



National Collaborative Commissioning Unit

**INTEGRATED MEDIUM
TERM PLAN 2019/2022**

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Foreword

Welcome to our Integrated Medium Term Plan for 2019/20 – 2021/22.

It's an extremely important time for the National Collaborative Commissioning Unit. The last 12 months have seen us deliver products and services on behalf of a wide range of customers; collaborating with multiple partners to achieve our vision:

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

On behalf of the Emergency Ambulance Services Committee (EASC) through the Chief Ambulance Services Commissioner (CASC) we commission ambulance services in Wales.

We create, develop, refresh and evaluate National Collaborative Commissioning: Quality & Delivery Frameworks for ambulance services within NHS Wales. This included Emergency Ambulance Services, Non-Emergency Patient Transport Services and Emergency Medical Retrieval and Transfer Services.

We work across the organisational boundaries of the Welsh Government, Health Boards, WAST and partners to maintain and manage relationships, groups, events and communications in support of the effective and efficient commissioning of ambulance services and the committees that support this.

We deliver the National Programme for Unscheduled Care (NPUC) on behalf of Welsh Government.

We also deliver extensive innovative and award winning national collaborative commercial frameworks on behalf of NHS Shared Services which have improved quality and reduced costs.

We provide a range of bespoke interventions, specialist advice & support to a wide range of customers and service areas including commissioning, benchmarking, mental health, learning disabilities, emergency care and paramedicine.

Figure 1 below outlines the structure our IMTP will follow through each section:



Mr. Stephen HARRY is the Chief Ambulance Services Commissioner and Director of the Unscheduled Care Programme for Wales.

Figure 1: NCCU IMTP Structure

We have structured our IMTP this way as we know the challenges and the opportunities that are presented with ambulance services and the wider unscheduled care system. We believe the realisation of our strategic vision and bringing together more closely the work of EASC & NPUC holds the key delivering the requirements set out in in legislation by Welsh Government.

Executive Summary

This National Collaborative Commissioning Unit (NCCU) IMTP 2019/22 sets out the work programme for the Unit for the next 3 years.

In constructing our integrated plan we have given consideration to explain the nature of work that we undertake and the customers on whose behalf we deliver: We aim with this IMTP to describe:

- Our vision.
- Our business model.
- Our guiding principles.
- Our Achievements
- The opportunities that will shape the future of NHS Wales.
- Our customers and the products and services we deliver for them.
- The infrastructure and workforce requirements to enable us to deliver at scale and pace.

There is a compelling need for NHS Wales to work collaboratively to focus on improving clinical outcomes and experience for the people of Wales. The progressive policy drivers require NHS organisations to transform to meet policy ambition.

We will work across NHS Wales engaging with all Wales peer groups such as Medical Directors, Directors of Finance, COOs, Directors of Planning, Nurse Directors. to put policy into practice, improve clinical outcomes and experiences.

We will deliver national enablers for service improvements (NESIs) through our work work with central supporting organisations, Welsh Government departments within the Health and Social Care Directorate well as StatsWales. These NESIs will:

- Enable the development of ICT infrastructure and digital innovation (NWIS)
- Enable the redesign of existing workforce models (HEIW)
- Enable the establishment of meaningful measures (StatsWales)
- Enable mathematical modelling of flow across 5-step pathways (DU)
- Enable the understanding of financial management and costing value across the 5-step pathways

The completion and the submission of our IMTP sees us begin the start of our journey. The next phase of our work programme challenges us to make the connections and join up opportunities with Health Boards and WAST across the system.

We will evolve our plan, adding sophistication based on evidence; using thematic analysis to identify opportunities that will deliver the greatest net effect in terms of quality, pace and value across NHS Wales.

Introduction

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

Our Vision

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

Our Business Model

With an influenced commissioning value of over £375m (excluding Unscheduled Care Services £1.2bn), NCCU delivers its products and services through a business model that contains the following functions:

- Commissioning development and support;
- Quality assurance and improvement;
- Programme and information management;
- Research development and evaluation;
- Engagement, innovation and national enablers for service improvement
- Specialist advice, guidance and support.

Our business model is designed specifically to enable customers to deliver transformational change and improve patient outcomes and experience. Application of our business model sees us occupying the middle ground between policy makers, Health Boards and local authorities and in between services and providers to facilitate and deliver change. We collaborate and coordinate the input of a wide range of partners, organisations, clinicians, specialist knowledge and skills to augment and enhance what we provide our customers.

Our Guiding Principles

Our purpose is to improve patient outcomes and experience for our customers through the products and services we deliver. To achieve this we work within a set of guiding principles.

Application of our Guiding Principles

It is important to us that our customers’ experiences mirror the principles that guide our work. Our customers will:

- From a patient's perspective understand and articulate what good looks like for their service or population.
- Be able to demonstrate how they have embedded national policy into local practice.
- Benefit from the collaborative relationships we build with them and other organisations to support delivery.
- Be able to reassure the public that the services they use deliver value.
- Continuously learn, evolve and improve services to patients.
- Change behaviour in order to embed innovation.
- Be able to demonstrate how they have improved patient outcomes and experience.



Figure 2: NCCU Guiding Principles

Our achievements in 2018/19

EASC Commissioned Services

Key achievements for 2018/19 for EASC Commissioned Services Include:

- Refresh of Emergency Ambulance Service (EMS) Collaborative Commissioning Quality & Delivery Framework.
- Development of Wales' first Collaborative Commissioning Quality & Delivery Framework for Non-Emergency Patient Transport Services (NEPTS).
- Rollout of the Minister for Health and Social Services expectations to deliver the plurality model for NEPTS across Wales. Cardiff & Vale UHB, Velindre NHS Trust and Hywel Dda UHB NEPTS provision transferred to Welsh Ambulance Service Trust as of 31st March 2019.
- Issuing commissioning intentions for 2019/20 for EMS & NEPTS.
- Development of the final draft business case for the expansion of Emergency Medical Retrieval & transfer Service (EMRTS).
- Publication of the comprehensive and extensive Amber Review on 7th November 2019 and the initiation of the Amber Review Implementation Programme.
- Data linking 400,000 patient records as part of the Amber Review to provide insight across the system on a scale never achieved previously.
- IMTP Guidance and support for EASC commissioned services circulated in advance to support planning processes across Wales.
- Positive NEPTS Internal Audit report showing progress and assurance on NEPTS provision through the development process of the quality and delivery framework.
- Positive EASC Internal Audit report giving assurance on NCCU managing of EASC business.
- Achieved Ambulance Service Performance sustained for red category calls.
- Welsh Audit Office recommendations implemented.
- Evaluation on economic impact of EMRTS service across Wales being developed by our C3 Faculty.
- We have supported ambulance service initiative for clinicians in control and advanced paramedic practitioners.
- We have developed a whole system understanding of the ambulance services. This knowledge has delivered reduced conveyance to hospital despite an increase in demand.

National Programme for Unscheduled Care (NPUC)

Key achievements for 2018/19 for NPUC include:

National policy framework

- Nationally commissioned, locally delivered third sector winter pilots to support patient flow, experience and outcomes including the;
 - British Red Cross Emergency Department assisted discharge service;
 - Care & Repair 'hospital to home service';
 - Pharmacists in Emergency Department .
- Integrated winter delivery planning assurance and support project including evaluation of winter 2017-18, agreement of 5 priorities for winter 18/19, two rounds of winter summits held locally with LHBs, support of the Daily Flows work and management of the winter evaluation process.
- Patient Navigation local improvement plans, draft guidance and a script developed and shared with participating sites. Across Wales, 10 sites are reporting weekly data to the project team.
- Ambulatory Emergency Care (AEC) development plan drafted in December 2018 by a Task Group facilitated by the Delivery Unit and with representation from medicine, nursing, therapies and NHS management, primary and secondary care across all health boards.
- Transfers of Care report issued on 7 November and launch event held on 8 November. Elements from the review will form part of the Delivery Unit proposed work programme for 2019/20. This takes the form of an "Offer" document which has been developed with WG health and social care

policy colleagues and shared with health board operational leads.

- Patients Safety Huddles underway in Betsi Cadwaladr and Abertawe Bro-Morgannwg Health Boards, training delivered to Hywel Dda on Risk Based Escalation with a view to developing the full Patient Safety Huddle approach in spring 2019.

Quality Statements

- What does good look like for Emergency Department? (EDQDF) Programme national launch event, opened by the Minister for Health & Social Services, held on 18 July 2018, with representation from all key stakeholders.

From the perspective of ED IMTP schemes that would have the biggest impact on the ED itself are as follows:

1. WEDFAN
2. Direct access to non-ED locations eg for stroke and #NOF
3. Out of Hours coverage
4. Streaming of Calls for Mental Health and Falls
5. Hospital avoidance responses for Green Calls, Acute Response Teams & Frailty pathways
6. Hospital Ambulance Liaison Officers
7. Resources to care for patients awaiting beds in non-clinical areas
8. Surge bed capacity community and Acute
9. Resources at weekend to aid discharging: physicians, social workers & therapists
10. Interim solutions for DTOCs eg temporary/fast track placements and packages

These '10 Big Ticket Items' will be considered in more detail by the Special Task & Finish Group.

Frameworks

- Quality & Delivery Framework for Emergency Department (EDQDF) Programme baseline questionnaires received from Health Boards.
- Draft CAREMORE® framework schedules, quadrant 1 measures and an overarching model of care developed collaboratively with Health Boards.
- All Health Boards with the exception of Powys, undertaking work around frequent attenders to unscheduled care in line with the Welsh Emergency Department Frequent Attenders Network. Within the Health Boards, each Emergency Department, with the exception of Princess of Wales, is following the multi-agency service provision model, albeit at different stages of maturity.

Transformation Enablers

- NPUC Measurement Advisory Group established five meetings held since May 2018 to support the EDQDF Programme to develop new measures for Emergency Department and shine light across the whole system to identify opportunities for patient centered measures across the health and care pathway. The Group has also organised and facilitated discussions and workshops, with all Health Boards represented, which has improved consistency and completeness of NHS Benchmarking audits.
- Welsh Emergency Department site bespoke reports for the NHS Benchmarking Network Urgent, Emergency and Intermediate Care Projects provided to Health Boards to support demand and capacity planning.

Focusing Attention on the Unscheduled Care Big 4 Areas

- As part of the National Programme for Unscheduled Care's focus on improved management of the 'Big 4' unscheduled care issues, an event was held with health board and WAST leaders on 4th October, to identify opportunities to reduce demand for Healthcare Professional (HCP) calls into emergency departments and ensuring health services can meet the current demand for healthcare professional calls.

Commercial Frameworks

Delivery and quality assurance of our collaborative commercial frameworks including:

An all Wales framework covering 261 Adult Mental Health/Learning Disability Hospital Units across England and Wales, which this year involved:

- 160 units being subject to a quality assurance review and the issuing of 1172 improvement actions last year.
- The suspension of 6 units and the termination of 2 from the National Collaborative Framework in 2017/18
- 93% of patients placed with a '3Q' provider. Up from 75% two years ago:
- We also continue to provide a competitive 'quality first' ranking system with 56% of placement being made with a top 5 ranked provider;
- Provided information systems that enable patients to be 'insight and in-mind' even where the placement is some distance away and in 2017/18 our information systems collated, analysed and reported 12,789 incidents, 198 complaints and 542 safeguarding reports.
- Enabled cost reductions of £4.2 million;
- Savings to date to £12.1 million since the launch of the framework in 2012.

CAMHS Adult Mental Health/Learning Disability Hospital Framework Agreement covering 34 Units across England and Wales, which involved:

- continuing to deliver robust scrutiny and performance management of providers in order to assure commissioners their patients are cared for in safe and effective environments demonstrated
- The termination of a Hospital due to an inability to meet the required standards of care

Mental Health / Learning Disability Framework Agreement for Adult Care Homes covering 300 circa care homes across England and Wales.

- Continuing to work with health and social care commissioners to enable the benefits of a national framework
- Working with People First Wales to empower residents with learning disabilities to know more, ask more and lead more in terms of their own placement agreements.

Bespoke Interventions, Specialist Advice, Guidance & Support

Working with 5 health boards to scope and undertake local care mapping reviews, these reviews provide assurance to commissioners that their citizens are receiving:

- care in the right environment to meet their needs
- the right level of support to reduce risk, promote independence and improve their quality of life
- safe, effective and high quality care, with minimal use of restrictive practices
- outcome focused interventions by skilled and experienced staff

Supported the 2018 NHS benchmarking for mental health adults and CAMHS, developing an all Wales report and hosting a national learning event

Our opportunities for 2019-22

The next 3 years will see us working closely with existing customers to continue to transform services through collaborative commissioning, advice, support and specialist guidance. We will look to build our customer base and develop a wider remit for our commissioning responsibilities.

We are committed to maximizing the benefits of digitalizing our operation. We will develop an NCCU website as a tool to engage with our customers and showcase our work. We will develop our social media presence to enable us to respond quickly to our customers needs and integrate engagement across our work with patient, the public and services. Our digitization plan will increase the visibility of and engagement with the work delivered by the NCCU. Utilising our website as the first point of contact and the platform for multi media engagement and sharing of learning across NHS Wales. We will maximise opportunities to build on the work delivered within the Amber Review and further develop our integrated information environment linking patient data across the system.

Establishing and leading arrangements for evaluation, continued learning and potential commercial exploitation of our commissioning method. This includes business development and Intellectual Property exploitation with support via Welsh Government and partnership working beyond NHS Wales. These are undertaken through a SHIPP (Swansea Healthcare Innovation Partnership Programme) a Welsh Government funded project.

EASC Commissioned Services

We will continue to commission ambulance services on behalf of EASC using and maintaining quality and delivery frameworks to improve performance and to ensure continued integration with the wider unscheduled care system. Our quality and delivery frameworks will give details in existence of national and local pathways, policies and protocols used to support the delivery of services and through the Commissioning Intentions the joint performance improvements that will be realised across WAST and all Health Boards. We will ensure that the governance structures that support the functioning of EASC remain effective and deliver the work programmes agreed by the committee. In addition to this we will also work with partners to deliver the following defined programmes of work on behalf of EASC:

Development of an EASC strategic commissioning plan

Supporting the commissioning of functions i.e. contact functions across services to deliver the transformation required to deliver A Healthier Wales and to develop Welsh Ambulance Service NHS Trusts strategic planning and influence. A key driver for this will be the first point of contact for accessing services review and the plans from WAST to become the call handler of choice.

Amber Review Implementation Programme (ARIP).

Following on from the Amber Review published and launched at the Senedd on the 7th November 2018 the ARIP will over the next year deliver the recommendations agreed by The Minister for Health & Social Services.

Dedicated discharge & transfer service in Wales (NEPTS).

Building on existing Non-Emergency Patient Transport services on behalf of EASC and with WAST and Health Boards the NCCU will work to scope and deliver a dedicated discharge service across Wales.

Hours Expansion for Emergency Medical Retrieval and Transfer Service (EMRTS).

Having already supported the EMRTS business case through EASC we will work with the EMRTS service, Health Boards and other partners to deliver the phases detailed in the business case and to ensure that EMRTS remains aligned with services changes and reconfigurations including the Major Trauma Network.

Patient Experience and Staff Satisfaction

The commissioning intentions for 2019/20 will require WAST to develop a mechanism and the capability to measure and assess both patient experience and staff satisfaction. The NCCU will work with WAST to implement and with health boards to disseminate the findings to improve services.

National Programme for Unscheduled Care (NPUC)

Providing collaborative commissioning and a range of bespoke interventions, specialist advice, guidance and support we remain committed to supporting Welsh Government deliver improvements system wide.

We are committed to working with NPUC to embed the mechanisms for putting national policy into practice locally.

Patient Centered Care

The Clinical Director for the National Program Unscheduled Care (CDNPUC), appointed January 2018 has reinvigorated the clinical enthusiasm and clinical commitment to the national program. The Clinical Director is accountable to the NPUC and in her leadership role has set up a Professional Advisory Group (PAG) to discuss the program of work currently undertaken by the NPUC and is also able to discuss clinical concerns raised by clinicians. The Clinical Director will see the patient at the centre of this innovative and transformational role.

Improved outcomes for patients

The CDNPUC recognizes the increased pressures in the unscheduled care system. Following on from the development of the Welsh Ambulance Service framework the natural progression has been to develop a framework for emergency departments. In doing this light will be shone on further areas for opportunities and development of other frameworks for patients entering the unscheduled care system as well as primary care. Taking this approach it is envisaged there will be an improvement in clinical outcomes and subsequent safety in patient care as well reducing potential harm for patients seeking unscheduled care. By using a framework approach the Clinical Director intends to use big data to describe activity better and by using data linkage reduce variation across the patient centered pathway through unscheduled care. This will be evaluated routinely for each new framework.

The Clinical Director sees work she is currently undertaking supporting the Chief Medical Officer by working with colleagues delivering unscheduled care. Working together with NHS colleagues and developing new relationships with Primary Care, Local Authority and Third Sector colleagues across the whole unscheduled care system the Clinical Director wants to improve care for patients who do not need to come to hospital by supporting patients to enable them to stay at home. This work will better integrate health and social care in alignment with the Parliamentary Review.

Reducing risk across the system

NCCU will develop a consistent approach using frameworks and evidence to reduce unhelpful variation and develop greater understanding of what is happening across the system.

Integrating health and social care

A replacement Clinical Director for Unscheduled Care was appointed to support the NPUC in 2018. review of urgent care services in Wales. The CD has initially focused on improving patient and staff experience in the 13 Type 1 Emergency Departments across Wales. Next years work aims to focus patients experience across the broader unscheduled care system. This would involve whole system innovation and transformation of urgent care to improve patient centered care in health and social wellbeing for Wales.

Delivering Our Strategic Vision for Unscheduled Care

Our vision will see us focus system wide on outcomes and what matters to people. We will seek to maximise opportunities to keep and treat people as close to home as is possible. We will put national policy into practice locally and using frameworks we will allow service functions to be described uniformly across the patient pathway.

Supporting development of a National Policy Framework

We will support Welsh Government and its partners to deliver a whole system approach to prevention, early intervention and high quality care at the right time in the right place through collaborative commissioning and by providing specialist advice in areas such as mental health and learning disability to inform policy development.

Delivering Unscheduled Care Quality Statements

We will develop unscheduled care quality statements as the first stepping stone from national policy into practice. These quality statements will:

- Describe what good looks like for services or populations.
- Define outcomes against quadruple aim.
- Outline the commitment to deliver quality, excellence & improvement.
- Explain how effective our methods for delivering these will be.

Delivering transformational change

We will continue to deliver transformational change through the collaborative commissioning arrangements that we have in place for services commissioned through EASC and the commercial hospital and care home frameworks across England and Wales. We will support the delivery of unscheduled care quality statements utilising service frameworks, population frameworks and specialist, advice, support and guidance to help customers achieve their goals.

Transformational Enablers

The products we deliver on behalf of our customers have some distinct benefits that help embed change through changing behaviours. Our products enable organisations to:

- Complete baseline measurements; understand their activity and how their resources are utilised.
- Our C3 Faculty through Swansea University will evidence the impact of collaborative commissioning and service improvements.
- Develop meaningful performance measures leading to performance improvement.
- Develop their infrastructure and workforce to sustain change.

Future commissioning opportunities across NPUC

- Service frameworks arising from the EDQDF and a potential Urgent Care review whose scoping the Minister has asked the Clinical Director for Unscheduled Care to consider.
- Population frameworks arising from the National Audit of Intermediate Care.
- Frameworks around functions of a service; simplifying the point of contact for the public accessing services and enabling consistent standards to support delivery and enhance experience.

Commercial Frameworks

We will explore opportunities to develop further local, regional or national commercial frameworks which will deliver value and quality improvement for commissioners and the public. In 2019/20 we will undertake the following:

Mental Health & Learning Disability Adult Hospitals Framework

We will develop a new adult mental health and learning disability hospital, which ends after 8 years. A new framework and will include monthly levels of care and outcome monitoring, new cyber security requirements and new self-assessment requirements.

Mental Health & Learning Disability Adult Care Homes Framework

Refresh the mental health and learning disability care home framework. This refresh will include new pricing requirements and more flexible support hour requirements

Audit methodologies

- Deploy new audit methodologies to focus on patient progress and outcomes.
- Improve and adapt our compliance and monitoring arrangements to ensure we maximize our ability to detect substandard care.

Bespoke Interventions, Specialist Advice, Guidance & Support

As part of the bespoke work we deliver we will undertake the following:

Review of Older Peoples Care Homes Commissioning

Explore opportunities to improve the commissioning of older persons care homes in some health boards to enable this important sector to add value to unscheduled care, discharge to assess and early discharge schemes.

Review of services that provide telephone assessment and response.

Establish the scope and undertake a review into services that provide telephone assessment and response (Step 2 in the pathway) for the National Programme of Unscheduled Care.

Mental health & Learning disabilities

Within these specialist fields we will:

- Continue to coordinate the mental health benchmarking work and produce the 'all Wales' report as we have done for 5 years
- Undertake a review of patients with learning disabilities in secure care for the Chief Nursing Officer to ensure they are receiving high quality care and have robust discharge plans in place
- Undertake supportive quality reviews on WHSSC commissioned Welsh NHS secure and CAMHS inpatient services
- Continue the local care mapping work across some health boards to enable local leaders to have a clear picture of patient need
- Complete a review of accommodation based substance misuse commissioning.

Potential new commercial frameworks

Scope the possibilities and feasibility of developing a framework to support 3rd sector organisations working in hospitals to enable them to be rapidly deployed to provide additional support when necessary.

Putting Policy into Practice

The National Collaborative Commissioning Unit supports a whole system approach to health and social care. Our business model and the methods we use to enable and embed change are designed to improve outcomes and experience for patients and allow services to articulate how they contribute to national policy.

NCCU process for putting policy into practice

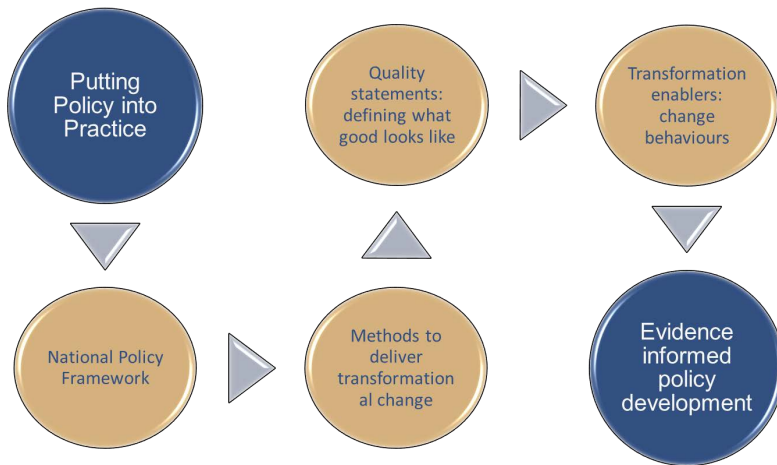


Figure 3: NCCU process for putting policy into practice

We work nationally and act locally by ensuring our products and services support Welsh Government by providing clear line of sight between national policy and its implementation locally.

We work in collaboration with partners to enhance delivery and ensure the best outcomes and experience for patients.

Our frameworks are constructed using the principles of Prudent Healthcare. We apply these through commissioning and development process.

The Process:

National Policy Framework

Working within the emergent National Policy Frameworks developed by Welsh Government.

Quality statements

Defining what good looks like for services and populations.

Transformational change

NCCU utilise a range of methods namely service frameworks, population frameworks and specialist advice, support and guidance to be delivered to customers using robust programme management infrastructure.

Transformational enablers

These are what our customers receive as a result of the process of transformation. Customers can make use of these outputs to deliver improved outcomes and realise the subsequent benefits that enable sustainable change.

Evidence informed policy development

The enablers allow the evidence of impact and learning to inform future policy development.

Working in this integrated way with Welsh Government ensures that NCCU products and services align closely to policy and also enables us to evidence how we meet the policy requirements listed in A Healthier Wales.

National policy delivered locally

Collaboration

The National Collaborative Commissioning Unit as our name suggests places collaboration at the center of achieving sustainable transformation of health services across Wales. We work collaboratively with clinicians, organisations and Welsh Government to deliver our work programme. A map of these collaborations can be found in Our Enablers section and a case study on page 74. Some key examples of national collaboration are listed below:

- EDQDF Programme national launch event, opened by the Minister for Health & Social Services, held on 18 July 2018, led by clinicians and with representation from all key stakeholders.
- The EDQDF team visited sites in all 13 Emergency Department sites for round 1 visits in June/ July 2018 and round 2 visits in November/ December 2018 to develop draft schedules and measures collaboratively and to understand the position and appetite with regards to becoming early framework adopters.
- NCCU working locally with WAST, the Health Boards and WHSC to implement the plurality model and transform Non-emergency Patient Transport Services across Wales.
- NCCU, Welsh Government Health and Social Services Communications team worked alongside Public Health Wales, Community Pharmacy Wales, health boards, trusts and the NHS Confederation Wales to develop the marketing plan for the winter 2018/19 campaign launched by the Minister for Health & Social Services launched the communications and on 5 November.
- Healthcare Professional (HCP) Calls event held on 4 October 2018 to identify opportunities to reduce demand for HCP calls into emergency departments and ensure health services can meet the current demand for healthcare professional calls.
- Round 2 of Patient Navigation emergency department site visits were held in all Health Board areas in August 2018 to share best practice and identify opportunities for improvement.
- Commissioned PICKER (Europe) and YouGov to undertake patient and staff experience surveys and engaged Welsh Government patient and staff experience leads to support baseline activity and research for Programme Projects.

Evidence driven

The C3 Faculty is a partnership between the National Collaborative Commissioning Unit (NCCU) (hosted by Cwm Taf University Health Board) and Swansea University's College of Human and Health Sciences (CHHS). The aim of the C3 Faculty is to provide academic concept and support structures to enable the development and evaluation of collaborative commissioning.

Current work: In support of the National Programme for Unscheduled Care, the C3 Faculty has developed a programme of work to evaluate the development and implementation of the Emergency Department (Emergency Department) Quality and Delivery Framework (QDF). The development evaluation phase has been conducted in two stages. First, we have obtained baseline data to describe the starting point for each ED. Second, we are conducting an in-depth exploration of factors such as the operational processes employed in the development of the framework, satisfaction with engagement, barriers and facilitators, and any variation in the process. Recruitment for this stage is ongoing, in line with the development of the framework. The next steps will identify a set of measurable outcomes to evaluate the implementation of the ED QDF which we will collect and analyse. This will enable us to establish what areas represent clinical effectiveness and value for money. An interim report is currently being finalised. A detailed final report will also be prepared and disseminated.

Future C3 Faculty work proposes to support the work undertaken by the Emergency Ambulance Services Committee (EASC).

To provide support to EASC in terms of the Winter Planning Evaluation 2018-19:

- Jan-Mar19: To work with Health Board Winter Planning Leads to fully complete the planning templates, collate existing data and implementation plans. To analyse data submissions.
- Apr-Jun19: To collect data on implementation and working with Health Board leads to provide data on net effect of investment. To contribute to the evaluation report.

- Jul-Sep19: To share learning and planning priorities with HBs for winter 2020-21 with resilience plans aligned with IMTP cycle. Support new planning cycle as in Jan-Mar19.
- Oct-Dec19: Report and disseminate recommendations for forecasting/evaluation process for ongoing winter resilience plans.
- To engage as part of the Planning, Development and Evaluation Group (PDEG) and to provide evaluation support for submitted service change proposals.

To inform the future direction of EASC and support the evaluation of ambulance and Unscheduled Care Services service change initiatives in order to share and spread nationally an understanding of what works and doesn't work..

Previous work includes an evaluation of the utility of the CAREMORE® methodology, the findings of which were published in the Journal of Integrated Care (January 2018).

We ensure all commercial frameworks are based on best and current good practice and research. All frameworks are legally compliant and deliver ministerial expectations.

Higher value

NCCU's approach around funding and cost is to go above and beyond the traditional annual deliberations. Our collaborative commissioning method sees us 5 step pathways with associated care standards for each step. We achieve value across each step by achieving optimum activity and performance with the available resource. The commercial frameworks enable providers to achieve best value whilst delivering quality, timely services and this approach has enabled savings of £12m since 2012 across the commercial frameworks.

Independence

NCCU's operation of the commercial frameworks support and enable the movement of individuals to independent living by the monitoring and reporting of progression of individuals care, treatment and outcomes. The 5 Step Pathways given as an example under the 'Prevention and early intervention' design principle above has at Step 1 a focus on what should happen before accessing services and at Step 5 a focus on what should happen to ensure continuity of care.

Integration

The Parliamentary Review of Health & Social Care recommended one seamless system for Wales with new models of seamless care incorporating national principles with local delivery. The National Programme for Frequent Attenders will create a network of teams that run the gamut of the health and social care provision across local areas, and with a national link via the steering group and national events. This network feeds into further networks in the community, enabling a communicative, supportive and informative approach to care. Evidence within Wales has shown that relationships built in the local Frequent Attender Services are aiding emergency work outside of the frequent attender field by enabling communication about vulnerable patients, highlighting risk and concerns before they escalate to entrenched behaviour, accessing support networks before patients' lives break down.

Involvement

NCCU engages nationally with clinicians and people involved in the delivery of services extensively to develop care standards for services that we commission. The engagement completed for our "What does good look like in Emergency Departments?" has seen us host a clinically led launch event opened by the Minister for Health & Social Services and subsequent follow up events led by the Clinical Director for Unscheduled Care across all 13 emergency Department sites across Wales. This involvement has led to the majority of sites wanting to become early adopters for the roll out of the quality and delivery commissioning framework.

Long Term

Our collaborative commissioning frameworks support improvement in both the long and short term. The long term aim being to change behaviour to enable sustained improvement and change. The commissioning framework for Emergency Ambulance Services have led to improvements that have enabled the NCCU to link data of over 400,000 patients as part of the Amber Review. The intelligence gained from this process has provided insight into the long term outcomes of people accessing ambulance services and how the wider unscheduled care system can organise itself to better meet this demand using hear and treat, and alternative pathways to prevent conveyance to hospital.

Personalised

NCCU in conducting the Amber Review undertook both patient and staff surveys to explore and explain Amber from both these perspectives. These informed the recommendations within the review and its ongoing Implementation Programme about the language, care and treatment associated with decision making by patients and staff. The commercial frameworks all deliver a wide choice of specialist provision to meet the exact needs of every patient; all of which are subject to quality assurance checks.

Prevention and early intervention

NCCU promotes then supports others to adopt the 'shift left' philosophy through the 5 Step Pathways it creates to describe national and high level models of care, such as for Emergency Ambulance Services and Emergency Departments within Wales. During our mental health and learning disability review we help Health Boards highlight gaps and opportunities within their internal services. This encourages the public, patients and organisations themselves to consider alternative and more prudent choices. The pathways have the same functions regardless of service or population area allowing standards for functions to be consistent.

