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Pwyllgor Gwasanaethau  
Ambiwylans Brys  
Emergency Ambulance  
Services Committee

**AGENDA ITEM 3.2.1**

**28 January 2020**

**Emergency Ambulance Services Committee**

**COMMISSIONING INTENTIONS 2019/20 PROGRESS REVIEW**

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**Purpose of the EASC Report**

The purpose of this report is to provide EASC with the Welsh Ambulance Service NHS Trust's (WAST) response to the Nov-2019 National Collaborative Commissioning Unit's (NCCU) paper on progress against the 2019/20 commissioning intentions.

**Governance**

**Link to the Commissioning Agreement**

The Committee's overarching role is to ensure its Commissioning Strategy for EMS and NEPTS utilising the respective five step patient pathway outlined within the National Collaborative Commissioning Quality and Delivery Agreements and the related outcomes for each care standard aligned with the Institute of Healthcare Improvement's (IHI) 'Quadruple Aim' are being progressed. This report focuses on the above, specifically on progress on delivering the 2019/20 commissioning intentions for EMS and NEPTS.

**Supporting evidence**

The Collaborative Commissioning Quality and Delivery Framework: emergency medical service (EMS) and non-emergency patient transport service (NEPTS) (2019/20 commissioning intentions).

**Engagement – Who has been involved in this work?**

NCCU.

<b>Emergency Ambulance Services Committee Resolution to:</b>							
<b>APPROVE</b>		<b>ENDORSE</b>	✓	<b>DISCUSS</b>	✓	<b>NOTE</b>	✓
<b>Recommendation</b>	EASC is asked to: <ul style="list-style-type: none"> <li>• <b>Discuss</b> the findings of this report.</li> <li>• <b>Note</b> the findings of this report.</li> </ul>						
<b>Summarise the Impact of the Emergency Ambulance Services Committee Report</b>							
<b>Equality and diversity</b>	No implications arising directly from this report.						
<b>Legal implications</b>	There are no legal implications arising directly from this report.						
<b>Population Health</b>	The EMS and NEPTS commissioning intentions are designed to improve population health through improved emergency and non-emergency ambulance services e.g. response times to emergencies, improved performance times for renal etc.						
<b>Quality, Safety &amp; Patient Experience</b>	The core requirements self-assessment is the key mechanism for the commissioning framework to assess arrangements for quality, safety and patient experience. A self-assessment against the core requirements is a commissioning intention for both EMS and NEPTS.						
<b>Resources</b>	The commissioning intentions include agreement of the financial value payable to WAST for EMS and NEPTS.						
<b>Risks and Assurance</b>	WAST maintains a Risk Management Framework and Corporate Risk Register, which includes the commissioning arrangements.						
<b>Health &amp; Care Standards</b>	The 22 Health & Care Standards for NHS Wales are mapped into the 7 Quality Themes: Staying Healthy; Safe Care; Effective Care; Dignified Care; Timely Care; Individual Care; Staff & Resources <a href="http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf">http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf</a> . The report will relate to all of the themes.						
<b>Workforce</b>	There are various workforce related commissioning intentions, for example reducing sickness absence levels.						
<b>Freedom of information status</b>	Open						

## SITUATION

1. The purpose of this report is to provide EASC with WAST's response to the Nov-2019 NCCU paper on progress against the 2019/20 EMS and NEPTS commissioning intentions.

## BACKGROUND

2. EASC received a report at its Nov-19 meeting from the NCCU which highlighted WAST's progress on the commissioning intentions.
3. The commissioning intentions are split between EMS, NEPTS and joint intentions (between WAST and health boards, for EMS and NEPTS). For EMS and NEPTS they are split into Framework Improvements and WAST Performance Improvements.

## ASSESSMENT

4. The NCCU Nov-19 report included the following summary of WAST's progress on the EMS commissioning intentions:-

EMS						Grand Total
	Completed	Deterioration	Improved	Ongoing	Unknown	
Framework Improvements	5		1	4	4	14
WAST Performance Improvements		4	2	6	1	13
<b>Grand Total</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>10</b>	<b>5</b>	<b>27</b>

5. WAST has reviewed the report and assessed itself against the commissioning intentions and has the following analysis:-

EMS						Grand Total
	Completed	Deterioration	Improved	Ongoing	Unknown	
Framework Improvements	7	-	-	5	-	12
WAST Performance Improvements	3	8	5	11		27
<b>Grand Total</b>	<b>10</b>	<b>8</b>	<b>5</b>	<b>16</b>		<b>39</b>

Note: the difference in the two sets of numbers is accounted for by different ways of looking at the intentions, for example, the clinical indicators are one intention in the NCCU set (an aggregate measure), but seven in the WAST version, with each indicator being identified.

