



# **Emergency Ambulance Services Committee**

## **Integrated Medium Term Plan**

# **2022/2025**

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# FOREWORD

Welcome to the Emergency Ambulance Services Committee's Integrated Medium-Term Plan for 2022/25.

In developing this plan, the Committee acknowledges and values the effort made by frontline staff across the urgent and emergency care system in responding to the pandemic. Recognising the extraordinary pressures placed upon the system, the Committee has taken a pragmatic approach during this period, adopting a supportive and enabling role, prioritising work that both reduces harm and improves patient outcomes and experience.

This plan will describe the Committee's approach and priorities for commissioned services, with a particular focus on supporting the work to deliver improvements in the unprecedented levels of ambulance handover hours lost, securing the availability of safe levels of ambulance provision, and contributing to the wider transformation of the urgent and emergency care system over the duration of this planning cycle.

We are confident that this plan strikes the appropriate balance between a continued focus on core service provision, strengthening the role of commissioning and enabling transformation.

The Committee has aligned the commissioning cycle to the 3-year planning cycle adopted across NHS Wales and will continue to work with stakeholders to ensure that existing and new services commissioned via the Committee are integrated and add value at the patient and system level.

We will continue to work collaboratively to enable providers to effectively deliver and improve services and to contribute to the required transformation agenda that is underway across NHS Wales.

**CHRISTOPHER TURNER**

INDEPENDENT CHAIR

**STEPHEN HARRY**

CHIEF AMBULANCE SERVICES COMMISSIONER

# EXECUTIVE SUMMARY

The Emergency Ambulance Services Committee (the Committee) Integrated Medium Term Plan (IMTP) for 2022/25 sets out the work programme expectations and deliverables for EASC for the next 3 years.

The portfolio of EASC commissioned services includes:

- Emergency Ambulance Services (EAS)
- Non-Emergency Patient Transport Services (NEPTS) and the
- Emergency Medical Retrieval and Transfer Service (EMRTS Cymru), including the Adult Critical Care Transfer Service (ACCTS)

EASC recognises its role in enabling commissioned services to support the wider urgent and emergency care system to reduce the unprecedented levels of ambulance handover delays, minimise clinical risk and improve patient safety.

Meeting the overarching Ministerial priorities set out in the NHS Wales Planning Framework 2022/25 is an integral part of the plan. In addition, EASC will contribute to the work of the Six Goals for Urgent and Emergency Care in Wales, in particular Priority Delivery Measure 11 (Phase One), contributing to the development of measures as part of phases two to four and the Goal 4 Action Plan to increase patient safety and the patient experience, minimise clinical risk and improve performance.

This plan also identifies a number of wider system work programmes to support transformation over the life cycle of this plan.

These work programmes have also been developed to respond to the plans for transformational change that are being developed across the Health Boards. The Committee will continue to adapt and respond to changing service models at a local, regional and national level.

This plan will focus on:

- Commissioning intentions for commissioned services (2022/23)
- Commissioning priorities (2022/25) including:
  - Quality and Safety
  - Informatics and Ambulance Quality Indicators with an increased focus on data integrity and quality assurance
  - Development and delivery of the vision for a modern emergency ambulance service
  - Supporting the implementation of the Six Goals for Urgent and Emergency Care
  - National Transfer and Discharge Services
  - NHS 111 Wales
  - Emerging System Transformational Change
- EASC Financial Plan



# EXECUTIVE SUMMARY

The commissioning priorities that have been described are aligned to a number of the overarching priorities and relevant national programmes. These priorities are in addition to the ongoing delivery of agreed commissioning actions, the focus on essential operational service provision and the prioritisation of the core responsibility to minimise risk and harm through the provision of timely responses to patients, both virtually and physically.

The details within this plan are consistent with those of the Welsh Ambulance Services NHS Trust, EMRTS Cymru and Health Boards.

The plan focuses on the services currently commissioned by EASC. However, the Committee recognise that work will be undertaken during the life of this plan regarding the commissioning arrangements of NHS 111 Wales and is committed to supporting this work.

## RESETTING SERVICES AND DRIVING RECOVERY

This plan describes the pragmatic and considered approach that the Committee has taken to resetting services and ensuring a renewed focus on driving recovery across our commissioned services over the next three years.

The plan will drive a refocusing of efforts on ensuring commissioned services deliver their core and fundamental roles to a standard and consistency that meets the needs of the population whilst also responding to the unprecedented levels of ambulance handover delays and securing safe levels of ambulance provision.

From the EASC Team perspective, the impact of the pandemic on day-to-day activities has been successfully mitigated and the team's core enabling function has been maintained during this time of significant service change. During this period, the team has developed a commissioning cycle with stakeholders, strengthening the collaborative commissioning approach.

The team will continue to utilise this approach to support the work to improve service delivery, service quality, patient safety and performance with a view always to optimise patient outcomes and the patient experience.



# EASC COMMITTEE

## BACKGROUND

The Committee comprises the Chief Executives of the seven Local Health Boards, an Independent Chair and a Chief Ambulance Services Commissioner (CASC). The NHS Trusts in Wales are represented as Associate Members.

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 Committee.

Working with providers on behalf of the Committee, the CASC and the EASC Team enact the priorities of the Committee for their populations, with benefits delivered to patients and the Welsh public, Welsh Government, Clinical Networks, Health Boards and other elements of the NHS Wales system.

Work will also be undertaken with commissioned services to ensure compliance with Ministerial priorities and statutory requirements including Welsh Health Circulars, the decarbonisation agenda and CoVID-19 inquiry.

## GOVERNANCE

The EASC Model Standing Orders outline the expectation that safe, effective, and timely services are delivered, robust quality assurance and risk management systems support this. An overview of the governance process is provided in Figure 1.

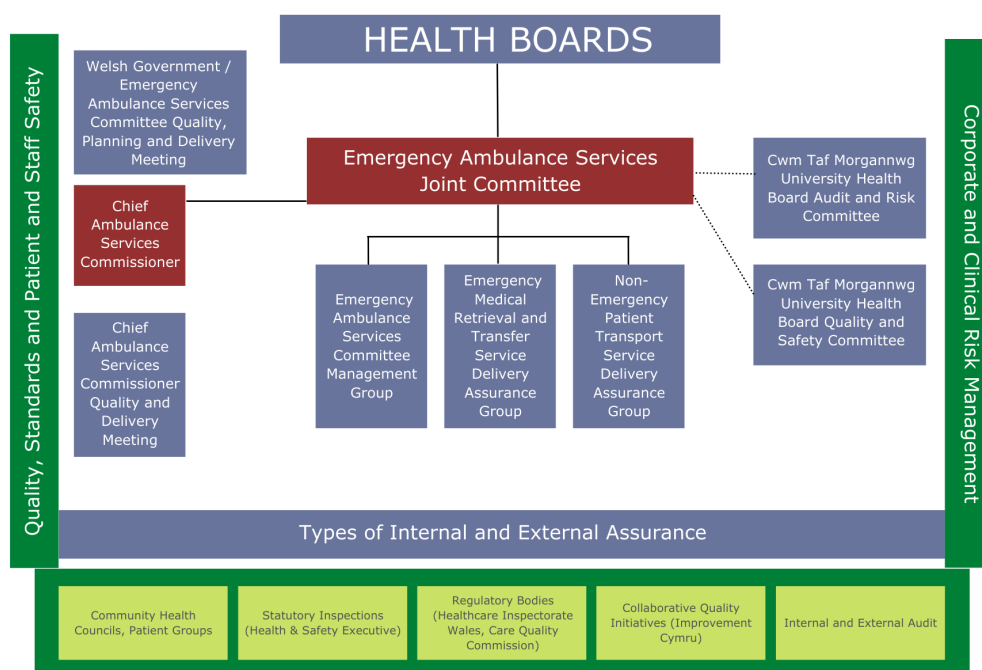


Figure 1 - EASC Governance Process

## GOVERNANCE AND ASSURANCE

The established EASC Management Group and NEPTS and EMRTS Delivery Assurance Groups are the key governance and assurance mechanisms that ensure robust collaborative partnership arrangements with key stakeholders. These groups enable detailed oversight of delivery, performance and the strategic direction of commissioned services.

This the mechanism through which Health Boards and commissioned services will jointly plan and take collective action to deliver the Committee's priorities. Collaborative partnership working and a whole system approach is at the heart of these arrangements, ensuring that there is appropriate challenge, collaboration and a drive to build on the learning and experiences across the system and to improve integration, quality of care and patient outcomes.

These groups are tasked with enacting the commissioning responsibilities of the Committee to ensure the provision of safe, effective, equitable and sustainable services for the population of Wales.

Membership of these groups is regularly reviewed in order to ensure appropriate representation of Health Boards and Trusts.

## EASC JOINT COMMITTEE

It is important to recognise the opportunities arising from a Joint Committee mechanism. The Committee is independently chaired and has strong governance and accountability frameworks as already described. These arrangements have been demonstrated to provide an appropriate forum for making decisions with national or regional implications.

Supported by the independence and expertise of the EASC Team, the Committee provides a system-wide view ensuring valuable insights in to the whole patient pathway and appropriate challenge to the system.

## EASC TEAM

In terms of the wider system, the EASC Team is well-positioned in terms of its collaborative partnership arrangements with WAST and Health Boards and therefore is able to support, negotiate and arbitrate on new and existing services. This system-wide collaboration ensures that the team is able to engage the wider system both locally and nationally in order to support the work to improve service delivery, quality, patient safety and performance with a view always to optimise patient outcomes and the patient experience.

The EASC Team deliver:

- Collaborative commissioning quality and delivery frameworks which enable the planning and securing of ambulance services
- Incident and complaint reviews
- Performance reviews
- Clinical and risk assurance reviews
- Facilitation of collaborative working across the system
- Facilitate the Ambulance Services Indicator Group
- Publication and analysis of a comprehensive suite of Ambulance Quality Indicators (AQI), including enhanced and interactive user-friendly reporting of AQIs
- Development of a comprehensive suite of performance and outcome measures across clinical services, patient experience and value for money which are regularly reported
- Working in collaboration develop, implement, and monitor commissioning intentions
- On behalf of the Committee manage commissioning funding allocations, work in collaboration to deliver cost effective, safe services
- Deliver bespoke reviews and work programmes commissioned by the Committee or by other bodies
- Provide expert independent advice as required across the system

- Support the Committee to discharge its responsibilities in line with the legislation and regulatory framework

Any additional requirements of the EASC team will need to be negotiated with the Committee.

## QUALITY AND SAFETY

National incident reporting in NHS Wales has changed and the new National Patient Safety Incident Reporting Policy brings about a number of key changes, including to empower NHS Wales responsible bodies to take more ownership and accountability for incident reporting.

With the national oversight provided by the NHS Wales Delivery Unit, there is an increasing request on the EASC team in relation to supporting this interface between WAST and Health Boards, supporting organisations to develop the required quality and patient safety systems and processes.

One of the EASC Team's priorities during this planning period will be to explore the opportunities to strengthen in this area to ensure that sufficient resource is in place to support the CASC and the Committee.

Working with organisations across NHS Wales, the new arrangements will strengthen the reporting and provision of assurance to the Welsh Government Integrated Quality, Delivery and Planning meetings and the CASC & WAST Quality and Delivery meetings.





## RISK MANAGEMENT FRAMEWORK

EASC and its supporting structures are hosted by Cwm Taf Morgannwg University Health Board (CTMUHB) and utilise the CTMUHB risk management approach.

The risk management framework for EASC strengthens the control environment and sustains good corporate governance, implementing effective internal controls and monitoring activities in support of EASC.

The EASC Risk Register is reviewed and updated throughout the year and approved by the Committee and each meeting of the CTMUHB Audit & Risk Committee for assurance.

## EASC COMMISSIONING CYCLE

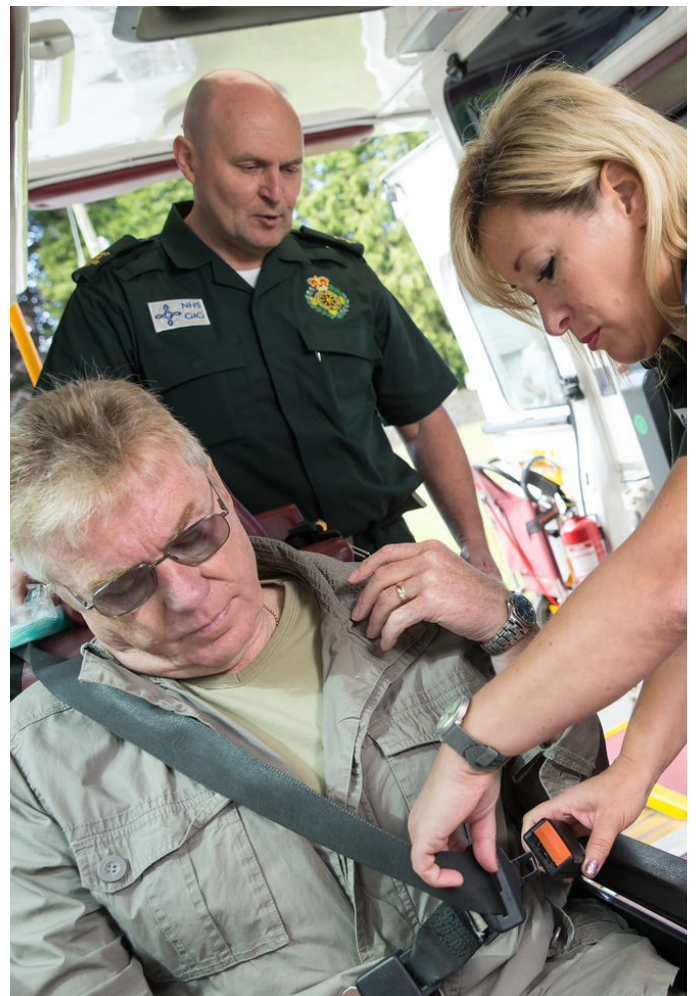
The EASC Team has capitalised on the current transitional year and, by working with the EASC Management Group, has developed a commissioning cycle. The cycle will ensure appropriate engagement with stakeholders in a timely manner in relation to the update and refresh of EASC commissioning frameworks and in the development and review of EASC commissioning intentions.