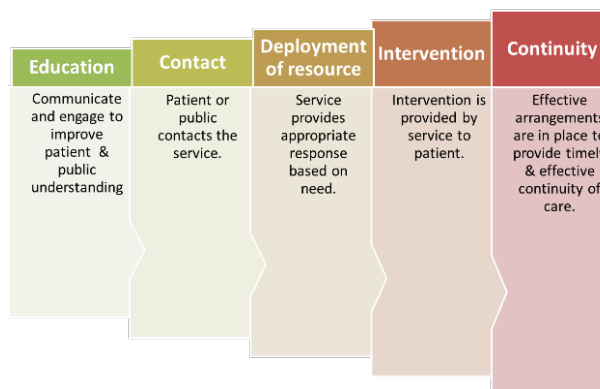


Figure 4: Functions of pathway

An example of the NCCU delivering this is that all Health Boards in Wales, with the exception of Powys, are undertaking work around frequent service users (FSU) of Unscheduled Care in line with WEDFAN, the Welsh Emergency Department Frequent Attenders Network.

Current numbers of FSUs of emergency departments in Wales stand at 12,420 with 86,255 yearly attendances across all emergency departments. There are a further 8,440 frequent callers of the Welsh Ambulance Service NHS Trust (WAST) who generate 67,734 calls to WAST, resulting in a 46% conveyance rate.

Safety

NCCU collaborative commissioning establishes Care standards as the cornerstone of the quality & delivery frameworks for NHS Services and the commercial frameworks for external / independent care sector providers with whom it co-designs. An example of the commercial frameworks is the NCCU's Commissioning Care Assurance and Performance System enabling commissioners across all 7 Health Boards and 22 Local Authorities to access comprehensive intelligence on the safety of individuals within Mental Health and Learning Disability Care Hospitals and Care Homes. We also support WHSSC to undertake quality and safety reviews of internal NHS specialist mental health provision.

Scalable

NCCU thinks nationally and acts locally using concepts, methods and tools which are scale free. Adopting a 'Once for Wales' approach. This enables benefits to be realised at local, regional and national levels for a wide range of stakeholders. A list of the benefits for each customer is included in the Our Customers section.

Seamless

NCCU's support of the EASC and NPUC has identified the opportunity for activities to be undertaken seamlessly across Unscheduled Care Services which could lead to services being considered on a functional structure by Health Boards and other NHS Wales organisations based around for example:

- *What is your population choosing?*
- *How does your population make contact?*
- *Who can your population see?*
- *What treatment does your population receive?*
- *Where does your population go next?*

The mental health and learning disability commercial frameworks enable commissioning across services and types of care and the exchange of information across health and social care

Transformative

NCCU leads the development of transforming health and social care through collaborative commissioning. Academic evidence has concluded that our methods for commissioning are effective and deliver transformational change. We deliver quality improvement for our customers across Wales; supporting them to do the same things better.

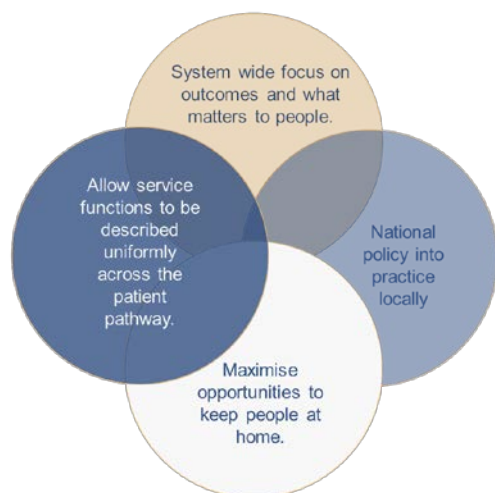


Figure 5: Design Principles for Unscheduled Care

Voice

NCCU's delivers the National Programme for Unscheduled Care on behalf of Welsh Government using the following design principles. Application of our 5-Step approach empowers those commissioning, providing and users receiving the service to co-produce and agree an overarching communication aid to simplify what is being provided and by whom. Also, CCAPS provides a user-friendly placement finding service which commissioners can utilise jointly with the individuals, friends and family of those needing to be placed. We are currently working with people with lived experience of learning disabilities to understand what matters to them when living in a care home.

Case Studies

We have included 2 case studies at the rear of this document (pages 73 and 74). These case studies Aim to articulate specific examples of the NCCU actively delivering national policy into practice locally.

Our Enablers & Collaborations

NCCU collaborations to support and enhance delivery

We collaborate and coordinate the input of a wide range of partners, organisations, clinicians, specialist knowledge and skills to augment and enhance delivery for our customers. The table below maps the existing (green) and potential future collaborations (orange) we will develop to support the delivery of our vision and the contents of this plan over the next 3 years.

EASC	Welsh Government	Health Boards/ WAST/Velindre	NWIS	Stats Wales	Delivery unit	Finance delivery Unit	HEIW	WHSSC	NHSWSSP	PHW 1000 lives plus	PICKER Institute Europe	C3 Faculty	NHSBN	Royal Colleges	Police/Fire	Local Authorities	3 rd Sector Voluntary Agencies
Emergency ambulance service																	
Amber review implementation																	
Non-emergency patient transport																	
Emergency medical retrieval & transfer service																	
NPUC	Welsh Government	Health Boards/ WAST/Velindre	NWIS	Stats Wales	Delivery unit	Finance delivery Unit	HEIW	WHSSC	NHSWSSP	PHW 1000 lives plus	PICKER Institute Europe	C3 Faculty	NHSBN	Royal Colleges	Police/Fire	Local Authorities	3 rd Sector Voluntary Agencies
Urgent Care Review																	
PAG & MAG																	
Whole system measures																	
Winter Pressures																	
HCP Calls																	
Big 4 clinical issues																	
What does good look like in ED?																	
What does good look like Urgent care?																	

What does good look like Intermediate care?																	
What does good look like Ambulatory care																	
What does good look like GP OOH?																	
IPOP																	
WEDFAN																	
Escalation & de-escalation																	
Improving patient flow																	
IMTP Guidance																	
Strengthening winter resilience																	
Navigation																	
Winter pressure monies																	
Commercial Frameworks	Welsh Government	Health Boards/WAST/Velindre	NWIS	Stats Wales	Delivery Unit	Finance Delivery Unit	HEIW	WHSSC	NHSWSSP	PHW 1000 lives plus	PICKER Institute Europe	C3 Faculty	NHSBN	Royal Colleges	Police/Fire	Local Authorities	3 rd Sector Voluntary Agencies
MH & LD adult hospitals																	
MH & LD CAMHS hospitals																	
MH & LD adult care homes																	
Bespoke interventions, specialist advice, guidance & support	Welsh Government	Health Boards/WAST/Velindre	NWIS	Stats Wales	Delivery unit	Finance Delivery Unit	HEIW	WHSSC	NHSWSSP	PHW 1000 lives plus	PICKER Institute Europe	C3 Faculty	NHSBN	Royal Colleges	Police/Fire	Local Authorities	3 rd Sector Voluntary Agencies
Review of older peoples care home commissioning																	
Local Care Mapping																	

All Wales Laundry Review																	
All Wales Catering Management Info System																	
WHSSC Reviews																	
1st point of contact for accessing services review																	
Mental Health Benchmarking																	
Supporting Welsh Government																	
3 rd Sector organisations working in hospitals																	

Our Customers

This section of our IMTP describes our customers, the organisations that work on behalf of; the background to our involvement, the role that we fulfil for them along with the service we provide and products we use to deliver that service.

Each section will follow the same layout.

- A description of the customer or the work we undertake.
- The background to the working relationship.
- What role the NCCU fulfil in the delivery of that role or on behalf of that customer.
- What we will deliver by when.
- The potential benefits achievable by our customers for each area of work.

The customers or the work we undertake is described in four sections:

1. Emergency Ambulance Services Committee
2. National Programme for Unscheduled Care
3. Commercial Frameworks
4. Bespoke Interventions, Specialist Advice, Guidance & Support

Emergency Ambulance Services Committee (EASC)

Background

The Emergency Ambulance Services Committee (“Joint Committee”) was formed by statutory instrument 2014 No. 566 (W. 67) on the 10th May 2014. The Joint Committee is made up of the Chief Executives of the seven Local Health Boards, Chief Ambulance Service Commissioner (CASC) and an Independent Chair both appointed ministerially.

The seven Local Health Boards in Wales are required under the legislation to work jointly to exercise functions relating to the planning and securing of emergency ambulance services. The CASC exercises these duties on behalf of the Joint Committee. EASC support the commissioning intentions and the financial envelope required to improve and deliver ambulance services across Wales.

Our Role

The National Collaborative Commissioning Unit (NCCU) is responsible to the Chief Ambulance Services Commissioner (CASC) for the delivery of services to EASC. This entails ensuring that safe, effective and timely services are delivered. It also includes the creation, development, operation, refresh and evaluation of National Collaborative Commissioning: Quality & Delivery Frameworks for ambulance services within NHS Wales covering Emergency Ambulance Services, Non-Emergency Ambulance Services and Emergency Medical Retrieval Transport Services. NCCU have delivered this service since the inception of the Joint Committee.

We support EASC to put national policy into practice locally. Our commissioning model support Once for Wales improvements and supports WAST and Health Boards to work together to integrate Emergency Ambulance Services into the wider Unscheduled Care system, deliver the plurality model for Non-emergency Patient Transport Services and deliver a world leading consultant led Emergency Medical Retrieval and Transfer Service.

National Collaborative Commissioning frameworks and the role of the NCCU are now integral to the development and delivery of IMTPs across Wales. The NCCU will drive the sharing and spreading of successful innovation arising from commissioning across NHS Wales learning from both public and private sectors and the third sector.

The commissioning intentions set annually by NCCU on behalf of the CASC require WAST to provide updates to the framework and improve their performance (IMTP Templates 1a & 1b). These actions are documented and progress reported using templates to the EASC subgroups. The commissioning intentions also highlight where WAST and Health Boards are required to work together to deliver joint improvements (IMTP Template 2). These joint initiatives should be described uniformly in plans across all Health Boards. NCCU have also supplied each Health Board with a standard descriptor of EASC commissioned services for their IMTP in 2019/22. The EMS IMTP templates are attached as Appendix 1. The NEPTS IMTP templates are attached as Appendix 2.

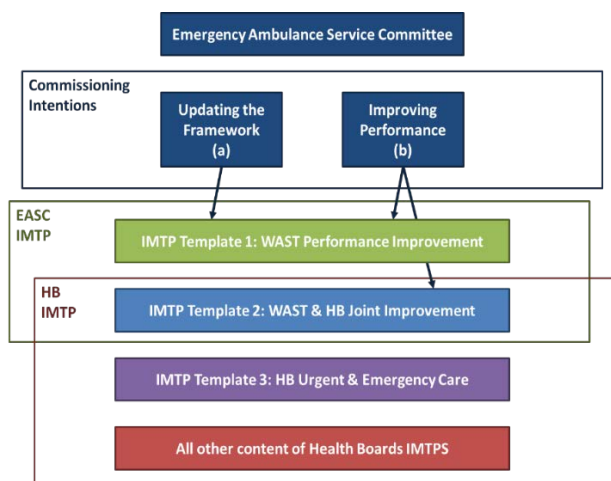


Figure 6: Commissioning Intentions and IMTP Alignment

The ... during October and November 2018. The finalised commissioning intentions were agreed by EASC on the 13th November 2018 then shared with Finance; Primary Community & Mental Health as well as ... on the 13th of December 2018. This communication also included a standard descriptor of EASC Commissioned services for inclusion in Health Board IMTPs, guidance on developing local measures and details of the financial payable to EASC for each Health Board.

We support the effective running of the main committee by ensuring that the sub committees of EASC for EMS, NEPTS & EMRTS function effectively as described below. The nominated Health Board Representatives each of the subcommittees are documented In Appendix 3.

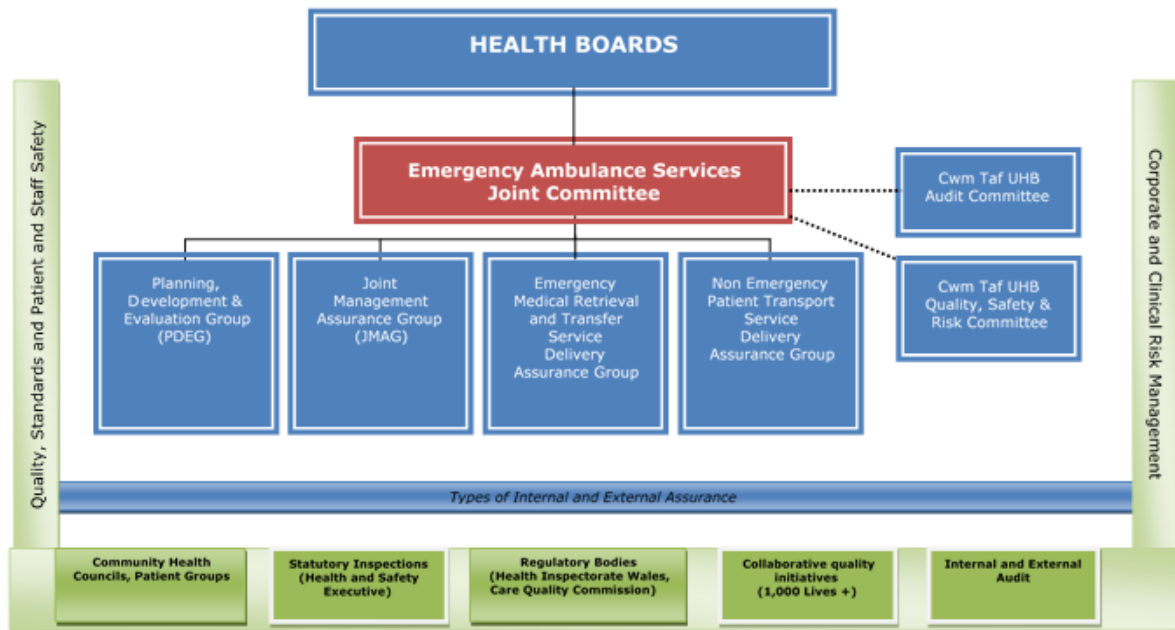


Figure 7: EASC Governance framework

The relationship between EASC and the NCCU through the CASC well established and mature. This has seen the NCCU be commissioned by EASC and Welsh Government to deliver bespoke products of work in addition to the services it delivers; such as:

- The Amber Review, commissioned directly by The Minister for Health & Social Services and published on the 7th November 2018.
- Band 6 benefits realisation assessment involved the establishment of a range of metrics directly related to the enhanced competencies being delivered through the implementation of the Band 6 rollout in the Welsh Ambulance Service.

Our Services to EASC

NCCU on behalf of the CASC and EASC are responsible for commissioning Ambulance Services across Wales. This includes Emergency Ambulance Services; Non-Emergency Patient Transport Services; Emergency Medical Retrieval and transfer Services as well as scoping a dedicated discharge and transfer service.

We also deliver bespoke pieces of work and will deliver the Amber Review Implementation programme as well as a demand and capacity review of Emergency Ambulance Services.

Commissioning Emergency Ambulance Services (EMS)

NCCU commission EMS across Wales on behalf of EASC. In order to discharge this responsibility effectively we deliver the following products:

Maintaining the collaborative commissioning Framework agreement

Commissioning value of £158.809m, refreshed Framework signed in January 2019. The NCCU is responsible to EASC via the CASC for the creation, development, operation, refresh and evaluation of National Collaborative Commissioning: Quality & Delivery Frameworks for ambulance services within NHS Wales this includes:

- Defining the quality and safety expectations for Emergency Ambulance Services, NEPTS and EMRTS in the form of standards.
- Ensuring these standards are in accordance with Welsh Government standards, regulatory and statutory requirements, and best practice; and are regularly reviewed and kept up to date for each service.
- Determining the activity currencies which are used to measure the work of Emergency Ambulance Services, NEPTS and EMRTS.
- Ensuring the activity is regularly counted and reported, and is also used to support demand and capacity work for each service.
- Identifying all available resources for Emergency Ambulance Services, NEPTS and EMRTS, including revenue, capital and alternative funding sources.
- Ensuring the resources and financial value payable is agreed between all applicable parties to all the frameworks. This includes each Health Board, WAST, Velindre NHS Trust, WHSSC and the Air Ambulance Charity.
- Leading the designing of the service model(s) to operate across Emergency Ambulance Services, NEPTS and EMRTS. Ensuring that these are presented in a way which is understandable to the public and patients.
- Ensuring the component parts of the service model(s) are understood and agreed, and the activity, resources and performance of each service is measured and performance managed.
- Articulating how the interactions between professionals between parties to the frameworks across Emergency Ambulance Services, NEPTS and EMRTS operate to support delivery of the service model.
- Defining performance measures to evidence whether the standards for each of the Emergency Ambulance Services, NEPTS and EMRTS are being met and that a balance is being achieved between improved clinical outcomes, better patient experience and value for money and are regularly reported and acted upon to ensure continuous improvement.

EMS Commissioning Intentions

The development and sharing of EMS commissioning intentions across Welsh Government and Health Boards as commissioners of EMS. These intentions take the form of tables. The tables reflect updates to the framework agreement (table 1a), WAST Performance improvements (table 1b) and joint initiatives (table 2) to be undertaken by WAST and Health Boards. The tables and the responses to them are included as appendix 1.

Quality Assurance & Improvement

The NCCU is responsible to EASC through the CASC for the quality assurance and improvement of the EASC commissioned service of EAS through:

- Incidents and complaints reporting and reviews;
- Daily performance reviews;
- Clinical risk assurance reviews;
- Enactment of the recommendations from PACEC Review and expectations of The Minister for Health & Social Services ;
- Published reporting of accurate Ambulance Quality Indicators (AQIs);
- enhanced user friendly reporting of AQIs;

- Development of a comprehensive suite of performance and outcome measures across clinical, patient experience and value for money which are regularly reported;
- Development, operation and enhancement of the electronic Benchmarking Toolkit.

Amber Review Implementation Programme (ARIP)

Deliver the programme for the recommendations arising from the Amber Review. To include:

- Improved timeliness of ambulance response for patients.
- Decreased hospital handover delays
- Improved set of Ambulance Quality Indicators
- Enhanced clinical support for Ambulance control centre
- Remote Mental Health expertise for Ambulance clinicians.
- Rollout of lifting devices to all care home settings in Wales.
- Decreased ambulance service sickness.
- Increased efficiency in the use of ambulance services resource

EASC subcommittee representatives

NCCU maintains the structures to ensure effective functioning of the EASC subcommittees in relation to EMS.

CASC advice to on EMS

Chief Ambulance Services Commissioner (CASC provides advice on ambulance services to a wide range of stakeholders.

Monitoring & evaluation

Evaluation of service change initiatives and business case proposals.

Ambulance performance

Chief Ambulance Services Commissioner (CASC responsible for reviewing ambulance service performance.

Implementation of Audit Findings

In July 2017 the Auditor General published the National Audit Office Review of Emergency Ambulance Services Commissioning Arrangements in Wales. One of the key recommendations identified in the report was:

“The subgroup structure of EASC lacks clarity and purpose which is impacting on the ability of the subgroups to make a meaningful contribution to the commissioning agenda. EASC should urgently review the structures, roles and memberships of its three subgroups to ensure they are mutually exclusive, have a clear purpose and appropriately support the work of EASC.”

As a result of this recommendation EASC development session was held on the 27th June 2017 and it was proposed that

- the original group known as the Quality Assurance and Improvement Panel (QAIP) to be replaced by the Planning, Development and Evaluation Group (PDEG);
- the original groups known as the Collaborative Commissioning Delivery Group (CCDG) and the Performance Delivery Group (PDG) to be replaced by the Joint Management Assurance Group (JMAG);
- The Non-Emergency Patient Transport Service Delivery Assurance Group (NEPTS DAG) and the Emergency Medical Retrieval And Transport Service Delivery Assurance Group (EMRTS DAG) will continue to meet (although time limited for a further 12 months) or until the work can be incorporated into the PDEG or JMAG business.

In 2018 PDEG has widened its remit to include both EMS & NEPTS activity, giving assurance to EASC and promoting collaboration with WAST and Health Boards on joint initiatives.

Both JMAG and NEPTS DAG developed and the 2019/20 Commissioning Intentions for EMS and NEPTS.

Commissioning Non-Emergency Patient Transport Services (NEPTS)

This is the service we will provide to EASC during 2019-2022. In order to fulfil this responsibility effectively we will deliver the following products:

Maintaining the collaborative commissioning framework agreement

Commissioning value of £20.893m, the framework will be operational from January 2019 covering WAST, all Health Boards, WHSSC and Velindre NHS Trust, it reflects the 'plurality model' required by The Minister for Health & Social Services and is exceptionally complex given the variety of current contractual arrangements operated by WAST, all Health Boards, WHSSC and Velindre NHS Trust, between each other and with external providers. NCCU also fulfills the duties described above in respect of NEPTS.

NEPTS Commissioning Intentions

The development and sharing of NEPTS commissioning intentions across Welsh Government, Health Boards as commissioners of NEPTS. These intentions take the form of tables. The tables reflect updates to the framework agreement (table 1a), WAST Performance improvements (table 1b) and joint initiatives (table 2) to be undertaken by WAST and Health Boards. The tables and the response to them are included as Appendix 2. The NEPTS table 2's are still being worked through by the NEPTS DAG, it is the intention by April 2019 WAST & Health Boards will have a standard process and the structures in place to update the joint intentions on a monthly basis.

Quality Assurance & Improvement

The NCCU is responsible to EASC through the CASC for the quality assurance and improvement of the EASC commissioned service of NEPTS through:

- Incidents and complaints reporting and reviews;
- Enactment of the recommendations from the 2015 Business Case and expectations of The Minister for Health & Social Services ;
- Development of a comprehensive suite of performance and outcome measures across clinical, patient experience and value for money which are regularly reported;

EASC subcommittee representatives

NCCU maintains the EASC subcommittee structures to ensure effective delivery of the NEPTS transformation agenda across Wales. We facilitate the NEPTS DAG and meet with Health Boards monthly to ensure the joint WAST and Health Board initiatives and Minister for Health & Social Services expectations are being met for non-emergency patient transport.

CASC advice to on NEPTS

Chief Ambulance Services Commissioner (CASC) provides advice on NEPTS ambulance services to a wide range of stakeholders as and when required.

Implementation of Audit Findings

Implementation of 2018 Internal Audit findings for NEPTS.

Engagement with Community Health Councils

We support local and strategic engagement with Community Health Councils (CHC) regarding the transformation of NEPTS services across Wales. NCCU facilitates an all Wales strategic meeting with CHC's and supports Health Boards with local meetings to share information on service development.

Development of local NEPTS measures

We will work with Health Boards and WAST to develop local measures and standard communication that give assurance to Boards and the public on the development of the NEPTS service following transfer to WAST.

Commissioning Emergency Medical Retrieval & Transfer Service (EMRTS)

EMRTS Cymru is a pre-hospital critical care service for Wales which has been operating since 2015 with four helicopters and five Rapid Response Vehicles (RRVs) to “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”. It is a partnership between Wales Air Ambulance Charity, Welsh Government and NHS Wales. The service ensures that all of the Welsh population will be able to access critical care within 30 minutes by air and 60% within 30 minutes by road.

EMRTS has been developed to bring specific benefits to Wales, specifically:

- Reductions in geographical inequity for patients with critical care needs
- Health gains by improving clinical outcomes, and
- Improved clinical and skills sustainability – improving the clinical skills, recruitment and retention in key acute care areas.

Developing the collaborative commissioning framework agreement

Collaborative Commissioning of Commissioning Emergency Medical Retrieval & Transfer Service using CAREMORE® National Quality and Delivery Framework. Commissioning value of £3.833m, not including the contribution from the Wales Air Ambulance (WAA) Charity of circa £4m, the framework is under development to be operational from quarter 2 2019/20 and will be between EASC and the host of EMRTS, ABMU Health Board, with work ongoing with the WAA Charity to clarify their role and responsibilities; it is based on the approach used for creating the emergency ambulance services framework.

EASC subcommittee representatives

NCCU maintains the structures to ensure effective functioning of the EASC subcommittees in relation to EMRTS.

Formal Service Evaluation

The independent EMRTS Cymru Service Evaluation is being undertaken by The C3 Faculty with Swansea University to produce a comprehensive evaluation of three years of EMRTS service activity and outcomes. The review is being undertaken against the agreed benefits realisation plan and key investment objectives of Health Gain, Equity and Clinical & Skills Sustainability. This will culminate in a 3-year Service Evaluation Report in April 2019 and a Health Technology Assessment (HTA) formally exploring the economic benefit.

Service developments and future plans

There are a number of major service developments planned in the next 3-5 years. The key service enhancement is the proposed expansion of hours from a 12 to a 24 hour service. In addition EMRTS is expecting to adapt and expand to support strategic developments in acute pre- and in-hospital care in Wales.

Hours expansion

NCCU in collaboration with EMRTS and the Air Ambulance Charity, has developed a fully costed proposal for staged 24 hour operation. This has been submitted to Welsh Government for their consideration and in order to provide advice to the Minister for Health & Social Services.

Major Trauma

The NHS Wales Health Collaborative has been developing a Trauma Network for South and West Wales and South Powys. One of the key enablers of introducing a successful trauma network in South Wales has been identified as the availability of 24/7 enhanced care teams (NHS Clinical Advisory Group Report 2010). The EMRTS already provides pre-hospital critical care and advanced decision-making to this subset of patients, and provides time-critical transfers to those patients requiring a

higher level of care. This provision would be strengthened with a 24/7 service but EMRTS may also play a role in the coordination of major trauma patient's care via the ASD, consultant advice and ensuring that smaller hospitals are supported in the care and onwards transfer of these patients via EMRTS clinical teams.

Health Board strategic change

There are many strategic change programmes underway across NHS Wales. Some of these have clear implications for the transfer of critically ill and injured patients around the clock and EMRTS is committed to supporting these where appropriate.

Research activity

EMRTS is well placed to develop research and quality improvement initiatives to improve knowledge and treatment of critically ill patients. A research and development strategy will be developed in the next year.

Critical care transfers

Improvement of critical care transfers between hospitals has been identified as a priority in Wales. The Wales critical care network is considering options for the development of a retrieval service and EMRTS has agreed to support this development.

Cardiff Heliport

The Wales Air Ambulance Charity has signed the long-term lease for Cardiff Heliport. The Heliport acts as the base for the Children's Wales Air Ambulance. This fourth aircraft, has a different role to the other three emergency helicopters as it undertakes planned transfers. This aircraft is fully funded by the Charity with investment in aviation base infrastructure and four substantive Helicopter Transfer Practitioners. EMRTS future plans will include increased use of the heliport which is closest to the largest population concentration in Wales. We will also work the EMRTS Service and partners to ensure that the service level agreement for the hosting of the service is fit for purpose moving forward and that it reflects the unique relationships that exist to deliver an EMRTS Service across Wales.

All Wales discharge & transfer service

To support the EASC requirement to scope and deliver a dedicated discharge and transfer service across Wales we will work with Welsh Ambulance Service Trust and Partners to develop a detailed business case and to support the commissioning of the service using the CAREMORE® method.

Evaluation

During 2019/20 we will continue to work with the C3 Faculty to provide support to EASC in terms of the Winter Planning Evaluation 2018-19 and to inform the future direction of EASC and support the evaluation of ambulance and Unscheduled Care Services service change initiatives in order to share and spread nationally an understanding of what works and doesn't work.

NCCU has delivered evaluation of the WAST initiatives around the expansion of the clinical desk and Advanced Paramedic Practitioners. Utilising baseline measures and being clear around the benefits that will be realised to ensure that funded schemes provide the value to the system.

EASC Financial Values

EASC Funding 2019/20

The financial value of £158.809m is the sum available to EASC for EMS 2019/20, with payment made via WHSSC to WAST. Financial uplifts are in accordance with the commissioning intentions and annual guidance issued from Deputy Chief Executive of NHS Wales. Figure 8: EASC for EMS 2019/20 sum values

EASC: WAST EMS Provision 2019/20 Quality & Delivery Framework Agreement	Abertawe Bro Morgannwg UHB	Aneurin Bevan UHB	Betsi Cadwaladr UHB	Cardiff & Vale UHB	Bridgend (Cwm Taf) UHB	Cwm Taf UHB	Hywel Dda UHB	Powys THB	EASC Requirement
	£m	£m	£m	£m	£m	£m	£m	£m	£m
18/19 Commissioned Services baseline (WAST)	20.983	24.982	38.489	17.927	0.000	13.585	20.522	11.145	147.634
Adjust for Bridgend Boundary Transfer	(5.687)	0.000	0.000	0.000	5.687	0.000	0.000	0.000	(0.000)
Restate non recurrent adjustments: ESMCP (19/20 impact)	0.003	0.006	0.009	0.004	0.001	0.003	0.005	0.002	0.033
19/20 Opening WAST Commissioned Services baseline	15.300	24.988	38.498	17.931	5.688	13.588	20.526	11.148	147.667
2% Discretionary Uplift	0.305	0.499	0.767	0.358	0.114	0.281	0.408	0.222	2.953
1% Healthy Wales Plan	0.152	0.249	0.383	0.179	0.057	0.141	0.204	0.111	1.477
18/19 & 19/20 Pay Award Through Commissioners	0.344	0.561	0.867	0.403	0.128	0.305	0.461	0.251	3.320
Agreed Developments:									
Paramedic Band 6 (19/20 uplift) as per allocation letter table A2	0.204	0.301	0.334	0.226	0.060	0.193	0.191	0.064	1.573
Clinical Desk Enhancements (full year impact of 18/19 development)	0.085	0.139	0.215	0.100	0.032	0.076	0.115	0.062	0.824
APP (full year impact of 18/19 development)	0.120	0.197	0.304	0.141	0.045	0.107	0.162	0.088	1.163
19/20 ARRP Adjustment	(0.017)	(0.028)	(0.044)	(0.020)	(0.006)	(0.015)	(0.023)	(0.013)	(0.168)
19/20 Additional Investment EMS	1.193	1.918	2.826	1.387	0.428	1.087	1.518	0.785	11.142
19/20 WAST Requirement through EASC	16.493	26.906	41.324	19.318	6.116	14.675	22.044	11.933	158.809

Note

The above excludes:

- Possible APP Expansion Plan (further 50WTE) of £3.246m
- National Pay Issue: Pension rate increase – Employers Contributions £6.000m
- National Pay Issue: Holiday Pay on Voluntary Overtime - £0.968m

The financial value of £20.893m is the sum available to EASC for NEPTS 2019/20 (pre further enactment of the plurality model), with payment made via individual organisations to WAST. This is detailed across each organisation in figure 9: EASC for NEPTS 2019/20 sum values

Financial uplifts are in accordance with the commissioning intentions and annual guidance issued from Deputy Chief Executive of NHS Wales.

