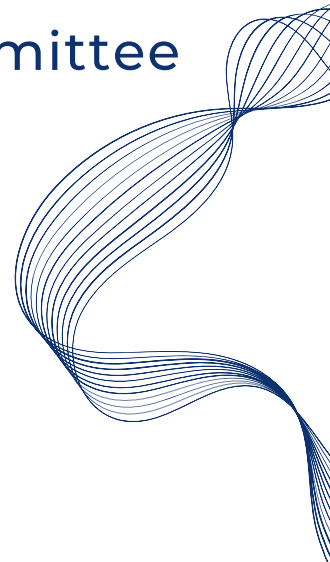


Collaborative Commissioning Framework Agreement 2022/25

Emergency Ambulance Services Committee

Emergency Ambulance Services



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DOCUMENT MANAGEMENT

Date	Tracking	Version Control
21/06/22	First draft based upon the Emergency Department Quality and Delivery Framework and extant Emergency Ambulance Services Framework Agreement	0.1
30/06/22	Updated based on preparation of the supporting plan on a page and the reviewing & updating of Schedules	0.2
05/07/22	Updated following consideration of Integrated Commissioning Action Plan	0.3
06/07/22	Update following initial draft review	0.4
13/07/22	Update following EASC review	0.5
26/08/22	Update following EASC Team and Committee review	0.6

For further information contact:

EMERGENCY AMBULANCE SERVICES COMMITTEE

Email: CTM_CASC_EASC@wales.nhs.uk

INTERPRETATIONS

Within this Workbook unless the context requires otherwise, the following words and phrases shall have the following meanings:

Word / Phrase	Details
Ambulance Patient Care Pathway	Ambulance Patient Care Pathway (APCP) is the 5-step process for the delivery of emergency ambulance services within NHS Wales that has been developed during production of the original Framework Agreement in 2014-2015, and is also referred as the Clinical Operational Model for the delivery of Emergency Ambulance Services by the Welsh Ambulance Services NHS Trust (WAST);
CAREMORE®	CAREMORE® is a commissioning method, focusing on Care standards, Activity, Resources Envelope, Model of care, Operational arrangements, Review of performance and Evaluation. It is a registered trademark belonging to Cwm Taf Morgannwg University Health Board UK2630477;
CASC	CASC is the Chief Ambulance Services Commissioner who acts on behalf of Emergency Ambulance Services Committee (EASC) to support efficient & effective commissioning, planning and delivery of emergency ambulance services in a collaborative and transparent manner between Health Boards and Welsh Ambulance Services NHS Trust (WAST);
EASC	EASC is the Emergency Ambulance Services Committee which acts as the commissioner of emergency ambulance services (EAS), non-emergency patient transport services (NEPTS) and the Emergency Medical Retrieval and Transfer Service (EMRTS Cymru) on behalf of NHS Wales Local Health Boards. It is hosted by Cwm Taf Morgannwg University Health Board;
Emergency Ambulance Services	Means services which relate to: responses to emergency calls via 999; urgent hospital admission requests from general practitioners; high dependency and inter-hospital transfers; major incident response and urgent patient triage by telephone.
Framework Agreement	Means this Collaborative Commissioning Framework Agreement Agreement, with Framework or Agreement also being construed accordingly;
Health Board	Any Local Health Board as defined in the National Health Service (Wales) Act 2006 or any successor body to any of them exercising its or their functions;
Schedule(s)	Schedule(s) within the Framework Agreement display the products created through the use of CAREMORE® and are the key documents of the Framework Agreement;
WAST	Welsh Ambulance Services NHS Trust as the provider of emergency ambulance services to Emergency Ambulance Services Committee (EASC) and its Health Boards.