The commissioning cycle has already supported the update of the EMS commissioning framework during this financial year. In line with the commissioning cycle, the refresh of NEPTS (2022/23), EMRTS (2023/34) and again EMS (2024/25) commissioning frameworks will be undertaken during this IMTP period.

The update and refresh of each framework will require early engagement and collaborative discussions with commissioned services and Health Boards.

The commissioning cycle will also ensure a timely and collaborative approach to the development of commissioning intentions on an annual basis. Commissioning intentions will build on the progress made in the previous year and, while not setting out the full work programme for our commissioned services, will continue to reflect the strategic priorities of the Committee.

The agreed EASC commissioning cycle is included at Appendix 1.



## QUALITY AND DELIVERY FRAMEWORKS

These frameworks are a key element of EASC's collaborative commissioning approach and are in place for each of the commissioned services.

Frameworks are designed to support system leaders to work in a collaborative way, encouraging open and transparent discussions between commissioners and providers and to ensure engagement with other key stakeholders in the wider urgent and emergency care system. The aim is to support an improvement in service delivery, service quality, patient safety and performance with a view always to optimise patient outcomes and the patient experience.

There are a number of proven benefits to utilising the commissioning framework approach as part of the collaborative commissioning process, these include:

- Delivery of safe and timely care to all patients
- Improved patient outcomes with patients directed to the right service, first time
- Ensuring a value-based approach which enables an equitable, sustainable, and transparent use of resources to achieve better outcomes for patients
- Reduction of unwarranted variation in service operational delivery
- Development and use of alternative pathways ensuring an integrated approach across the health and social care system

- Clear commissioning expectations
- Facilitation of collaborative and integrated commissioning as part of a system-wide response across the urgent and emergency care services system
- The adoption of a consistent commissioning process and approach and improved sharing of best practice. This will support sustainable service delivery and commissioning going forward

Commissioning frameworks will be used to take forward key actions and priorities for Health Boards and WAST with specific schedules making the required actions clear, regularly monitored by the Committee.

The updated framework will also provide Health Boards with the required clarity on how framework resources are being utilised to deliver the priorities of the Committee and will allow the development of different and transformational service offers within each Health Board area to address the needs of their populations. The framework also incorporates a value-based commissioning model to more effectively identify the connectivity of factors that influence quality and performance from resource allocation through to outputs and outcomes.

It is felt that this approach will support the decision-making of the Committee, the EASC Management Group and sub-groups in terms of investment, resource utilisation and patient outcomes.

These changes will also be reflected as we update and refresh the frameworks during the lifetime of this plan.

## COMMISSIONING INTENTIONS

Commissioning intentions are set for each of our commissioned services to provide a clear indication of the strategic priorities of the Committee for the next financial year. Intentions focus on outcomes, value, quality, and safety of service delivery and aim to ensure reasonable expectations for the ongoing improvement of these services.

Following discussion at EASC Management Group, a pragmatic approach has been agreed in the development of commissioning intentions for 2022/23. The principle of the incremental development of previous commissioning intentions, updated to reflect the progress made during 2021/22, has been adopted.

In developing these intentions, the Committee has sought to recognise the challenges of resetting in the post CoVID-19 environment and to limit the additional asks on commissioned services to focus on the pandemic response, stabilisation, and recovery of services. However, where possible, opportunities to fast-track service transformation have also been embraced.

It is important to note that commissioning intentions are not intended to set out all activity that will be undertaken by commissioners or the provider during the year and, therefore, other projects to deliver short term operational improvements will also be undertaken.

To complement the strategic focus of intentions, detailed service deliverables and metrics are included within the relevant commissioning framework, as part of the EASC collaborative commissioning approach.

EASC Management Group will continue to hold responsibility for the development, monitoring and reporting of progress against intentions to ensure the strategic intent is achieved. The agreement of the EASC commissioning cycle has already ensured increased engagement and a more timely approach to the agreement of commissioning intentions for 2022/23.



# COMMISSIONED SERVICES 2021/22

Supported by the EASC collaborative commissioning approach and in response to the agreed commissioning intentions, each of our commissioned services has addressed the significant challenges presented over the course of the last year and made good progress in the following key areas.

## KEY ACHIEVEMENTS IN 2021/22

Emergency Ambulance Services	Quarter
Delivery of additional front-line staff in line with the year 2 recruitment and training plan	Quarter 1 - 4
Expansion of the clinical support desk including mental health practitioners	Quarter 4
Implementation of ECNS clinical triage software	Quarter 4
Clinical support desk roster implementation	Quarter 4
Non-Emergency Patient Transport Services	
Completion of Transfers of Work	Quarter 3
Continue to improve the availability of plurality providers underpinned by quality assurance approach	Ongoing
Emergency Medical Retrieval and Transfer Service	
Consolidation of EMRTS service expansion (24/7 response)	Quarter 1 - 4
Implementation of Adult Critical Care Transfer Service	Quarter 3

Table 1 - Key Achievements in 2021/22

A performance overview is provided for each area:

- Emergency Ambulance Services – Appendix 2
- Non-Emergency Patient Transport Services – Appendix 3
- Emergency Medical Retrieval and Transfer Service – Appendix 4



# COMMISSIONING PRIORITIES 2022/25

## STRATEGIC PRIORITIES FOR COMMISSIONED SERVICES IN 2022/23

The priorities for our commissioned services are set out within the commissioning intentions for each service. As a collaborative commissioner, EASC recognise the responsibility of the wider system to enable the commissioned services to deliver these intentions.

Commissioning intentions for 2022/23 have been agreed by both the EASC Management Group and the Committee. These are not intended to set out all activity that will be undertaken this year by commissioners or the provider, but to provide a clear indication of the strategic priorities of the Committee.

Detailed content of the commissioning intentions, are available in the following appendices.

- Emergency Ambulance Services – Appendix 5
- Non-Emergency Patient Transport Services – Appendix 6
- Emergency Medical Retrieval and Transfer Service – Appendix 7

Tables 2, 3 and 4 provide a brief summary of the priorities for each commissioned service:



## EMERGENCY AMBULANCE SERVICES

Summary of Priorities	Outcome	Performance Ambition
Focus on delivering improved patient and system outcomes at Step 2 (Answer my call) of the ambulance care pathway	Improving patient experience and outcomes by ensuring that they receive the right care at the earliest possible opportunity in their episode of care	Development of the remote clinical support strategy (Qtr. 4) and the reporting of clinical support desk outcomes (Qtr. 2)
Optimising conveyance and patient outcomes	Optimisation of decisions about conveyance, reduced unnecessary conveyance and reduction in variation	Implementation of conveyance improvement plan (Qtr. 3)
Completion of actions arising from the Demand and Capacity Review including workforce stability and availability	Ensuring the maximum number of front line staff are available to respond to demand	Response Roster Project to deliver rosters aligned with service demand (Qtr. 2)
<p>Maximise productivity from resources, specifically:</p> <ul style="list-style-type: none"> <li>reducing post-production lost hours (PPLH)</li> <li>reducing notification to handover times</li> </ul>	Addressing the drivers that lead to suboptimal productivity and delivering significant gains for emergency ambulance provision and the wider system. This will also include refining the approach and reporting of the unit hour utilisation metric	<p>Set an agreed PPLH baseline and monitor against improvement trajectories (Qtr. 4)</p> <p>Monitor and report performance for each site against the set improvement trajectories (Qtr. 1)</p>
Ongoing development of the value based approach to service commissioning and delivery	Making the best and most efficient use of the resources available and improve patient experience	Development of value-based approach (Qtr. 2)
Reducing and preventing harm and improving outcomes	Continuous improvement based on learning from errors and adverse events, supported by robust audit cycle	Implement a process for identifying harm prior to a complaint being logged (Qtr. 4)
Support the wider system to reset services and drive recovery	Integrated and proactive management of system flow escalation across the system	<p>Development of an aligned system-wide escalation and clinical safety plan (Qtr. 2)</p> <p>Development of case for national transfer and discharge service (Qtr. 4)</p>

Table 2 - Emergency Ambulance Services

## NON-EMERGENCY PATIENT TRANSPORT SERVICES (NEPTS)

Summary of Priorities	Outcome	Performance Ambition
Demonstrate that resources are being utilised effectively following the transfers of work and the implementation of the full plurality model	Improve the efficiency, quality of service and outcomes for patients	Re-design and renewal of patient contracts to deliver the best patient transport model (Qtr. 2)
Understand and mitigate demand	Closer working with the patient and Health Boards to deliver effective, safe and people-centred care	Continuous improvement based on learning from data and feedback (Qtr. 4)
Maximise capacity	Increase and diversify capacity (internal and external resources) to meet the changes in patient demand and individual patient needs	Deliver improvement plans to reduce lost capacity due to system inefficiencies (Qtr. 2)
Support system transformation	Responsive to the new emerging demands and wider system transformation to enhance service delivery and improve patient experience	Development of forecasting and modelling framework setting out the work required over the next decade (Qtr. 4)

Table 3 - Non-Emergency Patient Transport Service

## EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE

Summary of Priorities	Outcome	Performance Ambition
Implementation of enhanced CCP-led response	Building on the findings of recent winter initiatives, ensuring more effective use of resources, improved patient experience and workforce development opportunities	Service implementation (Qtr. 2)
Adult critical care transfer service (ACCTS) - Ongoing service delivery and service evaluation	Review and strengthen existing service model(s) to maximise clinical outcomes, value, quality and safety of service delivery	Year 1 service evaluation (Qtr. 4)

Table 4 - Emergency Medical Retrieval and Transfer Service

# STRATEGIC PRIORITIES 2022/25

## INFORMATICS AND INDICATORS

The original Ambulance Quality Indicators (AQI) were revised in October 2015 to reflect changes to the Welsh Ambulance Services NHS Trust's (WAST) Clinical Response Model. The AQIs provide detailed statistical information to the general public following quarterly publication on the EASC and StatsWales websites.

The Ambulance Services Indicators Group (ASIG) has now been established with membership from Welsh Government, Digital Health Care Wales, WAST, EASC Team, EMRTS and Community Health Councils. The group will ensure a strategic view with regard to issues surrounding ambulance service indicators and the collection and reporting of data, including data integrity and quality assurance.

The ASIG will oversee the implementation, management and ongoing development of the ambulance indicators. This will include responding to any adaptations to models of care by supporting the development of measures that provide assurance on clinical and operational performance and defining and reviewing the agreed indicators to ensure relevance and alignment to the six domains of health care quality.

During this planning cycle, the ASIG will initially focus on reviewing existing indicators. The focus will then move on to the development, publication and ongoing review of relevant and appropriate indicators, ensuring an increasing focus on quality.

INTEGRATED MEDIUM TERM PLAN 2022/25

## AMBULANCE AVAILABILITY TASKFORCE

The Commissioner Ambulance Availability Taskforce is made up of senior organisational representatives and experts in relevant fields. The Taskforce is jointly chaired by Stephen Harrhy and Professor David Lockey, EMRTS Cymru National Director.

Having taken time to build an understanding of the current position in terms of the commissioning and provision of ambulance services in Wales, the Taskforce has now considered some key aspects relating to the vision for a modern ambulance service. The Taskforce will now continue to provide an independent advisory and scrutiny forum in relation to the development of the vision for a modern ambulance service.





## TRANSPARENCY AND ACCOUNTABILITY

During the second half of 2021/22, at the request of the Minister for Health and Social Services, the EASC Team have developed and submitted monthly updates relating to the improvement actions being taken by the Committee in relation to commissioned services. This approach has been welcomed by the Committee and by Welsh Government officials and it is our intention to build on this during the course of this planning cycle.

The EASC Work Programme Status Update will include the delivery of operational improvements across the system in the short term as well as the progress made against strategic priorities. This status update will be presented at each Committee meeting, enabling Health Board colleagues to be regularly updated with regard the progress that EASC is making in these areas. Following the Committee meeting, this status update will also be circulated to relevant stakeholders, including Welsh Government, to ensure that they are sighted on the progress made.

# WIDER SYSTEM WORK PROGRAMMES 2022/25

## VISION FOR A MODERN AMBULANCE SERVICE

The current model for emergency ambulance services in Wales reflects the delivery of a traditional ambulance service that ultimately results in a conveyance to hospital. It is widely recognised that there is a need to adapt this model to reflect the vision for a modern ambulance service in Wales.

Work has been undertaken during 2021/22 during Committee 'Focus On' sessions regarding the emergency ambulance service's ambition to play a wider role across the system.

The high-level model shown below in Figure 2 outlines this ambition.

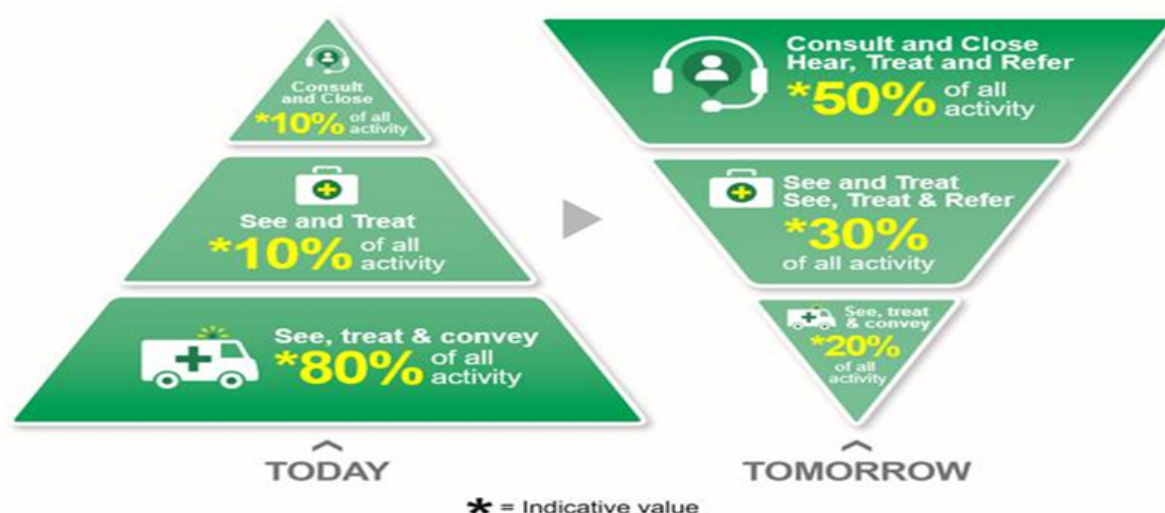


Figure 2 - Welsh Ambulance Services NHS Trust's Vision for a Modern Ambulance Service

The model aims to place the ambulance service at the heart of the urgent and emergency care system and maximises the benefits of a co-hosted 111 and 999 service. This includes a joint commitment to optimise conveyance, this requires a system-wide focus on:

- Capacity matched to demand across Wales to provide a quicker response
- Optimised response for the sickest patients
- More callers having a clinical assessment before response agreed
- Reducing the number of ambulances being sent to patients through 'hear and treat'
- Clinicians attending scene better equipped to assess, treat, and refer
- Right care, first time by delivering the most appropriate response
- Providing care closer to home
- Working with Health Board colleagues to develop clear and consistent pathways across Wales, other than to emergency department, with a particular emphasis on same day emergency care and urgent primary care centres
- Seamless, equitable advice and care tailored to local settings across Wales
- Improving the use of the available clinical data
- Maximising the use of available or emerging technology to support and improve patient pathways

Whilst the Committee is broadly supportive of the model, further work is required to develop consensus around this approach, recognising that the challenges of commissioning and operationalising this model cannot be underestimated. A radical approach to the performance management and oversight of the ambulance service will be required in order to drive this change.

