

Emergency Ambulance Services Committee

Integrated Medium Term Plan (IMTP)

2024-2027

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## Foreword

We are pleased to present the Emergency Ambulance Services Committee's Integrated Medium Term Plan for 2024/27.

This is the final plan submitted by the EASC as, from 1 April 2024, its responsibilities will pass to the new NHS Wales Joint Commissioning Committee. A great deal has been achieved by the Joint Committee in recent years and much of this in the most challenging of circumstances.

I wish to place on record my thanks to all the committee members and to the CASC and his team for all the hard work and unceasing commitment that has gone into the commissioning of ambulance services. The new Committee will no doubt wish to take forward new and enhanced models of commissioning but I am confident that a strong legacy in terms of expertise and collaborative working will be passed on through the respective contributions of the current members and the supporting team.

Additionally, along with the Committee, I would like to acknowledge and value the efforts made by all staff in responding to the extensive system pressures of the last 12 months.

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

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

## Executive Summary

The Emergency Ambulance Services Committee (the Committee) Integrated Medium Term Plan (IMTP) for 2024/27 sets out the commissioning expectations and deliverables for EASC for the next 3 years.

To note, in November 2023, the Welsh Government approved the introduction of a new Joint Commissioning Committee (JCC), to commission health services of behalf of NHS Wales. The JCC will be established on the 1<sup>st</sup> April 2024. Therefore, in 2024/25, the JCC will be required to review and approve the content of the EASC IMTP as part of a legacy review process.

The current portfolio of EASC commissioned services includes:

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

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

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

The Committee will continue to adapt and respond to changing service models at a local, regional and national level. This includes supporting and responding to the review of national commissioning functions. This plan will focus on commissioning priorities (2024/27) including:

- Quality and Safety
- Performance Improvement
- Performance Enablers
- Transfer, repatriation and discharge services
- Major Trauma Network Operational Delivery Network
- Spinal Operational Delivery Network
- Sexual Assault Referral Centres Commissioning
- The JCC's role as an integral part of national commissioning
- Value based approaches to commissioned services

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

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

The details within this plan are consistent with those of the Welsh Ambulance Services NHS Trust, EMRTS Cymru and Health Boards and where relevant the 111 service

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

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## Service Commissioning

This plan describes the pragmatic and considered response that the Committee is taking to ensure a balanced approach between service delivery and transformation, in a volatile operational and financial environment. The Committee is driven by the Duty of Quality and desire to minimise patient harm. Therefore, the sustainability and incremental transformation of our commissioned services, will ensure quality and safety whilst taking steps to improve outcomes as part of wider system improvements is a key element of this plan.

Central to this is the need for commissioned services to demonstrate efficiency and effectiveness through a range of interventions, including the reduction in unwarranted variation and low value interventions. The prudent use of financial resources is key to driving value for patients and the system.

The plan continues to build on the work undertaken during 2023/24 to focus on ensuring that commissioned services deliver their core and fundamental roles to a standard and consistency that meets the needs of the population, aligned to the A Healthier Wales Quadruple Aims.

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

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

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

- Weekly performance reporting and information provision
- Monthly Quality and Delivery meeting with WAST and the Welsh Government Integrated Quality, Planning and Delivery Meetings.
- Business intelligence dashboard production to support system understanding and improvement such as the All-Wales Care Home Ambulance Activity Dashboard.
- Monthly Integrated Commissioning Action Plan (ICAP) meetings with health boards and WAST.
- Maintaining close links with Welsh Government and NHS Executive colleagues to ensure a single source of information is used to support performance management and assurance processes

- Facilitating monthly forums across organisations to create a sharing, learning, improving together environment for improved patient safety and quality of care.
- Continuing to collaborate across the system to foster improvements in the quality and safety of service provision by commissioned services
- Grange University Hospital Inter-Hospital Transfer Service task and finish group
- Support system working at regional and national clinical network groups
- Advice and support on ambulance service matters

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

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## EASC Joint Committee

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

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

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

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

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

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

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

## The Future of the EASC Joint Committee

An independent review was conducted in early 2023 to reflect upon the experiences of the Emergency Ambulance Services Committee (EASC) (which also includes the National Collaborative Commissioning Unit (NCCU) and the Welsh Health Specialised Services Committee (WHSSC) to further build upon national commissioning arrangements.

This review included horizon-scanning to explore other national commissioning functions and opportunities

The review found that while there is good evidence of evolution and growing maturity in both WHSSC and EASC, there remain gaps and potentially lost opportunities in the current national commissioning arrangements in Wales. In particular, the review found scope to improve and strengthen decision-making and accountability arrangements.

In summary, the recommendations made were:

- WHSSC, EASC and NCCU should be combined into a single entity and form a single Joint Committee. This would simplify and streamline the current arrangements. It would also create one central point of NHS commissioning expertise in Wales.
- This new entity as a Joint Committee should be given a new name to highlight that it is a new body rather than just a merger of existing bodies.
- The term “specialist” [or “specialised”] should not be used in any new name, but the scope and responsibilities of the service should be defined.
- The new body should take on an expert supportive role to Health Boards in developing Regional and Inter-Health Board commissioning. This would help build commissioning capacity across the health system in Wales.
- The new body should be responsible for commissioning the 111 service. This could provide a model for managing other commissioned services within NHS Wales going forward.
- The current hosting agreement should be retained but would need to be reviewed after the new entity is established. (This single, new joint committee would be hosted by Cwm Taf Morgannwg UHB as the UHB is the current host and employer for the two existing Joint Committees).
- There is currently a lack of Public Health input around population needs assessment etc. and this should be remedied in line with the requirement in the Memorandum of Agreement.
- An organisational development programme should be put in place, including a behaviour framework. This would help ensure the new body create its own identity.
- The establishment of strengthened governance arrangements for the Joint Committee, as set out in further detail in the report.

While the commissioning of 111 services was not explicitly included in the initial scope of the review, this falls under the opportunities that were explored as part of the horizon scanning. This was a strong view put forward by Health Boards. It was confirmed that this recommendation would therefore be tested and explored further, alongside the proposed transition of the 6 Goals Urgent & Emergency Care Programme into the NHS Wales Executive.

Following the implementation of the review recommendations it was further confirmed that the Sexual Assault Referral Centres (SARCs) commissioning service would transfer from the NHS Executive into the new commissioning committee on 1 April 2024.

On the 6 November 2023, the Minister confirmed the title of the new national commissioning joint committee would be, NHS Wales Joint Commissioning Committee / Cyd-bwyllgor Comisiynu GIG Cymru (hereafter referred to as "JCC").