INTERPRETATIONS

Within this Workbook unless the context requires otherwise, the following words and phrases shall have the following meanings:

Word / Phrase	Details
Integrated Commissioning Action Plan	Means the action plan which may be produced by WAST and individual LHBs under the Framework Agreement to give focus to the initiatives, services & developments between LHBs & WAST on a LHB footprint to support improved quality & outcomes from Emergency Ambulance Services, including the shift towards Inverting the Triangle.
Inverting the Triange	Is the term representing the concept and strategic intention by WAST and agreed by EASC of ensuring Time Critical Patients are conveyed to their definitive disposition as quickly and safely as possible, and non time critical patients may be treated by alternative WAST and / or LHB services as safely as possible.

Collaborative Commissioning Framework Agreement For Emergency Ambulance Services in NHS Wales

INTRODUCTION

Purpose

The purpose of this framework to outline:

- The requirements of the Collaborative Commissioning Framework Agreement 2022/25 for Emergency Ambulance Services
- Assurance for those requirements (quality)
- Achievement of those requirements (delivery).

These requirements are based upon evidence, insights, intelligence and products originally developed collaboratively since the EASC's formation in 2014 and the creation of the original framework agreement which has operated from 2015 onwards.

The enhancement to the original framework takes into consideration the significant learning and experiences from the operation of EASC such as:

- Clinical Response Model
- Amber Review
- 2019 Demand and Capacity Review
- Ministerial/Commissioner Taskforce
- EASC membership changes
- Growing and sustained system pressures
- Urgent and Emergency Care 6 Goals Programme
- Goal 4 requirements under the 6 Goals Programme
- Connectivity with the EDQDF Programme

- Transition and Transformation of Emergency Ambulance Services
- Strategic Ambition of WAST via the Inverting the Triangle concept.

There is an expectation that WAST and / or their representatives providing Emergency Ambulance Services within NHS Wales will meet the Statutory Requirements as detailed within the [NHS Wales Planning Framework 2022-2025](#) and the Core Requirements as detailed within the Care Standards Schedule (C1).

In addition, there is a further expectation that WAST shall satisfy themselves that these requirements are evidenced as being met through assurance mechanisms with organisations and agencies which undertake an audit, and/or quality assurance role, and/or inspection role, (inter alia) with them. EASC / CASC, at their discretion, may request WAST to share such evidence.

There is an opportunity for EASC, WAST and LHBs to exploit the benefits enabled by this collaborative framework agreement.

Principles

All partners directly involved in, and contributing to the Framework Agreement should aim to:

- **Promote** the philosophy of Prudent Healthcare and application of its principles
- **Act** with consistency, transparency, reasonableness and fairness
- **Commit** to ensure the EASQDF Agreement successfully delivers by promoting effective and efficient collaboration within & between organisations
- **Endorse** the delivery of the outcomes from the framework aligned with Healthier Wales' Quadruple Aim and quickly exploit any opportunities for improvement
- **Deliver** the benefits through widespread engagement and participation with all stakeholders.

This **PACED** structure should be adopted at a National scale to ensure delivery of equitable outcomes for all.

In addition, there is a standing operating principle to promote and exploit opportunities across organisation boundaries for delivery of **Goal 4: Rapid response in a physical or mental health crisis** and its intention for...*Individuals who are seriously ill or injured or in a mental health crisis should receive the quickest and best response commensurate with their clinical need – and, if necessary, be transported to the right place for definitive care to optimise their experience and outcome.*

Scope

The scope of services covered by the Framework is the following:-

- Assessment and responses to emergency calls via 999;
- Urgent hospital admission requests from health care professionals
- High dependency and inter-hospital transfers*;
- Major incident response and Civil Contingencies**.

as per the EASC (Wales) Regulations 2014 No. 566 (W.67) and The EASC (Wales) (Amendment) Directions 2016 No. 8 (W8)

*Whilst it is recognised that work is ongoing in regards to the development of specific commissioning arrangement for this area of service provision, the status quo will remain for this iteration of the framework agreement.

