



NATIONAL COLLABORATIVE COMMISSIONING UNIT

INTEGRATED MEDIUM TERM PLAN 2020/2023

Appendices

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1. Introduction

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

1.1 Our Vision

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

2. EASC Commissioned Services

EASC as a joint-committee of the Health Board is responsible for the commissioning of the following services:

- Emergency Medical Services (EMS)
- Non-Emergency Patient Transport Services (NEPTS)
- Emergency Medical Retrieval and Transport Services (EMRTS)

2.1 EASC Transformational Drivers

Key transformational drivers for the EASC Work programme are the EASC Model Standing Orders; the clinical model; Amber Review; Strategic service changes around South Wales Major Trauma Network and the Grange University hospital.

The EASC Model Standing Orders outline the expectation that safe, effective and timely services are delivered. It also includes the creation, development, operation, refresh and evaluation of National Collaborative Commissioning: Quality & Delivery Frameworks for Ambulance Services within NHS Wales covering Emergency Ambulance Services, Non-Emergency Ambulance Services and Emergency Medical Retrieval Transfer Services and enables closer working relationships between EASC and the National Programme of Unscheduled Care.

2.2 EASC Key Deliverables

The key deliverables for the EASC work programme can be found in **Appendix 1**

2.3 EASC Priorities 2020/21

2.3.1 Emergency Medical Services (EMS)

Within EMS there are opportunities to develop the enhanced assurance and performance management arrangements on behalf of EASC. Working collaboratively with WAST to develop the documents required to support the Model Standing Orders and a set of Key Performance Indicators. The KPIs will be reported into EASC Management Group in order to provide assurance to EASC Joint

Committee on the performance of WAST as an organisation. This integrated approach and these measures will be aligned to the strategic commissioning intentions and designed to cover quality, safety, risk, finance and value.

EASC EMS Priorities for 2020/21 include:

- Recruitment of a minimum of 90 WTE additional staff
- Shift of front line spend from current levels to 75%
- Realisation of efficiencies through delivery of the WAST components outlined in D&C & national requirements
- Expansion of Advanced Paramedic Practitioner (APP) roles
- Development of All Wales Falls Response Model
- Development of All Wales Single Integrated Clinical Assessment and Triage (SICAT) service
- Support and development of Alternative Clinical Pathways

EMS 2020/21 Commissioning Intentions are attached as **Appendix 2**.

2.3.2 Non-Emergency Patient Transport Service (NEPTS)

Within 2020/21 and beyond EASC will work collaboratively with Health Boards to implement the plurality model for Non-Emergency Patient Transport Services, this will enable WAST as the provider of NEPTS in Wales to realise efficiencies through economies of scale. Through NEPTS transport solutions we will develop a consistently eligibility criteria and booking processes that will support full implementation of the Welsh Health Circular 2007 (005) around non-emergency patient transport services. The NEPTS storyboard attached as **Appendix 3** shows the work to be delivered collaboratively during this IMTP cycle.

EASC NEPTS Priorities for 2020/21 include:

- Delivery of the work programme jointly agreed through the DAG and represented in the 2020/21 NEPTS commissioning Intentions.

NEPTS 2020/21 Commissioning Intentions are attached as **Appendix 4**

2.3.3 Emergency Medical Retrieval Transfer Service (EMRTS)

There are many strategic change programmes underway across NHS Wales. These for ambulance services are captured as part of the commissioning process. A list of these schemes is attached as **Appendix 5**. Some of these have clear implications for the transfer of critically ill and injured patients around the clock and EMRTS is committed to supporting these where appropriate.

EASC will work with EMRTS and Welsh Government to support the 24/7 expansion of the EMRTS Service. This service will support the transport component of the South Wales Major Trauma Network as well as providing 24/7 all Wales equity for patients requiring time critical transfers

EASC EMRTS Priorities for 2020/21 include:

- Work with EMRTS, EASC, Health Boards and Welsh Government to support 24/7 expansion

3. National Programme for Unscheduled Care (NPUC) Work Programme

The Welsh Government has placed improving unscheduled care services for patients at the heart of their commitments to the Welsh public during the current Assembly term. It is considered a priority for NHS Wales and Ministers have been clear that they expect to see optimal outcomes for citizens who access unscheduled care services, through a patient-centred, safe, timely and effective approach. The Welsh Government's stated intention for achieving this goal is through organising all local services as part of a single planned, integrated system, where all elements work seamlessly and reliably to deliver the right patient centred response, by the right clinician, at the right time to optimise patient outcomes.

The national programme for unscheduled care is a long running programme established to facilitate and enable change and improvement for unscheduled health and care services in Wales. Significant work has seen a recalibration of the programme to ensure there is clarity for future programme arrangements and deliverables which will make a real difference to the service our patients are receiving across Wales each and every day.

3.1 NPUC Transformational Drivers

Key Transformational drivers for the National Programme of Unscheduled Care will be the work led by the Director & Clinical Director of the programme to define "What good looks like for unscheduled care".

This work will utilise the policy framework for unscheduled care that is in development and sets out medium to long term ambitions for unscheduled care services to be delivered consistently across Wales by Local Health Boards and Trusts. The initial step in implementing the policy framework for Unscheduled Care will be to:

1. Scope defined and agreed for services within Unscheduled Care.
2. Opportunities from EDQDF to be identified
3. Delivery resources agreed
4. Team appointed
5. Phase one commenced "What does good look like for the unscheduled care system in Wales?"

3.2 NPUC Key Deliverables

The key deliverables for NPUC can be found in **Appendix 6**

3.3 NPUC Priorities 2020/21

The development of an Emergency Department National Collaborative Commissioning Quality and Delivery Framework (EDQDF) was launched by the minister in June 2018. The EDQDF storyboard attached as **Appendix 7** shows the work to be delivered collaboratively during this IMTP cycle. Phase 1 of this work was conclude by June 2019. The programme moved into phase 2 in July 2019 with a Ministerial Launch Event. Phase 2 will deliver:

3.3.1 National Enablers for Service Improvement (NESIs)

Developed through the collaborative commissioning of Emergency Departments across Wales; National Enablers for Service Improvement (NESIs) require collaboration between expert organisations to deliver national solutions.

National enablers align the Quadruple Aims of A Healthier Wales as well as providing a mechanism to ensure the boards of health and social care organisations are sighted on developments locally. The EDQDF programme is developing 4 NESIs as part of phase 2 production. These are:

- ED Benchmarking: delivered with NHS Benchmarking NWIS this work will support a consistent use of the collection of data and use of benchmarking outputs to drive improvement in ED's across Wales.
- ED Patient Experience: This NESI will enable patient experiences of ED to be recorded in real time. It will also enable ED's to benchmark on patient experience against other ED sites across the UK and Europe.
- ED Staff engagement & experience: Working with the Picker Institute EUROPE we delivered an ED staff experience survey about their experiences of working during Winter 2018/19. This work produced for each ED site an improvement map to support delivery of the priority changes that would deliver most impact.
- ED Pioneering KPIs: Working collaboratively with NWIS to change the conversation beyond the traditional 4 and 12 hours within ED. This work will develop initially 15 measures (3 across each of the 5 steps of the care pathway) from the front to the back door of an ED. This work will enable each organisation to better understand a patients flow through ED. The programme will develop over time 3 measures for each of the 20 care standards for EDQDF. This suite of 60 measures will be ensure NHS Wales remains at the forefront of innovation.

3.3.2 Pathway Improvement Projects (PIPs)

As part of the development process Pathway Improvement Projects (PIPs) focus on the operational arrangements to deliver the national Care Standards for services.

Each PIP is national, has clinical leadership; nationally through the Clinical Director for the NPUC, or locally from a local Clinical Lead. These national projects offer short, medium and long term wins and opportunities to improve the standards of care across NHS Wales. The EDQDF programme has 20 care standards and will deliver 20 PIPs through the production process.

The EDQDF Programme has produced a PIP Production Template to support the production of 'what looks good'; it covers:

- the establishment of a PIP Working Group;
- clarification of what is within and out of scope;
- identification of relevant existing documentation such as protocols, policies, etc.;
- a detailed description of what is required to deliver the care standard and ensure continuous improvement;

3.3.3 National Policy delivered locally

The EDQDF programme has identified 6 ED early adopter sites across ABUHB, BCUHB & CVUHB. Welsh Government support has enabled each of these sites to employ a consultant and clinical nurse lead to provide clinical leadership and oversight locally. The programme has also funded the recruitment of project and administration within each early adopter site to embed change.

The EDQDF is supported by a core NCCU team. This is also funded through Welsh Government. The core team will drive the programme and support the early adopter sites and the partner organisations through effective programme management to implement and embed the PIPs and NESIs.

3.3.4 Frontline FastTrack Solutions

The frontline clinicians from within the Early Adopter sited for EDQDF programme identified for ambulance handover and triage flow things that will make Ambulance Handover and Triage function better. These real solutions when developed from proof of concepts by front line clinicians that when scoped, delivered and embedded will deliver real benefits outlined in the policy agendas.

3.3.5 EDQDF Clinical Innovation Fund

Supported by Welsh Government the programme will develop a clinically led innovation fund to support and deliver the innovations that will improve performance within the Emergency Department.

4. Improving Care, Improving Experience in Mental Health & Learning Disability Services Programme

For our Improving Care, Improving Experience in Mental Health & Learning Disability Services Programme our commissioning model supports the national commissioning of:

- Mental Health & Learning Disability Adult Hospitals
- Mental Health & Learning Disability CAMHS hospitals
- Mental Health & Learning Disability Adult Care Homes

Our Improving Care, Improving Experience in Mental Health & Learning Disability Services Programme will ensure that Mental Health and Learning Disability policy is implemented and opportunities maximised to improve outcomes for patients.

4.1 Improving Care, Improving Experience Key Deliverables

The key deliverables for Improving Care, Improving Experience can be found in **Appendix 8**

4.2 Improving Care, Improving Experience Priorities 2020/21:

4.2.1 National Collaborative Commissioning Adult/CAMHS Mental Health & Learning Disabilities Hospitals

NCCU QAIS team will:

- Renew our adult and CAMHS frameworks for the first time in 8 years, merging the two. We will ensure focus on outcomes and prioritise local placements as well as quality.
- Undertake reviews of all wards and care homes where Welsh adults and children are placed.
- Work with the 600+ hospital wards to ensure safe, effective care is delivered.

4.2.2 National Collaborative Commissioning Adult Mental Health & Learning Disabilities Care Homes

NCCU QAIS team will:

- Support commissioners to place under this framework including offering transitional support.
- Continue to host a future pricing network that brings together commissioners and providers to harmonise and improve current care pricing.

4.2.3 NCCU & WHSSC working collaboratively to improve quality in Mental Health & Learning Disabilities

NCCU QAIS team will:

- Undertake reviews of the 2 CAMHS units as part of our quality assurance MOU with WHSSC.
- Undertake reviews of the 2 medium secure units as part of our quality assurance MOU with WHSSC.
- Work with WHSSC to consider enhancing our quality assurance partnerships, possibly considering case management of secure care.

4.2.4 NCCU & WG Working Together for Mental Health

NCCU QAIS team will:

- We will undertake a secure Mental Health inpatient review to better to aid national, regional and local planning.
- We will support the CAMHS pathway development for bed based care.
- We will publish the National MH Access and Conveyance Review on behalf of Welsh Government and we will support the delivery of any accepted recommendations.
- We will support the MH National Benchmarking in adult and CAMHS and host an all Wales feedback event.
- We will collaborate with 14 other countries to produce an international benchmarking report.

4.2.5 NCCU & WG Improving Care, Improving lives Learning Disabilities

NCCU QAIS team will:

- Support the delivery of any accepted recommendations of the National Care Review of LD Hospital services.
- Plan, progress and publish a National Care Review of LD patients in MH hospitals.
- Scope and possibly deliver the children with LD National Care Review on behalf of Welsh Government.
- Support the new Learning Disability National Benchmarking and host an all Wales feedback event.

4.2.6 NCCU & Welsh Government Safer Staffing Programme

NCCU QAIS team will:

- Agree the safer staffing element as part of the new hospitals framework
- Roll out the safer staffing programme to MH & LD care homes
- Pilot the Levels of Care in Older Adult Care Homes as part of the Safer Staffing in Care Homes element

4.2.7 NCCU & Health Boards-Improving Care in Mental Health & Learning Disabilities

NCCU QAIS team will:

- Support BCUHB in the implementation of the internal MH ward quality review undertaken in 2019.
- Explore options to strengthen the partnership with BCUHB and expand the joint repatriation team to cover all the £110m CHC spend.
- Commence and complete the care mapping of MH care homes at the request of any health board, already 3 of the 7 HBs have requested this.

4.2.8 NCCU Working collaboratively to Improve Care & Improve Experience

NCCU QAIS team will:

- Explore the commissioning of our quality assurance services by the Isle of Man government
- Scope and possibly deliver the commissioning of the sexual assault referral services as requested by this programme
- Support the development of a value in MH project in partnership with Shared services, FDC and MH network
- Continue to collaborative with NHS England, especially in relation Welsh patients cared for in England and English patients cared for in Wales.

