ABMUHB	Further enhance access to Alternative Pathways of Care	Work closely with Health Board leads to identify opportunities to enhance and develop Alternative Care Pathways. Actions to include: (i) Monitoring referral and compliance of established ACPs, (ii) Review WAST & ABM data to identify opportunities to develop new ACPs (iii) Undertake an evidence based approach to establish new ACPs based upon clinical need.	Jeff Morris	Health Board		Step 3 - Come to See Me Step 4 - Give me Treatment	Chest Pain, Respiratory, Falls, Mental Illness, HCP Call Compliance, Conveyance to non ED settings, Alternative Referrals, Notification to Handover	Reduce Demand in ED	Improve Patient Experience
ABMUHB	Enhanced management of Frequent Service users	(i) Continue the Multi-disciplinary team approach with Health Board clinical / service leads to identify, review and manage frequent service users. (ii) Regular review activity data to identify high volume service users and engage with service leads to understand the reasons and put into place mitigating actions to reduce demand (for example continue to work closely with Parc Prison, Bridgend to reduce 999 generated attendances).	Jeff Morris	Health Board		Step 1 - Help me to choose Step 3 - Come to See Me Step 4 - Give me Treatment	Falls	Reduce Demand in ED	Improve patient experience
ABMUHB	Enhanced services to manage Falls Patients	Continue to develop and enhance care for the management of non-injury and low-acuity falls patients. Actions to include: (i) Fully roll out 'IStumble' and 'I Fell Down' falls assessment toolkits across all Residential & Nursing homes in ABMU to improve the management of non-injury falls patents to avoid unnecessary ambulance attendance and onward conveyance to ED. (ii) Seek funding to establish a dedicated Joint Falls Response vehicle in collaboration with Health Board clinical leads to manage low acuity falls patients in the community (Risk - availability of funding). (iii) Work closely with Health Board to identify and trial any new initiatives to improve the care and management of non-injury / low acuity falls patients.	Jeff Morris	Health Board		Step 3 - Come to See Me Step 4 - Give me Treatment Step 5 - Take me to Hospital	Falls	Reduce Demand in ED	Improve patient experience
ABMUHB	Enhance the provision of Advanced Paramedic Practitioners across ABMU	Fully embed the Advanced Paramedic Practitioner rotational model across ABMU. Actions to include: (i) Recruit and fully embed the new 6 x APPs across the three rotational pillars (Primary care / WAST community response and CCC) following Winter investment monies (ii) Support the Trust wide initiative to expedite a national APP model (subject to business case approval)	Jeff Morris	Health Board		Step 3 - Come to See Me Step 4 - Give me Treatment	Big5 Combination Respiratory Chest pain Fallers Mental Health	Reduce Demand in ED	Improve Patient Outcomes

ABMUHB	Management of Hospital Handover Delays	Joint working between WAST & Health Board to proactively manage and minimise hospital handover delays. Actions to include: Action (i) Implement robust operational arrangements to proactively manage periods of peak hospital activity to improve patient flow and minimise delayed ambulance handover Action (ii) Put in place clear action plans to manage handover delays (including Joint Winter Plans).	Jeff Morris	Health Board		Step 5 - Take me to Hospital			Improve Patient Outcomes
ABMUHB	Support the Mid & West Regional Stroke Model work stream	Continue to engage and support the development of a regional Stroke model for Mid & West Wales. Actions to include: (i) Continue to attend and support the Stroke Project Group, (ii) Support the development of the regional model and undertake bespoke ambulance modelling to identify the ambulance specific impacts. (iii) Explore WASTs role to support the preferred clinical model		Regional		Step 3 - Come to See Me Step 4 - Give me Treatment Step 5 - Take me to Hospital		Reduce Demand in ED	Improve Patient Outcomes
ABMUHB	Bridgend Locality Boundary Proposals	Continue to engage and support the future planning and manage the operational impacts of the Bridgend Locality boundary change to Cwm Taf UHB.		Regional		Step 3 - Come to See Me Step 4 - Give me Treatment Step 5 - Take me to Hospital			n/a
ABMUHB	Pro-active monitoring and management of service change proposals.	WAST will continue to engage proactively with Health Boards to identify and jointly plan for all local service change. Actions to include: (i) WAST & the three M&W regional Health Boards (ABMU, HDda & Powys) to regularly meet and review service change with planning and operational leads via the Joint Mid & West Wales Planning Forum; and (ii) WAST to support the ABMU Joint Evaluation Group (inc Health Board & Local Authority leads)		Regional		Step 3 - Come to See Me Step 4 - Give me Treatment Step 5 - Take me to Hospital			n/a
ABUHB	Frequent Callers - Phase 2	Phase 2 scoping: Nursing/care homes to avoid unnecessary 999 calls & admission to hospital. Working in partnership with 53 care homes within Aneurin Bevan, I stumble, manger elks, education & support.	Ken Smith	Once for Wales		Step 1 - Help me Choose Step 3 - Come to See Me Step 4 - Give me Treatment	Chest Pain, Respiratory, Falls, Mental Illness, HCP Call Compliance, Conveyance to non ED settings, Alternative Referrals, Notification to Handover	Reduce Demand on ED	
ABUHB	ETTF Telemetry Project: Telemetry of Diagnostic ECGs direct to Primary	To improve early recognition of cardiac conditions in the community / aligned to national delivery plans e.g, identifying new AF cases. Paramedic interpretation of ECG with ability for clinicians at receiving unit to view ECG via telemetry to inform clinical decisions. Phase 3 roll out to GPs - pathway complete, awaiting GPC Wales confirmation.	Greg Lloyd	Once for Wales		Step 4 - Give me Treatment Step 5 - Take me to Hospital	Chest pain	Improve Efficiency in Admissions	

