

Care Standards	Activity	Resource Envelope	Model	Operations	Review	Evaluate
<i>Goal: Define care standards for NEPTS services to meet</i>	<i>Goal: Know &amp; understand demand &amp; capacity requirements</i>	<i>Goal: Identify total resources which may be utilised and affected</i>	<i>Goal: Define model(s) of care across the NEPTS Steps</i>	<i>Goal: Mechanisms are established to ensure effective delivery of the Framework</i>	<i>Goal: Detail the ongoing performance metrics, management &amp; improvements</i>	<i>Goal: Define outcomes &amp; 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>
<b>Commissioning Intentions 2019/20</b>						
<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 &amp; Care Standards; Internal &amp; External Audit Reports; Health Inspectorate Wales Annual Governance Statement; etc on a six monthly basis which is also reported to their Board.</p>	<p>2. <b>Transfer of all HB/Velindre &amp; WHSSC commissioned WRCN NEPTS activity to WAST.</b></p> <p>3. <b>Ensure NEPTS activity is identified at Regional/Health Board level across each of the 5 steps.</b></p> <p>4. 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>5. <b>HB spend for all NEPTS activity is identified and transferred to WAST as part of the transfer process.</b></p> <p>6. <b>Outstanding developments to meet Cabinet Secretary expectations will be fully costed and opportunities for funding will be identified.</b></p> <p>7. Existing WAST resources to be fully utilised and evidenced as providing value for money.</p> <p>8. Welsh Government financial uplift, savings and investment expectations of Health Boards to be reciprocated wherever possible to WAST (pending Allocation Letter 2019/20).</p>	<p>9. <b>Recognition that service offerings may vary across Wales pre and post plurality enactment.</b></p> <p>10. No change to the over-arching 5-Step Ambulance Patient Pathway model of care – (Step1) help me to choose, (Step 2) answer my request, (Step 3) coordinate my journey, (Step 4) pick me up, (Step 5) take me to my destination.</p>	<p>11. <b>Operational arrangements to be updated following transfer of HB NEPTS Service to WAST.</b></p> <p>12. National Collaborative Commissioning: Quality &amp; Delivery Framework Agreement to be maintained electronically from December 2018.</p> <p>13. Participation by WAST and Health Boards as required under EASC.</p> <p>14. Commissioning process to align EASC, WAST and Health Boards IMTPs is adopted by all organisations.</p> <p>15. Completed IMTPS to become the basis for assuring delivery by EASC.</p>	<p>16. <b>Ensure all NEPTS Activity, Resource Envelope &amp; Review of Performance can be identified and reported nationally &amp; at HB level.</b></p> <p>17. Performance improvements to be made by WAST across the 5 NEPTS Steps.</p> <p>18. Patient &amp; staff experience measures to be recorded and reported.</p> <p>19. Development of Local Measures by Health Boards, Velindre NHS Trust and WHSSC (Renal). <a href="#">[See Powerpoint slides accompanying Commissioning Intentions: Developing local measures for your population EMS and NEPTS]</a></p>	<p>20. <b>Ensure all baseline data is accurate ahead of any HB transfer to WAST.</b></p> <p>21. 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						
<p><b>Update Framework Agreement (Table 1b)</b></p> <ul style="list-style-type: none"> <li>Compliance with care standards for previously extant Health Board/WHSSC/Velindre services.</li> </ul>	<p><b>Update Framework Agreement (Table 1a)</b></p> <ul style="list-style-type: none"> <li>Data repository aligned to report activity against relevant step.</li> <li>Step 4/5 – ensure activity is clearly described within the relevant step.</li> <li>Step 1 - Ensure NEPTS specific engagement activity can be identified.</li> </ul> <p><b>WAST &amp; Health Board Improvement (Table 2)</b></p> <ul style="list-style-type: none"> <li>Step 2 – improve the quality of booking information.</li> <li>Step 2 – call numbers and time band Powys and Ty Elai.</li> <li>Step 4 – reduction in aborted journeys.</li> <li>Step 4 – reduction in social journeys.</li> <li>Step 4 – reduce failed discharges.</li> <li>Step 5 – reduce on the day cancellations.