6. The NCCU and WAST will review the detail of these respective assessments (WAST's detailed responses are contained in the Appendices, which also includes a further set of intentions referred to

as Table 2 intentions) outside of EASC. The NCCU highlighted the following key commissioned performance improvements areas as having deteriorated:-

- Red performance to be maintained and the 95th percentile to reduce;
  - Amber 95th percentile times to reduce across each health board [*Carried Forward from 2018/19*];
  - Resource utilisation will improve: [*Carried Forward from 2018/19*]:
    - sickness rates reduced for all direct staff across each of the steps;
    - use of external providers to be reduced;
    - rosters aligned to demand (across days and time of day) for direct staff across each step; and
    - compliance with planned (that is the new) rosters to increase.
  - Known 'Net Effect' in terms of activity impact, resource impact and performance impact from all initiatives.
7. We have set out below some of the context relevant to each of these commissioning intentions.
  8. The separate WAST Provider Report (see separate agenda item) has identified (as have previous reports) a significant increase in Red demand caused by a patient safety procedure change in the application of Medical Prioritisation Dispatch System (MPDS) in the Clinical Contact Centres, a reduction in the contribution of running calls to Red performance and a significant increase in handover lost hours, all of which have negatively impacted on Red performance. Whilst Amber demand has remained more stable Amber performance has deteriorated as the Clinical Response Model attempts to protect Red performance. The fundamental strategic response to both Red and Amber is the EMS Demand & Capacity Review, arising from the Amber Review, both of which have been delivered at pace and on time.
  9. Sickness rates have deteriorated and have been higher through the first part of 2019/20 than previous years. The Demand & Capacity Review also identified that abstractions from rosters were high with the main contributory factor being sickness absence. WAST has a Resource Availability Programme in place with nine work streams, one of which is absence management. Sickness absence levels in Nov-19 were improved and better than previous years (see WAST Provider Report).
  10. WAST does not use private sector ambulance external providers and has not done so for some time.
  11. Roster reviews have been completed in Aneurin Bevan University Health Board (UHP) and Cwm Taf Morgannwg (UHP) using roster keys supplied from the last Demand & Capacity Review, so alignment to demand will

have improved in 2019/20. The most recent Demand & Capacity Review has identified the need to undertake further roster reviews across every health board. The 2020/21 commissioning intentions include the development of a collaborative implementation programme associated with the Review: roster reviews will be undertaken in a coherent and phased way as part of this programme.

12. The main measure for compliance with planned rosters is unit hours production (UHP) and normally for emergency ambulance (EA) resource. WAST has maintained EA UHP above 90% for six of the first nine months of this year (with strong UHP over the festive period). The Amber Review and subsequent Demand & Capacity Review identified 95% as a benchmark for EA UHP. This is currently challenging for WAST with a relief gap of 262.5 FTEs. An alternative measure is the total EMS actual ambulance hours (this is for all type of responding resource) put out. For the first 9 months of 2019/20 WAST has increased the hours put out by 1.4%.
13. The calculation of the "net effect" is not clear and needs further collaborative work between NCCU and WAST, which both parties have agreed to as part of the 2020/21 commissioning intentions. Clearly, given Red and Amber performance have deteriorated this would suggest the "net effect" is a negative. Whilst the exact method of calculation is not clear WAST has improved its hear & treat ambulances stopped, increased the ambulance hours produced, reduced conveyance to emergency departments and reduced lost hours clearing at hospitals i.e. WAST has improved key metrics within our ability to control.
14. The NCCU were unable to ascertain performance against the following EMS framework improvements:-
  - [Carried Forward from 2018/19] 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;
  - The reporting against core requirements to be undertaken twice per year as described under the Commissioning Intention for Care Standards;
  - [Carried Forward from 2018/19] Call to door times for STEMI (pPCI door) and Stroke to be produced;
  - Development of Clinical Indicators which complement the benefit realisation assumptions for Band 6 Paramedic investment to be produced; and
  - [Carried Forward from 2018/19] 95th percentile call to door times (STEMI & Stroke) to reduce across each health board area
15. The fleet and staff mix has been reviewed as part of the Demand & Capacity Review. The findings from the Review are now being fed into

the Fleet Strategic Outline Plan and Workforce Plan, as part of the implementation programme for the Review.