	Percutaneous Coronary Intervention Facilities								
ABUHB	Falls	Falls Vehicle: Operational 7 days a week, (aligned with community resource teams) Paramedic and Physiotherapist on a Specialised Falls Vehicle adapted to store additional equipment and full paramedic kit as per RRV. Emergency response capable. Falls Tier 1 assistants for winter period. Consider in context of Strategic Falls WAST work and any further opportunities.	James Gough	Health Board	In Place	Step 3 - Come to see me	Falls	Reduce Demand on ED	
ABUHB	Potential roll out of 111	Roll out 111 within AB	Chris Powell	Health Board		Step 1 - help me choose Step 2 - Answer my call Step 3 - Come to see me Step 4 - Give me treatment	HCP Respiratory Fallers Mental Health Chest Pain	Improve Efficiency in Community	
ABUHB	Pathways	Programme to review and where necessary refresh pathways including trauma, obs & gynae, ENT, back pain	Tim Rogerson	Health Board		Step 5 - Take me to Hospital	HCP Respiratory Fallers Mental Health Chest Pain	Reduce Demand on ED	
ABUHB	Changes to the provision of obstetrics, neonatal, gynae and paediatric services	Planning for any potential interim solution, prior to relocation to The Grange Hospital	Deborah Kingsbury	Health Board		Step 5 - Take me to Hospital			Options not applicable
ABUHB	Vascular (arterial surgery)	Centralisation of arterial vascular surgery in South East Wales	Ian Morris	Regional		Step 5 - Take me to Hospital			Options not applicable
ABUHB	Clinical Futures Strategy	Clinical Futures Strategy overarching clinical, workforce and estates strategy that encompasses reconfiguration of primary, community, LGHs and the development of The Grange University Hospital	Sarah Parks Jones	Health Board		Across the Steps	HCP Respiratory Fallers Chest Pain		Options not applicable
ABUHB	HCP Pilot	Pilot to diarise HCP admissions utilising booked UCS crews	Rachel Taylor	Health Board		Step 3 - Come to see me	HCPs	Improve Efficiency in ED	
ABUHB	Acute Coronary Syndrome Pathway Development	Redesign Acute Coronary Syndrome service to meet the NICE guidelines for the ACS pathway for Heart Disease. The ACS pathways pilot has seen a reduction in referral to transfer times down to 2 days in 2017. Further evaluation will take place ahead of potential roll out in 2018 Dedicated transport being piloted for 3 months as part of	Paula Goode	Regional		Step 5 - Take me to Hospital	Chest Pain	Improve Efficiency in ED	Improved patient outcomes

		pathway.							
ABUHB	APP	Further roll out of Advanced Paramedic Practitioners into ABUHB following pilot. Pilot Operational 18 hours per day 7 days a week. APPs rotate between Clinical Contact Centre (CCC) and operational RRV. APP in CCC dispatches APPs in RRV to ensure tasked with most appropriate calls.	Mike Jenkins	Health Board		Step 3 - Come to see me Step 4 - Give me treatment	HCP Respiratory Fallers Mental Health Chest Pain	Reduce Demand on ED	
ABUHB	Frailty	Development of direct access pathway to frailty beds, advanced care plans and end of life care.	Sian Millar	Health Board		Step 3 - Come to see me Step 4 - Give me treatment Step 5 - Take me to hospital	HCP Respiratory Fallers Mental Health Chest Pain	Reduce Demand on ED	
ABUHB	Physician Response Unit (PRU)	WAST provide vehicle, equipment, PPE for consultants and RRV paramedic. LHB provide consultant from Nevill Hall 9-5 (approx 3 days) and any other equipment & medications. Additional appropriate jobs selected from stack. If patient requires admission then patient can be referred direct to appropriate specialty team therefore bypassing ED.		Health Board		Step 3 - Come to See Me Step 4 - Give me Treatment		Reduce Demand on ED	
BCUHB	Frequent Callers - Phase 2	Work in Wrexham and Flintshire to provide basic first aid training by CFRs in nursing homes, which has had a positive impact on call numbers. Linked to Community Team. Joint work to identify top 10 Nursing Homes and measure admissions - link with Integrated Clinical Hub. Monthly meeting to consider frequent calls by nursing and residential care settings. Group reports formally to BC UHB West Area Director and BC UHB Clinical Director. ISTUMBLE model shared amongst BCUHB colleagues and BC UHB Conwy Falls Group. Frequent caller work also undertaken with Vulnerable Adult Review Meetings chaired by N Wales Police and being piloted in Anglesey area - suggests expansion across BC UHB. Work completed to identify FCs across Anglesey, N Gwynedd, Conwy and Denbighshire over 12 month period (Dec 2016 - Nov 2017) and common themes. Monthly frequent caller group established at Ysbyty Gwynedd Hospital chaired by an ED consultant. Referrals to most appropriate agency for support, with collective support of the group. Contact with GP practice is integral to the process.	Liz Hughes	Locality	> 12 Months	Step 2 - Answer my call	Chest Pain, Respiratory, Falls, Mental Illness, HCP Call Compliance, Conveyance to non ED settings, Alternative Referrals, Notification to Handover	Reduce Demand on ED	Reduction in resources deployed

BCUHB	ETTF Telemetry Project: Telemetry of Diagnostic ECGs direct to Primary Percutaneous Coronary Intervention Facilities	To improve early recognition of cardiac conditions in the community / aligned to national delivery plans e.g, identifying new AF cases. Paramedic interpretation of ECG with ability for clinicians at receiving unit to view ECG via telemetry to inform clinical decision at LHB area. The funding for the project is until end March 2019 and WAST is currently collating the data that will inform the decision as to whether this is handed over as business as usual from 1st April 2019.	Greg Lloyd	Health Board		Steps 4 and 5	Chest pain	Improve Efficiency in Admissions	
BCUHB	Single Integrated Clinical Assessment and Triage (SICAT) Hub	Other actions in this template support the development of the SICAT. This brings together work on the Clinical Desks and health board Clinical Hubs. SICAT clinicians provide secondary clinical assessment and triage for 999 calls (including HCP calls) and calls from WAST operational crews on scene with patients. APPs in the CCC will identify suitable calls on the WAST stack for enhanced triage to be undertaken by BC UHB clinicians. Incremental development, and project still in its infancy. MOU is being completed and SOP has been developed. Resource impacts to be identified over time.	TBC	Health Board	> 12 Months	Step 2 Step 3 Step 4 Step 5	HCP Chest pain Respiratory Fallers Mental Health	Reduce Demand on Admissions	
BCUHB	Advanced Paramedic Practitioners	Following the successful 5 month study pilot in BC UHB area with 10 APPs, this will be rolled out on a permanent basis across BC UHB. The business case outlines a rotational model and 3 year Pacesetter funding was received for the APP pilot to support the provision of Primary Healthcare. A joint WAST/HB project group is currently being established.	Andy Swinburn	Health Board	<12 Months	Step 3 Step 4 Step 5	HCP Chest pain Respiratory Fallers	Reduce Demand on ED	
BCUHB	Preparatory work for 111	National programme timescales in development. WAST and health board to work together to prepare for implementation once timescales confirmed. Current timeline is suggesting that the 111 programme will be completed in Q3/4 of 2020-21. It is necessary to confirm anticipated dates so that the preparatory work can be scoped.	Chris Powell	Health Board	> 12 Months	Step 1 - Help me to choose		Increase Capacity in Community	Increase Capacity in Community
BCUHB	Develop the alcohol treatment center model	Alcohol Treatment Centre in Wrexham (Wrexham Welfare Centre). This project is supported by WAST, BC UHB and the Local Authority on a seasonal basis with the service delivered by The British Red Cross. There is anecdotal evidence of its success as a concept and initial data shows that A&E attendances are reduced (Jan - Oct 2018: 12,742 people treated; 56 ambulances cancelled or referred to more appropriate alternatives). It should be noted that the center also impacts on the wider drug and alcohol agenda as part of the North Wales Area Planning Board (APB) work on Reducing Harm from Alcohol programme. Projects may also flex up and down in different areas such as Rhyl on a less frequent basis, depending on service need.	Vicky Jones	Locality	> 12 Months	Step 2 - Answer my call		Increase Capacity in Community	Increase Capacity in Community