5. Appendix 1: EASC Key Deliverables

| EASC | Year 1 | Year 2 | Year 3 |
|---|--|--------|--------|
| EASC Business as Usual Activity 2020/23 | <ul style="list-style-type: none"> Assessing and recommending for approval business cases which may be revenue, capital or from alternative funding sources in relation to EMS, NEPTS and EMRTS developments Ongoing production of the quality assurance and production performance reports required by EASC, EASC's Planning Development & Evaluation Group and EASC's Joint Management Assurance Group. Reporting of any findings in relation to quality assurance and improvement of the EASC commissioned service of NEPTS which may come to light through the NEPTS Delivery Assurance Group. Reporting of any findings in relation to quality assurance and improvement of the EASC commissioned service of EMRTS which may come to light through the EMRTS Delivery Assurance Group. The production of annual commissioning intentions for EMS, NEPTS and guidance support for EMRTS. The sharing of EAS NEPTS EMRTS commissioning intentions across Welsh Government, Health Boards as commissioners of EAS NEPTS EMRTS; WAST as providers of EAS and NEPTS; WHSSC and Velindre NHS Trust as commissioners of NEPTS; and ABMU as host of EMRTS. Review and subsequent recommendation for approval of the WAST IMTP. Support Health Boards; WHSSC and Velindre NHS Trust's IMTPs for their consideration of EMS EASC Management Group to undertake <ul style="list-style-type: none"> a planning role – to link the strategic intentions of services for which EASC is responsible with related services across NHS Wales particularly across the Unscheduled Care System and advise EASC upon their inclusion in planning processes across Welsh Government, Health Boards and WAST on a local, regional or national basis; a development role – to consider the initiation, development and implementation of service changes across the 5-Steps of the Ambulance Patient Care Pathway / pre hospital USC Pathway; and key enabling products in support of frameworks to include: <ul style="list-style-type: none"> proposed service changes; and key enabling products, are robustly evaluated and underpinned by credible research & development activities; with any learning and evidence shared. Produce reports required by the EASC Meetings to effectively discharge its responsibilities. Establish and manage groups which are created from time to time to develop quality & delivery frameworks such as those presently operating in support of the EASC commissioned service of NEPTS through at present the NEPTS Delivery Assurance Group; and the EASC commissioned service of EMRTS through at present the EMRTS Delivery Assurance Group.* Preparation of the Annual Governance Statement for EASC. Development and undertaking of External / Internal Audit work plans for EASC. Consideration and subsequent implementation of any actions arising following internal and external audit reviews. Establish, monitor and maintain oversight of the refresh requirements for both EASC and providers under the quality & delivery frameworks which it creates. C3 Faculty identifies opportunities and develops bids for submission to relevant R&D Funding Calls in support of EASC's responsibilities and products. C3 Faculty prepares and presents publications on findings from work undertaken in relation to EASC's responsibilities, products and the application of the CAREMORE® methodology in support of the quality & delivery frameworks created on behalf of EASC. Deliver the EASC information management requirements of: <ul style="list-style-type: none"> meeting the expectations of EASC being a designated official publisher of statistics through its submission of accurate Ambulance Quality Indicators (AQIs) for publication by Stats Wales; designing the EMS, NEPTS and EMRTS data repositories including the reporting of what, when and to whom supporting the use of the data repository in reviewing and analysing EMS NEPTS EMRTS performance development of a comprehensive suite of performance and outcome measures across clinical, patient experience and value for money which are regularly reported tailoring reports to EASC and its sub-groups acting as the conduit between WAST and HBs for EMS NEPTS and EMRTS for the development and then reporting of local measures relevant for Health Boards' populations Operation and enhancement of the electronic Benchmarking Toolkit. | | |

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| EMS | <ul style="list-style-type: none"> Enhanced assurance on finance & performance to both Welsh Government & EASC by CASC; Continued challenge & scrutiny by EASC Management Group on behalf of EASC EASC & CASC MOU with Welsh Government revised. Quadruple Aim aligned to Care Standards. Delivery, management and control of Demand & Capacity Review's findings Ambulance Productivity Task Force Quality Assurance & Improvement Services established EASC Standing Order & Standing Financial Instructions created, adopted and complied. EAS & NPUC closer aligned; expanded role of Clinical Director NPUC Determine the resources needed in support of EASC's Enhanced requirements. Delivery of the improvements to the EMS Quality & Delivery Framework as specified within Commissioning Intentions 20120/21 and agreed as part of the EASC and WAST IMTP 2020/21 Alignment process and its associated documentation Delivery of EMS performance improvements by WAST as specified within Commissioning Intentions 2020/21 and agreed as part of the EASC and WAST IMTP 2020/21 Alignment process and its associated documentation Delivery of EMS performance improvements by both WAST and Health Boards as specified within Commissioning Intentions 2020/21 and agreed as part of the EASC and WAST IMTP 2020/21 Alignment process and its associated Establishment with the use of additional resources a quality assurance and improvement service for EASC commissioned services of EMS and NEPTS which will include: <ul style="list-style-type: none"> incidents and complaints reporting and reviews; daily performance reviews; Clinical risk assurance reviews. | <ul style="list-style-type: none"> Enhanced assurance on finance & performance to both Welsh Government & EASC by CASC; Continued challenge & scrutiny by EASC Management Group on behalf of EASC Quadruple Aim aligned to Care Standards. Delivery, management and control of Demand & Capacity Review's findings Ambulance Productivity Task Force EAS & NPUC closer aligned; expanded role of Clinical Director NPUC | <ul style="list-style-type: none"> Enhanced assurance on finance & performance to both Welsh Government & EASC by CASC; Continued challenge & scrutiny by EASC Management Group on behalf of EASC Quadruple Aim aligned to Care Standards. Delivery, management and control of Demand & Capacity Review's findings Ambulance Productivity Task Force EAS & NPUC closer aligned; expanded role of Clinical Director NPUC |
| NEPTS | <ul style="list-style-type: none"> Delivery of the improvements to the NEPTS Quality & Delivery Framework as specified within Commissioning Intentions 2020/21 and agreed as part of the EASC and WAST IMTP 2020/21 Alignment process and its associated documentation Delivery of NEPTS performance improvements by WAST as specified within Commissioning Intentions 2020/21 and agreed as part of the EASC and WAST IMTP 2020/21 Alignment process and its associated documentation Delivery of NEPTS performance improvements by both | <ul style="list-style-type: none"> NEPTS Demand & Capacity Review Transport solutions delivering WHC 2007(005). | <ul style="list-style-type: none"> NEPTS Demand & Capacity Review |

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| | <p>WAST and Health Boards / Velindre NHS Trust / WHSSC (Renal Network) as specified within Commissioning Intentions 2020/21 and agreed as part of the EASC and WAST IMTP 2020/21 Alignment process and its associated documentation</p> <ul style="list-style-type: none"> • Plurality model fully enacted & all Health Board Provision transferred to WAST • NEPTS Demand & Capacity Review | | |
| EMRTS | <ul style="list-style-type: none"> • Enhanced role & function of the EMRTS Delivery Assurance Group • Supporting EMRTS 24/7 expansion | <ul style="list-style-type: none"> • Enhanced role & function of the EMRTS Delivery Assurance Group • Supporting EMRTS 24/7 expansion | <ul style="list-style-type: none"> • Enhanced role & function of the EMRTS Delivery Assurance Group • Supporting EMRTS 24/7 expansion |
| EASC Future Commissioned Transport Services | <ul style="list-style-type: none"> • National Transfer & Discharge Services <ul style="list-style-type: none"> ○ Critical Care Transfers ○ Inter hospital transport for the Grange University Hospital ○ Neonatal transfers ○ Stroke Thrombectomy Repatriations ○ Major Trauma Repatriations ○ Mental Health transport ○ Health Boards' Core Service Changes ○ South Wales Major Trauma Network • Determine the commissioning resources needed in support of EASC's future commissioning opportunities Enhanced requirements. | <ul style="list-style-type: none"> • Determine the commissioning resources needed in support of EASC's future commissioning opportunities. | <ul style="list-style-type: none"> • Determine the commissioning resources needed in support of EASC's future commissioning opportunities. |

6. Appendix 2: Emergency Medical Services Commissioning Intentions 2020/21

| Care Standards | Activity | Resource Envelope | Model | Operations | Review | Evaluate |
|---|---|---|--|---|--|---|
| <i>Goal: Define care standards for emergency ambulance services to meet</i> | <i>Goal: Know & understand demand & capacity requirements</i> | <i>Goal: Identify total resources which may be utilised and affected</i> | <i>Goal: Define model(s) of care across the ambulance patient care pathway</i> | <i>Goal: Mechanisms are established to ensure effective delivery of the Framework</i> | <i>Goal: Detail the ongoing performance metrics, management & improvements</i> | <i>Goal: Define outcomes & methods as criteria for judging benefits from the framework</i> |
| <i>Principle: The right expectations are defined for quality and safety</i> | <i>Principle: The right capacity is available to meet the right demand</i> | <i>Principle: The right ambition to make best use of <u>all</u> existing resources</i> | <i>Principle: the right staff, at the right place, at the right time</i> | <i>Principle: The right interaction between patients, professionals and organisations</i> | <i>Principle: The right measures, monitoring and management to ensure continuous improvement</i> | <i>Principle: The right patient outcomes from the right patient experience at the right cost</i> |
| EASC Strategic Commissioning Intent 2020/21 onwards | | | | | | |
| <p>EASC Strategic Commissioning Intent supports a whole system risk reduction approach; promotes the Quadruple Aim across WAST & utilises the IMTP process to realise a Quadruple Aim Benefit against each Care Standard for EMS. It aligns and supports delivery of:</p> <ul style="list-style-type: none"> Refreshed National Collaborative Commissioning: Quality & Delivery Frameworks for EASC Commissioned Services and the assessment of the WAST IMTP submission. Ministerial priorities for Emergency Ambulance Services A Healthier Wales 'Quadruple Aim' namely: <ul style="list-style-type: none"> Improved patient experience of WAST services. Enhanced engagement and experience of WAST workforce. Improved clinical outcomes of WAST services. Deliver higher value emergency health and social care services with EASC funding. Wellbeing of Future Generations Act requirements as described in Welsh Government Planning Guidance Whole systems approach through alignment with wider initiatives such as the National Programmes for Unscheduled Care & Primary Care | | | | EMS Quadruple Aim Benefit Map (Appendix 1 for reference) | | |
| | | | | Improved patient experience of WAST services. <i>Care standards (PCP), Core Requirements (CR) reference:</i> PCP3, PCP4, PCP6, PCP7, PCP8, PCP9, PCP10, PCP12, PCP13 CR1, CR2, CR3 | Enhanced engagement and experience of WAST workforce. <i>Care standards (PCP), Core Requirements (CR) reference:</i> PCP3, PCP4, PCP6, PCP7, PCP8, PCP9, PCP10, PCP12, PCP13 CR1, CR2, CR3, CR5 | |
| | | | | Improved clinical outcomes of WAST services. <i>Care standards (PCP), Core Requirements (CR) reference:</i> PCP5, PCP6, PCP11, PCP14 CR1, CR3, CR4, CR6 | Deliver higher value emergency health and social care services with EASC funding. <i>Care standards (PCP), Core Requirements (CR) reference:</i> PCP1, PCP2, PCP6, PCP7, PCP8, PCP9, PCP10, PCP12, PCP13, PCP15 CR1, CR3, CR5 | |
| EASC Annual Commissioning Intentions 2020/21 | | | | | | |
| Care Standards | Activity | Resource Envelope | Model | Operations | Review | Evaluate |
| <ol style="list-style-type: none"> Care Standards and requirements remain extant. Core Requirements remain extant. The principle is that core and clinical standards will be measured through a self-assessment process by | <ol style="list-style-type: none"> Activity to 'shift' left for WAST within each individual health board where safe and appropriate to do so ensuring the right response & right | <ol style="list-style-type: none"> EASC will set a resource envelope in line with previously approved WAST 2019-22 IMTP & 2020/21 commissioning intentions by working in an open, transparent and collaborative way with WAST, LHBs and NCCU to identify resources to be | <ol style="list-style-type: none"> No change to the over-arching 5-Step Ambulance Patient Pathway model of care: <ul style="list-style-type: none"> Step1: help me choose Step 2: answer my call | <ol style="list-style-type: none"> Participation and collaboration by WAST and Health Boards as required under EASC. Commissioning process to align: <ul style="list-style-type: none"> EASC, WAST and Health Boards IMTPs is adopted by all organisations. | <ol style="list-style-type: none"> Assurances on delivery of Care Standards demonstrate alignment to and delivery against EASC Strategic Commissioning Intent. | <ol style="list-style-type: none"> Enhanced and robust evaluation activities to be undertaken by EASC in collaboration with Swansea University through C3 (Collaborative |

