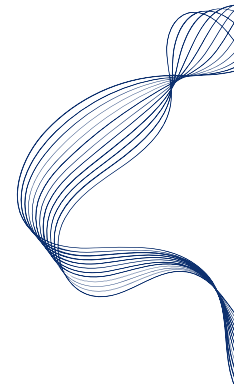


# Emergency Ambulance Services Committee Integrated Medium Term Plan 2023/26



CONTENTS

Pg02   Foreword	Pg29   NHS 111 Wales
Pg03   Executive Summary	Pg29   EASC role as part of a national commissioning body
Pg04   Using commissioning to drive system and service recovery	Pg30   Conclusion
Pg05   EASC Joint Committee	Pg31   Financial
Pg05   Governance	Pg38   Commissioning Intentions
Pg07   EASC Collaborative Commissioning Approach	
Pg09   Quality and Delivery Frameworks	
Pg11   Commissioning Intentions	
Pg11   EASC Team	
Pg12   Informatics and Ambulance Quality Indicators	
Pg13   Commissioned Services 22/23	
Pg14   Quality and Safety	
Pg15   Emergency Ambulance Services (EAS)	
Pg21   Non-Emergency Patient Transport Services (NEPTS)	
Pg23   Emergency Medical Retrieval and Transfer Service (EMRTS)	
Pg25   Adult Critical Care Transfer Service (ACCTS)	
Pg27   Maximising the impact of Six Goals for Urgent and Emergency Care Programme	
Pg29   Transfer, Repatriation and Discharge Services	

## FOREWORD

We are pleased to present the Emergency Ambulance Services Committee's Integrated Medium Term Plan for 2023/26.

In developing this plan, the Committee acknowledges and values the effort made by frontline staff across the urgent and emergency care system in responding to the extensive and sustained system pressures during the previous 12 months.

The Committee has taken a pragmatic approach during this period, adopting a supportive and enabling role, prioritising work that both reduces harm and improves patient outcomes and experience.

This plan describes the Committee's approach and priorities for commissioned services, with a particular focus on achieving ambitions and delivering enablers that must improve levels of ambulance handover lost hours, securing the availability of safe levels of ambulance provision, and contributing to the wider transformation of the urgent and emergency care system over the duration of this planning cycle.

The Committee has adopted a revised integrated commissioning approach, which we will continue to build on as we work constructively with health boards and providers to effectively deliver and improve services and to accelerate the required transformation agenda in partnership with the national programs and priorities.



**DR CHRIS TURNER**

INDEPENDANT CHAIR  
EMERGENCY AMBULANCE SERVICES COMMITTEE



**STEPHEN HARRY**

CHIEF AMBULANCE SERVICES COMMISSIONER  
EMERGENCY AMBULANCE SERVICES COMMITTEE



## EXECUTIVE SUMMARY

The Emergency Ambulance Services Committee (the Committee) Integrated Medium Term Plan (IMTP) for 2023/26 sets out the commissioning expectations and deliverables for EASC for the next 3 years.

The portfolio of EASC commissioned services includes:

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

EASC understands and is committed to its role in enabling commissioned services to support the transformation of the wider urgent and emergency care system through the National Six Goals Programme

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

The Committee will continue to adapt and respond to changing service models at a local, regional and national level. This includes supporting and responding to the review of national commissioning functions.

This plan will focus on Commissioning priorities (2023/26) including:

- Quality and Safety
- Performance Improvement
- Performance Enablers
- Financial sustainability and efficiency
- Commissioning intentions for commissioned services (2023/24)
- Informatics and Ambulance Quality Indicators with an increased focus on outcome measures
- Maximising the impact of Six Goals for Urgent and Emergency Care Programme outputs

- Transfer, Repatriation and Discharge Services
- NHS 111 Wales
- EASC's role as an integral part of national commissioning
- Value based approaches to commissioned services

This plan is written in the context of the most challenging operational and financial situation that our commissioned services and the wider health and public service has faced since the establishment of the Committee.

The plan sets out the Committee's priorities for commissioned services to ensure that clinical risks are minimised, patient safety is improved and harm is reduced through efficient and effective service delivery.

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

The plan also ensures that Welsh Government requirements, as defined within planning guidance, other national directives and national programmes are addressed

The plan focuses on the services currently commissioned by EASC. However, the Committee expects that during the life of this plan that arrangements for the commissioning of NHS 111 Wales are resolved. The Committee is committed to supporting this work and ensuring that existing commissioning skills and approaches are utilised to maximum effect.



## USING COMMISSIONING TO DRIVE SYSTEM AND SERVICE RECOVERY

This plan describes the pragmatic and considered approach that the Committee is taking in response to the patient safety, operational and financial context. Therefore, recovery of our commissioned services back to required levels, which enhance quality, reduce harm and improve outcomes as part of wider system improvements is a key element of this plan.

Central to this is the need for commissioned services to demonstrate efficiency and effectiveness and prudent use of financial resources that drive value for patients and the system.

The plan continues to build on the work undertaken during 2022/23 to focus on ensuring that commissioned services deliver their core and fundamental roles to a standard and consistency that meets the needs of the population of Wales.

It also sets out how the Committee will respond to the unprecedented levels of ambulance handover delays, the availability of safe levels of ambulance provision and the transformation of commissioned services within a very challenging financial and operational environment. The Integrated Commissioning Action Plans (ICAPs) outlined in this plan will act as key enablers and drivers for this.

The Committee recognizes that through this transformation, there are substantial opportunities for the services we commission to strengthen community healthcare provision and resilience. We will actively seek to prioritize developments within commissioned services that further enhance the momentum being gained by 'Further, Faster'.

From the EASC Team perspective, we will continue to lead, support and collaborate with partners across the system to enable effective service delivery building on the work that has been undertaken this year, including:

- Weekly performance reporting and information provision
- Monthly Quality and Delivery meeting with WAST and the Welsh Government Integrated Quality, Planning and Delivery Meetings.

- Business intelligence dashboard production to support system understanding and improvement such as the All-Wales Care Home Ambulance Activity Dashboard.
- Fortnightly performance collaboration meetings on ambulance handover and the delivery of ICAPS.
- Maintaining close links with Welsh Government and in the future NHS Executive colleagues to ensure a single source of information is used to support performance management and assurance processes
- Facilitating monthly forums across organisations to create a sharing, learning, improving together environment for improved patient safety and quality of care.
- Continuing to develop an All-Wales network for joint investigations, maintaining close links with the Delivery Unit
- Developing Safe, Timely, Efficient, Effective, Equitable, Patient Centred (STEEEP) collaborative action plans across organisations to improve patient safety and quality
- Public engagement on the review and improvement of the Emergency Medical Retrieval and Transfer Service
- Grange University Hospital Inter-Hospital Transfer Service task and finish group
- Support system working at regional and national clinical network groups
- Advice and support on Ambulance service matters

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

## EASC JOINT COMMITTEE

The Joint Committee has been established in accordance with the Directions and Regulations to enable the seven LHBs in NHS Wales to make collective decisions to plan and secure Emergency Ambulance Services (relevant services), Emergency Medical Retrieval & Transfer Service (EMRTS) and Non-Emergency Patient Transport Service (NEPTS) and in accordance with their defined delegated functions. The CASC exercises these duties on behalf of the Committee.

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

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

The membership of the Joint Committee consists of 9 voting members and 3 Associate Members. The voting members include the Chair (appointed by the Minister for Health and Social Services), the 7 LHB Chief Executives and the Chief Ambulance Services Commissioner (CASC). Decisions taken at Joint Committee meetings are subject to a two-thirds majority of voting members present. Deputies, who must be LHB executive directors, may be nominated by LHB Chief Executives; they formally count towards the quorum and have voting rights. However, anyone deputising for the CASC would not have voting rights.

The Cwm Taf Morgannwg University Health Board (CTUHB) is the identified host organisation. It provides administrative functions for the running of EASC in line with the Directions and has established the Welsh Health Ambulance Services Team known as the Emergency Ambulance Services Committee Team (EASCT) and appointed the Chief Ambulance Services Commissioner as per Direction 8(4), 3 of the Emergency Ambulance Services Committee and related Regulations.

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

EASC does not have a statutory duty to produce an Annual Governance Statement (AGS) but does so, as a matter of good governance, to provide assurance to the LHBs and, in particular, to CTMUHB, as its host organisation, in relation to its governance and accountability arrangements. The AGS outlines the different ways the organisation has had to work both internally and with partners in response to the unprecedented pressure in planning and providing services. It explains arrangements for ensuring standards of governance are maintained, risks are identified, mitigated and assurance has been sought and provided.

## GOVERNANCE

The EASC Model Standing Orders outline the expectation that safe, effective, and timely services are delivered and that robust quality assurance and risk management systems support this. An overview of the governance process is provided in figure 1 on page 5.



EMERGENCY AMBULANCE SERVICES COMMITTEE

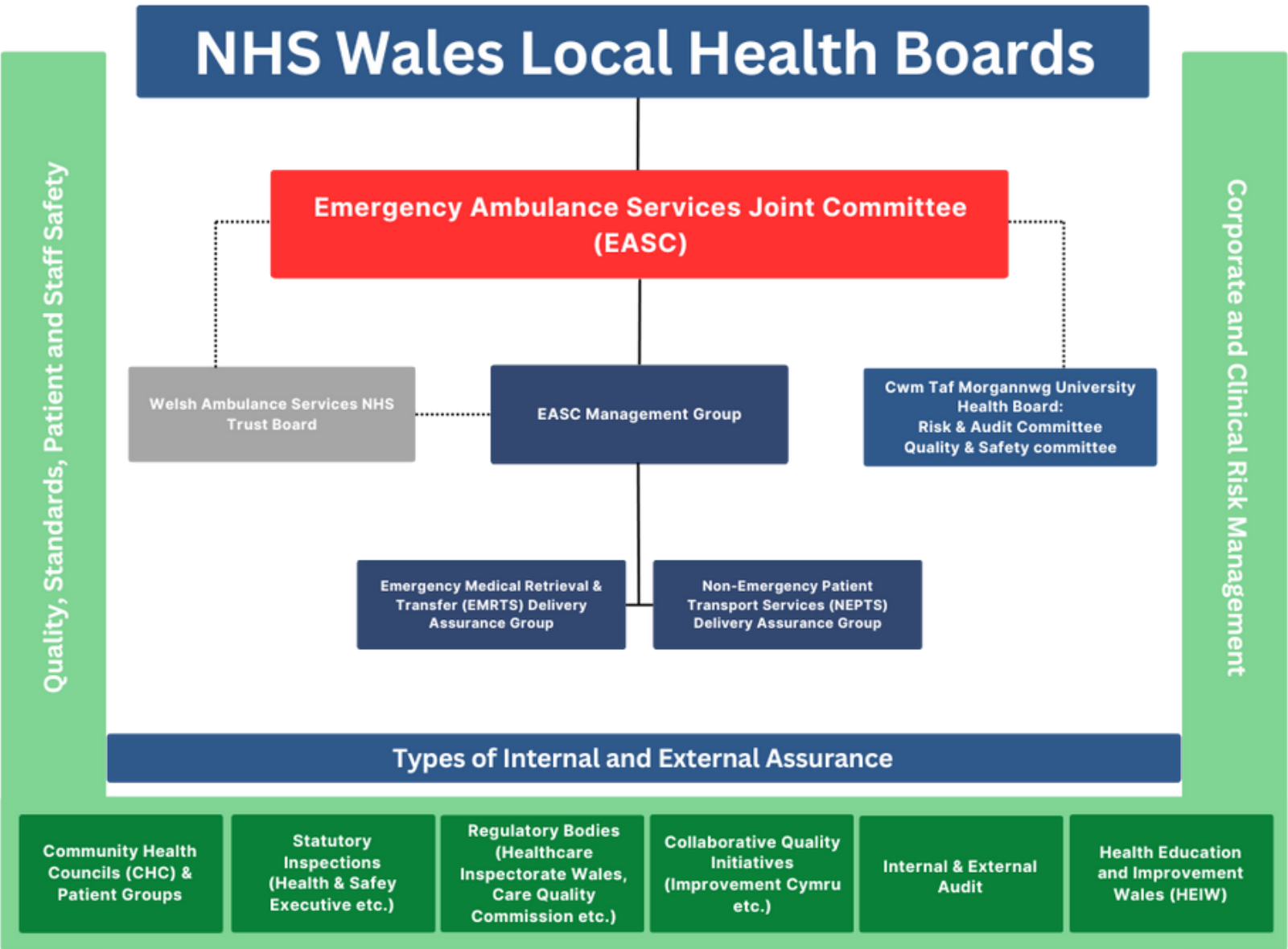


Figure 1: Governance Framework

## EASC COLLABORATIVE COMMISSIONING APPROACH

The Collaborative Commissioning Approach includes the EASC Commissioning Cycle, Quality and Delivery Frameworks and Commissioning Intentions for each Commissioned Service.