** As per the requirements of the Civil Contingencies Act 2004.

The scope of services commissioned by EASC frameworks will take precedence over any other service provided or hosted by WAST. Any other services provided or hosted by WAST and not commissioned by EASC must take account of the requirements set out within EASC frameworks and must not adversely affect the operation of EASC commissioned Services.

EASC Governance and Assurance

A summary of the EASC Governance & Assurance processes is shown in Figure 1 below.

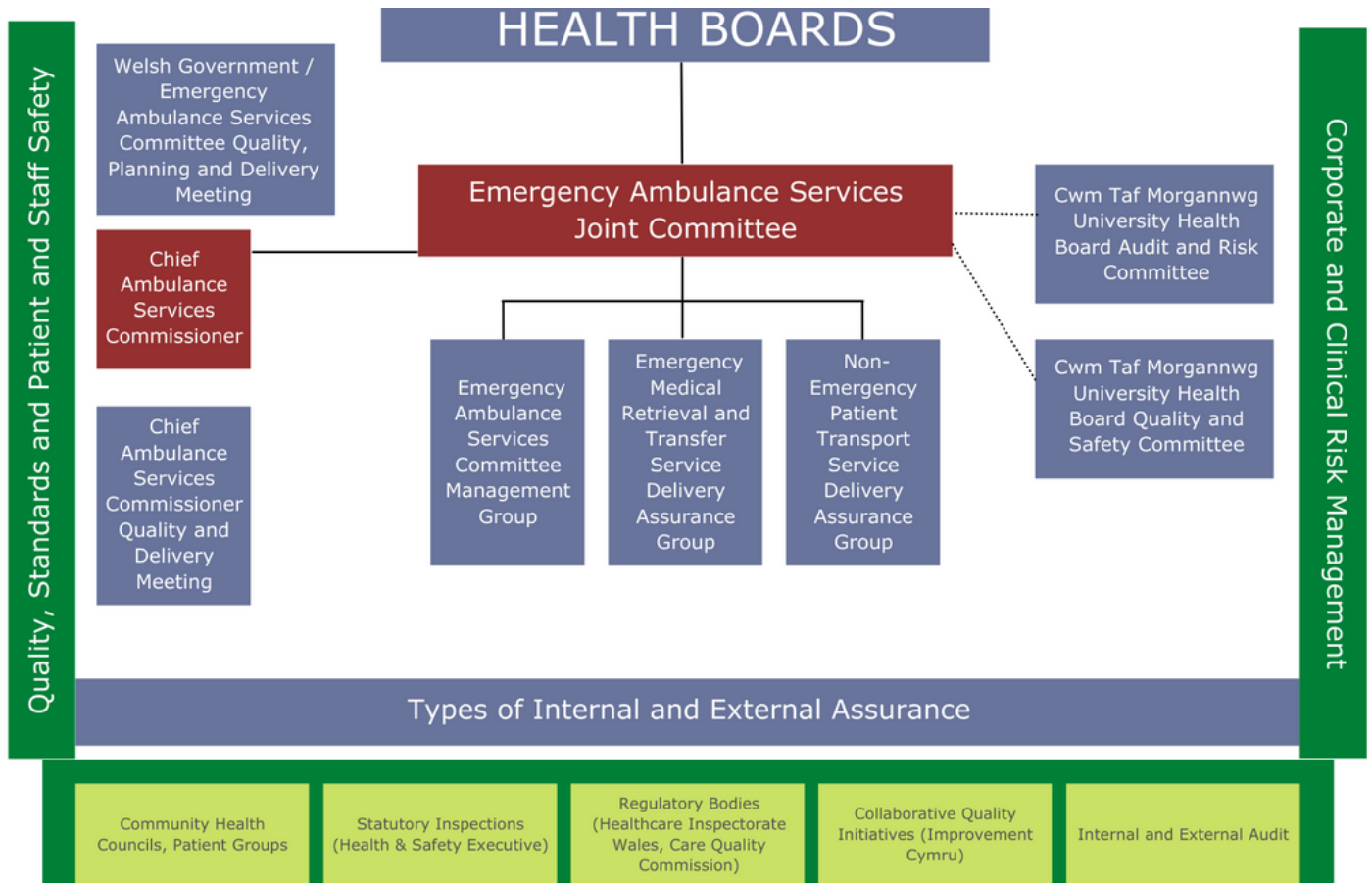


Figure 1 Summary of EASC Governance & Assurance Processes

WAST are required to inform EASC of any additional service provision that may impact on the services commissioned by this framework. As part of the framework, WAST are required to inform EASC of any changes to those services provided or hosted by WAST that are not funded or commissioned by EASC.