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| <p>WAST, utilising relevant reports and documentation produced, for example, Welsh Government Health & Care Standards; Internal & External Audit Reports; Health Inspectorate Wales Annual Governance Statement; etc. on a six monthly basis. This will also be reported to the WAST Board. Particular assurance required remains as:</p> <ul style="list-style-type: none">• transition to the use of the NHS number as a patient identifier;• reduction in variation in operational performance and an improvement in patient quality & safety across health boards;• effective and timely use of clinical audit & information. | <p>resource first time.</p> | <p>allocated and efficiency improvements to be delivered by WAST.</p> <p>6. EASC will be responsible for the application to WAST of any uplift, savings and investment expectations from LHBs set by Welsh Government in line with the Allocation Letter for 2020/21.</p> <p>7. There will be an increased focus by EASC and NCCU on the connectivity of activity, resource and performance (i.e. the ‘net effect’) in reporting to EASC on Quadruple Aim outcomes delivered by WAST.</p> <p>8. Tapering funding will be made available on a non-recurrent basis, in agreement with EASC and CASC, to support WAST’s internal reallocation of resources to front line services, in order to bring the direct spend on the 5 step model in line with 2013/14 levels.</p> | <ul style="list-style-type: none">• Step 3 come to see me• Step 4 give me treatment• Step 5 take me to hospital <p>10. Recognition that service delivery may vary across Wales due to Health Board service changes and models, geographics and demographics.</p> <p>11. Demonstrate the impact and benefits of the following initiatives that support delivery of the Clinical Response Model:</p> <ul style="list-style-type: none">• Clinical Contact Centre• Alternative Pathways• Advanced Paramedic Practitioners• Band 6 Paramedics | <ul style="list-style-type: none">• To include EASC 2020/21 strategic and annual commissioning intentions and financial assumptions and Health Board and WAST response to intentions in the form of action and financial plans. <p>14. National Collaborative Commissioning: Quality & Delivery Framework Agreements informed by IMTPs and used as the basis for assuring delivery and monitoring progress by EASC.</p> <p>15. National Collaborative Commissioning: Quality & Delivery Framework Agreements to be maintained electronically and reviewed annually.</p> <p>16. EASC will collaborate with NCCU to develop financial assurance arrangements for funding allocation and monitoring alongside EASC Standing Financial Instructions</p> | <p>18. Assurances on Core Requirements demonstrate alignment to and delivery against EASC Strategic Commissioning Intent.</p> <p>19. Performance improvements across the steps of the Ambulance Patient Care Pathway to be agreed with WAST and aligned to and delivered against EASC Strategic Commissioning Intent.</p> <p>20. AQIs will be drawn from data repository described within the EMS National Collaborative Commissioning Quality and Delivery Framework.</p> <p>21. WAST will provide EASC with access to data to enable wholes system analysis, modelling and risk reduction.</p> <p>22. Development and adoption of Local Measures by Health Boards for their populations.</p> | <p>Commissioning Cymru) Faculty) and other partners.</p> |
|---|-----------------------------|---|--|---|--|--|

Fundamental Principles agreed by EASC

1. Outstanding WAST approved 2019/22 IMTP & Collaborative Commissioning Frameworks commitments will be carried forward and delivered in 2020/23.
2. Financial commitments: WAST approved 2019/22 IMTP & Collaborative Commissioning Frameworks; and increase spend on front line staff within existing resources back to the proportion being delivered in 2013/14 will remain.
3. WAST IMTP 2020/23 will prioritise and provide assurance on the delivery of Commissioning Intentions & core business as defined in the Collaborative Commissioning Frameworks.
4. WAST IMTP 2020/23 will demonstrate how services are delivered in line with EASC Strategic Commissioning Intent 2020/21 onwards.
5. WAST IMTP 2020/23 will clearly identify its key risks and describe mitigating actions.
6. EASC will work on behalf of Health Boards to ensure that the right balance is achieved between improvements to WAST core services & WASTs wider support to Health Boards.
7. EASC in 2020/21 will lead the development of a national transfer and discharge service.

Framework Improvements

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| <p>Enablers to support service delivery across all</p> | <ul style="list-style-type: none">• [Carried Forward from 2018/19] Identification of NHS Number for all activity with effect from 01/04/20.• [Carried Forward from 2018/19] Call to door times for STEMI (pPCI door) and Stroke to be produced with effect from 01/04/20.• CAD/PCR data link with effect from 01/04/20.• Transition of AQIs to monthly reporting of clinical indicators (Steps 4 & 5) with effect from 01/04/20.• Adoption of collaborative approach to optima predict modeling and implementation.• Review of 2020/21 IMTP financial assumptions and financial plan versus forecast outturn for 2019/20 and 2020/21 financial assumptions and financial plan.• Review Financial Value Payable by EASC and associated assumptions for inclusion in 2020/21 IMTPs.• Utilisation of additional pathways made available by Health Boards.• Mid and end year progress review of 2019/20 IMTP actions.• Inclusion of completed IMTP 2020/21 tables following EASC IMTP approval. |
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| steps of the 5 step ambulance pathway | <ul style="list-style-type: none">• Maintain data repository covering A1 Activity, RE1 Resource Envelope, R1 Performance Measures, including the AQIs.• Collaboratively identify trigger points which indicate poor deteriorating performance against performance metrics to be reported to the CASC and specific actions to warrant corrective action identified.• Review the data repository for appropriate metrics across 111, NHS & Commissioning Framework.• Reporting against core requirements to be undertaken annually as described under the Commissioning Intentions for Care Standards.• Agreement on the measures by each Health Board & the suite of reports.• Report of agreed clinical indicators which compliment the benefit realisation assumptions for Band 6 Paramedic investment.• Develop and enable the mechanisms to deliver improved scrutiny & monitoring of delivery.• Payments for key programmes and initiatives will be linked to delivery milestones in accordance with Front Line in Year Allocation Resource agreed by EASC/EASC Management Group.• Business case funding will align to EASC Strategic Commissioning Intent and EASC SFIs. Business cases will be collaboratively agreed through EASC Management Group and/or Joint Committee.• Any EASC/WAST revenue implications arising from Welsh Government’s capital investment will be agreed by the CASC in advance of business case submission.• Engage with NCCU to develop financial assurance arrangements for funding allocation and monitoring alongside EASC Standing Financial Instructions.• Adoption of evaluation capability, methods and programme of work. |
| WAST Performance Improvements | |
| Care Standards | |
| Activity | Step 2 <ul style="list-style-type: none">• Patient demographics recording to be improved to support patient identifier for linked data.• Clinical Desk activity types to reflect all activity undertaken. |
| Resource Envelope | <ul style="list-style-type: none">• [Carried Forward from 2018/19] Resource utilisation will improve:<ul style="list-style-type: none">○ sickness rates reduced for all direct staff across each of the steps○ rosters aligned to demand (across days and time of day) for direct staff across each step○ compliance with planned rosters to increase• Collaborate to develop and deliver a coherent Implementation programme arising from the demand & capacity review.• Key Performance Indicator to monitor the percentage of funding spent on the 5 step model will be collaboratively developed.• Known ‘Net Effect’ in terms of activity impact, resource impact and performance impact will be identified, monitored & reported for key initiatives. |
| Model | <ul style="list-style-type: none">• Implications of the Demand & Capacity implementation programme are reflected into the fleet SOP & BJC• Implications of the Demand & Capacity implementation programme are reflected into the estate SOP & BJC• Implications of the Demand & Capacity implementation programme are reflected in the workforce plan and skill mix• WAST to demonstrate how they will meet statutory Welsh Government Climate Targets. |
| Operations | <ul style="list-style-type: none">• Adoption of Demand and Capacity (2019) dispatch desk configurations (Steps 2&3) |
| Review | Step 2 <ul style="list-style-type: none">• Transition to the use of the NHS number as a patient identifier• Reduction in CCC sickness levels (Step 2&3)• Improvement in 999 call answer time. (999 call definitions as per AQIs). 30 second breaches in 99 call answer time to be reported.• Reduction in call duration in line with collaborative agreed trajectory.• Realign the activity of the clinical support desk in line with the findings of the Demand & Capacity review 2019 where it is clinically safe to do so. Step 3 <ul style="list-style-type: none">• [Carried Forward from 2018/19] Amber 95th percentile times to reduce across each health board area• Multiple vehicle arrivals at scene to reduce for Amber and Green Incidents• The percentage of incidents where the first arriving vehicle is the ideal to increase• Red performance of 65% at Health Board to be achieved and 95th percentile to reduce• Minimum of 90 extra FTE front line EMS staff by 31/03/21 (Steps 3,4 & 5) Step 4 <ul style="list-style-type: none">• [Carried Forward from 2018/19] 95th percentile call to door times (STEMI & Stroke) to reduce across each health board area• [Carried Forward from 2018/19] Clinical Indicator performance to improve, and be above 95% in all health board areas (except ROSC)• Reduction in sickness levels (Steps 4 & 5)• Increase in the EA:RRV Ratio in line with agreed Demand & Capacity implementation programme (2019) and red demand (Steps 4&5). Step 5 <ul style="list-style-type: none">• Maintain handover to clear times to reduce across all health board areas• Reduce variation in conveyance rates across Wales. |
| Evaluate | <ul style="list-style-type: none">• Routinely undertake patient experience & staff engagement activities and implement the findings |

| Joint Performance Improvements | |
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| Care Standards | |
| Activity | <ul style="list-style-type: none">• Delivery of the WAST contribution of national plans• Agree level of sustainable reduction in post-production lost hours (steps 4 & 5) |
| Resource Envelope | <ul style="list-style-type: none">• Maintain a culture of openness, transparency and collaboration with regards to use of resources |
| Model | <ul style="list-style-type: none">• Collaborate and support EASC and Health Boards to develop a national model for transfer & discharge (including critical care transfers) |
| Operations | <ul style="list-style-type: none">• Roll out of APPs for core ambulance service (CCC & ambulance response) in line with Demand & Capacity implementation programme.• Expansion of APPs into primary care will not be detrimental to core Ambulance Service Delivery.• Implement WAST elements of the agreed MTN Business case |
| Review | <ul style="list-style-type: none">• [Carried Forward from 2018/19] Compliance with HCP time requests to improve across each health board area.• [Carried Forward from 2018/19] Proportion of conveyance to locations other than major Emergency Departments to increase across each health board area.• [Carried Forward from 2018/19] Notification to handover times to reduce across all health board areas.• Proportion of patients referred to alternative pathways/services to increase following ‘hear and treat’ and ‘see and treat’.• Demonstrate improved public & Health Care Professional awareness around appropriate use of EMS. |
| Evaluate | |

Appendix 2 EMS Care Standards and Core Requirements

Reference against EMS 2020/21 Commissioning Intentions: Quadruple Aim Benefit Map

| EMS Care Standards | |
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| Step 1 – Help me to choose | |
| PCP1 | WAST must participate in citizen and community engagement events to minimise the use of the ambulance service as a first response for non-life threatening calls. |
| PCP2 | WAST must participate in service development initiatives at National, Regional (Alliance) and local events with other healthcare providers where there is a potential impact upon the future delivery of emergency ambulance services. |
| Step 2 – Answer my call | |
| PCP3 | WAST must answer all healthcare professional calls [non-999] promptly. |
| PCP4 | WAST must answer all 999 calls promptly. |
| PCP5 | WAST must ensure a procedure is in place to identify life threatening conditions with minimum delay. |
| PCP6 | WAST should ensure all appropriate non-life threatening calls are diverted to “ <u>hear and treat</u> ”. |
| PCP7 | WAST must ensure a clinically appropriate response to non-serious, non-life threatening calls – “signposting” to the correct care option within NHS Wales (“ <u>hear & direct</u> ”). |
| Step 3 – Come to see me | |
| PCP8 | WAST must ensure that the right resource(s) are dispatched to provide the right care and treatment as quickly as possible. |
| PCP9 | WAST must ensure a clinically appropriate ambulance response is dispatched with minimum delay to serious, non-life threatening calls. |
| PCP10 | WAST must ensure an emergency response is dispatched with minimum delay to immediate life threatening calls. |
| Step 4 – Give me treatment | |
| PCP11 | Where a face to face assessment is required WAST must ensure all interventions adhere to best practice e.g. Joint Royal Colleges Ambulance Liaison Committee (JRCALC) |
| PCP12 | All patients determined by WAST not requiring conveyance are referred by WAST to the appropriate service and a record of the referral is left with the patient / family /carer/service. |
| Step 5- Take me to hospital | |
| PCP13 | WAST must only convey patients to A&E where no alternative (e.g. community-care or direct ward admission) is safe or available to meet the care needs of the patient. |
| PCP14 | WAST must ensure conveyance by EMS is only undertaken when the patient condition requires Advanced Life Support (ALS) or intervention/monitoring on route to hospital. |
| PCP15 | WAST must ensure that resources are available to respond to their next call without delay. |
| Core Requirements | |
| CR1 | Governance WAST must ensure:- that there are effective systems and processes in place to assure, patients, commissioners and other stakeholders, that they are providing high quality, evidence based treatment and care through services that are patient focused; external validation of governance arrangements. |
| CR2 | Patient experience & satisfaction WAST must ensure:- <ul style="list-style-type: none"> it undertakes Patient satisfaction surveys; systems are in place to collect feedback from Patients and their families or carers on the experience of care; a record of all complaints of whatever nature regarding any of its emergency ambulance services is maintained. WAST must ensure that the views and comments are gathered through (i), (ii) & (iii) using effective engagement mechanisms which are then actively used to inform service improvement and development; WAST must ensure it has a system in place to record, investigate, report and learn from incidents and accidents. |
| CR3 | Equity WAST must ensure that patients have equal access to services regardless of their location or the location of the incident. |
| CR4 | Clinical Care WAST must ensure:- <ul style="list-style-type: none"> that all activities and programmes are developed from: evidence based practice; using a model that has measurable outcomes; and delivered by appropriately qualified and experienced staff educated in their use; that the health, safety and wellbeing of patients who receive treatment is not adversely affected by inadequate training, accountability, operational systems or arrangements. WAST must develop clinically led national strategies for services which are then locally delivered. |
| CR5 | Staffing WAST must ensure:- <ul style="list-style-type: none"> staff members are appropriately recruited, educated and qualified for the services they provide; staff have health & wellbeing support; there are workforce planning arrangements in place that identify staffing requirements and action plans such as recruitment and training to meet those requirements; there are staff appraisal processes in place an adequate and safe establishment with the correct skill mix of staff to ensure the needs of the patients are met; Systems are in place systems to manage unplanned absenteeism, holidays, vacancies, and emergencies. |
| CR6 | Safety WAST must ensure that any services it provides to the public and any patient interventions it undertakes protects public / patients from avoidable harm and clinical risk. |

Non Emergency Patient Transport Services (NEPTS)

A story of collaboration and coproduction to transform and deliver services.