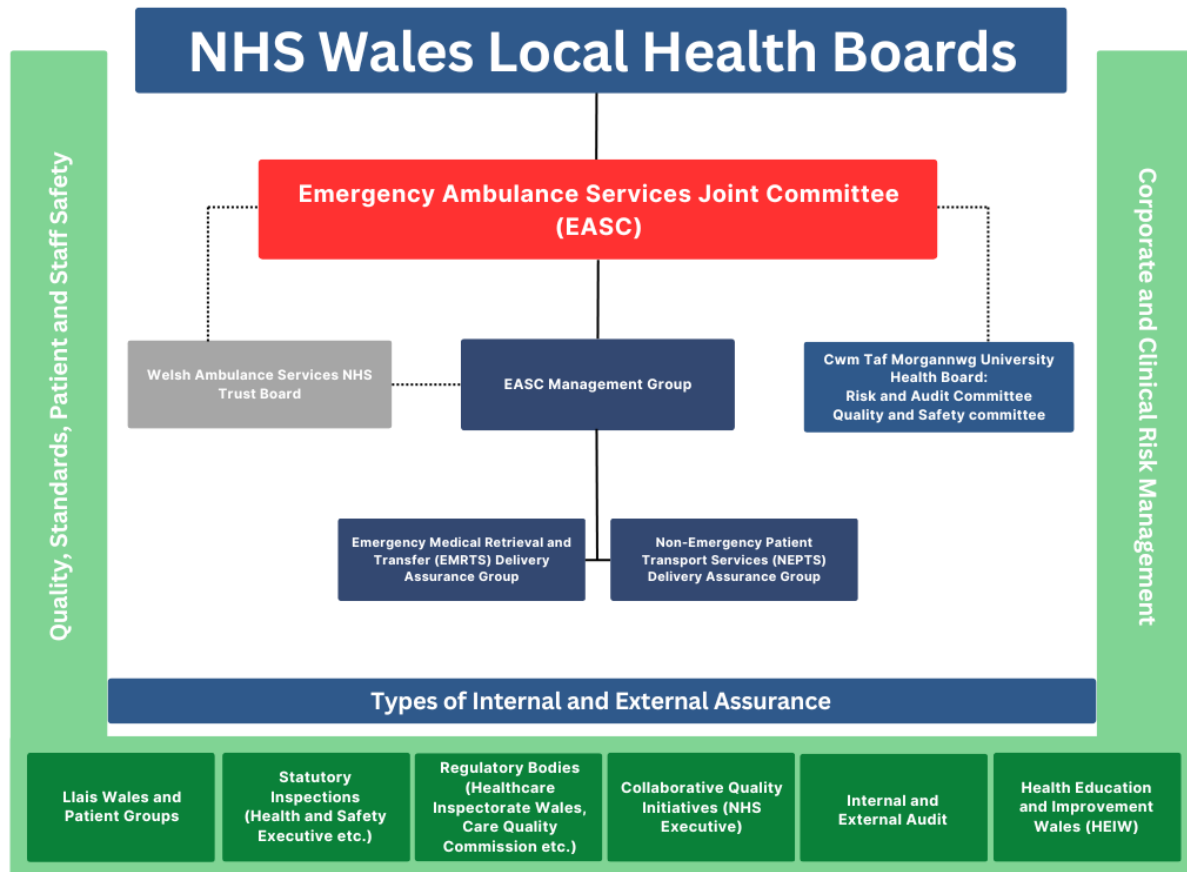
Therefore, as the 1<sup>st</sup> April 2024 the NHS Wales Joint Commissioning Committee (JCC), on behalf of the seven LHBs in NHS Wales, will make collective decisions to plan and secure Emergency Ambulance Services (relevant services), Emergency Medical Retrieval & Transfer Service (EMRTS), Non- Emergency Patient Transport Service (NEPTS) and NHS 111 Wales in accordance with their defined delegated functions. On behalf of the JCC, the commissioning of the aforementioned services will continue to be undertaken by a Chief Commissioner and a dedicated ambulance services commissioning team.

### [Legacy statement](#)

To be included following approval at the National Commissioning Oversight and Implementation Board meeting on 19.03.24.

## Governance

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



## NHS Executive

EASC has enjoyed a positive and collaborative relationship with the NHS Executive, since it was established in April 2023. This relationship will be further enhanced with the introduction of a memorandum of understanding between the NHS Executive and JCC, once established in April 2024.

## EASC Collaborative Commissioning Approach

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

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

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

This approach will be reviewed and adapted as necessary to reflect the establishment of the JCC and adoption of the 111 commissioning responsibility by the committee

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

## EASC Commissioning Cycle

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

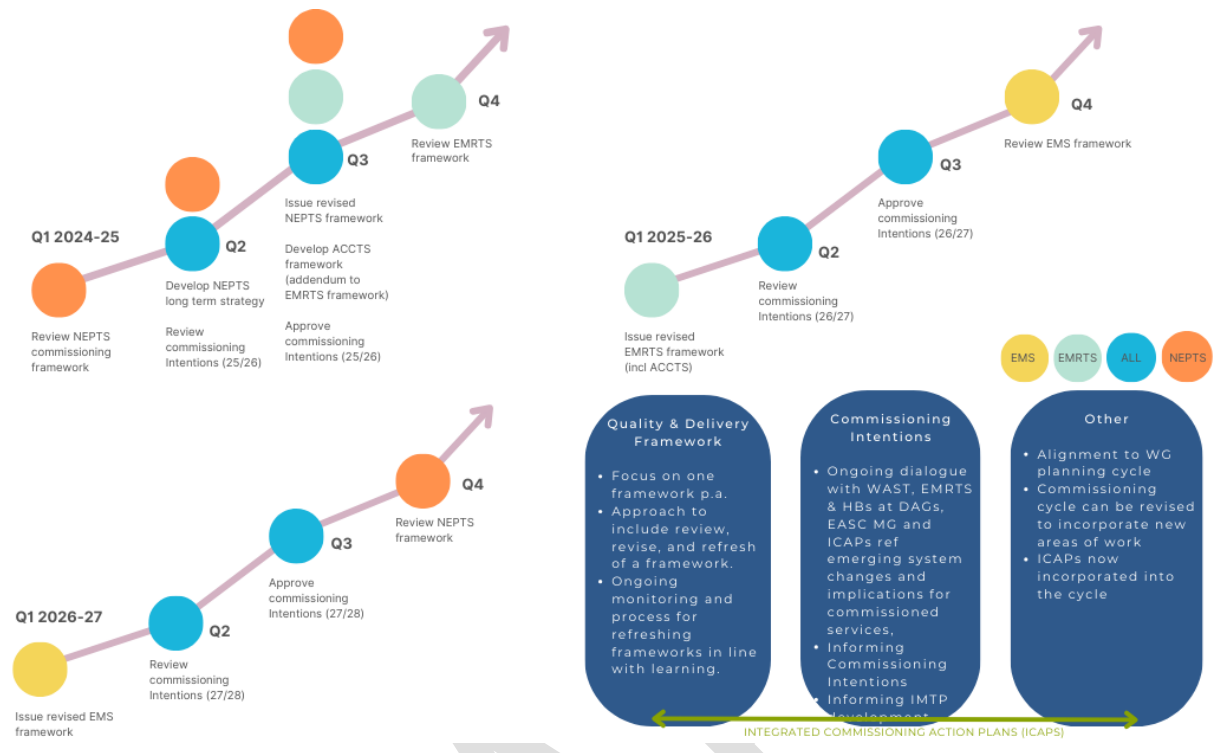
This collaborative approach to the development of commissioning frameworks and commissioning intentions has been strengthened through the introduction of the Integrated Commissioning Action Plans (ICAPs) 2023. The ICAPs are a mechanism to enhance joint working, to develop and deliver strategic and operational actions.