This collaborative approach enables the committee to discharge its role in:

1. Determining the long-term strategic plan for the development of emergency ambulance non-emergency patient transport services and Emergency Medical Retrieval and Transfer Services in Wales, in conjunction with the Welsh Ministers
2. Identifying and evaluating existing, new and emerging ways of working and commission the best quality emergency ambulance service
3. Producing an Integrated Medium-Term Plan (IMTP), including a balanced Medium Term Financial Plan for agreement by the Committee following the publication of individual LHBs Integrated Medium Term Plans (IMTPs), which should also make reference to the EASC commissioning intentions
4. Agreeing the appropriate level of funding for the provision of emergency ambulance and non-emergency patient transport services at a national level, and determining the contribution from each LHB for those services (which will include the running costs of the Joint Committee and the EASC Team) in accordance with any specific directions set by the Welsh Ministers
5. Establishing a mechanism for managing the commissioning risks
6. Establishing a mechanism to monitor, evaluate and publish the outcomes of emergency ambulance, non-emergency patient transport services and Emergency Medical Retrieval and Transfer Services and take appropriate action.

This approach will be reviewed and adapted if necessary to reflect the findings of the Review of National Commissioning Functions.

Work will also be undertaken with commissioned services to ensure compliance with Ministerial priorities and statutory requirements, particularly the duty of quality and candour, Welsh Health Circulars, the decarbonisation agenda and CoVID-19 inquiry and to reflect the findings of the Review of National Commissioning Functions.

### EASC COMMISSIONING CYCLE

The EASC Team, working with the EASC Management Group, has developed a commissioning cycle for the ongoing refresh of the EASC commissioning frameworks and the development of EASC commissioning intentions.

This collaborative approach to the development of commissioning frameworks and commissioning intentions has been strengthened through the introduction of Integrated Commissioning Action Plans (ICAPs). The ICAPs are a mechanism to enhance joint working, to develop and deliver actions aligned to strategic change.

Establishment of the ICAPs takes a collaborative approach to:

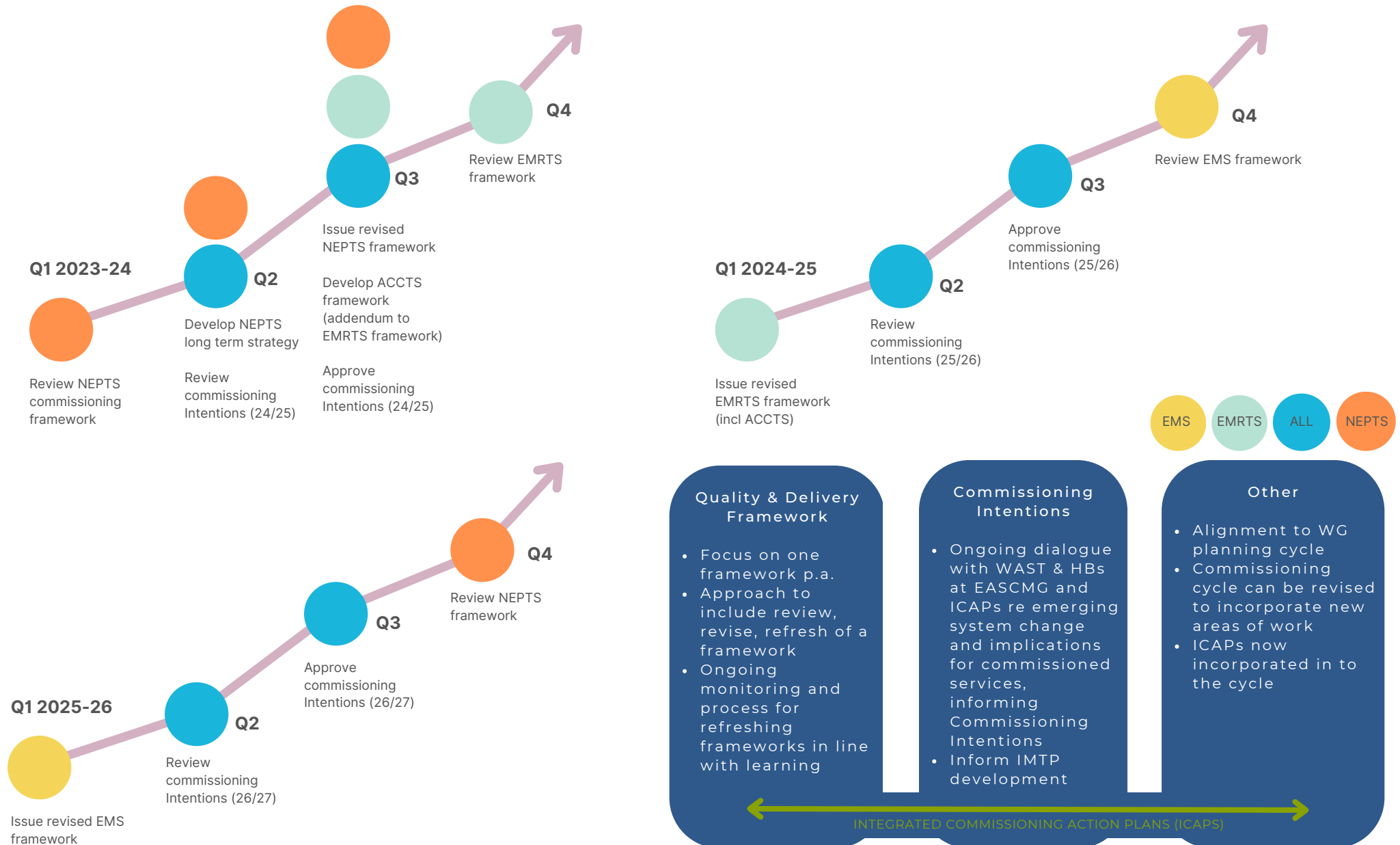
- Co-design and agree actions & services on a Health Board footprint
- Understand the impact that emerging programmes of work will have on ambulance service delivery
- Support the delivery of agreed actions aligned to the Six Goals for Urgent and Emergency Care Programme
- Deliver ambulance avoidance schemes and ambulance handover delay improvement actions, aligned to the Welsh Government's ambulance handover improvement trajectories
- Support IMTP planning by developing deliverable operational actions that are strategically aligned to LHBs and WAST IMTPs.

The ICAPs will be incorporated into the commissioning cycles and will provide direction in the refreshing of commissioning frameworks. In line with the commissioning cycle, the review of NEPTS and EMRTS (2023/34), EMS (2024/25) and NEPTS (2025/26) commissioning frameworks will be undertaken during this IMTP period.



# EASC COMMISSIONING CYCLE 2023-2026

## INTEGRATED COMMISSIONING ACTION PLANS (ICAPS)



## QUALITY AND DELIVERY FRAMEWORKS

Every service commissioned by EASC using the CAREMORE® methodology which describes a five step model of care and service delivery within a Quality and Delivery Framework. The CAREMORE® model defines the expected care standards to be met for each of the five steps of the Ambulance Patient Care Pathway; as well as setting out activity, performance and resource management information available for each of the steps of the pathway. It also details the outcomes required in pursuit of improving patient experience; improving patient's clinical outcomes and demonstrating value for money.

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

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

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

- Facilitation of collaborative and integrated commissioning as part of a system-wide response across the urgent and emergency care services system

The adoption of a consistent commissioning process and approach and improved sharing of best practice. This will support sustainable service improvement, delivery and commissioning going forward.

Moving forward the inclusion of the ICAPs as a core component of the commissioning frameworks will support joint progress to take forward key actions and priorities for Health Boards and WAST. The schedules set out in the commissioning framework will direct the development of required actions to be included within the ICAPS, with progress regularly monitored by the Committee.

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

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

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

Following the development of the commissioning framework for Emergency Ambulance Services during 2022-23, the focus will be on the refresh of the NEPTS commissioning framework during 2023-24.

Figure 3 on page 9 provides an overview of the relationship between the frameworks, ICAPs and IMTPs.

EASC COMMISSIONING PROCESS

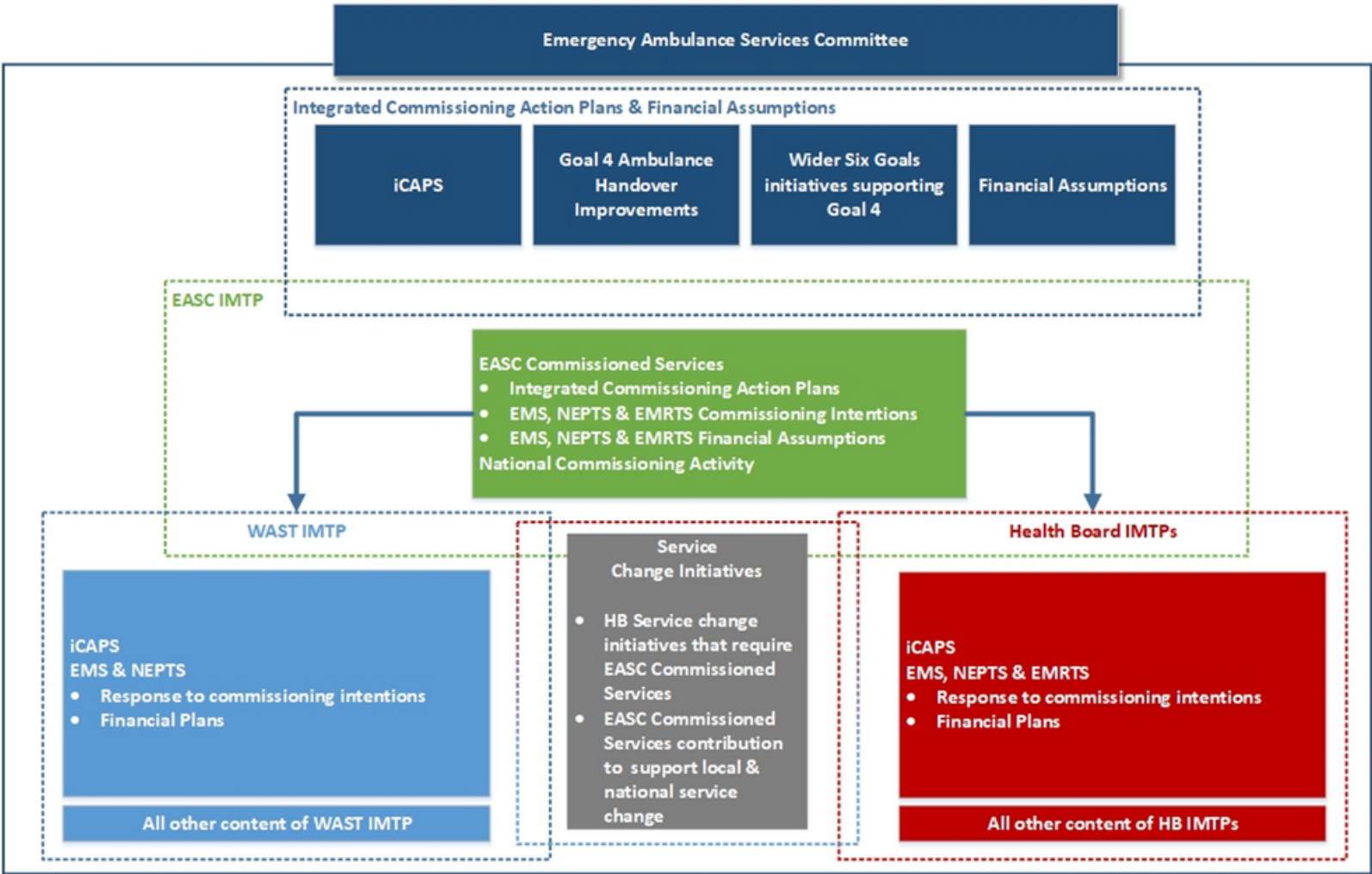


Figure 3: EASC Commissioning Process

## COMMISSIONING INTENTIONS

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

Recognising the immense challenge faced by NHS Wales this year, a pragmatic approach has been taken in the development of commissioning intentions for 2023/24. The principle of the incremental development of previous commissioning intentions in line with national priorities, updated to reflect the progress made during 2022/23, has been adopted.

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

To complement the strategic focus of intentions, detailed service deliverables and metrics are included within the relevant commissioning framework, as part of the EASC collaborative commissioning approach. To further enhance the progress delivery in line with the commissioning intentions a collaboratively agreed annual delivery guidance document will be developed to provide, commissioned services and the wider system clarity on in year expectations of progress.

EASC Management Group will continue to hold delegated responsibility on behalf of EASC for the development, monitoring and reporting of progress against intentions to ensure the strategic intent is achieved.

## EASC TEAM

- The primary responsibility of the EASC team is to support the EASC Committee to discharge their commissioning role. The EASC Team is well-positioned in terms of its collaborative partnership arrangements with WAST and Health Boards and therefore is able to support, negotiate and arbitrate on new and existing services. This system-wide collaboration ensures that the team is able to engage the wider system both locally and nationally in order to support the work to improve service delivery, quality, patient safety and performance with a view always to optimise patient outcomes and the patient experience.
- The EASC Team delivers a wide range of actions on behalf of the CASC and the Committee:
  - Collaborative commissioning quality and delivery frameworks which enable the planning and securing of ambulance services
  - Incident and complaint reviews
  - Performance reviews
  - Clinical and risk assurance reviews
  - Facilitation of collaborative working across the system
  - Facilitate the Ambulance Services Indicator Group
  - Publication and analysis of a comprehensive suite of Ambulance Quality Indicators (AQI), including enhanced and interactive user-friendly reporting of AQIs
  - Development of a comprehensive suite of performance and outcome measures across clinical services, patient experience and value for money which are regularly reported
  - Working in collaboration develop, implement, and monitor commissioning intentions



- On behalf of the Committee manage commissioning funding allocations, work in collaboration to deliver cost effective, safe services
- Undertake bespoke reviews and work programmes commissioned by the Committee or by other bodies
- Support the Committee to discharge its responsibilities in line with the legislation and regulatory framework
- Provide expert independent advice as required across the system
- A contribution that supports delivery of Goal 4: Rapid Response in an Urgent Physical or Mental Health Crisis as part of the Six Goals for Urgent & Emergency Care policy framework.
- Any additional requirements of the EASC team will need to be discussed and agreed with the Committee.