Delivery of a modern ambulance service will require a substantial change programme. This change must ensure robust workforce planning and modernised workforce practices to ensure that improvements in efficiency, effectiveness and safety of service delivery are realised.



## SIX GOALS FOR URGENT AND EMERGENCY CARE (GOAL 4)

Building on the Six Goals Priority Delivery Measure 11 (Phase One) and focusing on the percentage of total conveyances taken to a service other than a type one emergency department, EASC will ensure that local models and plans are developed within agreed timeframes to ensure that the fastest and best response is provided for people who are seriously ill or injured.

Complementing the work that is being undertaken within emergency ambulance services to optimise conveyance and patient outcomes, these plans will include arrangements for Health Board staff to provide advice and guidance to colleagues on the most appropriate pathway into their services for 999 and 111 patients.

This work will explore the benefits of national, regional, and local models in order to provide gains across the system that will underpin sustainable change and improvements in population outcomes.

As part of a whole system approach, the aim is to optimise capacity, efficiency, and effectiveness, supporting the ambition to deliver seamless care and tackle fragilities across the system.

The priority for Year 1 is the implementation and optimisation of the Emergency Communication Nurse System (ECNS). This provides a well-structured, auditable assessment tool that takes a safe reductionist approach to remote assessment and provides self-care and “worsening” advice. This allows positive patient care and active risk mitigation in an evidence-based, structured, auditable manner.

The *"Proposed use of the Emergency Communication Nurse System in Welsh Ambulance Service 999 Secondary Triage with Paramedic and Nurse Users"* has been published in the Annals of Emergency Dispatch & Response. The full implementation of ECNS for use by Paramedics and Nurses in WAST would be a first for ambulance services across the world and will be a key enabler of clinically managing the ambulance workload in a safe and effective manner.

As well as enhancing the assessment tools and safety net for patients, the ECNS system has the potential to significantly reduce the assessment time duration, enabling more patients to be assessed by each clinician. Work is underway to model the size of the workforce required to clinically assess 80% of 999 calls before an ambulance resource is dispatched, this will ensure patient receive the care they need. The initial funding for the purchase of ECNS was provided through the Urgent and Emergency Care programme and we are anticipating that the ongoing licensing costs and further workforce growth for this transformative system would be supported by the programme as a key enabler of the ambulance service's contribution to delivering the Six Goals.





## NATIONAL TRANSFER AND DISCHARGE SERVICES

Effective transfer and discharge services will be required to ensure that increases in specialisation and regionalisation of services as part of clinical transformational change programmes meet the needs of the population. Historically, transfers and discharges have been undertaken by emergency ambulance services and non-emergency patient transport services as an addition to their core work.

During 2022/23, the EASC Team will facilitate the development of a business case for the delivery of a national transfer and discharge service. The scope of this work will cover both existing and future transfer requirements and will bring consistency and oversight to a fragmented system, improving responsiveness and quality for patients and the wider system.

This work will specifically support the aspirations of the national clinical networks and will utilise the key enabling function of EASC and the importance of transport to improve patient flow within the system in support of the Six Goals for Urgent and Emergency Care.

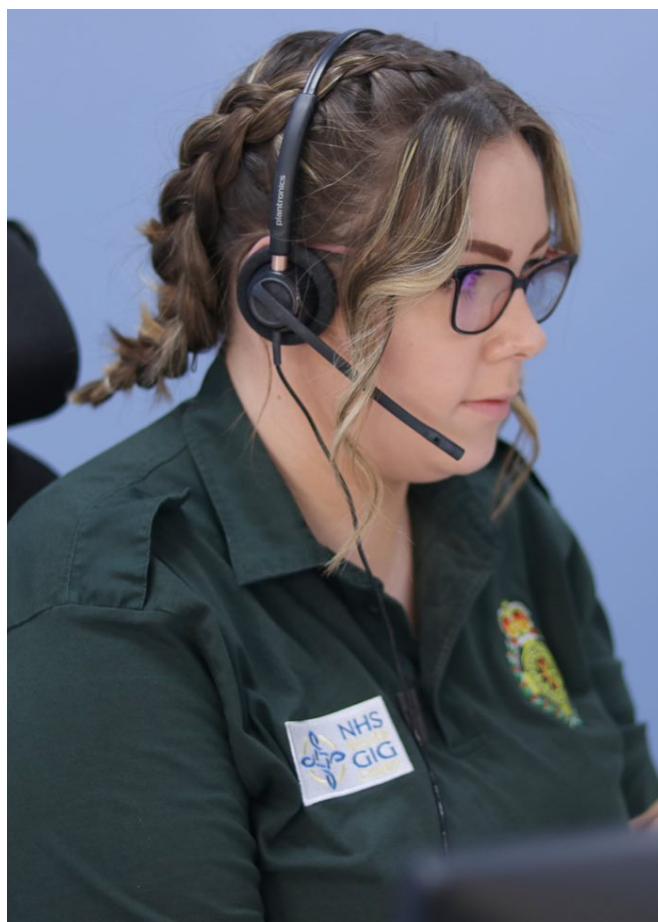
It is expected that additional income will be required to fund the implementation of the business case. This will be taken through EASC in line with governance arrangements, no additional financial implications are anticipated for 2022/23.



## NHS 111 WALES

The Committee recognises that 2022/23 will be a key year for NHS 111 Wales as the programme transitions into the phase of 'business as usual' service delivery.

The Committee will ensure that NHS 111 Wales and the emergency ambulance 999 system are complementary to each other in enabling an effective and efficient services for the population. In line with Welsh Government and Ministerial expectations, during the first year of this plan, the Committee will undertake a collaborative programme of work with WAST and the 111-programme team to explore and develop proportionate resource allocations without cross-subsidy and appropriate commissioning arrangements for NHS 111 Wales.





## EMERGING SYSTEM TRANSFORMATIONAL CHANGE

The Committee and its subgroups play a key role in terms of assessing the plans for transformational change that are being developed across organisations.

These governance arrangements will ensure the involvement of Health Boards and Trusts, facilitating discussions regarding these plans at the earliest opportunity and ensuring that implications for our commissioned services and the wider health and social care system are understood and addressed.

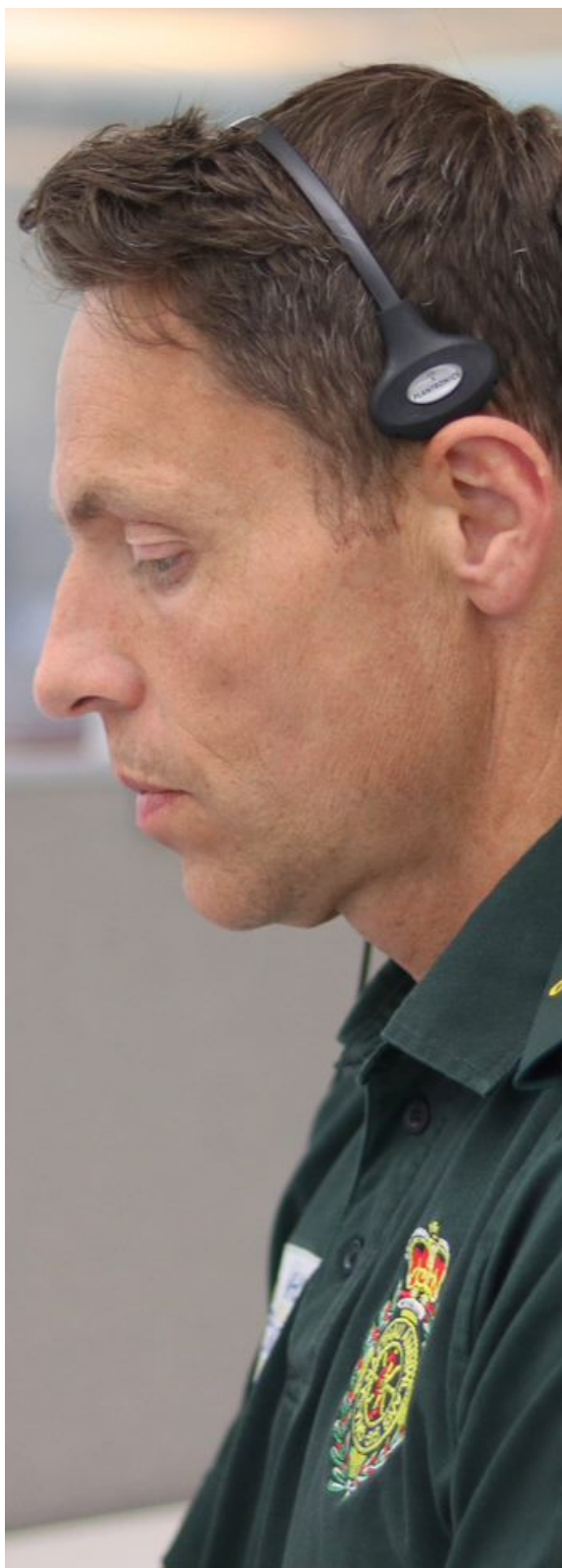
The Committee is well-placed to ensure that commissioned services are an enabler to innovation and the development of new services where required.

The EASC Team will continue to support and engage with the wider system and will work with Committee (and subgroup) members to understand, to adapt and to respond to changing service models at a local, regional and national level ensuring that services are integrated and add value to the system.

The EASC Team on behalf of the Committee will work with individual Health Boards to ensure sufficient and appropriate levels of resources are provided to enable commissioned services to act as enablers of transformational change.



# COMMISSIONING PRIORITIES SUMMARY 2022/25



The commissioning priorities that have been described are aligned to a number of the overarching priorities and relevant national programmes. This includes:

- An improvement in population outcomes
- Working together, across organisational boundaries, to plan and ensure equitable delivery of services on a regional or national basis
- Taking local, regional and national actions to deliver sustainable change
- Optimising conveyance and patient outcomes
- The development of national pathways to support local improvement in the quality of services and address unwarranted variations in care
- A whole system approach building on the learning and experiences across health and care
- The use of prudent health care principles and value based healthcare as the basis for planning and delivering services in order to optimise capacity, efficiency and effectiveness

These priorities are in addition to the ongoing delivery of agreed commissioning actions, a focus on essential operational service provision and the prioritisation of the core responsibility to minimise risk and harm through the provision of timely responses to patients, both virtually and physically.

Tables 5a and 5b provide an overview of these commissioning priorities for 2022/25

## EASC COMMISSIONING PRIORITIES

Work Programme	Summary of Priorities	Outcome
Informatics and Ambulance Quality Indicators	<ul style="list-style-type: none"> <li>Review existing indicators</li> <li>Development and ongoing review process to ensure relevant and appropriate indicators</li> </ul>	Refinement of existing AQIs to ensure an increased focus on quality
Commissioner Ambulance Availability Taskforce	<ul style="list-style-type: none"> <li>Utilise the expertise of stakeholders</li> <li>Act as an independent advisory and scrutiny forum</li> </ul>	Development of the vision for a modern ambulance service
Increasing the transparency and accountability of the Committee	<ul style="list-style-type: none"> <li>Build on the existing monthly EASC Action Plan updates</li> <li>Include the delivery of operational improvements and progress against strategic priorities</li> </ul>	Development of the EASC Work Programme Status Update for presentation at each EASC Committee meeting and circulation to relevant stakeholders

Table 5a - Priorities

## WIDER SYSTEM WORK PROGRAMMES

Commissioned Service	Summary of Priorities	Outcome
Vision for a modern emergency ambulance service	<ul style="list-style-type: none"> <li>Continue to engage and to develop the consensus around the vision</li> <li>Develop the key elements of the vision including workforce planning, digital transformation</li> </ul>	Refinement of existing AQIs to ensure an increased focus on quality

Work Programme	Summary of Priorities	Outcome
Commissioner Ambulance Availability Taskforce	<ul style="list-style-type: none"> <li>Development of plans that ensure access to the most appropriate pathway in to services for 999 and 111 patients</li> <li>Scoping any commissioning arrangements</li> </ul>	Plans that ensure seamless care and improvements in population outcomes
Six goals for Urgent and Emergency Care (Goal 4)	<ul style="list-style-type: none"> <li>Development of plans that ensure access to the most appropriate pathway in to services for 999 and 111 patients</li> <li>Scoping any commissioning arrangements</li> </ul>	Plans that ensure seamless care and improvements in population outcomes
National Transfer and Discharge Services	<ul style="list-style-type: none"> <li>Scope the scale of transfer and discharge activity and providers by the end of Quarter 2</li> <li>Develop the business case for the establishment of a national transfer and discharge service by Quarter 4</li> </ul>	A consistent, timely and adaptable national transfer and discharge service for Wales that is responsive to the changing health care system and service provision.
NHS 111 Wales	<ul style="list-style-type: none"> <li>Exploration of options for commissioning of NHS 111 Wales</li> <li>Robust analysis of commissioning options</li> <li>Establish commissioning arrangements for NHS 111 Wales</li> </ul>	Appropriate commissioning arrangements in pace for NHS 111 Wales.
Emerging system transformational change	<ul style="list-style-type: none"> <li>To utilise the Committee and its sub groups to ensure timely discussions around plans for transformational change</li> <li>To ensure that the implications of the plans across NHS Wales are understood</li> </ul>	A system that is able to adapt and respond to change, ensuring that services are integrated and add value with a view to ultimately improving patient outcomes and the patient experience.