The focus of the ICAP's in 2023/24 was on the delivery of actions aligned to emergency ambulance services, and the how collaborative working with LHB's could deliver strategic change but also improve operational performance delivery, with a specific focus on ambulance handover delays. The objectives of the ICAPs are aligned to the ambitions of the Six Goals Urgent and Emergency Care Programme but focus specifically on actions where there are interactions between LHB's and WAST. Therefore, the ICAP process is function that enhances and compliments the Six Goals Urgent and Emergency Care Programme. Building on the success of the ICAPs', for 2024/25 the ICAP process will expand its scope to include NEPTS, 111 and mental health. This provides the opportunity to utilise this mechanism for undertaking wider system discussions and to deliver improved outcomes.

Establishment of the ICAPs takes a collaborative approach to:

- Co-design and agree actions & services on a Health Board footprint
- Understand the impact that emerging programmes of work will have on ambulance service deliver
- Support the delivery of agreed actions aligned to the Six Goals for Urgent and Emergency Care Programme
- Deliver ambulance avoidance schemes and ambulance handover delay improvement actions, aligned to the Welsh Government's ambulance handover improvement trajectories
- Support IMTP planning by developing deliverable operational actions that are strategically aligned to LHBs and WAST IMTPs.
- The ICAPs are incorporated into the commissioning cycles and will provide direction in the refreshing of commissioning frameworks. In line with the commissioning cycle, the review of NEPTS (24/25) and EMRTS (25/26) and EMS (26/27) commissioning frameworks will be undertaken during this IMTP period.
- All frameworks to be reviewed in 2024/25 with the establishment of the JCC, including 111.

# Commissioning Cycle



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## Quality and Delivery Frameworks

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

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

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

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

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

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

By adopting this approach in developing the updated framework it provides Health Boards with the required clarity on how framework resources are being utilised to deliver the priorities of the Committee and will allow the development of different and transformational service offers within each Health Board area to address the needs of their populations. The framework also incorporates a value-based commissioning model to more

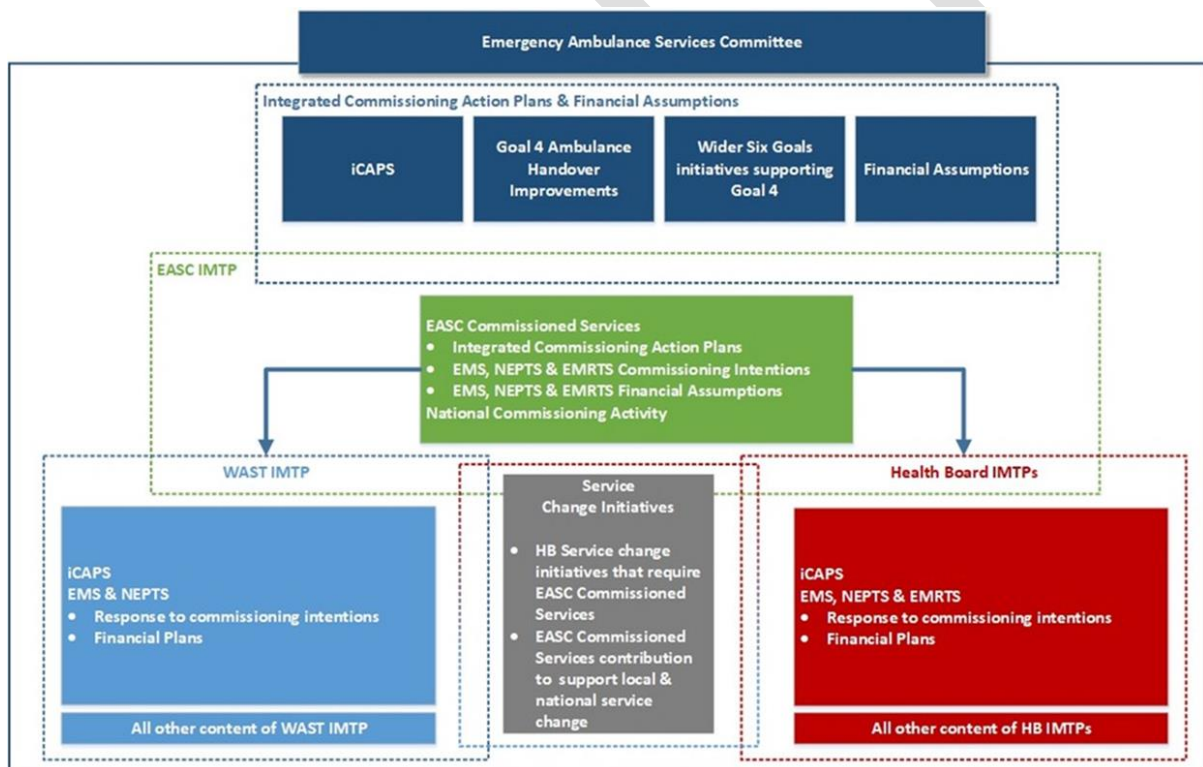
effectively identify the connectivity of factors that influence quality and performance from resource allocation through to outputs and outcomes.

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

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

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

Figure 2 on page TBC provides an overview of the relationship between the frameworks, ICAPs and IMTPs.



## Commissioning Intentions

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

Recognising the challenges faced by NHS Wales this year, a pragmatic approach has been taken in the development of the commissioning intentions for 2024/25. The commissioning intentions for 24/25 have been built on from previous years commissioning intentions, in collaboration with LHB's and WAST. The commissioning intentions for 24/25 have been developed to respond strategic and operational requirements of LHB's, aligned to WAST's transformational direction. The Integrated Commissioning Action Plan's (ICAP's) have been integral in the development of the commissioning intentions by creating a collaborative forum, where strategic and operational actions can be developed and implemented.