BCUHB	Maximising utilisation of GP OOH pathways	GP OOH provision in Emergency Dept OOH. Standardisation of criteria across EDs. Linked to SICAT and directory of services. Part of current 90 day planning includes feasibility study to understand the potential increases in Primary Care capacity through use of Tele Health for urgent referrals. Work commenced in October 2018 and will continue into 2019 - immediate focus on reviewing existing business case for use of telehealth, engagement with GP clusters and options appraisal with associated scale and scope of benefits.	Duncan Robertson, Meinir Williams	Health Board	<12 Months	Across the Steps		Increase Capacity in Community	Reduce Demand on ED
BCUHB	Develop and implement new alternative care pathways	The following care pathways are now in place: GGP & OOH/drug & alcohol/cardiac care/COPD/epilepsy/falls/diabetic/midwife/palliative care/mental health/specialist practitioner/mental health/social care. A reporting template/data set is being developed to assess the referral rates from ambulance crews. Referral pathways and improving their utilisation is also be a project under the BCUHB Unscheduled Care Programme. This action is being delivered to plan and is a core work stream within the BCU USC Transformation Programme with a specific 90 Day Action Plan concerning Clinically Safe Admission Avoidance. Existing performance has been baselined and a stretch target set for Q3 of increasing MIU utilisation by 25%	Meinir Williams Duncan Robertson	Health Board	<12 Months	Step 3 - Come to see me	Mental Illness	Reduce Demand on ED	Improve Efficiency in ED
BCUHB	Implement referral pathway for mental health	Mental health pathway in place with Glan Clwyd Hospital and went live on 20th November 2017. The on call Psychiatric Liaison Team Professional will discuss the case with the referring paramedic. Over the Christmas period a pilot was put in place across police, clinicians and mental health. There is an opportunity to widen out to CAMHS. Referral of patients to other healthcare professionals in appropriate setting. Some further work being done around real time utilisation of pathways and information on use. Need to publicise pathways. Awaiting confirmation of HB colleagues of capacity to support MH Pathway in West and East (pathway is ready to be implemented once assurance of capacity in the system to support referrals)	Chris Lines, Jon Sweet	Health Board	<12 Months	Step 5 - Take me to Hospital		Improve Efficiency in ED	Improve Efficiency in ED
BCUHB	Implement referral pathway for MIU	MIU pathways in place with a need for increased number of conveyances via this route. WAST has developed and distributed the policy to crews and work is ongoing to ensure that access to MIUs is supported by appropriately trained staff and services. Some further work being done around real time utilisation of pathways and information on use. Need to publicise pathways.	Meinir Williams, Chris Lines, Jon Sweet	Health Board	<12 Months	Step 5 - Take me to Hospital		Improve Efficiency in ED	Improve Efficiency in Admissions
BCUHB	Rapid handover - Paramedic Pathfinder to	Maximising the utilisation of existing pathways of care supported by use of Paramedic Pathfinder. Rapid handover to be explored in further detail by both WAST and health board - consideration of Fit to Sit and	Ruth Millward, Jonathan Turnball-	Health Board	<12 Months	Step 5 - Take me to Hospital	Falls	Improve Efficiency in Admissions	Increase Capacity in Community

	be implemented in Ysbyty Gwynedd and Ysbyty Glan Clwyd EDs	assessment in ED to progress 15minute handover - part of the Unscheduled Care Programme. Working with Ysbyty Glan Clwyd to work up rapid handover protocols and training for ED staff in early 2019.	Ross						
BCUHB	Falls pathways	CAT pilot has ended and there is a need to link in with the national WAST falls work. The health board and WAST will work together to determine the model required and this may require additional resource. CFRs currently being issues with Manger Elk lifting devices and trained in their use along with diagnostic equipment to assist with clinical assessment support from CCCI. WAST in early liaison with health board re falls management as part of unscheduled care programme. WAST CFRs continue to be utilised as Tier 1 falls response with additional resources from BC UHB primary care and community services being identified who could also provide Tier 1 response e.g. Anglesey Night Owls. Resource mapping exercise to be completed identifying additional resources.	Gareth Evans	Health Board	> 12 Months	Step 3 - Come to see me		Increase Capacity in Community	Improve Efficiency in Admissions
BCUHB	Service change across the BC UHB region	Unscheduled care system - work streams split between 2 AOM's in the North. Liz Hughes to lead on SICAT and represent WAST on the Unscheduled care board (USB) and Jon Sweet to lead on Pathway utilisation. All tasks from the USB to be reported via feedback after each meeting.	Rob Smith, Jo Williams, Liz Hughes, Jon Sweet	Health Board	<12 Months	Across the Steps		Improve Efficiency in Admissions	0
BCUHB	Service change across the BC UHB region	Stroke and thrombectomy services - health board currently considering options for acute and hyper acute stroke care, as well as wider model for rehabilitation. WAST is engaged in this work	Wendy Hooson, Jo Williams, Liz Hughes, Jon Sweet	Health Board	> 12 Months	Step 5 - Take me to Hospital			0
BCUHB	Service change across the BC UHB region	Vascular surgery - changes due to be implemented in April 2019 with centralisation at YGC. Hybrid theatre currently in development. WAST working with the health board to identify potential patient numbers, and clinical flows.	Jo Garzoni, Jo Williams, Liz Hughes, Jon Sweet	Health Board	<6 Months	Step 5 - Take me to Hospital			0
BCUHB	Service change across the BC UHB region	Orthopedics - potential three year move from 5 sites to 3. FURTHER DETAIL TO BE PROVIDED		Health Board	<12 Months	Step 5 - Take me to Hospital			0
BCUHB	Service change across the BC UHB region	A tender process is underway for Renal service delivery across BCUHB, four units excluding Glan Clwyd are involved. Included in the tender process is the development of a new satellite site in Mold. NEPTS, WRCN and the HB are currently exploring the development of a 6 day ambulatory service for the renal patients across BCUHB.		Health Board	<12 Months	Step 5 - Take me to Hospital			0