Organisation	Service Name	Values 18/19				Adjustments		Mapping Exercise to Commissioner		Inflation Uplifts Other		Values
		Rollover Annual Value	Plus 2% Uplift for 2018/19	Transfer of Services from HBs	Revised Contract Value 2018/19	Full Year Impact 19/20	Income Transfers 19/20	Pay Award 18/19	Pay Award 19/20	2% Growth Uplift	1% Healthy Wales Plan	Planned Income 19/20
		£	£	£	£	£	£	£	£	£	£	£
ABMUHB	PCS	3,292,316	65,846		3,358,162			38,626	37,555	67,163	33,582	3,535,088
	Net Centre	133,615	2,672		136,287			1,568	1,524	2,726	1,363	143,468
ABUHB	PCS	2,049,803	40,996		2,090,799			24,048	23,382	41,816	20,908	2,200,953
	Discharge	500,230	10,005		510,235			5,869	5,706	10,205	5,102	537,117
BCUHB	PCS	4,301,332	86,027		4,387,359			50,463	49,065	87,747	43,874	4,618,508
	PCS (Chester)	39,760	795		40,555			466	454	811	406	42,692
	Net Centre	139,706	2,794		142,500			1,639	1,594	2,850	1,425	150,008
C&VUHB	PCS	3,541,440	70,829		3,612,269			41,548	40,397	72,245	36,123	3,802,582
	TransferRepatriation C&V UHB residents & ECRs			50,000	50,000					1,000	500	51,500
	Transfer - St J - Discharge & Transfer Contract (10 months)			583,334	583,334	116,666						700,000
CTUHB	PCS	1,248,677	24,974		1,273,651			14,650	14,244	25,473	12,737	1,340,755
HDUHB	PCS	1,915,819	38,316		1,954,135			22,476	21,854	39,083	19,541	2,057,089
PtHB	PCS	569,857	11,397		581,254			6,686	6,500	11,625	5,813	611,878
	OUTSIDE OF POWYS	236,022	4,720		240,742			2,769	2,692	4,815	2,407	253,425
	ECR CARS	109,254	2,185		111,439			1,282	1,246	2,229	1,114	117,310
	East Gloucester Contract						64,832			1,297	648	66,777
Velindre NHS Trust	PCS	617,928	12,359		630,287			7,250	7,049	12,606	6,303	663,495
Totals		18,695,759	373,915	633,334	19,703,008	116,666	64,832	219,340	213,262	383,690	191,845	20,892,643

Notes

1. Pay Award 1819 and 1920 replicates the mapping exercise requested by WG to provide funding via commissioners
2. Excludes Renal Income paid via by WHSSC within the EASC contract
3. Assumed 2% Growth and 1% Healthier Wales funding which will be passed via WG to Commissioners
4. Excludes non contracted income recovered via HBs for ECRS
5. Excludes NEPTS Contracts provided to NHS English organisations
6. Excludes any 'transfer of services' values to WAST from HBs for 18/19 and 19/20 as these figures will require 'due diligence' prior to transfer
7. Excludes explorative work on implications of implementing the NEPTS Business Case as this is currently being worked on
8. ABM & CTHB figures are rolled over from 18/19 and take no account of the boundary changes from 1st April 2019

The financial value of £3.833m is the sum available to EASC for EMRTS 2019/20, with payment made via WHSSC to ABMU as the host body of EMRTS. This is detailed across each organisation in figure 10. Note this excludes the funding from Wales Air Ambulance Charity. Financial uplifts are in accordance with the commissioning intentions and annual guidance issued from Deputy Chief Executive of NHS Wales.

EASC: EMRTS Provision 2019/20 Quality & Delivery Framework Agreement	ABM	AB	BC	C&V	Bridgend	CT	HD	P	EASC Requirement
	£m	£m	£m	£m	£m	£m	£m	£m	£m
18/19 Commissioned Services baseline (EMRTS)	0.583	0.656	0.821	0.531	0.000	0.337	0.451	0.174	3.553
Adjust for Bridgend Boundary Transfer	(0.159)	0.000	0.000	0.000	0.159	0.000	0.000	0.000	0.000
Restate non recurrent adjustments: ABM inflation transfer	0.007	0.011	0.013	0.009	0.003	0.006	0.007	0.002	0.058
19/20 Opening EMRTS Commissioned Services baseline	0.431	0.667	0.834	0.540	0.162	0.343	0.458	0.176	3.611
2% Discretionary Uplift	0.009	0.013	0.017	0.011	0.003	0.007	0.009	0.004	0.072
1% Healthy Wales Plan	0.004	0.007	0.008	0.005	0.002	0.003	0.005	0.002	0.036
Estimated EMRTS Expansion Plan 2019/20 (Part Year 2019/20 £150k)	0.014	0.021	0.026	0.017	0.005	0.011	0.014	0.006	0.114
19/20 Additional Investment EMRTS	0.027	0.041	0.051	0.033	0.010	0.021	0.028	0.011	0.222
19/20 EMRTS Requirement through EASC	0.457	0.708	0.885	0.573	0.172	0.364	0.487	0.187	3.833

EASC: What we will deliver for EASC by when

EASC	Quarter 3 & 4 2018/19	Quarter 1 & 2 2019/20	Quarter 3 & 4 2019/20
<p>EASC service specific deliverables</p>	<ul style="list-style-type: none"> ✓ Q3 - The production of annual commissioning intentions for EMS, NEPTS and guidance support for EMRTS. ✓ Q3 - The sharing of EAS NEPTS EMRTS commissioning intentions across Welsh Government, Health Boards as commissioners of EAS NEPTS EMRTS; WAST as providers of EAS and NEPTS; WHSSC and Velindre NHS Trust as commissioners of NEPTS; and ABMU as host of EMRTS. ✓ Q3 - Review and subsequent recommendation for approval of the WAST IMTP. ✓ Q3 - Support Health Boards; WHSSC and Velindre NHS Trust's IMTPs for their consideration of EMS NEPTS and EMRTS. ✓ Q3 - Publication of the Amber Review. ✓ Q3-4 2018/19 & Q1-4 2019/20 work across the organisational boundaries of the Welsh Government, 7 Health Boards, WAST, WHSSC and Velindre NHS Trust; and Director / professional groupings such as clinical, planning, finance, performance and service delivery; to maintain and manage relationships, groups, events and communications in support of the effective and efficient commissioning of EMS, NEPTS and EMRTS. ✓ Q4 -Review the operation of the infrastructure in support of efficient and effective function of the EASC Committee following the WAO Review of Emergency Ambulance Services Commissioning Arrangements 2017 and agree structure for 2019/20. ✓ Q4 - Finalise the signing of Emergency Medical Services (EMS) Quality & Delivery Framework Agreement (QDF) and the Non-Emergency Patient Transport Services (NEPTS) Quality & Delivery Framework Agreement (QDF) following sharing and explaining of the frameworks with the new WAST CEO and new EASC Chair. ✓ Q4 -Enactment of the recommendations and The Minister for Health & Social Services 's expectations from the Amber Review through the establishment of the Amber Review Implementation Programme (ARIP): <ul style="list-style-type: none"> • Improved timeliness of ambulance response for patients. • Decreased hospital handover delays • Improved set of Ambulance Quality Indicators • Enhanced clinical support for Ambulance control centers • Remote Mental Health expertise for Ambulance clinicians. • Rollout of lifting devices to all care home settings in Wales. • Decreased ambulance service sickness. • Increased efficiency in the use of ambulance services resource ✓ Q4 - Determine the resources needed in support of the ARIP requirements. ✓ Q4 2018/19 & Q1-4 2019/20 Determine the resources needed in support of EASC's information management requirements. ✓ Collaborative Commissioning Cymru (C3) Faculty between NCCU and Swansea University has work programme in support of EASC's responsibilities and products. ✓ Q4 and Q1 2019/20 Work with the PICKER Institute (Europe) to support the conclusion of their commissioned work on understanding Public and Staff perceptions across the 5-Step Ambulance Patient Care Pathway /USC Pre Hospital Pathway 	<ul style="list-style-type: none"> ✓ Q1-2 2019/20 the development of strategic commissioning plans for EAS NEPTS and EMRTS. ✓ Q1-4 2019/20 Delivery of the improvements to the EMS Quality & Delivery Framework as specified within Commissioning Intentions 2019/20 and agreed as part of the EASC and WAST IMTP 2019/20 Alignment process and its associated documentation ✓ Q1-4 2019/20 Delivery of the improvements to the NEPTS Quality & Delivery Framework as specified within Commissioning Intentions 2019/20 and agreed as part of the EASC and WAST IMTP 2019/20 Alignment process and its associated documentation ✓ Q1-4 2019/20 Delivery of EMS performance improvements by WAST as specified within Commissioning Intentions 2019/20 and agreed as part of the EASC and WAST IMTP 2019/20 Alignment process and its associated documentation ✓ Q1-4 2019/20 Delivery of EMS performance improvements by both WAST and Health Boards as specified within Commissioning Intentions 2019/20 and agreed as part of the EASC and WAST IMTP 2019/20 Alignment process and its associated documentation ✓ Q1-4 2019/20 Delivery of NEPTS performance improvements by WAST as specified within Commissioning Intentions 2019/20 and agreed as part of the EASC and WAST IMTP 2019/20 Alignment process and its associated documentation ✓ Q1-4 2019/20 Delivery of NEPTS performance improvements by both WAST and Health Boards / Velindre NHS Trust / WHSSC (Renal Network) as specified within Commissioning Intentions 2019/20 and agreed as part of the EASC and WAST IMTP 2019/20 Alignment process and its associated documentation ✓ Q1-Q4 2019/20 Establishment with the use of additional resources a quality assurance and improvement service for EASC commissioned services of EMS and NEPTS which will include: <ul style="list-style-type: none"> • incidents and complaints reporting and reviews; • daily performance reviews; • clinical risk assurance reviews. ✓ Q1-4 2019/20 manage the PDEG and JMAG through the setting of meeting dates, the production of agendas and supporting papers, the taking of action notes and the reporting of progress and any decision making requests to EASC. ✓ Q1-4 2019/20 Ensure the proper accounting and management of funding for which EASC is responsible. ✓ Q1-4 2019/20 the provision of strategic financial advice and leadership for EASC commissioned services. ✓ Deliver the ARIP utilising the resources needed as determined in Q4 2018 ✓ Q1-4 the C3 Faculty will on behalf of EASC establish a consistent and transparent approach for conducting service evaluations, by providing advice, guidance and supporting documentation. ✓ Q1-4 Work with the Picker Institute (Europe) on the patient and staff experience surveys required as part of the ARIP. ✓ Q1-4 2019/20 work with the NHS Benchmarking Network to maintain and enhance the toolkit which has been established for emergency ambulance services. 	<ul style="list-style-type: none"> ✓ Q3 the production of annual commissioning intentions for EMS, NEPTS and guidance support for EMRTS. ✓ Q3 The sharing of EAS NEPTS EMRTS commissioning intentions across Welsh Government, Health Boards as commissioners of EAS NEPTS EMRTS; WAST as providers of EAS and NEPTS; WHSSC and Velindre NHS Trust as commissioners of NEPTS; and ABMU as ✓ Q3-4 2019/20 review and subsequent recommendation for approval of the WAST IMTP. ✓ Q3-4 2019/20 Support Health Boards; WHSSC and Velindre NHS Trust's IMTPs for their consideration of EMS NEPTS and EMRTS

		<ul style="list-style-type: none"> ✓ Q1-4 2019/20 Work with WHSSC and Major trauma Network around EMRTS provision is support of the setting up of South Wales Major Trauma Network. ✓ Q2 Finalise the signing of the EMRTS QDF ✓ Supporting WAST development of Discharge & transfer business case through EASC. 	
<p>Business as usual activity 2019/2022</p>	<ul style="list-style-type: none"> ✓ Q3-4 2018/19 & Q1-Q4 2019/20 Assessing and recommending for approval business cases which may be revenue, capital or from alternative funding sources in relation to EMS, NEPTS and EMRTS developments ✓ Q3-4 2018/19 & Q1-4 2019/20 Ongoing production of the quality assurance and production performance reports required by EASC, EASC's Planning Development & Evaluation Group and EASC's Joint Management Assurance Group. ✓ Q3-4 2018/19 & Q1-4 2019/20 reporting of any findings in relation to quality assurance and improvement of the EASC commissioned service of NEPTS which may come to light through the NEPTS Delivery Assurance Group. ✓ Q3-4 2018/19 & Q1-4 2019/20 reporting of any findings in relation to quality assurance and improvement of the EASC commissioned service of EMRTS which may come to light through the EMRTS Delivery Assurance Group. ✓ Q3-4 2018/19 & Q1-4 2019/20 PDEG to undertake <ul style="list-style-type: none"> • a planning role – to link the strategic intentions of services for which EASC is responsible with related services across NHS Wales particularly across the Unscheduled Care System and advise EASC upon their inclusion in planning processes across Welsh Government, Health Boards and WAST on a local, regional or national basis; • a development role – to consider the initiation, development and implementation of service changes across the 5-Steps of the Ambulance Patient Care Pathway / pre hospital USC Pathway; and key enabling products in support of frameworks – this will include the consideration of proposed funding bids such as from Invest to Save etc; • an evaluation role – to ensure any <ul style="list-style-type: none"> i) proposed service changes; and ii) key enabling products, are robustly evaluated and underpinned by credible research & development activities; with any learning and evidence shared. 	<ul style="list-style-type: none"> ✓ Produce reports required by the EASC Meetings to effectively discharge its responsibilities. ✓ Establish and manage groups which are created from time to time to develop quality & delivery frameworks such as those presently operating in support of the EASC commissioned service of NEPTS through at present the NEPTS Delivery Assurance Group; and the EASC commissioned service of EMRTS through at present the EMRTS Delivery Assurance Group.* ✓ Preparation of the Annual Governance Statement for EASC. ✓ Development and undertaking of External Audit work plans for EASC. ✓ Development and undertaking of Internal Audit work plans for EASC. ✓ Consideration and subsequent implementation of any actions arising following internal and external audit reviews. ✓ Establish, monitor and maintain oversight of the refresh requirements for both EASC and providers under the quality & delivery frameworks which it creates. ✓ C3 Faculty identifies opportunities and develops bids for submission to relevant R&D Funding Calls in support of EASC's responsibilities and products. ✓ C3 Faculty prepares and presents publications on findings from work undertaken in relation to EASC's responsibilities, products and the application of the CAREMORE® methodology in support of the quality & delivery frameworks created on behalf of EASC. ✓ Deliver the EASC information management requirements of: <ul style="list-style-type: none"> • meeting the expectations of EASC being a designated official publisher of statistics through its submission of accurate Ambulance Quality Indicators (AQIs) for publication by Stats Wales; • designing the EMS, NEPTS and EMRTS data repositories including the reporting of what, when and to whom • supporting the use of the data repository in reviewing and analysing EMS NEPTS EMRTS performance • development of a comprehensive suite of performance and outcome measures across clinical, patient experience and value for money which are regularly reported • tailoring reports to EASC and its sub-groups • acting as the conduit between WAST and HBs for EMS NEPTS and EMRTS for the development and then reporting of local measures relevant for Health Boards' populations • Operation and enhancement of the electronic Benchmarking Toolkit. 	

EASC: Potential stakeholder benefits

EASC	Patients & Public	Welsh Government	Health Boards	WAST
<p>Commonality of benefits across EASC Commissioned Frameworks</p>	<ul style="list-style-type: none"> ✓ Understanding the service ✓ Knowing when and how to use the service ✓ Awareness of the expected Care standards for the service 	<ul style="list-style-type: none"> ✓ Understanding the service ✓ Helping to inform policy ✓ Helping to agree policy ✓ Helping to put policy into practice ✓ Specified National ('Once for Wales') Care standards for the service ✓ Transparent and consistent all Wales data reporting ✓ Published Statistics 	<ul style="list-style-type: none"> ✓ Understanding the service ✓ Self-assessment against sore requirements ✓ Support and clarity on the expectations for service delivery ✓ Transparency and a mechanism for balancing activity and resources with performance ✓ Clarity of the expected Care standards from the service ✓ Identification of opportunities for reduction in conveyance of patients to hospital. ✓ Identification of opportunities for direction of patients to more appropriate services ✓ Transparent and consistent all Wales data reporting ✓ Understanding of the resource envelope to identify alternative models to improve patient flow and reduce variation & waste 	<ul style="list-style-type: none"> ✓ Understanding the service ✓ Ability to put policy into practice ✓ Possibility of negotiating policy ✓ Sharing of good practice ✓ Networking – as a team, professionally and individually ✓ Informing policy ✓ Learning from peers ✓ Improved Staff Health & Well Being ✓ Transparency for balancing activity and resources with performance ✓ Delivery of the National Care standards for the service that have been created by the service ✓ Identification of opportunities for direction of the public to alternative services ✓ Identification of opportunities for direction patients to more appropriate services ✓ Transparent and consistent all Wales data reporting ✓ Understanding of the population profiles ✓ Understanding of the resource envelope to identify alternatives models which may improve patient flow and reduce variation & waste
<p>Emergency Ambulance Services</p>	<ul style="list-style-type: none"> ✓ Data linking improves patient outcomes. ✓ ARIP reduces amber response times. ✓ Lifting equipment for care homes across Wales. 	<ul style="list-style-type: none"> ✓ Data linking improves patient outcomes & provides insight across the whole system. ✓ ARIP reduces amber response times. ✓ Lifting equipment for care homes across Wales. 	<ul style="list-style-type: none"> ✓ Data linking improves patient outcomes & provides insight across the whole system. ✓ ARIP reduces amber response times. ✓ Lifting equipment for care homes across Wales. 	<ul style="list-style-type: none"> ✓ Data linking improves patient outcomes & provides insight across the whole system. ✓ ARIP reduces amber response times. ✓ Lifting equipment for care homes across Wales.
<p>Non-Emergency Patient Transport Services</p>	<ul style="list-style-type: none"> ✓ All Wales equity of service through WAST centrally managed Plurality Model ✓ Improved quality assurance on 3rd party providers of NEPTS transport. ✓ Clearer guidance on eligibility and alternative transport provision 	<ul style="list-style-type: none"> ✓ All Wales equity of service through WAST centrally managed Plurality Model ✓ Transparent and consistent all Wales data reporting ✓ Improved quality assurance on 3rd party providers of NEPTS transport. ✓ Identification of opportunities for reduction in conveyance of non-eligible patients. ✓ Implementation of The Minister for Health & Social Services expectations – evidence 	<ul style="list-style-type: none"> ✓ All Wales equity of service through WAST centrally managed Plurality Model ✓ Transparent and consistent all Wales data reporting ✓ Improved quality assurance on 3rd party providers of NEPTS transport. ✓ Identification of opportunities for reduction in conveyance of non-eligible patients. 	<ul style="list-style-type: none"> ✓ All Wales equity of service through WAST centrally managed Plurality Model ✓ Ease of access to patient transport 24/7
<p>Emergency Medical Retrieval & Transfer Service</p>	<ul style="list-style-type: none"> ✓ Enhanced operational hours. ✓ Understanding of the economic impact of EMRTS service across Wales. ✓ EMRTS Supporting major service change 	<ul style="list-style-type: none"> ✓ Enhanced operational hours. ✓ Understanding of the economic impact of EMRTS service across Wales. ✓ EMRTS Supporting major service change 	<ul style="list-style-type: none"> ✓ Enhanced operational hours. ✓ Understanding of the economic impact of EMRTS service across Wales. ✓ EMRTS Supporting major service change 	<ul style="list-style-type: none"> ✓ Enhanced operational hours. ✓ Understanding of the economic impact of EMRTS service across Wales. ✓ EMRTS Supporting major service change

National Programme for Unscheduled Care (NPUC)

Background

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

The national programme for unscheduled care is a long running programme established to facilitate and enable change and improvement for unscheduled health and care services in Wales. The programme Board is chaired by the Deputy Chief Executive NHS Wales.

Significant work has seen a recalibration of the programme to ensure there is clarity for future programme arrangements and deliverables which will make a real difference to the service our patients are receiving across Wales each and every day.

NPUC Programme Vision

The Programme's vision is for the delivery of optimal clinical outcomes and a better experience for citizens who access unscheduled health and care services in Wales. The broader objectives of this programme, in seeking to implement this vision, are focused on embedding activities in three ways:

- In setting a clear set of care standards and outcomes around the patient journey through the unscheduled care system;
- In facilitating and enabling change, and improvement, in delivery of unscheduled health and care services to citizens; and
- ensuring that a focus on delivering patient-centred, effective, safe and timely unscheduled health and care is an integral part of NHS Wales organisations' Integrated Medium-Term Planning (IMTP) process;

NPUC Programme Vision

More specifically, the objectives of the Programme for Unscheduled Care will be to:

- Adopt a whole system approach to the management of unscheduled care, focussed on the patient which ensures the right expectations are agreed for quality, safety and value for money across the whole patient pathway;
- Ensure that a continuous improvement culture is embedded within the delivery, planning, performance and evaluation of local unscheduled health and care services;
- Establish a clear mechanism for sharing best practice initiatives and actions across the whole pathway to improve access to unscheduled care services; Utilise professional, clinical expertise and existing best practice documentation

to inform guidance for Local Health Boards on delivery of services across the whole pathway processes;

- Enable and support improvement in local and national planning and resilience for delivery of unscheduled health and care services to patients for the winter period and beyond;
- Provide clear information to the public on alternative access points to urgent and emergency care services;
- Capture the service user expectation of outcomes when accessing urgent and emergency care services;
- Work with others to capture, define and exploit information flows and developments across the whole unscheduled care system to inform better understanding of patient flow and to inform the delivery of appropriate models of care;
- Develop a more rigorous national approach to qualitative and quantitative evaluation of unscheduled care services;
- Utilise and expand forums and networks across Wales to ensure that professional expertise informs the programme; encourage staff to modernise in line with requirements; and involve patients (the public), where appropriate, to shape change and improvement; and
- Identify and measure how planning, delivery and use of resources has an impact on patient outcomes.

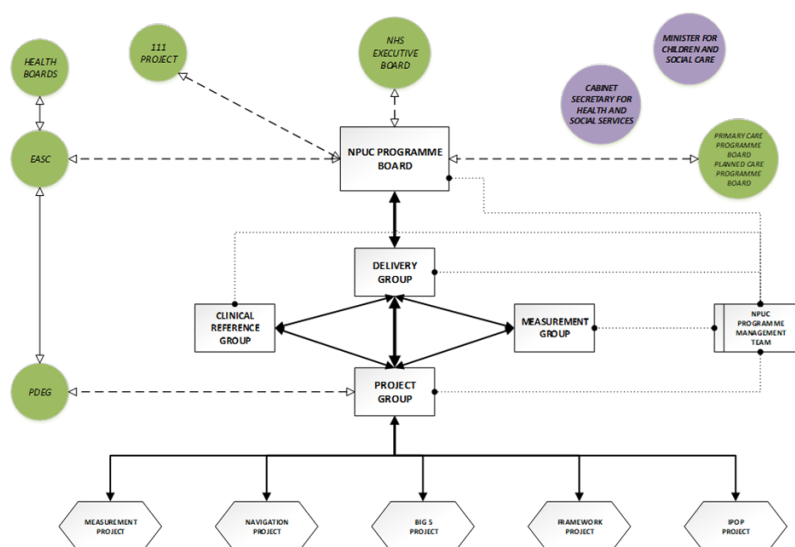
Our Role

The NCCU delivers products described below for the NPUC. We also provide programme management to give assurance to NPUC Board and Welsh Government on the work within the national programme.

We support Welsh Government to implement national policy for unscheduled care using quality statements as the first stepping stone from national policy into practice. We utilise service and population frameworks and specialist, advice, support and guidance to deliver the products contained within the programme and enable stakeholders to achieve benefits and deliver transformational change.

NPUC Governance Structure

Figure 8: Governance Structure for NPUC.



Clinical Director: National Programme for Unscheduled Care (CDNPUC)

This role supports the NCCU in its work programme giving clinical assurance to the National Program Unscheduled Care. Last year saw the release of the Parliamentary Review of Health and Social Care in Wales and although all 10 recommendations are important to the role the development of Recommendation 3: Bold New Models of Seamless Care – national principles local delivery is particularly important to this national clinical role.

Following on from the development of the Welsh Ambulance Service Trust Quality and delivery Framework it seemed a natural progression to try and understand what happens once a patient arrives at the Emergency Department. Subsequently The Minister for Health & Social Services for Health commissioned the CD for NPUC to describe 'What Good looks like for an ED'. This has been the main focus of work to date. This work has allowed opportunities for the CDNPUC to work with her emergency department colleagues in the Professional Advisory Group to understand better the increasing pressures facing emergency departments and how we can develop a system that reduces risk to patient safety. To date this collaborative work has involved working with colleagues in Welsh Government, NHS Wales, NWIS, and HEIW.

The Professional Advisory group is multi-disciplinary involving medical, nursing and allied health professional nationally in Wales. The group meets bimonthly and the CDNPUC is able to communicate the ongoing work within the National Program Unscheduled Care and feedback to the program any clinical opportunities.

Early on in this project was the recognition by looking at one system you could shine the light on areas of opportunity. This has led to The Minister for Health & Social Services for Health recently commissioning a review of urgent care services in Wales. This would involve whole system innovation and transformation of urgent care to improve patient centered care in health and social wellbeing for Wales.

This future work would further engage the Primary Care Board as well as Local Authority and Third sector colleagues to help our patients decide where and how to access urgent care reduce inappropriate hospital attendances, admissions and ultimately reduce long in-patient stays paving the way for a modern integrated care system.

Delivering the vision for of the National Programme for Unscheduled Care

The Programme is focused on delivering a range of products against core priorities, the vision will be deliver through the following key deliverables:

1. Policy Framework
2. Quality statements
3. Frameworks (service, populations & guidance)
4. Transformational enablers
5. NPUC Programme Structure

1. National Policy Framework for Unscheduled Care

The NPUC will seek to enable development of robust, clinically supported and evidence based policy that will contribute to optimal outcomes and experience as well as the quadruple aim, as recommended by the Parliamentary Review. A detailed list of project deliverables on policy can be found in the tables below.

NCCU will support Welsh Government to implement its draft policy framework for unscheduled care.

A whole system approach to prevention; early intervention; and good care in the right place, at the right time						
Delivery of the policy vision should be planned locally using the following pathway approach...						
Helping people to choose and live well	Helping people with vulnerabilities or stable long term conditions to support themselves	Help people with more complex needs to remain independent and well as possible	Provide the right type of rapid response in times of crisis	Provide the best acute hospital care when needed, only for as long as it is beneficial	Help people with acute illness or injury rehabilitate and return to daily life	Help people take control of their care at the end of their life

Figure 9: Draft policy framework for unscheduled care

The policy framework will:

- Provide context & vision for the national programme.
- A system wide focus.
- Keep people at home wherever it is safe to do so.
- Enable clinicians to deliver the right outcomes at the right time.

2. Quality statements in Unscheduled Care

We will develop unscheduled care quality statements as the first stepping stone from national policy. These quality statements will:

- Describe what good looks like for services or populations.
- Define outcomes against quadruple aim.
- Outline the commitment to deliver quality, excellence & improvement.
- Explain how effective our methods for delivering these will be as prescribed in the policy guidance.

3. Frameworks (Service Frameworks, Population Frameworks & Guidance)

The Minister for Health & Social Services has been clear of his expectation that we understand ‘what good looks like’ for services delivered to patients who access care in Emergency Departments given the deteriorating performance positions at sites across Wales against key emergency care access targets. It is this expectation and the desire to understand what good looks like that underpins the use of quality and delivery frameworks across Unscheduled Care as a means to put policy into practice.

Service Frameworks

What does good look like for the Emergency Department? (EDQDF)

Working with clinical leaders to develop a quality and delivery framework for these essential services and agreeing care standards, a uniform approach to measuring activity and a nationally agreed high performing model of care for Emergency Departments will enable.

What does good look like for Urgent Care within NHS Wales?

The Minister for Health & Social Services has requested the the Clinical Director of the NPUC to consider the need for National Urgent Care Review across Wales and report back to him (October 2018). The Clinical Director is developing this proposal for consideration by The Minister.

Following consideration and agreement by the Minister if agreed an exploratory phase will commence to understand baseline positions in terms of quality assurance and measurement across Home to Emergency Department Services. This exploratory phase will in the first instance bring together stakeholders from the Primary Care Programme, 111 Programme, NWIS, Welsh Government Emergency Care and Urgent Care teams, NHS Wales and Local Authorities.

The NHS Benchmarking Network (NHSBN) could support this work, it could build upon the All Wales participation in the NHSNB's Emergency Care Project 2018/19, Urgent Care Project 2018/19 and National Audit of Intermediate Care (NAIC) Project 2018/19.

Subject to the Ministers approval the exploratory phase will align with the NPUC concept to identify and develop the 'offer' to the public from health and social care services in the context of USC policy, quality statements and frameworks.

The overarching approach is based upon determining that as well ambulance services and emergency departments what other (services) are there available today to an individual when something unexpected happens? This enables services NHS Direct, 111, Out of Hours, Crisis Resolution, Primary Care, Step up/ down services, Social Services etc. to be considered on a functional structure based around:

- What populations are choosing locally and nationally?
- How does the population make contact?
- Who can the population see?
- What treatment does the population receive?
- Where does the population go next?

At the end of the exploratory phase a work programme will be finalised which will detail the resources needed to deliver the subsequent phases and frameworks, it will also help to inform: Health Boards Winter Resilience Plans 2019/20 and facilitate the drafting of Commissioning Intentions aligned with IMTP 2020/21 processes to help drive service improvements across the unscheduled care system.

What does good look like for Intermediate Care?

It is our intention during years 2 & 3 of this IMTP NCCU on behalf of the NPUC to begin the process of scoping a framework for these services. Working with clinicians to agree care standards, a uniform approach to measuring activity and a nationally agreed high performing model of care for Intermediate Care will enable optimisation of clinical outcomes and patient experience. If sanctioned by the Minister the Urgent Care review will inform this.

What does good look like for Ambulatory Care?

If sanctioned by the Minister the Urgent Care review will inform this this work during years 2 & 3 of this IMTP NCCU on behalf of the NPUC will begin the process of scoping the inclusion of these services into the EDQDF.

What does good look like for GP Out of Hours?

If sanctioned by the Minister the Urgent Care review will inform this this work during years 2 & 3 of this IMTP NCCU working with the National Programme for Primary Care to support clinical leaders to develop a quality and delivery framework for these essential services and agreeing care standards, a uniform approach to measuring activity and a nationally agreed high performing model of care for GP Out of Hours Services will enable optimisation of clinical outcomes and patient experience

The benefits to be realised through the development and delivery of the EDQDF will apply to the other frameworks described above.

Population Frameworks

Integrated Pathway for Older People (IPOP)

The Integrated Pathway for Older People (IPOP) is a 'whole system' outcome focused framework underpinned by two elements; it is being piloted in Hywel Dda University Health Board:

1. Six components that represent different aspects of care and support across the whole system and also sub divides the population group into three distinct categories;
2. Outcome Based Accountability.