ENHANCEMENT

Inverting the Triangle (April 2022 onwards)

Specifically the enhancement of the original framework includes the development of a Local Health Board Integrated Commissioning Action Plan. The purpose of an Integrated Commissioning Action Plan is for each individual Local Health Board in collaboration with WAST to:

- Co-design and agree actions & services on a Health Board footprint;
- Identify and exploit opportunities to 'Invert the Triangle'
- Enable synergies across Wales for delivering 'Inverting the Triangle'
- Align LHBs' strategic direction with service requirements for WAST including 'Inverting the Triangle'
- Enable requirements from National Programmes for LHBs which have an effect upon WAST services to be identified together with their expected impact.

The development of the framework in this way is timely given the recent Healthcare Inspectorate Wales (HIW) report and the maturation of WAST's aim to 'Invert the Triangle', as it is important for addressing some of the longstanding issues highlighted by HIW and supporting WAST's goals.

The overriding intention and benefit of the enhanced framework is therefore to:

- Enable clarity on local service models
- Improve WAST & LHB relationships via EASC
- Utilise improved relationships to facilitate co-production and agreement on ways to tackle system wide challenges.

Such system wide challenges are to be considered in the context of:

- WAST as a provider service
- LHBs as:
 - **Commissioners** on behalf of their resident populations for:
 - Emergency Ambulance Services
 - Healthcare Services which are complimentary and supportive of efficient, effective and safe Emergency Ambulance Service provision – this could include for example a falls response service from a 3rd Sector organisation or WAST or by a Private provider or another LHB or the LHB itself.
 - **Providers** of healthcare services which are complimentary and supportive of efficient, effective and safe Emergency Ambulance Service provision, for example a falls response service – as above – could be provided by the LHB itself.

Figure 2, provides a summary of the ongoing use of the national framework to support:

- Local delivery – as detailed within the Operational arrangements Section of the framework with the production of a
 - LHB Integrated Commissioning Action Plan; and
 - establishment of a System Improvement Tracker (Figure 3)
- Identification of specific actions for WAST & EASC for inclusion within their respective annual delivery plans.