Table 5b - Priorities

# EASC FINANCIAL PLANNING ALLOCATIONS 2022/23

The 2022/23 Annual Planning allocations for EASC commissioned services are consistent with the details set out in the Welsh Government allocation letter.

This is an initial allocation and additional funding for key priorities will be allocated as appropriate when costs are confirmed.

Emergency Ambulance Services Committee 2022/23 Summary	Total £m
EAS Allocation	198.238
NEPTS Allocation	26.911
EMRTS Allocation	6.215
Ring-Fenced Commissioning Allocation	2.340
Specialist commissioning Allocation	0.155
<b>EASC Commissioning Funds from LHBs</b>	<b>233.859</b>
EASC Team resourcing	0.627
<b>EASC Total Funds from LHBs</b>	<b>234.486</b>

Table 6a - Financial Planning

Temporary funding is also required to maximise additional front-line ambulance capacity to support the system and to mitigate the lost military support until the required improvements in handover lost hours are delivered across the system. This will maximise front line ambulance resource in order to minimise clinical risk and improve patient safety. Further discussions will need to take place during the year on additional investment if system improvements are not forthcoming.

Temporary Funding Requirement 2022/23 Summary	Total £m
Total Contribution from LHBs	1.800

Table 6b - Financial Planning



A detailed breakdown of the funding requirements by Health Board is provided in Appendix 8 along with more detailed financial assumptions in Appendix 9. The following section provides an overview of the key initiatives included in 2022/23 Financial Plan to support the delivery of the commissioning intentions and a breakdown of the temporary funding requirement by Health Board.

## EAS ALLOCATION

### DEMAND AND CAPACITY PROGRAMME 2022/23

- **£5.640m** recurrent funding included to sustain the additional 127 WTE front line staff in 2021/22 as part of a successful Phase 2 delivery
- **£0.685m** non recurrent funding is included to support front line resource allocation as emergency military support required during CoVID will cease from 1st April 2022

### OPERATIONAL DELIVERY UNIT

- **£0.883m** recurrent funding to support the continued commissioning of the Operational Delivery Unit

### THE GRANGE UNIVERSITY HOSPITAL

- **£4.420m** included in the Aneurin Bevan UHB allocation to fund EAS delivery to The Grange University Hospital as per the Service Level Agreement

## NEPTS ALLOCATION

- The NEPTS funding position reflects the in year 2021/22 transition of services. NEPTS funding will be requested as an allocation to EASC for 2022/23 in line with commissioning arrangements

## EMRTS ALLOCATION

- **£1.257m** recurrent funding allocated to EMRTS for continued commissioning of the 24/7 expansion following successful scale up in 2021/22
- **£1.700m** Adult Critical Care Transfer Service ring fenced commissioning allocation will be fully allocated to EMRTS service from 2022/23

## RING-FENCED COMMISSIONING ALLOCATION

- £1.700m recurrent funding to deliver the Adult Critical Care Transfer Service
- £0.640m recurrent funding to deliver the Major Trauma Network service development
- EASC will allocate these funds across the EASC commissioned services in order to meet the service delivery objectives

## SPECIALIST COMMISSIONING ALLOCATION

- £0.155m recurrent funding from Cardiff and Vale, Aneurin Bevan and Cwm Taf Morgannwg UHBs to continue the delivery of the South-East Wales Regional Acute Coronary Syndrome Treat and Repatriate Service

## TEAM RESOURCING ALLOCATION

- No assumption has been made for additional EASC Team resourcing wider than the normal uplift position

## EFFICIENCY PROGRAMMES

- EASC commissioned services are expected to deliver an efficiency programme in line with those of Health Boards, Trusts and Special Health Authorities. Any savings resulting from these programmes will be re-invested in service development opportunities in agreement with the Commissioner on behalf of the Committee and in line with the commissioning intentions for the service
- Where appropriate, the EASC Team will work with commissioned services on behalf of Health Boards to realise these opportunities
- It is expected that WAST will deliver a cost reduction programme equivalent to at least 1% of the EASC Commissioning Funds allocated from LHBs

## TEMPORARY FUNDING REQUIREMENT

Emergency Ambulance Services Committee 2022/23 Summary	Total £m
Aneurin Bevan University Health Board	0.3044
Betsi Cadwaladr University Health Board	0.4700
Cardiff and Vale University Health Board	0.2138
Cwm Taf Morgannwg University Health Board	0.2348
Hywel Dda University Health Board	0.2502
Powys Teaching Health Board	0.1360
Swansea Bay University Health Board	0.1863
<b>Total Contributions from LHBs</b>	<b>1.800</b>

Table 7- Financial Planning



# CONCLUSION

The EASC Integrated Medium Term Plan describes the Committee's priorities for commissioned services. The plan has a particular focus on supporting the work to deliver improvements in the unprecedented levels of ambulance handover hours lost, securing the availability of safe levels of ambulance provision and contributing to the wider transformation of the urgent and emergency care system over the duration of this planning cycle. The plan also describes the pragmatic and considered approach to resetting across the system ensuring a renewed focus on driving recovery across our commissioned services.

The actions within the plan will be translated through to the commissioning framework which will be used to take forward key actions and priorities for Health Boards and WAST. These will be regularly monitored by the Committee to ensure delivery and improvements in 2022/23 and beyond.

The plan will drive a refocusing of efforts on ensuring that commissioned services deliver their core and fundamental roles to a standard and consistency that meets the needs of the population.

The plan focuses on:

- Commissioning intentions for commissioned services (2022/23)
- Commissioning priorities (2022/25) including:
  - Quality and Safety
  - Informatics and Ambulance Quality Indicators with an increased focus on data integrity and quality assurance
  - Development and delivery of the vision for a modern emergency ambulance service
  - Supporting the implementation of the Six Goals for Urgent and Emergency Care
  - National Transfer and Discharge Services
  - NHS 111 Wales
  - Emerging System Transformational Change
- EASC Financial Plan

The details within this plan are consistent with those of the Welsh Ambulance Services NHS Trust and Health Boards.