## INFORMATICS AND AMBULANCE QUALITY INDICATORS

Following discussions with Welsh Government it had been agreed that the Ambulance Quality Indicators would move to a monthly publication to ensure data is available in a timely manner. Part of the change was to move the publication of the Ambulance Quality Indicators to EASC in its entirety, this has happened and occurs bilingually on the penultimate Thursday of the month in line with other NHS data releases.

The informatics team within EASC have published, and are currently the only organisation to publish a complete system ambulance service overview through:

- **Weekly dashboard:** containing key metrics including incidents, handover, performance, lost hours, lost minutes per arrival, and waits outside of a Tier 1 Emergency Department.
- **Improvement trajectories and 4-hour wait trajectories:** for all Tier 1 Emergency Departments and Health Boards

- **5-day rolling urgent and emergency care dashboards:** covering average RED incident demand and performance, daily lost hours, and average unity hour production (UHP) figures for all WAST vehicles
- **Chief Executive Officer (CEO) report:** providing a weekly overview with previous week comparison, used in the weekly CEO conference calls.
- **Goal 4 Dashboard:** provides physical and mental health data across the ambulance 5-step model including conveyance, telephone assessment, waits, inpatient discharges and length of stay.
- **Care Home dashboard:** utilising monthly data from the Welsh Ambulance Services NHS Trust to create a fully interactive dashboard, this is in the process of being expanded to include health board data with Hywel Dda and Betsi Cadwaladr being included first.
- **Emergency Medical Retrieval and Transfer Service dashboard:** updated quarterly providing an interactive dashboard featuring mission and outcome data
- **Non-Emergency Patient Transport Service dashboard:** updated monthly providing an interactive dashboard featuring performance measures on core, renal and Oncology services

The team also respond to ad-hoc requests from Welsh Government, Local Health Boards, and other organisations.



## COMMISSIONED SERVICES 22/23

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

### Emergency Ambulance Services

- Roll out of Wales-wide roster review, enabling planned capacity to meet demand.
- Implementation of Emergency Communication Nurse System and the adoption of video call technology improving remote clinical assessment and outcomes.
- Recruitment of 100 additional whole-time equivalents to the front line (assumed ongoing central recurrent funding for 2023/24).
- Transformation of high acuity clinical response thorough the rollout of the Cymru High Acuity Response Unit (CHARU).

### Non-emergency Patient Transport Services

- Completion of the Demand and Capacity Review.
- Delivery of a large number of NEPTS Tenders further building on the service and quality improvement enabled by the plurality model.
- Implementation and development of plans to facilitate the closure of the NEPTS business case.

### Emergency Medical Retrieval and Transfer Service (including ACCTS)

- Adoption of the enhanced CCP-led response, providing additional critical care resource for the population.
- Full year service delivery of ACCTS, supporting a high volume of activity and providing resilience for unexpected service needs to health boards



## QUALITY AND SAFETY

EASC is committed to ensuring that quality, safety, prudent and value-based healthcare is central to the commissioning and delivery of services. The overarching goal of EASC is to improve safety and reduce harm to patients who may need one of our commissioned services. To achieve the aspiration of having a quality led commissioned service, we will further develop the quality and safety arm to EASC.

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

Within the national oversight provided by the NHS Wales Delivery Unit, the EASC team has supported the interface between WAST and Health Boards, assisting organisations to develop the required quality and patient safety systems and processes. The EASC team will continue to offer this collaborative space to adopt a continuous cycle of quality planning, improvement and quality control.

This work has identified a need for an improved once for Wales incident reporting system and national adoption of digital services to improve the process and learning across all organisations. The EASC team will continue to work with organisations to adopt measures for evaluation of joint reporting, which will rely on digital transformation. This approach will encourage consistent practice across Wales, seamless services across health and social care, and more intelligent use of data to improve quality and efficiency.

Performance reporting will be produced alongside quality and safety reporting to further develop how digital can be used purposefully as an enabler of service change. The quality reports will have a whole system approach to the routine use of information across the quality management system and will be available to the EASC Management Group and Joint Committee.

In addition to learning from performance and reporting on improvement opportunities, the quality arm of the EASC team will ensure a focus on measuring the patient journey through clinical and experience outcomes, this will enable clear trajectories and measures for improvement, both from a Delivery Framework perspective and a patient quality and safety perspective.

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

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

# EMERGENCY AMBULANCE SERVICES

The Emergency Ambulance Service is the largest service commissioned by the Committee. During 2022/23 the service has faced a variety of significant challenges, including:

- Sustained and growing levels of lost capacity through handover delays outside hospitals
- Implementation of the All-Wales Roster review programme
- Recruitment of an additional 100 whole time equivalents (assumed ongoing central recurrent funding for 2023/24)
- Delivery of a new remote clinical assessment system
- Changing patterns of demand and significant shifts in clinical acuity

As a result, service delivery and performance has not reached the levels that the committee and the service expect to be delivered. Both the committee and the service are committed to addressing this during the lifecycle of this plan.

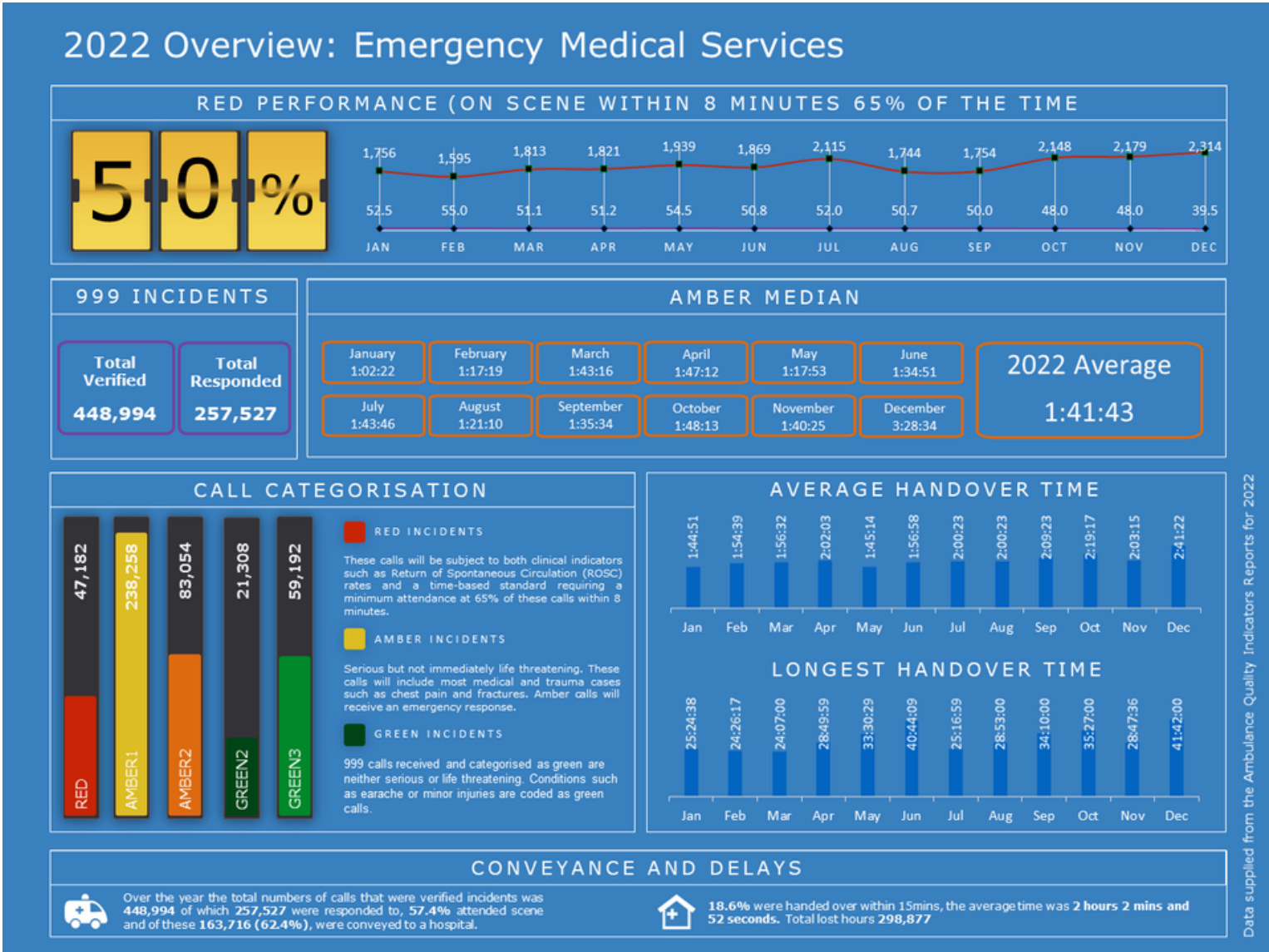


Figure 4: EMS Year in review



## PERFORMANCE IMPROVEMENT

A key tenet of the Committee's focus as part of this plan is the delivery of improved performance for commissioned services. The following performance ambitions set out the trajectories for improvement during 2023.

During 2023/24 we will continually review progress against these ambitions and where required revise in line with system progress.

### Number of "Can't sends" generated by Clinical Safety Plan

- Reduced by 75-95% over 2023/24

### RED performance

- 60% by the end of the first quarter
- 65% by the end of the second quarter
- Sustained with incremental improvement in quarter three and four

### Longest RED response

- 95th Percentile 30 minutes by end of first quarter and
- 95th Percentile 25 minutes by end of second quarter
- Sustained with incremental improvement in quarter three and four

### AMBER median

- Less than 90 minutes by the end of the first quarter
- Less than 45 minutes by the end of the second quarter
- Less than 30 minutes by end of 2023/24

### Longest AMBER response

- 95th Percentile 8 hours by end of the first quarter
- 95th Percentile 7 hours by end of the second quarter
- 95th Percentile 6 hours by the end of the third quarter
- Sustained with incremental improvement in quarter four

### Handover Hours lost

- 15,000 per month by end of the second quarter and
- 12,000 by end of the third quarter
- Sustained with incremental improvement in quarter three and four

### Longest Handover

- No handover more than 4 hours during 2023/24
- Individual improvement trajectories for no handovers of more than 60 min by end of April 2025

## PERFORMANCE ENABLERS

Delivery of the above levels of performance requires a focused effort on the delivery of key enablers by the ambulance service and wider health system.

The Committee has identified that optimisation of conveyance for patients is a key priority for 2023/24, The EASC Team will collaborate with and support WAST and wider system partners to deliver these over the first year of this plan.

### Welsh Ambulance Services NHS Trust

- UHP to be between 95-100%
- Staff related sickness to be 5.5% (pre-pandemic levels)
- Deliver full impact of the Cymru High Acuity Response Unit (CHARU) Service
- Hear and Treat to be 17% or above
- Clinically assess RED calls to ensure clinical appropriateness during dispatch process.

### Six Goals Programme

- Access to Urgent Primary Care Services for WAST (% activity to be agreed with Programme but assumed to be 3% as minimum)
- Access to SDEC paramedic pathway and direct access (% activity to be agreed with Programme with trajectory towards modelled best case scenario of 4.5%)
- Continued flow of appropriate 999 incidents to NHS 111 Wales and understanding of the impact of high 111 call abandonment rates on 999 activity.
- Flow Hubs coordination of appropriate ambulance patient disposition

- Access to NHS 111 Wales press 2
- Care Home – reduction in attendance and conveyance (% activity to be agreed with Programme)
- Chest Pain Pathway (% activity to be agreed with Programme)
- Night Sitting Service

### Targeted Priorities

- Clinical Desk expansion as a driver for clinical navigation of 999 activity
- Alternative pathway for clinical safety plan so every patient is assessed and signposted to the most appropriate care
- Tactical Rapid Response system for short term surges in demand
- Focus on Falls – expansion of falls response services across Wales

## EMERGENCY AMBULANCE COMMISSIONING INTENTIONS 2023/24

**Increase the proportion of activity resolved at Step 2** – Using the activity within the demand and capacity review as a baseline, this aim requires the proportion of activity resolved at step 2 to increase.

**Right response first time** – Optimising multiple responses at Step 3 – Using activity within the demand and capacity review as a baseline, this aim requires an improvement in the multiple response rate and the resolution of that episode of care by a single resource (excluding red response as multiple responses are expected).

**Remote Clinical Support Strategy** – The first element will be to finalise an integrated remote clinical support strategy and infrastructure that outlines the organisational ambition for remote clinical support at the forefront of ambulance service care.

**Optimising Conveyance Improvement Plan** – Development and implementation of an improvement plan or programme that supports the optimisation of decisions about conveyance. This will include non-conveyance as well as improving conveyance destination decisions and reducing variation for example.

**Clinical Support Desk Outcomes** – The development of quarterly reports that describe the patient level outcomes for clinical support desk care episodes. Outcome by Response Type – The development of quarterly reports will be available that describe the patient level outcomes for different response types.