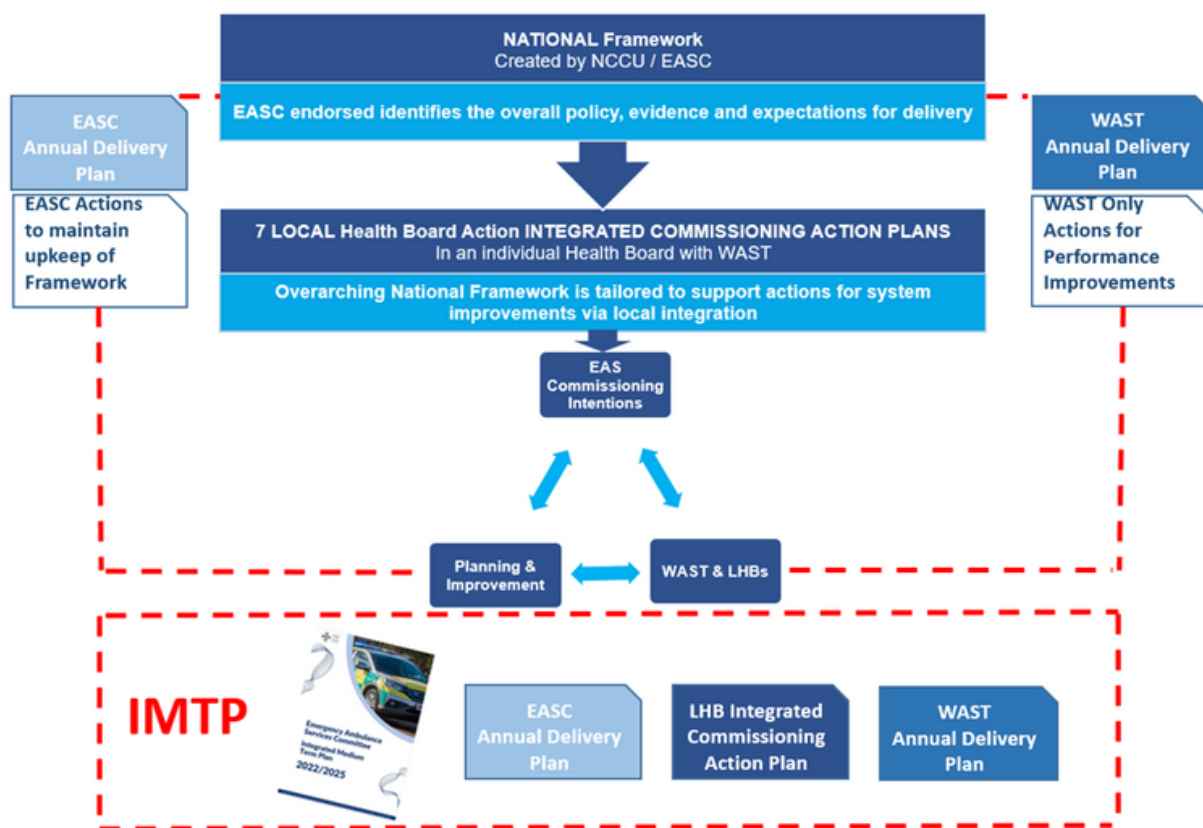


Figure 2 – Intention of Collaborative Commissioning Framework to Support & Improve Local Delivery

The continued operation and development of the framework will also enable actions for WAST as the provider organisation and EASC as the commissioning organisation to be identified for inclusion within their respective annual delivery plans.

Figure 3, provides an illustration of the output to be produced from the utilisation by EASC, WAST and LHBs of the LHB Integrated Commissioning Action Plan Blueprint – which is a System Improvement Tracker – enabling improvement opportunities & their progress to be locally identified and reported nationally via EASC.



Figure 3 – System Improvement Tracker

There are three types of ‘integrative practices’ which the LHB Integrated Commissioning Action Plan Blueprint should beneficially enable for WAST and Welsh LHBs as follows:

- Horizontal – as opportunities for improvement may be identified between ambulance services joined with for example Emergency Departments and Primary care
- Sectoral – as opportunities for improvement may be identified between for example clinicians and non-clinical managers
- Geographical – as opportunities for improvement may be identified by a local site and shared for learning on a national basis.

PRODUCTION METHODOLOGY & ONGOING MAINTENANCE

CAREMORE®

CAREMORE is a collaborative commissioning method and beyond the Introduction and Inverting the Triangle Sections, the remaining section of this Emergency Ambulance Services Quality & Delivery Framework (EASQDF) Agreement represent components of CAREMORE.

Each Section comprises Schedule(s) developed and created by stakeholders, and details the:

- Product description
- Benefits of the product
- Its current status and
- Its ongoing maintenance & development.

Schedules take the following formats:

- Completed schedules: titled final and version controlled under the Maintenance of Key Components section
- Draft schedules: which are under development and not in their final version, so are marked draft and version controlled.

SIGNATORIES TO THE COMMISSIONING FRAMEWORK

CAREMORE®

EASC and WAST have sanctioned this Commissioning Framework to become operational for a minimum of a three (3) year period effective from the date of signature by all parties. A decision will be made in advance of the three years by EASC to determine whether to extend the period of the Commissioning Framework.