# APPENDIX 1

## COMMISSIONING CYCLE 2022/25

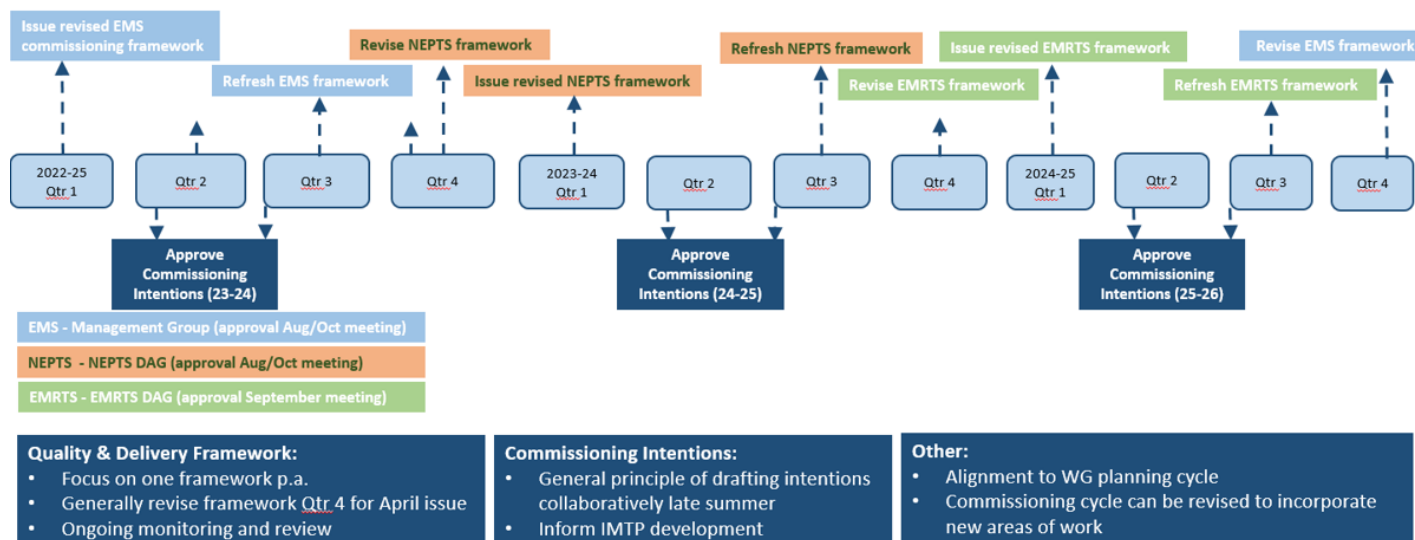


Figure 3 - Commissioning Cycle

# APPENDIX 2

## EAS PERFORMANCE OVERVIEW 2021

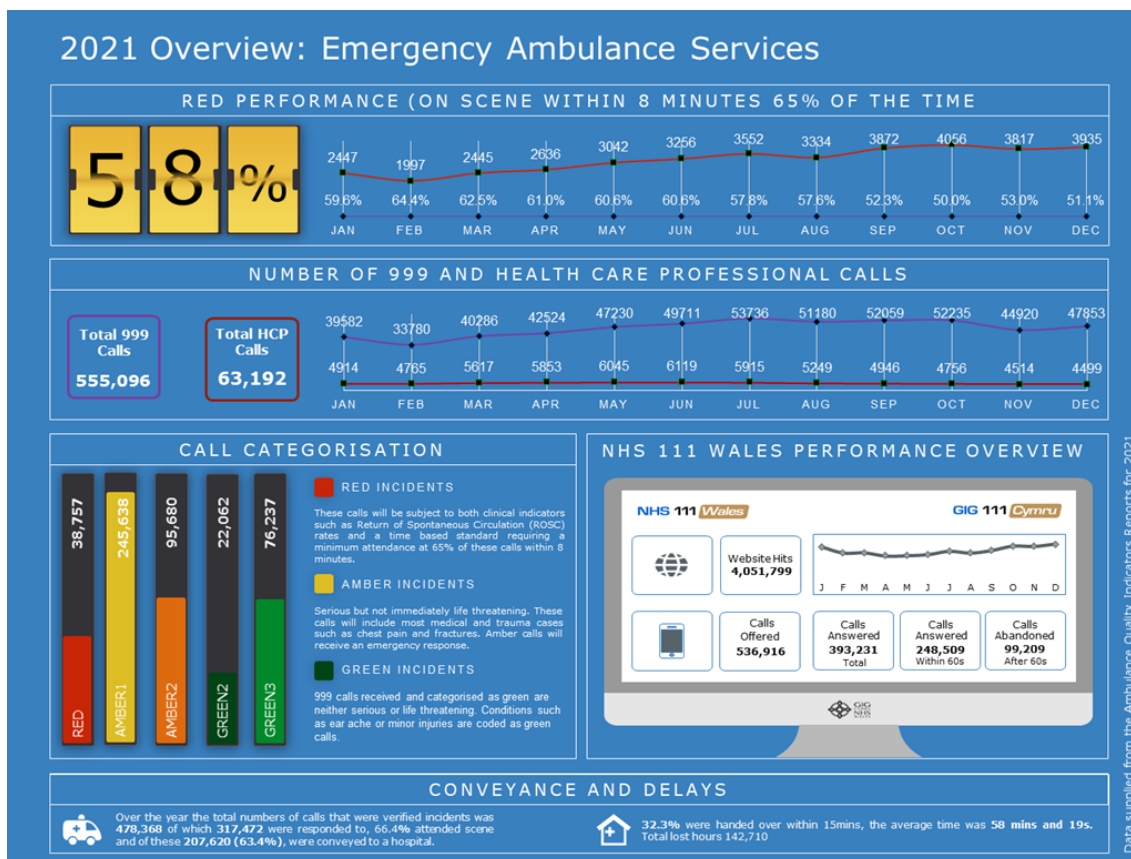


Figure 4- EAS Performance Overview

# APPENDIX 3

## NEPTS PERFORMANCE OVERVIEW 2021

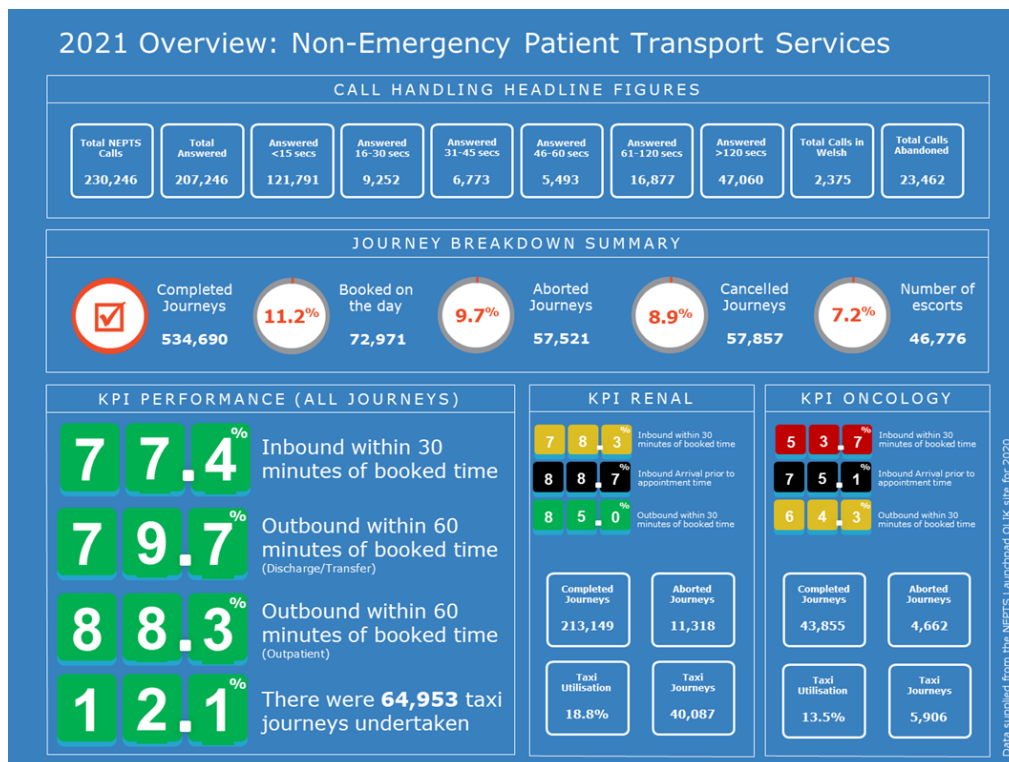


Figure 5- NEPTS Performance Overview

# APPENDIX 4

## EMRTS PERFORMANCE OVERVIEW 2021

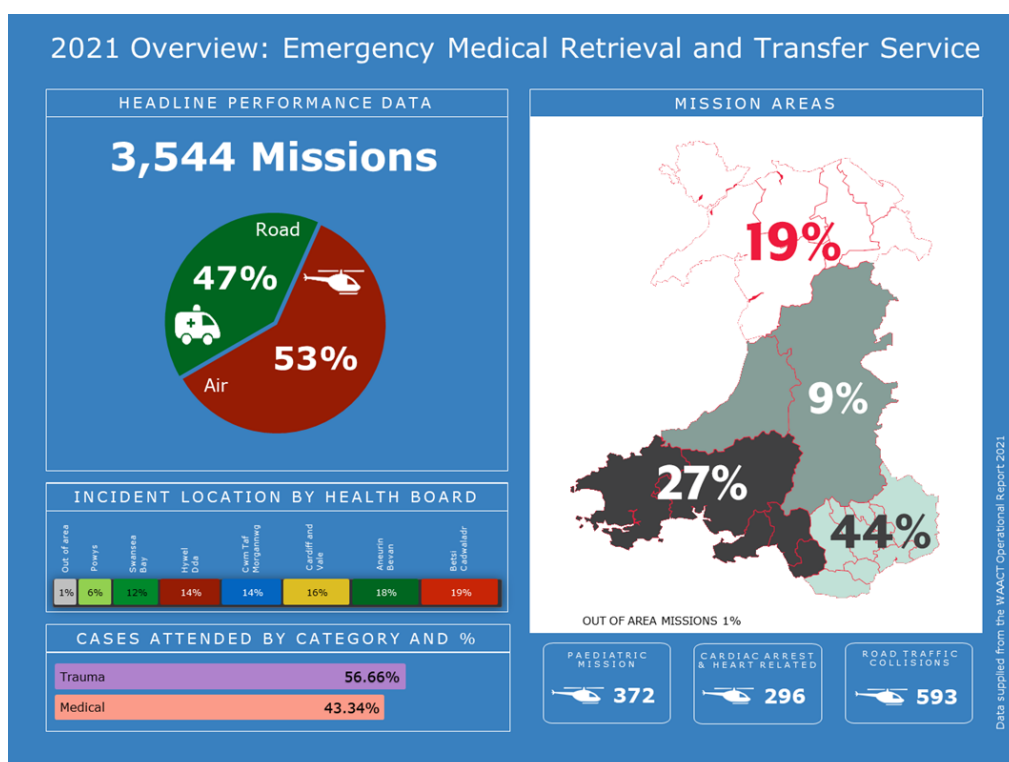


Figure 6- EMRTS Performance Overview

# APPENDIX 5-EMS COMMISSIONING INTENTIONS 2022/23

This section sets out the revised approach and guiding principles to the Emergency Ambulance Services commissioning intentions for 2022/23 and beyond.

These intentions aim to reflect the direction from Committee members to limit the additional asks on commissioned organisations this year including, but not limited to, minimising meetings, reporting and developments in order to allow for commissioned organisations to focus on the pandemic response, stabilisation and recovery of services.

Intentions aim to support the implementation of the new commissioning framework and transition of performance management arrangements to focus on outcomes, value, quality and safety of service delivery.

These commissioning intentions are not intended to set out all activity that will be undertaken this year by commissioners or the provider, but to provide a clear indication of the strategic priorities of the Committee for the provider of Emergency Ambulance Services in Wales for 2022/23.

Guiding Principles for 2022/23, the commissioning intentions will:

- Be at the strategic level and will be extant for a minimum of 3 years
- Focus on outcomes, value, quality and safety of service delivery
- Support the delivery of the quadruple aims
- Have annually agreed aim(s), product(s) and indicator(s) that will provide an outline of what will be provided within each intention
- Ensure reasonable expectations for the improvement of Emergency Ambulance Services
- Recognise the challenges of resetting in the post-CoVID environment and the opportunities to fast track service transformation
- Ongoing engagement and review between WAST and Commissioners will allow the detail of each intention to be refined during the period, if required
- Intentions will not replace or override extant requirements within the commissioning framework or statutory targets or requirements

## Development and monitoring

- In line with the agreed commissioning cycle, organisations have been asked for their view on the priorities for next year and consequently a principle of the incremental development of existing commissioning intentions has been adopted
- Intentions have been developed in alignment with the 6 Goals for Urgent and Emergency Care
- EASC Management Group will hold ultimate responsibility for the development and monitoring of progress against intentions to ensure the strategic intent is achieved
- Regular updates will be provided against commissioning intentions to EASC Management Group
- Future intentions will continue to be developed in a collaborative and timely manner in line with the agreed commissioning cycle

Commissioning Intention – CI1: Clinical Response Model	
<b><i>The Emergency Ambulance Service and its Commissioners will seize the opportunities afforded by the Welsh Clinical Response Model and the 5 Step Ambulance Pathway (EMS).</i></b>	
Commissioning Statement	
The 5 step Ambulance Pathway (EMS) provides a simplified framework for health systems to collaborate to optimise the care patients receive at each step. A high performing health system will enable services and practitioners at each step to resolve a patient episode of care without the need to progress further along the pathway. Maximising the potential of this opportunity will require system wide collaboration that transcends traditional organisational and professional boundaries.	
Aims	
<b>CI1-A1</b>	<b>Increase the proportion of activity resolved at Step 2</b> – Using the activity within the demand and capacity review as a baseline, this aim requires the proportion of activity resolved at step 2 to increase. The improvement trajectory will be included in the new commissioning framework that will be collaboratively agreed ahead of 1 <sup>st</sup> April 2022.
<b>CI1-A2</b>	<b>Right response first time – Optimising multiple responses at Step 3</b> – Using activity within the demand and capacity review as a baseline, this aim requires an improvement in the multiple response rate and the resolution of that episode of care by a single resource (excluding red response as multiple responses are expected). The improvement trajectory will be included in the new commissioning framework.
Products	
<b>CI1-P1</b>	<b>Remote Clinical Support Strategy</b> – The first element will be to finalise an integrated remote clinical support strategy and infrastructure that outlines the organisational ambition for remote clinical support at the forefront of ambulance service care.
<b>CI1-P2</b>	<b>Optimising Conveyance Improvement Plan</b> – Development and implementation of an improvement plan or programme that supports the optimisation of decisions about conveyance. This will include non-conveyance as well as improving conveyance destination decisions and reducing variation for example.
Indicators	
<b>CI1-I1</b>	<b>Clinical Support Desk Outcomes</b> – The development of quarterly reports that describe the patient level outcomes for clinical support desk care episodes.
<b>CI1-I2</b>	<b>Outcome by Response Type</b> – The development of quarterly reports will be available that describe the patient level outcomes for different response types.

Figure 7- Commissioning Intentions - CRM



Commissioning Intention – CI2: Availability	
<i>The Emergency Ambulance Service and its Commissioners will optimise the availability and flexibility of front-line resources to meet demand.</i>	
Commissioning Statement	
The Emergency Ambulance Services Committee holds statutory responsibility for the planning and securing of sufficient ambulances services for the population of Wales. Discharging this responsibility requires close collaboration between commissioners and the provider to ensure that all available resources are used effectively.	
Aims	
<b>CI2-A1</b>	<b>Workforce Stability</b> - Maintaining the increased staff base following closure of the relief gap identified in the ORH Demand and Capacity Review (2019). Maximising the availability of these staff through reducing sickness levels and abstractions by ensuring that their wellbeing needs are appropriately supported.
<b>CI2-A2</b>	<b>Workforce Availability</b> - Grow the workforce in line with the strategic ambition, agreed forecasting and modelling and within financial allocation when made available by Commissioners.
<b>CI2-A3</b>	<b>Rosters Aligned to Demand</b> - The current demand profile is not matched by available resource. This has a significant impact on quality of service for patients and wellbeing of staff. Roster reviews have been undertaken with partners throughout 2021-22 to agree core principles and working parties have progressed the design and building of rosters. Rosters aligned to demand will be available for each area in 2022-23 and an implementation programme will be developed and delivered.
Products	
<b>CI2-P1</b>	<b>Forecasting and Modelling Framework</b> - A collaboratively developed forecasting and modelling framework that underpins a demand and capacity approach that will set out the ongoing arrangements for proactively undertaking this work for the next decade, this will include demand-led iterative forecasting and modelling and health economic evaluations. This will ensure the required strategic, tactical and operational focus to plan and forecast seasonal fluctuation and to ensure resource and resilience during times of system pressure.
Indicators	
<b>C2-I1</b>	<b>Workforce Additionality Measure</b> – A collaboratively agreed baseline and workforce additionality requirement will continue to be reported and refined, including vacancy factors, turnover and other confounders.

Figure 8- Commissioning Intentions - Availability

Commissioning Intention – CI3: Productivity	
<b><i>The Emergency Ambulance Service and its Commissioners will maximise productivity from resources and demonstrate continuous improvement.</i></b>	
Commissioning Statement	
Ensuring appropriate levels of productivity from the resources available is a key component of delivering an effective ambulance service. There are a number of external and internal drivers leading to suboptimal productivity. Addressing these areas has the potential to deliver significant gains for emergency ambulance provision and the wider emergency and urgent care system.	
Aims	
<b>CI3-A1</b>	<p><b>Reducing Post-Production Lost Hours</b> – Post-production lost hours have long been a significant contributor to reduced productivity. Using an agreed baseline measurement period, post-production lost hours will be reduced in line with a quarterly agreed improvement trajectory.</p> <p>The improvement trajectory will be included in the new commissioning framework that will be collaboratively agreed ahead of 1<sup>st</sup> April 2022.</p>
<b>CI3-A2</b>	<p><b>Reducing Notification to Handover Time</b> – NHS Wales is a significant outlier in the UK and internationally for lost productivity due to extended notification to handover times. EASC is committed to delivering less than 150 hours per day across Wales and 95% of handovers completed within 1 hour, with a backstop of no handover taking more than 4 hours.</p> <p>Individual improvement trajectories will be agreed for each site and will be included in the new commissioning framework.</p>
Indicators	
<b>CI3-P1</b>	<p><b>Modernising Workplace Practices Implementation Plan</b> – There will be an implementation plan and supporting structures in place to ensure workforce practices and policies are reviewed, modernised and improved. The wellbeing of the workforce and safety of patients will be paramount within this.</p> <p>The improvement trajectory will be included in the new commissioning framework.</p>
Indicators	
<b>CI3-I1</b>	<p><b>Unit Hour Utilisation Metric</b> – continue to refine the approach and reporting in order to actively improve patient safety, performance and efficiency.</p>

Figure 9- Commissioning Intentions - Productivity

<b>Commissioning Intention – CI4: Value</b>	
<b><i>The Emergence Ambulance Service and its Commissioners will develop a value-based approach to service commissioning and delivery, which enables an equitable, sustainable and transparent use of resources to achieve better outcomes for patients.</i></b>	
<b>Commissioning Statement</b>	
Value is created when we achieve the best possible healthcare outcomes for the Welsh population with the most efficient and effective use of available resources. We also recognise that value can be depleted and therefore the development of a value-based strategy will need to identify ways to effectively manage and mitigate the risks of value depletion in addition to identifying opportunities for value creation.	
<b>Aims</b>	
<b>CI4-A1</b>	<b>Value-Based Healthcare for the Welsh Ambulance Service</b> Building on the engagement already undertaken, develop and embed a value-based approach for the Welsh Ambulance Service which enables better collective decision making across the whole urgent and emergency care system and accounts for WAST's use of, and impact on, economic, social and environmental resources over the short, medium and long term. This will include: <ul style="list-style-type: none"> <li>• Development of WAST's strategy and approach to Value-Based healthcare which links outcomes, patient experience and use of resources</li> <li>• Implementation of a costing model for "5 step" pathway</li> <li>• Improvement in ability to identify areas of unwarranted variation in service delivery across Wales</li> </ul>
<b>Products</b>	
<b>CI4-P1</b>	<b>Value-Based Strategy</b> The Trust will develop a strategy to implement a value-based approach across the organisation and outline its role in delivering value across the wider UEC system. The value-based strategy will be integrated with and align to existing organisational strategies (e.g., clinical, quality, long term, digital, environmental etc) and the Commissioning Intentions outlined in this document in order to ensure goal congruence.
<b>CI4-P2</b>	<b>Value-Based Tools and Methods</b> In order to monitor and measure value-based performance, the Trust will need to design, develop and implement a range of tools including, but not limited to, the following: <ul style="list-style-type: none"> <li>• Patient Level Costing Model</li> <li>• Benchmarking Dashboard(s)</li> </ul>
<b>CI4-P3</b>	<b>Value-Based Reporting</b> WAST will enable a clear line of sight from commissioner allocation through to utilisation and the outcomes delivered by the services. WAST will holistically demonstrate through its reporting all separate revenue streams and associated costs of broader service provision (e.g., NHS 111 Wales, NEPTS etc.). WAST receives a capital allocation directly from Welsh Government. The utilisation of the capital budget and the use of the ring-fenced depreciation allocation will need to be clearly identified in any report. As a result, WAST will be able to demonstrate how its capital allocation is being invested to deliver on the commissioning intentions.
<b>Indicators</b>	
<b>CI4-I1</b>	<b>Value-Based Core Requirement to be agreed with Commissioner by the end of quarter 2:</b> <ul style="list-style-type: none"> <li>• WAST Value Based Strategy</li> <li>• Plan for Value Based Tools and Methods design, development and implementation</li> <li>• Value Based Reports developed for revenue and capital</li> <li>• Value-Based indicators developed in line with broader indicators outlined in CI1 to CI5</li> <li>• Connections to system-wide urgent and emergency care performance measures as identified in CI6 – Wider Health System</li> </ul>

Figure 10- Commissioning Intentions - Value

Commissioning Intention – CI5: Harm & Outcomes	
<i>The Emergency Ambulance Service and its Commissioners will collaborate to reduce and prevent harm and improve quality of service and outcomes for patients.</i>	
Commissioning Statement	
Emergency ambulance services operate in complex and challenging environments. The delivery of a quality ambulance service requires effective, safe and people-centred care. To realize the benefits of quality health care, ambulance services must be timely, equitable, integrated and efficient. A mature health system proactively seeks opportunities to reduce and prevent harm. Continuous improvement based on learning from errors and adverse events must be a cornerstone of emergency ambulance provision.	
Aims	
<b>CI5-A1</b>	<b>Proactively Identifying Harm</b> – There will be a process for identifying harm/near misses prior to a complaint or report being logged. This will include process for reviewing patient clinical records and engagement with the wider health system (i.e., sharing information around patients impacted by CSP levels).
Products	
<b>CI5-P1</b>	<b>Clinical Indicator Plan and Audit Cycle</b> – Implementation of the clinical indicator plan and audit cycle, this will provide a forward view of the type, content and regularity of clinical indicator and audit reporting. Specific seasonal and responsive (to emerging trends) reports and audits will be included within the plan.
Indicators	
<b>CI5-I1</b>	<b>Call to Door Times</b> – Call to door times for STEMI and stroke will be produced on a monthly basis.