**Workforce Stability** - Maintaining the increased staff base of following investment in 2022/23. Maximising the availability of these staff through reducing sickness levels and absences by ensuring that their wellbeing needs are appropriately supported.

**Workforce Availability** - Grow the workforce in line with the strategic ambition, agreed forecasting and modelling and within financial allocation when made available by Commissioners.

**Rosters Aligned to Demand** – Ensuring ongoing review of roster effectiveness in aligning capacity to demand, including utilisation of forecasting and modelling for anticipating future changes

**Forecasting and Modelling Framework** - A collaboratively developed forecasting and modelling framework that underpins a demand and capacity approach that will set out the ongoing arrangements for proactively undertaking this work for the next decade, this will include demand-led iterative forecasting and modelling and health economic evaluations. This will ensure the required strategic, tactical and operational focus to plan and forecast seasonal fluctuation and to ensure resource and resilience during times of system pressure.

**Workforce Additionality Measure** – A collaboratively agreed baseline and workforce additionality requirement will continue to be reported and refined, including vacancy factors, turnover and other confounders. Reducing Post-Production Lost Hours – Post-production lost hours have long been a significant contributor to reduced productivity. Using an agreed baseline measurement period, post-production lost hours will be reduced in line with a quarterly agreed improvement trajectory.

**Reducing Notification to Handover Time** – NHS Wales is a significant outlier in the UK and internationally for lost productivity due to extended notification to handover times. In line with the Six Goals for Urgent and Emergency Care, EASC is committed eradicating handovers over 60 minutes by April 2025.

**Modernising Workplace Practices Implementation Plan** – There will be an implementation plan and supporting structures in place to ensure workforce practices and policies are reviewed, modernised and improved. The wellbeing of the workforce and safety of patients will be paramount within this.

**Unit Hour Utilisation Metric** – continue to refine the approach and reporting in order to actively improve patient safety, performance and efficiency. Value-Based Healthcare - Building on the engagement already undertaken, develop and embed a value-based approach for the Welsh Ambulance Service which enables better collective decision making across the whole urgent and emergency care system and accounts for WAST's use of, and impact on, economic, social and environmental resources over the short, medium and long term.

## EMERGENCY AMBULANCE COMMISSIONING INTENTIONS 2023/24

**Value-Based Healthcare** - Building on the engagement already undertaken, develop and embed a value-based approach for the Welsh Ambulance Service which enables better collective decision making across the whole urgent and emergency care system and accounts for WAST's use of, and impact on, economic, social and environmental resources over the short, medium and long term.

This will include:

- Development of WAST's strategy and approach to Value-Based healthcare which links outcomes, patient experience and use of resources
- Implementation of a costing model for "5 step" pathway
- Improvement in ability to identify areas of unwarranted variation in service delivery across Wales

**Value-Based Strategy** – WAST will develop a strategy to implement a value-based approach across the organisation and outline its role in delivering value across the wider UEC system. The value-based strategy will be integrated with and align to existing organisational strategies (e.g. clinical, quality, long term, digital, environmental etc) and the Commissioning Intentions outlined in this document in order to ensure goal congruence.

**Value-Based Tools and Methods** - In order to monitor and measure value-based performance, the Trust will need to design, develop and implement a range of tools including, but not limited to, the following:

- Patient Level Costing Model
- Benchmarking Dashboard(s)

**Value-Based Reporting** - WAST will enable a clear line of sight from commissioner allocation through to utilisation and the outcomes delivered by the services. WAST will holistically demonstrate through its reporting all separate revenue streams and associated costs of broader service provision (e.g. 111, NEPTS etc.).

WAST receives a capital allocation directly from Welsh Government. The utilisation of the capital budget and the use of the ring-fenced depreciation allocation will need to be clearly identified in any report. As a result, WAST will be able to demonstrate how its capital allocation is being invested to deliver on the commissioning intentions.

**Value-Based Core Requirement:**

- WAST Value Based Strategy
- Plan for Value Based Tools and Methods design, development and implementation
- Value Based Reports developed for revenue and capital
- Value-Based indicators developed in line with broader indicators outlined in CI1 to CI5
- Connections to system-wide urgent and emergency care performance measures as identified in CI6 – Wider Health System

**Proactively Identifying Harm** – There will be a process for identifying harm/near misses prior to a complaint or report being logged. This will include process for reviewing patient clinical records and engagement with the wider health system (i.e. sharing information around patients impacted by CSP levels).

**Clinical Indicator Plan and Audit Cycle** – Implementation of the clinical indicator plan and audit cycle, this will provide a forward view of the type, content and regularity of clinical indicator and audit reporting. Specific seasonal and responsive (to emerging trends) reports and audits will be included within the plan.

**Call to Door Times** – Call to door times for STEMI and stroke will be produced on a monthly basis.

**System Flow** – Optimise the flow of ambulances in to hospital sites in Wales, reducing batching and increasing the timeliness of patients accessing secondary care.



## EMERGENCY AMBULANCE COMMISSIONING INTENTIONS 2023/24

**Transfer and Discharge Service** – To reduce the number of transfers and discharges being undertaken by the EMS fleet. This will include the review of current and future arrangements.

**Aligned Escalation and Clinical Safety Plan** – Health Boards in partnership with WAST will ensure they have complementary plans and actions to support the patient safety during deployment of high levels of escalation and clinical safety plans.

**National Transfer and Discharge Commissioning Framework** – A collaborative commissioning framework for a national transfer and discharge service will be developed to enable the enactment of any supported model  
**System Pressures Dashboard** – WAST and Health Boards will collaborate with DHCW to ensure that a live system pressures dashboard is in place that enables users to understand current and emerging pressures.

A full list of commissioning intentions are provided in pages 38-57.

# NON-EMERGENCY PATIENT TRANSPORT SERVICES (NEPTS)

Non-Emergency Patient Transport Services play an important role in the planned care system, conveying patients to and from outpatient appointments, life maintaining treatment and undertaking discharges and hospital transfers.

In 2015 the Welsh Government approved a Business Case for the modernisation of NEPTS in Wales. The business case outlined a range of actions to improve areas such as: governance, commissioning, infrastructure, performance, quality and opportunities for reinvestment. In 2022/23, the remaining key actions within the NEPTS Business Case were delivered. Our approach for 2023/24 is to reflect on the learning from the business case and now bring it to a point of closure.

We recognise the emerging changes to planned care services, with health boards aiming provide care closer to home for patients. Therefore, our intention in 2023/24 is to develop a new long-term strategy for NEPTS in collaboration with WAST and health boards. The strategy will provide direction for the future delivery of NEPTS and to ensure services meet the requirements of NHS Wales.

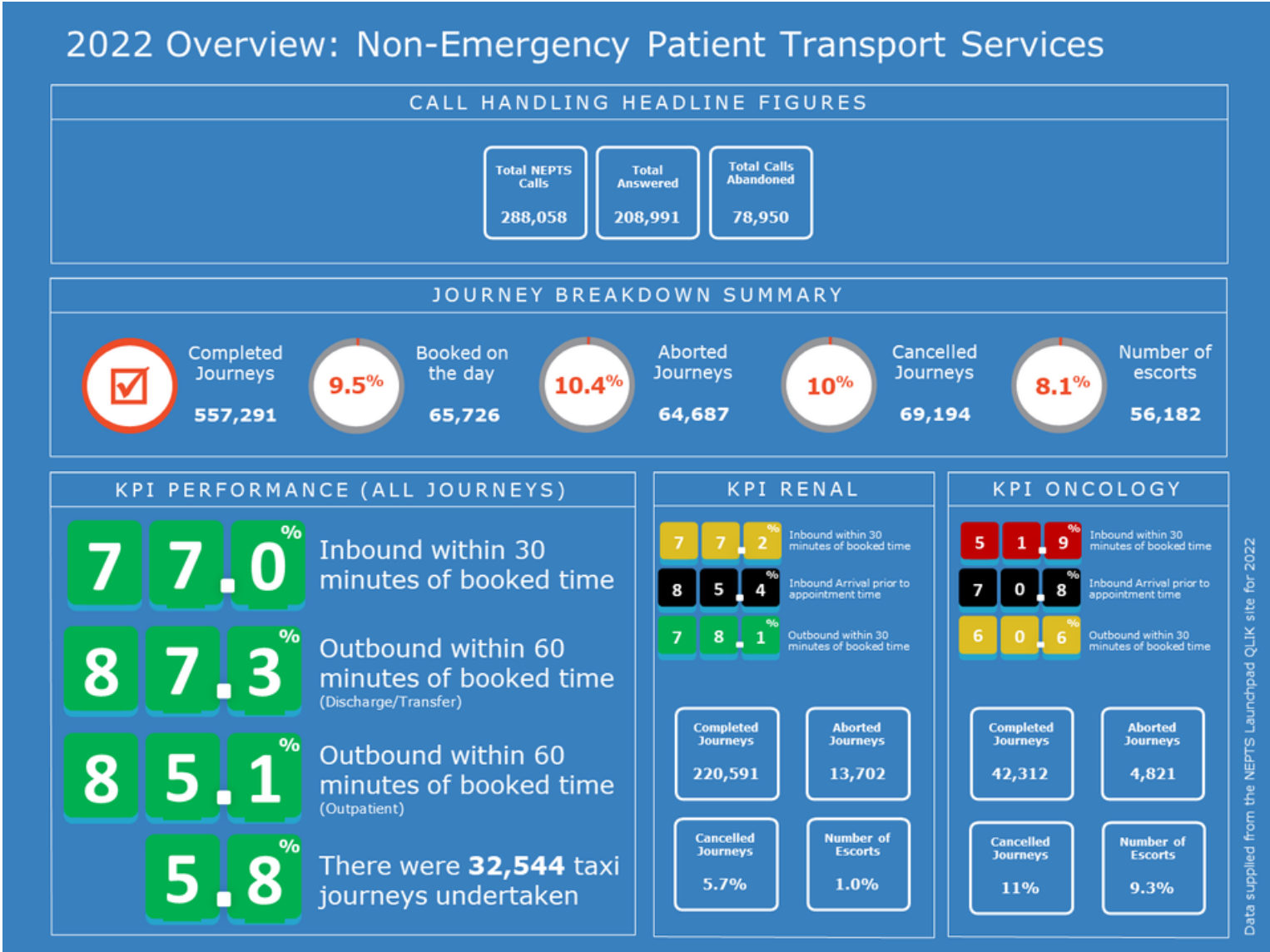


Figure 5: NEPTS Year in review

## PERFORMANCE IMPROVEMENT

In addition to the work on a longer-term strategy, 2023/24 will see a focus on 3 specific areas of performance improvement for NEPTS.

- Improvements in operational performance for oncology service patients
- Reduction in the number of on the day cancellations
- Reduction the number of bookings made on the day

## NON-EMERGENCY PATIENT TRANSPORT SERVICES COMMISSIONING INTENTIONS

**Resource Efficiency** - Demonstrate that resources are being utilised effectively following transfer of work. This will include the re-design and renewal of patient contracts inherited via the transfers of work to deliver the best patient transport model for Wales ensuring value and efficiency of utilisation. The second phase will of this work will focus on the procurement strategy, fully reviewing who is best placed to deliver the various aspects of patient transport in accordance with NEPTS objectives and standards

**Plurality Providers** - Continue to expand and improve the availability of plurality providers and to increase the focus on quality, improved patient experience, value and sustainability.

**Planning** - Implement improved and dynamic planning process that maximises the utilisation of resources and ensure stability and resilience for future demand.

**Demand Management** - Utilise a range of options including effective use of resources, effective rostering and closer working with the patient and Health Board colleagues to deliver appropriate transport requirements.

**Transforming Capacity** - Implement processes to increase NEPTS capacity within current internal and external resources including workforce and fleet.

**Reducing Lost Capacity** - Implement improvement plans and oversight arrangements to deliver reduction in lost capacity due to system inefficiencies. This includes a requirement on WAST to ensure more effective use of internal resources (workforce, fleet and estates), there is also a requirement for improved collaboration and communication with Health Boards to minimise lost time at hospital sites.

**Forecasting and Modelling Framework** - A collaboratively developed forecasting and modelling framework will set out the ongoing arrangements for proactively undertaking this work for the next decade, this will include demand-led forecasting and modelling and health economic evaluations. This will ensure the required strategic, tactical and operational focus to tactically plan and forecast seasonal fluctuation and to ensure resource and resilience during times of system pressure.



# EMERGENCY MEDICAL RETRIEVAL AND TRANSFER (EMRTS)

The Emergency Medical Retrieval and Transfer Service (EMRTS Cymru) is commissioned by the committee to provide advanced decision making and critical care for life or limb threatening emergencies that require transfer for time critical specialist treatment at an appropriate facility.'

EMRTS Cymru is a clinically led service, and is hosted by Swansea Bay University Health Board.

EMRTS Cymru, working in partnership with the Wales Air Ambulance Charity, have always explored options to continually improve and adapt the service to meet their aims and objectives. Since its establishment in 2015 this has already resulted in an additional EMRTS base at Caernarfon airport and the addition of night operations from Cardiff Heliport as part of the EMRTS 24/7 Service Expansion Review.