SIGNED by or on behalf of the Parties on the date which first appears in this Commissioning Framework:-

Signed by and on behalf of
the Emergency Ambulance
Services Committee (the
Commissioning
Collaborative)

DR CHRIS TURNER

CHAIR, EMERGENCY AMBULANCE SERVICES COMMITTEE

DATE:

STEPHEN HARRHY

CHIEF AMBULANCE SERVICES COMMISSIONER

DATE:

Signed by and on behalf of
the Welsh Ambulance
Services NHS Trust (the
Provider)

COLIN DENNIS

CHAIR, WELSH AMBULANCE SERVICES NHS TRUST

DATE:

JASON KILLENS

CEO, WELSH AMBULANCE SERVICES NHS TRUST

DATE:

CARE STANDARDS

Product

An evidenced set of care standards for Emergency Ambulance Services to ensure that the right expectations are defined for quality and safety.

Benefit of defining Care Standards

To describe Service Requirements from a patient's perspective across each step of their care pathway from pre-contact via 999, to handover of care to an alternative service. This patient care pathway will be known as the 'Model of Care' and its creation enables other key components of the framework relating to Activity, Resources and Performance to be established.

Such requirements should act in accordance with good practice, relevant statutory legislation, codes of practice, guidance and policies published or endorsed by the Welsh Government.

Status

Schedule C1: Care Standards Descriptors – June 2022 v1

Ongoing Development

Care Standards across each step of the patient care pathway to remain extant until where are we now (current positions) across WAST & Health Boards are gathered as part of Integrated Commissioning Action Plans – which may lead to their updating.

Extant Core Requirements have been reviewed and consideration given to Health Inspectorate Wales (HIW) Ambulance Handover Review recommendations – ongoing consideration are the sources of assurance.

Maintenance

To be reviewed annually – informed by putting the Care Standards into everyday practice aligned with the Inverting the Triangle Concept by WAST and Local Health Boards.

To keep a Bibliography repository of relevant publications to inform the requirements.

ACTIVITY

Product

An accurate description of the activities within Emergency Ambulance Services to ensure that the right capacity is available to meet the right demand.

Benefit of defining Care Standards

To understand the workload or demand related to each individual step for a patients' journey through an Emergency Ambulance Services. The patient journey or patient care pathway will be described through the 'Model of Care.'

To enhance reporting for activity and have a baseline from which to track the impact of service changes, efficiencies and improvements within and across each step of the patient care pathway, plus, wherever possible related & complimentary Local Health Board services.

Status

Schedule A1: Activity Descriptors – June 2022 v0.1

Ongoing Development

Reporting of Ambulance Quality Indicators (AQIs) to continue alongside exercise to:

- Map extant AQIs against Care Standards (specifically identify activity related measures)
- Reflect upon utilisation, learning & experiences to date from reporting AQIs
- Develop specific data sets to support shift towards Inverting the Triangle

When exercise is completed there is an opportunity to update Activity related reporting requirements from WAST for Emergency Ambulance Services.

Maintenance

To be completed at a later time.

RESOURCE ENVELOPE

Product

A comprehensive description of the assets which may be utilised and affected with the ambition of making the best use of all existing resources.

Benefit of defining Care Standards

To understand the resources available and their utilisation for each of the services provided under each step of the pathway within Emergency Ambulance Services and be able to triangulate with activity and performance.

To enhance consistency of reporting for resources and have a baseline from which to track the impact of service changes, efficiencies and improvements within and across each step of the patient care pathway, plus wherever possible related and complimentary Local Health Board services.

To have a transparent annual financial plan across Emergency Ambulance Services – as part of the WAST annual financial planning process – which reconciles with the EASC annual financial plan. The reconciliation across WAST and EASC to include any expectations on specific commissioning allocations which may be related to metrics for issues such as staffing and/or efficiency and/or performance as determined and agreed by the CASC and EASC.

