

Care Standards	Activity	Resource Envelope	Model	Operations	Review	Evaluate
<i>Goal: Define care standards for emergency ambulance services to meet</i>	<i>Goal: Know & understand demand & capacity requirements</i>	<i>Goal: Identify total resources which may be utilised and affected</i>	<i>Goal: Define model(s) of care across the ambulance patient care pathway</i>	<i>Goal: Mechanisms are established to ensure effective delivery of the Framework</i>	<i>Goal: Detail the ongoing performance metrics, management & improvements</i>	<i>Goal: Define outcomes & methods as criteria for judging benefits from the framework</i>
<i>Principle: The right expectations are defined for quality and safety</i>	<i>Principle: The right capacity is available to meet the right demand</i>	<i>Principle: The right ambition to make best use of <u>all</u> existing resources</i>	<i>Principle: the right staff, at the right place, at the right time</i>	<i>Principle: The right interaction between patients, professionals and organisations</i>	<i>Principle: The right measures, monitoring and management to ensure continuous improvement</i>	<i>Principle: The right patient outcomes from the right patient experience at the right cost</i>
Commissioning Intentions 2019/20						
<p>1. Core Requirements within Care Standards remain extant and principle is that they will be measured through a self-assessment process by WAST, utilising relevant reports and documentation produced, for example, Welsh Government Health & Care Standards; Internal & External Audit Reports; Health Inspectorate Wales Annual Governance Statement; etc on a six monthly basis which is also reported to their Board. Particular assurance required remains as:</p> <ul style="list-style-type: none"> • transition to the use of the NHS number as a patient identifier; • reduction in variation in operational performance across health boards will reduce; • effective use of clinical audit. 	<p>2. Activity to 'shift' left for WAST within each individual health board where safe and appropriate to do so – such as conveyances, attendances at scene, incidents, and calls</p>	<p>3. Existing WAST resources to be fully utilised and evidenced as providing value for money.</p> <p>4. Any proposed new resource investment to identify 'Net Effect' improvements such as reduced activity in or across steps; reduced costs in or across steps; improved performance within or across steps.</p> <p>5. Welsh Government financial uplift, savings and investment expectations of Health Boards to be reciprocated wherever possible to WAST (pending Allocation Letter 2018/19).</p> <p>6. National Investments by Welsh Government to flow to WAST via EASC with any slippage to be used at discretion of EASC.</p> <p>7. Where 'Net Effect' is not a positive impact for service change initiatives then disinvestment made and the resources identified to become an 'investment fund' for consideration by PDEG on behalf of EASC.</p> <p>8. No revenue implications are expected for EASC from Welsh Government's capital investment.</p>	<p>9. No change to the over-arching 5-Step Ambulance Patient Pathway model of care – (Step1) help me choose, (Step 2) answer my call, (Step 3) come to see me, (Step 4) give me treatment, (Step 5) take me to hospital.</p> <p>10. Recognition that service offerings may vary across Wales eg Urban to Rural.</p> <p>11. Continued adoption of the Clinical Response Model.</p>	<p>12. Participation by WAST and Health Boards as required under EASC.</p> <p>13. Commissioning process to align EASC, WAST and Health Boards IMTPs is adopted by all organisations.</p> <p>14. Completed IMTPs to become the basis for assuring delivery by EASC.</p> <p>15. National Collaborative Commissioning: Quality & Delivery Framework Agreement to be maintained electronically.</p>	<p>16. Assurances on Core Requirements to demonstrate safe, efficient and effective care by WAST.</p> <p>17. Performance improvements to be made by WAST across the steps of the Ambulance Patient Care Pathway</p> <p>18. AQIs will be produced in a user friendly & accessible manner.</p> <p>19. AQIs will be drawn from NCC: Q&DFA Data Repository.</p> <p>20. Patient & staff experience measures will be undertaken and reported as part of the Data Repository and AQIs.</p> <p>21. Development of Local Measures by Health Boards for their populations. [See Powerpoint slides accompanying Commissioning Intentions: Developing local measures for your population EMS and NEPTS]</p>	<p>22. Enhanced and robust evaluation activities to be undertaken by EASC in collaboration with Swansea University through C3 (Collaborative Commissioning Cymru) Faculty.</p>

Table 1a, 1b & 2 Requirements

Update Framework Agreement (Table 1a)	Update Framework Agreement (Table 1b)	Update Framework Agreement (Table 1a)	WAST Improvement (Table 1a)	Update Framework Agreement (Table 1a)	Update Framework Agreement (Table 1a)	Update of Framework Agreement (Table 1a)
	<p>Step 2 – Clinical Support Desk</p> <ul style="list-style-type: none"> • Patient demographics recording to be improved to support patient identifier for linked data • Clinical Desk activity types to reflect all activity undertaken. 	<ul style="list-style-type: none"> • Review of 2018/19 IMTP financial assumptions and financial plan versus forecast outturn for 2018/19 and 2019/20 financial assumptions and financial plan. • Financial Value Payable by EASC and associated assumptions. <p>WAST Improvement (Table 1b)</p> <ul style="list-style-type: none"> • [Carried Forward from 2018/19] Resource utilisation will improve: <ul style="list-style-type: none"> ○ sickness rates reduced for all direct staff across each of the steps ○ overtime use to reduce ○ use of external providers to be reduced ○ rosters aligned to demand (across days and time of day) for direct staff across each step ○ compliance with planned (<u>that is the new</u>) rosters to increase • Proportion of spend will shift from Steps 5 & 4 to Steps 3 & 2 • Reduced spend on operating expenses • Known ‘Net Effect’ in terms of activity impact, resource impact and performance impact from all initiatives 	<ul style="list-style-type: none"> • [Carried Forward from 2019/20] Fleet and staff mix to be reviewed for each health board area tailoring the delivery of the 5 Step Ambulance Patient Pathway to local population needs. 	<ul style="list-style-type: none"> • Operational arrangements to be reviewed by EASC on an ongoing basis. • Progress review of 2018/19 IMTP actions. • Inclusion of completed IMTP 2019/20 tables following EASC IMTP approval. 	<ul style="list-style-type: none"> • Data repository covering A1 Activity, RE1 Resource Envelope, R1 Performance Measures, including the AQIs, to be utilised with when, who, when specifically stated. • Trigger points which indicate poor deteriorating performance against performance metrics within the data repository to be identified by CASC and specific actions to warrant corrective action identified. • The reporting against core requirements to be undertaken twice per year as described under the Commissioning Intention for Care Standards • Development of local measures by Health Board. • Step 4: • [Carried Forward from 2018/19] Call to door times for STEMI (pPCI door) and Stroke to be produced. • Development of Clinical Indicators which compliment the benefit realisation assumptions for Band 6 Paramedic investment to be produced. <p>WAST Improvement (Table 1b)</p> <p>Step 2</p> <ul style="list-style-type: none"> • Time to allocation for Red calls to reduce • The volume of calls assessed and closed by the clinical desk to increase <p>Step 3</p> <ul style="list-style-type: none"> • Multiple vehicle arrivals at scene to reduce for Amber and Green Incidents • The percentage of incidents where the first arriving vehicle is the ideal to increase • Red performance to be maintained and the 95th percentile to reduce 	<ul style="list-style-type: none"> • Creation of Evaluation methods and programme of work.

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