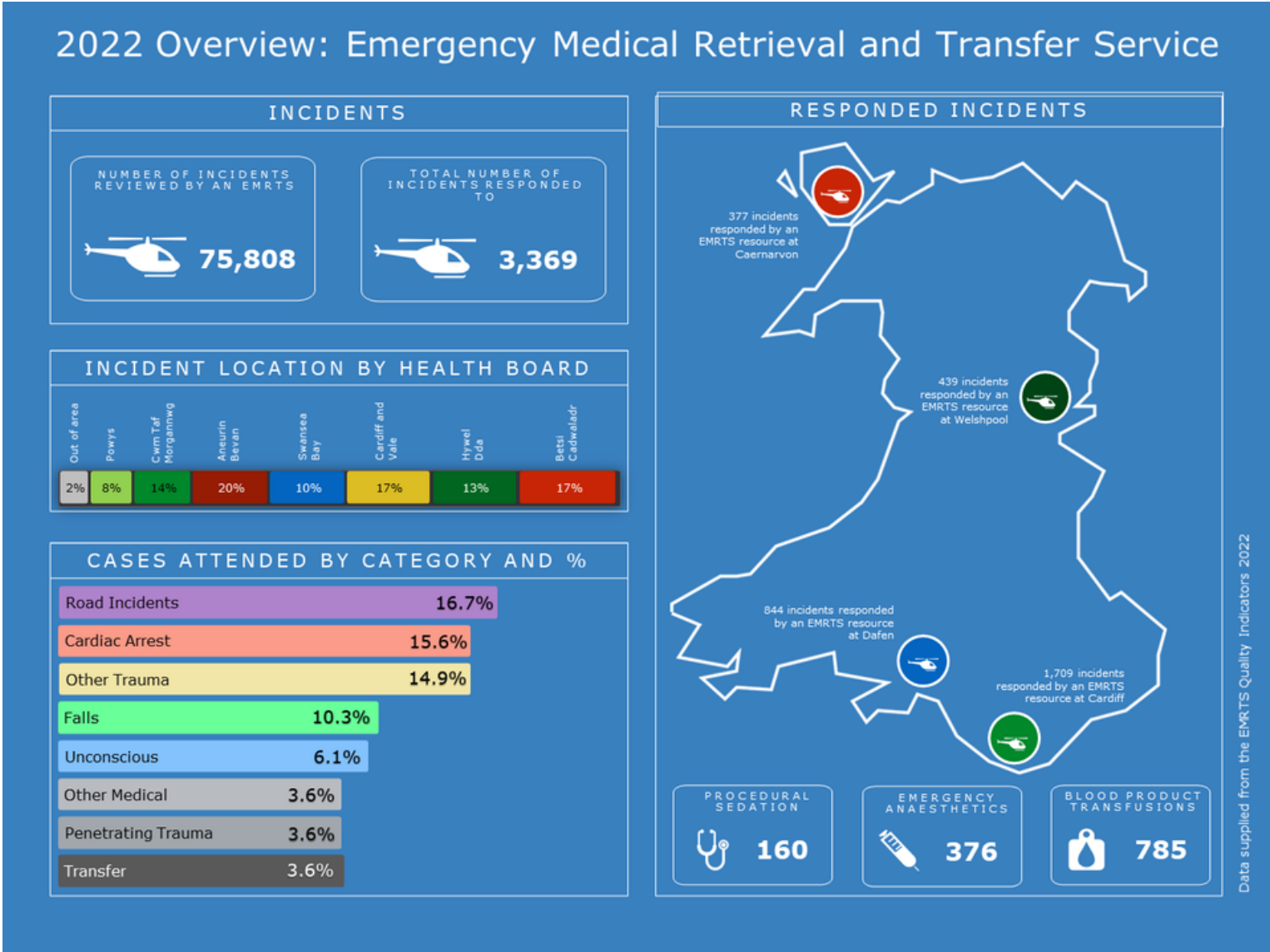


Figure 6: EMRTS Year in review



## EMRTS SERVICE REVIEW

As part of ongoing commissioning arrangements the service is required to respond to the Commissioning Intentions set by EASC, these include service expansion and the use of forecasting and modelling to inform system transformation.

This has led to the EMRTS Service Review which will explore the process and feasibility of improving the delivery of the service.

The process will involve a formal public engagement process that will allow stakeholders to inform what options for improvement should be considered and to agree how the benefits and risks of each option will be measured as part of an open, transparent and robust process. The process will explore and maximise the additional activity that could be

## EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE COMMISSIONING INTENTIONS

**Enhanced CCP-led response** – Building on the implementation of an enhanced daytime response from Cardiff Heliport in April 2022, the EMRTS will focus on managing the ongoing service delivery with a view to demonstrating the more effective use of resources, improved service quality and the patient experience and opportunities for workforce development.

**Evaluation and Review** – Evaluation and review for the enhanced CCP-led response to be incorporated to the ongoing process of evaluation already in place within the service.

**Planning** – Build on the implementation and consolidation of Phase 1 of the EMRTS Service Expansion project, working collaboratively with commissioners to plan the implementation of the remaining phases of the EMRTS Service Expansion programme.

**Ongoing Evaluation** – Building on the 5-year EMRTS Service Evaluation (2015-20) develop a programme of ongoing evaluation including robust methodology

**Demand and Capacity Strategy** – To continue with the work on a collaboratively developed demand and capacity strategy will set out the ongoing arrangements for proactively undertaking this work for the next decade, this will include the use of forecasting, modelling and health economic evaluations.

## REVIEW OF SPECIALIST TRANSFER AND REPATRIATION SERVICES

It has been recognised that since the establishment of ACCTs the service has enabled the timely and safe transport of critical care patients throughout Wales and the UK. In addition to this ACCTS has supported transfers outside of its commissioned scope in order to facilitated timely transfers for patient requiring escalating or specialist care.

There are clear benefits to the regionalisation and specialisation of services to have robust and clinically experienced transfer teams available. During the first quarter of this plan work will be undertaken to review provision in this area and to bring forward opportunities to maximise service provision in this area in partnership with ACCTS, EMRTS and WAST.





## ADULT CRITICAL CARE TRANSFER SERVICE

Following the findings of the Critical Care task and Finish Group the Committee has taken forward the commissioning of a dedicated Adult Critical Care Transfer Services. Rollout of the service began in late 2021 and is now a well-established part of the critical care services in Wales.

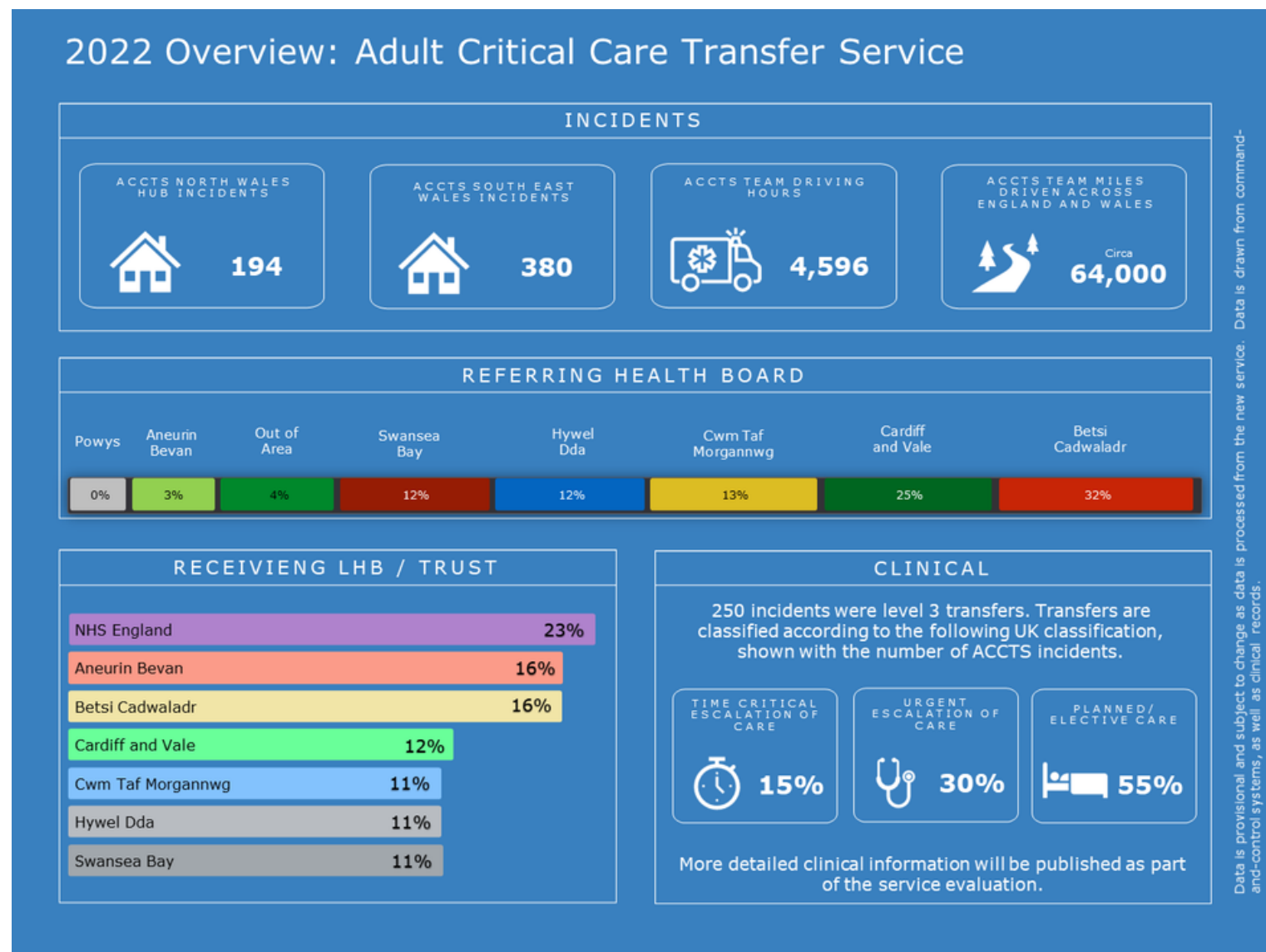


Figure 7: AACTS Year in review

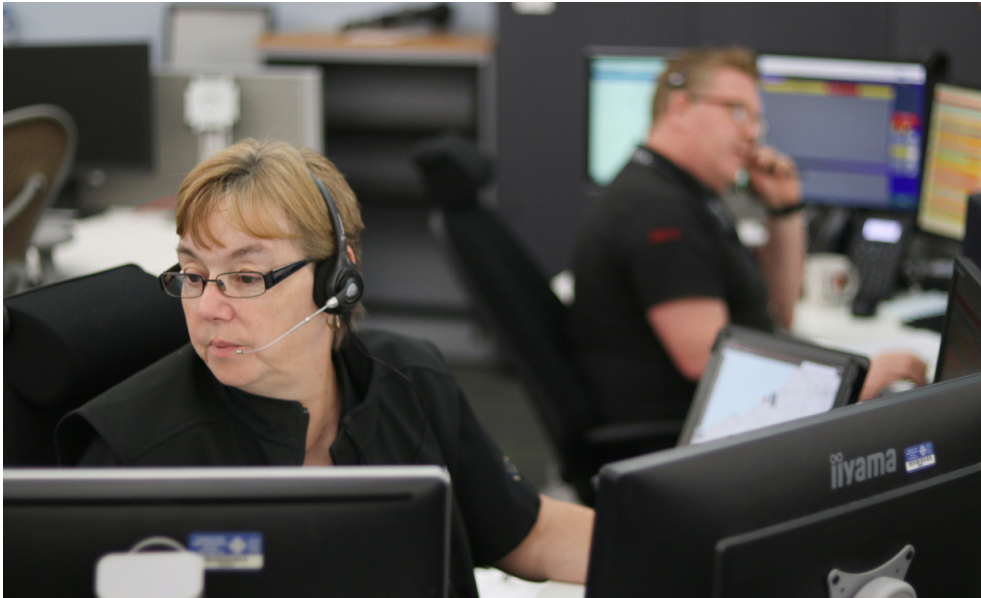
## ADULT CRITICAL CARE TRANSFER SERVICE COMMISSIONING INTENTIONS 2023/24

**Service Delivery** – The ACCTS team will continue to manage ongoing service delivery and will ensure robust performance management with a focus on outcomes, value, quality and safety of service delivery.

**Engagement** – Continue to build on established relationships and to engage with all stakeholders to review and strengthen the service model(s) implemented to maximise the clinical outcomes, value, quality and safety of service delivery.

**Evaluation and Review** – Undertake evaluation and review relating to the implementation of the ACCTS, reporting on lessons learned, service activity and providing the required assurance regarding the realisation of anticipated outcomes and benefits going forward.

**Quality and Delivery Framework** – As an established service hosted by the EMRTS, work will now be undertaken with the EASC Team to ensure that a collaborative commissioning framework is now developed specifically for the ACCTS.



## MAXIMISING THE IMPACT OF SIX GOALS FOR URGENT AND EMERGENCY CARE PROGRAMME

Building on the work undertaken in year one of the Six Goals for Urgent and Emergency Care Programme, EASC will continue to develop work programmes, identify lessons learned and provide progress reports as part of Goal 4.

Focusing on the percentage of total conveyances taken to a service other than a type one emergency department, EASC will ensure that local models and plans are developed within agreed timeframes to ensure that the fastest and best response is provided for people who are seriously ill or injured.

A collaborative commissioning led approach has seen the EASC team work with health boards to create an All Wales Ambulance Handover Improvement plan and local health board Goal 4 action plans which focus on supporting and enabling operational delivery, informing the IQPD process between Welsh government and Health Boards and operationalising EASC commissioning activity.