It is important to note that commissioning intentions are not intended to set out all activity that will be undertaken by commissioners or the provider during the year. Therefore, for 24/25, in-year deliverable actions, aligned to the commissioning intentions will be introduced. The in-year deliverables will outline key projects to support transformational change and deliver short term operational improvements.

To complement the strategic focus of intentions, detailed service deliverables and metrics are included within the relevant commissioning framework, as part of the EASC collaborative commissioning approach.

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

## The EASC Team

The primary responsibility of the EASC team is to support the EASC Committee to discharge their commissioning role. The EASC Team is well- positioned in terms of its collaborative partnership arrangements with WAST and Health Boards and therefore is able to support, negotiate and arbitrate on new and existing services. This system-wide collaboration ensures that the team is able to engage the wider system both locally and nationally in order to support the work to improve service delivery, quality, patient safety and performance with a view always to optimise patient outcomes and the patient experience.

The EASC Team delivers a wide range of actions on behalf of the CASC and the Committee:

- Collaborative commissioning quality and delivery frameworks which enable the planning and securing of ambulance services
- Incident and complaint reviews Performance reviews
- Clinical and risk assurance reviews
- Facilitation of collaborative working across the system Facilitate the Ambulance Services Indicator Group
- Publication and analysis of a comprehensive suite of Ambulance Quality Indicators (AQI), including enhanced and interactive user- friendly reporting of AQIs
- Development of a comprehensive suite of performance and outcome measures across clinical services, patient experience and value for money which are regularly reported
- Working in collaboration develop, implement, and monitor commissioning intentions
- On behalf of the Committee manage commissioning funding allocations, work in collaboration to deliver cost effective, safe services
- Undertake bespoke reviews and work programmes commissioned by the Committee or by other bodies
- Support the Committee to discharge its responsibilities in line with the legislation and regulatory framework
- Provide expert independent advice as required across the system
- A contribution that supports delivery of Goal 4: Rapid Response in an Urgent Physical or Mental Health Crisis as part of the Six Goals for Urgent & Emergency Care policy framework.
- Any additional requirements of the EASC team will need to be discussed and agreed with the Committee.

It is recognised that the transition to the JCC is a time of change for the EASC team with the potential transfer of additional services and responsibilities under the functions of the JCC into the Team.

This will require additional capacity and funding for the team to manage these additional services, and to enable to team to continue to deliver this extensive work programme. It is assumed that sufficient capacity and funding will be transferred from the existing teams or programmes (111) to the enable this.

## Informatics and Ambulance Service Indicators

The informatics team within EASC plays a crucial role in ensuring the provision of accurate and timely, information, and the publication of ambulance performance data through the Ambulance Service Indicators (ASI's). The informatics team provide:

- The ASI's are produced and published by the informatics team on the penultimate Thursday of each month, in both English and Welsh, aligning with other NHS data releases.
- Weekly / monthly dashboards: Includes key metrics such as incidents, handover performance, lost hours, lost minutes per arrival, and waits outside Tier 1 Emergency Departments.
- Improvement trajectories and 4-hour wait trajectories: Provided for all Tier 1 Emergency Departments and Health Boards.
- 5-day rolling urgent and emergency care dashboards: Cover average RED incident demand, daily lost hours, and average unity hour production figures for all WAST vehicles.
- CEO report: Offers a weekly overview with a comparison to the previous week, utilized in CEO conference calls.
- Goal 4 Dashboard: Presents physical and mental health data across the ambulance 5-step model.
- Care Home dashboard: Utilizes monthly data from Welsh Ambulance Services NHS Trust, with plans to expand to include health board data.
- Emergency Medical Retrieval and Transfer Service dashboard: Updated quarterly, featuring mission and outcome data.
- Non-Emergency Patient Transport Service dashboard: Updated monthly, showcasing performance measures on core, renal, and Oncology services.
- Additionally, the team responds to ad-hoc requests from Welsh Government, LHB's, and other organisations.

The information produced by the Informatics Team plays an essential role in providing health boards and the Committee, with accurate and timely data, to support the monitoring and development of services. The data provides a platform for meaningful discussions between health boards and commissioned services, to identify opportunities to improve the efficiency and effectiveness of services, at a strategic and operational level. As we seek to develop digital solutions to support wider system integration, the role of the Informatics Team will be essential in supporting the production of data and linking of systems.

## Commissioned Services for 23/24

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

### **Emergency Ambulance Services**

- Production of call to door times for STEMI and Stroke
- Further expansion to the cohort of advanced paramedic practitioners
- Improvement to return of spontaneous circulation rates with the recording of Wales's highest ever ROSC rates, thorough the rollout of the Cymru High Acuity Response Unit (CHARU).
- Pilot of Connected Support Cymru as an innovative way of managing patients safely in the community

### **Non-emergency Patient Transport Services**

- Closure of the 2016 NEPTS Business Case.
- Completion of the novation of all LHB commissioned patient transport services.
- The redesign and retendering of all NEPTS contracts to deliver efficiency savings
- The development of an Enhanced Services Hub, to deliver service and quality improvements for oncology and renal patients

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

- The undertaking of an EMRTS service review, with a national public engagement process.
- Delivery of specialist ACCTS vehicles, building resource resilience and to ensure the provision of high quality critical care transfer services for Wales.

## Quality and Safety

EASC is committed to ensuring that quality, safety, prudent and value-based healthcare is central to the commissioning and delivery of services. The overarching goal of EASC is to improve safety and reduce harm to patients who may need one of our commissioned services.

The committee has continued to receive and refine its quality and safety report at each committee meeting and has augmented meetings with the addition of patient stories. In driving improvements for commissioned services, the Committee will continue to focus on outcomes. This is particularly relevant for emergency ambulance Red response, where demand is changing whilst growing but our response model has not yet adapted to meet the needs of these patients.

EASC recognises the challenges that commissioned services have faced in the delivery of safe and effective service delivery of over the last 12 months, and the ongoing work that is required at the system level to support sustainable improvement.

Further embedding of the spirit and requirements of the Duty of Quality Act, alongside adaption of our commissioning frameworks as a driver for ensuring commissioned service are able and active in the delivery of the Duty of Candor act, will be a priority over the lifecycle of this plan.