BUSINESS CASE PRINCIPLES

- Leading change; driving standards
- Envisioning & communicating a better future
- Improving outcomes, patient benefit & service efficiencies
- Learning from experience
- Designing & delivering coherent capability
- Maximising productivity & performance
- Integrated programme engagement & patient consultation

BUSINESS CASE BENEFITS

- Quality assurance
- Improved patient & staff experience
- Partnership & collaborative working
- "Once for Wales" approach
- Maximising productivity & performance
- Reduction in carbon footprint
- Reinvestment of efficiencies

COMMISSIONING INTENTIONS AND QUALITY ASSURANCE

- CAREMORE QUALITY & DELIVERY FRAMEWORK**
Promoting effective and efficient collaboration through the principles of:
• Consistency
• Reasonableness
• Fairness
• Transparency
• Commitment to deliver.
- QUALITY ASSURANCE**
Providing a robust quality assurance system with detailed information to improve patient safety, patient experience and clinical effectiveness of all commissioned services.
- COMMISSIONING INTENTIONS**
Enabling and transforming the design and delivery of care to improve outcomes for patients and staff through constructive engagement between Health Boards and providers.
- PATIENT & STAFF EXPERIENCE**
Creating a consistent, transparent environment to work effectively in order to drive standards and improve overall experience.

SERVICE DEVELOPMENT

- TRANSFER OF WORK**
The business case outlined that the Welsh Ambulance NHS Trust would remain as the provider of NEPTS, delivering services using a plurality model.
- NATIONAL CALL TALKING**
Successful integration and implementation of service improvements to improve patient transport booking experience.
- TRANSPORT SOLUTIONS**
Delivering service improvements across all 5 steps of the NEPTS Pathway to enhance and transform the quality and delivery of NEPTS service.

RENAL / ONCOLOGY / END OF LIFE

- Enhanced Transport Provisions working in partnership with Health Boards, Trusts & WHSCC. Including:
• Development of End of Life (EOL) "Wish" Ambulance Service
• NHS Wales & HSJ Awards recognition.

LOCAL MEASURES

- Strategic design principles to underpin and deliver the vision through collaborative working.

GOVERNANCE, IMTP & WINTER PLANS

- GOVERNANCE**
Providing a robust system of clearly defined business functions, roles & responsibilities, processes & procedures to transform & deliver services.
- IMTP**
Health Boards and WAST working in collaboration to provide assurance on commissioning and service delivery to meet the needs of individuals and improve outcomes.
- WINTER PLANS**
Collaboratively working to explore new models of care, and embedded successful initiatives into core services for year round pressures.

WAST WORKFORCE

- Enhancing engagement and experience of our WAST workforce through:
• Dedicated Management Teams
• Personal Development* Training (OTL Team Leader)
• New Vehicles & Equipment
• Technology advances to support day to day working

PERFORMANCE & ACTIVITY

- Enhancing service delivery through improvements in booking processes, to include measuring performance of Discharge, Aborts & Cancellations on all booking requests. (10% Improvement in Discharge Performance since business case approval)

Commissioning Intentions & WAST IMTP response to align with, & deliver, Health Board plans & 'A Healthier Wales' Quadruple Aim

- Improved patient experience of WAST Services
- Improved clinical outcomes of WAST Services
- Enhanced engagement & experience of WAST workforce
- Increased value for money delivered from EASC funding

Timeline:

- 2013** McClelland Review & Development of Business Case
- 2013-14** Formation of EASC
- 2014** Formation of Strategic Transformation Board
- 2015** Business Case NEPTS
- 2016** Formation of NEPTS Delivery Assurance Group (DAG)
- 2016-17** Formation of NEPTS team & full implementation of business case
- 2017-18** Development of Plurality Model
- JULY 2018** Transfer of Work • Cardiff & Vale (CVUHB) • Velindre
- APRIL 2019** Transfer of Work • Hywel Dda (H DUHB)
- JUNE 2019** NEPTS Workbook & QDF Development
- SEPT 2019** Transfer of Work • Swansea Bay (SBUHB)
- DEC 2019** Issuing of Commissioning Intentions

Stakeholders & Partners:

- GIG, NHS, Ymddiriedolaeth GIG, Gwasanaethau Ambulans Cymru, Welsh Ambulance Services, NHS Trust
- National Discharge & Transfer Model
- BDA Dentistry
- Opening of 'The Grange'
- Dynamic Purchasing Framework
- CAD Development
- Transfer of Work • Aneurin Bevan (ABUHB) • Powys (PTHB) • Betsi Cadwaladr (BCUHB) • Cwm Taf Morgannwg (CTMUHB)
- Demand & Capacity Review

8. Appendix 4: Non-Emergency Patient Transport Services Commissioning Intentions 2020/21

| Care Standards | Activity | Resource Envelope | Model | Operations | Review | Evaluate |
|---|--|---|---|---|---|---|
| Goal: Define care standards for NEPTS services to meet | Goal: Know & understand demand & capacity requirements | Goal: Identify total resources which may be utilised and affected | Goal: Define model(s) of care across the NEPTS Steps | Goal: Mechanisms are established to ensure effective delivery of the Framework | Goal: Detail the ongoing performance metrics, management & improvements | Goal: Define outcomes & methods as criteria for judging benefits from the framework |
| Principle: The right expectations are defined for quality and safety | Principle: The right capacity is available to meet the right demand | Principle: The right ambition to make best use of all existing resources | Principle: the right staff, at the right place, at the right time | Principle: The right interaction between patients, professionals and organisations | Principle: The right measures, monitoring and management to ensure continuous improvement | Principle: The right patient outcomes from the right patient experience at the right cost |
| EASC Strategic Commissioning Intent 2020/21 onwards | | | | | | |
| <p>EASC Strategic Commissioning Intent supports a whole system risk reduction approach; promotes the Quadruple Aim across WAST & utilises the IMTP process to realise a Quadruple Aim Benefit against each Care Standard for NEPTS. It aligns and supports delivery of:</p> <ul style="list-style-type: none"> Refreshed National Collaborative Commissioning: Quality & Delivery Frameworks for EASC Commissioned Services and the assessment of the WAST IMTP submission. Ministerial priorities for Emergency Ambulance Services A Healthier Wales 'Quadruple Aim' namely: <ul style="list-style-type: none"> Improved patient experience of WAST services. Enhanced engagement and experience of WAST workforce. Improved clinical outcomes of WAST services. Deliver higher value emergency health and social care services with EASC funding. Wellbeing of Future Generations Act requirements as described in Welsh Government Planning Guidance Whole systems approach through alignment with wider initiatives such as the National Programmes for Unscheduled Care & Primary Care | | | | NEPTS Quadruple Aim Benefit Map (Care Standard outcome & measure referenced in EMS Quality & Delivery Framework R1 Schedule) | | |
| | | | | Improved patient experience of WAST services. <i>Care standards (PCP), Core Requirements (CR) reference:</i> PCP4, PCP5, PCP6, PCP10, PCP11, PCP12, PCP13, PCP14, PCP16, PCP17 CR1, CR2, CR3 | Enhanced engagement and experience of WAST workforce. <i>Care standards (PCP), Core Requirements (CR) reference:</i> PCP4, PCP5, PCP6, PCP10, PCP11, PCP12, PCP13, PCP14, PCP16, PCP17 CR1, CR2, CR3 | |
| | | | | Improved clinical outcomes of WAST services. <i>Care standards (PCP), Core Requirements (CR) reference:</i> PCP6, PCP7, PCP11, PCP12, PCP14, PCP16 CR1, CR3, CR4, CR6 | Deliver higher value emergency health and social care services with EASC funding. <i>Care standards (PCP), Core Requirements (CR) reference:</i> PCP1, PCP2, PCP3, PCP6, PCP8, PCP9, PCP10, PCP11, PCP12, PCP14, PCP15 CR1, CR3, CR5 | |
| EASC Annual Commissioning Intentions 2020/21 | | | | | | |
| Care Standards | Activity | Resource Envelope | Model | Operations | Review | Evaluate |
| <p>1. Care Standards and requirements remain extant.</p> <p>2. Core Requirements remain extant.</p> <p>3. The principle is that core and clinical standards will be measured through a self-assessment process by WAST, utilising relevant reports and documentation</p> | <p>4. Transfer of all HB/Velindre & WHSSC commissioned WRCN NEPTS activity to WAST.</p> <p>5. Ensure NEPTS activity is identified at Regional/Health Board level across each of the 5 steps.</p> | <p>7. HB spend for all NEPTS activity is identified and transferred to WAST as part of the transfer process.</p> <p>8. EASC will set a resource envelope in line with previously approved WAST 2019-22 IMTP & 2020/21 commissioning intentions by working in an open, transparent and collaborative way with WAST, LHBs and</p> | <p>12. Recognition that service delivery may vary across Wales due to Health Board service changes and models, geographics and demographics pre and post plurality enactment.</p> | <p>14. Operational arrangements to be updated following transfer of HB NEPTS Service to WAST.</p> <p>15. Participation and collaboration by WAST and Health Boards as required under EASC.</p> <p>16. Commissioning process to align: <ul style="list-style-type: none"> EASC, WAST and Health Boards IMTPs </p> | <p>20. Assurances on delivery of Care Standards demonstrate alignment to and delivery against EASC Strategic Commissioning Intent.</p> <p>21. Assurances on Core Requirements demonstrate alignment to and delivery against EASC</p> | <p>24. Collaboration and agreement between WAST & Health Boards to agree baseline data ahead of Health Board Activity transferring to WAST.</p> <p>25. Enhanced and robust evaluation activities to be undertaken by EASC in collaboration with Swansea University through C3 (Collaborative Commissioning Cymru)</p> |

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| produced, for example, Welsh Government Health & Care Standards; Internal & External Audit Reports; Health Inspectorate Wales Annual Governance Statement; etc. on a six monthly basis. This will also be reported to the WAST Board. | 6. Activity to ‘shift’ left for WAST within each individual health board where safe and appropriate to do so ensuring the right response & right resource first time. | <p>NCCU to identify resources to be allocated and efficiency improvements to be delivered by WAST.</p> <p>9. EASC will be responsible for the application to WAST of any uplift, savings and investment expectations from LHBS set by Welsh Government in line with the Allocation Letter for 2020/21.</p> <p>10. There will be an increased focus by EASC and NCCU on the connectivity of activity, resource and performance (i.e. the ‘net effect’) in reporting to EASC on Quadruple Aim outcomes delivered by WAST.</p> <p>11. Tapering funding will be made available on a non-recurrent basis, in agreement with EASC and CASC, to support WAST’s internal reallocation of resources to front line services, in order to bring the direct spend on the 5 step model in line with 2013/14 levels.</p> | <p>13. No change to the over-arching 5-Step Ambulance Patient Pathway model of care</p> <ul style="list-style-type: none"> • Step1: help me choose • Step 2: answer my request • Step 3: coordinate my journey • Step 4: pick me up • Step 5: take me to my destination. | <p>is adopted by all organisations.</p> <ul style="list-style-type: none"> • To include EASC 2020/21 strategic and annual commissioning intentions and financial assumptions and Health Board and WAST response to intentions in the form of action and financial plans. <p>17. National Collaborative Commissioning: Quality & Delivery Framework Agreements informed by IMTPs and used as the basis for assuring delivery and monitoring progress by EASC.</p> <p>18. National Collaborative Commissioning: Quality & Delivery Framework Agreements to be maintained electronically and reviewed annually.</p> <p>19. EASC will collaborate with NCCU to develop financial assurance arrangements for funding allocation and monitoring alongside EASC Standing Financial Instructions</p> | <p>Strategic Commissioning Intent.</p> <p>22. Performance improvements across the steps of the Ambulance Patient Care Pathway to be agreed with WAST and aligned to and delivered against EASC Strategic Commissioning Intent.</p> <p>23. Development and adoption of Local Measures by Health Boards for their populations.</p> | Faculty) and other partners. |
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Fundamental Principles agreed by EASC

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| <p>8. Outstanding WAST approved 2019/22 IMTP & Collaborative Commissioning Frameworks commitments will be carried forward and delivered in 2020/23.</p> <p>9. Financial commitments: WAST approved 2019/22 IMTP & Collaborative Commissioning Frameworks; and increase spend on front line staff within existing resources back to the proportion being delivered in 2013/14 will remain.</p> <p>10. WAST IMTP 2020/23 will prioritise and provide assurance on the delivery of Commissioning Intentions & core business as defined in the Collaborative Commissioning Frameworks.</p> <p>11. WAST IMTP 2020/23 will demonstrate how services are delivered in line with EASC Strategic Commissioning Intent 2020/21 onwards.</p> <p>12. WAST IMTP 2020/23 will clearly identify its key risks and describe mitigating actions.</p> <p>13. EASC will work on behalf of Health Boards to ensure that the right balance is achieved between improvements to WAST core services & WASTs wider support to Health Boards.</p> <p>14. EASC in 2020/21 will lead the development of a national transfer and discharge service.</p> |
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Framework Improvements