Welsh Emergency Department Frequent Attenders Network (WEDFAN)

The national programme for frequent attenders into USC will:

- Support the Frequent Attender Services to be the delivery arm for aspects of the Regional Partnership Boards Wellbeing Plans in accordance with the Wellbeing of Future Generations Act: all economy areas Well Being Plans include supporting healthy, equal and cohesive communities – frequent attenders are often none of these but have great potential with multi-agency support. Frequent Attender Services will have close working relationships with a multitude of partner agencies and will be able to work with those at most need of the support described in the Act.
- Develop a local service, per health board area, caring for high impact service users by working closely with local partner agencies, in particular, third sector organisations, to establish informed and responsive relationships with local services that support vulnerable people.
- Work with the patient to reduce their demand on the USC streams, whilst ensuring they are able to access and sustain support and integration with community based assets.
- Provide a baseline analysis of the scale, scope and impact of frequent attenders and will coordinate local, regional and national clinical and managerial engagement to share current and proposed practices across Health Boards and Partners.
- Provide training and support to design and develop capacity and capability for integrated anticipatory care planning in every participating Emergency Department and Minor Injury Unit and secure expert advice and support in designing and delivering a robust evaluation of patient feedback and experience, to inform the further development of anticipatory care planning.
- Develop a suite of patient experience, outcome and value for money indicators and make recommendations for the adoption of a national performance framework.

Guidance

Escalation and de-escalation

This project will deliver the following:

- Emergency Department Patient Care Checklist.
- Position statement on escalation arrangements.

Improving patient flow

This project will deliver the following:

- Improving patient flow: a good practice guide.
- SAFER patient flow guidance.
- Minor Injury Unit Guidance.

IMTP Guidance – Alignment with planning

This project will deliver the following:

- Priorities for EASC and NPUC guidance for IMTPs 2019/20.
- Update of ambulance framework.

Navigation

This project will deliver the following:

- A national good practice guide.
- A script to enable clinicians to navigate patients to the most appropriate setting for their needs.
- Database of information on patient navigation rates by pathway for all emergency departments and MIUs in Wales.
- Patient navigation guidance and aligning this workstream into EDQDF.

4. Transformational Enablers

Evaluation and Learning

NCCU has established the C3 Faculty with Swansea University. The Faculty will evaluate the impact of collaborative commissioning frameworks as well as provide tools and methodologies to enable evaluation to be accessible and embedded. The faculty will also evaluate the impact of the Winter Initiative funded schemes for NPUC.

Benchmarking

NCCU has established a working relationship with the NHS Benchmarking Network (NHSBN) of which all Welsh Health Boards are members, and it takes a national leadership role on specific projects, such as Emergency Care, Urgent Care and the National Audit of Intermediate Care, ensuring consistency and completeness. The NCCU also facilitates the commissioning of all reports bespoke to each organization. All of which supports an improvement in local knowledge about the nature and flow of patients and over time will strengthen capacity and demand planning across the whole USC system.

National Projects

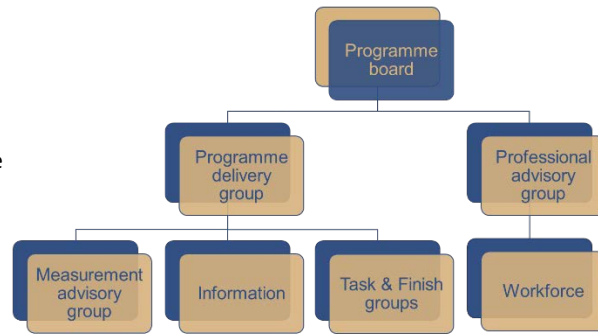
The undertaking of national projects related to Quality & Delivery Frameworks and the Urgent Care Review support and enable additional developments such as:

- consistency and streamlining the use of triage within EDs
- more accurate and timely reporting of ED data
- more meaningful measures for ED alongside the 4 and 12 Hour measures
- enhancing the understanding of services and the opportunities for their contribution across the broader USC system such as that enabled from EASC's creation of Ambulance Quality Indicators
- measuring the net effect impact service change initiatives across urgent and emergency care from home to hospital
- utilising NHSBN information to understand and support service improvements across the broader USC system

5. NPUC Programme Structure

NCCU deliver the National Programme for Unscheduled Care using the following programme structure.

Figure 10: NPUC Programme Structure



Professional Advisory Group (PAG) and Measurement Advisory Group (MAG)

The Professional Advisory group is chaired by the Clinical Director for the National Program for Unscheduled Care. The group meets bi monthly. The membership of the group has been reinvigorated to include “core “members” and “specialist members”. The core members represent every sector of professionals delivering unscheduled care. It is envisaged that the specialist members will be co-opted depending upon the clinical advice being sought.

The Measurement Advisory Group is chaired by the Director of National Collaborative Commissioning and attended by the Clinical Director for Unscheduled Care. The aim of this group is to develop measures to support the delivery of the future frameworks.

Both groups will also consider their supporting roles as part of a “What does good look like for Urgent Care?” a requested by The Minister for Health & Social Services.

Big 4 Clinical Issues & HCP Calls

This priority is about focusing on certain clinical conditions or types of calls to the ambulance, out of hours or other services that could be better managed in the community, avoiding the need for transport to, or presentation at, ED. We want to ensure the demand of the Big 4 Clinical Issues conditions/calls on the unscheduled care system are dealt with using the principles of prudent healthcare, to reduce unwarranted variation between services and Health Boards, to promote self-reliance and the appropriate use of community services Big 4 Clinical Issues are the general clinical areas of: mental health, falls, breathing difficulties and chest pain and health call professional calls to emergency ambulance services.

Big 4 clinical issues

This project will deliver the following:

- Baseline matrix of each areas of Big 4 Clinical Issues Clinical Issues areas regarding pathways / activity / measures and models
- Identify and clarify what good looks like and recommendations against good verse existing service

Health Care Professional Calls

This project will deliver the following:

- An evidence based recommendation of “what does good look like” for HCP calls.
- Baseline of admission process, activity and performance for each hospital site in Wales in and out of hours and robust data specification for ongoing performance management arrangements by Health Boards and Welsh Government.

NPUC: What we will deliver by when

NPUC	Quarter 3 & 4 2018/19	Quarter 1 & 2 2019/20	Quarter 3 & 4 2019/20 Quarter 4 2019/20
What does good look like for urgent care?	<ul style="list-style-type: none"> ✓ Exploratory work. ✓ Proposal to the Minister for consideration by CDNPUC 	<ul style="list-style-type: none"> ✓ Q1-2 National Engagement. ✓ Consider PAG & MAG supporting roles as part of: What does good look like for Urgent Care? 	<ul style="list-style-type: none"> ✓ Q3-4 Scoping initiated
PAG & MAG	<ul style="list-style-type: none"> ✓ Q4 Consider PAG & MAG supporting roles as part of: What does good look like for Urgent Care? as requested by The Minister for Health & Social Services of the Clinical Director of the NPUC. 	<ul style="list-style-type: none"> ✓ Development of a work programme for PAG & MAG. ✓ Q1-4 Support the development of the EDQDF. ✓ Q1-4 PAG and MAG will use the C3 Faculty to undertake supporting Research, development and evaluation activities in relation to the work outlined under the Commissioning development and support. ✓ Q1-4 progress the consistency, completeness, dissemination and application of the outputs to support service improvements requirements for the NHS Benchmarking Network's: Emergency Care Project; Urgent Care Project and NAIC Project 	
Measurement	<p>Whole system measures</p> <ul style="list-style-type: none"> ✓ Learning and understanding from EASC's development of Ambulance Quality Indicators. ✓ Learning from 2018-21 EASC Emergency Ambulance Services Commissioning Intentions and NPUC Priorities Table 2 and Table 3 completions from WAST and Health Boards to inform current state of measurements in relation to service change initiatives across urgent and emergency care from home to hospital (including ED) and applicable services in support of the 'Big 4 Clinical Issues Clinical Issues'. ✓ Learning from the NHS Wales NHS Benchmarking Network Projects (NPUC related) for strategic commissioning and alignment with future years IMTPs. ✓ More accurate and timely reporting of ED data by Health Boards to Stats Wales. ✓ Research of measures in use across urgent and emergency care from home to hospital 		
	<p>Winter Pressure Monies</p> <ul style="list-style-type: none"> ✓ Recruit academic support for data collection across Wales. 	<p>Winter Pressure Monies</p> <ul style="list-style-type: none"> ✓ Support health boards around data collections. ✓ C3 Faculty supporting impact methodology 	<p>Winter Pressure Monies</p> <ul style="list-style-type: none"> ✓ Q3 share findings with Welsh Government and Health Boards to learn lessons and inform IMTP & planning processes. ✓
Big 4 Clinical Issues	<p>HCP Calls</p> <ul style="list-style-type: none"> ✓ Working with some health boards to have a clearer picture of opportunities along the patient pathway 	<p>HCP Calls</p> <ul style="list-style-type: none"> ✓ Benchmarking specific pathways within and across health boards to understand unwarranted variation 	<p>HCP Calls</p> <ul style="list-style-type: none"> ✓ Picture of what good looks like for specific clinical conditions
	<p>Big 4 clinical issues</p> <ul style="list-style-type: none"> ✓ Understanding access for persons classified as having mental health needs Evaluation of winter fall prevention schemes ✓ Evaluation of care home lifting equipment on healthcare professional calls and falls ✓ Understanding extant stroke work across Wales 	<p>Big 4 clinical issues</p> <ul style="list-style-type: none"> ✓ Development of common data collection tool for mental health access ✓ Evaluation of winter healthcare professional calls local management schemes ✓ If positive Evaluation then extending the care home lifting equipment scheme ✓ Evaluation of Mental health unscheduled care hub 	<p>Big 4 clinical issues</p> <ul style="list-style-type: none"> ✓ Baseline assessment of mental health access to unscheduled care ✓ Improvement in some health boards for healthcare professional calls with better engagement with GPs ,EDs and ambulatory care services

Quality & Delivery Frameworks

<p>EDQDF</p> <ul style="list-style-type: none"> ✓ Round 2 Meetings with each ED / Health Board ✓ Meetings with central supporting organisations, Welsh Government and All Wales Peer Groups ✓ Development and testing of drafted Quadrant 1 EDQDF measures ✓ Ongoing meetings with central supporting organisations, Welsh Government and All Wales Peer Groups ✓ National Enablers for Service Improvements (NESIs) will be confirmed e.g. with NWIS HEIW Stats Wales DU FDU ✓ Early adopter EDQDF status agreed between ED/Health Board and NPUC/NCCU ✓ Preparatory work for and with EDQDF early adopters ✓ Agreement of EDQDF Quadrant 1 measures ✓ Conducting 'development of EDQDF phase' evaluation ✓ Abstract submission to the HSRUK on Prioritising novel and existing national care standards for emergency departments in Wales: a three stage multi-consensus study ✓ Ongoing working with the NHS Benchmarking Network to disseminate and give access to Health Board and ED staff on the Emergency Care 2018/19 project results ✓ A Patient Experience survey conducted at willing ED sites a ED Staff Experience snap survey conducted 	<p>EDQDF</p> <ul style="list-style-type: none"> ✓ What does good ED look like? Round 2 The Minister for Health & Social Services Event entitled Changing the conversation ✓ The Quadrant 1 measures reported 'in part' ✓ Ongoing development of EDQDF with all EDs ✓ Ongoing evaluation on the 'development of EDQDF phase' ✓ Identification of measurable outcomes to evaluate the full implementation of the EDQDF ✓ The alignment, interpretation and use of the NHSBN Emergency Care Project results alongside the EDQDF development undertaken ✓ Interim Report on the evaluation of the 'development of EDQDF phase' ✓ Ongoing evaluation on the development of the EDQDF including collection and analysis of agreed measures ✓ Potential poster or oral presentation at HSRUK Conference (see Quarter 3 2018/19 for submission) and further potential for publication of a paper in an academic journal ✓ Conduct process to ensure consistency and completeness of the 2019/20 Emergency Care NHSBN Emergency Care Project ✓ Q1-4 Evaluation of EDQDF through the C3 Faculty. 	<p>EDQDF</p> <ul style="list-style-type: none"> ✓ Ongoing development of EDQDF with all EDs ✓ EDQDF commences being embedded as the normal way of doing business within EDs ✓ Sharing of knowledge and experience by EDs to inform wider adoption throughout NHS Wales ✓ Commissioning Intentions 2019/20 produced for EDs ✓ Ongoing evaluation on the development of the EDQDF including collection and analysis of agreed measures ✓ Quadrant 1 measures reported 'in full' that is for Winter 2019/20 ✓ Ongoing development of the remainder of EDQDF measures ✓ Ongoing development of EDQDF with all EDs ✓ Commence NCCU Project Team withdrawal at ED adopter sites ✓ Identify national opportunities for facilitating ongoing networking and ongoing development of the EDQDF to maintain its core content and ensure it aligns with new and emerging national priorities and other QDFs ✓ Ongoing evaluation on the development of the EDQDF including collection and analysis of agreed measures ✓ Independent panel undertake a SWOT type review of the final drafted EDQDF as part of the handover arrangements to local EDs and their Health Boards. ✓ Quadrant 1 measures continue to be reported 'in full' that is for Winter 2019/20 Ongoing development of the remainder of EDQDF measures
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Intermediate Care

- ✓ Scoping, timescales and engagement activity will be identified through the "What does good look like for urgent care?" work.

Ambulatory Care

- ✓ Scoping, timescales and engagement activity will be identified through the "What does good look like for urgent care?" work.

GPOOH

- ✓ Scoping, timescales and engagement activity will be identified through the "What does good look like for urgent care?" work.

IPOP

- ✓ Phase 1 pilot completed.
- ✓ November 18 Phase 1 pilot report.

IPOP

- ✓ Phase 2 planned for Q1 2019/20. Lead for this work has been recalled to Welsh Government. Initiation of phase 2 dependent on securing resources or agreement with Welsh Government to continue delivery of the programme.

WEDFAN

- ✓ Q3 National WEDFAN Autumn Event
- ✓ Q4 National Report December 18
- ✓ WEDFAN Steering group
- ✓ 1st Draft of National Pathway for WEDFAN

WEDFAN

- ✓ Q1 National WEDFAN Spring Event
- ✓ WEDFAN Steering group
- ✓ Local activity to embed the pathway

WEDFAN

- ✓ Q3 National WEDFAN Autumn Event
- ✓ WEDFAN Steering group

Policy & Guidance

Escalation & de-escalation

- ✓ Ongoing: Support Welsh Government through NPUC as business as usual activity on Daily Flows.

Improving Patient flow

Q1-4 activates

- ✓ Average length of stay measured quarterly during 2019/20.
- ✓ DToC reduces measured monthly during 2019/20.
- ✓ Hospital crowding reduces Emergency departments (EDs) decongest measured monthly during 2019/20
 - <1-hour handover
 - <4-hour ED performance
 - >12-hour ED performance
- ✓ Mortality rates in ED measured annually during 2019/20.
- ✓ Number of serious incidents declared in ED measured quarterly during 2019/20.
- ✓ Readmission rates measured quarterly during 2019/20
- ✓ Staff feeling less pressured: sickness absence rates measured quarterly during 2019.

IMTP Guidance

- ✓ Q3 2018/19 the EASC / NPUC Commissioning Intentions and alignment with IMTPs 2019/20 process and associated documentation was produced by the NCCU in support of both EASC and the NPUC.
- ✓ Q4 2018/19 Completion of NCCU IMTP.

IMTP Guidance

- ✓ Share progress of IMTP Table 2 & 3's with Welsh Government

IMTP Guidance

- ✓ Share learning from winter monies evaluation with Welsh Government & Health Boards

Strengthening Winter Resilience

- ✓ Continue monitoring red cross and care and repair deployed schemes
- ✓ Understand local variation in deployed red cross and care and repair scheme
- ✓ Gather data on schemes on weekly basis
- ✓ Undertake weekly catch up calls with red cross and care and repair
- ✓ Seek opportunities to enhance deployment of care and repair
- ✓ Engage with local services to understand 3rd sector added value to improve winter resilience

Strengthening Winter Resilience

- ✓ Review care and repair service data
- ✓ Review red cross service data
- ✓ Gather and evaluate staff experience
- ✓ Gather patient stories
- ✓ Engage with health boards to understand added value
- ✓ Understand other 3rd sector schemes
- ✓ Create and disseminate Evaluation report

Strengthening Winter Resilience

- ✓ Work with shared services to understand opportunities to standardise procurement and contractual arrangement whilst allowing maximum local variation
- ✓ Engage with health boards and national bodies to seek endorsement of approach
- ✓ Undertake national procurement
- ✓ Develop rapid deployment methodologies

Navigation

- ✓ Gap analysis of pathways Dec 18.

Navigation

- ✓ Q1-4 All health boards submit weekly data. Navigation rates shared with all health boards.
- ✓ Q1-4 All health boards submit weekly data. Analysis shared with all health boards.
- ✓ Q1-4 Record total number of patients redirected and complete analysis of trends.
- ✓ Q1-4 Welsh Government Monitor through Q&D meetings.
- ✓ Q1-4 Health board data. Trend analysis.

Winter Pressure Monies

- ✓ Allocation of Additional Winter Delivery Funding 2018/19 issued on 8 November 2018 by the Welsh Government.
- ✓ Q4 Winter initiatives are shared, evaluated and learnt from on a national basis the Health Board's Table 3 and Additional Winter Delivery Funding 2018/19 Evaluation Table will be included within the EASC IMTP and will also be reported to the NPUC Board.
- ✓ C3 Faculty through funding under the NPUC will commence supporting the work undertaken by the NCCU in evaluation the Winter Funding 2018/19 initiatives.

Winter Pressure Monies

- ✓ Q1 working with HB Winter Planning and Table 3 Leads to fully complete the planning templates, collate existing data and implementation plans, then to analyse data submissions .
- ✓ Q2 collecting data on implementation and working with HB leads to provide data on net effect of investment, then to contribute to the evaluation report.
- ✓ Evaluation of Winter Pressures Monies for 2019/20 through the C3 Faculty.

Winter Pressure Monies

- ✓ Q3 sharing, learning and planning priorities with HBs for winter 2020-21 with resilience plans aligned with IMTP cycle, then to support the new planning cycle as in Quarter 4 2018/19.
- ✓ Q4 reporting and disseminating recommendations for forecasting / evaluation process for ongoing winter resilience plans and USC service improvement plans.

NPUC: Potential stakeholder benefits

NPUC	Patients & Public	Welsh Government	Health Boards & WAST	Departments
<p>This line documents a standard list of benefits for customers / stakeholders to be realised from the development and enactment of Quality & Delivery Frameworks</p>	<ul style="list-style-type: none"> ✓ Understanding the service ✓ Knowing when and how to use the service ✓ Awareness of the expected Care standards for the service 	<ul style="list-style-type: none"> ✓ Understanding the service ✓ Helping to inform policy ✓ Helping to agree policy ✓ Helping to put policy into practice ✓ Specified National ('Once for Wales') Care standards for the service ✓ Transparent and consistent all Wales data reporting ✓ Published Statistics 	<ul style="list-style-type: none"> ✓ Understanding the service ✓ Self-assessment against sore requirements ✓ Support and clarity on the expectations for service delivery ✓ Transparency and a mechanism for balancing activity and resources with performance ✓ Clarity of the expected Care standards from the service ✓ Identification of opportunities for reduction in conveyance of patients to hospital. ✓ Identification of opportunities for direction of patients to more appropriate services ✓ Transparent and consistent all Wales data reporting ✓ Understanding of the resource envelope to identify alternative models to improve patient flow and reduce variation & waste ✓ 	<ul style="list-style-type: none"> ✓ Understanding the service ✓ Ability to put policy into practice ✓ Possibility of negotiating policy ✓ Sharing of good practice ✓ Networking – as a team, professionally and individually ✓ Informing policy ✓ Learning from peers ✓ Improved Staff Health & Well Being ✓ Transparency for balancing activity and resources with performance ✓ Delivery of the National Care standards for the service that have been created by the service ✓ Identification of opportunities for direction of the public to alternative services ✓ Identification of opportunities for direction patients to more appropriate services ✓ Transparent and consistent all Wales data reporting ✓ Understanding of the population profiles ✓ Understanding of the resource envelope to identify alternatives models which may improve patient flow and reduce variation & waste
<p>Measurement</p>	<p>NHS Benchmarking</p> <ul style="list-style-type: none"> ✓ 	<p>NHS Benchmarking</p> <ul style="list-style-type: none"> ✓ Informs strategic commissioning – as an example what is national v local positions for the Net Effect of service delivery in respect of Activity v Resources v Performance ✓ Provides understanding of variation across each individual health board for activities, resources and performance. 	<p>NHS Benchmarking</p> <ul style="list-style-type: none"> ✓ Provides understanding of variation across each individual health board for activities, resources and performance. ✓ Benchmarking Data provides Information (who what when where), which becomes Knowledge (how and why), which leads to Wisdom (to act) [DIKW]. ✓ Knowledge gained from information should inform service improvements, service and planning ✓ Drives strategic change and operational performance ✓ Identifying opportunities to support health boards to improve the quality and efficiency of services. 	<p>NHS Benchmarking</p> <ul style="list-style-type: none"> ✓ Drives strategic change and operational performance ✓ Identifying opportunities to support health boards to improve the quality and efficiency of services.
	<p>Daily flows</p> <ul style="list-style-type: none"> ✓ Improved patient flow and better performance 	<p>Daily flows</p> <ul style="list-style-type: none"> ✓ Improved patient flow and better performance 	<p>Daily flows</p> <ul style="list-style-type: none"> ✓ Health Boards have improved ability to plan emergency care services by using expected and predicted demand 	<p>Daily flows</p> <ul style="list-style-type: none"> ✓ Improved patient flow and better performance

			<ul style="list-style-type: none"> ✓ Daily Flows Information used to inform health Board USC Summit meetings and Quality & Delivery Meetings ✓ Improved patient flow and better performance 	
	Whole system measures <ul style="list-style-type: none"> ✓ To improve clinical outcome measures reporting & patient experience measures 	Whole system measures <ul style="list-style-type: none"> ✓ To see what is measured and used within NHS Wales for urgent and emergency care services from home to hospital (ED) ✓ To improve clinical outcome measures reporting & patient experience measures 	Whole system measures <ul style="list-style-type: none"> ✓ To see what is measured and used within NHS Wales for urgent and emergency care services from home to hospital (ED) ✓ To improve clinical outcome measures reporting & patient experience measures 	Whole system measures <ul style="list-style-type: none"> ✓ To improve clinical outcome measures reporting & patient experience measures
	Winter pressure monies <ul style="list-style-type: none"> ✓ Improved patient outcomes and experiences 	Winter pressure monies <ul style="list-style-type: none"> ✓ Improved patient outcomes and experiences Evidence of what works ✓ Targeted funding in subsequent years ✓ Improved impact of winter funding ✓ Mechanism for evaluation initiatives ✓ Reduced staff fatigue / stress 	Winter pressure monies <ul style="list-style-type: none"> ✓ Improved patient outcomes and experiences ✓ Health Boards knowing what works ✓ Reduced staff fatigue / stress 	Winter pressure monies <ul style="list-style-type: none"> ✓ Improved patient outcomes and experiences ✓ Reduced staff fatigue / stress
Big 4 Clinical Issues	HCP Calls <ul style="list-style-type: none"> ✓ Improved patient experience when requiring GP referral through WAST HCP pathway 	HCP Calls <ul style="list-style-type: none"> ✓ Improved performance management arrangements for HCP Calls. 	HCP Calls <ul style="list-style-type: none"> ✓ Whole system detailed understanding of HCP demand. ✓ Identification of variation across Wales and the development of “what good looks like” ✓ Improvement in HPC call management across Wales 	
	Big 4 Clinical issues <ul style="list-style-type: none"> ✓ Clearer understanding of pathways for specific clinical conditions 	Big 4 Clinical issues <ul style="list-style-type: none"> ✓ Where appropriate ensure clear understanding of local/regional/national opportunities in respect of unscheduled care principle five demands. 	Big 4 Clinical issues <ul style="list-style-type: none"> ✓ Support Health Boards & WAST to understand variation and opportunities in respect of unscheduled care principle five demands of breathing difficulties, chest pains, mental health, falls and health care professional referrals ✓ Support Health Boards & WAST to develop a common understanding of ‘what good looks like’ in terms of optimum clinical outcomes and improvement in patient experience in respect of the unscheduled care principle five demands ✓ Support Health Boards and WAST to deliver key policy commitments in respect of unscheduled care principle five demands 	Big 4 Clinical issues <ul style="list-style-type: none"> ✓ Provide an opportunity to collaborate with partners working in healthcare research across Wales and the broader UK in respect of unscheduled care principle five demands.
Quality & Delivery Frameworks	EDQDF <ul style="list-style-type: none"> ✓ Improved patient experience 	EDQDF <ul style="list-style-type: none"> ✓ Enhanced measurement beyond 4/12 hour performance 	EDQDF <ul style="list-style-type: none"> ✓ Enhanced measurement beyond 4/12 hour performance 	EDQDF <ul style="list-style-type: none"> ✓ Reviewing patient outcomes across the pathway of care to improve patient safety ✓ Enhanced measurement beyond 4/12 hour performance
	Intermediate care <ul style="list-style-type: none"> ✓ Yet to be scoped or defined 	Intermediate care <ul style="list-style-type: none"> ✓ Yet to be scoped or defined 	Intermediate care <ul style="list-style-type: none"> ✓ Yet to be scoped or defined 	Intermediate care <ul style="list-style-type: none"> ✓ Yet to be scoped or defined

	Ambulatory care ✓ Yet to be scoped or defined	Ambulatory care ✓ Yet to be scoped or defined	Ambulatory care ✓ Yet to be scoped or defined
	GP Out of Hours ✓ Yet to be scoped or defined	GP Out of Hours ✓ Yet to be scoped or defined	GP Out of Hours ✓ Yet to be scoped or defined
	IPOP ✓ Improved population outcomes. ✓ A focus on people, their outcomes and what matters to them.	IPOP ✓ The development of a process and framework for the development of outcome indicators and performance measures across complex adaptive systems that can be applied to other population groups. ✓ Continued learning and service improvement, and develop understanding of 'what good looks like'. ✓ A focus on people, their outcomes and what matters to them. ✓ Identification of that are amenable to the development of a commissioning framework.	IPOP ✓ The development of a process and framework for the development of outcome indicators and performance measures across complex adaptive systems that can be applied to other population groups. ✓ The development of a mechanism through the framework to be able to clearly attribute accountability and align organisational processes to deliver population outcomes. ✓ Continued learning and service improvement, and develop understanding of 'what good looks like'. ✓ A focus on people, their outcomes and what matters to them.
	WEDFAN ✓ Gold standard care for Frequent Attenders has been defined by both RCEM ✓ Increased wellbeing scores for patients ✓ Increase the number of Frequent Attender Services in Wales. ✓ Reduce the impact of Frequent Attenders on Unscheduled Services ✓ Boundaried demand reduction ✓ Increase in partnership working joint care plans	WEDFAN ✓ Gold standard care for Frequent Attenders has been defined by both RCEM ✓ Increased wellbeing scores for patients ✓ Increase the number of Frequent Attender Services in Wales. ✓ Reduce the impact of Frequent Attenders on Unscheduled Services ✓ Boundaried demand reduction ✓ Increase in partnership working joint care plans	WEDFAN ✓ Gold standard care for Frequent Attenders has been defined by both RCEM ✓ Increased wellbeing scores for patients ✓ Increase the number of Frequent Attender Services in Wales. ✓ Reduce the impact of Frequent Attenders on Unscheduled Services ✓ Boundaried demand reduction ✓ Increase in partnership working joint care plans
	First point of contact for accessing services review ✓ Consistent standards across all providers. ✓ Consistent services for patients regardless of the service they contact. ✓ Improved resilience from alignment of services and ability to provide cross cover. ✓ Opportunity's for streamlining of services and efficiencies of scale.	First point of contact for accessing services review ✓ Consistent standards across all providers. ✓ Consistent services for patients regardless of the service they contact. ✓ Improved resilience from alignment of services and ability to provide cross cover. ✓ Opportunity's for streamlining of services and efficiencies of scale	First point of contact for accessing services review ✓ Consistent standards across all providers. ✓ Consistent services for patients regardless of the service they contact. ✓ Improved resilience from alignment of services and ability to provide cross cover. ✓ Opportunity's for streamlining of services and efficiencies of scale
Policy & Guidance	Escalation & de-escalation ✓ Deliver effective, efficient and safe services to patients during the most challenging of periods	Escalation & de-escalation ✓ Escalation and De-escalation Plan ✓ Deliver effective, efficient and safe services to patients during the most challenging of periods	Escalation & de-escalation ✓ Escalation and De-escalation Plan ✓ Deliver effective, efficient and safe services to patients during the most challenging of periods
			Escalation & de-escalation ✓ Improve resilience of Emergency Departments during periods of overcrowding

<ul style="list-style-type: none"> ✓ Standardise and improve the delivery of basic care in Emergency Departments ✓ Improve the safety and clinical outcomes for patients accessing the emergency care system ✓ Improve Emergency Departments performance 	<ul style="list-style-type: none"> ✓ ED Checklist ✓ Standardise and improve the delivery of basic care in Emergency Departments ✓ Improve resilience of Emergency Departments during periods of overcrowding ✓ Improve the safety and clinical outcomes for patients accessing the emergency care system ✓ Improve Emergency Departments performance ✓ Patient Safety Huddles 	<ul style="list-style-type: none"> ✓ ED Checklist ✓ Standardise and improve the delivery of basic care in Emergency Departments ✓ Improve resilience of Emergency Departments during periods of overcrowding ✓ Improve the safety and clinical outcomes for patients accessing the emergency care system ✓ Improve Emergency Departments performance ✓ Patient Safety Huddles 	<ul style="list-style-type: none"> ✓ Improve the safety and clinical outcomes for patients accessing the emergency care system ✓ Improve Emergency Departments performance
<p>Improving Patient flow</p> <ul style="list-style-type: none"> ✓ Improved patient outcomes and staff satisfaction. ✓ Mortality falls. ✓ Harm is reduced. 	<p>Improving Patient flow</p> <ul style="list-style-type: none"> ✓ Improved patient outcomes and staff satisfaction. ✓ Hospital crowding reduces Emergency departments (EDs) decongest. ✓ Mortality falls. ✓ Harm is reduced. 	<p>Improving Patient flow</p> <ul style="list-style-type: none"> ✓ Improved patient outcomes and staff satisfaction. ✓ Hospital crowding reduces Emergency departments (EDs) decongest. ✓ Mortality falls. ✓ Harm is reduced. ✓ Staff feel less pressured. 	<p>Improving Patient flow</p> <ul style="list-style-type: none"> ✓ Improved patient outcomes and staff satisfaction. ✓ Hospital crowding reduces Emergency departments (EDs) decongest. ✓ Mortality falls. ✓ Harm is reduced. ✓ Staff feel less pressured.
<p>IMTP Guidance</p> <ul style="list-style-type: none"> ✓ Targeted performance improvements by WAST ✓ Targeted performance improvements by WAST in collaboration with Health Boards 	<p>IMTP Guidance</p> <ul style="list-style-type: none"> ✓ Improved depth and quality of information gathered ✓ Targeted performance improvements by WAST ✓ Targeted performance improvements by WAST in collaboration with Health Boards ✓ Information on initiatives across home to Emergency Department services across Wales including ambulance services, including potential impact 	<p>IMTP Guidance</p> <ul style="list-style-type: none"> ✓ Improved depth and quality of information gathered ✓ Updated National Collaborative Quality & Delivery framework ✓ Agreement for Emergency Ambulance Services – providing for example transparency and triangulation on activity, resources and performance measurements ✓ Targeted performance improvements by WAST ✓ Targeted performance improvements by WAST in collaboration with Health Boards ✓ Information on initiatives across home to ED services across Wales including ambulance services, including potential impact ✓ Opportunity to evaluate, further develop, share and promote initiatives ✓ Once for Wales repository of what works and doesn't work 	<p>IMTP Guidance</p> <ul style="list-style-type: none"> ✓ Improved depth and quality of information gathered
<p>Navigation</p> <ul style="list-style-type: none"> ✓ Baseline assessment of patient navigation ✓ Increased number of citizens redirected to services/ pathways most appropriate for their need. ✓ Reduction in inappropriate citizen attendances at EDs 	<p>Navigation</p> <ul style="list-style-type: none"> ✓ Baseline assessment of patient navigation ✓ Information on patient navigation rates from EDs and MIUs will be held centrally, enabling good practice and opportunities to be shared with health boards. ✓ Increased number of citizens redirected to services/ pathways most appropriate for their need. 	<p>Navigation</p> <ul style="list-style-type: none"> ✓ Baseline assessment of patient navigation ✓ Participating health boards will have access to their patient navigation rates by pathway for their sites. ✓ Information on patient navigation rates from EDs and MIUs will be held centrally, enabling good practice and opportunities to be shared with health boards. 	<p>Navigation</p> <ul style="list-style-type: none"> ✓ Baseline assessment of patient navigation ✓ Information on patient navigation rates from EDs and MIUs will be held centrally, enabling good practice and opportunities to be shared with health boards. ✓ Increased number of citizens redirected to services/ pathways most appropriate for their need.