16. WAST acknowledges that it has not completed a self-assessment against the core requirements. For 2020/21 it has been agreed that this will be annual, rather than twice a year, and will be supported by an agreed (between NCCU/WAST) improvement plan. A self-assessment will be completed in Quarter 4 2019/20: the NCCU and WAST have recently met to start this process.
17. Call to door time indicators are currently being developed with the intention to start shadow reporting from Quarter 4 and full reporting from Quarter 1 2020/21. Improved performance on these metrics will be dependent on the information provided from the initial baseline.
18. The development of clinical indicators for the Band 6 project have been delayed due to associated work on pathways and capacity to progress. Two indicators have been agreed with the NCCU: COPD and non-cardiac chest pain.
19. The NCCU Nov-19 report included the following summary of WAST's progress on the NEPTS commissioning intentions:-

<b>NEPTS</b>						
	<b>Completed</b>	<b>Deterioration</b>	<b>Improved</b>	<b>Ongoing</b>	<b>Unknown</b>	<b>Grand Total</b>
Framework Improvements	4	0	2	9	4	19
WAST Performance Improvements	0	0	1	6	3	10
<b>Grand Total</b>	<b>4</b>	<b>0</b>	<b>3</b>	<b>15</b>	<b>7</b>	<b>29</b>

20. WAST has reviewed the report and assessment itself against the commissioning intentions and has the following analysis:-

<b>NEPTS</b>						
	<b>Completed</b>	<b>Deterioration</b>	<b>Improved</b>	<b>Ongoing</b>	<b>Unknown</b>	<b>Grand Total</b>
Framework Improvements	5	2	1	11	0	19
WAST Performance Improvements	0	1	0	9	0	10
<b>Grand Total</b>	<b>5</b>	<b>3</b>	<b>1</b>	<b>20</b>	<b>0</b>	<b>29</b>

21. The NCCU were unable to ascertain performance against the following NETPS framework improvements:-

- Develop infrastructure to be able identify how much is spend at a HB level across the five steps;

- Update O3 Schedule – extant policies, protocols & pathways following enactment of plurality model for each HB;
  - WAST undertake self-assessment related to the Core Requirements in Care Standards;
  - Evaluation programme for NEPTS overseen by Planning Development Evaluation Group (PDEG);
  - Compliance with care standards for previously extant Health Board/WHSSC/Velindre services;
  - Compliance with core requirements of care standards reported on a six monthly basis; and
  - WAST to demonstrate savings and efficiencies in each HB following enactment of the plurality model.
22. WAST's current position against each of these is detailed in the following paragraphs.
23. Local measures are in place to monitor spend across the five steps alongside transfer of work. Because the transfers of work are not complete arrangements for monitoring spend cannot be completed.
24. The O3 schedule, which will set out the policies, protocols and pathways for NEPTS cannot be complete until all transfers are complete. The intention is in progress, but dependent on completing the remaining transfers of work.
25. As per the EMS commissioning intentions, WAST acknowledges that it has not completed a self-assessment against the core requirements. For 2020/21 it has been agreed that this will be annual, rather than twice a year, and will be supported by an agreed (between NCCU/WAST) improvement plan. A self-assessment will be completed in Quarter 4 2019/20.
26. No evaluation programme has been agreed between the NCCU and WAST at this point in time. Agreeing the programme requires collaboration between both parties. The programme would be reported to NEPTS Delivery Assurance Group now.
27. WAST acknowledges a plan is required for self-assessment against the care standards. This is not in place at this time due to the focus on transfers and transformation of NEPTS.
28. Compliance with the core requirements is dependent on their self-assessment (see paragraph 25 above).
29. The demonstration of savings is in progress, but cannot be completed until the transfers of work are completed.

30. The NCCU Nov-19 commissioning intentions report also detailed the position on the EMS & NEPTS joint performance improvements. Monitoring of the WAST & Health Board Joint Service Initiatives (referred to as Template 2s) were initially reported and monitored through a bespoke progress report presented by WAST at the quarterly PDEG meetings. Following PDEG being closed down it was agreed that quarterly progress updates would be uploaded directly onto Airtable following WAST submission to the CASC office. To support this revised approach, further work was undertaken to refine the structure of Airtable with a quarterly progress reporting section and RAG column added to the templates. Progress will continue to be reported on a quarterly basis. The Q2 update was uploaded to Airtable in Oct-19 and as per the agreed schedule the Q3 update will be sent to the NCCU by early Feb-20.

31. Finally, quarter 4 will provide a further opportunity to report progress and report progress for the year end.

**RECOMMENDED:**

**That EASC:**

- i. Discuss** the contents of the report.
- ii. Note** the contents of the report.

<b>Freedom of information status</b>	Open
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