BCUHB	Service change across the BC UHB region	Urology. FURTHER DETAIL TO BE PROVIDED		Health Board	<12 Months	Step 5 - Take me to Hospital			
BCUHB	Service change across the BC UHB region	Eye care - provision of some ophthalmology services closer to home. FURTHER DETAIL TO BE PROVIDED		Health Board	<12 Months	Step 5 - Take me to Hospital			
CAVUHB	Frequent Callers & CHIST	Phase 2 WAST: Nursing/care homes to avoid unnecessary 999 calls & admission to hospital. Building on the pilot in Cardiff and Vale UHB; expanding from 8 to 11 care homes. Further development of the Care Home Integrated Support Team (CHIST). linked to Transformational Funding. Linked work to support care homes to reduce the calls make to WAST and the number of residents who are admitted to the Emergency Department	Lynne Topham, Robin Petterson	Once for Wales		Step 1 - Help me Choose Step 3 - Come to See Me Step 4 - Give me Treatment	Chest Pain, Respiratory, Falls, Mental Illness, HCP Call Compliance, Conveyance to non ED settings, Alternative Referrals, Notification to Handover		
CAVUHB	Direct Access Pathway	Develop and implement additional 'direct-access' care pathways via WAST: • Ambulatory Emergency Care- further develop pathway linked t o ambulatory transformation • Cardiology care (for certain conditions)	Mark Cadman	Health Board		Step 3 - Come to See Me Step 4 - Give me Treatment	HCP Respiratory Fallers Chest Pain	Reduce Demand on ED	
CAVUHB	Falls Response Team	WAST/CRT Falls Response Team Operating Mon-Fri, 08:30-16:30, patients referred via 999 following a fall to receive same day urgent home based assessment by paramedic and CRT therapist. To provide confirmation of physical injury and advice/signposting to other community based services as appropriate	Sue Morgan	Health Board		Step 3 - Come to see me		Reduce Demand on ED	
CAVUHB	Code Stroke	Continue to review Code Stroke processes to identify opportunities to improve performance including working with WAST on refining pre-hospital pathways to reduce door to needle time	Geraldine Johnstone, Greg Lloyd	Health Board		Step 5 - Take me to Hospital		Improve Efficiency in ED	
CAVUHB	Focus on Amber/Green Calls	Analysis and understanding of Amber/Green performance to support improvement Pilot Hospital Avoidance Vehicle	Lee Davies	Health Board		Step 3 - Come to See Me Step 4 - Give me Treatment Step 5 - Take Me to Hospital		Reduce Demand on ED	
CAVUHB	Potential roll out of 111	Implementation of the national 111 programme in the C&V area - this is subject to nationally agreed timescales and will be updated once confirmed dates are known.	Chris Powell	Health Board		Step 1 - help me choose Step 2 - Answer my call Step 3 - Come to see me Step 4 - Give me treatment	HCP Respiratory Fallers Mental Health Chest Pain	Improve Efficiency in Community	

CAVUHB	APP Trial	Introduction of Advanced Paramedic Practitioners into SE	Mike Jenkins	Once for Wales		Step 3 - Come to see me Step 4 - Give me treatment	HCP Respiratory Fallers Mental Health Chest Pain	Reduce Demand on ED	
CAVUHB	Service reconfiguration: Vascular (arterial surgery)	Centralisation of arterial vascular surgery in South East Wales	Marie Davies	Regional		Step 5 - Take me to Hospital			Options not applicable
CAVUHB	Service reconfiguration: Major Trauma	Live major trauma network by October 2019 and functioning major trauma centre at UHW and designated trauma units by April 2020.	Jonathan Watts			Step 5 - Take me to Hospital			Options not applicable
CAVUHB	Service reconfiguration: Relocation of Rockwood Hospital to UHL	Reprovision of Specialist Neuro and Spinal Rehabilitation Services and Clinical Gerontology Services	Deborah Kingsbury	Health Board		Step 3 - Come to See Me Step 4 - Give me Treatment Step 5 - Take Me to Hospital	HCP Respiratory Fallers Mental Health Chest Pain		Options not applicable
CAVUHB	Service reconfiguration: Hyper Acute Stroke Unit	Work with regional partners on the establishment of HASU	Deborah Kingsbury	Regional		Step 3 - Come to See Me Step 4 - Give me Treatment Step 5 - Take Me to Hospital	HCP Respiratory Fallers Mental Health Chest Pain		Options not applicable
CAVUHB	Acute Coronary Syndrome Pathway Development	Redesign Acute Coronary Syndrome service to meet the NICE guidelines for the ACS pathway for Heart Disease. The ACS pathways pilot has seen a reduction in referral to transfer times down to 2 days in 2017. Further evaluation will take place ahead of potential roll out in 2018. Dedicated transport piloted as part of pathway.	Paula Goode		In Place	Step 5 - Take me to Hospital	Chest Pain HCP	Improve Efficiency in ED	
CTUHB	Falls pathway development	Pathway to be reviewed, also considering models across Wales as part of the Falls Framework developed within WAST and implementation of the falls assistant pilot for winter 2018/19. Needs consideration jointly with CT Transformational plan; Stay Well in Your Community. Also work in partnership with regards the roll out of the virtual ward.	Sonia Thompson	Health Board		Step 3 - Come to See Me Step 4 - Give me Treatment	Chest Pain, Respiratory, Falls, Mental Illness, HCP Call Compliance, Conveyance to non ED settings, Alternative Referrals, Notification to Handover	Reduce Demand on ED	Improve Patient Experience
CTUHB	Potential roll out of 111	Implementation of the national 111 programme in the C&V area - this is subject to nationally agreed timescales and will be updated once confirmed dates are known.	Chris Powell	Health Board		Step 1 - help me choose Step 2 - Answer my call Step 3 - Come to see me Step 4 - Give	HCP Respiratory Fallers Mental Health Chest Pain	Improve Efficiency in Community	Improve Patient Outcomes