		<ul style="list-style-type: none"> ✓ Reduction in inappropriate citizen attendances at EDs 	<ul style="list-style-type: none"> ✓ Published gap analysis of pathways ✓ Increased number of citizens redirected to services/ pathways most appropriate for their need. ✓ Reduction in inappropriate citizen attendances at EDs ✓ 	<ul style="list-style-type: none"> ✓ Reduction in inappropriate citizen attendances at EDs
	<p>Strengthening Winter Resilience</p> <ul style="list-style-type: none"> ✓ Strengthen communication interface between citizens and the health service 	<p>Strengthening Winter Resilience</p> <ul style="list-style-type: none"> ✓ Strengthen communication interface between citizens and the health service ✓ Public sector organisations work together to support winter resilience and enable a whole system approach ✓ Understand value of 3rd sector 	<p>Strengthening Winter Resilience</p> <ul style="list-style-type: none"> ✓ Health Boards are supported to learn lessons from previous winter and other organisations and incorporate in their planning to support resilience ✓ Strengthen communication interface between citizens and the health service. ✓ Recognize value of 3rd sector and benefits of rapid deployment 	<p>Strengthening Winter Resilience</p> <ul style="list-style-type: none"> ✓ Health Boards are supported to learn lessons from previous winter and other organisations and incorporate in their planning to support resilience ✓ Improve access to 3rd sector schemes to add value to extant services

Commercial Frameworks

Background

Prior to 2012 mental health and learning disabilities hospital care provided by NHS England and the independent sector was commissioned separately by each Health Board or through the Welsh Health Specialised Services Committee. These commissioning arrangements led to disparity in costs, contractual obligations, standards and performance management across NHS Wales. Oversight of these hospitals was the remit of individuals or small teams within Health Boards with little or no collaboration. An independent review in 2012 stated that the use of the independent sector and NHS England services by NHS Wales prior to the development of the National Framework was “inefficient, ineffective and inconsistent”.

In March 2012 a National Collaborative Framework for medium and low secure care was developed and deployed and was immediately successful in improving quality assurance and reducing costs. Subsequently the Chief Executives of the NHS Wales Health Boards considered that a broader suite of services required this level of assurance and the NHS Wales National Collaborative Framework for Adult Mental Health & Learning Disability Hospital Services was developed and launched in April 2014. This was followed in 2015 with a framework for CAMHS hospital services and in 2017 with a framework for adult mental health and learning disability care homes.

The commercial frameworks are a formal agreement and mechanism developed by the NHS Wales Collaborative Commissioning Unit and NHS Wales Shared Services Partnership – Procurement. This enables all parts of NHS Wales to procure and performance-manage services under pre-agreed standards, costs, terms and conditions of a contract in a compliant manner in accordance with EU and UK Procurement Regulations and Health Board Standing Orders and Financial Instructions.

The Framework provides the enacting mechanism for the commissioning of services. These services commence once a patient is compliantly placed through the National Collaborative Framework process and an individual patient agreement is issued, and therefore a contract enacted between the commissioner (Health Board or Welsh Health Specialised Services Committee) and provider.

NHS Wales Quality Assurance Improvement Service

The service works in partnership with NHS Wales Shared Services Partnership: Procurement to performance manage commercial framework providers.

Our Role

The objectives of the service in relation to commercial frameworks are:

- Ensure providers should reduce risk and dependency and promote hope, recovery and rehabilitation;
- robustly challenge substandard provider performance;
- provide advice and support to improve the quality of care;
- Ensure all procured services are provided and deliver value for money for the public purse;
- ensure provider quality and safety concerns are raised, discussed and disseminated with commissioners and statutory agencies;
- Ensure safe, effective and high quality care that improves patient experience;
- Facilitate collaborative working between providers and commissioners.

Commissioning Care Assurance Performance System (CCAPS).

This system has been developed in partnership with the NHS Wales Informatics Service and is an key enabler of the commercial Framework, providing standardised information with the functionality to connect all users from different organisations to support NHS Wales to proactively performance manage providers and provide assurance to commissioners and patients .

CCAPS supports patients requiring care by:

- Giving a choice of care setting.
- Providing assurance on the expected quality of care.
- Monitoring health and wellbeing improvements.
- Ensuring prompt response to any complaints, incidents/safeguarding concerns.

CCAPS supports providers of care by:

- Standardised commissioning process.
- Displaying and ability to update bed availability.
- Facilitating the reporting of concerns to commissioners and care coordinators.

CCAPS supports provider's commissioners of care by:

- Sharing intelligence on care providers.
- Matching a care setting to a patient's needs.
- Knowledge about a care setting's quality.
- Evidencing the care received for the cost incurred.

Current Commercial Frameworks

Mental Health & Learning Disability Adult Hospitals

Commissioning value of circa £53.5m per annum, and is on behalf of WHSSC for Medium Secure Services (20% of value) and All Health Boards for Low Secure and Locked / Lockable Rehabilitation Services (80% of value). It covers over 341 patients across 28 providers with 86 hospital sites with 278 wards, and is refreshed at 18 monthly intervals.

It was first established in 2012 following a Welsh Government Invest to Save Project that received an NHS Efficiency Award in 2013 in recognition of its success in improving quality and delivering over £6m savings (at that time).

Mental Health & Learning Disability CAMHS hospitals

Commissioning value of circa £711k per annum, 3 patients across 9 providers with 10 hospital sites with 43 wards, was completed on behalf WHSCC and went live in April 2015 and is now refreshed at eighteen month intervals. Delivers a legal framework used to support commissioning of mental health / learning disability services external to NHS Wales provision.

Mental Health & Learning Disability Adult Care Homes

Commissioning value of circa £8.6m the National Framework Agreement for mental health and learning disability adult care homes on behalf all Welsh Health Boards and Local Authorities covers 108 residents across 93 providers with 281 care homes and was developed between in place since September

These figures produced by CCAPS represent the annualized position as of 22nd January 2019.

Commercial Frameworks: what we will deliver by when

Commercial Frameworks	Quarter 3 & 4 2018/19	Quarter 1 & 2 2019/20	Quarter 3 & 4 2019/20 Quarter 4 2019/20
Mental Health & Learning Disability Adult Hospitals	<ul style="list-style-type: none"> ✓ Meetings with central supporting organisations, Welsh Government , All Wales Peer Groups and Health Boards/Local Authorities ✓ Adult/CAMHS Hospital Framework agreements currently being refreshed ready for commencement April 1st 2019. 	<ul style="list-style-type: none"> ✓ Q1-4 Meetings with central supporting organisations, Welsh Government, All Wales Peer Groups and Health Boards/Local Authorities. ✓ Q1-4 Ongoing meetings with MH/LD expert by experience groups. ✓ Q1-4 Ongoing reviews of Framework providers 	<ul style="list-style-type: none"> ✓ Q3 Enhancement of CCAPS in relation to measuring performance outcomes etc.
Mental Health & Learning Disability CAMHS hospitals	<ul style="list-style-type: none"> ✓ Meetings with central supporting organisations, Welsh Government , All Wales Peer Groups and Health Boards/Local Authorities 	<ul style="list-style-type: none"> ✓ Q1-4 Meetings with central supporting organisations, Welsh Government , All Wales Peer Groups and Health Boards/Local Authorities ✓ Q1-4 Ongoing reviews of Framework providers ✓ Q1-4 Ongoing WHSSC/NCCU agreement to review WHSSC MH inpatient services being provided in NHS Wales' inpatient units that they commission. These units are : <ul style="list-style-type: none"> • Caswell Clinic – Adult MSU • Ty Llewellyn- Male MSU • North Wales Adolescent Service – Locked CAMHS unit • Ty Llidiard- Locked CAMHS unit 	<ul style="list-style-type: none"> ✓ Q3 Enhancement of CCAPS in relation to measuring performance outcomes etc.
Mental Health & Learning Disability Adult Care Homes	<ul style="list-style-type: none"> ✓ Meetings with central supporting organisations, Welsh Government , All Wales Peer Groups and Health Boards/Local Authorities ✓ Ongoing review of 35 care homes ✓ Care Home Framework agreement refresh ✓ Meeting with All Wales People First to engage individuals in the process for standards and contracts within the care home environment. ✓ Audit of Resident Placement Agreements. ✓ Q3 & Q4 finalise recruitment to the posts to be funded via I2S ✓ Q4 drafting of procurement documentation ✓ Q3 Undertake 'early opportunity work' care matching pilot exercise for a Health Board. ✓ Q4 Share learning from care match pilot exercise ✓ Q4 Determine programme for 'early opportunity work' for each Health Board ✓ Q3 Commence function of new Framework Advisory Board across health and social care, linking to Regional Partnership Boards ✓ Q4 finalise stakeholder engagement and communications plan ✓ Q4 determining providers to target for application onto refreshed framework ✓ Q3 Q4 Q1 Q2 production of highlight report to stakeholders 	<ul style="list-style-type: none"> ✓ Q1-4 Meetings with central supporting organisations, Welsh Government , All Wales Peer Groups and Health Boards/Local Authorities ✓ Q1-4 Ongoing reviews of 41 Framework providers ✓ Q1-2 Ongoing engagement with All Wales People First ✓ Operationalisation of framework, handover to QAIS ✓ Development of self-assessment tool ✓ Engagement with a Welsh university in relation to R&D of the Framework Agreement. ✓ Performance and verification visits ✓ Sharing Best Practice Day ✓ Production of Annual Report ✓ Q1 Issue procurement documentation and run engagement clarification events with providers ✓ Q1-Q4 Undertake care matching work across health boards ✓ Q1 & Q2 Commence implementation plan and training across commissioners for refreshed framework ✓ Q1 Meeting of Framework Advisory Board considering procurement documentation ✓ Q2 Undertake tendering evaluation through quality audits / assessment and price testing Q2 modelling financial impact of tender submissions ✓ Q2 Meeting of Framework Advisory Board considering tender evaluation report and determining ongoing 	<ul style="list-style-type: none"> ✓ Q3 Launch of refreshed adult MH/LD Care Home Framework ✓ Q3 Enhancement of CCAPS in relation to measuring performance outcomes etc. ✓ Review of circa 60 units that currently provide services via Framework agreement ✓ Q3 Refreshed framework agreement goes live ✓ Q3 Q4 identification of financial savings and efficiencies for commissioners ✓ Q3 & Q4 undertake new operational management arrangements for refreshed framework

	<ul style="list-style-type: none"> ✓ Q3 Q4 Q1 Q2 production of monitoring report for I2S to Welsh Government ✓ Q4 Q1 linked to the procurement documentation and design of the refreshed framework prepare specification for CCAPS changes ✓ Q4 Q1 Q2 design then issue the procurement documentation and refreshed framework with legal advisor 	<ul style="list-style-type: none"> operational management arrangements for refreshed framework ✓ Q2 establish baseline measures and commence evaluation 	
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Note

The Care Homes' National Framework Agreement (Adults Mental Health & Learning Disability) has been successfully awarded Welsh Government I2S funding on two occasions because of its collaborative nature and alignment to national strategies and policies/ legislation in terms of the Social Services and Well-being (Wales) Act 2014; the Well-being of Future Generations (Wales) Act 2015 and the Regulation and Inspection of Social Care (Wales) Act 2016 and more recent recommendations in A Healthier Wales: our Plan for Health and Social Care, that promotes transformational change at a pace.

In terms of partnership working to provide effective delivery of integrated services in Wales, the National Framework is an exemplar of innovation and good practice. The project to deliver the Framework has been collaboratively undertaken across Wales by all 7 Health Boards and all 22 Local Authorities, in partnership with NHS Wales Shared Services Partnership (with Velindre NHS Trust being the named signatory on behalf of organisations for the commercial National Framework Agreement created).

From intelligence and knowledge to date, it is evident there are three main areas where value can be demonstrated and improved upon in terms of value for the resident; value for the Welsh public/taxpayer and value for policy and decision makers. A pilot undertaken within one health board has illustrated financial, qualitative and operational benefits which will be shared with other regional areas across Wales to inform a consistent, transparent approach and methodology.

With much emphasis on the delivery of well-being outcomes for people who require care and support, a more pro-active approach has been adopted to review the services being delivered by residential care providers. The award of a Framework Agreement has given Health Boards and Local Authorities an excellent starting point to change behaviours, practices and approaches and supports the main principles of the Social Services and Wellbeing (Wales) Act 2014. Over time this approach will deliver significant benefits financially, qualitatively and operationally, given the benefit of:

- a single, all Wales, joint health and social care national framework
- a requirement on placement to detail outcomes to be achieved by citizen
- additional quality assurance using proven methodologies to assess and evaluate providers
- a straightforward and legally compliant option for commissioners who will save time and resources on the mechanisms of contracting, finance checks and vacancy searches
- easy accessible information on outcomes, services, incidents, safeguarding and complaints
- a progressive model of care based on outcomes and bespoke care standards
- robust financial sustainability checks to ensure providers can remain a going concern for 14 days after financial failure so citizens can be relocated
- clear, transparent pricing for core and additional services
- greater and improved intelligence including market knowledge and analysis

Commercial Frameworks: Potential stakeholder benefits

Commercial Frameworks	Patients & Public	Welsh Government	Health Boards	Departments
<p>Commercial Frameworks</p>	<ul style="list-style-type: none"> ✓ Understanding the service ✓ Knowing when and how to use the service ✓ Awareness of the expected Care standards for the service 	<ul style="list-style-type: none"> ✓ Understanding the service ✓ Helping to inform policy ✓ Helping to agree policy ✓ Helping to put policy into practice ✓ Specified National ('Once for Wales') Care standards for the service ✓ Transparent and consistent all Wales data reporting 	<ul style="list-style-type: none"> ✓ Understanding the service ✓ Support and clarity on the expectations for service delivery ✓ Transparency and a mechanism for balancing activity and resources with performance ✓ Clarity of the expected Care standards from the service ✓ Specified National ('Once for Wales') Care standards for the service ✓ Transparent and consistent all Wales data reporting ✓ Delivers a legal framework used to support commissioning of MH/LD services external to NHS Wales provision. ✓ Continues to provide a competitive process for ensuring that services procured are able to maintain a minimum standard of Quality and Safety whilst ensuring best value for NHS Wales. ✓ The QAIS Performance and Information team collect data, relating to framework services and patients placed within those services, via a bespoke Information System CCAPS which all HB's are able to access. 	<ul style="list-style-type: none"> ✓ Understanding the service ✓ Ability to put policy into practice ✓ Possibility of negotiating policy ✓ Sharing of good practice ✓ Networking – as a team, professionally and individually ✓ Informing policy ✓ Learning from peers ✓ Improved Staff Health & Well Being ✓ Transparent and consistent all Wales Patient/resident data reporting through CCAPS ✓ Reviewing patient outcomes across the pathway of care to improve patient safety

Bespoke Interventions, Specialist Advice, Guidance & Support

Background

The NCCU also provide bespoke interventions and a range of specialist advice guidance and support to local and national projects and initiatives. As an employer of subject area experts we have been available to provide specialist advice and support to our customers. We also understand that not all health Boards are in the same place across all areas and therefore offer specific support or projects to meet the need of single or multiple health boards.

Our Role

The National Collaborative Commissioning Unit is available to provide specialist clinical advice or advice on commissioning. The Unit sources that advice internally or from our expert partners. The Unit also engages views providers as experts in their respective fields and has approached them for their opinion (for example smoking in mental health units) from time to time.

The Unit has also been commissioned by customers to undertake specific time limited projects to address local concerns or needs. We provided expert knowledge on mental health, learning disabilities, commissioning, emergency care, paramedicine to a wide range of stakeholders; assisting Welsh Government to develop national policy.

We also support national organisations to deliver programmes of work through specialist programme management. We support customers to maximise the use of our products, services or the insight that our frameworks provide them.

Review of Older Peoples Care Homes Commissioning

At the request of the Chief Nursing officer and Director of Nursing peer group we will be exploring opportunities with health boards to enhance their extant commissioning arrangements with older persons care homes. We will support working with these commercial providers to understand their role in unscheduled care, reducing ambulance call outs, admission prevention, early discharge, reducing the use of anti-psychotics, improving value and outcomes and the requirements under the Nurse Staffing Levels (Wales) Act.

Local Care Mapping

NCCU QAIS team has been commissioned by 5 Health Boards, and is engaging with the remaining 2 to undertake varying programmes of work in relation to commissioned mental health and learning disability services. This work supplements the Invest 2 Save funded work relating to care homes. The objectives of local care mapping exercises vary but re broadly:

- Review of externally provided Mental Health and Learning Disability care provision.
- To ensure, where clinically appropriate to do so, the repatriation of patients to local community settings by developing key relationships with care providers and local teams
- Ensuring current providers reduce risk and dependency and promote hope, recovery and rehabilitation to facilitate timely discharge
- To provide community staff with support, and advice on complex patient discharges.
- Ensuring all procured services are provided and deliver value for money
- Map acuity of patient, risk profile of patient, medication regime, if outcomes have been set and are being met, any disparities between care package required and current care package commissioned.
- Make recommendations as to the suitability of the current placement for the
- HealthBoard and care coordinator to consider after due consultation with patient and carers/family.

All Wales Laundry Review

The availability of clean, good quality and decontaminated linen within NHS Wales is a fundamental requirement of high quality patient care which directly contributes to a safe and comfortable setting in which patients can receive treatment and recuperate. A low quality, unreliable laundry service contributes to a poor patient experience which undoubtedly taints perceptions of other aspects of NHS services. Linen shortages also negatively impact on the availability of beds in hospitals and may cause procedures to be postponed. Ensuring a regular supply of clean, safe, decontaminated linen is clearly fundamental to the successful functioning of NHS Wales' services.

The objective of the project is to review the existing laundry production units in NHS Wales against best practice guidance; specifically *BS EN 14065 June 2016 - Textiles. Laundry processed textiles. Bio contamination control system*.

The review will identify the benefits, costs, timescales and risks in achieving *BS EN 14065 June 2016*.

The project includes the following NHS Wales laundry production units:

- Ysbyty Glan Clwyd Laundry Services– Betsi Cadwaladr University Health Board;
- Glangwili General Hospital Laundry Service – Hywel Dda University Health Board;
- Llansamlet Laundry Service– Abertawe Bro Morgannwg University Health Board;
- Church Village (old East Glamorgan Hospital) Laundry Service –Cwm Taf University Health Board;

The review will specifically consider the implications of achieving best practice in respect of:

- Providing a skilled, sustainable workforce;
- Developing fit-for-purpose facilities;
- Delivering a sustainable and affordable service;

All Wales Catering Information Management System

Catering is provided to patients & non patients within the NHS in Wales as part of the overall service provision and has been for many years. Following a report by The National Audit Office in 2011 and subsequent reviews in Sept 2016 and March 2017, it was reported that non plated patient waste was circa £960k and an average of 6% of provisions costs.

Catering is currently managed in the Health Boards via paper & electronic processes in accordance with local procedures. The NAO reported that there is no real time or accurate spend data available for catering, and no means of controlling and managing the catering budget.

NCCU has been commissioned by Shared Services Partnership Committee support the delivery of this programmes of service improvement and transformation. It will deliver:

- To accurately identify the actual cost of in-house patient and non-patient catering Services in order to:
 - Support the reduction the variation between organisations
 - Support the reduction the overall cost to NHS Wales
 - Standardise processes and reduction of food waste.
- To procure a single IT system for Wales that will enable the reporting of live catering data in a dash board format within organisations and across Wales.

- To provide a single IT solution for NHS Wales to replace the current myriad of methods (manual, spreadsheet and/or IT systems) used to manage the Catering Service (patients and in-house operated commercial outlets).

WHSSC Reviews

The WHSSC committee agreed in 2018 to commission the QAIS to undertake quality assurance reviews on the 4 nationally commissioned forensic and CAMHS mental health services. These reviews will provide consistency with the commercial framework and well as providing additional assurance to the service commissioners.

First point of contact for accessing services review

To explore and establish the scope for a review into services that provide telephone assessment and response.

Mental Health Benchmarking

Coordinate the national and international mental health and CAMHS annual benchmarking exercise. Develop and disseminate a national benchmarking report and host the national learning and sharing event in partnership with NHS UK benchmarking

Supporting Welsh Government

Being commissioned to undertake specific pieces of work including:

- Scoping substance misuse accommodation based services for improvement.
- Reviewing learning disability placements to monitor impact of NHS England's transforming care and to ensure patients are in the right placement to meet their needs.

3rd sector organisations working in hospitals

Scope the possibilities and feasibility of developing a framework to support 3rd sector organisations working in hospitals to enable them to be rapidly deployed to provide additional support when necessary.

Bespoke Interventions, Specialist Advice, Guidance & Support: what we will deliver by when

Bespoke interventions, specialist advice, guidance & support	Quarter 3 & 4 2018/19	Quarter 1 & 2 2019/20	Quarter 3 & 4 2019/20 Quarter 4 2019/20
Review of older peoples care homes in Wales	<ul style="list-style-type: none"> ✓ Undertake engagement exercise with health boards 	<ul style="list-style-type: none"> ✓ Engage with CNO and DoN peer group to understand variation ✓ Engage with provider representative groups ✓ Data collection and collation ✓ Mapping opportunities for improvement 	<ul style="list-style-type: none"> ✓ Provide position statement on opportunities for future commissioning for older peoples care homes
Local Care Mapping (LCM)	<p>HDUHB</p> <ul style="list-style-type: none"> ✓ Phase 1 programme completed. ✓ 130 LD care home residents reviewed using Individual Progress Review tool to understand risk, complexity and treatment requirements of each individual resident with a view to development of local provision. Bespoke report to be completed by QAIS on behalf of HDUHB at end of each phase of work. <p>BCUHB</p> <ul style="list-style-type: none"> ✓ Extended QAIS team funded via Welsh Government transformation fund and managed via NCCU. Team will review 400 circa patients/residents in MH/LD Hospitals and Care Homes across England and Wales. IPR tool to be completed for each patient/resident. Phase 1 to be completed by March 2019. Bespoke report will be developed and delivered to the Health Board at end of phase 1. ✓ Report will be used to initiate commissioning strategy for HB in order to develop local services. ✓ Further phases to commence after April 2019. <p>C&VUHB</p> <ul style="list-style-type: none"> ✓ Pilot programme of work undertaken and completed. Small number of LD residents in care home provision undertaken using IPR tool. Phase 1 programme to commence January 2019 to review all LD residents in externally commissioned provision. <p>ABMUHB</p> <ul style="list-style-type: none"> ✓ Review of 120 LD residents in Care home provision using IPR tool. Work to be completed by end of January 2019. Outcome of review and bespoke report will help HB to develop local commissioning strategy for LD provision. 	<ul style="list-style-type: none"> ✓ Q1-4 Ongoing LCM programmes of work subject to specific HB requirements. ✓ Report outcomes of phase 1 LCM programmes for CVUHB, ABUHB. ✓ Report outcomes of phase 2 LCM programme for HDUHB. ✓ Commence Phase 1 LCM programme for PTHB and CTUHB. 	

	<ul style="list-style-type: none"> ✓ Small pilot of MH Hospital/Care Home provision undertaken in July 2018. Phase 1 programme of work to commence in January 2019 with QAIS leading team of reviews in conjunction with psychology team from ABUHB. <p>PTHB and CTUHB</p> <ul style="list-style-type: none"> ✓ Meeting to explore opportunities for local care mapping 		
All Wales Laundry Review	<ul style="list-style-type: none"> ✓ Hold workshop 5 to further consider the future management arrangements ✓ Mobilise a project structure for Full Business Case (FBC) completion 	<ul style="list-style-type: none"> ✓ Q1-4 Initiation of Full Business Case Q1-4 Deliver business case objectives 	
All Wales Catering Information Management System	<ul style="list-style-type: none"> ✓ Obtaining Welsh Government tender approval ✓ Completing a 21 day procurement standstill period ✓ Making available a procurement framework for the system ✓ Holding a Project Closure Project Board meeting ✓ Producing a Project Close report. 		
WHSSC Reviews	<ul style="list-style-type: none"> ✓ Agree SLA between WHSSC and NCCU ✓ Communicate with providers ✓ Engage with effected service 	<ul style="list-style-type: none"> ✓ Q1-2 Ongoing WHSSC/NCCU agreement to review WHSSC MH inpatient services being provided in NHS Wales' inpatient units that they commission. These units are : <ul style="list-style-type: none"> • North Wales Adolescent Service – Locked CAMHS unit • Ty Llidiard- Locked CAMHS unit • Production of Annual Report • Ty Llewellyn- Adult MSU- MH • Caswell Clinic- Adult MSU- MH 	<ul style="list-style-type: none"> ✓ Q1-2 Ongoing WHSSC/NCCU agreement to review WHSSC MH inpatient services being provided in NHS Wales' inpatient units that they commission. These units are : <ul style="list-style-type: none"> • North Wales Adolescent Service – Locked CAMHS unit • Ty Llidiard- Locked CAMHS unit • Production of Annual Report • Ty Llewellyn- Adult MSU- MH • Caswell Clinic- Adult MSU- MH
First point of contact for accessing services review	<ul style="list-style-type: none"> ✓ Q4 Scoping completed. 	<ul style="list-style-type: none"> ✓ Q1 Review commences 	<ul style="list-style-type: none"> ✓ Q4 Review concludes
Mental Health Benchmarking	<ul style="list-style-type: none"> ✓ Scope for 2019 benchmarking 	<ul style="list-style-type: none"> ✓ Communicate and engage with Welsh participants ✓ Support data collection 	<ul style="list-style-type: none"> ✓ Analyse data ✓ Produce local reports ✓ Produce national report ✓ host national learning event ✓ Participate in International benchmarking
Supporting Welsh Government	<ul style="list-style-type: none"> ✓ Commence review of all patients with a Learning Disability who are placed within Non-NHS Wales Hospital provision 	<ul style="list-style-type: none"> ✓ Complete review and report in relation to LD patient Hospital review. 	<ul style="list-style-type: none"> ✓ Provide ongoing advice and support
3rd Sector Organisations working in hospitals			<ul style="list-style-type: none"> ✓ Exploratory work commences

Bespoke Interventions, Specialist Advice, Guidance & Support: Potential stakeholder benefits

Bespoke interventions, specialist advice, guidance & support	Patients & Public	Welsh Government	Health Boards	Departments
Review of older peoples care homes in wales	<ul style="list-style-type: none"> ✓ Enhancing the quality of care ✓ Understanding choice ✓ Early discharge 	<ul style="list-style-type: none"> ✓ Understanding the service and variation across Wales ✓ Helping to put policy into practice, specifically the all Wales safer staffing bill ✓ Sharing good practice ✓ Having a vision of the role of care homes in local services delivery 	<ul style="list-style-type: none"> ✓ Support and clarify expectations for service delivery ✓ Specified National ('Once for Wales') Care standards for the service ✓ Improving quality in care homes ✓ Preventing admission ✓ Preventing ambulance call outs ✓ Enabling early discharge 	<ul style="list-style-type: none"> ✓ Understanding the service ✓ Ability to put policy into practice ✓ Sharing of good practice ✓ Networking – as a team, professionally and individually ✓ Informing policy ✓ Learning from peers
Local Care Mapping	<ul style="list-style-type: none"> ✓ Understanding the service ✓ Knowing when and how to use the service ✓ Awareness of the expected Care standards for the service 	<ul style="list-style-type: none"> ✓ Understanding the service ✓ Helping to inform policy ✓ Helping to agree policy ✓ Helping to put policy into practice ✓ Specified National ('Once for Wales') Care standards for the service ✓ Transparent and consistent all Wales data reporting 	<ul style="list-style-type: none"> ✓ Understanding the service ✓ Support and clarity on the expectations for service delivery ✓ Transparency and a mechanism for balancing activity and resources with performance ✓ Clarity of the expected Care standards from the service ✓ Specified National ('Once for Wales') Care standards for the service 	<ul style="list-style-type: none"> ✓ Understanding the service ✓ Ability to put policy into practice ✓ Possibility of negotiating policy ✓ Sharing of good practice ✓ Networking – as a team, professionally and individually ✓ Informing policy ✓ Learning from peers ✓ Reviewing patient outcomes across the pathway of care to improve patient safety
All Wales Laundry Review	<ul style="list-style-type: none"> ✓ Safe and comfortable setting in which patients can receive treatment and recuperate ✓ Positive impact on the availability of beds in hospitals. 	<ul style="list-style-type: none"> ✓ Safe and comfortable setting in which patients can receive treatment and recuperate ✓ Positive impact on the availability of beds in hospitals. 	<ul style="list-style-type: none"> ✓ Safe and comfortable setting in which patients can receive treatment and recuperate ✓ Positive impact on the availability of beds in hospitals. 	<ul style="list-style-type: none"> ✓ Safe and comfortable setting in which patients can receive treatment and recuperate ✓ Positive impact on the availability of beds in hospitals.
All Wales Catering Information Management System	<ul style="list-style-type: none"> ✓ Standardise processes, and improve patient experience of Catering Services 	<ul style="list-style-type: none"> ✓ Standardise processes, and improve patient experience of Catering Services. ✓ Reduction in food waste, potential value £4m ✓ Reduction in costs from having more control on spend. 	<ul style="list-style-type: none"> ✓ Standardise processes, and improve patient experience of Catering Services. ✓ Reduction in food waste, potential value £4m ✓ Reduction in costs from having more control on spend. 	<ul style="list-style-type: none"> ✓ Standardise processes, and improve patient experience of Catering Services. ✓ Reduction in food waste, potential value £4m ✓ Reduction in costs from having more control on spend.
WHSSC Reviews	<ul style="list-style-type: none"> ✓ Quality Assurance on services provided. 	<ul style="list-style-type: none"> ✓ Quality Assurance on services provided. 	<ul style="list-style-type: none"> ✓ Quality Assurance on services provided. 	<ul style="list-style-type: none"> ✓ Quality Assurance on services provided.
First point of contact for accessing services review	<ul style="list-style-type: none"> ✓ Clarity and consistency for accessing services 	<ul style="list-style-type: none"> ✓ Clarity and consistency for accessing services ✓ Options for commissioning functions across services 	<ul style="list-style-type: none"> ✓ Clarity and consistency for accessing services ✓ Options for commissioning functions across services 	<ul style="list-style-type: none"> ✓ Clarity and consistency for accessing services

Mental Health Benchmarking	<ul style="list-style-type: none"> ✓ Receiving services from those that learn from the best ✓ Greater knowledge leading to improvement and innovation 	<ul style="list-style-type: none"> ✓ Understanding variation ✓ International comparison ✓ Opportunities for strategic insight 	<ul style="list-style-type: none"> ✓ Understanding how they compare ✓ Learning from the best ✓ Using intelligence to effect service redesign 	<ul style="list-style-type: none"> ✓ Learning from the best ✓ Using intelligence to effect service redesign
Supporting Welsh Government	<ul style="list-style-type: none"> ✓ Informed policy 	<ul style="list-style-type: none"> ✓ TBC Having access to subject area expertise ✓ Evidence based interventions ✓ Clinical support ✓ 	<ul style="list-style-type: none"> ✓ Ensuring advised policy 	<ul style="list-style-type: none"> ✓ Informed policy
3rd Sector Organisations working in hospitals	<ul style="list-style-type: none"> ✓ Enhancing the quality of care ✓ Understanding choice ✓ Early discharge ✓ 	<ul style="list-style-type: none"> ✓ Understanding the service and variation across Wales ✓ Helping to put policy into practice, specifically the all Wales safer staffing bill ✓ Sharing good practice ✓ Having a vision of the role of care homes in local services delivery 	<ul style="list-style-type: none"> ✓ Support and clarify expectations for service delivery ✓ Specified National ('Once for Wales') Care standards for the service ✓ Improving quality in care homes ✓ Preventing admission ✓ Preventing ambulance call outs ✓ Enabling early discharge 	<ul style="list-style-type: none"> ✓ Understanding the service ✓ Ability to put policy into practice ✓ Sharing of good practice ✓ Networking – as a team, professionally and individually ✓ Informing policy ✓ Learning from peers ✓

Our Infrastructure

Background

Since the internal market in Wales ended in 2009, conventional commissioning of services has largely ceased, although many forms of contracting remain including inter-health board trading. There is, however, a growing realisation that explicit agreements covering care standards, pathways, expected performance, incentives/disincentives and finances could lever quality improvements and increase value in an integrated non-competitive environment. This was given further traction by the advent of Prudent Healthcare - 'healthcare which is conceived, managed and delivered in a cautious and wise way characterised by forethought, vigilance and careful budgeting which achieves tangible benefits and quality outcomes for patients'.