Figure 11- Commissioning Intentions - Harm and Outcomes

Commissioning Intention – CI6: Wider Health System	
<i>The Emergency Ambulance Service and its Commissioners will collaboratively develop and deliver services that allow the ambulance service to contribute to the wider health system and the ambition to reset services and drive recovery.</i>	
Commissioning Statement	
The Emergency Ambulance Services has a unique role as the only all Wales operational service. Today, ambulance services provide mobile urgent treatment services with staff educated and trained to deal with a wide range of emergency and urgent conditions. Maximising both of these opportunities will benefit the whole of NHS Wales and will be an important part of the pandemic response.	
Aims	
<b>CI6-A1</b>	<b>System Flow</b> – Optimise the flow of ambulances into hospital sites in Wales, reducing batching and increasing the timeliness of patients accessing secondary care. The implementation of rosters aligned to demand for each area in 2022-23 will address this, with the improvement trajectory included in the new commissioning framework that will be collaboratively agreed ahead of 1 <sup>st</sup> April 2022.
<b>CI6-A2</b>	<b>Transfer and Discharge Service</b> – To reduce the number of transfers and discharges being undertaken by the EMS fleet. This will include the development of a case for a new national transfer and discharge service.
Products	
<b>CI6-P1</b>	<b>Aligned Escalation and Clinical Safety Plan</b> – A single WAST escalation and clinical safety plan will be in place that is aligned with system-wide escalation processes, responding to areas of greatest clinical risk.
<b>CI6-P2</b>	<b>National Transfer and Discharge Commissioning Framework</b> – A collaborative commissioning framework for a national transfer and discharge service will be agreed following the development of the business case.
Indicators	
<b>CI6-I1</b>	<b>System Pressures Dashboard</b> – WAST and Health Boards will collaborate to ensure that a live system pressures dashboard is in place that enables users to understand current and emerging pressures.

Figure 12- Commissioning Intentions - Wider Health System



# APPENDIX 6-NEPTS COMMISSIONING INTENTIONS 2022/23

This section sets out the approach and guiding principles to the Commissioning Intentions for Non-Emergency Patient Transport Services (NEPTS) for the period 2022/23 and beyond.

These intentions aim to reflect the strategic direction from Committee Members to limit the additional asks on commissioned organisations this year including, but not limited to, minimising meetings, reporting and developments in order to allow for NEPTS to focus on the pandemic response, stabilisation and recovery of services but also to begin the next phase of the transformation and modernisation of NEPTS, following completion of the transfers of work.

Intentions aim to support the transition of performance management arrangements to focus on outcomes, value, quality and safety of service delivery.

These intentions are not intended to set out all activity that will be undertaken this year by commissioners or the provider, but to provide a clear indication of the strategic priorities of the Committee for NEPTS for 2022/23.

Guiding Principles for 2022/23, the commissioning intentions will:

- Be at the strategic level
- Focus on outcomes, value, quality and safety of service delivery
- Support the delivery of the quadruple aims
- Have annually agreed aim(s), product(s) and indicator(s) that will provide an outline of what will be provided within each intention
- Ensure reasonable expectations for the improvement of NEPTS
- Recognise the challenges of resetting in the post-CoVID environment and the opportunities to fast-track service transformation and modernisation
- Ongoing engagement and review between WAST, commissioners and Health Boards will allow the detail of each intention to be refined during the period, if required
- Intentions will not replace or override extant requirements within the Quality and Delivery Framework or statutory targets or requirements

- Intentions will recognise that some elements of work have taken longer than expected and next year will include an element of consolidation and review

### Development and monitoring

- In line with the agreed commissioning cycle, organisations have been asked for their view on the priorities for next year and consequently a principle of the incremental development of existing commissioning intentions has been adopted
- EASC Management Group will hold responsibility for the development and monitoring of progress against these intentions to ensure the strategic intent is achieved
- Regular updates will be provided to the NEPTS DAG
- Future intentions will continue to be developed in a collaborative and timely manner in line with the agreed commissioning cycle

NEPTS Commissioning Intention – CI1: Plurality Model	
<i>The Trust and its Commissioners will collaborate to improve the efficiency, quality of service and outcomes for patients.</i>	
Commissioning Statement	
The delivery of a quality ambulance service requires effective, safe and people-centred care. To realize the benefits of quality health care, ambulance services must be timely, equitable, integrated and efficient. The plurality model creates a single national marketplace that sources a range of patient transport providers that are quality assured by a robust governance framework, creating opportunities to deliver a more efficient, timely and people-centred service.	
CI1a	<b>Resource Efficiency</b> - Demonstrate that resources are being utilised effectively following transfer of work. This will include the re-design and renewal of patient contracts inherited via the transfers of work to deliver the best patient transport model for Wales ensuring value and efficiency of utilisation. The second phase of this work will focus on the procurement strategy, fully reviewing who is best placed to deliver the various aspects of patient transport in accordance with NEPTS objectives and standards.
CI1b	<b>Plurality Providers</b> - Continue to expand and improve the availability of plurality providers and to increase the focus on quality, improved patient experience, value and sustainability.

Figure 13- Commissioning Intentions - Plurality Model

NEPTS Commissioning Intention – CI2: Demand	
<i>The Trust and its Commissioners will collaborate with stakeholders to understand system requirements in order to align resources to effectively manage service demand.</i>	
Commissioning Statement	
Non-emergency patient transport services operate in a complex environment. The delivery of a quality ambulance service requires effective, safe and people-centred care. To realize the benefits of quality health care, ambulance services must be timely, equitable, integrated and efficient. A mature health system proactively seeks opportunities to improve quality and performance. Continuous improvement based on learning from data and feedback must be a cornerstone of ambulance provision.	
CI2a	<b>Planning</b> - Implement improved and dynamic planning process that maximises the utilisation of resources and ensure stability and resilience for future demand.
CI2b	<b>Demand Management</b> - Utilise a range of options including effective use of resources, effective rostering and closer working with the patient and Health Board colleagues to deliver appropriate transport requirements.

Figure 14- Commissioning Intentions - Demand

NEPTS Commissioning Intention – CI3: Capacity	
<i>The Trust and its Commissioners will collaborate with stakeholders to understand system requirements in order to create, align and maximise resource capacity.</i>	
Commissioning Statement	
Non-emergency patient transport services operate in a complex environment. The delivery of a quality ambulance service requires effective, safe and people-centred care. To deliver the benefits of a quality health care service, ambulance services must be timely, equitable, integrated and efficient. To ensure delivery of these benefits the Trust and stakeholders must work collaboratively to create, align and maximise resource capacity.	
CI3a	<b>Transforming Capacity</b> - Implement processes to increase NEPTS capacity within current internal and external resources including workforce and fleet.
CI3b	<b>Reducing Lost Capacity</b> - Implement improvement plans and oversight arrangements to deliver reduction in lost capacity due to system inefficiencies. This includes a requirement on WAST to ensure more effective use of internal resources (workforce, fleet and estates), there is also a requirement for improved collaboration and communication with Health Boards to minimise lost time at hospital sites.

Figure 15- Commissioning Intentions - Capacity

NEPTS Commissioning Intention – CI4: System Transformation	
<i>The Trust and its Commissioners will work collaboratively to transform internal systems and will work with stakeholders to understand the wider system transformation that is taking place.</i>	
Commissioning Statement	
WAST and stakeholders will work collaboratively through the NEPTS Delivery Assurance Group to identify areas for improvement across WAST's internal operating systems and to understand the impact of reconfiguration across the wider health system.	
CI4a	<b>Forecasting and Modelling Framework</b> - A collaboratively developed forecasting and modelling framework will set out the ongoing arrangements for proactively undertaking this work for the next decade, this will include demand-led forecasting and modelling and health economic evaluations. This will ensure the required strategic, tactical and operational focus to tactically plan and forecast seasonal fluctuation and to ensure resource and resilience during times of system pressure.

Figure 16- Commissioning Intentions - System Transformation

# APPENDIX 7-EMRTS COMMISSIONING INTENTIONS 2022/23

This section sets out the approach and guiding principles to the Commissioning Intentions for the Emergency Medical Retrieval and Transfer Service (EMRTS) for the period 2022/23 and beyond.

These intentions aim to reflect the strategic direction from Committee members to limit the additional asks on commissioned organisations this year including, but not limited to, minimising meetings, reporting and developments in order to allow for EMRTS to focus on consolidating following recent service expansion projects and embracing the findings of the EMRTS Service Evaluation.

These intentions are not intended to set out all activity that will be undertaken this year by commissioners or the provider, but to provide a clear indication of the priorities of the Committee for the Emergency Medical Retrieval and Transfer Service for 2022/23.

Guiding Principles for 2022/23, the commissioning intentions will:

- Be at the strategic level
- Focus on outcomes, value, quality and safety of service delivery
- Support the delivery of the quadruple aims
- Have annually agreed aim(s), product(s) and indicator(s) that will provide an outline of what will be provided within each intention
- Ensure reasonable expectations for the improvement of EMRTS
- Recognise the challenges of resetting in the post-CoVID environment and the opportunities to fast-track service transformation and modernisation
- Ongoing engagement and review between EMRTS, commissioners and Health Boards will allow the detail of each intention to be refined during the period, if required
- Intentions will not replace or override extant requirements within the EMRTS Quality and Delivery Framework or statutory targets or requirements



## Development and monitoring

- In line with the agreed commissioning cycle, organisations have been asked for their view on the priorities for next year and consequently a principle of the incremental development of existing commissioning intentions has been adopted
- EASC Management Group will hold responsibility for the development and monitoring of progress against these intentions to ensure the strategic intent is achieved
- Regular updates will be provided to the EMRTS DAG
- Future intentions will continue to be developed in a collaborative and timely manner in line with the agreed commissioning cycle

EMRTS Commissioning Intention – CI1: Service Expansion	
CI1a	<b>Enhanced CCP-led response</b> – Building on the findings of recent winter initiatives and demand and capacity planning undertaken within the service, support the implementation of an enhanced daytime response that will ensure more effective use of resources, improve service quality and the patient experience and provide opportunities for workforce development.
CI1b	<b>Planning</b> – Build on the implementation and consolidation of Phase 1 of the EMRTS Service Expansion project, working collaboratively with commissioners to plan the implementation of the remaining phases of the EMRTS Service Expansion programme.

Figure 17- Commissioning Intentions - Service Expansion

EMRTS Commissioning Intention – CI2: Adult Critical Care Transfer Service (ACCTS)	
CI2a	<b>Service Delivery</b> – The ACCTS team will continue to manage ongoing service delivery and will ensure robust performance management with a focus on outcomes, value, quality and safety of service delivery.
CI2b	<b>Engagement</b> – Building on established relationships, continue to engage with all stakeholders to review and strengthen the service model(s) implemented to maximise the clinical outcomes, value, quality and safety of service delivery.
CI2c	<b>Evaluation and Review</b> – Undertake evaluation and review relating to the implementation of the ACCTS, reporting on lessons learned, service activity and providing the required assurance regarding the realisation of anticipated outcomes and benefits going forward.

Figure 18- Commissioning Intentions - Adult Critical Care Transfer Service (ACCTS)

EMRTS Commissioning Intention – CI3: Service Evaluation	
CI3a	<b>Improvement Plan</b> – Develop and implement an improvement plan in response to the EMRTS Service Evaluation Report.

Figure 19 - Commissioning Intentions - Service Evaluation

EMRTS Commissioning Intention – CI4: System Transformation	
CI4a	<b>Demand and Capacity Strategy</b> – To continue with the work on a collaboratively developed demand and capacity strategy will set out the ongoing arrangements for proactively undertaking this work for the next decade, this will include the use of forecasting, modelling and health economic evaluations.