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| <p><i>Enablers to support service delivery across all</i></p> | <ul style="list-style-type: none"> • Review of 2019/20 IMTP financial assumptions and financial plan versus forecast outturn for 2019/20 and 2020/21 financial assumptions and financial plan. • Review Financial Value Payable by EASC and associated assumptions for inclusion in 2020/21 IMTPs. • Data repository aligned to report activity against relevant step nationally & at Health Board Level. • Develop infrastructure to be able identify how much is spent at a HB level across the 5 steps. • Model of Care wiring diagram updated following implementation of plurality model & transfer of each Health Board. • Update O3 Schedule – extant policies, protocols & pathways following enactment of plurality model for each HB. • WAST maintain self-assessment related to the Core Requirements in Care Standards. • Payments for key programmes and initiatives will be linked to delivery milestones. • Business case funding will align to EASC Strategic Commissioning Intent and EASC SFIs. Business cases will be collaboratively agreed through EASC Management Group and/or Joint Committee. |
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| steps of the 5 step ambulance pathway | <ul style="list-style-type: none">Any EASC/WAST revenue implications arising from Welsh Government’s capital investment will be agreed by the CASC in advance of business case submission.Engage with NCCU to develop financial assurance arrangements for funding allocation and monitoring alongside EASC Standing Financial Instructions. |
| WAST Performance Improvements | |
| Care Standards | |
| Activity | <ul style="list-style-type: none">Work collaboratively throughout life cycle to enable a NEPTS of Demand & Capacity Efficiency ReviewCollaborate to develop and deliver a coherent Implementation programme arising from the review. |
| Resource Envelope | <ul style="list-style-type: none">WAST to demonstrate savings and efficiencies in each HB following enactment of the plurality model in line with the agreed transfer of work timescales.Demonstrate WAST NEPTS resources are being utilised effectively following transfer of HBs.Known ‘Net Effect’ in terms of activity impact, resource impact and performance impact will be identified, monitored & reported for key initiatives. |
| Model | <ul style="list-style-type: none">Fleet and staff mix to be reviewed for each health board area tailoring the delivery of the 5 Step Ambulance Patient Pathway to local population needs.WAST to demonstrate how they will meet statutory Welsh Government Climate Targets. |
| Operations | <ul style="list-style-type: none">WAST to ensure benefits are realised from NEPTS Transport Solutions proposal (Steps 1&2) |
| Review | <ul style="list-style-type: none">WAST to ensure robust quality assurance mechanisms are in place to manage providers delivering the plurality model (Steps 2,3,4)Implement collaboratively agreed management response to 2019 NEPTS Internal Audit findings.Implementation of the NCC WAST agreed work programme arising from the core requirements self-assessment of care standards reported annually.WAST to demonstrate improvement in each HB following enactment of the plurality model.WAST to ensure data is available to Health Boards to support the enactment of the plurality model. |
| Evaluate | |
| Joint Performance Improvements | |
| Care Standards | |
| Activity | |
| Resource Envelope | |
| Model | <ul style="list-style-type: none">WAST & Health Boards to deliver NEPTS Transport Solutions Proposal (Steps 1&2)Deliver agreed transport service models to support NHS service changes. |
| Operations | <ul style="list-style-type: none">Maintain a culture of openness, transparency and collaboration with regards to use of resources. |
| Review | <ul style="list-style-type: none">WAST & Health Boards to ensure robust quality assurance to manage providers (Steps 2,3,4)WAST & Health Boards will collaborate to deliver the following National improvements for NEPTS as outlined in the “Future of NEPTS in Wales Business Case” (2015):Reduce the number of on the day discharge & bookingsReduce the number of abortions & cancellationsDeliver National Call Taking for NEPTS across WalesEmbed dynamic purchasing framework across WalesImprove performance for Enhanced Provision (Renal, Oncology, End of Life)Agreement on the measures by each Health Board & the suite. |
| Evaluate | |

Appendix 4 NEPTS Care Standards and Core Requirements

Reference against NEPTS 2020/21 Commissioning Intentions: Quadruple Aim Benefit Map

| Core Requirements | |
|---|--|
| Step 1 – Help me to choose | |
| PCP1 | WAST must participate in citizen and community engagement to maximise appropriate use of the Non-Emergency Patient Transport Services |
| PCP2 | WAST, health boards and Trusts must participate in service development initiatives at National, Regional (Alliance) and local events with other healthcare providers where there is a potential impact upon the future delivery of Non-Emergency Patient Transport Services. |
| PCP3 | WAST must engage with all healthcare providers to ensure that operational hours, eligibility criteria and alternative travel options for patients are well understood to optimise use of services. |
| Step 2 – Answer my Request | |
| PCP4 | All calls must be answered and requests dealt with promptly. |
| PCP5 | A range of booking methods must be available |
| PCP6 | WAST must have robust system in place to establish patient eligibility. |
| Step 3 – Coordinate my journey | |
| PCP7 | WAST must ensure procedures are in place to accurately record and confirm booking. |
| PCP8 | WAST must have in place effective systems to manage resource requirements and availability |
| PCP9 | WAST must have in place a system to utilise alternative providers and have a system in place that automatically informs providers of the bookings for their services. This system should be fully auditable. |
| PCP10 | WAST must have in place a system to plan journeys efficiently. |
| Step 4 – Pick me up | |
| PCP11 | WAST must ensure that the right resource(s) are dispatched to provide the right type of transport for patients modality. |
| PCP12 | Vehicles must be fit for purpose for the patient’s modality and meet any statutory safety standards. |
| PCP 13 | WAST must ensure that patients are collected before and after their appointment in a timely manner |
| PCP14 | WAST must have in place a system for patient to notify them of being ready for collection. |
| Step 5 – Take me to my destination | |
| PCP15 | WAST must ensure patients arrive at their destination (home or appointment) in a timely manner. |
| PCP16 | WAST must ensure that it has a system for recording the outcome of a patient journey (delivery to destination, time etc) |
| PCP 17 | WAST must ensure that it has a system in place for monitoring and ensuring patient journey times are of a reasonable duration |
| Core Requirements | |
| Underpin service delivery across all of the 5 steps | |
| CR1 | Governance WAST must ensure:- <ul style="list-style-type: none"> that there are effective systems and processes in place to assure, patients, commissioners and other stakeholders, that they are providing high quality, evidence based care through services that are patient focussed; external validation of governance arrangements. |
| CR2 | Patient experience & satisfaction WAST must ensure:- <ul style="list-style-type: none"> it undertakes Patient satisfaction surveys; systems are in place to collect feedback from Patients and their families or carers on the experience of care; a record of all complaints of whatever nature regarding any of its Non-emergency Patient Transport Service is maintained. WAST must ensure that the views and comments are gathered through (i), (ii) & (iii) using effective engagement mechanisms which are then actively used to inform service improvement and development; WAST must ensure it has a system in place to record, investigate, report and learn from incidents and accidents. |
| CR3 | Equity WAST must ensure that patients have equal access to services regardless of their location. |
| CR4 | Patient Care WAST must ensure:- <ul style="list-style-type: none"> that all activities and programmes are developed from: <ul style="list-style-type: none"> using a model that has measurable outcomes; and delivered by appropriately qualified and experienced staff educated in their use; that the health, safety and wellbeing of patients who receive transport is not adversely affected by inadequate training, accountability, operational systems or arrangements. <p>WAST must develop national strategies for services which are then locally delivered.</p> |
| CR5 | Staffing WAST must ensure:- <ul style="list-style-type: none"> staff members are appropriately recruited, educated and qualified for the services they provide; staff have health & well-being support; there are workforce planning arrangements in place that identify staffing requirements and action plans such as recruitment and training to meet those requirements; there are staff appraisal processes in place an adequate and safe establishment with the correct skill mix of staff to ensure the needs of the patients are met; systems are in place systems to manage unplanned absenteeism, holidays, vacancies, and emergencies. |
| CR6 | Safety WAST must ensure that any services it provides to the public and any patient interventions it undertakes protects public / patients from avoidable harm and clinical risk |

9. Appendix 5: Strategic Health Board Service Changes

| Reference | Short Title | Summary Description | Organisation | RAG |
|-----------|--|--|--------------|-------------------------|
| 9 | Frequent Callers - Phase 2 | Phase 2 scoping: Nursing/care homes to avoid unnecessary 999 calls & admission to hospital. Working in partnership with 53 care homes within Aneurin Bevan, I stumble, manger elks, aeds, education & support. | ABUHB | Complete |
| 10 | ETTF Telemetry Project: Telemetry of Diagnostic ECGs direct to Primary Percutaneous Coronary Intervention Facilities | To improve early recognition of cardiac conditions in the community / aligned to national delivery plans e.g, identifying new AF cases. Paramedic interpretation of ECG with ability for clinicians at receiving unit to view ECG via telemetry to inform clinical decisions. Phase 3 roll out to GPs - pathway complete, awaiting GPC Wales confirmation. | ABUHB | In Progress - On Track |
| 11 | Falls | Falls Vehicle: Operational 7 days a week, (aligned with community resource teams) Paramedic and Physiotherapist on a Specialised Falls Vehicle adapted to store additional equipment and full paramedic kit as per RRV. Emergency response capable. Falls Tier 1 assistants for winter period. Consider in context of Strategic Falls WAST work and any further opportunitites. | ABUHB | In Progress - On Track |
| 12 | Potential roll out of 111 | Roll out 111 within AB | ABUHB | Complete |
| 13 | Pathways | Programme to review and where necessary refresh pathways including trauma, obs & gynae, ENT, backpain | ABUHB | In Progress - On Track |
| 14 | Changes to the provision of obstetrics, neonatal, gynae and paediatric services | Planning for any potential interim solution, prior to relocation to The Grange Hospital | ABUHB | In Progress - On Track |
| 16 | Clinical Futures Strategy | Clinical Futures Strategy overarching clinical, workforce and estates strategy that encompasses reconfiguration of primary, community, LGHs and the development of The Grange University Hospital | ABUHB | In Progress - Off Track |
| 17 | HCP Pilot | Pilot to diarise HCP admissions utlising booked UCS crews | ABUHB | Archived |

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| 19 | APP | Further roll out of Advanced Paramedic Practitioners into ABUHB following pilot. Pilot Operational 18 hours per day 7 days a week. APPs rotate between Clinical Contact Centre (CCC) and operational RRV. APP in CCC dispatches APPs in RRV to ensure tasked with most appropriate calls. | ABUHB | In Progress - On Track |
| 20 | Fraility | Development of direct access pathway to frailty beds, advanced care plans and end of life care. | ABUHB | In Progress - On Track |
| 21 | Physician Response Unit (PRU) | WAST provide vehicle, equipment, PPE for consultants and RRV paramedic. LHB provide consultant from Nevill Hall 9-5 (approx 3 days) and any other equipment & medications. Additional appropriate jobs selected from stack. If patient requires admission then patient can be referred direct to appropriate speciality team therefore bypassing ED. | ABUHB | In Progress - On Track |
| 15 | Vascular (arterial surgery) | Centralisation of arterial vascular surgery in South East Wales | ABUHB,CTMUHB,CVUHB | Unknown |
| 18 | Acute Coronary Syndrome Pathway Development | Redesign Acute Coronary Syndrome service to meet the NICE guidelines for the ACS pathway for Heart Disease. The ACS pathways pilot has seen a reduction in referral to transfer times down to 2 days in 2017. Further evaluation will take place ahead of potential roll out in 2018 Dedicated transport being piloted for 3 months as part of pathway. | ABUHB,CTMUHB,CVUHB | Unknown |
| 22 | Frequent Callers - Phase 2 | Work in Wrexham and Flintshire to provide basic first aid training by CFRs in nursing homes, which has had a positive impact on call numbers. Linked to Community Team. Joint work to identify top 10 Nursing Homes and measure admissions - link with Integrated Clinical Hub. Monthly meeting to consider frequent calls by nursing and residential care settings. Group reports formally to BC UHB West Area Director and BC UHB Clinical Director. ISTUMBLE model shared amongst BCUHB colleagues and BC UHB Conwy Falls Group. Frequent caller work also undertaken with Vulnerable Adult Review Meetings chaired by N Wales Police and being piloted in Anglesey area - suggests expansion across BC UHB. Work completed to identify FCs across Anglesey, N Gwynedd, Conwy and Denbighshire over 12 month period (Dec 2016 - Nov 2017) and common themes. Monthly frequent caller group established at Ysbyty Gwynedd Hospital chaired by an ED consultant. Referrals to most appropriate agency for support, with collective support of the group. Contact with GP practice is integral to the process. | BCUHB | In Progress - On Track |

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| 23 | ETTF Telemetry Project: Telemetry of Diagnostic ECGs direct to Primary Percutaneous Coronary Intervention Facilities | To improve early recognition of cardiac conditions in the community / aligned to national delivery plans e.g, identifying new AF cases. Paramedic interpretation of ECG with ability for clinicians at receiving unit to view ECG via telemetry to inform clinical decision at LHB area. The funding for the project is until end March 2019 and WAST is currently collating the data that will inform the decision as to whether this is handed over as business as usual from 1st April 2019. | BCUHB | Complete |
| 24 | Single Integrated Clinical Assessment and Triage (SICAT) Hub | Other actions in this template support the development of the SICAT. This brings together work on the Clinical Desks and health board Clinical Hubs. SICAT clinicians provide secondary clinical assessment and triage for 999 calls (including HCP calls) and calls from WAST operational crews on scene with patients. APPs in the CCC will identify suitable calls on the WAST stack for enhanced triage to be undertaken by BC UHB clinicians. | BCUHB | In Progress - On Track |
| 25 | Advanced Paramedic Practitioners | Following the successful 5 month study pilot in BC UHB area with 10 APPs, this will be rolled out on a permanent basis across BC UHB. The business case outlines a rotational model and 3 year Pacesetter funding was received for the APP pilot to support the provision of Primary Healthcare. A joint WAST/HB project group is currently being established. | BCUHB | In Progress - On Track |
| 26 | Preparatory work for 111 | National programme timescales in development. WAST and health board to work together to prepare for implementation once timescales confirmed. Current timeline is suggesting that the 111 programme will be completed in Q3/4 of 2020-21. It is necessary to confirm anticipated dates so that the preparatory work can be scoped. | BCUHB | In Progress - On Track |
| 27 | Develop the alcohol treatment centre model | Alcohol Treatment Centre in Wrexham (Wrexham Welfare Centre). This project is supported by WAST, BC UHB and the Local Authority on a seasonal basis with the service delivered by The British Red Cross. There is anecdotal evidence of its success as a concept and initial data shows that A&E attendances are reduced (Jan - Oct 2018: 12,742 people treated; 56 ambulances cancelled or referred to more appropriate alternatives). It should be noted that the centre also impacts on the wider drug and alcohol agenda as part of the North Wales Area Planning Board (APB) work on Reducing Harm from Alcohol programme. Projects may also flex up and down in different areas such as Rhyl on a less frequent basis, depending on service need. | BCUHB | In Progress - On Track |