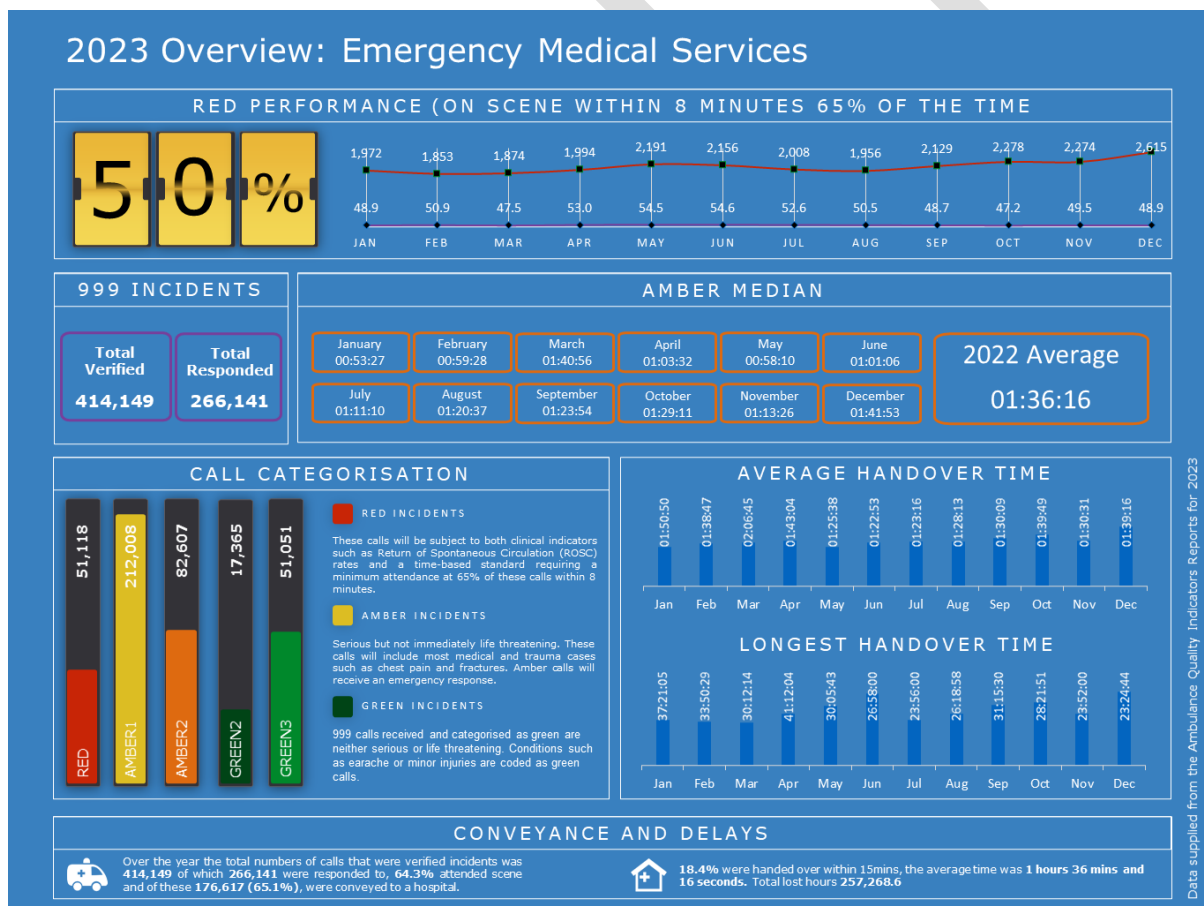
## Emergency Ambulance Services

The Emergency Ambulance Service is the largest service commissioned by the Committee. During 2023/24 the service has faced a variety of significant challenges, including:

- Sustained levels of lost capacity through ambulance handover delays
- Increased Red category demand
- Fiscally restrained environment

As a result, service performance has not reached the levels that the committee and the service expect to be delivered. Both the committee and the service are committed to addressing this during the lifecycle of this plan. Although agreed performance ambitions have not been achieved, the committee recognises that the service has:

- Responded to the highest number of Red incidents in 8 minutes
- Recorded the highest levels of ROSC rates in Wales
- Increased hear and treat levels
- Reduced the number of Clinical Safety Plan (CSP) no/can't sends



A key tenet of the Committee's focus as part of this plan is the delivery of improved performance for commissioned services. For 2023/24 performance ambitions were developed to reflect health boards commitments to deliver significant reductions in ambulance handover delays and were aligned to health boards planned improvement trajectories.

During 2023/24 we continually reviewed progress against these performance ambitions and supported health boards and WAST with the development of key actions to deliver performance improvements. For well documented reasons, in 2023/24 health boards did not achieve their planned performance improvements which subsequently impacted WAST's ability to achieve agreed performance ambitions.

For 2024/25, performance expectations will be introduced that are aligned to health board's performance improvement levels. With ambulance handover delays being the single greatest factor in emergency ambulance performance, ambulance performance outcomes will be modelled and forecasted against ambulance handover delay levels.

This more sophisticated approach to the development of ambulance performance expectations, will provide the Committee with a clear understanding of the achievable ambulance performance outcomes against varied levels of ambulance handover delays.

## Performance Expectations

Ambulance performance outcomes for 2024/25 will be based on the forecasting and modelling assumptions that:

### Scenario 1

- No reduction in ambulance handover delays handover
- WAST to deliver within 2024/25 financial allocation as per WASTs 2024/25 IMTP.

### Scenario 2

- Reduction in handover as per the 2023/24 emergency ambulance services demand and capacity modelling
- WAST to deliver within 2024/25 financial allocation as per WASTs 2024/25 IMTP.

### Scenario 3

- No ambulance handover delay waits over 1 hour
- WAST to deliver within 2024/25 financial allocation as per WASTs 2024/25 IMTP.

## Emergency Ambulance Commissioning Intentions 24/25

**Right response first time – Optimising ideal response** – Aligned to the ambitions of the inversion of the triangle, this aim seeks to improve patients' clinical outcomes by ensuring the most appropriate clinical response is provided for each patient condition.

**Remote Clinical Support Function** – The development of an organisational remote clinical support infrastructure that has the ability to provide clinical and mental health advice, assessment and referral functions for health care professionals and patients.

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

**Remote Clinical Support Outcomes** – A collaboratively developed set of quality and performance measurements for clinical support activity with reportable metrics for the outcomes of incidents.

**Workforce Stability** - Maximising the availability of staff through the delivery of a strategic workforce plan, aligned to wider organisational strategic plans that incorporates the organisations approach to:

- Reducing sickness levels and absences by ensuring that the workforces wellbeing needs are appropriately supported.
- Increase in workforce retention levels.
- Recruitment of staff to posts identified as difficult to recruit too.

**Workforce Availability** - ensuring the pace of workforce reconfiguration is balanced between the requirement to maintain sufficient levels and appropriate skill mix of core 999 emergency response capacity and the transition to a new workforce model aligned to the inversion of the triangle and aligned to the Civil Contingencies Act.