Figure 20 - Commissioning Intentions - System Transformation

# APPENDIX 8-FUNDING REQUIREMENTS

## EASC SUMMARY

Emergency Ambulance Services Committee 2022/23 Summary	Aneurin Bevan UHB	Betsi Cadwaladr	Cardiff & Vale UHB	Cwm Taf UHB	Hywel Dda UHB
	£m	£m	£m	£m	£m
<a href="#">EAS Allocation</a>	37.436	50.066	23.566	25.952	26.706
<a href="#">NEPTS Allocation</a>	3.490	5.904	4.945	2.315	3.143
<a href="#">EMRTS Allocation</a>	1.151	1.412	0.950	0.873	0.781
<a href="#">Ring-Fenced Commissioner Allocations</a>	0.587	-	0.481	0.399	0.389
<a href="#">Specialist Commissioning Allocation</a>	0.051	-	0.026	0.078	-
<b>EASC Commissioning Funds from LHBs 2022/23</b>	<b>42.715</b>	<b>57.382</b>	<b>29.968</b>	<b>29.616</b>	<b>31.019</b>
<a href="#">EASC Team Resource</a>	0.106	0.164	0.076	0.082	0.087
<b>EASC Total Requirement from LHBs 2022/23</b>	<b>42.821</b>	<b>57.546</b>	<b>30.044</b>	<b>29.698</b>	<b>31.106</b>
<b>Summary of EASC Year on Year Funding Movements 2022/23</b>					
Pay award - recurrent impact from 2021/22 (WG funded)	0.611	0.943	0.438	0.471	0.502
Band 6 Paramedics uplift (WG funded)	0.264	0.408	0.189	0.204	0.217
WAST Mental Health Improvements (WG funded)	0.107	0.165	0.076	0.082	0.088
WAST D&C Phase 2 recurrent impact	0.616	0.950	0.441	0.475	0.506
Operational Delivery Unit	0.149	0.231	0.107	0.115	0.123
NEPTS - Transfers of Service / in-year changes (per WAST figures)	0.465	0.672	0.056	0.015	0.333
2.8 % Uplift 2022/23 - Jan 22 Plan	1.131	1.521	0.793	0.781	0.820
EAS Allocation Front Line Reserve (Non Recurrent)	0.116	0.179	0.083	0.089	0.095
<b>Temporary funding</b>	<b>0.304</b>	<b>0.470</b>	<b>0.218</b>	<b>0.235</b>	<b>0.250</b>
<b>Total Year on Year Movement for 2022/23</b>	<b>3.458</b>	<b>5.068</b>	<b>2.184</b>	<b>2.232</b>	<b>2.017</b>

Figure 21a - EASC Allocation Summary

Emergency Ambulance Services Committee 2022/23 Summary	Powys THB	Swansea Bay UHB	Velindre NHS Trust	Total 2022/23	Total 2021/22	Movement Y-o-Y	Movement Y-o-Y
	£m	£m	£m	£m	£m	£m	%
<a href="#">EAS Allocation</a>	14.392	20.120	-	198.238	182.005	16.233	8.9%
<a href="#">NEPTS Allocation</a>	1.509	4.888	0.718	26.911	25.278	1.633	6.5%
<a href="#">EMRTS Allocation</a>	0.294	0.755	-	6.215	6.000	0.215	3.6%
<a href="#">Ring-Fenced Commissioner Allocations</a>	0.058	0.427	-	2.340	2.340	-	0.0%
<a href="#">Specialist Commissioning Allocation</a>	-	-	-	0.155	0.155	0.000	0.0%
<b>EASC Commissioning Funds from LHBs 2022/23</b>	<b>16.252</b>	<b>26.189</b>	<b>0.718</b>	<b>233.859</b>	<b>215.778</b>	<b>18.081</b>	<b>8.4%</b>
<a href="#">EASC Team Resource</a>	0.047	0.065	-	0.627	0.610	0.017	2.7%
<b>EASC Total Requirement from LHBs 2022/23</b>	<b>16.299</b>	<b>26.253</b>	<b>0.718</b>	<b>234.486</b>	<b>216.388</b>	<b>18.098</b>	<b>8.4%</b>
<b>Summary of EASC Year on Year Funding Movements 2022/23</b>							
Pay award - recurrent impact from 2021/22 (WG funded)	0.273	0.374	-	3.610			
Band 6 Paramedics uplift (WG funded)	0.118	0.162	-	1.561			
WAST Mental Health Improvements (WG funded)	0.048	0.065	-	0.631			
WAST D&C Phase 2 recurrent impact	0.275	0.377	-	3.640			
Operational Delivery Unit	0.067	0.091	-	0.883			
NEPTS - Transfers of Service / in-year changes (per WAST figures)	0.017	0.006	0.002	0.900			
2.8 % Uplift 2022/23 - Jan 22 Plan	0.430	0.694	0.020	6.188			
EAS Allocation Front Line Reserve (Non Recurrent)	0.052	0.071	-	0.685			
<b>Temporary funding</b>	<b>0.136</b>	<b>0.186</b>	<b>-</b>	<b>1.800</b>			
<b>Total Year on Year Movement for 2022/23</b>	<b>1.279</b>	<b>1.839</b>	<b>0.022</b>	<b>18.098</b>			
<b>Funding allocation by LHB per WHSC tables</b>							
	<b>Po</b>	<b>SB</b>		<b>Total</b>			
	7.55%	10.35%		100.00%			

NB

Allocation Request to DDoFs in November 2021 for LHBs and Trusts to hold in their plans (inc. contingency):

EASC Total Requirement from LHBs 2022/23 Provisional inc. Contingency	16.295	26.259	0.719	234.486
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Figure 21b - EASC Allocation Summary

Note: NETPS funding now flows directly to EASC and not WAST - See assumptions

Allocation Request to Deputy Directors of Finance in November 2021 for LHBs and Trusts to hold in their plans (including contingency):

## EAS 2022/23

EAS: WAST EMS Provision 2021/22 Quality & Delivery Framework Agreement	Aneurin Bevan UHB	Betsi Cadwaladr UHB	Cardiff & Vale UHB	Cwm Taf Morgannwg UHB	Hywel Dda UHB	Powys THB	Swansea Bay UHB	EASC Requirement
	£m	£m	£m	£m	£m	£m	£m	£m
2020/21 Recurrent Baseline	26.784	41.271	19.209	20.659	22.005	11.952	16.393	158.272
2020/21 In Year Commissioning Allocation Adjustments								
2020/21 Forecast Outturn	30.985	43.141	20.516	22.579	23.195	12.438	17.516	170.370
Adjustments for 2020/21 In Year Non Recurrent Funds:								
Recurrent Impacts from 2020/21 Service Development Initiatives:								
2021/22 Revised Baseline	33.195	43.971	20.669	22.800	23.449	12.657	17.639	174.380
WG Uplifts and Expected Allocations 2021/22								
Uplift 2% on recurrent baseline	0.664	0.879	0.413	0.456	0.469	0.253	0.353	3.488
ARRP NR Allocation 2021/22	0.004	0.006	0.003	0.003	0.003	0.002	0.002	0.023
ESMCP Control Room Solution 2021/22 NR	0.129	0.199	0.093	0.100	0.106	0.058	0.079	0.764
ESMCP Project Team 2021/22 NR	0.030	0.046	0.021	0.023	0.024	0.013	0.018	0.176
Band 6 Paramedics Uplift	0.224	0.250	0.169	0.189	0.143	0.047	0.152	1.174
Service Development Initiatives 2021/22								
D&C Phase 2 Front Line In Year Allocation Reserve (Non Recurrent)	0.338	0.522	0.243	0.261	0.278	0.151	0.207	2.000
2021/22 Requirement from LHBs to EASC	34.584	45.874	21.610	23.832	24.473	13.181	18.450	182.005
EMS Commissioner Allocation 2021/22								
Major Trauma Ring Fenced Commissioner Allocation 2021/22	0.162	-	0.133	0.110	0.108	0.009	0.118	0.640
2021/22 WAST Funding Allocation from EASC	34.746	45.874	21.743	23.942	24.580	13.190	18.568	182.645
2021/22 In Year Commissioning Allocation Adjustments								
Clinical Service Desk Enhancement (Non Recurrent)	0.051	0.078	0.036	0.039	0.042	0.023	0.031	0.300
Critical Care Non Recurrent allocation 2021/22	0.070	-	0.057	0.048	0.046	0.008	0.051	0.280
Mental Health Conveyancing Pilot Non Recurrent 2021/22	-	-	-	0.823	-	-	-	0.823
NEPTS Planned Care Non Recurrent support 2021/22	-	-	-	2.000	-	-	-	2.000
ESCN Business Case Non Recurrent 2021/22	-	-	-	0.409	-	-	-	0.409
Grange University Hospital								
ESMCP Control Room Solution 2021/22 NR	- 0.087	- 0.134	- 0.062	- 0.067	- 0.071	- 0.039	- 0.053	- 0.513
ESMCP Project Team 2021/22 NR	- 0.028	- 0.043	- 0.020	- 0.021	- 0.023	- 0.012	- 0.017	- 0.163
2021/22 WAST Funding Allocation from EASC Forecast Outturn	34.324	45.776	21.758	27.173	24.574	13.170	18.580	185.352
Adjustments for 2021/22 In Year Non Recurrent Funds:								
Clinical Service Desk Enhancement (Non Recurrent)	- 0.051	- 0.078	- 0.036	- 0.039	- 0.042	- 0.023	- 0.031	- 0.300
Critical Care Non Recurrent allocation 2021/22	- 0.070	-	- 0.057	- 0.048	- 0.046	- 0.008	- 0.051	- 0.280
Mental Health Conveyancing Pilot Non Recurrent 2021/22	-	-	-	0.823	-	-	-	0.823
NEPTS Planned Care Non Recurrent support 2021/22	-	-	-	2.000	-	-	-	2.000
ESCN Business Case Non Recurrent 2021/22	-	-	-	0.409	-	-	-	0.409
D&C Phase 2 Front Line In Year Allocation Reserve (Non Recurrent reversal)	- 0.338	- 0.522	- 0.243	- 0.261	- 0.278	- 0.151	- 0.207	- 2.000
Major Trauma Ring Fenced Commissioner Allocation 2021/22	- 0.162	-	- 0.133	- 0.110	- 0.108	- 0.009	- 0.118	- 0.640
Grange University Hospital								
ESMCP Control Room Solution 2021/22 NR	0.087	0.134	0.062	0.067	0.071	0.039	0.053	0.513
ESMCP Project Team 2021/22 NR	0.028	0.043	0.020	0.021	0.023	0.012	0.017	0.163
Recurrent Impacts from 2021/22 Service Development Initiatives:								
D&C Phase 2 Additional Funding	0.954	1.473	0.684	0.736	0.784	0.426	0.584	5.640
Operational Delivery Unit	0.149	0.231	0.107	0.115	0.123	0.067	0.091	0.883
2022/23 Revised Baseline	35.349	47.055	22.159	24.422	25.102	13.523	18.919	186.528
WG Uplifts and Expected Allocations 2022/23								
Uplift 2.8% on recurrent baseline	0.990	1.318	0.620	0.684	0.703	0.379	0.530	5.223
2021/22 A4C / DDRB Pay Award recurrent Impact	0.611	0.943	0.438	0.471	0.502	0.273	0.374	3.610
Band 6 Paramedics Uplift	0.264	0.408	0.189	0.204	0.217	0.118	0.162	1.561
Front Line Allocation Reserve (Non Recurrent)	0.116	0.179	0.083	0.089	0.095	0.052	0.071	0.685
ARRP NR Allocation 2022/23	-	-	-	-	-	-	-	-
ESMCP Control Room Solution 2022/23 NR	-	-	-	-	-	-	-	-
ESMCP Project Team 2022/23 NR	-	-	-	-	-	-	-	-
Service Development Initiatives 2021/22								
Mental Health Service Improvements (Inc. Clinical Service Desk Enhancements)	0.107	0.165	0.076	0.082	0.088	0.048	0.065	0.631
2022/23 Requirement from LHBs to EASC	37.436	50.066	23.566	25.952	26.706	14.392	20.120	198.238
EMS Commissioner Allocation 2021/22								
Major Trauma Ring Fenced Commissioner Allocation 2022/23	0.162	-	0.133	0.110	0.108	0.009	0.118	0.640
2021/22 WAST Funding Allocation from EASC	37.598	50.066	23.699	26.062	26.814	14.401	20.238	198.878
Funding allocation by LHB per WHSSC tables								
	AB	BC	C&V	CTM	HD	Po	SB	Total
	16.91%	26.11%	12.13%	13.05%	13.90%	7.55%	10.35%	100.00%

Figure 22 - EAS Allocation

Note:

Band 6 Uplift: as per 2021/22 HB allocation tables A2 and B1

Major Trauma Ring Fenced Commissioner Allocation 2021/22: see allocation % split per commissioner allocations

Band 6 Paramedic Uplift: Table A3 in WG Guidelines - additional recurrent funding of £3.61m as advised by WAST

ARRP NR Allocation: any changes will be passed through financial flow from WG to LHB to EASC to WAST

ESMCP Control Room Solution 2022/23 NR: any changes will be passed through financial flow from WG to LHB to EASC to WAST

ESMCP Project Team 2022/23 NE: any changes will be passed through financial flow from WG to LHB to EASC to WAST

Major Trauma Ring Fenced Commissioner Allocation 2022/23: see allocation % split per commissioner allocations

## NEPTS 2022/23

EASC: NEPTS Provision 2021/22 Quality & Delivery Framework Agreement	Aneurin Bevan UHB	Betsi Cadwaladr UHB	Cardiff & Vale UHB	Cwm Taf Morgannwg UHB	Hywel Dda UHB	Powys THB	Swansea Bay UHB	Velindre NHS Trust	EASC Requirement
	£m	£m	£m	£m	£m	£m	£m	£m	£m
2020/21 NEPTS Requirement from LHBs	2.835	4.914	4.626	2.045	3.255	1.070	4.610	0.677	24.033
Healthier Wales additional recurrent funding	0.038	0.057	0.048	0.027	0.036	0.016	0.045	0.005	0.272
Transfer of Services	-	-	-	0.121	0.033	0.337	-	-	0.491
2021/22 NEPTS Baseline	2.873	4.971	4.674	2.193	3.324	1.422	4.655	0.682	24.796
2% uplift*	0.057	0.099	0.080	0.044	0.066	0.028	0.093	0.014	0.482
2021/22 NEPTS Requirement from LHBs to EASC	2.930	5.071	4.754	2.237	3.391	1.451	4.748	0.696	25.278
NEPTS - Transfers of Service / in-year changes (per WAST figures)	0.465	0.672	0.056	0.015	0.333	0.017	0.006	0.002	0.900
2.8% uplift	0.095	0.161	0.135	0.063	0.086	0.041	0.133	0.020	0.733
2022/23 NEPTS Requirement from LHBs to EASC	3.490	5.904	4.945	2.315	3.143	1.509	4.888	0.718	26.911