Status

Schedule RE1: Resource Management Descriptors – June 2022 v0.1

Schedule RE2: Joint Annual Financial Management Control Plan – June 2022 v0.1 (internal use only)

Ongoing Development: Schedule RE1

Reporting of Ambulance Quality Indicators (AQIs) to continue alongside Exercise [A] to:

- Map extant AQIs against Care Standards (specifically identify resource related measures)
- Reflect upon utilisation, learning & experiences to date from reporting AQIs
- Develop specific data sets to support shift towards Inverting the Triangle.

In addition, the previously reported resource utilisation measures across the 5 Steps of the patient care pathway are to be reviewed to determine future reporting requirements, Exercise [B].

When both exercises are completed there is an opportunity to update Resource Management related reporting requirements from WAST for Emergency Ambulance Services.

RESOURCE ENVELOPE

Ongoing Development: Schedule RE2

Schedule to build upon previous versions and include: details of the financial plans across EASC & WAST; requirements for funding to be released & associated responsibilities; expectations from 'additional' funding & impact upon control WTEs for specific staff groups. In addition, over time to show income & cost by service line wherever possible and as detailed as possible would be beneficial.

Maintenance

RE1: to be reviewed annually

RE2: to be updated annually & reviewed monthly with any updates made accordingly.

MODEL OF CARE

Product

A common high level model of care for Emergency Ambulance Services to ensure that people can access the right staff, at the right place, at the right time.

Benefit of defining Care Standards

To simplify an understanding of how a patient may pass through Emergency Ambulance Services in the form of a series of steps shown in simplified wiring diagram.

To establish a simple construct for the model of care which enables an enhanced understanding of the expectations and workings for each step to be described ie its standards, activity, associated resources, performance and operational management. Which in turn enables opportunities for improvement both within and between steps to be identified, plus related and/or complimentary Local Health Board services.

Status

Schedule M1: High Level Description for the Model of Care

Ongoing Development

Model of Care descriptor to remain extant alongside current Care Standards which may be updated following understanding of where are we now (current positions) across WAST & Health Boards as described within Care Standards Section.

Maintenance

To be reviewed annually.

OPERATIONAL ARRANGEMENTS

Product

The establishment of robust local mechanisms to ensure effective delivery with the right interaction between patients, professionals and organisations.

Benefit of defining Care Standards

To tie together process and relationship issues both within and outside Emergency Ambulance Services which relate to the: management of the framework itself; the efficient and effective running of the Emergency Ambulance Services; and opportunities for continuous improvement.

Status

Schedule O1: Local Health Board Integrated Commissioning Action Plan Blueprint (Internal use only)

Schedule O2: Putting Inverting the Triangle into Practice Tracker – EASC Project Tracker

Ongoing Development: Schedule O1

The LHB Integrated Commissioning Action Plan Blueprint may be used as the construct for populating individual LHB Action Plans. Ongoing development requirements may arise from its utilisation.

Ongoing Development: Schedule O2

The Putting the Inverting Triangle into Practice Tracker may be used to record the where are we now (current positions) across NHS Wales for both WAST and LHBs in their plans to Invert the Triangle. It may then be updates as & when required to show & share the status of developments & their expected impacts.

Maintenance

O1: To be reviewed annually – suggested alongside or as part of the NHS Wales Planning Process, in order to keep a track of the EASC, WAST Local & Health Boards planned actions for Inverting the Triangle.

O2: To be used & maintained to track the development of Inverting the Triangle across WAST and each Local Health Board providing the opportunity for identifying synergies to support sharing, learning and improvement opportunities together.

REVIEW OF PERFORMANCE

Product

An agreed system of performance measurement to ensure the right monitoring and management to deliver continuous improvement.

Benefit of defining Care Standards

To bring together the key performance measures that give assurance on the meeting of the care standards which apply to each step of the patient pathway for Emergency Ambulance Services.