The EASC team will continue work to develop Goal 4 dashboard, a key enabler to sharing information and supporting the utilisation of data into knowledge across the system.

A dependency on other goals has been identified through the work undertaken in year one of the programme, acknowledging that risk and demand in Goal 4 is impacted by delivery of other Goals.

Integrated Commissioning Action Plans (ICAPs) will continue to be the operational delivery mechanism for Goal 4 into health boards. The EASC team will use the ICAPs to monitor and report progress on implementation of the Goal 4 work programme and exploit and report on data from the dashboard to drive improvement and support service change. As demonstrated on Figure 8.

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

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

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

The priority for Year 2 is the optimisation of remote clinical assessments and the tools available to support this function.

The EASC team are also scoping a 'night sitting' service, in partnership with the third sector, which would enable patients to remain in their own homes and await transfer to hospital the following day where clinically safe to do so.

Both of these priorities support the move from unscheduled to scheduled care through use of digital solutions increased skill mix and workload diversity. These functions will provide a National service model, reducing variation in delivery and experience

The EASC team on behalf of the Committee will work with individual Health Boards and WAST through the ICAP process to identify and ensure the sufficient and appropriate levels of resources are provided, to enable commissioned services to act as enablers of transformational change.

ICAP AND SIX GOALS PROCESS

The EASC team will use the ICAPs to monitor and report progress on implementation of the Goal 4 work programme and exploit and report on data from the dashboard to drive improvement and support service change.

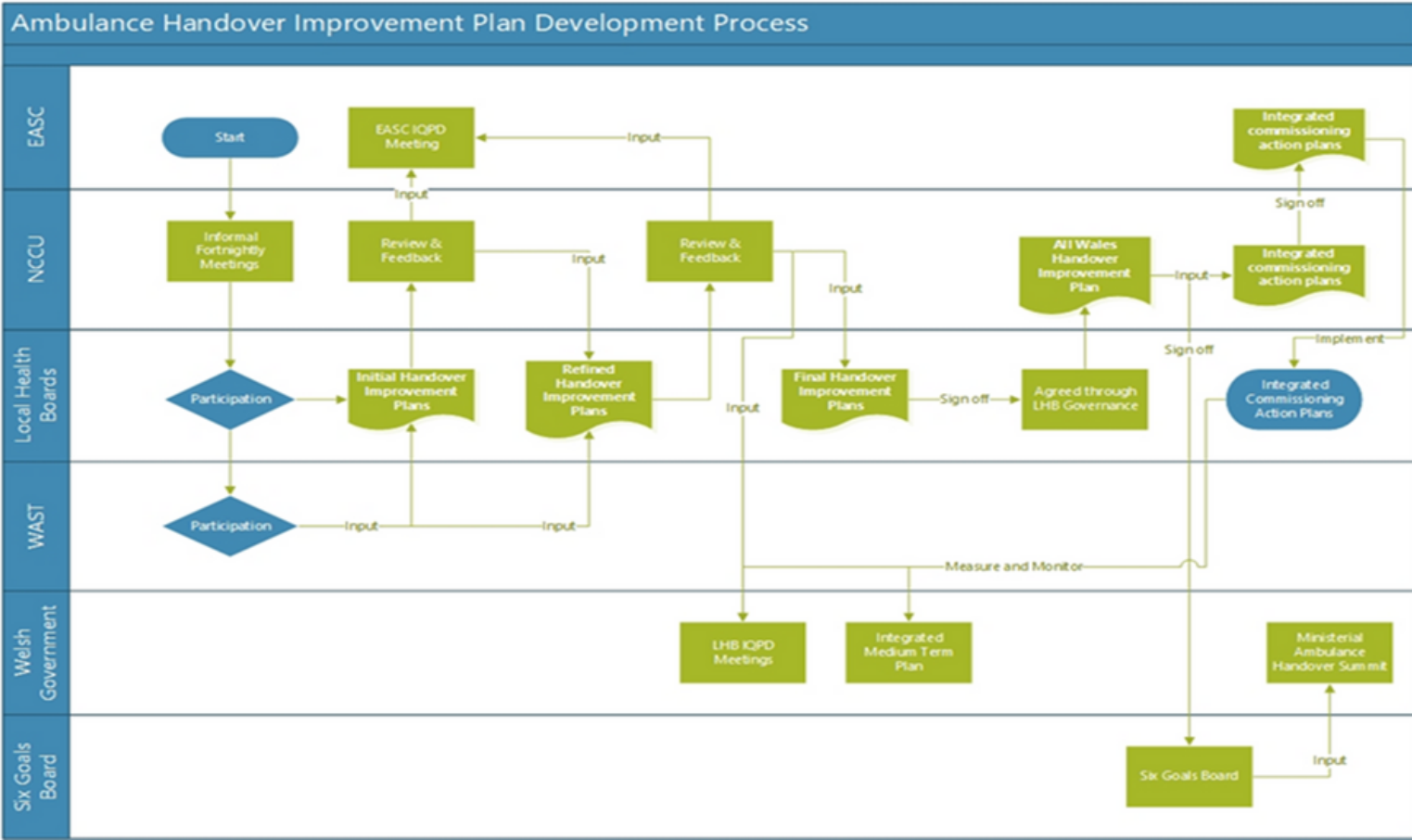


Figure 8: ICAP and Six Goals Process



## TRANSFER, REPATRIATION AND DISCHARGE SERVICES

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

During 2022/23, the EASC Team have worked with WAST to facilitate the development of a service proposal for the delivery of a national transfer and discharge service. The scope of the work has considered existing and future transfer requirements. The service proposal aims to bring consistency and oversight to a fragmented system, improving responsiveness and quality for patients and the wider system.

The service proposal has been developed to support the aspirations of the national clinical networks. To deliver the principles of the service proposal, EASC will be the key enabling function to embed the importance of transport to improve patient flow within the system in support of the Six Goals for Urgent and Emergency Care.

## NHS 111 WALES

NHS 111 Wales has now completed its rollout to each part of Wales. The service is playing an increasing role as a key part of the urgent care system. Ensuring that the 999 and 111 system are complementary to each other is an essential component of delivering an effective and efficient service for the population.

Within the first year of this plan the Committee will require clarity and agreement on the ongoing commissioning arrangements for NHS 111 Wales including the role of the committee in challenging 111 and its commissioners on the service impact on our commissioned services as well as ensuring appropriate and proportionate resource allocations without cross-subsidy are in place.

## NHS EXECUTIVE

*A Healthier Wales* (2018) included the commitment to review national commissioning functions, alongside the establishment of the NHS Executive:

*"Review specialist advisory functions, hosted national functions (e.g. NWSSP, NWIS, WHSCC, EASC) and other national delivery programmes, with the aim of consolidating national activity and clarifying governance and accountability."*

The committee is fully supporting of this review and will work with the review team, the NHS Executive and WHSCC to ensure the outcomes of the review are enacted.





## CONCLUSION

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

The actions within the plan will be translated through to the commissioning framework and the Integrated Commissioning Action Plans which will be the mechanism by which we drive forward key actions and priorities for Health Boards and WAST. These will be regularly monitored by the Committee to ensure delivery and improvements in 2023/24 and beyond

This plan is written in the context of the most challenging operational and financial situation that our commissioned services and the wider health and public service has faced since the establishment of the committee and as such prioritises the minimisation of clinical risk, improvement in patient safety and effective service delivery.

This plan will focus on Commissioning priorities (2023/26) including:

- Quality and Safety
- Performance Improvement
- Performance Enablers
- Financial sustainability and efficiency
- Commissioning intentions for commissioned services (2023/24)
- Informatics and Ambulance Quality Indicators with an increased focus on outcome measures

- Maximising the impact of Six Goals for Urgent and Emergency Care
- Programme outputs
- Transfer, Repatriation and Discharge Services
- NHS 111 Wales
- EASC's role as an integral part of national commissioning
- Value based approaches to commissioned services

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

## FINANCIAL ASSUMPTIONS

The 2023/24 Annual Planning Framework figures for EASC Commissioned Services will be consistent with the details set out in the Welsh Government (WG) allocation letter, which is expected to include specifically:

- An uplift for core cost growth assumed to be 1.5%

The allocation does not include the following:

- Further funding to support the Agenda for Change (A4C) pay award or other pay award uplifts
- This is an initial allocation, and it is expected that any additional funding required to deliver key priorities will be allocated as appropriate when costs are confirmed, and source of funding agreed.

The plan assumes ongoing recurrent revenue for the additional 100WTE recruited in 2022/23 to be provided centrally in 2023/24.

## FINANCIAL - SUMMARY

EASC Financial Plan 2023/24

Emergency Ambulance Services Committee 2023/24 Summary	Aneurin Bevan UHB	Betsi Cadwaladr UHB	Cardiff & Vale UHB	Cwm Taf UHB	Hywel Dda UHB	Powys THB	Swansea Bay UHB	Velindre NHS Trust	Total 2023/24	Total 2022/23	Movement Y-o-Y	Movement Y-o-Y
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	%
<a href="#">EAS Allocation</a>	41.311	55.679	26.314	28.884	29.806	16.025	22.470	-	220.489	204.567	15.922	7.8%
<a href="#">NEPTS Allocation</a>	3.543	5.992	5.019	2.350	3.190	1.531	4.961	0.000	26.586	26.193	0.393	1.5%
<a href="#">EMRTS Allocation</a>	1.599	1.434	1.317	1.179	1.079	0.348	1.079	-	8.034	7.915	0.119	1.5%
<a href="#">Ring-Fenced Commissioner Allocations</a>	-	-	-	-	-	-	-	-	-	-	-	-
<a href="#">Specialist Commissioning Allocation</a>	0.051	-	0.026	0.078	-	-	-	-	0.155	0.155	-	0.0%
EASC Commissioning Funds from LHBs 2023/24	46.504	63.105	32.677	32.490	34.075	17.904	28.510	-	255.264	238.830	16.434	6.9%
<a href="#">EASC Team Resource</a>	0.113	0.172	0.083	0.088	0.091	0.050	0.071	-	0.668	0.627	0.041	6.6%
EASC Total Requirement from LHBs 2023/24	46.617	63.277	32.760	32.578	34.166	17.954	28.581	-	255.932	239.457	16.475	6.9%
Summary of EASC Year on Year Funding Movements 2023/24												
Pay award - recurrent impact from 2022/23 (WG funded)	1.707	2.633	1.227	1.319	1.403	0.764	1.048	-	10.102		16.475	
Demand & Capacity FYE to £5.784m	0.471	0.727	0.338	0.363	0.387	0.210	0.288	-	2.784			
1.5 % Uplift 2023/24	0.656	0.885	0.461	0.455	0.478	0.251	0.403	-	3.590			
Total Year on Year Movement for 2023/24	2.834	4.245	2.026	2.138	2.268	1.225	1.739	-	16.475			
Funding allocation by LHB per WHSSC tables	AB	BC	C&V	CTM	HD	Po	SB		Total			
	16.91%	26.11%	12.13%	13.05%	13.90%	7.55%	10.35%		100.00%			

Note:

NEPTS Allocation: This funding to now flow to EASC, not WAST directly - see assumptions

EMRTS funding: The £1.7m for EMRTS Critical Care Ring Fenced is below in the £2.340 but the 2.8% inflation is still in this line

## FINANCIAL - EMS

## EASC Financial Plan 2023/24

EASC: WAST EMS Provision 2021/22 Quality & Delivery Framework Agreement	Aneurin Bevan UHB	Betsi Cadwaladr UHB	Cardiff & Vale UHB	Cwm Taf Morgannwg UHB	Hywel Dda UHB	Powys THB	Swansea Bay UHB	EASC Requirement
	£m	£m	£m	£m	£m	£m	£m	£m
ESMCP Project Team 2022/23 NR	- 0.019	- 0.030	- 0.014	- 0.015	- 0.016	- 0.009	- 0.012	- 0.113
Service Development Initiatives 2021/22								
Mental Health Service Improvements (inc. Clinical Service Desk Enhancements)	0.107	0.165	0.076	0.082	0.088	0.048	0.065	0.631
2022/23 Requirement from LHBs to EASC	37.335	49.910	23.494	25.874	26.623	14.347	20.058	197.641
EMS Commissioner Allocation 2021/22								
Major Trauma Ring Fenced Commissioner Allocation 2022/23	0.162	-	0.133	0.110	0.108	0.009	0.118	0.640
Mth 6 2022/23 WAST Funding Allocation from EASC	37.497	49.910	23.627	25.984	26.731	14.356	20.176	198.281
£1.8m additional demand money	0.304	0.470	0.218	0.235	0.250	0.136	0.186	1.800
QAIS - MH Conveyancing pilot	0.199	0.308	0.143	0.154	0.164	0.089	0.122	1.178
WAST Mobile Data Vehicle Solutions BJC 2022-2023 element	0.034	0.052	0.024	0.026	0.028	0.015	0.021	0.200
Neonatal Transport	0.018	0.028	0.013	0.014	0.015	0.008	0.011	0.108
The additional £3m in year WG funding will have a (FYE of c. £5.784m)	0.507	0.783	0.364	0.391	0.417	0.227	0.311	3.000
Year end 2022/23 WAST Funding Allocation from EASC	38.560	51.552	24.389	26.804	27.604	14.831	20.826	204.567
Uplift 1.5% on recurrent baseline	0.578	0.773	0.366	0.402	0.414	0.222	0.312	3.068
2022/23 A4C / DDRB Pay Award recurrent impact	1.702	2.627	1.221	1.314	1.401	0.761	1.043	10.070
Demand & Capacity FYE to £5.784m	0.471	0.727	0.338	0.363	0.387	0.210	0.288	2.784
ARRP NR Allocation 2023/24								-
ESMCP Control Room Solution 2023/24 NR								-
ESMCP Project Team 2023/24 NR								-
2023/24 WAST Funding Allocation from EASC	41.311	55.679	26.314	28.884	29.806	16.025	22.470	220.489