						me treatment			
CTUHB	Service reconfiguration: Vascular (arterial surgery)	Centralisation of arterial vascular surgery in South East Wales	Deb Lewis	Regional		Step 5 - Take me to Hospital			Options not applicable
CTUHB	Service reconfiguration: Major Trauma	Live major trauma network by October 2019 and functioning major trauma center at UHW and designated trauma units by April 2020.	Jonathan Watts			Step 5 - Take me to Hospital			Options not applicable
CTUHB	Changes to the provision of obstetrics, neonatal and paediatric services	Implementation of the recommendations of the South Wales Programme; Centralisation of paediatric inpatient services at Prince Charles with a Paediatric Assessment Unit developed at Royal Glamorgan Hospital . Centralisation of obstetric services at Prince Charles Hospital with a free standing midwifery unit at the Royal Glamorgan	Deborah Kingsbury	Regional		Step 3 - Come to See Me Step 4 - Give me Treatment Step 5 - Take Me to Hospital	HCP Respiratory Fallers Mental Health Chest Pain		Options not applicable
CTUHB	Acute Coronary Syndrome Pathway Development	Redesign Acute Coronary Syndrome service to meet the NICE guidelines for the ACS pathway for Heart Disease. The ACS pathways pilot has seen a reduction in referral to transfer times down to 2 days in 2017. Further evaluation will take place ahead of potential roll out in 2018. Dedicated transport piloted as part of pathway.		Regional	In Place	Step 5 - Take me to Hospital	Chest Pain HCP	Improve Efficiency in ED	
CTUHB	Boundary change in Bridgend & Ambulance handovers policy, review of explorer 3.	Ambulance handover and our continued work to ensure that we adopt a zero tolerance approach to ambulance delays across the Cwm Taf area – implicit in this statement is the need to work with POW post transferring into the Cwm Taf management area. Continue to engage and support the future planning and manage the operational impacts of the Bridgend Locality boundary change to Cwm Taf UHB.	Jonathan Watts	Health Board	In Place	Step 5 - Take me to Hospital	HCP Respiratory Fallers Mental Health Chest Pain	Improve Efficiency in Community	Improve Patient Outcomes
CTUHB	ENT	Reconfiguration of ear, nose and throat (ENT) services within CT; hub & spoke model. Hub at Royal Glam for adults and paediatrics at POW TBC	Greg Lloyd	Health Board		Step 5 - Take me to Hospital		Improve Efficiency in ED	Options not applicable
CTUHB	Orthopedics	Implications of Rapid review of Orthopedic services undertaken by GIRFT. Proposed model for PCH and POW to receive HOT, RGH to be cold only.	Greg Lloyd	Health Board	<6 Months	Step 5 - Take me to Hospital		Improve Efficiency in ED	Options not applicable

HDUHB	Enhance access and utilisation of Alternative Care Destinations / Pathways (other than ED)	Increase the utilisation of ambulance patients accessing care at their local Minor Injury unit or alternative care pathway. Action (i) Engage with Health Board to review admission criteria for Cardigan MIU Action (ii) Engage with Health Board to review admission criteria in Llandovery MIU Action (iii) Review utilisation rates and put into place mechanisms to ensure the clinically appropriate patients are directed to the most appropriate unit. Action (iv) Implement a Mental Health Pathway (aligned to pathways developed in other Health Boards).	Rob Jeffery	Health Board		Step 3- Come to See me Step 4 - Give me treatment Step 5 - Take me to hospital	Chest Pain, Respiratory, Falls, Mental Illness, HCP Call Compliance, Conveyance to non ED settings, Alternative Referrals, Notification to Handover	Reduce Demand in ED	Improve Patient Experience
HDUHB	Enhance the provision of Advanced Paramedic Practitioners across HDda	Fully embed the Advanced Paramedic Practitioner rotational model across HDda. Actions to include: Action (i) Recruit and fully embed the 4 x additional APPs across the three rotational pillars (Primary care / WAST community response and CCC) following Winter investment monies Action (ii) Support the Trust wide initiative to expedite a national APP model (subject to business case approval)	Rob Jeffery	Health Board		Step 3 - Come to See Me Step 4 - Give me Treatment		Reduce Demand in ED	Improve Patient Outcomes
HDUHB	Improve service for non injury / low risk fallers across Hywel Dda	Preliminary discussions underway to support various County led bids for funding to improve response to elderly frail fallers Action (i) IAA bid for 'pick me up service' for Llanelli (bid to be submitted) Carmarthenshire Action (ii) Referral pathway via ART under discussion across Carmarthenshire Action (iii) Potential referral via Social Services pathway (bid to be submitted) by Ceredigion Action (iv) Preliminary discussions underway with MWWFRS regarding UFRs also attending non injured fallers for 'pick me up' service. Action (v) Explore the feasibility of introducing a Falls Response Service.	Rob Jeffery	Health Board		Step 3 - Come to See Me Step 4 - Give me Treatment	Big5 Combination Respiratory Chest pain Fallers Mental Health	Reduce Demand in ED	Improve Patient Outcomes
HDUHB	Reduce 999 demand from Nursing / Residential Homes across Hywel Dda	Continue to engage and work collaboratively with Nursing / Residential Home providers to reduce 999 activity. Action to include: Action (i) Fully roll out 'IStumble' falls assessment tool across all Residential & Nursing homes in HDda to improve the management of non-injury falls patients to avoid unnecessary ambulance attendance and onward conveyance to ED. Action (ii) Support delivery of lifting aids to all CSSIW registered Nursing & Residential Homes across HD Action (iii) Proactively review and monitor activity data to identify opportunities to better manage demand through direct engagement and education with Nursing / Care Home providers	Rob Jeffery	Health Board		Step 1 - Help me Choose Step 3- Come to See me Step 4 - Give me treatment	Falls	Reduce Demand in ED	Improve patient experience