To provide a comprehensive suite of activity, resources and performance measures (repository) from which: what, who, when and how reporting arrangements can be determined to support the description of how performance should be monitored & reviewed.

Status

Schedule R1: Performance Descriptors – June 2022 v0.1

Schedule R2: Repository of Activity, Resources, Performance measures & reporting arrangements (internal use only)

Ongoing Development: Schedule R1

Reporting of Ambulance Quality Indicators (AQIs) to continue alongside exercise to:

- Map extant AQIs against Care Standards (specifically identify performance related measures)
- Reflect upon utilisation, learning & experiences to date from reporting AQIs
- Develop specific data sets to support shift towards Inverting the Triangle.

When exercise is completed there is an opportunity to update Performance related reporting requirements from WAST for Emergency Ambulance Services.

Ongoing Development: Schedule R2

Following completion of the exercise underway to update the AQIs there is then the requirement to identify the key data sets for each Board, Group or Forums which have a performance management role in relation to both EASC and WAST across the organisations themselves, and more broadly NHS Wales and the Welsh Government.

Maintenance

R1: To be completed at a later date.

R2: To be completed at a later date.

EVALUATION

Product

An agreed set of methods and criteria for judging the achievement of the right patient outcomes, from the right patient experience, at the right cost.

Benefit of defining Care Standards

To ensure that the impact from the creation of the framework itself to the impact of the products and changes it enables has a robust way of being evaluated. So that benefits may be quantified, with lessons learnt and shared.

To ensure a process is established and maintained for the robust evaluation of initiatives progress by WAST with the support of EASC.

To continually learn, evidence & support 'how to evaluate' the achievement of 'what good looks like' going forward.

Status

Schedule E1: Methods of Evaluation

Ongoing Development

- Review of Evaluation Methods for EDQDF to consider elements of approach which could be applicable to emergency ambulance services.
- Highlight Quad Aim relationship with extant Care Standards to support data gathering for evaluation
- Consider inclusion of:
 - updated evaluation template used previously for proposed WAST initiatives
 - focus areas from possible Patient Public Involvement Group
 - potential qualitative study in support of HIW Handover report recommendations

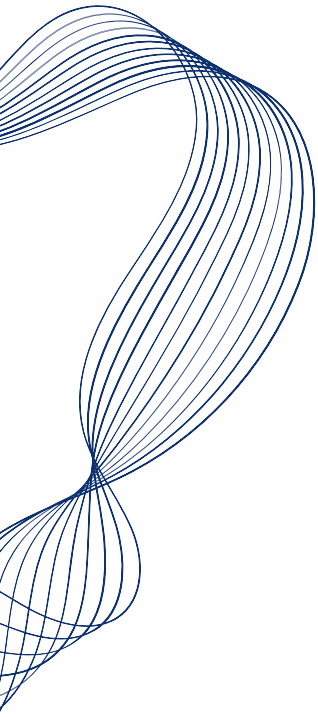
Maintenance

To be reviewed annually – suggested alongside or as part of the NHS Wales Planning Process and that of EASC itself.

To regularly review relevant publications, evaluation mechanisms & reports and keep a repository.

MAINTENANCE OF KEY COMPONENTS

CAREMORE® Component	Schedule Reference and Name	Version	Status	Maintainance
Care Standards	C1 - Care Standards Descriptors			
Activity	A1 - Activity Descriptors			
Resource Envelope	RE1 - Resource Management Descriptors			
Resource Envelope	RE2 - Financial Plan		Internal use only	
Model of Care	M1 - High Level Description for the Model of Care			
Operational Arrangements	O1 - Local Health Board Action Plan (under EDQDF) Master Version			
Operational Arrangements	O2 - Putting Care Standards into Operational Practice			
Review of Performance	R1 - Performance Descriptors			
Review of Performance	R2 - Minimum Data Set & Reporting Arrangements		Internal use only	
Evaluation	E1 - Evaluation methods			



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