This has given rise to the concept of collaborative commissioning which offers the potential for a national ('once for Wales') approach to initiate, share and develop innovation and enable delivery of prudent healthcare principles through a commissioning lens.

Our Role

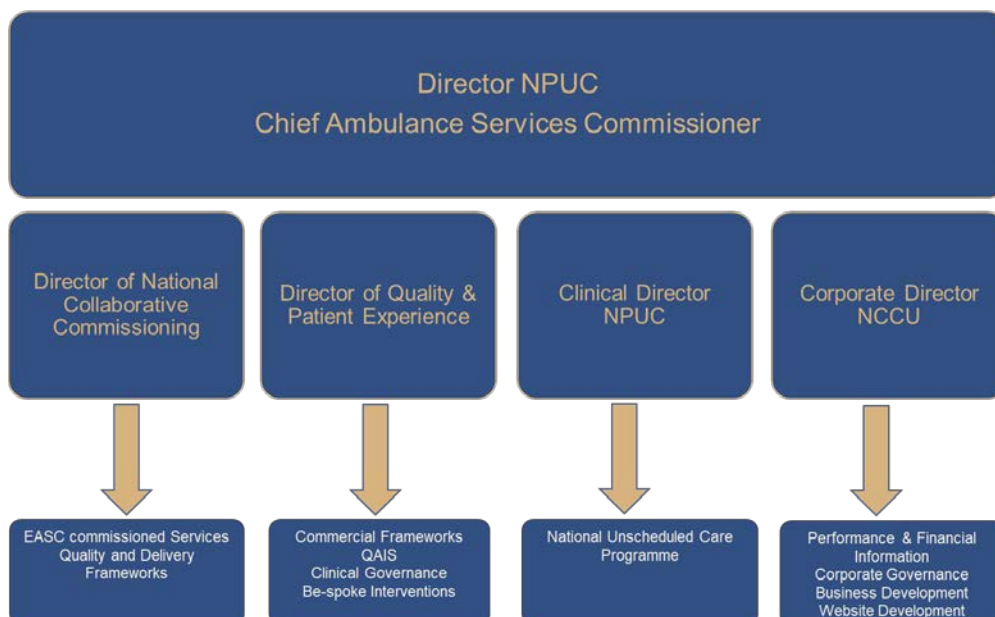
NCCU is an agile resource that provides the focus for the alignment of current national commissioning activities, this includes creating the infrastructure, funding opportunities and partnerships to support improved and cohesive commissioning activities across primary, community and secondary care between and across NHS Wales Health Boards and between health boards and local authorities.

Key to the success of NCCU in delivering transformation is the ability to work using a matrix approach, removing the traditional silos that organisation structures enforce. We identify opportunities to facilitate cross-functional team working. Developing shared accountability and responsibility for delivery of specific programmes, projects and goals. We recruit on this basis and expect our personnel to be agile and flexible in their approach and able to develop ideas and create innovative solutions to deliver transformation.

NCCU Organisation structure

The internal NCCU structure reflects the structure of the work in this IMTP. Organising our internal structure in this way enables the NCCU to identify and co-opt resources across functions to support and deliver NCCU objectives.

Figure 11: NCCU Structure



NCCU Resources

In order for the NCCU to deliver its ambitious IMTP 2019/22 it is imperative we have the right people with the right skills in the right roles to build the capability and capacity to support delivery at scale and pace. In order to deliver effectively for our customers we have identified the core resource requirements required to support the broad portfolio of work undertaken by the NCCU and also project specific resources and inputs required from collaborators.

Core resources

Additional to existing core resources; NCCU wish to develop new or enhance existing core services or functions through recruitment to support delivery of the work outlined in this IMTP. Finance support specific to each work area and the following functions outlined below:

- Quality Assurance & Improvement Service
- Programme Management Function
- Business Intelligence Function
- Communications & Digital Engagement function

Project specific resources

Project specific roles will be required to lead and support existing NCCU staff to deliver specific programmes or projects. These roles have been identified. These roles will be supported by input from the core functions to enable delivery.

Multi Partner Collaboration

The delivery of the NCCU work programme requires collaboration across organisational boundaries (see Our Enablers section). The NCCU maintains responsibility for the delivery of its programme but co-opts on specialist guidance, advice and support to enhance delivery and improve outcomes. Our business model enables us to plan work under the 6 components and ascertain the resources and expertise required to deliver.

Matrix working

The figure below illustrates the NCCU Matrix working model for planning using the NCCU Business Model components to resource allocation to support delivery using NCCU resources and collaboration between organisations.

Although in the financial tables below budgets are allocated against departmental headings for ease of understanding the matrix model that we work within requires staff to contribute to and lead pieces of work across our four work areas. Matrix working in this way allows core skills to contribute to or support multiple projects or programmes of activity making best use of our available resource.

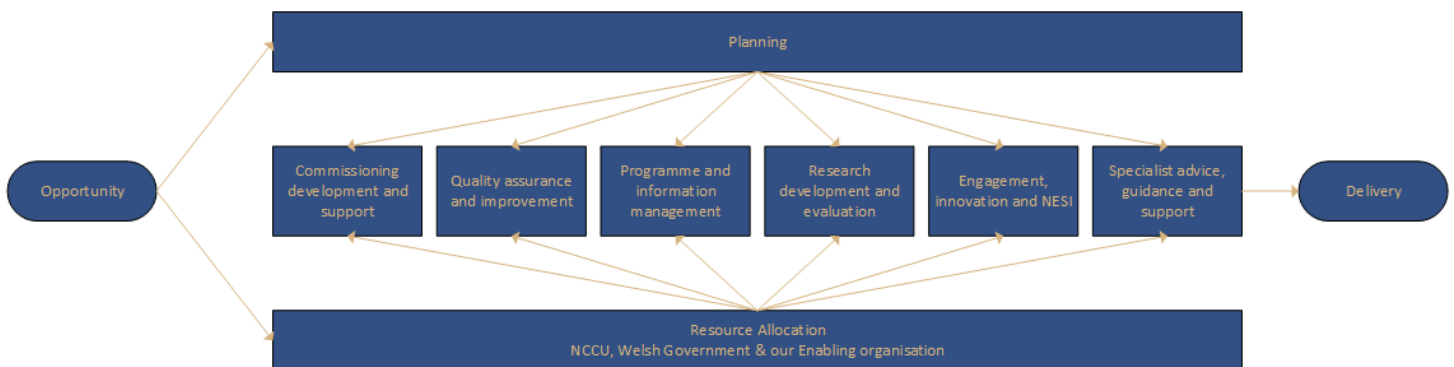


Figure 12: NCCU Model for matrix working

NCCU Financial Plan 2019/20

The planned recurrent sources of funding for the NCCU is shown in me is collected via WHSSC from Health Boards for both EASC and Commercial Frameworks, and from WHSCC via a Welsh Government allocation to Cwm Taf UHB.

NCCU Planned Sources & Applications of Funds 2019/20

Sources of Funding per work programme 2019/ 20		
Funding Type	Sub-heading	Total
EASC	Additional funding for Premises	40,000
	Additional funding for staffing	80,000
	EASC funding	350,000
	WG Allocation re Chair	19,152
EASC Total		489,152
Commercial Frameworks	QAIS funding	672,080
	QAIS funding – CAMHS	37,000
Commercial Frameworks Total		709,080
NPUC	Unscheduled Care Funding	467,499
	WG Unscheduled Care Allocation - Clinical lead	90,000
	WG Unscheduled Care Allocation - Q4	152,501
NPUC Total		710,000
Inflation, pay award & other adjustments Total		83,572
Total Sources		1,991,804
Application of Funding per Department 2019/20		
Department		
Clinical	Staff	90,000
	Non Staff	500
Clinical Total		90,500
Commissioning	Staff	292,308
	Non Staff	73,010
Commissioning Total		365,318
Corporate	Staff	476,371
	Non Staff	185,019
Corporate Total		661,390
Quality	Staff	738,400
	Non Staff	52,624
Quality Total		791,024
NCCU Inflation, pay award & other adjustments Total		83,572
NCCU Total Staff		1,597,079
NCCU Total Non-Staff		266,153
NCCU Inflation, pay award & other adjustments Total		83,572
Total Applications		1,991,804
Planned Difference between Sources & Applications		0

In addition to the recurrent plan for 2019/20 onwards, the NCCU is responsible for the Invest to Save Care Home Project I2S (12)-16-039 with a funding allocation across 2018/19 to 2020/21 of £1.6m. This funding is received via Cwm Taf UHB then onto WHSSC who ensure it becomes a budgeted sum with NCCU responsibility. There are fixed term posts and secondments associated with this work programme with an agreement by NHS Wales Director of Finance that Health Board will make the repayments from 2021/22 onwards. By 2021/22 as well Health Boards will be in a position of knowing the real benefits from the work which may mean recurrent investment within the NCCU for ongoing quality assurance improvement and efficient work by the NCCU.

NCCU Workforce Plan 2019/20

This workforce plan outlines the core and project specific roles and subsequent budget required to deliver this IMTP.

Department	Role	Sum of WTE	Forecast 2019/20 Expenditure
Clinical	Associate National Clinical Director	0.10	30,000
	National Clinical Director	0.30	60,000
Clinical Total		0.40	90,000
Commissioning	Director of National Commissioning	1.00	123,530
	Assistant Director of Commissioning	1.00	71,607
	Admin Support Officer	1.00	21,555
	Project Support Officer	1.00	40,259
	Project Support Officer	1.00	35,358
	NPUC Advisor	1.00	0
	WEDFAN Lead	1.00	0
Commissioning Total		7.00	292,308
Corporate	Chair	0.10	34,052
	Lead Executive	0.80	118,085
	Corporate Director	1.00	102,407
	Office Manager	1.00	46,125
	Admin Support Officer	1.00	21,555
	Business Intelligence Developer	1.00	51,398
	Data Warehouse Developer	1.00	51,398
	WHSSC Finance support	0.10	11,340
	PA	0.80	28,011
	Board Secretary	0.10	12,000
	Corporate Total		6.90
Quality	Director of Quality and Patient Experience	1.00	123,530
	Assistant Director of Quality & Patient Experience	1.00	71,607
	Practitioner	1.00	51,398
	Practitioner	1.00	51,398
	Practitioner	1.00	51,398
	Practitioner	1.00	51,398
	Practitioner	1.00	51,398
	Assistant CASC	1.00	59,672
	Assistant Director of Quality	1.00	74,048
	QAIS Head of Service	1.00	51,398
	Performance Officer	1.00	24,418
	Performance Officer	1.00	24,418
	Performance Officer	1.00	24,418
Performance Officer	1.00	27,900	
Quality Total		14.00	738,400
Grand Total		28.30	1,597,079

NCCU will identify non-recurrent sources of funding to support specific non recurrent project activity required to deliver this IMTP.

NCCU Digitalization Plan 2019/20

Digitalization represents one of the biggest opportunity areas for the NCCU. Given our national remit and the need for collaboration to deliver the ambitions of a progressive policy agenda we are well placed to take a lead on the use of technology to share information, develop concepts, develop & transform services and support smarter working. Through our digitization plans we will outline the developments that we wish to take forward as part of this IMTP. The key developments and their application are outlined below:

NCCU Website Development

The NCCU intends to develop its own web presence as the central point of contact between us and our customers. This IMTP document has been constructed to become the blueprint for the development of the NCCU website. The website will utilise the IT infrastructure of our host health board. It will articulate our customers and the products that we deliver on their behalf. NCCU will also use it to disseminate research evidence and intelligence from the work that we deliver.

NCCU Social media presence

NCCU will develop a corporate social media presence and ensure that all key leads develop social media presence so that they can collaborate and share progress on key pieces of work that they deliver. We will also ensure that national launch events we set up to deliver our work utilise hashtags to enable clinicians to continue to develop the debate online and through social media feeds on our website.

Online collaboration

NCCU uses online collaboration to maintain and update the Tables 1a, 1b, 2 and 3 outlined in the IMTP guidance issued to Health Boards from NCCU. These tables enable online collaboration to deliver the WAST Commissioning Intentions for EMS and NEPTS across Wales. They also enable online collaboration for Health Boards and WAST to update progress on the delivery of the joint initiatives identified in IMTPs. The 'Table 3' allow health boards to collaborate online and update progress of the urgent care initiatives identified in IMTPs. NCCU also use this approach and tool to capture and evaluate the impact of the winter funding initiatives across Wales on behalf of the Welsh Government. This way of working enables organisations to share initiatives that deliver better outcomes and improve the quality and experience of care people receive. It enables the Welsh Government to understand what innovations have the most impact and what can achieve increased value with future funding.

Business Intelligence, data analytics & information

NCCU will recruit business intelligence and data expertise to support our digitization plans. Making sense of and utilising data and evidence to inform decision making and improve outcomes for patients through the products and services we deliver is a key priority for us. Also having the ability to access information directly from the servers of the organisations we commission improves the insight we have as commissioners and will enable us to develop more strategic commissioning plans with EASC.

NCCU Integrated Information Environment

NCCU through its work with NWIS and WAST as part of the Amber Review has created an integrated information environment. This linked patient data provides insight into service performance and the impact that has on patient outcomes across the system. It provides the evidence to improve services and the infrastructure to track those improvements across the system. The use of service or population frameworks as the building blocks for commissioning promotes the use of data and measurement and enables NCCU to build the scale of its integrated environment. "What does good look like for Emergency Departments?" through collaboration with NWIS will provide a digital solution to collect data on patients' journey through emergency departments to admission or discharge. The "What will good look like for Urgent Care?" work

being led by the Clinical Director NPUC will shine the light on the next and future areas to commission and develop a linked dataset. The piece by piece process using the evidence gained from the commissioning process to inform future commissioning opportunities seeks to provide system wide improvements the outcomes and experiences of patients receiving care.

NCCU Roadmap 2020/2022

NCCU IMTP Roadmap 2020/2022			
Quarter 1 & 2 2020/21	Quarter 3 & 4 2020/21	Quarter 1 & 2 2021/22	Quarter 3 & 4 2021/22
EASC Commissioned Services			
Collaborative commissioning EMS/NEPTS/EMRTS			
Hours Expansion for Emergency Medical Retrieval and Transfer Service (EMRTS).			
Embed EASC Strategic Commissioning Plans across NHS Wales			
Support WAST & Health Boards to develop and embed dedicated discharge and transfer service across Wales			
Implementation of findings from First point of contact for accessing services review			
National Programme for Unscheduled Care			
What does good look like for Urgent Care?			
National engagement activity	Develop Quality Statements	What does good look like for Intermediate Care?	
National engagement activity		Develop Quality Statements	What does good look like for Ambulatory Care?
National engagement activity		Develop Quality Statements with NPPC	What does good look like for GP Out of Hours?
Improvements to patient outcomes & experience from established populations frameworks (IPOP, WEDFAN)			
Delivery/BAU activity of NPUC programme: PAG & MAG, HCP Calls, Big 4 Clinical issues, Measurement, Policy & Guidance			
Commercial Frameworks			
Mental Health & Learning Disability Adult Hospitals Framework			
Mental Health & Learning Disability CAMHS hospitals			
Mental Health & Learning Disability Adult Care Homes			
Sharing, embedding, developing audit methodologies across NHS Wales			
Bespoke Interventions, Specialist Advice, Guidance & Support			
Supporting Welsh Government			
Develop Quality Statements	Implementing the finding from Review of Older Peoples Care Homes Commissioning		
WHSSC Reviews			
Mental Health Benchmarking			
All Wales projects: Laundry & Catering implementation			
Local Care Mapping			

Putting Policy into Practice Case Study 1

Care Homes National Framework Agreement

The Care Homes' National Framework Agreement (Adults Mental Health & Learning Disability) has been successfully awarded Welsh Government I2S funding on two occasions because of its collaborative nature and alignment to national strategies and policies/ legislation in terms of the Social Services and Well-being (Wales) Act 2014; the Well-being of Future Generations (Wales) Act 2015 and the Regulation and Inspection of Social Care (Wales) Act 2016 and more recent recommendations in *A Healthier Wales: our Plan for Health and Social Care*, that promotes transformational change at a pace.

In terms of partnership working to provide effective delivery of integrated services in Wales, the National Framework is an exemplar of innovation and good practice. The project to deliver the Framework has been collaboratively undertaken across Wales by all 7 Health Boards and all 22 Local Authorities, in partnership with NHS Wales Shared Services Partnership (with Velindre NHS Trust being the named signatory on behalf of organisations for the commercial National Framework Agreement created).

From intelligence and knowledge to date, it is evident there are three main areas where value can be demonstrated and improved upon in terms of value for the resident; value for the Welsh public/taxpayer and value for policy and decision makers. A pilot undertaken within one health board has illustrated financial, qualitative and operational benefits which will be shared with other regional areas across Wales to inform a consistent, transparent approach and methodology.

With much emphasis on the delivery of well-being outcomes for people who require care and support, a more pro-active approach has been adopted to review the services being delivered by residential care providers. The award of a Framework Agreement has given Health Boards and Local Authorities an excellent starting point to change behaviours, practices and approaches and supports the main principles of the Social Services and Wellbeing (Wales) Act 2014. Over time this approach will deliver significant benefits financially, qualitatively and operationally, given the benefit of:

- a single, all Wales, joint health and social care national framework
- a requirement on placement to detail outcomes to be achieved by citizen
- additional quality assurance using proven methodologies to assess and evaluate providers
- a straightforward and legally compliant option for commissioners who will save time and resources on the mechanisms of contracting, finance checks and vacancy searches
- easy accessible information on outcomes, services, incidents, safeguarding and complaints
- a progressive model of care based on outcomes and bespoke care standards
- robust financial sustainability checks to ensure providers can remain a going concern for 14 days after financial failure so citizens can be relocated
- clear, transparent pricing for core and additional services
- greater and improved intelligence including market knowledge and analysis.

Putting Policy into Practice Case Study 2

What does good look like for the Emergency Department? Developing a National Quality & Delivery Framework for the NHS in Wales (EDQDF) –

Case study: summarising position & next steps

Background & Current Position

Each of the six Health Boards and 13 Type 1 EDs have had a Round 2 meeting – follow on from Round 1 introductory meetings held in Quarter 2 & 3 2018/19 – where updates from the NCCU EDQDF Project Team were shared on:

- the expectations of becoming an early adopter of the EDQDF (please see Annex One)
- Health Boards responses to the EDQDF baseline questionnaire
- a presentation on the: current status of the EDQDF development; trial measures for Winter; and the principle of a ‘hands on deck plan’ which could bring the additionality of staff resource this winter
- the draft Schedules that have been developed for the EDQDF Version 1 draft schedules re: Care standards; Activity; Resource Envelope; Model of care; Review of performance and Evaluation
- Welsh ED site bespoke reports for the NHS Benchmarking Network Emergency Care Project that have also been provided to DOFs, COOs, DOPs and those who led their submission

Each site / Health Board were requested to consider whether they wish to become an ‘early adopter’, as well as:

- feedback views on the drafted versions of care standards and the overarching model of care, such as the language used, whether there is anything missing, whether they are likely to be any implications arising etc
- advise if they wish to participate in the development of a concept called POETH (ED triage system with potential for an App)
- review the NHSBN bespoke ED site Emergency Care Report and advise on: a) any specific points re completeness and accuracy they’ve noticed; b) any potential opportunities for local and national improvement they’ve identified; c) any issues they will seek to progress for the ED as part of their Health Board’s IMTP process
- provide an extract from their local winter plan for the period of the last quarter of 2018/19 (January to March 2019)
- provide views on the feasibility of the introduction of a draft trial measures which have been developed for EDs alongside what they feel could be reported*
- provide details of national enablers for service improvements (NESIs) which are being / could be progressed by central supporting organisations such as NWIS, HEIW etc, that could overcome local constraints eg ICM&T infrastructure, workforce modelling, policy etc

(*Correspondence has been sent to Heads of Information to support EDs on testing the feasibility of the measures drafted known as Quadrant 1 measures (please see Annex Two), as it is noted that EDs are dealing with winter pressures, Heads of Information have recently been briefed, and the Welsh Government are keen to make quick progress on reporting beyond 4/12 hours for EDs.)

The NCCU in developing its IMTP 2019/20 have drafted the potential benefits of the EDQDF from various stakeholders perspectives (please see Annex Three) – these are still to be supplemented by the work being undertaken alongside by Swansea University in evaluating the development of the

EDQDF – it should also be noted that significant benefits accrue during the development of the framework and not just from its formal ‘go-live’ operation.

Next steps

1. Early adopters consider the commitment as identified within **Annex One**, and the terms of engagement are then finalised between the respective Health Board and NCCU / NPUC.
2. The fuller development of the EDQDF is commenced at early adopter sites during Quarter 4 2018/19 which will include:
 - establishing the necessary infrastructure requirements both locally and nationally – locally this is expected to compliment local improvement plans and make use of staff who are supporting such work;
 - drafting the action plans for 2019/20 to develop the EDQDF – this will include detailing the programme arrangements and relationships between early adopters and the participation in the development by other EDs, for example, some sites may lead on specific elements of the work and whilst early adopters will work across all aspects of the EDQDF development non-adopters may choose to participate in only some;
 - enhancing the Version 1 draft schedules, produced since Coproduction Workbook- Version Working 1.
3. The feasibility of reporting upon Quadrant 1 Measures exercise is concluded and the reporting of Quadrant 1 measures where possible is commenced for Quarter 4 at – to be agreed – pilot sites.
4. The ED staff surveys to be facilitated via Picker (Europe) are undertaken during Quarter 4, that will give Welsh Government and Health Boards invaluable insights into staff experiences this winter, which will then be built upon as part of the EDQDF development. These are supplementary to the Quadrant 1 measures and responds to ED concerns from the July 2018 Cabinet Secretary EDQDF Launch Event, baseline exercise and site visits, that “*EDs don’t have a voice*”.
5. The complimentary work currently and prospectively to be undertaken in support of the development of the EDQDF by central supporting organisations such as NWIS, HEIW, FDU, DU, will be defined, such work relates to national enablers for service improvements (NESIs):
 - NWIS – support for ED ICM&T infrastructure and the ED POETH triage APP development
 - HEIW – support for redesigning workforce models within ED
 - StatsWales – support for establishing ED measures
 - DU – support for mathematical modelling of flow across the ED 5-step pathway
 - FDU – support for understanding ED financial management and costing value across the ED 5-step pathway
6. Preparing for the *What does good ED look like?* Round 2 Cabinet Secretary Event entitled *Changing the conversation* which will be an opportunity to:
 - report on the production of Quadrant 1 Measures
 - feedback results on the ED staff experience exercise
 - finalise action plans, networking and reporting for the EDQDF development
 - outline how national enablers will be implemented locally
7. A longer term next step is that during the remainder of 2019/20, the framework will become embedded as the normal way of doing business within EDs; and enable the sharing of knowledge and experience to inform wider adoption throughout NHS Wales. Therefore during this period the NCCU Project Team will withdraw and the local services continue to manage the EDQDF and their performance under the EDQDF, however, there will be work undertaken to:

- a. clarify the responsibilities of participants such as those providing the service, the host or employing organisation and any central support from other agencies including Welsh Government;
- b. exploit the national opportunities for facilitating ongoing networking and ongoing development of the EDQDF to maintain its core content and ensure it aligns with new and emerging national priorities and other QDFs.

Early Adopter of EDQDF Briefing

Purpose

To outline expectations from Health Boards and Emergency Departments to become an 'early adopter' for Production Phase Two of the development of a National Quality & Delivery Framework.

Key Issues

The intention for Production Phase 2 is to work with individual Emergency Departments to implement the EDQDF that is, put it into practice in an existing Emergency Department. There was significant interest from Emergency Departments in becoming early adopter sites at both the Round 1 meetings held with each local team and the National Launch Event on the 18 July.

Expectations

It is proposed that early adopter sites are committed to the principles as detailed within the Workbook Version 1, these are summarised in the following extract from the Workbook displayed for ease of below. All partners directly involved in, and contributing to the project aim to:



- **Promote** the philosophy of Prudent Healthcare and application of its principles
- **Act** with consistency, transparency, reasonableness and fairness
- **Commit** to ensure the project successfully delivers by promoting effective and efficient collaboration through: identification of key contact for the project; these will be across all organisations and professional groups who will offer technical advice such as clinical, finance, information; provision of local staff experience and expertise, including staff attendance at events and meetings; and submission of information in accordance with requests
- **Endorse** the delivery of the outcomes from the framework aligned with the quadruple aim and quickly exploit any opportunities for improvement
- **Deliver** the project through widespread engagement and participation with all stakeholders

This PACED structure represents a simple set of ground rules to guide the coproduction process and also to hold the Special Task and Finish Group to account for its leadership of the development.

In addition, an exercise was undertaken at the 18 July event to determine the enablers to add pace to Phase Two and building upon the feedback received, it is proposed that prospective 'early adopters' commit to:

- Identifying a Board level champion to promote locally
- Clinical leadership with a designated local lead
- Local project lead dedicated to the development eg senior nurse
- Access to project support from IT, Finance, Management
- Providing backfill for clinical teams to participate
- Open access to local data repositories
- Regular meetings as required with national team
- Jointly agreed timescales for actions and associated products
- Participation in networking and peer support



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 GIG.NCCU@wales.nhs.uk

Ref EDQDF Quadrant1
Date 23 January 2019

To:
Health Board Heads of Information
Richard Walker (BCUHB)
Lynne Wylde (Aneurin Bevan UHB)
Andrew Nelson (Cardiff & Vale)
David Williams (Cwm Taf UHB)
Lee Morgan (ABMUHB)
Gareth Beynon (Hywel Dda)

Cc
Emergency Department Teams (EDQDF Round 1 & 2 Meetings)
Helen Thomas, NWIS
Rebecca Cooke, NWIS
Aled Brown, Welsh Government
Roger Perks, Welsh Government
Stephen Harry, CASC / NPUC

Dear Colleague

Quadrant 1 Measures for EDs – Beyond 4/12 Hours

At the All Wales Heads of Information meeting on 9 January we presented the development of the National Quality & Delivery Framework for Emergency Departments within NHS Wales.

We specifically requested information colleagues to engage locally with their EDs and support the feedback on the feasibility of reporting the measures that have been created from the work to date, which were also shared as part of the presentation.

We outlined our particular challenge from the Minister to develop measures that begin to change the conversation about what a good ED looks like, and the Welsh Government want to make rapid progress on the testing and establishment of the Quadrant 1 measures, for use alongside the existing 4/12 hour targets.

Therefore, noting that EDs are currently dealing with winter pressures and Heads of Information are now briefed, it would be greatly appreciated if local information teams could quickly take the lead and provide the feedback on the feasibility of reporting the draft measures. These have been called Quadrant 1, as this is the first step towards the ongoing development of a fuller suite of measures for EDs.

To support this exercise we have designed an online database, with an input form that can be access via Airtable <https://airtable.com/shrBSHUml1VVbtoyk>.

It's a simple structured questionnaire with drop down choices for each measure, ED site and feasibility about producing and reporting, plus an opportunity for any further comments or advice. If

you'd rather submit the data directly we can provide full access to the database, just contact matt.wyatt@wales.nhs.uk.

To allow us to update the Welsh Government on the feasibility of reporting some or all of the measures during 2018/19, at some or all sites, and the development programme required across some or all sites, completion of the questionnaire would be appreciated by **close of play on Wednesday 30 January**.

For ease of reference, please find attached:

Appendix One	Summary of EDQDF Pathway and Care Standards
Appendix Two	"What does good look like for ED" Quadrant 1 Aims
Appendix Three	EDQDF Quadrant 1 Measures (v1 181115)

If there are any queries please do not hesitate to contact us.