Funding allocation by LHB per WHSSC tables	AB	BC	C&V	CTM	HD	Po	SB	Total
	16.91%	26.11%	12.13%	13.05%	13.90%	7.55%	10.35%	100.00%

## FINANCIAL - NEPTS

EASC Financial Plan 2023/24

As at 2nd December 2022

EASC: NEPTS Provision 2021/22 Quality & Delivery Framework Agreement	Aneurin Bevan UHB	Betsi Cadwaladr UHB	Cardiff & Vale UHB	Cwm Taf Morgannwg UHB	Hywel Dda UHB	Powys THB	Swansea Bay UHB	Velindre NHS Trust	EASC Requirement
	£m	£m	£m	£m	£m	£m	£m	£m	£m
2020/21 NEPTS Requirement from LHBs	2.835	4.914	4.626	2.045	3.255	1.070	4.610	0.677	24.033
Healthier Wales additional recurrent funding	0.038	0.057	0.048	0.027	0.036	0.016	0.045	0.005	0.272
Transfer of Services	-	-	-	0.121	0.033	0.337	-	-	0.491
2021/22 NEPTS Baseline	2.873	4.971	4.674	2.193	3.324	1.422	4.655	0.682	24.796
2% uplift*	0.057	0.099	0.080	0.044	0.066	0.028	0.093	0.014	0.482
2021/22 NEPTS Requirement from LHBs to EASC	2.930	5.071	4.754	2.237	3.391	1.451	4.748	0.696	25.278
NEPTS - Transfers of Service / in-year changes (per WAST figures)	0.465	0.672	0.056	0.015	-	0.333	0.017	0.006	0.900
2.8% uplift	0.095	0.161	0.135	0.063	0.086	0.041	0.133	0.020	0.733
2022/23 NEPTS Requirement from LHBs to EASC	3.490	5.904	4.945	2.315	3.143	1.509	4.888	0.718	26.911
In Year Changes							-	0.718	-
1.5% uplift	0.052	0.089	0.074	0.035	0.047	0.023	0.073	-	0.393
2023/24 NEPTS Requirement from LHBs to EASC	3.543	5.992	5.019	2.350	3.190	1.531	4.961	0.000	26.586

Note:

\*2% uplift not applied to C&amp;V St Johns Discharge and Transfer Contract in 21/22

Discussions ongoing with CTuHB and Powys for 23/24 FY regarding further transfer of services and these will be treated as in year movements

## FINANCIAL - EMRTS

## EASC Financial Plan 2023/24

EASC: EMRTS Provision 2021/22 Quality & Delivery Framework Agreement	Aneurin Bevan UHB	Betsi Cadwaladr UHB	Cardiff & Vale UHB	Cwm Taf UHB	Hywel Dda UHB	Powys THB	Swansea Bay UHB	EASC Requirement
	£m	£m	£m	£m	£m	£m	£m	£m
2020/21 Outturn and 2021/22 EMRTS Baseline	0.855	1.072	0.702	0.650	0.586	0.227	0.558	4.650
2% uplift	0.017	0.021	0.014	0.013	0.012	0.005	0.011	0.093
EMRTS 24/7 Expansion Plan - NR	0.236	0.280	0.199	0.179	0.154	0.053	0.156	1.257
2021/22 EMRTS Requirement from LHBs to EASC	1.108	1.374	0.915	0.841	0.752	0.284	0.726	6.000
EMRTS Critical Care Ring Fenced Commissioner Allocation (N	0.355	-	0.291	0.241	0.235	0.041	0.258	1.420
2021/22 EMRTS Total Funding through EASC	1.462	1.374	1.205	1.082	0.987	0.325	0.983	7.420
EMRTS 24/7 Expansion Plan - Non Recurrent 2021/22	-	0.236	-	0.179	-	0.053	-	1.257
EMRTS 24/7 Expansion Plan - Recurrent Funding 2022/23	0.236	0.280	0.199	0.179	0.154	0.053	0.156	1.257
EMRTS Critical Care Ring Fenced Commissioner Allocation	-	0.355	-	0.241	-	0.041	-	1.420
EMRTS Critical Care Ring Fenced Commissioner Allocation	0.425	-	0.348	0.288	0.281	0.049	0.309	1.700
2.8% Uplift for 2022/23	0.043	0.038	0.035	0.032	0.029	0.009	0.029	0.216
2022/23 EMRTS Total Funding through EASC	1.575	1.412	1.298	1.161	1.063	0.343	1.063	7.915
1.5% Uplift for 2023/24	0.024	0.021	0.019	0.017	0.016	0.005	0.016	0.119
2023/24 EMRTS Total Funding through EASC	1.599	1.434	1.317	1.179	1.079	0.348	1.079	8.034

Funding allocation by LHB per WHSSC tables

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

Note:

EMRTS 24/7 uplift: Expansion plan - In year allocation reserve

EMRTS Critical Care Ringfenced Commissioning allocation: See allocation % split per "Comm Allocations 2021\_22" Tab



## FINANCIAL - RING-FENCED COMMISSIONING ALLOCATION

## EASC Financial Plan 2022/23

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

Major Trauma % Split	25.36%	0.00%	20.77%	17.23%	16.80%	1.40%	18.44%	100.00%
Critical Care % Split	24.98%	0.00%	20.46%	16.97%	16.55%	2.88%	18.16%	100.00%

Note:

Critical Care Recurrent / Major Trauma / Major Trauma Handback: Per WHSSC Income Expectations Mar 2021

Major trauma (Recurrent): As per 2021/22 Health Board Allocation Table A2

## FINANCIAL - SPECIALISED COMMISSIONING

## EASC Financial Plan 2023/24

EASC: Commissioner Allocations 2021/22 Quality & Delivery Framework Agreement	Aneurin Bevan UHB	Betsi Cadwaladr UHB	Cardiff & Vale UHB	Cwm Taf UHB	Hywel Dda UHB	Powys THB	Swansea Bay UHB	EASC Requirement
	£m	£m	£m	£m	£m	£m	£m	£m
2020/21 Commissioner Allocations Baseline	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
South-East Wales Regional Acute Coronary Syndrome Treat and Repatriate Service*	0.051	-	0.026	0.078	-	-	-	0.155
2021/22 Requirement from LHBs to EASC	0.051	0.000	0.026	0.078	0.000	0.000	0.000	0.155
2022/23 Requirement from LHBs to EASC	0.051	0.000	0.026	0.078	0.000	0.000	0.000	0.155
2023/24 Requirement from LHBs to EASC	0.051	0.000	0.026	0.078	0.000	0.000	0.000	0.155
% split based on population usage of service	33%	0%	17%	50%	0%	0%	0%	100%

Note:

\* Split per correspondence between C&V Clinical Board Director – Specialist Services and Chief Ambulance Services Commissioner, 20th November 2020  
Payments for this service to be made to Cardiff and Vale UHB

## FINANCIAL - EASC TEAM

## EASC Financial Plan 2023/24

EASC Team 2021/22	Aneurin Bevan UHB	Betsi Cadwaladr UHB	Cardiff & Vale UHB	Cwm Taf UHB	Hywel Dda UHB	Powys THB	Swansea Bay UHB	EASC Requirement
	£m	£m	£m	£m	£m	£m	£m	£m
2021/22 EASC Team Baseline	0.101	0.156	0.072	0.078	0.083	0.045	0.062	0.598
2 % uplift	0.002	0.003	0.001	0.002	0.002	0.001	0.001	0.012
2021/22 EASC Team Requirement from LHBs to EASC	0.103	0.159	0.074	0.080	0.085	0.046	0.063	0.610
2.8% uplift	0.003	0.004	0.002	0.002	0.002	0.001	0.002	0.017
2022/23 EASC Team Requirement from LHBs to EASC	0.106	0.164	0.076	0.082	0.087	0.047	0.065	0.627
1.5% uplift	0.002	0.002	0.001	0.001	0.001	0.001	0.001	0.009
2022/23 A4C / DDRB Pay Award recurrent impact	0.005	0.006	0.006	0.005	0.002	0.002	0.005	0.032
2023/24 EASC Team Requirement from LHBs to EASC	0.113	0.172	0.083	0.088	0.091	0.050	0.071	0.668

## COMMISSIONING INTENTIONS - EMS

### Commissioning Intention – CII: Clinical Response Model 2023-24

The Emergency Ambulance Service and its Commissioners will seize the opportunities afforded by the Welsh Clinical Response Model and the 5 Step Ambulance Pathway (EMS).

#### Commissioning Statement

The 5 step Ambulance Pathway (EMS) provides a simplified framework for health systems to collaborate to optimise the care patients receive at each step. A high performing health system will enable services and practitioners at each step to resolve a patient episode of care without the need to progress further along the pathway. Maximising the potential of this opportunity will require system wide collaboration that transcends traditional Organisational and professional boundaries.

#### Aims

CII-A1	Increase the proportion of activity resolved at Step 2 – Using the activity within the demand and capacity review as a baseline, this aim requires the proportion of activity resolved at step 2 to increase.
CII-A2	Right response first time – Optimising multiple responses at Step 3 – Using activity within the demand and capacity review as a baseline, this aim requires an improvement in the multiple response rate and the resolution of that episode of care by a single resource (excluding red response as multiple responses are expected).

## COMMISSIONING INTENTIONS - EMS

Products	
CI1-P1	<b>Increase the proportion of activity resolved at Step 2</b> – Using the activity within the demand and capacity review as a baseline, this aim requires the proportion of activity resolved at step 2 to increase.
CI1-P2	<b>Right response first time – Optimising multiple responses at Step 3</b> – Using activity within the demand and capacity review as a baseline, this aim requires an improvement in the multiple response rate and the resolution of that episode of care by a single resource (excluding red response as multiple responses are expected).
Indicators	
CI1-I1	<b>Clinical Support Desk Outcomes</b> – The development of quarterly reports that describe the patient level outcomes for clinical support desk care episodes.
CI1-I2	<b>Outcome by Response Type</b> – The development of quarterly reports will be available that describe the patient level outcomes for different response types.



## COMMISSIONING INTENTIONS - EMS

### Commissioning Intention – CI2: Availability 2023-24

The Emergency Ambulance Service and its Commissioners will optimise the availability and flexibility of front line resources to meet demand.

#### Commissioning Statement

The Emergency Ambulance Services Committee holds statutory responsibility for the planning and securing of sufficient ambulances services for the population of Wales. Discharging this responsibility requires close collaboration between commissioners and the provider to ensure that all available resources are used effectively.

#### Aims

CI2-A1	<b>Workforce Stability</b> - Maintaining the increased staff base of following investment in 2022/23. Maximising the availability of these staff through reducing sickness levels and abstractions by ensuring that their wellbeing needs are appropriately supported.
CI2-A2	<b>Workforce Availability</b> - Grow the workforce in line with the strategic ambition, agreed forecasting and modelling and within financial allocation when made available by Commissioners.
CI2-A3	<b>Rosters Aligned to Demand</b> – Ensuring ongoing review of roster effectiveness in aligning capacity to demand, including utilisation of forecasting and modelling for anticipating future changes

COMMISSIONING INTENTIONS - EMS

Products	
CI2-P1	<b>Forecasting and Modelling Framework</b> - A collaboratively developed forecasting and modelling framework that underpins a demand and capacity approach that will set out the ongoing arrangements for proactively undertaking this work for the next decade, this will include demand-led iterative forecasting and modelling and health economic evaluations. This will ensure the required strategic, tactical and operational focus to plan and forecast seasonal fluctuation and to ensure resource and resilience during times of system pressure.
Indicators	
C2-I1	<b>Workforce Additionality Measure</b> – A collaboratively agreed baseline and workforce additionality requirement will continue to be reported and refined, including vacancy factors, turnover and other confounders.

## COMMISSIONING INTENTIONS - EMS

### Commissioning Intention – CI3: Productivity 2023-24

The Emergency Ambulance Service and its Commissioners will maximise productivity from resources and demonstrate continuous improvement.

#### Commissioning Statement

Ensuring appropriate levels of productivity from the resources available is a key component of delivering an effective ambulance service. There are a number of external and internal drivers leading to suboptimal productivity. Addressing these areas has the potential to deliver significant gains for emergency ambulance provision and the wider emergency and urgent care system.

#### Aims

CI3-A1	<b>Reducing Post-Production Lost Hours</b> – Post-production lost hours have long been a significant contributor to reduced productivity. Using an agreed baseline measurement period, post-production lost hours will be reduced in line with a quarterly agreed improvement trajectory.
CI3-A2	<b>Reducing Notification to Handover Time</b> – NHS Wales is a significant outlier in the UK and internationally for lost productivity due to extended notification to handover times. In line with the Six Goals for Urgent and Emergency Care, EASC is committed eradicating handovers over 60 minutes by April 2025.