HDUHB	Joint Conveyance reduction programme with HDda	A joint group has been established to identify joint opportunities to reduce the number of patients conveyed to hospital. Actions to include: Action (i) Fully establish conveyance reduction working group Action (ii) Undertake a systematic review of WAST & Health Board clinical audit data to identify patient case mix and improvement opportunities Action (ii) Develop a robust joint conveyance reduction action plan	Rob Jeffery	Health Board		Step 3- Come to See me Step 4 - Give me treatment Step 5 - Take me to hospital	Big5 Combination Respiratory Fallers	Reduce Demand in ED	Improve patient experience
HDUHB	Transforming Clinical Services	The TCS Programme has been established to transform the delivery of health care for patients in Hywel Dda. The scope of the project includes the re-design of all Planned, Urgent & Emergency and Out of Hospital care. A new clinical model is being developed and capital investment in new health infrastructure is required. Actions include: Support key TCS Programme Groups including (i) Regional Clinical Strategy Group; (ii) WAST Partnership Model; and (iii) Explore options to undertake bespoke modelling to understand operational, resource and capacity impacts of the future clinical model	Rob Jeffery	Health Board		Step 1 - Help me Choose Step 3- Come to See me Step 4 - Give me treatment Step 5 - Take me to hospital	Big5 Combination HCP Chest pain Respiratory Fallers Mental Health	Reduce Demand in ED	Improve patient experience and clinical outcomes
HDUHB	Support the Mid & West Regional Stroke Model work stream	Continue to engage and support the development of a regional Stroke model for Mid & West Wales. Actions to include: (i) Continue to attend and support the Stroke Project Group, (ii) Support the development of the regional model and undertake bespoke ambulance modelling to identify the ambulance specific impacts. (iii) Explore WASTs role to support the preferred clinical model	Rob Jeffery	Regional		Step 3 - Come to See Me Step 4 - Give me Treatment Step 5 - Take me to Hospital	HCP	Reduce Demand in ED	Improve Patient Outcomes
HDUHB	Pro-active monitoring and management of service change proposals.	WAST will continue to engage proactively with Health Boards to identify and jointly plan for all local service change. Actions to include: (i) WAST & the three M&W regional Health Boards (ABMU, HDda & Powys) to regularly meet and review service change with planning and operational leads via the Joint Mid & West Wales Planning Forum;	Rob Jeffery	Health Board		Step 3 - Come to See Me Step 4 - Give me Treatment Step 5 - Take me to Hospital	Chest pain		
PTHB	Enhanced services to manage Falls Patients	Continue to develop and enhance care for the management of non-injury and low-acuity falls patients. Actions to include: (i) Fully roll out 'IStumble' falls assessment toolkits across all Residential & Nursing homes across Powys to improve the management of non-injury falls patents. (i) Establish a Falls Pathway for Paramedics to access and refer clinically appropriate falls patients to the Powys	Heather Ransom	Health Board		Step 3 - Come to See Me Step 4 - Give me Treatment Step 5 - Take me to Hospital	Respiratory	Reduce Demand in ED	Improve patient experience

		Urgent Response Service at Home (PURSH)							
PTHB	Increase the availability and access to Alternative Care Pathways	Explore and scope with the PTHB the following additional Care Pathways: Action (i) Explore and scope the development of a Respiratory Pathway (aligned to the ongoing review of Respiratory care across PTHB) Action (ii) Develop a Single Point of Access Pathway	Heather Ransom	Health Board		Step 3 - Come to see me Step 4 - Give me treatment	Fallers	Reduce Demand in ED	Improve Patient Experience
PTHB	Enhance the provision of Advanced Paramedic Practitioners across Powys	Fully embed the Advanced Paramedic Practitioner rotational model across Powys THB Actions to include: Action (i) Engage with PTHB and support the Trust wide initiative to expedite a national APP model (subject to business case approval).	Heather Ransom	Health Board		Step 3 - Come to see me Step 4 - Give me treatment	Big5 Combination HCP Respiratory Fallers Mental Health Chest pain	Increase Capacity in Community	Improve clinical outcomes
PTHB	SaTH Future Fit Programme	Cross border service change: The Future Fit Programme is a regional transformation programme reviewing hospital services across Shropshire, Telford & Wrekin. Two proposed options the reconfigure all planned and Urgent & Emergency Care, identifying the two following options: Option 1: The Royal Shrewsbury Hospital becomes the Emergency Care site and the Princess Royal Hospital becomes the Planned Care site. Option 2: The Princess Royal Hospital becomes an Emergency Care site and the Royal Shrewsbury Hospital becomes a Planned Care site. Under either option, both hospitals would have an Urgent Care Centre that is open 24 hours a day, seven days a week.	Heather Ransom	Health Board		Step 3 - Come to see me Step 4 - Give me treatment Step 5 - Take me to hospital	Big5 Combination HCP Respiratory Fallers Mental Health Chest pain	Reduce Demand in ED	Improve Patient Outcomes
PTHB	Hereford & Worcester Regional Stroke Model	Cross border service change: Proposals have been put forward to re configure stroke services across Hereford & Worcester. The two core options being considered are: Option 1: HASU at Hereford and ASU at Worcester with a Triage, Thrombolise and Transfer service Option 2: HASU at Worcester and ASU at Hereford with a Triage, Thrombolise and Transfer service	Heather Ransom	Health Board		Step 3 - Come to see me			

PTHB	Support the Mid & West Regional Stroke Model work stream	Continue to engage and support the development of a regional Stroke model for Mid & West Wales. Actions to include: (i) Continue to attend and support the Stroke Project Group, (ii) Support the development of the regional model and undertake bespoke ambulance modelling to identify the ambulance specific impacts. (iii) Explore WASTs role to support the preferred clinical model	Heather Ransom	Regional		Step 3 - Come to see me		Reduce Demand in ED	Improve Patient Outcomes
PTHB	Other regional service transformation	There are a range of other regional service transformational agendas, including: Action (i) Mid & West Region Stroke reconfiguration proposals Action (ii) Mid Wales Joint Committee for Health & Social Care Action (iii) WAST & the three M&W regional Health Boards (ABMU, HDda & Powys) to regularly meet and review service change with planning and operational leads via the Joint Mid & West Wales Planning Forum;	Heather Ransom	Regional		Step 3 - Come to see me Step 4 - Give me treatment Step 5 - Take me to hospital	Big5 Combination HCP Respiratory Fallers Mental Health Chest pain	Reduce Demand in ED	Improve Patient Outcomes
WAST	Information held in individual HB Tables	A complete list of the signed off Table 2's will be collated here, when completed.	Hugh Bennett				Chest Pain, Respiratory, Falls, Mental Illness, HCP Call Compliance, Conveyance to non ED settings, Alternative Referrals, Notification to Handover		

Appendix 2: NEPTS Commissioning Intentions

NEPTS Commissioning Intentions Tables 1 & 2

The tables below give the detail of the WAST and Joint work to be delivered to achieve the 2019/20 commissioning intentions for NEPTS. Given the maturity of the NEPTS framework agreement the Table 2 responses are a snapshot of the information captured to date. The work to complete the live database and the associated processes and responsibilities to capture the information and update on progress will be in place by April 2019. NCCU use an online collaboration tool to share, maintain and update progress on these actions across WAST and the Health Boards. The database is live. These tables represent the content and progress as of 29th January 2019.