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| 28 | Maximising utilisation of GP OOH pathways | GP OOH provision in Emergency Dept OOH. Standardisation of criteria across EDs. Linked to SICAT and directory of services. Part of current 90 day planning includes feasibility study to understand the potential increases in Primary Care capacity through use of Tele Health for urgent referrals. Work commenced in October 2018 and will continue into 2019 - immediate focus on reviewing existing business case for use of telehealth, engagement with GP clusters and options appraisal with associated scale and scope of benefits. | BCUHB | In Progress - Off Track |
| 29 | Develop and implement new alternative care pathways | <p>The following care pathways are now in place: GGP & OOH/drug & alcohol/cardiac care/COPD/epilepsy/falls/diabetic/midwife/palliative care/mental health/specialist practitioner/mental health/social care. A reporting template/data set is being developed to assess the referral rates from ambulance crews. Referral pathways and improving their utilisation is also be a project under the BCUHB Unscheduled Care Programme.</p> <p>This action is being delivered to plan and is a core work stream within the BCU USC Transformation Programme with a specific 90 Day Action Plan concerning Clinically Safe Admission Avoidance. Existing performance has been baselined and a stretch target set for Q3 of increasing MIU utilisation by 25%</p> | BCUHB | In Progress - On Track |
| 30 | Implement referral pathway for mental health | Mental health pathway in place with Glan Clwyd Hospital and went live on 20th November 2017. The on call Psychiatric Liaison Team Professional will discuss the case with the referring paramedic. Over the Christmas period a pilot was put in place across police, clinicians and mental health. There is an opportunity to widen out to CAMHS. Referral of patients to other healthcare professionals in appropriate setting. Some further work being done around real time utilisation of pathways and information on use. Need to publicise pathways. Awaiting confirmation of HB colleagues of capacity to support MH Pathway in West and East (pathway is ready to be implemented once assurance of capacity in the system to support referrals) | BCUHB | In Progress - On Track |
| 31 | Implement referral pathway for MIU | MIU pathways in place with a need for increased number of conveyances via this route. WAST has developed and distributed the policy to crews and work is ongoing to ensure that access to MIUs is supported by appropriately trained staff and services. Some further work being done around real time utilisation of pathways and information on use. Need to publicise pathways. | BCUHB | Complete |

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| 32 | Rapid handover - Paramedic Pathfinder to be implemented in Ysbyty Gwynedd and Ysbyty Glan Clwyd EDs | Maximising the utilisation of existing pathways of care supported by use of Paramedic Pathfinder. Rapid handover to be explored in further detail by both WAST and health board - consideration of Fit to Sit and assessment in ED to progress 15minute handover - part of the Unscheduled Care Programme. Working with Ysbyty Glan Clwyd to work up rapid handover protocols and training for ED staff in early 2019. Paramedic Pathfinder is for our paramedics to use to triage patients, we are emphasising the pathfinder through the B5-6 competencies this year (leuan copied in has details). New paramedics are being trained on Pathfinder as part of their conversion course. | BCUHB | Complete |
| 33 | Falls pathways | CAT pilot has ended and there is a need to link in with the national WAST falls work. The health board and WAST will work together to determine the model required and this may require additional resource. CFRs currently being issues with Manger Elk lifting devices and trained in their use along with diagnostic equipment to assist with clinical assessment support from CCCI. WAST in early liaison with health board re falls management as part of unscheduled care programme. WAST CFRs continue to be utilised as Tier 1 falls response with additional resources from BC UHB primary care and community services being identified who could also provide Tier 1 response e.g. Anglesey Night Owls. Resource mapping exercise to be completed identifying additional resources. | BCUHB | In Progress - On Track |
| 34 | Service change across the BC UHB region | Unscheduled care system - work streams split between 2 AOM's in the North. Liz Hughes to lead on SICAT and represent WAST on the Unscheduled care board (USB) and Jon Sweet to lead on Pathway utilisation. All tasks from the USB to be reported via feedback after each meeting. | BCUHB | Complete |
| 35 | Service change across the BC UHB region | Stroke and thrombectomy services - health board currently considering options for acute and hyper acute stroke care, as well as wider model for rehabilitation. WAST is engaged in this work | BCUHB | In Progress - On Track |
| 36 | Service change across the BC UHB region | Vascular surgery - changes due to be implemented in April 2019 with centralisation at YGC. Hybrid theatre currently in development. WAST working with the health board to identify potential patient numbers, and clinical flows. | BCUHB | In Progress - On Track |
| 37 | Service change across the BC UHB region | Orthopaedics - potential three year move from 5 sites to 3. FURTHER DETAIL TO BE PROVIDED | BCUHB | Complete |

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|----|--|---|--------|-------------------------|
| 38 | Service change across the BC UHB region | Orthopaedics - potential three year move from 5 sites to 3. FURTHER DETAIL TO BE PROVIDED | BCUHB | In Progress - On Track |
| 39 | Service change across the BC UHB region | Urology. FURTHER DETAIL TO BE PROVIDED | BCUHB | In Progress - On Track |
| 40 | Service change across the BC UHB region | Eye care - provision of some ophthalmology services closer to home. FURTHER DETAIL TO BE PROVIDED | BCUHB | In Progress - On Track |
| 53 | Falls pathway development | Pathway to be reviewed , also considering models across Wales as part of the Falls Framework developed within WAST and implementation of the falls assistant pilot for winter 2018/19. Needs consideration jointly with CT Transformational plan; Stay Well in Your Community. Also work in partnership with regards the roll out of the virtual ward. | CTMUHB | In Progress - On Track |
| 54 | Potential roll out of 111 | Implementation of the national 111 programme in the C&V area - this is subject to nationally agreed timescales and will be updated once confirmed dates are known. | CTMUHB | In Progress - On Track |
| 55 | Service reconfiguration: Vascular (arterial surgery) | Centralisation of arterial vascular surgery in South East Wales | CTMUHB | Unknown |
| 56 | Service reconfiguration: Major Trauma | Live major trauma network by October 2019 and functioning major trauma centre at UHW and designated trauma units by April 2020. | CTMUHB | In Progress - On Track |
| 57 | Changes to the provision of obstetrics, neonatal and paediatric services | Implementation of the recommendations of the South Wales Programme; centralisation of paediatric inpatient services at Prince Charles with a Paediatric Assessment Unit developed at Royal Glamorgan Hospital . Centralisation of obstetric services at Prince Charles Hospital with a free standing midwifery unit at the Royal Glamorgan | CTMUHB | In Progress - Off Track |

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| 58 | Acute Coronary Syndrome Pathway Development | Redesign Acute Coronary Syndrome service to meet the NICE guidelines for the ACS pathway for Heart Disease. The ACS pathways pilot has seen a reduction in referral to transfer times down to 2 days in 2017. Further evaluation will take place ahead of potential roll out in 2018. Dedicated transport piloted as part of pathway. | CTMUHB | Unknown |
| 59 | Boundary change in Bridgend & Ambulance handovers policy, review of explorer 3. | Ambulance handover and our continued work to ensure that we adopt a zero tolerance approach to ambulance delays across the Cwm Taf area – implicit in this statement is the need to work with POW post transferring into the Cwm Taf management area. Continue to engage and support the future planning and manage the operational impacts of the Bridgend Locality boundary change to Cwm Taf UHB. | CTMUHB | In Progress - On Track |
| 60 | ENT | Reconfiguration of ear, nose and throat (ENT) services within CT; hub & spoke model. Hub at Royal Glam for adults and paediatrics at POW TBC | CTMUHB | In Progress - On Track |
| 61 | Orthopaedics | Implications of Rapid review of Orthopaedic services undertaken by GIRFT. Proposed model for PCH and POW to receive HOT, RGH to be cold only. | CTMUHB | In Progress - On Track |
| 41 | Frequent Callers & CHIST | Phase 2 WAST: Nursing/care homes to avoid unnecessary 999 calls & admission to hospital. Building on the pilot in Cardiff and Vale UHB; expanding from 8 to 11 care homes. Further development of the Care Home Integrated Support Team (CHIST). linked to Transformational Funding. Linked work to support care homes to reduce the calls made to WAST and the number of residents who are admitted to the Emergency Department | CVUHB | Complete |
| 42 | Direct Access Pathway | Develop and implement additional 'direct-access' care pathways via WAST: • Ambulatory Emergency Care- further develop pathway linked to ambulatory transformation • Cardiology care (for certain conditions) | CVUHB | In Progress - On Track |
| 43 | Falls Response Team | WAST/CRT Falls Response Team Operating Mon-Fri, 08:30-16:30, patients referred via 999 following a fall to receive same day urgent home based assessment by paramedic and CRT therapist. To provide confirmation of physical injury and advice/signposting to other community based services as appropriate | CVUHB | In Progress - On Track |
| 44 | Code Stroke | Continue to review Code Stroke processes to identify opportunities to improve performance including working with WAST on refining pre-hospital pathways to reduce door to needle time | CVUHB | In Progress - On Track |

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| 45 | Focus on Amber/ Green Calls | Analysis and understanding of Amber/Green performance to support improvement Pilot Hospital Avoidance Vehicle | CVUHB | Archived |
| 46 | Potential roll out of 111 | Implementation of the national 111 programme in the C&V area - this is subject to nationally agreed timescales and will be updated once confirmed dates are known. | CVUHB | In Progress - On Track |
| 47 | APP Trial | Introduction of Advanced Paramedic Practitioners into SE | CVUHB | In Progress - On Track |
| 48 | Service reconfiguration: Vascular (arterial surgery) | Centralisation of arterial vascular surgery in South East Wales | CVUHB | Unknown |
| 49 | Service reconfiguration: Major Trauma | Live major trauma network by October 2019 and functioning major trauma centre at UHW and designated trauma units by April 2020. | CVUHB | Unknown |
| 50 | Service reconfiguration: Relocation of Rockwood Hospital to UHL | Reprovision of Specialist Neuro and Spinal Rehabilitation Services and Clinical Gerontology Services | CVUHB | In Progress - On Track |
| 51 | Service reconfiguration: Hyper Acute Stroke Unit | Work with regional partners on the establishment of HASU | CVUHB | In Progress - On Track |
| 52 | Acute Coronary Syndrome Pathway Development | Redesign Acute Coronary Syndrome service to meet the NICE guidelines for the ACS pathway for Heart Disease. The ACS pathways pilot has seen a reduction in referral to transfer times down to 2 days in 2017. Further evaluation will take place ahead of potential roll out in 2018. Dedicated transport piloted as part of pathway. | CVUHB | Unknown |
| 62 | Enhance access and utilisation of Alternative Care Destinations / Pathways (other than ED) | Increase the utilisation of ambulance patients accessing care at their local Minor Injury unit or alternative care pathway. Action (i) Engage with Heath Board to review admission criteria for Cardigan MIU Action (ii) Engage with Health Board to review admission criteria in Llandovery MIU Action (iii) Review utilisation rates and put into place mechanisms to ensure the clinically appropriate patients are directed to the most appropriate unit. Action (iv) Implement a Mental Health Pathway (aligned to pathways developed in other Health Boards). | HDUHB | In Progress - On Track |
| 63 | Enhance the provision of Advanced Paramedic Practitioners across HDda | Fully embed the Advanced Paramedic Practitioner rotational model across HDda. Actions to include: Action (i) Recruit and fully embed the 4 x additional APPs across the three rotational pillars (Primary care / WAST community response and CCC) following Winter investment monies Action (ii) Support the Trust wide initiative to expedite a national APP model (subject to business case approval) | HDUHB | In Progress - On Track |

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| 64 | Improve service for non injury / low risk fallers across Hywel Dda | <p>Preliminary discussions underway to support various County led bids for funding to improve response to elderly frail fallers</p> <p>Action (i) IAA bid for 'pick me up service' for Llanelli (bid to be submitted) Carmarthenshire</p> <p>Action (ii) Referral pathway via ART under discussion across Carmarthenshire</p> <p>Action (iii) Potential referral via Social Services pathway (bid to be submitted) by Ceredigion</p> <p>Action (iv) Preliminary discussions underway with MWWFRS regarding UFRs also attending non injured fallers for 'pick me up' service.</p> <p>Action (v) Explore the feasibility of introducing a Falls Response Service.</p> | HDUHB | In Progress - On Track |
| 65 | Reduce 999 demand from Nursing / Residential Homes across Hywel Dda | <p>Continue to engage and work collaboratively with Nursing / Residential Home providers to reduce 999 activity. Action to include:</p> <p>Action (i) Fully roll out 'IStumble' falls assessment tool across all Residential & Nursing homes in HDda to improve the management of non-injury falls patents to avoid unnecessary ambulance attendance and onward conveyance to ED.</p> <p>Action (ii) Support delivery of lifting aids to all CSSIW registered Nursing & Residential Homes across HD</p> <p>Action (iii) Proactively review and monitor activity data to identify opportunities to better manage demand through direct engagement and education with Nursing / Care Home providers</p> | HDUHB | In Progress - On Track |
| 66 | Joint Conveyance reduction programme with HDda | <p>A joint group has been established to identify joint opportunities to reduce the number of patients conveyed to hospital.</p> <p>Actions to include:</p> <p>Action (i) Fully establish conveyance reduction working group</p> <p>Action (ii) Undertake a systematic review of WAST & Health Board clinical audit data to identify patient case mix and improvement opportunities</p> <p>Action (ii) Develop a robust joint conveyance reduction action plan</p> | HDUHB | Archived |