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

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

**Strategic Workforce Plan** – a collaboratively agreed strategic workforce plan, based on a robust situational analysis and engagement, that reflects shared strategic ambitions for the 999 workforce, and is connected to the HEIW education commissioning process and other recruitment and training processes, supported by solid delivery mechanisms.

**Reducing Post-Production Lost Hours** – the active reporting and management of PPLH, in particular, improvement activity including internal benchmarks and external benchmarks, where appropriate.

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

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

### **Value-Based Healthcare for the Welsh Ambulance Service**

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

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

### **Value-Based Strategy**

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

### **Value-Based Tools and Methods**

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

- Patient Level Costing Model
- Benchmarking Dashboard(s)

### **Value-Based Reporting**

WAST will enable a clear line of sight from commissioner allocation through to utilisation and the outcomes delivered by the services. WAST will holistically demonstrate through its

reporting all separate revenue streams and associated costs of broader service provision (e.g. 111, NEPTS etc.).

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

**Value-Based Core Requirement:**

**Value-Based Core Requirement to be agreed with Commissioner by the end of quarter 2:**

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

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

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

**Outcome Measures** – The organisation will deliver the information required to enable the production of:

- The Welsh Out of Hospital Cardiac Arrest Registry.
- A unique patient identifier to support whole patient pathway data sets.

**Compliance with Duty of Candour Reporting** – The organisation will provide quarterly assurance reports to Commissioners on their compliance with the Duty of Candour.

**System Flow** – Health boards will collaborate with WAST to optimise the flow of ambulances in to hospital sites in Wales through the use of internal and external clinical navigation hubs and dedicated patient pathways.

**Transfer and Discharge Service** – To take a partnership approach to the development and delivery of transfer service solutions that meets the requirements of health board service plans and patient needs.

**Aligned Escalation and Clinical Safety Plan** – A single WAST escalation and clinical safety plan will be in place that is aligned with system-wide escalation processes, responding to areas of greatest clinical risk.

A full list of commissioning intentions are provided in pages TBC

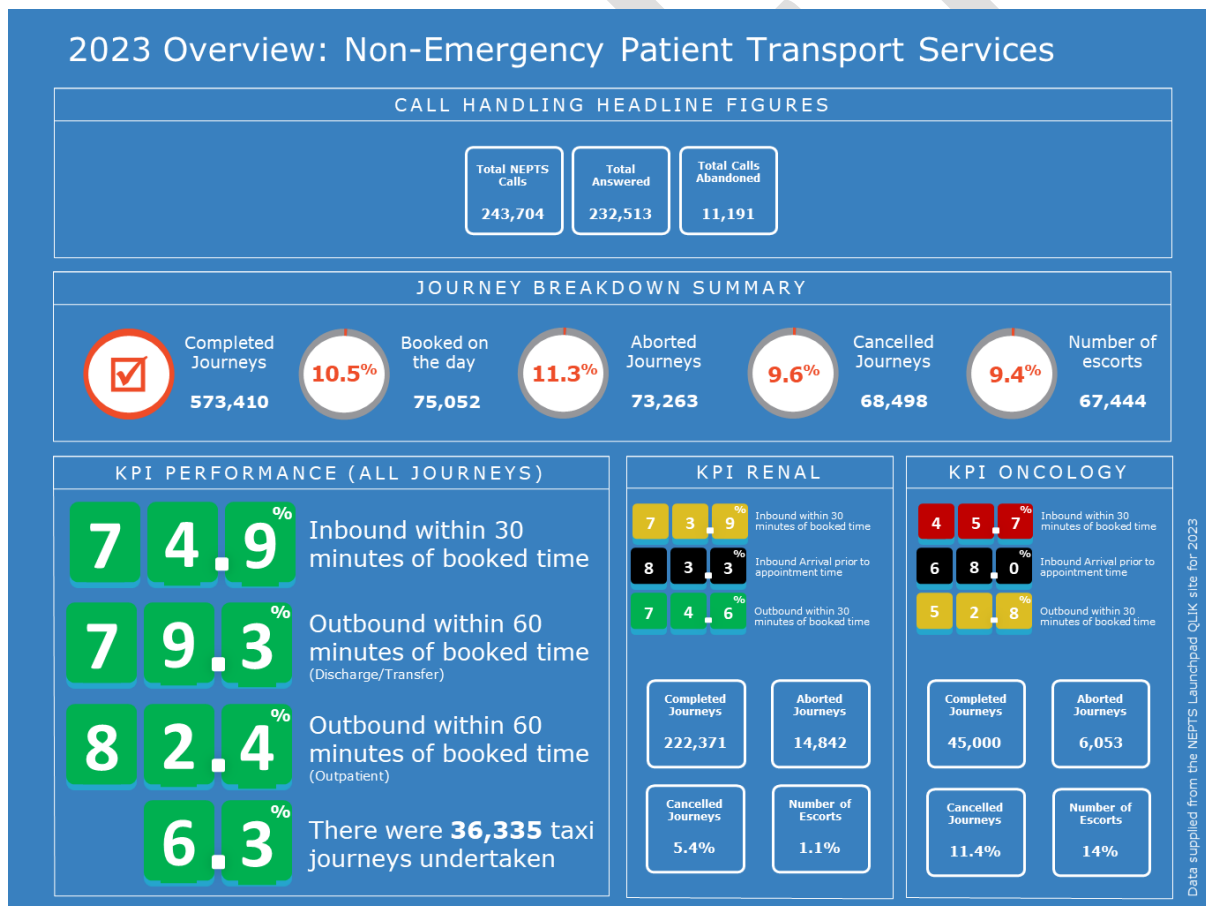
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## Non-Emergency Patient Transport

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

In 2015 the Welsh Government approved a Business Case for the modernisation of NEPTS in Wales. The business case outlined a range of actions to improve areas such as: governance, commissioning, infrastructure, performance, quality and opportunities for reinvestment. In 2022/23, the remaining key actions within the NEPTS Business Case were delivered and in 2023/24 the NEPTS Business Case was formally closed.

To deliver effective and timely care to patients, health boards are undertaking work to realign planned care services at a local, regional and national level. Therefore, our intention in 2024/25 is to develop a new long-term vision for NEPTS in collaboration with WAST and health boards, which is aligned to the changing requirements of NHS Wales. The vision will provide direction for the future delivery of NEPTS, considering changes in service demand and the wider role NEPTS can play with supporting the overall health care system.



## Performance Improvements

In addition to the work on a longer-term strategy, 2024/25 will see a focus on 5 specific areas of performance improvement for NEPTS.