Table 1 NEPTS: WAST Updates to the Framework Agreement (1a), Performance Improvements (1b)									
EASC IMTP	Organisation	Short Title	Summary Description	Operational Leads	Scale or Location	Timescale	5 Step Model	CAREMORE	Primary Net Effect
Table 1a - Updates	WAST	Data repository	Maintain data repository covering A1 activity, RE1 resource envelope, R1 performance measures	Nicola Bowen		<12 Months	Across the steps	Review of Performance	
Table 1a - Updates	WAST	Activity Step 1	Step 1 - ensure NEPTS specific engagement activity can be identified	Nicola Bowen		<6 Months	Step 1		
Table 1a - Updates	WAST	Step 4/5 Activity	Ensure activity is clearly described within the relevant step	Nicola Bowen		<3 Months	Steps 4 and 5		
Table 1a - Updates	WAST	Expenditure by HB across 5 steps	Develop infrastructure to be able to identify how much is spent at a health board level across the 5 steps	Gemma Mainwaring		> 12 Months	Across the steps	Resource Envelope	
Table 1a - Updates	WAST	2018-19 financial assumptions and plan vs 2019-20	Review of 2018-19 IMTP financial assumptions and financial plan versus forecast outturn for 2018-19 and 2019-20 financial assumptions and financial plan	Gemma Mainwaring		<3 Months	Across the steps	Resource Envelope	
Table 1a - Updates	WAST	Financial value payable by EASC	Financial Value Payable by EASC and associated assumptions	Gemma Mainwaring		<3 Months	Across the steps	Resource Envelope	
Table 1a - Updates	WAST	Wiring diagram	Model of care wiring diagram updated following transfer of each Health Board & full implementation of plurality model	Nicola Bowen		> 12 Months	Across the steps	Model of Care	
Table 1a - Updates	WAST	O2 Schedule	Update O2 schedule - Application of the Model of Care following enactment of the plurality model for each HB	Nicola Bowen		> 12 Months	Across the steps	Model of Care	
Table 1a - Updates	WAST	O3 Schedule	Update O3 schedule - extant policies, protocols and pathways following enactment of plurality model for each HB	Nicola Bowen		> 12 Months	Across the steps	Operational Arrangements	
Table 1a - Updates	WAST	Operational arrangements	Operational arrangements to be reviewed by EASC on an ongoing basis (6 monthly review process reported to EASC)	James Rodaway NCCU		Ongoing		Operational Arrangements	
Table 1a - Updates	WAST	2019-22 IMTP actions	Progress review of 2019-22 IMTP actions (6 monthly review process reported to EASC)	Mark Harris		Ongoing	Across the steps	Operational Arrangements	
Table 1a - Updates	WAST	Commissioning templates	Inclusion of completed IMTP 2019-20 IMTP tables following EASC IMTP approval	Jo Williams		<3 Months		Operational Arrangements	

Table 1a - Updates	WAST	Provider framework	To record and manage the framework of providers used to deliver the NEPTS plurality model	Nicola Bowen		> 12 Months	Steps 3, 4 and 5	Operational Arrangements	
Table 1a - Updates	WAST	R2 schedule	Develop schedule R2: Data repository covering A1 activity, RE1 resource envelope, R1 performance; enabling self assessment against the Core Requirements of Care Standards plus local measures by organisations	Nicola Bowen		<12 Months	Across the steps	Review of Performance	
Table 1a - Updates	WAST	Data repository	Maintain data repository covering A1 activity, RE1 resource envelope, R1 performance measures	Nicola Bowen		<12 Months	Across the steps	Review of Performance	
Table 1a - Updates	WAST	Self-assessment of care standards	WAST undertake self-assessment related to core requirements in the Care Standards	Nicola Bowen		<6 Months	Across the steps	Review of Performance	
Table 1a - Updates	WAST	Role of PDEG	Evaluation programme for NEPTS overseen by PDEG	Hugh Bennett		<12 Months	Across the steps	Evaluation	
Table 1a - Updates	WAST	Baseline	Recording of baseline data for all NEPTS activity and resources for each HB	Nicola Bowen		In Place		Evaluation	
Table 1a - Updates	WAST	Role of PDEG	Evaluation programme for NEPTS overseen by PDEG	Hugh Bennett		<12 Months	Across the steps		
Table 1a - Updates	WAST	Evaluation programme	Creation of evaluation methods and programme of work	James Rodaway		<6 Months	Across the steps	Evaluation	
Table 1b - Performance	WAST	Care standards	Compliance with Care Standards for previously extant health board/WHSSC/Velindre services	Nicola Bowen	Health Board	> 12 Months	NEPTS Step 1		
Table 1b - Performance	WAST	Review of business case	Review of costed plan to meet the Cabinet Secretary expectations from the 2015 business case	Mark Harris	Once for Wales	<3 Months	Across the steps		
Table 1b - Performance	WAST	WAST resources	Demonstrate WAST NEPTS resources are being utilised effectively following transfer of HBs.	Gemma Mainwaring	Once for Wales	> 12 Months	Across the steps		
Table 1b - Performance	WAST	Quality assurance	WAST to ensure robust quality assurance to manage providers required to deliver the plurality model	Nicola Bowen	Once for Wales	> 12 Months	Across the steps		
Table 1b - Performance	WAST	Internal audit recommendations	Implement improvements identified within the internal audit of NEPTS provision	Mark Harris	Once for Wales	<12 Months	Across the steps		
Table 1b - Performance	WAST	Core requirements	Compliance with core requirements of care standards reported on a six monthly basis	Nicola Bowen	Once for Wales	<12 Months	Across the steps		
Table 1b - Performance	WAST	Improvement in activity performance	WAST demonstrate how activity performance is improved in HB following enactment of the plurality model (local, regional & national level)	Nicola Bowen	Once for Wales	> 12 Months	Across the steps		
Table 1b - Performance	WAST	Improvement in efficiency	WAST to demonstrate savings and efficiencies in each HB following enactment of the plurality model (local, regional & national level)	Gemma Mainwaring	Once for Wales	> 12 Months	Across the steps		
Table 1b - Performance	WAST	Staff experience	Report and consider improvements following measuring staff experience	Mark Harris	Once for Wales	<12 Months	Across the steps		