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| 67 | Transforming Clinical Services | <p>The TCS Programme has been established to transform the delivery of health care for patients in Hywel Dda. The scope of the project includes the re-design of all Planned, Urgent & Emergency and Out of Hospital care. A new clinical model is being developed and capital investment in new health infrastructure is required. Actions include:</p> <p>Support key TCS Programme Groups including</p> <ul style="list-style-type: none"> (i) Regional Clinical Strategy Group; (ii) WAST Partnership Model; and (iii) Explore options to undertake bespoke modelling to understand operational, resource and capacity impacts of the future clinical model | HDUHB | In Progress - On Track |
| 68 | Support the Mid & West Regional Stroke Model work stream | <p>Continue to engage and support the development of a regional Stroke model for Mid & West Wales.</p> <p>Actions to include:</p> <ul style="list-style-type: none"> (i) Continue to attend and support the Stroke Project Group, (ii) Support the development of the regional model and undertake bespoke ambulance modelling to identify the ambulance specific impacts. (iii) Explore WASTs role to support the preferred clinical model | HDUHB | In Progress - On Track |
| 69 | Pro-active monitoring and management of service change proposals. | <p>WAST will continue to engage proactively with Health Boards to identify and jointly plan for all local service change . Actions to include:</p> <ul style="list-style-type: none"> (i) WAST & the three M&W regional Health Boards (ABMU, HDda & Powys) to regularly meet and review service change with planning and operational leads via the Joint Mid & West Wales Planning Forum; | HDUHB | In Progress - On Track |
| 70 | Enhanced services to manage Falls Patients | <p>Continue to develop and enhance care for the management of non-injury and low-acuity falls patients.</p> <p>Actions to include:</p> <ul style="list-style-type: none"> (i) Fully roll out 'IStumble' falls assessment toolkits across all Residential & Nursing homes across Powys to improve the management of non-injury falls patents. (i) Establish a Falls Pathway for Paramedics to access and refer clinically appropriate falls patients to the Powys Urgent Response Service at Home (PURSH) | PTHB | In Progress - On Track |
| 71 | Increase the availability and access to Alternative Care Pathways | <p>Explore and scope with the PTHB the following additional Care Pathways:</p> <p>Action (i) Explore and scope the development of a Respiratory Pathway (aligned to the ongoing review of Respiratory care across PTHB)</p> <p>Action (ii) Develop a Single Point of Access Pathway</p> | PTHB | In Progress - On Track |

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| 72 | Enhance the provision of Advanced Paramedic Practitioners across Powys | <p>Fully embed the Advanced Paramedic Practitioner rotational model across Powys THB</p> <p>Actions to include:</p> <p>Action (i) Engage with PTHB and support the Trust wide initiative to expedite a national APP model (subject to business case approval).</p> | PTHB | In Progress - On Track |
| 73 | SaTH Future Fit Programme | <p>Cross border service change: The Future Fit Programme is a regional transformation programme reviewing hospital services across Shropshire, Telford & Wrekin. Two proposed options the reconfigure all planned and Urgent & Emergency Care, identifying the two following options:</p> <p>Option 1: The Royal Shrewsbury Hospital becomes the Emergency Care site and the Princess Royal Hospital becomes the Planned Care site.</p> <p>Option 2: The Princess Royal Hospital becomes an Emergency Care site and the Royal Shrewsbury Hospital becomes a Planned Care site.</p> <p>Under either option, both hospitals would have an Urgent Care Centre that is open 24 hours a day, seven days a week.</p> | PTHB | In Progress - On Track |
| 74 | Hereford & Worcester Regional Stroke Model | <p>Cross border service change: Proposals have been put forward to re reconfigure stroke services across Hereford & Worcester.</p> <p>The two core options being considered are:</p> <p>Option 1: HASU at Hereford and ASU at Worcester with a Triage, Thrombolise and Transfer service</p> <p>Option 2: HASU at Worcester and ASU at Hereford with a Triage, Thrombolise and Transfer service</p> | PTHB | In Progress - On Track |
| 76 | Other regional service transformation | <p>There are a range of other regional service transformational agendas, including:</p> <p>Action (i) Mid & West Region Stroke reconfiguration proposals</p> <p>Action (ii) Mid Wales Joint Committee for Health & Social Care</p> <p>Action (iii) WAST & the three M&W regional Health Boards (ABMU, HDda & Powys) to regularly meet and review service change with planning and operational leads via the Joint Mid & West Wales Planning Forum;</p> | PTHB | In Progress - On Track |
| 100 | Multi-disciplinary response to respiratory patients in Powys | <p>Funding has been agreed through Healthier Wales circa 3 million pounds to hold a three-month trial with a WAST RRV, Paramedic and Disciplinary Nurse to respond to respiratory patients in Powys.</p> | PTHB | In Progress - On Track |

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| 1 | Further enhance access to Alternative Pathways of Care | <p>Work closely with Health Board leads to identify opportunities to enhance and develop Alternative Care Pathways.</p> <p>Actions to include:</p> <ul style="list-style-type: none"> (i) Monitoring referral and compliance of established ACPs, (ii) Review WAST & ABM data to identify opportunities to develop new ACPs (iii) Undertake an evidence based approach to establish new ACPs based upon clinical need. | SBUHB | In Progress - On Track |
| 2 | Enhanced management of Frequent Service users | <ul style="list-style-type: none"> (i) Continue the Multi-disciplinary team approach with Health Board clinical / service leads to identify, review and manage frequent service users. (ii) Regular review activity data to identify high volume service users and engage with service leads to understand the reasons and put into place mitigating actions to reduce demand (for example continue to work closely with Parc Prison, Bridgend to reduce 999 generated attendances). | SBUHB | In Progress - On Track |
| 3 | Enhanced services to manage Falls Patients | <p>Continue to develop and enhance care for the management of non-injury and low-acuity falls patients.</p> <p>Actions to include:</p> <ul style="list-style-type: none"> (i) Fully roll out 'IStumble' and 'I Fell Down' falls assessment toolkits across all Residential & Nursing homes in ABMU to improve the management of non-injury falls patients to avoid unnecessary ambulance attendance and onward conveyance to ED. (ii) Seek funding to establish a dedicated Joint Falls Response vehicle in collaboration with Health Board clinical leads to manage low acuity falls patients in the community (Risk - availability of funding). (iii) Work closely with Health Board to identify and trial any new initiatives to improve the care and management of non-injury / low acuity falls patients. | SBUHB | In Progress - On Track |
| 4 | Enhance the provision of Advanced Paramedic Practitioners across ABMU | <p>Fully embed the Advanced Paramedic Practitioner rotational model across ABMU.</p> <p>Actions to include:</p> <ul style="list-style-type: none"> (i) Recruit and fully embed the new 6 x APPs across the three rotational pillars (Primary care / WAST community response and CCC) following Winter investment monies (ii) Support the Trust wide initiative to expedite a national APP model (subject to business case approval) | SBUHB | In Progress - On Track |

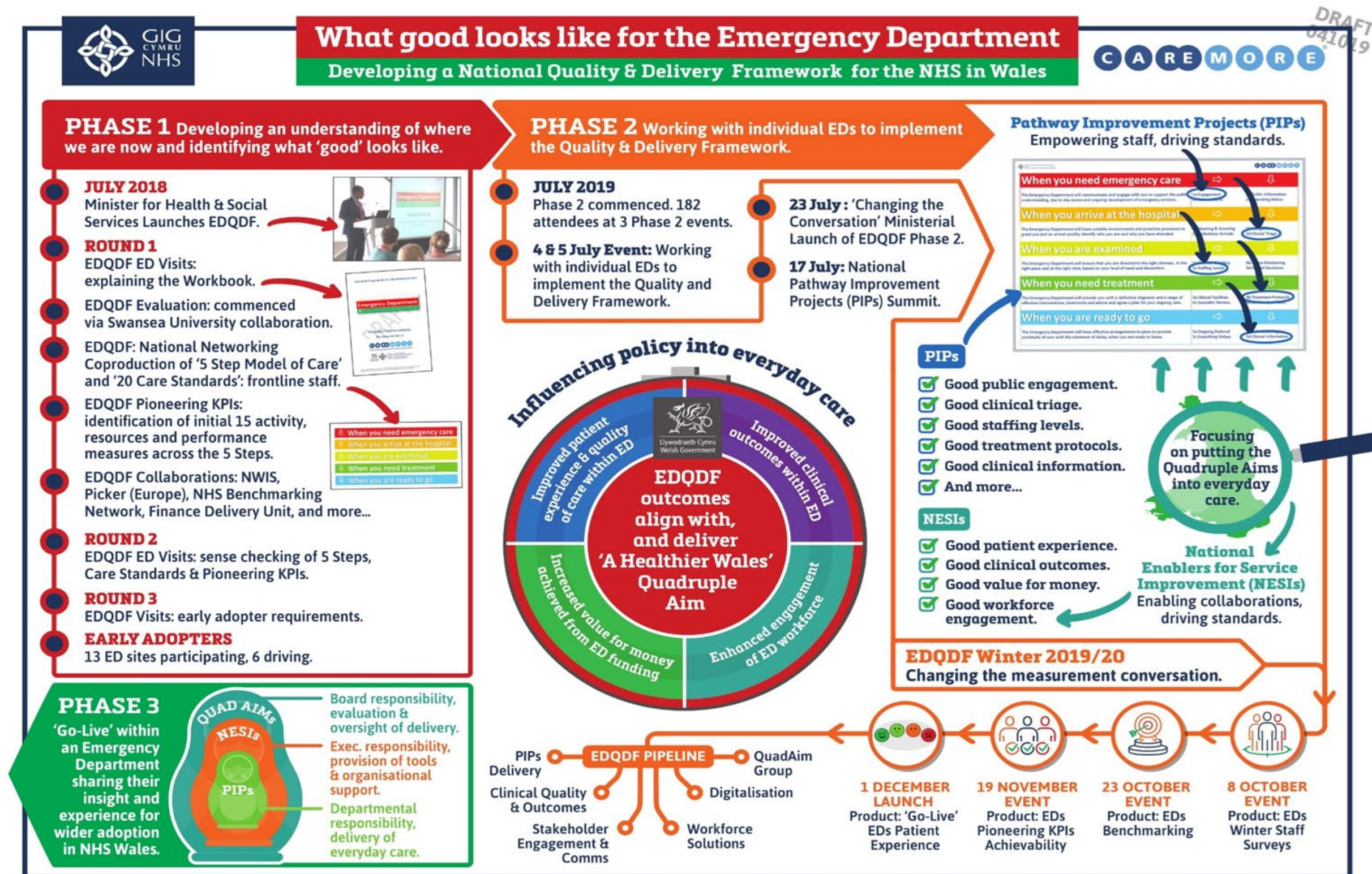
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| 5 | Management of Hospital Handover Delays | Joint working between WAST & Health Board to proactively manage and minimise hospital handover delays. Actions to include: Action (i) Implement robust operational arrangements to proactively manage periods of peak hospital activity to improve patient flow and minimise delayed ambulance handover Action (ii) Put in place clear action plans to manage handover delays (including Joint Winter Plans). | SBUHB | In Progress - On Track |
| 7 | Bridgend Locality Boundary Proposals | Continue to engage and support the future planning and manage the operational impacts of the Bridgend Locality boundary change to Cwm Taf UHB. | SBUHB | Complete |

10. Appendix 7: NPUC Key Deliverables

| NPUC | 2020/21 | 2021/22 | 2022/23 |
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| PAG & MAG | <ul style="list-style-type: none"> Development of a work programme for PAG & MAG. Support the development of the EDQDF. PAG and MAG will use the C3 Faculty to undertake supporting Research, development and evaluation activities in relation to the work outlined under the Commissioning development and support. | | |
| Measurement | Measurement <ul style="list-style-type: none"> Learning from the EDQDF programme changing the conversation around Measures beyond 4 & 12 Hours Learning and understanding from EASC's development of Ambulance Quality Indicators. Learning from 2018-21 EASC Emergency Ambulance Services Commissioning Intentions and NPUC Priorities, Joint Performance Improvements completions from WAST and Health Boards to inform current state of measurements in relation to service change initiatives across urgent and emergency care from home to hospital (including ED) and applicable services. Learning from the NHS Wales NHS Benchmarking Network Projects (NPUC related) for strategic commissioning and alignment with future years IMTPs. More accurate and timely reporting of ED data by Health Boards to StatsWales. Research of measures in use across urgent and emergency care from home to hospital | | |
| | NHS Benchmarking <ul style="list-style-type: none"> Ongoing working with the NHS Benchmarking Network to disseminate and give access to Health Board and ED staff on the Emergency Care project Work with NHS Benchmarking Network to support the use of benchmarking across Unscheduled Care. Learning from the NHS Wales NHS Benchmarking Network Projects (NPUC related) for strategic commissioning and alignment with future years IMTPs. | | |
| | Winter Pressure Monies <ul style="list-style-type: none"> C3 Faculty through funding under the NPUC will commence supporting the work undertaken by the NCCU in evaluation the Winter Funding 2019/20 initiatives. Support Welsh Government with targeted evaluation of Winter funded initiatives; specifically: <ul style="list-style-type: none"> Q1 working with HB Winter Planning and Table 3 Leads to fully complete the planning templates, collate existing data and implementation plans, then to analyse data submissions . Q2 collecting data on implementation and working with HB leads to provide data on net effect of investment, then to contribute to the evaluation report. Q3 sharing, learning and planning priorities with HBs for winter 2020-21 with resilience plans aligned with IMTP cycle, then to support the new planning cycle as in Quarter 4 2018/19. Q4 reporting and disseminating recommendations for forecasting / evaluation process for ongoing winter resilience plans and USC service improvement plans | <ul style="list-style-type: none"> | <ul style="list-style-type: none"> |