Yours sincerely



Dr Jo Mower
Clinical Director



Julian Baker
Director of National
Collaborative Commissioning



Matt Wyatt
Advisor

Appendix One
Summary of EDQDF Pathways and Care Standards

When you need emergency care			⇨	⇩
The Emergency Department will communicate and engage with you to support the public understanding, day to day access and ongoing development of emergency services.	1a Engagement 1c Patient Alerts	1b Public Information 1d Operating Status		
When you arrive at the hospital			⇨	⇩
The Emergency Department will have suitable environments and proactive processes to greet you and on arrival quickly identify who you are and why you have attended.	2a Meeting & Greeting 2c Ambulance Arrivals	2b Navigation 2d Clinical Triage		
When you are examined			⇨	⇩
The Emergency Department will ensure that you are directed to the right clinician, in the right place and at the right time, based on your level of need and discomfort.	3a Comfort & Safety 3c Staffing Levels	3b Active Monitoring 3d Shared Decisions		
When you need treatment			⇨	⇩
The Emergency Department will provide you with a definitive diagnosis and a range of effective interventions, treatments and advice and agree a plan for your ongoing care.	4a Clinical Facilities 4c Specialist Review	4b Treatment Protocols 4d Continuity of Care		
When you are ready to go			⇨	⇩
The Emergency Department will have effective arrangements in place to provide continuity of care with the minimum of delay, when you are ready to leave.	5a Ongoing Referral 5c Expediting Delays	5b Admission Rights 5d Clinical Information		

Appendix Two
What does good look like for ED?
Improvement Aims for Developing Quadrant 1 Measures

When you need emergency care



Net Effect at Step 1: To improve communication and reduce attendances at times of escalation

When you arrive at the hospital



Net Effect at Step 2: To implement clinical triage within 15 minutes of arrival

When you are examined



Net Effect at Step 3: To access the right clinicians in the right place and at the right time

When you need treatment



Net Effect at Step 4: To accurately identify those patients who require acute admission

When you are ready to go



Net Effect at Step 5: To improve work flow between ED and allied inpatient departments

When you need emergency care			↓
Record the level of escalation within each ED and the date and time when it changes	Description of Emergency Care Communications within Winter Plans	Chart the levels of escalation of each ED over time, against number of attendances	
When you arrive at the hospital			↓
Record the Triage score/category and the time Triage is completed	Description of the planned staffing roster, dedicated to undertaking Triage	Chart the waiting time from Registration to completed Triage by Triage Category	
When you are examined			↓
Record the Numbers of Patients arriving at each Clinical Area within the ED	Record the number of unmet Hours of Staff deployment, against the planned roster including Bank, Agency & Locum	Chart the time from Triage, to the initial consultation in each Clinical Area	
When you need treatment			↓
Record the time and specialty, when a referral for inpatient admission is made	Audit of the staff time spent in the ED, by Acute Inpatient Specialities	Chart the top 10 conditions by time from Registration to completion of Treatment	
When you are ready to go			↓
Record the ED discharge time and destination of every patient when they leave the ED	Describe the range in the Unit Cost of Care, for every patient by discharge destination	Chart the time from Registration to Discharge by Clinical Area, Top 10 Condition and Triage Category	

Potential Benefits across Stakeholders			
Public & Patients	Welsh Government	Health Board(s)	Emergency Department(s)
<ul style="list-style-type: none"> • Understanding the service • Knowing when and how to use the service • Awareness of the expected Care standards for the service 	<ul style="list-style-type: none"> • Understanding the service • Helping to inform policy • Helping to agree policy • Helping to put policy into practice • Specified National ('Once for Wales') Care standards for the service • Transparent and consistent all Wales data reporting • Enhanced measurement beyond 4/12 hour performance 	<ul style="list-style-type: none"> • Understanding the service • Support and clarity on the expectations for service delivery • Transparency and a mechanism for balancing activity and resources with performance • Clarity of the expected Care standards from the service • Identification of opportunities for direction of the public to alternative services rather than the ED • Identification of opportunities for direction of ED patients to a more appropriate service • Transparent and consistent all Wales data reporting • Understanding of the population profiles attending ED • Understanding of the resource envelope to identify alternative models to improve patient flow and reduce variation & waste • Enhanced measurement beyond 4/12 hour performance 	<ul style="list-style-type: none"> • Understanding the service • Ability to put policy into practice • Possibility of negotiating policy • Sharing of good practice • Networking – as a team, professionally and individually • Informing policy • Learning from peers • Improved Staff Health & Well Being • Transparency for balancing activity and resources with performance • Delivery of the National Care standards for the service that have been created by the service • Identification of opportunities for direction of the public to alternative services rather than the ED • Identification of opportunities for direction of ED patients to a more appropriate service • Transparent and consistent all Wales data reporting • Understanding of the population profiles attending • Understanding of the resource envelope to identify alternatives models which may improve patient flow across the pathway of care (at front of ED, through ED and at back of ED); and reduce variation & waste • Reviewing patient outcomes across the pathway of care to improve patient safety • Enhanced measurement beyond 4/12 hour performance

Appendix 1: EMS Commissioning Intentions

EMS Commissioning Intentions Tables 1 & 2

The tables below give the detail of the WAST and Joint work to be delivered to achieve the 2019/20 commissioning intentions for EMS. NCCU use an online collaboration tool to share, maintain and update progress on these actions across WAST and the Health Boards. The database is live. These tables represent the content and progress as of 29th January 2019.

Table 1 EMS: WAST Updates to the Framework Agreement (1a), Performance Improvements (1b)									
EASC IMTP	Organisation	Short Title	Summary Description	Operational Leads	Scale or Location	Timescale	5 Step Model	CAREMORE	Primary Net Effect
Table 1a - Updates	WAST	Band 6	Development of clinical indicators which complement the benefit realisation assumptions for Band 6 Paramedic investment to be produced.	Rachel Marsh		<3 Months	Step 4 - Give me treatment	Review of Performance	
Table 1a - Updates	WAST	IMTP	Review of 2018/19 IMTP financial assumptions and financial plan v forecast outturn for 2018/19 and 2019/20 financial assumptions and financial plan.	Chris Turley		<3 Months	Across the Steps		
Table 1a - Updates	WAST	Data repository	Data repository covering A1 Activity, RE1 Resource Envelope, R1 Performance Measures, including the AQIs, to be utilised with when, who, when specifically stated.	Rachel Marsh		<6 Months	Across the Steps	Care Standards	
Table 1a - Updates	WAST	Call to door times	Call to door times for STEMI and stroke to be produced.	Chris Turley		<3 Months	Step 4 - Give me treatment	Review of Performance	
Table 1a - Updates	WAST	Update Framework Agreement	Overall framework updated and signed off by CASC and WAST CEO.	Julian Baker		In Place	Across the Steps	Care Standards	
Table 1a - Updates	WAST	Trigger points	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.	Julian Baker		<3 Months	Across the Steps	Care Standards	
Table 1a - Updates	WAST	IMTP Delivery	Progress review of 2018/19 IMTP actions	Rachel Marsh		In Place	Across the Steps	Care Standards	
Table 1a - Updates	WAST	Local measures	Development of local measures by health board.	Rachel Marsh		<6 Months	Across the Steps	Care Standards	
Table 1a - Updates	WAST	Fleet and staff mix	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.	Rachel Marsh		<12 Months	Across the Steps	Care Standards	
Table 1a - Updates	WAST	Tables 1,2 & 3	Inclusion of completed IMTP 2019/20 tables following EASC IMTP approval.	Rachel Marsh		<3 Months	Across the Steps	Care Standards	
Table 1a - Updates	WAST	Core requirements	The reporting against core requirements to be undertaken twice a year as described under the Commissioning Intention for Care Standards.	Rachel Marsh		<12 Months		Care Standards	
Table 1a - Updates	WAST	Financial value payable	Financial value payable by EASC and associated assumptions.	Chris Turley		<3 Months	Across the Steps		

Table 1a - Updates	WAST	Operational arrangements to be reviewed by EASC on an ongoing basis.	NCCU and WAST to specifically work on a work programme that feeds into JMAG/PDEG/EASC and the EASC/WAST Performance Meeting.	Julian Baker		<3 Months	Across the Steps	Care Standards	
Table 1b - Performance	WAST	"Net effect"	Known "net effect" in terms of activity impact, resource impact and performance impact from all initiatives.	Julian Baker	Once for Wales	> 12 Months	Across the Steps		
Table 1b - Performance	WAST	Allocation times	Time to allocation to Red calls to reduce.	Louise Platt	Once for Wales	In Place	Step 2 - Answer my call		Increase Capacity in Community
Table 1b - Performance	WAST	Clinical Support Desk.	Patient demographics recording to be improved to support patient identifier for linked data.	Chris Turley	Once for Wales	<6 Months	Step 2 - Answer my call		Increase Capacity in Community
Table 1b - Performance	WAST	Resource utilisation to improve	Use of external providers to be reduced.	Louise Platt	Once for Wales	In Place	Step 3 - Come to see me		Increase Capacity in Community
Table 1b - Performance	WAST	Red performance	Red performance to be maintained and the 95th percentile to reduce.	Louise Platt	Once for Wales	In Place	Step 3 - Come to see me		Improve Efficiency in Community
Table 1b - Performance	WAST	Resource utilisation will improve	Sickness rates reduced for all direct staff across each of the steps.	Louise Platt	Once for Wales	<6 Months	Across the Steps		Increase Capacity in Community
Table 1b - Performance	WAST	Amber performance	Amber 95th percentile times to reduce across each health board area.	Louise Platt	Once for Wales	In Place	Step 3 - Come to see me		Improve Efficiency in Community
Table 1b - Performance	WAST	Proportion of spend	Shift from Steps 5 & 4 to Steps 3 & 2.	Louise Platt	Once for Wales	<12 Months	Across the Steps		Increase Capacity in Community
Table 1b - Performance	WAST	Handover to clear	Handover to clear times to reduce across all health boards areas.	Louise Platt	Once for Wales	In Place	Step 5 - Take me to Hospital		Improve Efficiency in Community
Table 1b - Performance	WAST	Resource utilisation will improve	Overtime use to reduce.	Louise Platt	Once for Wales	<6 Months	Step 3 - Come to see me		Increase Capacity in Community
Table 1b - Performance	WAST	Ideal response	The percentage of incidents where the first arriving vehicle is the ideal response to increase.	Louise Platt	Once for Wales	In Place	Step 4 - Give me treatment		Increase Capacity in Community
Table 1b - Performance	WAST	Multiple arrivals	Multiple vehicle arrivals at scene to reduce for Amber and Green incidents.	Louise Platt	Once for Wales	In Place	Step 3 - Come to see me		Increase Capacity in Community
Table 1b - Performance	WAST	Resource utilisation will improve	Compliance with planned (that is new) rosters to increase.	Louise Platt	Once for Wales	In Place	Step 3 - Come to see me		Increase Capacity in Community
Table 1b - Performance	WAST	Clinical Support Desk	Clinical desk activity types to reflect all activity undertaken.	Chris Turley	Once for Wales	<6 Months	Step 2 - Answer my call		Increase Capacity in Community
Table 1b - Performance	WAST	Clinical Support Desk	The volume of calls assessed and closed by the clinical desk to increase.	Louise Platt	Once for Wales	In Place	Step 2 - Answer my call		Increase Capacity in Community

Table 1b - Performance	WAST	Clinical indicators	Clinical indicators performance to improve, and be above 95% in all health board areas (except ROSC).	Brendan Lloyd	Once for Wales	In Place	Step 4 - Give me treatment		Improve Efficiency in Community
Table 1b - Performance	WAST	Resource utilisation will improve	Rosters aligned to demand (across days and time of day) for direct staff across each step.	Louise Platt	Regional	<12 Months	Step 3 - Come to see me		Increase Capacity in Community
Table 1b - Performance	WAST	Reduced spend	On operating expenses.	Chris Turley	Once for Wales	<12 Months	Across the Steps		Increase Capacity in Community
Table 1b - Performance	WAST	Call to door times	95th percentile call to door times (STEMI and Stroke) to reduce across each health board area.	Louise Platt	Once for Wales	In Place	Step 4 - Give me treatment		Increase Capacity in Community

Table 2 EMS: WAST & Health Board Joint Initiatives

Organisation	Short Title	Summary Description	Operational Leads	Scale or Location	Timescale	5 Step Model	NPUC Priorities	Primary Net Effect	Primary Net Effect Comment
ABMUHB	Further enhance access to Alternative Pathways of Care	Work closely with Health Board leads to identify opportunities to enhance and develop Alternative Care Pathways. Actions to include: (i) Monitoring referral and compliance of established ACPs, (ii) Review WAST & ABM data to identify opportunities to develop new ACPs (iii) Undertake an evidence based approach to establish new ACPs based upon clinical need.	Jeff Morris	Health Board		Step 3 - Come to See Me Step 4 - Give me Treatment	Chest Pain, Respiratory, Falls, Mental Illness, HCP Call Compliance, Conveyance to non ED settings, Alternative Referrals, Notification to Handover	Reduce Demand in ED	Improve Patient Experience
ABMUHB	Enhanced management of Frequent Service users	(i) Continue the Multi-disciplinary team approach with Health Board clinical / service leads to identify, review and manage frequent service users. (ii) Regular review activity data to identify high volume service users and engage with service leads to understand the reasons and put into place mitigating actions to reduce demand (for example continue to work closely with Parc Prison, Bridgend to reduce 999 generated attendances).	Jeff Morris	Health Board		Step 1 - Help me to choose Step 3 - Come to See Me Step 4 - Give me Treatment	Falls	Reduce Demand in ED	Improve patient experience
ABMUHB	Enhanced services to manage Falls Patients	Continue to develop and enhance care for the management of non-injury and low-acuity falls patients. Actions to include: (i) Fully roll out 'IStumble' and 'I Fell Down' falls assessment toolkits across all Residential & Nursing homes in ABMU to improve the management of non-injury falls patents to avoid unnecessary ambulance attendance and onward conveyance to ED. (ii) Seek funding to establish a dedicated Joint Falls Response vehicle in collaboration with Health Board clinical leads to manage low acuity falls patients in the community (Risk - availability of funding). (iii) Work closely with Health Board to identify and trial any new initiatives to improve the care and management of non-injury / low acuity falls patients.	Jeff Morris	Health Board		Step 3 - Come to See Me Step 4 - Give me Treatment Step 5 - Take me to Hospital	Falls	Reduce Demand in ED	Improve patient experience
ABMUHB	Enhance the provision of Advanced Paramedic Practitioners across ABMU	Fully embed the Advanced Paramedic Practitioner rotational model across ABMU. Actions to include: (i) Recruit and fully embed the new 6 x APPs across the three rotational pillars (Primary care / WAST community response and CCC) following Winter investment monies (ii) Support the Trust wide initiative to expedite a national APP model (subject to business case approval)	Jeff Morris	Health Board		Step 3 - Come to See Me Step 4 - Give me Treatment	Big5 Combination Respiratory Chest pain Fallers Mental Health	Reduce Demand in ED	Improve Patient Outcomes

ABMUHB	Management of Hospital Handover Delays	Joint working between WAST & Health Board to proactively manage and minimise hospital handover delays. Actions to include: Action (i) Implement robust operational arrangements to proactively manage periods of peak hospital activity to improve patient flow and minimise delayed ambulance handover Action (ii) Put in place clear action plans to manage handover delays (including Joint Winter Plans).	Jeff Morris	Health Board		Step 5 - Take me to Hospital			Improve Patient Outcomes
ABMUHB	Support the Mid & West Regional Stroke Model work stream	Continue to engage and support the development of a regional Stroke model for Mid & West Wales. Actions to include: (i) Continue to attend and support the Stroke Project Group, (ii) Support the development of the regional model and undertake bespoke ambulance modelling to identify the ambulance specific impacts. (iii) Explore WASTs role to support the preferred clinical model		Regional		Step 3 - Come to See Me Step 4 - Give me Treatment Step 5 - Take me to Hospital		Reduce Demand in ED	Improve Patient Outcomes
ABMUHB	Bridgend Locality Boundary Proposals	Continue to engage and support the future planning and manage the operational impacts of the Bridgend Locality boundary change to Cwm Taf UHB.		Regional		Step 3 - Come to See Me Step 4 - Give me Treatment Step 5 - Take me to Hospital			n/a
ABMUHB	Pro-active monitoring and management of service change proposals.	WAST will continue to engage proactively with Health Boards to identify and jointly plan for all local service change. Actions to include: (i) WAST & the three M&W regional Health Boards (ABMU, HDda & Powys) to regularly meet and review service change with planning and operational leads via the Joint Mid & West Wales Planning Forum; and (ii) WAST to support the ABMU Joint Evaluation Group (inc Health Board & Local Authority leads)		Regional		Step 3 - Come to See Me Step 4 - Give me Treatment Step 5 - Take me to Hospital			n/a
ABUHB	Frequent Callers - Phase 2	Phase 2 scoping: Nursing/care homes to avoid unnecessary 999 calls & admission to hospital. Working in partnership with 53 care homes within Aneurin Bevan, I stumble, manger elks, education & support.	Ken Smith	Once for Wales		Step 1 - Help me Choose Step 3 - Come to See Me Step 4 - Give me Treatment	Chest Pain, Respiratory, Falls, Mental Illness, HCP Call Compliance, Conveyance to non ED settings, Alternative Referrals, Notification to Handover	Reduce Demand on ED	
ABUHB	ETTF Telemetry Project: Telemetry of Diagnostic ECGs direct to Primary	To improve early recognition of cardiac conditions in the community / aligned to national delivery plans e.g, identifying new AF cases. Paramedic interpretation of ECG with ability for clinicians at receiving unit to view ECG via telemetry to inform clinical decisions. Phase 3 roll out to GPs - pathway complete, awaiting GPC Wales confirmation.	Greg Lloyd	Once for Wales		Step 4 - Give me Treatment Step 5 - Take me to Hospital	Chest pain	Improve Efficiency in Admissions	

	Percutaneous Coronary Intervention Facilities								
ABUHB	Falls	Falls Vehicle: Operational 7 days a week, (aligned with community resource teams) Paramedic and Physiotherapist on a Specialised Falls Vehicle adapted to store additional equipment and full paramedic kit as per RRV. Emergency response capable. Falls Tier 1 assistants for winter period. Consider in context of Strategic Falls WAST work and any further opportunities.	James Gough	Health Board	In Place	Step 3 - Come to see me	Falls	Reduce Demand on ED	
ABUHB	Potential roll out of 111	Roll out 111 within AB	Chris Powell	Health Board		Step 1 - help me choose Step 2 - Answer my call Step 3 - Come to see me Step 4 - Give me treatment	HCP Respiratory Fallers Mental Health Chest Pain	Improve Efficiency in Community	
ABUHB	Pathways	Programme to review and where necessary refresh pathways including trauma, obs & gynae, ENT, back pain	Tim Rogerson	Health Board		Step 5 - Take me to Hospital	HCP Respiratory Fallers Mental Health Chest Pain	Reduce Demand on ED	
ABUHB	Changes to the provision of obstetrics, neonatal, gynae and paediatric services	Planning for any potential interim solution, prior to relocation to The Grange Hospital	Deborah Kingsbury	Health Board		Step 5 - Take me to Hospital			Options not applicable
ABUHB	Vascular (arterial surgery)	Centralisation of arterial vascular surgery in South East Wales	Ian Morris	Regional		Step 5 - Take me to Hospital			Options not applicable
ABUHB	Clinical Futures Strategy	Clinical Futures Strategy overarching clinical, workforce and estates strategy that encompasses reconfiguration of primary, community, LGHs and the development of The Grange University Hospital	Sarah Parks Jones	Health Board		Across the Steps	HCP Respiratory Fallers Chest Pain		Options not applicable
ABUHB	HCP Pilot	Pilot to diarise HCP admissions utilising booked UCS crews	Rachel Taylor	Health Board		Step 3 - Come to see me	HCPs	Improve Efficiency in ED	
ABUHB	Acute Coronary Syndrome Pathway Development	Redesign Acute Coronary Syndrome service to meet the NICE guidelines for the ACS pathway for Heart Disease. The ACS pathways pilot has seen a reduction in referral to transfer times down to 2 days in 2017. Further evaluation will take place ahead of potential roll out in 2018 Dedicated transport being piloted for 3 months as part of	Paula Goode	Regional		Step 5 - Take me to Hospital	Chest Pain	Improve Efficiency in ED	Improved patient outcomes

		pathway.							
ABUHB	APP	Further roll out of Advanced Paramedic Practitioners into ABUHB following pilot. Pilot Operational 18 hours per day 7 days a week. APPs rotate between Clinical Contact Centre (CCC) and operational RRV. APP in CCC dispatches APPs in RRV to ensure tasked with most appropriate calls.	Mike Jenkins	Health Board		Step 3 - Come to see me Step 4 - Give me treatment	HCP Respiratory Fallers Mental Health Chest Pain	Reduce Demand on ED	
ABUHB	Frailty	Development of direct access pathway to frailty beds, advanced care plans and end of life care.	Sian Millar	Health Board		Step 3 - Come to see me Step 4 - Give me treatment Step 5 - Take me to hospital	HCP Respiratory Fallers Mental Health Chest Pain	Reduce Demand on ED	
ABUHB	Physician Response Unit (PRU)	WAST provide vehicle, equipment, PPE for consultants and RRV paramedic. LHB provide consultant from Nevill Hall 9-5 (approx 3 days) and any other equipment & medications. Additional appropriate jobs selected from stack. If patient requires admission then patient can be referred direct to appropriate specialty team therefore bypassing ED.		Health Board		Step 3 - Come to See Me Step 4 - Give me Treatment		Reduce Demand on ED	
BCUHB	Frequent Callers - Phase 2	Work in Wrexham and Flintshire to provide basic first aid training by CFRs in nursing homes, which has had a positive impact on call numbers. Linked to Community Team. Joint work to identify top 10 Nursing Homes and measure admissions - link with Integrated Clinical Hub. Monthly meeting to consider frequent calls by nursing and residential care settings. Group reports formally to BC UHB West Area Director and BC UHB Clinical Director. ISTUMBLE model shared amongst BCUHB colleagues and BC UHB Conwy Falls Group. Frequent caller work also undertaken with Vulnerable Adult Review Meetings chaired by N Wales Police and being piloted in Anglesey area - suggests expansion across BC UHB. Work completed to identify FCs across Anglesey, N Gwynedd, Conwy and Denbighshire over 12 month period (Dec 2016 - Nov 2017) and common themes. Monthly frequent caller group established at Ysbyty Gwynedd Hospital chaired by an ED consultant. Referrals to most appropriate agency for support, with collective support of the group. Contact with GP practice is integral to the process.	Liz Hughes	Locality	> 12 Months	Step 2 - Answer my call	Chest Pain, Respiratory, Falls, Mental Illness, HCP Call Compliance, Conveyance to non ED settings, Alternative Referrals, Notification to Handover	Reduce Demand on ED	Reduction in resources deployed

BCUHB	ETTF Telemetry Project: Telemetry of Diagnostic ECGs direct to Primary Percutaneous Coronary Intervention Facilities	To improve early recognition of cardiac conditions in the community / aligned to national delivery plans e.g, identifying new AF cases. Paramedic interpretation of ECG with ability for clinicians at receiving unit to view ECG via telemetry to inform clinical decision at LHB area. The funding for the project is until end March 2019 and WAST is currently collating the data that will inform the decision as to whether this is handed over as business as usual from 1st April 2019.	Greg Lloyd	Health Board		Steps 4 and 5	Chest pain	Improve Efficiency in Admissions	
BCUHB	Single Integrated Clinical Assessment and Triage (SICAT) Hub	Other actions in this template support the development of the SICAT. This brings together work on the Clinical Desks and health board Clinical Hubs. SICAT clinicians provide secondary clinical assessment and triage for 999 calls (including HCP calls) and calls from WAST operational crews on scene with patients. APPs in the CCC will identify suitable calls on the WAST stack for enhanced triage to be undertaken by BC UHB clinicians. Incremental development, and project still in its infancy. MOU is being completed and SOP has been developed. Resource impacts to be identified over time.	TBC	Health Board	> 12 Months	Step 2 Step 3 Step 4 Step 5	HCP Chest pain Respiratory Fallers Mental Health	Reduce Demand on Admissions	
BCUHB	Advanced Paramedic Practitioners	Following the successful 5 month study pilot in BC UHB area with 10 APPs, this will be rolled out on a permanent basis across BC UHB. The business case outlines a rotational model and 3 year Pacesetter funding was received for the APP pilot to support the provision of Primary Healthcare. A joint WAST/HB project group is currently being established.	Andy Swinburn	Health Board	<12 Months	Step 3 Step 4 Step 5	HCP Chest pain Respiratory Fallers	Reduce Demand on ED	
BCUHB	Preparatory work for 111	National programme timescales in development. WAST and health board to work together to prepare for implementation once timescales confirmed. Current timeline is suggesting that the 111 programme will be completed in Q3/4 of 2020-21. It is necessary to confirm anticipated dates so that the preparatory work can be scoped.	Chris Powell	Health Board	> 12 Months	Step 1 - Help me to choose		Increase Capacity in Community	Increase Capacity in Community
BCUHB	Develop the alcohol treatment center model	Alcohol Treatment Centre in Wrexham (Wrexham Welfare Centre). This project is supported by WAST, BC UHB and the Local Authority on a seasonal basis with the service delivered by The British Red Cross. There is anecdotal evidence of its success as a concept and initial data shows that A&E attendances are reduced (Jan - Oct 2018: 12,742 people treated; 56 ambulances cancelled or referred to more appropriate alternatives). It should be noted that the center also impacts on the wider drug and alcohol agenda as part of the North Wales Area Planning Board (APB) work on Reducing Harm from Alcohol programme. Projects may also flex up and down in different areas such as Rhyl on a less frequent basis, depending on service need.	Vicky Jones	Locality	> 12 Months	Step 2 - Answer my call		Increase Capacity in Community	Increase Capacity in Community

BCUHB	Maximising utilisation of GP OOH pathways	GP OOH provision in Emergency Dept OOH. Standardisation of criteria across EDs. Linked to SICAT and directory of services. Part of current 90 day planning includes feasibility study to understand the potential increases in Primary Care capacity through use of Tele Health for urgent referrals. Work commenced in October 2018 and will continue into 2019 - immediate focus on reviewing existing business case for use of telehealth, engagement with GP clusters and options appraisal with associated scale and scope of benefits.	Duncan Robertson, Meinir Williams	Health Board	<12 Months	Across the Steps		Increase Capacity in Community	Reduce Demand on ED
BCUHB	Develop and implement new alternative care pathways	The following care pathways are now in place: GGP & OOH/drug & alcohol/cardiac care/COPD/epilepsy/falls/diabetic/midwife/palliative care/mental health/specialist practitioner/mental health/social care. A reporting template/data set is being developed to assess the referral rates from ambulance crews. Referral pathways and improving their utilisation is also be a project under the BCUHB Unscheduled Care Programme. This action is being delivered to plan and is a core work stream within the BCU USC Transformation Programme with a specific 90 Day Action Plan concerning Clinically Safe Admission Avoidance. Existing performance has been baselined and a stretch target set for Q3 of increasing MIU utilisation by 25%	Meinir Williams Duncan Robertson	Health Board	<12 Months	Step 3 - Come to see me	Mental Illness	Reduce Demand on ED	Improve Efficiency in ED
BCUHB	Implement referral pathway for mental health	Mental health pathway in place with Glan Clwyd Hospital and went live on 20th November 2017. The on call Psychiatric Liaison Team Professional will discuss the case with the referring paramedic. Over the Christmas period a pilot was put in place across police, clinicians and mental health. There is an opportunity to widen out to CAMHS. Referral of patients to other healthcare professionals in appropriate setting. Some further work being done around real time utilisation of pathways and information on use. Need to publicise pathways. Awaiting confirmation of HB colleagues of capacity to support MH Pathway in West and East (pathway is ready to be implemented once assurance of capacity in the system to support referrals)	Chris Lines, Jon Sweet	Health Board	<12 Months	Step 5 - Take me to Hospital		Improve Efficiency in ED	Improve Efficiency in ED
BCUHB	Implement referral pathway for MIU	MIU pathways in place with a need for increased number of conveyances via this route. WAST has developed and distributed the policy to crews and work is ongoing to ensure that access to MIUs is supported by appropriately trained staff and services. Some further work being done around real time utilisation of pathways and information on use. Need to publicise pathways.	Meinir Williams, Chris Lines, Jon Sweet	Health Board	<12 Months	Step 5 - Take me to Hospital		Improve Efficiency in ED	Improve Efficiency in Admissions
BCUHB	Rapid handover - Paramedic Pathfinder to	Maximising the utilisation of existing pathways of care supported by use of Paramedic Pathfinder. Rapid handover to be explored in further detail by both WAST and health board - consideration of Fit to Sit and	Ruth Millward, Jonathan Turnball-	Health Board	<12 Months	Step 5 - Take me to Hospital	Falls	Improve Efficiency in Admissions	Increase Capacity in Community

	be implemented in Ysbyty Gwynedd and Ysbyty Glan Clwyd EDs	assessment in ED to progress 15minute handover - part of the Unscheduled Care Programme. Working with Ysbyty Glan Clwyd to work up rapid handover protocols and training for ED staff in early 2019.	Ross						
BCUHB	Falls pathways	CAT pilot has ended and there is a need to link in with the national WAST falls work. The health board and WAST will work together to determine the model required and this may require additional resource. CFRs currently being issues with Manger Elk lifting devices and trained in their use along with diagnostic equipment to assist with clinical assessment support from CCCI. WAST in early liaison with health board re falls management as part of unscheduled care programme. WAST CFRs continue to be utilised as Tier 1 falls response with additional resources from BC UHB primary care and community services being identified who could also provide Tier 1 response e.g. Anglesey Night Owls. Resource mapping exercise to be completed identifying additional resources.	Gareth Evans	Health Board	> 12 Months	Step 3 - Come to see me		Increase Capacity in Community	Improve Efficiency in Admissions
BCUHB	Service change across the BC UHB region	Unscheduled care system - work streams split between 2 AOM's in the North. Liz Hughes to lead on SICAT and represent WAST on the Unscheduled care board (USB) and Jon Sweet to lead on Pathway utilisation. All tasks from the USB to be reported via feedback after each meeting.	Rob Smith, Jo Williams, Liz Hughes, Jon Sweet	Health Board	<12 Months	Across the Steps		Improve Efficiency in Admissions	0
BCUHB	Service change across the BC UHB region	Stroke and thrombectomy services - health board currently considering options for acute and hyper acute stroke care, as well as wider model for rehabilitation. WAST is engaged in this work	Wendy Hooson, Jo Williams, Liz Hughes, Jon Sweet	Health Board	> 12 Months	Step 5 - Take me to Hospital			0
BCUHB	Service change across the BC UHB region	Vascular surgery - changes due to be implemented in April 2019 with centralisation at YGC. Hybrid theatre currently in development. WAST working with the health board to identify potential patient numbers, and clinical flows.	Jo Garzoni, Jo Williams, Liz Hughes, Jon Sweet	Health Board	<6 Months	Step 5 - Take me to Hospital			0
BCUHB	Service change across the BC UHB region	Orthopedics - potential three year move from 5 sites to 3. FURTHER DETAIL TO BE PROVIDED		Health Board	<12 Months	Step 5 - Take me to Hospital			0
BCUHB	Service change across the BC UHB region	A tender process is underway for Renal service delivery across BCUHB, four units excluding Glan Clwyd are involved. Included in the tender process is the development of a new satellite site in Mold. NEPTS, WRCN and the HB are currently exploring the development of a 6 day ambulatory service for the renal patients across BCUHB.		Health Board	<12 Months	Step 5 - Take me to Hospital			0