- Improvements in operational performance for oncology service patients
- Improvements in operational performance for outpatient services
- Reduction in the number of reduced treatments for renal dialysis patients
- Reduction in the number of on the day cancellations
- Reduction the number of bookings made on the day

## Non-Emergency Patient Transport Commissioning Intentions

**Resource Efficiency** – Demonstrate that internal and external resources are being utilised effectively through a robust procurement and deployment strategy, fully reviewing who is best placed to deliver the various aspects of patient transport in accordance with NEPTS objectives and standards.

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

**Planning** – Ensure a dynamic planning process that maximises the utilisation of resources and ensure stability and resilience for future demand.

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

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

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

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

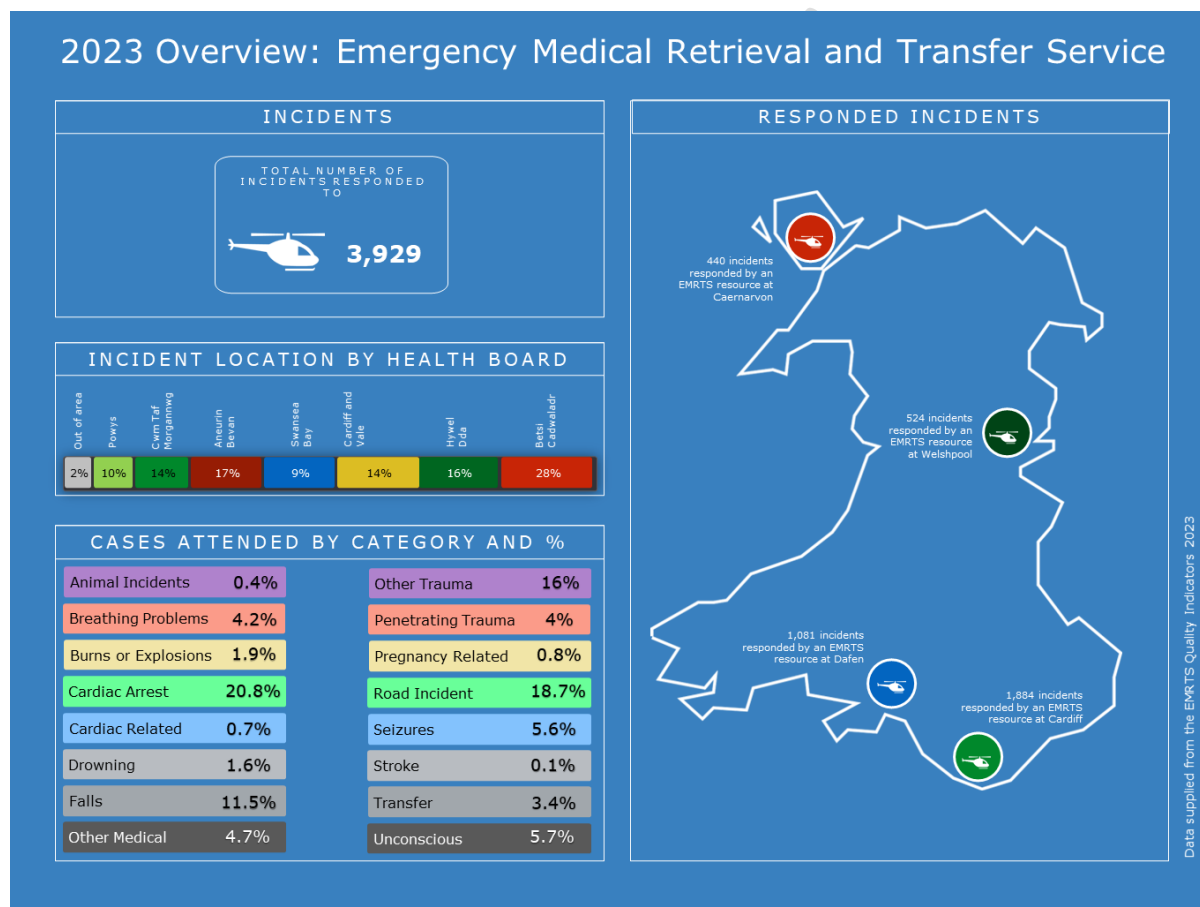
A full list of commissioning intentions are provided in pages TBC

## Emergency Medical Retrieval and Transfer Service (EMRTS)

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

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

EMRTS, working in partnership with the Wales Air Ambulance Charity, have always explored options to continually improve and adapt the service to meet their aims and objectives.



## Emergency Medical Retrieval and Transfer Service, Service Review

The final report of the service review was presented to the Committee in March 2024. It provided a structured evaluation of the EMRTS within Wales. It outlined the process and methodology used to review the service, covering the following:

- service delivery
- operational efficiency
- stakeholder engagement, and
- analysis of service coverage across Wales.

The Report provides an overview of the historical development of EMRTS, detailing its establishment and evolution into a key component of the prehospital critical care provision in Wales. It addresses the service's role in providing advanced medical interventions in pre-hospital settings, highlighting

the unique challenges faced in delivering critical care across the whole of Wales including remote areas.

The report makes a number of recommendations for the Committee. The implementation of the Committee's decision will form a key element of the EASC Team workplan for 2024-25 and beyond.