Figure 23- NEPTS Allocation

Note:

\*2% uplift not applied to C&amp;V St Johns Discharge and Transfer Contract

## EMRTS 2022/23

EASC: EMRTS Provision 2021/22 Quality & Delivery Framework Agreement	Aneurin Bevan UHB	Betsi Cadwaladr UHB	Cardiff & Vale UHB	Cwm Taf UHB	Hywel Dda UHB	Powys THB	Swansea Bay UHB	EASC Requirement
	£m	£m	£m	£m	£m	£m	£m	£m
2020/21 Outturn and 2021/22 EMRTS Baseline	0.855	1.072	0.702	0.650	0.586	0.227	0.558	4.650
2% uplift	0.017	0.021	0.014	0.013	0.012	0.005	0.011	0.093
EMRTS 24/7 Expansion Plan - NR	0.236	0.280	0.199	0.179	0.154	0.053	0.156	1.257
2021/22 EMRTS Requirement from LHBs to EASC	1.108	1.374	0.915	0.841	0.752	0.284	0.726	6.000
EMRTS Critical Care Ring Fenced Commissioner Allocation (NR)	0.355	-	0.291	0.241	0.235	0.041	0.258	1.420
2021/22 EMRTS Total Funding through EASC	1.462	1.374	1.205	1.082	0.987	0.325	0.983	7.420
EMRTS 24/7 Expansion Plan - Non Recurrent 2021/22	- 0.236	- 0.280	- 0.199	- 0.179	- 0.154	- 0.053	- 0.156	- 1.257
EMRTS 24/7 Expansion Plan - Recurrent Funding 2022/23	0.236	0.280	0.199	0.179	0.154	0.053	0.156	1.257
EMRTS Critical Care Ring Fenced Commissioner Allocation	- 0.355	-	- 0.291	- 0.241	- 0.235	- 0.041	- 0.258	- 1.420
EMRTS Critical Care Ring Fenced Commissioner Allocation	0.425	-	0.348	0.288	0.281	0.049	0.309	1.700
2.8% Uplift for 2022/23	0.043	0.038	0.035	0.032	0.029	0.009	0.029	0.216
2022/23 EMRTS Total Funding through EASC	1.575	1.412	1.298	1.161	1.063	0.343	1.063	7.915

Funding allocation by LHB per WHSSC tables

AB	BC	C&V	CTM	HD	Po	SB
18.75%	22.29%	15.83%	14.20%	12.29%	4.21%	12.42%

Figure 24- EMRTS Allocation

Note:

EMRTS 24/7 Expansion Plan - NR - Expansion plan - in year allocation reserve

EMRTS Critical Care Ring Fenced Commissioner Allocation (NR) - see allocation % split per commissioner allocations

## COMMISSIONER ALLOCATION 2022/23

EASC: Commissioner Allocations 2022/23 Quality & Delivery Framework Agreement	Aneurin Bevan UHB	Betsi Cadwaladr UHB	Cardiff & Vale UHB	Cwm Taf UHB	Hywel Dda UHB	Powys THB	Swansea Bay UHB	EASC Requirement
	£m	£m	£m	£m	£m	£m	£m	£m
2020/21 Ring-Fenced Commissioner Allocations Baseline	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
In year allocations								
Critical Care (Recurrent)	0.425	-	0.348	0.288	0.281	0.049	0.309	1.700
Major Trauma (NR)	0.305	-	0.249	0.207	0.202	0.017	0.221	1.201
Major Trauma Handback (NR)	- 0.038	-	- 0.031	- 0.026	- 0.025	- 0.002	- 0.028	- 0.150
2020/21 Commissioner Allocations Baseline	0.691	0.000	0.566	0.470	0.458	0.064	0.503	2.751
Adjustments for 2020/21 In Year Non Recurrent Funds:								
Major Trauma 2020/21 NR	- 0.305	-	- 0.249	- 0.207	- 0.202	- 0.017	- 0.221	- 1.201
Major Trauma Handback Reversal 2020/21 NR	0.038	-	0.031	0.026	0.025	0.002	0.028	0.150
Major Trauma (Recurrent)	0.162	-	0.133	0.110	0.108	0.009	0.118	0.640
2021/22 Requirement from LHBs to EASC	0.587	0.000	0.481	0.399	0.389	0.058	0.427	2.340
2022/23 Requirement from LHBs to EASC	0.587	0.000	0.481	0.399	0.389	0.058	0.427	2.340
Allocation to EMRTS (Critical Care)	0.425	-	0.348	0.288	0.281	0.049	0.309	1.700
Allocation to WAST (Major Trauma)	0.162	-	0.133	0.110	0.108	0.009	0.118	0.640
Allocation Remaining	-	-	-	-	-	-	-	-

Major Trauma % Split

25.36%

0.00%

20.77%

17.23%

16.80%

1.40%

18.44%

100.00%

Critical Care % Split

24.98%

0.00%

20.46%

16.97%

16.55%

2.88%

18.16%

100.00%

Figure 25- Commissioner Allocation

Note:

Critical Care (Recurrent) / Major Trauma (NR) / Major Trauma Hand back (NR) - Per WHSSC Income Expectations March 2021

Major Trauma (Recurrent) - As per 2021/22 Health Board Allocation Table A2



## SPECIALIST COMMISSIONING 2022/23

EASC: Commissioner Allocations 2021/22 Quality & Delivery Framework Agreement	Aneurin Bevan UHB	Betsi Cadwaladr UHB	Cardiff & Vale UHB	Cwm Taf UHB	Hywel Dda UHB	Powys THB	Swansea Bay UHB	EASC Requirement
	£m	£m	£m	£m	£m	£m	£m	£m
2020/21 Commissioner Allocations Baseline	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
South-East Wales Regional Acute Coronary Syndrome Treat and Repatriate Service*	0.051	-	0.026	0.078	-	-	-	0.155
2021/22 Requirement from LHBs to EASC	0.051	0.000	0.026	0.078	0.000	0.000	0.000	0.155
2022/23 Requirement from LHBs to EASC	0.051	0.000	0.026	0.078	0.000	0.000	0.000	0.155

% split based on population usage of service

33% 0% 17% 50% 0% 0% 0% 100%

\* Split per correspondence between C&V Clinical Board Director – Specialist Services and Chief Ambulance Services Commissioner, 20th November 2020

NB: Payments for this service to be made to Cardiff and Vale UHB

Figure 26- Specialist Allocation

## EASC TEAM 2022/23

EASC Team 2021/22	Aneurin Bevan UHB	Betsi Cadwaladr UHB	Cardiff & Vale UHB	Cwm Taf UHB	Hywel Dda UHB	Powys THB	Swansea Bay UHB	EASC Requirement
	£m	£m	£m	£m	£m	£m	£m	£m
2021/22 EASC Team Baseline	0.101	0.156	0.072	0.078	0.083	0.045	0.062	0.598
2 % uplift	0.002	0.003	0.001	0.002	0.002	0.001	0.001	0.012
2021/22 EASC Team Requirement from LHBs to EASC	0.103	0.159	0.074	0.080	0.085	0.046	0.063	0.610
2.8% uplift	0.003	0.004	0.002	0.002	0.002	0.001	0.002	0.017
2021/22 EASC Team Requirement from LHBs to EASC	0.106	0.164	0.076	0.082	0.087	0.047	0.065	0.627

Figure 27- EASC Team

# APPENDIX 9 - FINANCIAL PLAN 2022/23 ASSUMPTIONS

The 2022/23 Annual Planning Framework figures for EASC Commissioned Services will be consistent with the details set out in the Welsh Government (WG) allocation letter, which is expected to include specifically:

- An uplift for core cost growth assumed to be 2.8%, which includes funding to meet the first 1% of 2022/23 pay award costs
- Ring fenced funding to be provided in full to support the increasing cost profile of the Band 6 paramedic business case

The allocation does not include the following:

- Further funding to support the Agenda for Change (A4C) pay award or other pay award uplifts
- Funding for the ongoing NHS response to CoVID-19 in 2022/23

Major Trauma and Critical Care Transfer Service funding has been added to the EASC ring fenced allocation.

This is an initial allocation, and it is expected that any additional funding required to deliver key priorities will be allocated as appropriate when costs are confirmed, and source of funding agreed.

## EAS ALLOCATION

### DEMAND AND CAPACITY REVIEW: RECURRENT IMPACT OF ADDITIONAL FRONT-LINE RECRUITMENT

The Front Line In-Year Allocation Reserve was introduced in 2020/21 in order to provide a clearer link between provider programme delivery and commissioner payment. The Front Line In-Year Allocation Reserve process continued into 2021/22 following on from the successful delivery of an additional 136 whole time equivalent (WTE) front line staff as part of the Demand and Capacity Review.

The recurrent impact of phase 1 recruitment of the Demand and Capacity Review in 2020/21 was **£4.977m** in 2021/22 and has been included in the plan and allocated across the seven local health boards (LHBs) in line with the established risk share mechanism.

As part of phase 2 of the expansion of front-line resources Health Boards contributed **£2.0m** additional revenue on a non-recurrent basis for 2021/22. The draw down from this funding was made conditional on delivery of an additional 127 WTE front line staff in line with the plan and allocated only when expenditure has been incurred. At this stage of the planning cycle, WAST are forecasting to meet the recruitment target of an additional 127 WTE and the recurrent impact of this is expected to be **£5.640m** which has been included in the plan and allocated across the 7 LHBs in line with the established risk share mechanism.

This funding has been made available to support the recruitment of front line staff in line with the Commissioning Intentions and recommendations from the Demand and Capacity Review, which was jointly commissioned between EASC and WAST in 2019/20. This funding has been made available contingent on WAST contributing towards this resource by utilising their allocated 1% growth uplift and delivering efficiencies. Key drivers of efficiency for WAST will include:

- Reduction in the costs of overtime and an increase in the proportion of funding that is spent directly on front line resources
- Maximising the use of resources directed towards the front line with any slippages allocated to front line service development

## NEPTS ALLOCATION

In addition to the assumptions set out in the WG allocation letter, the NEPTS funding position reflects the in-year 2021/22 transition of services. Historically, NEPTS funding flowed from LHBs to WAST directly but was included in the EASC annual financial plan for completeness as a commissioned service under EASC.

In 2022/23, NEPTS funding flow will change and be allocated to EASC directly from LHBs in order to become aligned with the Emergency Ambulance Service allocation and associated governance mechanisms.

In 2021/22, EASC secured a non-recurrent allocation from Welsh Government of £2m to support Health Boards with their Planned Care recovery programmes. For 2022/23, it is expected that LHBs will include non-emergency transport requirements within their Planned Care recovery programme plans and that funding for any additional requirements for NEPTS services will be provided to EASC in order to commission the service from WAST.

## THE GRANGE UNIVERSITY HOSPITAL

The Grange University Hospital was opened in November 2020, with funding for the ambulance service being provided by Aneurin Bevan ABUHB to EASC in line with ambulance commissioning arrangements and the Service Level Agreement established for the Grange.

## EMRTS ALLOCATION

In addition to the assumptions set out in the WG allocation letter, the EMRTS funding position is consistent with the approved development and expansion of the 24/7 service and the Critical Care Transfer Service. Funding for these initiatives will be released once the cost has been incurred. Funding for the Critical Care Transfer Service has been released by Welsh Government as a ring-fenced allocation (see note below on EASC Ring Fenced Commissioning Allocations).

As part of the expansion of the 24/7 service, Health Boards contributed £1.257m additional revenue on a non-recurrent basis for 2021/22. The draw down from this funding was made conditional on delivery of resources in line with the delivery plan and only when expenditure has been incurred. If expenditure is not incurred or the programme underspends, funding will be returned to LHBs. At this stage of the planning cycle, EMRTS are expecting to deliver the 24/7 service expansion in line with the plan and a recurrent allocation of £1.257m plus uplift will be required in 2022/23.

## SOUTH-EAST WALES REGIONAL ACUTE CORONARY SYNDROME TREAT AND REPATRIATE SERVICE

In 2019/20, as part of 'A Healthier Wales' transformation initiative, EASC funded the development of a dedicated ambulance to transport patients between district general hospitals in south east Wales and the tertiary centre at the University Hospital Wales, Cardiff. The scheme was further funded by EASC on a non-recurrent basis in 2020/21 and has had a transformative impact both in terms of the reduction in access time to treatment for patients and the amount of time patients are in hospital. The scheme will therefore be funded on a recurrent basis from 2021/22 onwards, with funding being drawn down from Cardiff and Vale, Aneurin Bevan and Cwm Taf Morgannwg UHBs on a usage basis through the EASC brokerage system.

The cohort of patients benefiting from this service is broadly split 50% Cwm Taf Morgannwg CTMUHB (Prince Charles and Royal Glamorgan hospitals), 33% Aneurin Bevan UHB (Nevill Hall Hospital) and 17% Cardiff and Vale UHB (University Hospital Llandough).

## RING-FENCED COMMISSIONING ALLOCATIONS

The Critical Care Transfer Service and Major Trauma service development allocations have been made available recurrently from Welsh Government on a ring-fenced basis. These have been reflected in the EASC Ring Fenced Commissioning Allocations values.

## EASC TEAM RESOURCING

No assumption has been made for additional EASC Team resourcing other than the core cost growth uplift as set out in the Welsh Government allocation letter.



# NON EASC ALLOCATIONS

In addition to the EASC revenue allocation, WAST and EMRTS services receive funding from other sources as outlined below. There are separate processes for negotiating and agreeing these amounts which are currently outside the remit of the EASC Joint Committee.

## NHS 111 WALES PROGRAMME

Funding for the Welsh Ambulance Services NHS Trust's (WAST) 111 service delivery is included as Hospital, Community and Health Services Directed Expenditure in the Welsh Government allocation, which is passed through Aneurin Bevan University Health Board (ABUHB) as host organisation for the NHS 111 Wales programme and national roll out.

## OTHER REVENUE

WAST receives revenue funding directly for the following services:

- Hazardous Area Response Team
- Health Board locally commissioned EMS services
- Major Trauma Units

## CAPITAL FUNDING

Capital funding, and any associated revenue impacts for depreciation, for WAST and EMRTS is allocated directly to WAST and Swansea Bay LHB respectively from Welsh Government.



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