COMMISSIONING INTENTIONS - EMS

Indicators	
CI3-P1	<b>Modernising Workplace Practices Implementation Plan</b> – There will be an implementation plan and supporting structures in place to ensure workforce practices and policies are reviewed, modernised and improved. The wellbeing of the workforce and safety of patients will be paramount within this.
CI3-I1	<b>Unit Hour Utilisation Metric</b> – continue to refine the approach and reporting in order to actively improve patient safety, performance and efficiency.

COMMISSIONING INTENTIONS - EMS

Commissioning Intention – CI4: Value 2023-24	
The Emergence Ambulance Service and its Commissioners will develop a value-based approach to service commissioning and delivery, which enables an equitable, sustainable and transparent use of resources to achieve better outcomes for patients.	
Commissioning Statement	
Value is created when we achieve the best possible healthcare outcomes for the Welsh population with the most efficient and effective use of available resources. We also recognise that value can be depleted and therefore the development of a value-based strategy will need to identify ways to effectively manage and mitigate the risks of value depletion in addition to identifying opportunities for value creation.	
Aims	
CI4-A1	<p>Value-Based Healthcare for the Welsh Ambulance Service</p> <ul style="list-style-type: none"><li>• Building on the engagement already undertaken, develop and embed a value-based approach for the Welsh Ambulance Service which enables better collective decision making across the whole urgent and emergency care system and accounts for WAST's use of, and impact on, economic, social and environmental resources over the short, medium and long term. This will include:</li><li>• Development of WAST's strategy and approach to Value-Based healthcare which links outcomes, patient experience and use of resources</li><li>• Implementation of a costing model for "5 step" pathway</li><li>• Improvement in ability to identify areas of unwarranted variation in service delivery across Wales</li></ul>



## COMMISSIONING INTENTIONS - EMS

Products	
CI4-P1	<p><b>Value-Based Strategy</b> - The Trust will develop a strategy to implement a value-based approach across the organisation and outline its role in delivering value across the wider UEC system. The value-based strategy will be integrated with and align to existing organisational strategies (e.g. clinical, quality, long term, digital, environmental etc) and the Commissioning Intentions outlined in this document in order to ensure goal congruence.</p>
CI4-P2	<p><b>Value-Based Tools and Methods</b> - In order to monitor and measure value-based performance, the Trust will need to design, develop and implement a range of tools including, but not limited to, the following:</p> <ul style="list-style-type: none"> <li>• Patient Level Costing Model</li> <li>• Benchmarking Dashboard(s)</li> </ul>
CI4-P3	<p><b>Value-Based Reporting</b> - WAST will enable a clear line of sight from commissioner allocation through to utilisation and the outcomes delivered by the services. WAST will holistically demonstrate through its reporting all separate revenue streams and associated costs of broader service provision (e.g. I11, NEPTS etc.).</p> <p>WAST receives a capital allocation directly from Welsh Government. The utilisation of the capital budget and the use of the ring-fenced depreciation allocation will need to be clearly identified in any report. As a result, WAST will be able to demonstrate how its capital allocation is being invested to deliver on the commissioning intentions.</p>

COMMISSIONING INTENTIONS - EMS

Indicators	
CI4-I1	<p>Value-Based Core Requirement to be agreed with Commissioner by the end of quarter 2:</p> <ul style="list-style-type: none"><li>• WAST Value Based Strategy</li><li>• Plan for Value Based Tools and Methods design, development and implementation</li><li>• Value Based Reports developed for revenue and capital</li><li>• Value-Based indicators developed in line with broader indicators outlined in CI1 to CI5</li><li>• Connections to system-wide urgent and emergency care performance measures as identified in CI6 – Wider Health System</li></ul>

COMMISSIONING INTENTIONS - EMS

Commissioning Intention – CI5: Harm & Outcomes 2023-24	
The Emergency Ambulance Service and its Commissioners will collaborate to reduce and prevent harm, and improve quality of service and outcomes for patients.	
Commissioning Statement	
Emergency ambulance services operate in complex and challenging environments. The delivery of a quality ambulance service requires effective, safe and people-centred care. To realize the benefits of quality health care, ambulance services must be timely, equitable, integrated and efficient. A mature health system proactively seeks opportunities to reduce and prevent harm. Continuous improvement based on learning from errors and adverse events must be a cornerstone of emergency ambulance provision.	
Aims	
CI5-A1	<b>Proactively Identifying Harm</b> – There will be a process for identifying harm/near misses prior to a complaint or report being logged. This will include process for reviewing patient clinical records and engagement with the wider health system (i.e. sharing information around patients impacted by CSP levels).

COMMISSIONING INTENTIONS - EMS

Products	
CI5-P1	Clinical Indicator Plan and Audit Cycle – Implementation of the clinical indicator plan and audit cycle, this will provide a forward view of the type, content and regularity of clinical indicator and audit reporting. Specific seasonal and responsive (to emerging trends) reports and audits will be included within the plan.
Indicators	
CI5-I1	Call to Door Times – Call to door times for STEMI and stroke will be produced on a monthly basis.

## COMMISSIONING INTENTIONS - EMS

### Commissioning Intention – CI6: Wider Health System 2023-24

The Emergency Ambulance Service and its Commissioners will collaboratively develop and deliver services that allow the ambulance service to contribute to the wider health system and the ambition to reset services and drive recovery.

#### Commissioning Statement

The Emergency Ambulance Services has a unique role as the only all Wales operational service. Today, ambulance services provide mobile urgent treatment services with staff educated and trained to deal with a wide range of emergency and urgent conditions. Maximising both of these opportunities will benefit the whole of NHS Wales and will be an important part of the pandemic response.

#### Aims

CI6-A1	<b>System Flow</b> – Optimise the flow of ambulances in to hospital sites in Wales, reducing batching and increasing the timeliness of patients accessing secondary care.
CI6-A2	<b>Transfer and Discharge Service</b> – To reduce the number of transfers and discharges being undertaken by the EMS fleet. This will include the review of current and future arrangements.

COMMISSIONING INTENTIONS - EMS

Products	
CI4-P1	<b>Aligned Escalation and Clinical Safety Plan</b> – Health Boards in partnership with WAST will ensure they have complementary plans and actions to support the patient safety during deployment of high levels of escalation and clinical safety plans.
CI4-P2	<b>National Transfer and Discharge Commissioning Framework</b> – A collaborative commissioning framework for a national transfer and discharge service will be developed to enable the enactment of an improved service provision.
Indicators	
CI6-I1	<b>System Pressures Dashboard</b> – WAST and Health Boards will collaborate with DHCW to ensure that a live system pressures dashboard is in place that enables users to understand current and emerging pressures.



## COMMISSIONING INTENTIONS - NEPTS

### NEPTS Commissioning Intention – CII: Plurality Model 2023-24

The Trust and its Commissioners will collaborate to improve the efficiency, quality of service and outcomes for patients.

#### Commissioning Statement

The delivery of a quality ambulance service requires effective, safe and people-centred care. To realize the benefits of quality health care, ambulance services must be timely, equitable, integrated and efficient. The plurality model creates a single national market place that sources a range of patient transport providers that are quality assured by a robust governance framework, creating opportunities to deliver a more efficient, timely and people-centred service.

CIIa

**Resource Efficiency** - Demonstrate that resources are being utilised effectively following transfer of work. This will include the re-design and renewal of patient contracts inherited via the transfers of work to deliver the best patient transport model for Wales ensuring value and efficiency of utilisation. The second phase of this work will focus on the procurement strategy, fully reviewing who is best placed to deliver the various aspects of patient transport in accordance with NEPTS objectives and standards.

CIIb

**Plurality Providers** - Continue to expand and improve the availability of plurality providers and to increase the focus on quality, improved patient experience, value and sustainability.

## COMMISSIONING INTENTIONS - NEPTS

### NEPTS Commissioning Intention – CI2: Demand 2022-23

The Trust and its Commissioners will collaborate with stakeholders to understand system requirements in order to align resources to effectively manage service demand.

#### Commissioning Statement

Non-emergency patient transport services operate in a complex environment. The delivery of a quality ambulance service requires effective, safe and people-centred care. To realize the benefits of quality health care, ambulance services must be timely, equitable, integrated and efficient. A mature health system proactively seeks opportunities to improve quality and performance. Continuous improvement based on learning from data and feedback must be a cornerstone of ambulance provision.

CI2a

**Planning** - Implement improved and dynamic planning process that maximises the utilisation of resources and ensure stability and resilience for future demand.

CI2b

**Demand Management** - Utilise a range of options including effective use of resources, effective rostering and closer working with the patient and Health Board colleagues to deliver appropriate transport requirements.

## COMMISSIONING INTENTIONS - NEPTS

### NEPTS Commissioning Intention – CI3: Capacity 2022-23

The Trust and its Commissioners will collaborate with stakeholders to understand system requirements in order to create, align and maximise resource capacity.

#### Commissioning Statement

Non-emergency patient transport services operate in a complex environment. The delivery of a quality ambulance service requires effective, safe and people-centred care. To deliver the benefits of a quality health care service, ambulance services must be timely, equitable, integrated and efficient. To ensure delivery of these benefits the Trust and stakeholders must work collaboratively to create, align and maximise resource capacity.

CI3a	<b>Transforming Capacity</b> - Implement processes to increase NEPTS capacity within current internal and external resources including workforce and fleet.
------	---

CI3b	<b>Reducing Lost Capacity</b> - Implement improvement plans and oversight arrangements to deliver reduction in lost capacity due to system inefficiencies. This includes a requirement on WAST to ensure more effective use of internal resources (workforce, fleet and estates), there is also a requirement for improved collaboration and communication with Health Boards to minimise lost time at hospital sites.
------	--

COMMISSIONING INTENTIONS - NEPTS

NEPTS Commissioning Intention – CI4: System Transformation 2023-24	
The Trust and its Commissioners will work collaboratively to transform internal systems and will work with stakeholders to understand the wider system transformation that is taking place.	
Commissioning Statement	
WAST and stakeholders will work collaboratively through the NEPTS Delivery Assurance Group to identify areas for improvement across WAST’s internal operating systems and to understand the impact of reconfiguration across the wider health system.	
CI4a	<b>Forecasting and Modelling Framework</b> - A collaboratively developed forecasting and modelling framework will set out the ongoing arrangements for proactively undertaking this work for the next decade, this will include demand-led forecasting and modelling and health economic evaluations. This will ensure the required strategic, tactical and operational focus to tactically plan and forecast seasonal fluctuation and to ensure resource and resilience during times of system pressure.

## COMMISSIONING INTENTIONS - EMRTS

EMRTS Commissioning Intention – CI1: Service Expansion 2023-24	
CI1a	<b>Enhanced CCP-led response</b> – Building on the implementation of an enhanced daytime response from Cardiff Heliport in April 2022, the EMRTS will focus on managing the ongoing service delivery with a view to demonstrating the more effective use of resources, improved service quality and the patient experience and opportunities for workforce development.
CI1b	<b>Evaluation and Review</b> – Evaluation and review for the enhanced CCP-led response to be incorporated to the ongoing process of evaluation already in place within the service.
CI1c	<b>Planning</b> – Build on the implementation and consolidation of Phase 1 of the EMRTS Service Expansion project, working collaboratively with commissioners to plan the implementation of the remaining phases of the EMRTS Service Expansion programme.

## COMMISSIONING INTENTIONS - EMRTS

### EMRTS Commissioning Intention – CI3: Service Evaluation 2023-24

CI3a	<b>Ongoing Evaluation</b> – Building on the 5-year EMRTS Service Evaluation (2015-20) develop a programme of ongoing evaluation including robust methodology
------	--

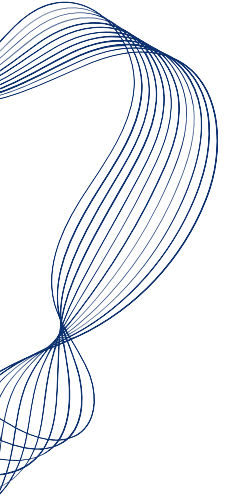
### EMRTS Commissioning Intention – CI4: System Transformation 2023-24

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



## COMMISSIONING INTENTIONS - ACCTS

EMRTS Commissioning Intention – CI2: Adult Critical Care Transfer Service (ACCTS) 2023-24	
CI2a	<b>Service Delivery</b> – The ACCTS team will continue to manage ongoing service delivery and will ensure robust performance management with a focus on outcomes, value, quality and safety of service delivery.
CI2b	<b>Engagement</b> – Continue to build on established relationships and to engage with all stakeholders to review and strengthen the service model(s) implemented to maximise the clinical outcomes, value, quality and safety of service delivery.
CI2c	<b>Evaluation and Review</b> – Undertake evaluation and review relating to the implementation of the ACCTS, reporting on lessons learned, service activity and providing the required assurance regarding the realisation of anticipated outcomes and benefits going forward.
CI2d	<b>Quality and Delivery Framework</b> – As an established service hosted by the EMRTS, work will now be undertaken with the EASC Team to ensure that a collaborative commissioning framework is now developed specifically for the ACCTS.



National Collaborative Commissioning Unit  
Unit 1 Charnwood Court  
Heol Billingsley  
Parc Nantgarw  
Cardiff  
CF15 7QZ

Telephone: 01443 744928  
Email: [nccu.corporateservices@wales.nhs.uk](mailto:nccu.corporateservices@wales.nhs.uk)