## Emergency Medical Retrieval and Transfer Service Commissioning Intentions

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

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

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

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

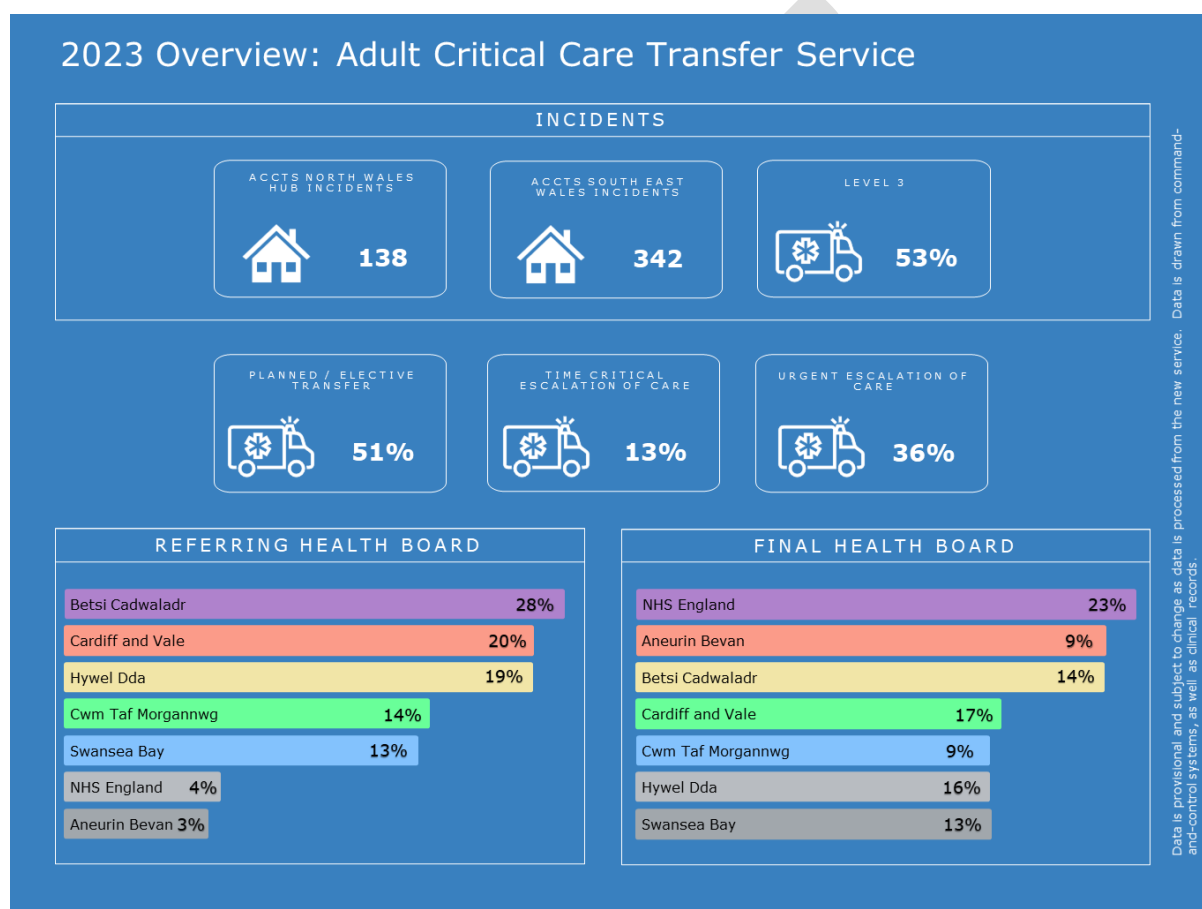
**Ongoing Evaluation** – Building on the 5-year EMRTS Service Evaluation (2015-20) develop a programme of ongoing evaluation including proposals for internal evaluation and funded external programmes of evaluation.

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

## Adult Critical Care Transfer Service (ACCTS)

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

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



## Adult Critical Care Transfer Service Delivery

The introduction of an adult critical care transfer service in Wales, has provided LHB's with a dedicated and clinically responsive ambulance transfer resource, which has ensured that critical care patients can access critical care services in a timely and safer manner.

In response to the challenges to delivering health care services within Wales, LHB's are aiming to redesigning health care services on a regional and specialist basis. There are clear benefits to the regionalisation and specialisation of services, but it is recognised that for many of these service redesign plans, there is a significant requirement for additional dedicated ambulance transfer services.

This year, modelling work was undertaken to review the options for the development of a national dedicated transfer service. The modelling outcomes indicated though, that the level of resources and investment required to establish and operate a dedicated transfer service were not viable.

In 2024/25 the EASC Team will build on the previous year's progress and work in partnership with health boards, ACCTS, EMRTS and WAST to take a pragmatic approach to developing options to deliver ambulance transfer services that meet the requirements of health boards and specialist services, whilst maximising opportunities for service provision and delivering value.

## Adult Critical Care Transfer Service Commissioning Intentions

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

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

**Evaluation and Review** – Building on the ACCTS Service Evaluation, the ACCTS team will ensure that lessons are learned and anticipated outcomes and benefits are realised and will work with stakeholders to deliver a service that contributes to the needs of the wider health system.

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

## Maximising the Impact of the Six Goals for Urgent and Emergency Care Programme

Building on the work undertaken in the first two years of the Six Goals for Urgent and Emergency Care Programme, the EASC Team will continue to work with the Six Goals for Urgent and Emergency Programme, LHB's and WAST to develop system focused solutions to ensure the safer levels of ambulance availability to respond to the population of Wales.

To support the delivery of actions aligned to the improvement of ambulance handover delays, the EASC Team have continued to take a collaborative commissioning led approach to work with health boards in the development of the ICAPs, which focus on supporting and enabling strategic service design and operational delivery. The content of the health board ICAPs also support with informing of the IQPD process between Welsh government and Health Boards and operationalising EASC commissioning activity.

The work undertaken through the ICAPs will explore the benefits of national, regional, and local models in order to provide gains across the system that will underpin sustainable change and improvements in population outcomes. As part of a whole system approach, the aim is to optimise capacity, efficiency, and effectiveness, supporting the ambition to deliver seamless care and tackle fragilities across the system.

## Conclusion

This IMTP represents a comprehensive and strategic framework aimed at enhancing emergency ambulance, non-emergency patient transport, and critical care transfer services within the context of NHS Wales' evolving healthcare landscape. This conclusion underscores the commitment to quality, safety, and the patient experience, while acknowledging the dynamic environment in which these services operate.

The past year has continued to bring significant challenges, pushing the boundaries of service delivery and requiring innovative responses to meet the demands of a changing healthcare environment. The Committee's dedication to improving service quality, alongside the efforts of frontline staff and the broader healthcare community, has been pivotal in navigating these challenges.

Looking ahead, the transition to the NHS Wales Joint Commissioning Committee brings a new era of integrated and strategic commissioning. This change promises to build on the solid foundation laid by the EASC, fostering enhanced collaboration and the sharing of best practices across Wales. The focus on forecasting, modelling, and strategic workforce planning is poised to ensure that services are responsive, resilient, and aligned with patient needs and system capacities.

As we embrace the future, the IMTP's vision extends beyond immediate challenges, aiming to embed value-based healthcare principles, innovation, and sustainability at the heart of service delivery. This approach will be crucial in addressing the dual mandate of immediate service improvement and long-term system transformation. By prioritizing efficiency, effectiveness, and the prudent use of resources, the plan sets a clear direction for advancing towards the Quadruple Aim of improving population health, enhancing patient and staff experiences, and achieving better value for money.

In conclusion, the IMTP for 2024-2027 articulates a clear and ambitious path forward, reflecting a deep understanding of the complexities of contemporary healthcare delivery. It is a testament to the collective commitment to excellence, innovation, and collaboration across the NHS in Wales. As we move forward, the continued focus on patient safety, quality of care, and system sustainability will ensure that the legacy of the EASC is not only preserved but also enhanced, benefiting patients, staff, and the broader community in Wales.

## Financial Assumptions

Financial assumptions will be inserted following agreement at EASC Joint Committee meeting on 19.03.24