</li> <li>Service change initiatives identified as having an impact on NEPTS activity.</li> </ul>	<p><b>Update Framework Agreement (Table 1a)</b></p> <ul style="list-style-type: none"> <li>Develop infrastructure to be able identify how much is spend at a HB level across the 5 steps.</li> <li>Review of 2018/19 IMTP financial assumptions and financial plan versus forecast outturn for 2018/19 and 2019/20 financial assumptions and financial plan.</li> <li>Financial Value Payable by EASC and associated assumptions.</li> </ul> <p><b>WAST Improvement (Table 1b)</b></p> <ul style="list-style-type: none"> <li>Development of a fully costed business case to meet the Cabinet Secretary expectations from the 2015 business case.</li> <li>Demonstrate WAST NEPTS resources are being utilised effectively following transfer of HBs.</li> </ul> <p><b>WAST &amp; Health Board Improvement (Table 2)</b></p> <ul style="list-style-type: none"> <li>WAST &amp; HBs to identify service change initiatives and the impact on identified NEPTS resource envelope.</li> </ul>	<p><b>WAST Improvement (Table 1a)</b></p> <ul style="list-style-type: none"> <li>Model of Care wiring diagram updated following implementation of plurality model.</li> </ul> <p><b>WAST &amp; Health Board Improvement (Table 2)</b></p> <ul style="list-style-type: none"> <li>WAST &amp; HBs to design solutions at local level to overcome barriers &amp; constraints to service offerings in respect of the Model of Care across Wales e.g. service changes and boundary changes.</li> </ul>	<p><b>Update Framework Agreement (Table 1a)</b></p> <ul style="list-style-type: none"> <li>Update O2 Schedule – Application of the Model of Care following enactment of plurality model for each HB.</li> <li>Update O3 Schedule – extant policies, protocols &amp; pathways following enactment of plurality model for each HB.</li> <li>Operational arrangements to be reviewed by EASC on an ongoing basis.</li> <li>Progress review of 2018/19 IMTP actions.</li> <li>Inclusion of completed IMTP 2019/20 tables following EASC IMTP approval.</li> <li>NEPTS QDF to be signed December 2018.</li> <li>To record and manage the framework of providers used to deliver the NEPTS plurality model.</li> </ul> <p><b>WAST Improvement (Table 1b)</b></p> <ul style="list-style-type: none"> <li>WAST to ensure robust quality assurance to manage providers required to deliver the plurality model.</li> <li>Implement improvements identified within the Internal Audit of NEPTS provision November 2018.</li> </ul>	<p><b>Update Framework Agreement (Table 1a)</b></p> <ul style="list-style-type: none"> <li>Develop Schedule R2: Data repository covering A1 Activity, RE1 Resource Envelope, R1 Performance; enabling self-assessment against the Core Requirements of Care Standards; plus local measures by organisations.</li> <li>Maintain data repository covering A1 Activity, RE1 Resource Envelope, R1 Performance Measures,</li> <li>WAST undertake self-assessment related to the Core Requirements in Care Standards.</li> </ul> <p><b>WAST Improvement (Table 1b)</b></p> <ul style="list-style-type: none"> <li>Compliance with core requirements of care standards reported on a six monthly basis.</li> <li>WAST to demonstrate how activity performance is improved in each HB following enactment of the plurality model.</li> <li>WAST to demonstrate savings and efficiencies in each HB following enactment of the plurality model.</li> <li>Report &amp; consider improvements following measuring staff experience.</li> <li>Report &amp; consider improvements following measuring patient experience.</li> </ul> <p><b>WAST &amp; Health Board Improvement (Table 2)</b></p> <ul style="list-style-type: none"> <li>WAST &amp; HBs to agree HB level reporting detail on NEPTS activity to report and understand performance across each HB.</li> <li>HBs and WAST to ensure NEPTS has suitable profile within HBs.</li> </ul>	<p><b>Update of Framework Agreement (Table 1a)</b></p> <ul style="list-style-type: none"> <li>Recording of baseline data for all NEPTS activity &amp; resources for each HB.</li> <li>Creation of Evaluation methods and programme of work.</li> <li>Evaluation programme for NEPTS overseen by PDEG.</li> </ul>