Table 2 NEPTS: WAST & Health Board Joint Initiatives

Organisation	Short Title	Summary Description	Operational Leads	Scale or Location	Timescale	5 Step Model	NPUC Priorities	Primary Net Effect	Primary Net Effect Comment
WAST	Activity	Step 2 - improve the quality of booking information	Nicola Bowen	Once for Wales	> 12 Months	Step 2	Chest Pain, Respiratory, Falls, Mental Illness, HCP Call Compliance, Conveyance to non ED settings, Alternative Referrals, Notification to Handover		Improved quality of information
WAST	Activity	Step 4 - reduction in aborted journeys	Nicola Bowen	Once for Wales	> 12 Months	Step 4 and 5			Increased efficiency and capacity
WAST	Activity	Step 4 - reduction in social journeys	Nicola Bowen	Once for Wales	<12 Months	Step 3, 4 and 5			Increased efficiency and capacity
WAST	Activity	Step 4 - reduce failed discharges	Nicola Bowen	Once for Wales	> 12 Months	Step 5			Increased patient experience. Reduced impact on inpatient services.
WAST	Activity-service change initiatives	Service change initiatives identified as having an impact on NEPTS							
PTHB	Hereford & Worcester Regional Stroke Model - Powys tHB	Cross border service change: Proposals have been put forward to re configure stroke services across Hereford & Worcester. The two core options being considered are: Option 1: HASU at Hereford and ASU at Worcester with a Triage, Thrombolise and Transfer service Option 2: HASU at Worcester and ASU at Hereford with a Triage, Thrombolise and Transfer service	Heather Ransom	Regional					
PTHB	Other regional service transformation - Powys tHB	There are a range of other regional service transformational agendas, including: Action (i) Mid & West Region Stroke reconfiguration proposals Action (ii) Mid Wales Joint Committee for Health & Social Care	Heather Ransom	Regional				Reduce demand in ED	Improve patient outcomes
WAST	POW Boundary	Continue to engage and support the future planning and manage the operational impacts of the Bridgend Locality boundary change to Cwm Taf UHB.	Jeff Morris	Regional					

	Proposals - ABM UHB								
WAST	Resource envelope - service change initiatives	WAST&HBs to identify service change initiatives and the impact on identified NEPTS resource envelope SEE LINES A - XX BELOW FOR DETAIL ON SPECIFIC INITIATIVES							
WAST	Review of performance	WAST and HBs to agree HB level reporting detail on NEPTS activity to report and understand performance across each HB	Nicola Bowen		<6 Months	Across the steps			
WAST	Review of performance	HBs and WAST to ensure NEPTS has suitable profile within HBs	Nicola Bowen		<6 Months	Across the steps			
PTHB	SaTH Future Fit Programme - Powys tHB	Cross border service change: The Future Fit Programme is a regional transformation programme reviewing hospital services across Shropshire, Telford & Wrekin. Two proposed options the reconfigure all planned and Urgent & Emergency Care, identifying the two following options: Option 1: The Royal Shrewsbury Hospital becomes the Emergency Care site and the Princess Royal Hospital becomes the Planned Care site. Option 2: The Princess Royal Hospital becomes an Emergency Care site and the Royal Shrewsbury Hospital becomes a Planned Care site. Under either option, both hospitals would have an Urgent Care Centre that is open 24 hours a day, seven days a week.	Heather Ransom	Regional				Reduce ED demand	Improve patient outcome
WAST	Shaping Our Future Wellbeing - Cardiff and Vale UHB	Supporting non-emergency patient transport planning through engagement in community infrastructure programme. - The overarching programme for the community infrastructure development to support the shift of care from secondary to community and delivery through development of 3 locality health and wellbeing centres.	Christopher Dawson-Morris	Health Board					Options not applicable
	Step 2 Activity	Call numbers and time band for Powys and Ty Elai (subject to support from the health boards as WAST cannot do this in isolation)	Nicola Bowen	Health Board	<6 Months	Step 2 and 3			Improved quality of information
WAST	Step 5 Activity	Reduce on the day cancellations	Nicola Bowen		<12 Months	Step 4 and 5			Increased patient experience.
	Support the Mid & West Regional Stroke Model work stream - ABM UHB	Continue to engage and support the development of a regional Stroke model for Mid & West Wales. Actions to include: (i) Continue to attend and support the Stroke Project Group, (ii) Support the development of the regional model and undertake bespoke ambulance modelling to identify the ambulance specific impacts.	Jeff Morris	Regional					Reduce Demand in ED Improve patient outcome

		(iii) Explore WASTs role to support the preferred clinical model							
HDUHB	Transforming Clinical Services - Hywel Dda UHB	The TCS Programme has been established to transform the delivery of health care for patients in Hywel Dda. The scope of the project includes the re-design of all Planned, Urgent & Emergency and Out of Hospital care. A new clinical model is being developed and capital investment in new health infrastructure is required. Actions include: Support key TCS Programme Groups including (i) Regional Clinical Strategy Group; and (ii) WAST Partnership Model (iii) Explore options to undertake bespoke modelling to understand operational, resource and capacity impacts of the future clinical model	Rob Jeffery	Health Board				Reduce demand in ED	Improve patient experience and clinical outcomes

Appendix 3: Health Board Representatives at EASC Subcommittees

EASC Subcommittee Representation

The tables below give the detail of the Health Board representatives attending the EASC subcommittees.

EASC Subcommittee	ABUHB	ABMUHB	BCUHB	C&VUHB	CTUHB	HDUHB	PHB
JMAG	TBC	Jan Thomas, Assistant Chief Operating Officer	Gill Harris/ Meinir Williams	Lee Davies (Operational Planning Director)	John Palmer, Chief Operating Officer	Joe Teape, Deputy Chief Exec/Dir. of Operations	TBC
PDEG	TBC	Siân Harrop-Griffiths, Director of Strategy or Joanne Abbott-Davies, Asst Director of Strategy & Partnerships	Mark Wilkinson Director of Planning and Performance	Chris Dawson-Morris (Corporate Strategic Planning Lead)	Kath McGrath, Deputy Chief Operating Officer	Karen Miles, Dir. of Planning, Performance, Informatics & Commissioning	TBC
NEPTS DAG	TBC	Joanne Jones, Head of Support Services	Trystan Lewis	Colin McMillan (Head of Transport)	Wayne Lewis, Transport Lead, Planning	Gareth Skye, Transport & Sustainable Travel Manager	TBC
EMRTS DAG	TBC	Dr Richard Evans, Medical Director	Meinir Williams and clinical leads	Lee Davies (Operational Planning Director)	Wayne Lewis, Transport Lead, Planning	John Evans, Asst. Dir. of Medical Directorate	TBC