BCUHB	Service change across the BC UHB region	Urology. FURTHER DETAIL TO BE PROVIDED		Health Board	<12 Months	Step 5 - Take me to Hospital			
BCUHB	Service change across the BC UHB region	Eye care - provision of some ophthalmology services closer to home. FURTHER DETAIL TO BE PROVIDED		Health Board	<12 Months	Step 5 - Take me to Hospital			
CAVUHB	Frequent Callers & CHIST	Phase 2 WAST: Nursing/care homes to avoid unnecessary 999 calls & admission to hospital. Building on the pilot in Cardiff and Vale UHB; expanding from 8 to 11 care homes. Further development of the Care Home Integrated Support Team (CHIST). linked to Transformational Funding. Linked work to support care homes to reduce the calls make to WAST and the number of residents who are admitted to the Emergency Department	Lynne Topham, Robin Petterson	Once for Wales		Step 1 - Help me Choose Step 3 - Come to See Me Step 4 - Give me Treatment	Chest Pain, Respiratory, Falls, Mental Illness, HCP Call Compliance, Conveyance to non ED settings, Alternative Referrals, Notification to Handover		
CAVUHB	Direct Access Pathway	Develop and implement additional 'direct-access' care pathways via WAST: • Ambulatory Emergency Care- further develop pathway linked t o ambulatory transformation • Cardiology care (for certain conditions)	Mark Cadman	Health Board		Step 3 - Come to See Me Step 4 - Give me Treatment	HCP Respiratory Fallers Chest Pain	Reduce Demand on ED	
CAVUHB	Falls Response Team	WAST/CRT Falls Response Team Operating Mon-Fri, 08:30-16:30, patients referred via 999 following a fall to receive same day urgent home based assessment by paramedic and CRT therapist. To provide confirmation of physical injury and advice/signposting to other community based services as appropriate	Sue Morgan	Health Board		Step 3 - Come to see me		Reduce Demand on ED	
CAVUHB	Code Stroke	Continue to review Code Stroke processes to identify opportunities to improve performance including working with WAST on refining pre-hospital pathways to reduce door to needle time	Geraldine Johnstone, Greg Lloyd	Health Board		Step 5 - Take me to Hospital		Improve Efficiency in ED	
CAVUHB	Focus on Amber/Green Calls	Analysis and understanding of Amber/Green performance to support improvement Pilot Hospital Avoidance Vehicle	Lee Davies	Health Board		Step 3 - Come to See Me Step 4 - Give me Treatment Step 5 - Take Me to Hospital		Reduce Demand on ED	
CAVUHB	Potential roll out of 111	Implementation of the national 111 programme in the C&V area - this is subject to nationally agreed timescales and will be updated once confirmed dates are known.	Chris Powell	Health Board		Step 1 - help me choose Step 2 - Answer my call Step 3 - Come to see me Step 4 - Give me treatment	HCP Respiratory Fallers Mental Health Chest Pain	Improve Efficiency in Community	

CAVUHB	APP Trial	Introduction of Advanced Paramedic Practitioners into SE	Mike Jenkins	Once for Wales		Step 3 - Come to see me Step 4 - Give me treatment	HCP Respiratory Fallers Mental Health Chest Pain	Reduce Demand on ED	
CAVUHB	Service reconfiguration: Vascular (arterial surgery)	Centralisation of arterial vascular surgery in South East Wales	Marie Davies	Regional		Step 5 - Take me to Hospital			Options not applicable
CAVUHB	Service reconfiguration: Major Trauma	Live major trauma network by October 2019 and functioning major trauma centre at UHW and designated trauma units by April 2020.	Jonathan Watts			Step 5 - Take me to Hospital			Options not applicable
CAVUHB	Service reconfiguration: Relocation of Rockwood Hospital to UHL	Reprovision of Specialist Neuro and Spinal Rehabilitation Services and Clinical Gerontology Services	Deborah Kingsbury	Health Board		Step 3 - Come to See Me Step 4 - Give me Treatment Step 5 - Take Me to Hospital	HCP Respiratory Fallers Mental Health Chest Pain		Options not applicable
CAVUHB	Service reconfiguration: Hyper Acute Stroke Unit	Work with regional partners on the establishment of HASU	Deborah Kingsbury	Regional		Step 3 - Come to See Me Step 4 - Give me Treatment Step 5 - Take Me to Hospital	HCP Respiratory Fallers Mental Health Chest Pain		Options not applicable
CAVUHB	Acute Coronary Syndrome Pathway Development	Redesign Acute Coronary Syndrome service to meet the NICE guidelines for the ACS pathway for Heart Disease. The ACS pathways pilot has seen a reduction in referral to transfer times down to 2 days in 2017. Further evaluation will take place ahead of potential roll out in 2018. Dedicated transport piloted as part of pathway.	Paula Goode		In Place	Step 5 - Take me to Hospital	Chest Pain HCP	Improve Efficiency in ED	
CTUHB	Falls pathway development	Pathway to be reviewed, also considering models across Wales as part of the Falls Framework developed within WAST and implementation of the falls assistant pilot for winter 2018/19. Needs consideration jointly with CT Transformational plan; Stay Well in Your Community. Also work in partnership with regards the roll out of the virtual ward.	Sonia Thompson	Health Board		Step 3 - Come to See Me Step 4 - Give me Treatment	Chest Pain, Respiratory, Falls, Mental Illness, HCP Call Compliance, Conveyance to non ED settings, Alternative Referrals, Notification to Handover	Reduce Demand on ED	Improve Patient Experience
CTUHB	Potential roll out of 111	Implementation of the national 111 programme in the C&V area - this is subject to nationally agreed timescales and will be updated once confirmed dates are known.	Chris Powell	Health Board		Step 1 - help me choose Step 2 - Answer my call Step 3 - Come to see me Step 4 - Give	HCP Respiratory Fallers Mental Health Chest Pain	Improve Efficiency in Community	Improve Patient Outcomes

						me treatment			
CTUHB	Service reconfiguration: Vascular (arterial surgery)	Centralisation of arterial vascular surgery in South East Wales	Deb Lewis	Regional		Step 5 - Take me to Hospital			Options not applicable
CTUHB	Service reconfiguration: Major Trauma	Live major trauma network by October 2019 and functioning major trauma center at UHW and designated trauma units by April 2020.	Jonathan Watts			Step 5 - Take me to Hospital			Options not applicable
CTUHB	Changes to the provision of obstetrics, neonatal and paediatric services	Implementation of the recommendations of the South Wales Programme; Centralisation of paediatric inpatient services at Prince Charles with a Paediatric Assessment Unit developed at Royal Glamorgan Hospital . Centralisation of obstetric services at Prince Charles Hospital with a free standing midwifery unit at the Royal Glamorgan	Deborah Kingsbury	Regional		Step 3 - Come to See Me Step 4 - Give me Treatment Step 5 - Take Me to Hospital	HCP Respiratory Fallers Mental Health Chest Pain		Options not applicable
CTUHB	Acute Coronary Syndrome Pathway Development	Redesign Acute Coronary Syndrome service to meet the NICE guidelines for the ACS pathway for Heart Disease. The ACS pathways pilot has seen a reduction in referral to transfer times down to 2 days in 2017. Further evaluation will take place ahead of potential roll out in 2018. Dedicated transport piloted as part of pathway.		Regional	In Place	Step 5 - Take me to Hospital	Chest Pain HCP	Improve Efficiency in ED	
CTUHB	Boundary change in Bridgend & Ambulance handovers policy, review of explorer 3.	Ambulance handover and our continued work to ensure that we adopt a zero tolerance approach to ambulance delays across the Cwm Taf area – implicit in this statement is the need to work with POW post transferring into the Cwm Taf management area. Continue to engage and support the future planning and manage the operational impacts of the Bridgend Locality boundary change to Cwm Taf UHB.	Jonathan Watts	Health Board	In Place	Step 5 - Take me to Hospital	HCP Respiratory Fallers Mental Health Chest Pain	Improve Efficiency in Community	Improve Patient Outcomes
CTUHB	ENT	Reconfiguration of ear, nose and throat (ENT) services within CT; hub & spoke model. Hub at Royal Glam for adults and paediatrics at POW TBC	Greg Lloyd	Health Board		Step 5 - Take me to Hospital		Improve Efficiency in ED	Options not applicable
CTUHB	Orthopedics	Implications of Rapid review of Orthopedic services undertaken by GIRFT. Proposed model for PCH and POW to receive HOT, RGH to be cold only.	Greg Lloyd	Health Board	<6 Months	Step 5 - Take me to Hospital		Improve Efficiency in ED	Options not applicable

HDUHB	Enhance access and utilisation of Alternative Care Destinations / Pathways (other than ED)	Increase the utilisation of ambulance patients accessing care at their local Minor Injury unit or alternative care pathway. Action (i) Engage with Health Board to review admission criteria for Cardigan MIU Action (ii) Engage with Health Board to review admission criteria in Llandovery MIU Action (iii) Review utilisation rates and put into place mechanisms to ensure the clinically appropriate patients are directed to the most appropriate unit. Action (iv) Implement a Mental Health Pathway (aligned to pathways developed in other Health Boards).	Rob Jeffery	Health Board		Step 3- Come to See me Step 4 - Give me treatment Step 5 - Take me to hospital	Chest Pain, Respiratory, Falls, Mental Illness, HCP Call Compliance, Conveyance to non ED settings, Alternative Referrals, Notification to Handover	Reduce Demand in ED	Improve Patient Experience
HDUHB	Enhance the provision of Advanced Paramedic Practitioners across HDda	Fully embed the Advanced Paramedic Practitioner rotational model across HDda. Actions to include: Action (i) Recruit and fully embed the 4 x additional APPs across the three rotational pillars (Primary care / WAST community response and CCC) following Winter investment monies Action (ii) Support the Trust wide initiative to expedite a national APP model (subject to business case approval)	Rob Jeffery	Health Board		Step 3 - Come to See Me Step 4 - Give me Treatment		Reduce Demand in ED	Improve Patient Outcomes
HDUHB	Improve service for non injury / low risk fallers across Hywel Dda	Preliminary discussions underway to support various County led bids for funding to improve response to elderly frail fallers Action (i) IAA bid for 'pick me up service' for Llanelli (bid to be submitted) Carmarthenshire Action (ii) Referral pathway via ART under discussion across Carmarthenshire Action (iii) Potential referral via Social Services pathway (bid to be submitted) by Ceredigion Action (iv) Preliminary discussions underway with MWWFRS regarding UFRs also attending non injured fallers for 'pick me up' service. Action (v) Explore the feasibility of introducing a Falls Response Service.	Rob Jeffery	Health Board		Step 3 - Come to See Me Step 4 - Give me Treatment	Big5 Combination Respiratory Chest pain Fallers Mental Health	Reduce Demand in ED	Improve Patient Outcomes
HDUHB	Reduce 999 demand from Nursing / Residential Homes across Hywel Dda	Continue to engage and work collaboratively with Nursing / Residential Home providers to reduce 999 activity. Action to include: Action (i) Fully roll out 'IStumble' falls assessment tool across all Residential & Nursing homes in HDda to improve the management of non-injury falls patients to avoid unnecessary ambulance attendance and onward conveyance to ED. Action (ii) Support delivery of lifting aids to all CSSIW registered Nursing & Residential Homes across HD Action (iii) Proactively review and monitor activity data to identify opportunities to better manage demand through direct engagement and education with Nursing / Care Home providers	Rob Jeffery	Health Board		Step 1 - Help me Choose Step 3- Come to See me Step 4 - Give me treatment	Falls	Reduce Demand in ED	Improve patient experience

HDUHB	Joint Conveyance reduction programme with HDda	A joint group has been established to identify joint opportunities to reduce the number of patients conveyed to hospital. Actions to include: Action (i) Fully establish conveyance reduction working group Action (ii) Undertake a systematic review of WAST & Health Board clinical audit data to identify patient case mix and improvement opportunities Action (ii) Develop a robust joint conveyance reduction action plan	Rob Jeffery	Health Board		Step 3 - Come to See me Step 4 - Give me treatment Step 5 - Take me to hospital	Big5 Combination Respiratory Fallers	Reduce Demand in ED	Improve patient experience
HDUHB	Transforming Clinical Services	The TCS Programme has been established to transform the delivery of health care for patients in Hywel Dda. The scope of the project includes the re-design of all Planned, Urgent & Emergency and Out of Hospital care. A new clinical model is being developed and capital investment in new health infrastructure is required. Actions include: Support key TCS Programme Groups including (i) Regional Clinical Strategy Group; (ii) WAST Partnership Model; and (iii) Explore options to undertake bespoke modelling to understand operational, resource and capacity impacts of the future clinical model	Rob Jeffery	Health Board		Step 1 - Help me Choose Step 3 - Come to See me Step 4 - Give me treatment Step 5 - Take me to hospital	Big5 Combination HCP Chest pain Respiratory Fallers Mental Health	Reduce Demand in ED	Improve patient experience and clinical outcomes
HDUHB	Support the Mid & West Regional Stroke Model work stream	Continue to engage and support the development of a regional Stroke model for Mid & West Wales. Actions to include: (i) Continue to attend and support the Stroke Project Group, (ii) Support the development of the regional model and undertake bespoke ambulance modelling to identify the ambulance specific impacts. (iii) Explore WASTs role to support the preferred clinical model	Rob Jeffery	Regional		Step 3 - Come to See Me Step 4 - Give me Treatment Step 5 - Take me to Hospital	HCP	Reduce Demand in ED	Improve Patient Outcomes
HDUHB	Pro-active monitoring and management of service change proposals.	WAST will continue to engage proactively with Health Boards to identify and jointly plan for all local service change. Actions to include: (i) WAST & the three M&W regional Health Boards (ABMU, HDda & Powys) to regularly meet and review service change with planning and operational leads via the Joint Mid & West Wales Planning Forum;	Rob Jeffery	Health Board		Step 3 - Come to See Me Step 4 - Give me Treatment Step 5 - Take me to Hospital	Chest pain		
PTHB	Enhanced services to manage Falls Patients	Continue to develop and enhance care for the management of non-injury and low-acuity falls patients. Actions to include: (i) Fully roll out 'IStumble' falls assessment toolkits across all Residential & Nursing homes across Powys to improve the management of non-injury falls patents. (i) Establish a Falls Pathway for Paramedics to access and refer clinically appropriate falls patients to the Powys	Heather Ransom	Health Board		Step 3 - Come to See Me Step 4 - Give me Treatment Step 5 - Take me to Hospital	Respiratory	Reduce Demand in ED	Improve patient experience

		Urgent Response Service at Home (PURSH)							
PTHB	Increase the availability and access to Alternative Care Pathways	Explore and scope with the PTHB the following additional Care Pathways: Action (i) Explore and scope the development of a Respiratory Pathway (aligned to the ongoing review of Respiratory care across PTHB) Action (ii) Develop a Single Point of Access Pathway	Heather Ransom	Health Board		Step 3 - Come to see me Step 4 - Give me treatment	Fallers	Reduce Demand in ED	Improve Patient Experience
PTHB	Enhance the provision of Advanced Paramedic Practitioners across Powys	Fully embed the Advanced Paramedic Practitioner rotational model across Powys THB Actions to include: Action (i) Engage with PTHB and support the Trust wide initiative to expedite a national APP model (subject to business case approval).	Heather Ransom	Health Board		Step 3 - Come to see me Step 4 - Give me treatment	Big5 Combination HCP Respiratory Fallers Mental Health Chest pain	Increase Capacity in Community	Improve clinical outcomes
PTHB	SaTH Future Fit Programme	Cross border service change: The Future Fit Programme is a regional transformation programme reviewing hospital services across Shropshire, Telford & Wrekin. Two proposed options the reconfigure all planned and Urgent & Emergency Care, identifying the two following options: Option 1: The Royal Shrewsbury Hospital becomes the Emergency Care site and the Princess Royal Hospital becomes the Planned Care site. Option 2: The Princess Royal Hospital becomes an Emergency Care site and the Royal Shrewsbury Hospital becomes a Planned Care site. Under either option, both hospitals would have an Urgent Care Centre that is open 24 hours a day, seven days a week.	Heather Ransom	Health Board		Step 3 - Come to see me Step 4 - Give me treatment Step 5 - Take me to hospital	Big5 Combination HCP Respiratory Fallers Mental Health Chest pain	Reduce Demand in ED	Improve Patient Outcomes
PTHB	Hereford & Worcester Regional Stroke Model	Cross border service change: Proposals have been put forward to re configure stroke services across Hereford & Worcester. The two core options being considered are: Option 1: HASU at Hereford and ASU at Worcester with a Triage, Thrombolise and Transfer service Option 2: HASU at Worcester and ASU at Hereford with a Triage, Thrombolise and Transfer service	Heather Ransom	Health Board		Step 3 - Come to see me			

PTHB	Support the Mid & West Regional Stroke Model work stream	Continue to engage and support the development of a regional Stroke model for Mid & West Wales. Actions to include: (i) Continue to attend and support the Stroke Project Group, (ii) Support the development of the regional model and undertake bespoke ambulance modelling to identify the ambulance specific impacts. (iii) Explore WASTs role to support the preferred clinical model	Heather Ransom	Regional		Step 3 - Come to see me		Reduce Demand in ED	Improve Patient Outcomes
PTHB	Other regional service transformation	There are a range of other regional service transformational agendas, including: Action (i) Mid & West Region Stroke reconfiguration proposals Action (ii) Mid Wales Joint Committee for Health & Social Care Action (iii) WAST & the three M&W regional Health Boards (ABMU, HDda & Powys) to regularly meet and review service change with planning and operational leads via the Joint Mid & West Wales Planning Forum;	Heather Ransom	Regional		Step 3 - Come to see me Step 4 - Give me treatment Step 5 - Take me to hospital	Big5 Combination HCP Respiratory Fallers Mental Health Chest pain	Reduce Demand in ED	Improve Patient Outcomes
WAST	Information held in individual HB Tables	A complete list of the signed off Table 2's will be collated here, when completed.	Hugh Bennett				Chest Pain, Respiratory, Falls, Mental Illness, HCP Call Compliance, Conveyance to non ED settings, Alternative Referrals, Notification to Handover		

Appendix 2: NEPTS Commissioning Intentions

NEPTS Commissioning Intentions Tables 1 & 2

The tables below give the detail of the WAST and Joint work to be delivered to achieve the 2019/20 commissioning intentions for NEPTS. Given the maturity of the NEPTS framework agreement the Table 2 responses are a snapshot of the information captured to date. The work to complete the live database and the associated processes and responsibilities to capture the information and update on progress will be in place by April 2019. NCCU use an online collaboration tool to share, maintain and update progress on these actions across WAST and the Health Boards. The database is live. These tables represent the content and progress as of 29th January 2019.

Table 1 NEPTS: WAST Updates to the Framework Agreement (1a), Performance Improvements (1b)									
EASC IMTP	Organisation	Short Title	Summary Description	Operational Leads	Scale or Location	Timescale	5 Step Model	CAREMORE	Primary Net Effect
Table 1a - Updates	WAST	Data repository	Maintain data repository covering A1 activity, RE1 resource envelope, R1 performance measures	Nicola Bowen		<12 Months	Across the steps	Review of Performance	
Table 1a - Updates	WAST	Activity Step 1	Step 1 - ensure NEPTS specific engagement activity can be identified	Nicola Bowen		<6 Months	Step 1		
Table 1a - Updates	WAST	Step 4/5 Activity	Ensure activity is clearly described within the relevant step	Nicola Bowen		<3 Months	Steps 4 and 5		
Table 1a - Updates	WAST	Expenditure by HB across 5 steps	Develop infrastructure to be able to identify how much is spent at a health board level across the 5 steps	Gemma Mainwaring		> 12 Months	Across the steps	Resource Envelope	
Table 1a - Updates	WAST	2018-19 financial assumptions and plan vs 2019-20	Review of 2018-19 IMTP financial assumptions and financial plan versus forecast outturn for 2018-19 and 2019-20 financial assumptions and financial plan	Gemma Mainwaring		<3 Months	Across the steps	Resource Envelope	
Table 1a - Updates	WAST	Financial value payable by EASC	Financial Value Payable by EASC and associated assumptions	Gemma Mainwaring		<3 Months	Across the steps	Resource Envelope	
Table 1a - Updates	WAST	Wiring diagram	Model of care wiring diagram updated following transfer of each Health Board & full implementation of plurality model	Nicola Bowen		> 12 Months	Across the steps	Model of Care	
Table 1a - Updates	WAST	O2 Schedule	Update O2 schedule - Application of the Model of Care following enactment of the plurality model for each HB	Nicola Bowen		> 12 Months	Across the steps	Model of Care	
Table 1a - Updates	WAST	O3 Schedule	Update O3 schedule - extant policies, protocols and pathways following enactment of plurality model for each HB	Nicola Bowen		> 12 Months	Across the steps	Operational Arrangements	
Table 1a - Updates	WAST	Operational arrangements	Operational arrangements to be reviewed by EASC on an ongoing basis (6 monthly review process reported to EASC)	James Rodaway NCCU		Ongoing		Operational Arrangements	
Table 1a - Updates	WAST	2019-22 IMTP actions	Progress review of 2019-22 IMTP actions (6 monthly review process reported to EASC)	Mark Harris		Ongoing	Across the steps	Operational Arrangements	
Table 1a - Updates	WAST	Commissioning templates	Inclusion of completed IMTP 2019-20 IMTP tables following EASC IMTP approval	Jo Williams		<3 Months		Operational Arrangements	

Table 1a - Updates	WAST	Provider framework	To record and manage the framework of providers used to deliver the NEPTS plurality model	Nicola Bowen		> 12 Months	Steps 3, 4 and 5	Operational Arrangements	
Table 1a - Updates	WAST	R2 schedule	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	Nicola Bowen		<12 Months	Across the steps	Review of Performance	
Table 1a - Updates	WAST	Data repository	Maintain data repository covering A1 activity, RE1 resource envelope, R1 performance measures	Nicola Bowen		<12 Months	Across the steps	Review of Performance	
Table 1a - Updates	WAST	Self-assessment of care standards	WAST undertake self-assessment related to core requirements in the Care Standards	Nicola Bowen		<6 Months	Across the steps	Review of Performance	
Table 1a - Updates	WAST	Role of PDEG	Evaluation programme for NEPTS overseen by PDEG	Hugh Bennett		<12 Months	Across the steps	Evaluation	
Table 1a - Updates	WAST	Baseline	Recording of baseline data for all NEPTS activity and resources for each HB	Nicola Bowen		In Place		Evaluation	
Table 1a - Updates	WAST	Role of PDEG	Evaluation programme for NEPTS overseen by PDEG	Hugh Bennett		<12 Months	Across the steps		
Table 1a - Updates	WAST	Evaluation programme	Creation of evaluation methods and programme of work	James Rodaway		<6 Months	Across the steps	Evaluation	
Table 1b - Performance	WAST	Care standards	Compliance with Care Standards for previously extant health board/WHSSC/Velindre services	Nicola Bowen	Health Board	> 12 Months	NEPTS Step 1		
Table 1b - Performance	WAST	Review of business case	Review of costed plan to meet the Cabinet Secretary expectations from the 2015 business case	Mark Harris	Once for Wales	<3 Months	Across the steps		
Table 1b - Performance	WAST	WAST resources	Demonstrate WAST NEPTS resources are being utilised effectively following transfer of HBs.	Gemma Mainwaring	Once for Wales	> 12 Months	Across the steps		
Table 1b - Performance	WAST	Quality assurance	WAST to ensure robust quality assurance to manage providers required to deliver the plurality model	Nicola Bowen	Once for Wales	> 12 Months	Across the steps		
Table 1b - Performance	WAST	Internal audit recommendations	Implement improvements identified within the internal audit of NEPTS provision	Mark Harris	Once for Wales	<12 Months	Across the steps		
Table 1b - Performance	WAST	Core requirements	Compliance with core requirements of care standards reported on a six monthly basis	Nicola Bowen	Once for Wales	<12 Months	Across the steps		
Table 1b - Performance	WAST	Improvement in activity performance	WAST demonstrate how activity performance is improved in HB following enactment of the plurality model (local, regional & national level)	Nicola Bowen	Once for Wales	> 12 Months	Across the steps		
Table 1b - Performance	WAST	Improvement in efficiency	WAST to demonstrate savings and efficiencies in each HB following enactment of the plurality model (local, regional & national level)	Gemma Mainwaring	Once for Wales	> 12 Months	Across the steps		
Table 1b - Performance	WAST	Staff experience	Report and consider improvements following measuring staff experience	Mark Harris	Once for Wales	<12 Months	Across the steps		

Table 2 NEPTS: WAST & Health Board Joint Initiatives

Organisation	Short Title	Summary Description	Operational Leads	Scale or Location	Timescale	5 Step Model	NPUC Priorities	Primary Net Effect	Primary Net Effect Comment
WAST	Activity	Step 2 - improve the quality of booking information	Nicola Bowen	Once for Wales	> 12 Months	Step 2	Chest Pain, Respiratory, Falls, Mental Illness, HCP Call Compliance, Conveyance to non ED settings, Alternative Referrals, Notification to Handover		Improved quality of information
WAST	Activity	Step 4 - reduction in aborted journeys	Nicola Bowen	Once for Wales	> 12 Months	Step 4 and 5			Increased efficiency and capacity
WAST	Activity	Step 4 - reduction in social journeys	Nicola Bowen	Once for Wales	<12 Months	Step 3, 4 and 5			Increased efficiency and capacity
WAST	Activity	Step 4 - reduce failed discharges	Nicola Bowen	Once for Wales	> 12 Months	Step 5			Increased patient experience. Reduced impact on inpatient services.
WAST	Activity-service change initiatives	Service change initiatives identified as having an impact on NEPTS							
PTHB	Hereford & Worcester Regional Stroke Model - Powys tHB	Cross border service change: Proposals have been put forward to re configure stroke services across Hereford & Worcester. The two core options being considered are: Option 1: HASU at Hereford and ASU at Worcester with a Triage, Thrombolise and Transfer service Option 2: HASU at Worcester and ASU at Hereford with a Triage, Thrombolise and Transfer service	Heather Ransom	Regional					
PTHB	Other regional service transformation - Powys tHB	There are a range of other regional service transformational agendas, including: Action (i) Mid & West Region Stroke reconfiguration proposals Action (ii) Mid Wales Joint Committee for Health & Social Care	Heather Ransom	Regional				Reduce demand in ED	Improve patient outcomes
WAST	POW Boundary	Continue to engage and support the future planning and manage the operational impacts of the Bridgend Locality boundary change to Cwm Taf UHB.	Jeff Morris	Regional					

	Proposals - ABM UHB								
WAST	Resource envelope - service change initiatives	WAST&HBs to identify service change initiatives and the impact on identified NEPTS resource envelope SEE LINES A - XX BELOW FOR DETAIL ON SPECIFIC INITIATIVES							
WAST	Review of performance	WAST and HBs to agree HB level reporting detail on NEPTS activity to report and understand performance across each HB	Nicola Bowen		<6 Months	Across the steps			
WAST	Review of performance	HBs and WAST to ensure NEPTS has suitable profile within HBs	Nicola Bowen		<6 Months	Across the steps			
PTHB	SaTH Future Fit Programme - Powys tHB	Cross border service change: The Future Fit Programme is a regional transformation programme reviewing hospital services across Shropshire, Telford & Wrekin. Two proposed options the reconfigure all planned and Urgent & Emergency Care, identifying the two following options: Option 1: The Royal Shrewsbury Hospital becomes the Emergency Care site and the Princess Royal Hospital becomes the Planned Care site. Option 2: The Princess Royal Hospital becomes an Emergency Care site and the Royal Shrewsbury Hospital becomes a Planned Care site. Under either option, both hospitals would have an Urgent Care Centre that is open 24 hours a day, seven days a week.	Heather Ransom	Regional				Reduce ED demand	Improve patient outcome
WAST	Shaping Our Future Wellbeing - Cardiff and Vale UHB	Supporting non-emergency patient transport planning through engagement in community infrastructure programme. - The overarching programme for the community infrastructure development to support the shift of care from secondary to community and delivery through development of 3 locality health and wellbeing centres.	Christopher Dawson-Morris	Health Board					Options not applicable
	Step 2 Activity	Call numbers and time band for Powys and Ty Elai (subject to support from the health boards as WAST cannot do this in isolation)	Nicola Bowen	Health Board	<6 Months	Step 2 and 3			Improved quality of information
WAST	Step 5 Activity	Reduce on the day cancellations	Nicola Bowen		<12 Months	Step 4 and 5			Increased patient experience.
	Support the Mid & West Regional Stroke Model work stream - ABM UHB	Continue to engage and support the development of a regional Stroke model for Mid & West Wales. Actions to include: (i) Continue to attend and support the Stroke Project Group, (ii) Support the development of the regional model and undertake bespoke ambulance modelling to identify the ambulance specific impacts.	Jeff Morris	Regional					Reduce Demand in ED Improve patient outcome

		(iii) Explore WASTs role to support the preferred clinical model							
HDUHB	Transforming Clinical Services - Hywel Dda UHB	The TCS Programme has been established to transform the delivery of health care for patients in Hywel Dda. The scope of the project includes the re-design of all Planned, Urgent & Emergency and Out of Hospital care. A new clinical model is being developed and capital investment in new health infrastructure is required. Actions include: Support key TCS Programme Groups including (i) Regional Clinical Strategy Group; and (ii) WAST Partnership Model (iii) Explore options to undertake bespoke modelling to understand operational, resource and capacity impacts of the future clinical model	Rob Jeffery	Health Board				Reduce demand in ED	Improve patient experience and clinical outcomes

Appendix 3: Health Board Representatives at EASC Subcommittees

EASC Subcommittee Representation

The tables below give the detail of the Health Board representatives attending the EASC subcommittees.

EASC Subcommittee	ABUHB	ABMUHB	BCUHB	C&VUHB	CTUHB	HDUHB	PHB
JMAG	TBC	Jan Thomas, Assistant Chief Operating Officer	Gill Harris/ Meinir Williams	Lee Davies (Operational Planning Director)	John Palmer, Chief Operating Officer	Joe Teape, Deputy Chief Exec/Dir. of Operations	TBC
PDEG	TBC	Siân Harrop- Griffiths, Director of Strategy or Joanne Abbott-Davies, Asst Director of Strategy & Partnerships	Mark Wilkinson Director of Planning and Performance	Chris Dawson- Morris (Corporate Strategic Planning Lead)	Kath McGrath, Deputy Chief Operating Officer	Karen Miles, Dir. of Planning, Performance, Informatics & Commissioning	TBC
NEPTS DAG	TBC	Joanne Jones, Head of Support Services	Trystan Lewis	Colin McMillan (Head of Transport)	Wayne Lewis, Transport Lead, Planning	Gareth Skye, Transport & Sustainable Travel Manager	TBC
EMRTS DAG	TBC	Dr Richard Evans, Medical Director	Meinir Williams and clinical leads	Lee Davies (Operational Planning Director)	Wayne Lewis, Transport Lead, Planning	John Evans, Asst. Dir. of Medical Directorate	TBC