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| Policy & Guidance | Escalation <ul style="list-style-type: none"> | • | • |
| | Strengthening Winter Resilience <ul style="list-style-type: none"> | • | • |
| | IMTP Guidance <ul style="list-style-type: none"> Q3 EASC / NPUC Commissioning Intentions and alignment with IMTPs 2020/21 process and associated documentation was produced by the NCCU in support of both EASC and the NPUC. Q3 Share progress of IMTP Responses to the EMS & NEPTS Commissioning Intentions with Policy Leads within Welsh Government Q3 Share learning from Evaluation of winter monies evaluation with Welsh Government & Health Boards Government Q4 Completion of NCCU IMTP. | | |
| EDQDF | <ul style="list-style-type: none"> Phase 2 completed & Phase 3 underway for 6/13 Early Adopter ED sites Phase 2 underway for remaining 7/13 ED sites NESIs commenced for Clinical Quality & Outcomes majority of PIPs delivering improvements Round 1 NESIs of Staff Engagement Patient Experience Pioneering KPIs & Benchmarking supporting service improvements for ED sites | <ul style="list-style-type: none"> Phase 3 Go-Live for all ED sites All PIPs delivering improvements Further NESIs established National arrangements to support EDQDF as UHBs business as usual model for EDs designed & established | <ul style="list-style-type: none"> EDQDF established by all UHBs as business model for delivering ED services |
| Commissioning same day Emergency Care, including Ambulatory Care | <ul style="list-style-type: none"> Scope defined and agreed Opportunities from EDQDF to be identified Delivery resources agreed Team appointed Phase One commenced | <ul style="list-style-type: none"> Phase One completed Commence Phase Two | <ul style="list-style-type: none"> Phase Two completed Phase Three 'go-live' |
| Commissioning Intermediate Care | <ul style="list-style-type: none"> Scope defined and agreed Opportunities from EDQDF to be identified Delivery resources agreed Team appointed Phase One commenced | <ul style="list-style-type: none"> Phase One completed Commence Phase Two | <ul style="list-style-type: none"> Phase Two completed Phase Three 'go-live' |
| Commissioning Ambulatory Care | <ul style="list-style-type: none"> Scope defined and agreed Opportunities from EDQDF to be identified Delivery resources agreed Team appointed Phase One commenced | <ul style="list-style-type: none"> Phase One completed Commence Phase Two | <ul style="list-style-type: none"> Phase Two completed Phase Three 'go-live' |
| Commissioning GP OOH | <ul style="list-style-type: none"> Scope defined and agreed Opportunities from EDQDF to be identified Delivery resources agreed Team appointed Phase One commenced | <ul style="list-style-type: none"> Phase One completed Commence Phase Two | <ul style="list-style-type: none"> Phase Two completed Phase Three 'go-live' |

11. Appendix 7: EDQDF Storyboard



12. Appendix 8: Improving Care, Improving Experience Key Deliverables

| Improving Care, Improving Experience | 2020/21 | 2021/22 | 2022/23 |
|---|--|---|--|
| Mental Health & Learning Disability Adult Hospitals | <ul style="list-style-type: none"> Meetings with central supporting organisations, Welsh Government , All Wales Peer Groups and Health Boards Adult/CAMHS Hospital Framework agreements have been extended up until April 2021. Therefore The QAIS, with NHSWSSP Procurement and Legal advisors will develop a Renewed Framework agreement ready for launch on 1st April 2021. Preparation will include: development of new standards, enhancing and fully implementing the RAPID process, refreshing the reporting Matrix, auditing all services prior to their entry onto the framework agreement, liaising with relevant expert by experience groups and other stakeholders, such as HIW etc, development of new audit process, development of new ranking process. Audit of Patient Placement Agreements and Termination Notices Provide opportunities for all 22 Providers to meet and discuss performance against the current Framework requirements. Continue to review all services where Welsh patients are currently cared for under the current Framework agreement. Produce Annual report on Framework use and provision. | <ul style="list-style-type: none"> Q1-4 Meetings with central supporting organisations, Welsh Government, All Wales Peer Groups and Health Boards/Local Authorities. Q1-4 Ongoing meetings with MH/LD expert by experience groups. Q1-2 Ongoing reviews of Framework providers, 89 units Sharing Best Practice Day Production of Annual Report Launch of refreshed Framework. Launch of RAPID Ongoing development of new Framework Annual Provider Performance Meetings | <ul style="list-style-type: none"> Q3 Enhancement of CCAPS in relation to measuring performance outcomes etc. Launch of ITT and PQQ for new Framework Agreement for launch April 2020 Including audits of all service provision Review of circa 70 units that currently provide services via Framework agreement |
| Mental Health & Learning Disability CAMHS hospitals | <ul style="list-style-type: none"> Meetings with central supporting organisations, Welsh Government , All Wales Peer Groups and Health Boards/Local Authorities Audit of 10 new Framework units. Ongoing review of 2 units Management of suspension and subsequent termination of Framework provider. Audit of Patient Placement Agreements/Termination Notices Met with 9 Providers during Q3 to discuss performance against the Framework requirements. | <ul style="list-style-type: none"> Q1-4 Meetings with central supporting organisations, Welsh Government , All Wales Peer Groups and Health Boards/Local Authorities Q1-2 Ongoing reviews of Framework providers Sharing Best Practice Day Production of Annual Report Launch of refreshed Framework. Engagement with a Welsh university in relation to R&D of the Framework Agreement. Performance and verification visits | <ul style="list-style-type: none"> Q3-4 Enhancement of CCAPS in relation to measuring performance outcomes etc. Q3-4 Ongoing reviews of Framework providers Launch of ITT and PQQ for new Framework Agreement for launch April 2020 Including audits of all service provision Review of circa 18 units that currently provide services via Framework agreement |
| Mental Health & Learning Disability Adult Care Homes | <ul style="list-style-type: none"> Meetings with central supporting organisations, Welsh Government , All Wales Peer Groups and Health Boards/Local Authorities Ongoing review of 35 care homes Care Home Framework agreement refresh Meeting with All Wales People First to engage individuals in the process for standards and contracts within the care home environment. Audit of Resident Placement Agreements. | <ul style="list-style-type: none"> Q1-4 Meetings with central supporting organisations, Welsh Government , All Wales Peer Groups and Health Boards/Local Authorities Q1-4 Ongoing reviews of 41 Framework providers Q1-2 Ongoing engagement with All Wales People First Development of self-assessment tool Engagement with a Welsh university in relation to R&D of the Framework Agreement. Performance and verification visits Sharing Best Practice Day Production of Annual Report | <ul style="list-style-type: none"> Q3 Launch of refreshed adult MH/LD Care Home Framework Q3 Enhancement of CCAPS in relation to measuring performance outcomes etc. Review of circa 60 units that currently provide services via Framework agreement |

Internally
Commissioned Provision

- The QAIS will undertake reviews of the 2 Adult Medium Secure Units and the 2 CAMHS Units provided by NHS Wales. Reviews will be undertaken at least once per year with a full report with recommendations being produced following each review, The QAIS will assist WHSSC as commissioners and the units as providers to understand the recommendations made and how improvements can be introduced.
- The QAIS will negotiate with WHSSC with regards to the possibilities of further enhancing Tour quality assurance agreements which may include the implementation of case management of secure care.

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- The QAIS will undertake reviews of the 2 Adult Medium Secure Units and the 2 CAMHS Units provided by NHS Wales. Reviews will be undertaken at least once per year with a full report with recommendations being produced following each review, The QAIS will assist WHSSC as commissioners and the units as providers to understand the recommendations made and how improvements can be introduced.

Together for Mental
Health Delivery Plan

- **National and International Benchmarking for Adult Mental Health, Learning Disabilities and CAMHS services.**
 - The QAIS will continue their membership of the NHS Mental Health AND Learning Disabilities Benchmarking Network in the UK along with the International Benchmarking membership on behalf of Wales. This will enable Wales to continue to be able to understand how Wales performs in relation to others at a Health Board, National and International level. The QAIS will also continue to organise the NHS Wales Benchmarking conference each year.
- **National care review of the NHS Mental Health and Learning Disability estate in Wales.**
 - The QAIS will undertake assurance reviews of all Mental Health/Learning Disabilities inpatient units supplied by NHS Wales. This will include all secure facilities throughout Wales.
 -
- **Mental Health Access and Conveyance review.**
 - The QAIS will complete the Mental Health access and Conveyance review mid- 2020. The outcomes of that review will be shared and discussed with Welsh Government. The QAIS will support Welsh Government to make and implement recommendations that will arise from this review.
- **CAMHS**
 - The QAIS will undertake reviews of both NHS Wales CAMHS units at least once per year as described in the Service Level agreement designed by QAIS/WHSSC. Support will be given to WHSSC and the services, if required, with regards to any recommendations made following each review.

- **National and International Benchmarking for Adult Mental Health, Learning Disabilities and CAMHS services.**
 - The QAIS will continue their membership of the NHS Mental Health AND Learning Disabilities Benchmarking Network in the UK along with the International Benchmarking membership on behalf of Wales. This will enable Wales to continue to be able to understand how Wales performs in relation to others at a Health Board, National and International level. The QAIS will also continue to organise the NHS Wales Benchmarking conference each year. We will liaise with New Zealand Health Service, the current chair country of International Benchmarking for MH in order to support the publication of the next International Benchmarking report.
- **National care review of the NHS Mental Health and Learning Disability estate in Wales.**
 - The QAIS will support the development of a strategy for Mental Health /Learning Disabilities estate across NHS Wales.
- **Mental Health Access and Conveyance review.**
 - Recommendations from the review will be fully implemented over next 2 years. The QAIS will provide support to Welsh Government, Mental Health services and other stakeholders in relation to implementation of actions to meet recommendations made following the review.
- **CAMHS**
 - The QAIS will undertake reviews of both NHS Wales CAMHS units at least once per year as described in the Service Level agreement designed by the QAIS/WHSSC. Support will be given to WHSSC and the services, if

- **National and International Benchmarking for Adult Mental Health, Learning Disabilities and CAMHS services.**
 - The QAIS will continue their membership of the NHS Mental Health AND Learning Disabilities Benchmarking Network in the UK along with the International Benchmarking membership on behalf of Wales. This will enable Wales to continue to be able to understand how Wales performs in relation to others at a Health Board, National and International level. The QAIS will also continue to organise the NHS Wales Benchmarking conference each year.
- **National care review of the NHS Mental Health and Learning Disability estate in Wales.**
 - The QAIS will support WHSSC and the seven Health Boards to commence the implementation of the National MH/LD estate strategy.
 -
- **Mental Health Access and Conveyance review.**
 - Recommendations from the review will be fully implemented over next 2 years. The QAIS will provide support to Welsh Government, Mental Health services and other stakeholders in relation to implementation of actions to meet recommendations made following the review.
- **CAMHS**
 - The QAIS will undertake reviews of both NHS Wales CAMHS units at least once per year as described in the Service Level agreement designed by the QAIS/WHSSC. Support will be given to WHSSC and the services, if required, with regards to any recommendations made following each review.

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| | | required, with regards to any recommendations made following each review. | |
| Insight and Innovation | <ul style="list-style-type: none">• QAIS will Plan, progress and publish a National Care Review of patients in MH hospitals with a learning disability possibly aligning this with the MH inpatient review• QAIS will commence and complete the care mapping of MH care homes at the request of any health board• QAIS will publish the National MH Access and Conveyance Review on behalf of Welsh Government• QAIS will support the delivery of any accepted recommendations of the National MH Access and Conveyance Review on behalf of Welsh Government• QAIS will work to strengthen the partnership with BCUHB and expand the joint repatriation team to cover all the £110m CHC spend• QAIS will pilot the Levels of Care in Older Adult Care Homes as part of the Safer Staffing in Care Homes element of the Safer Staffing Wales programme• QAIS will scope and possibly deliver the children with LD National Care Review on behalf of Welsh Government• QAIS will support the delivery of any accepted recommendations of the National Care Review of LD Hospital services on behalf of Welsh Government• QAIS will support the MH National Benchmarking in adult and CAMHS and host an all wales feedback event• QAIS will support the new LD National Benchmarking and host an all wales feedback event• QAIS will collaborate with New Zealand, currently chairing the MH International Benchmarking to produce an international benchmarking report• QAIS will explore the commissioning of our quality assurance services by the Isle of Man government• QAIS will scope and possibly deliver the commissioning of the sexual assault referral services as requested by this programme• QAIS will support the development of a value in MH project in partnership with Shared services, FDC and MH network | | |