Northern Ireland Ambulance Service
Health and Social Care Trust

2018-19
Trust Delivery Plan

Approved at Trust Board 4 October 2018

VISION

"To provide excellent quality of care, experience and outcomes for the patients we serve"

This vision is underpinned by our core values that will help us to deliver the highest levels of care and services.

Our Core Values are:

- **Compassion**
- **Respect**
- **Integrity**
- **Learning & Improvement**

NIAS has identified six key themes from which the Corporate Objectives and annual priorities are developed. They provide clarity for the general public and our staff who deliver our services and ensure consistency between strategy and delivery.

Our 6 Key Themes are:

- **Motivated & Engaged Workforce:** the Trust will explore how we can fully achieve this for staff, at all levels. We will find opportunities for staff involvement and engagement in developing and modernising how we deliver our services. We will collaboratively develop and deliver modernisation and improvement, and encourage staff to have a greater understanding of their impact on service delivery and outcomes for patients. We will enable staff to be part of learning activities that are adapted and appropriate for them.

- **Right Resources to Patients Quickly:** the Trust will develop sustainable, innovative workforce and systems solutions building on the recommendations of the NIAS Demand & Capacity Review, 2017. We will aim to have the right number of staff with the right skills to ensure our quality of service meets agreed standards in terms of time and clinical quality. We will develop highly skilled staff equipped to deliver safe patient care with a focus on the delivery of clinical excellence and appropriate pathways. Through this we will ensure we deploy the right resources, skills and response that is appropriate to clinical need.

- **Improving Experience & Outcomes for Patients:** The Trust will ensure that we listen to and learn from patients and others in the planning and delivery of services. We will promote meaningful engagement and involvement in service developments. We will use a range of standards, measures and

indicators to offer assurance that our service is operating effectively, safely and in the best interest of patients.

- **Clinical Excellence at Our Heart:** we will ensure the best outcomes for our patients through working to the highest standards of care and developing, leading and sharing best clinical practice. We will ensure clinicians receive the highest standards of education, learning and development to perform effectively and safely. Clinical staff will be equipped to carry out their role supported by advancements in technology, medical equipment, clinical practice and clinical audit. NIAS will develop and implement clinical supervision for regulated professionals. We will involve our staff and others to identify and develop best models of clinical practice and appropriate systems and processes for measuring outcomes.

- **Recognised for Innovation:** the Trust will continue to work collaboratively on innovations and transformations that deliver on our priorities. We will position NIAS as an integral part of the whole HSC system and influence and shape services to ensure improvements to the patient experience and outcome. We will develop and embed a quality improvement methodology within the Trust and celebrate related successes. NIAS has a vital role to play in the delivery of urgent and emergency care, providing a range of clinical responses to patients in their homes and community settings and can potentially integrate seamlessly across the spectrum of providers in health and social care. We can increasingly shift the balance of care away from hospitals, reduce demand on emergency departments and take the pressure off general practice. There are real benefits to be gained for patients by investing in NIAS services to improve the future sustainability and performance of the health system overall. NIAS will identify the impact of those changes in an open and evidenced manner using clear, validated and timely data is essential.

- **Effective, Ethical, Collective Leadership:** the Trust will develop an Organisational Development Framework and annual delivery plan that will provide a focus on promoting the right culture and supporting behaviours to drive improvements and transformations. We will ensure there are leadership development opportunities to develop the skills and confidence of our leaders to support the Trust priorities, as outlined in the Corporate Plan.

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1. Introduction

This Trust Delivery Plan (TDP) aims to highlight the work programme for the Northern Ireland Ambulance Service (NIAS) for the financial year 2018/19. In recognition of the direction set through the Health and Social Care Commissioning Plan, NIAS's TDP identifies the way in which NIAS will contribute to the full range of priorities. Recognition of the importance of building and extending partnerships through working collaboratively with our HSC colleagues and the wider NI community underpins this document. Fundamentally we aim to provide high-quality, safe, effective care to the people of Northern Ireland, and to secure improved health and well-being for the whole community as a result.

This plan has been developed at a time of significant challenge in health and social care as a consequence of increased demand for our services and a difficult financial environment. In these challenging times it is imperative that Health and Social Care organisations work together to improve patient experiences and outcomes, and to promote equality of opportunity and address health inequalities. We are committed to engaging with service users, our staff, trade union representatives, HSC colleagues and other stakeholders as we strive to meet the challenges before us. Progress in the delivery of this work will be contingent on NIAS working effectively in partnership with our colleagues throughout the Northern Ireland healthcare system.

2. Local Context

The Northern Ireland Ambulance Service (NIAS) responds to the needs of a population in Northern Ireland in excess of 1.8 million people in the pre-hospital environment. It directly employs in excess of 1,200 staff, across thirty-five ambulance stations, two Ambulance Control Centres (Emergency and Non-Emergency), a Regional Education & Training Centre and Headquarters. NIAS has an operational area of approximately 5,450 square miles, serviced by a fleet of 227 working ambulances. We provide ambulance care, treatment and transportation services to the people of Northern Ireland twenty four hours per day, seven days per week, and three hundred and sixty five days per year.

The Northern Ireland Ambulance Service (NIAS) faces a range of significant challenges and major issues over the period covered by this plan. Key among these is the need to deliver safe, high-quality care whilst also seeking to transform our services to meet the changing needs of the public. This is in a context of ever tighter financial requirements to balance income and expenditure each year. This Trust Delivery Plan describes how we intend to address these challenges, building on the progress made to date, and sets out our ambition to deliver the best and appropriate care to patients in Northern Ireland who require Ambulance Services, putting them at the heart of everything we do.

NIAS provides a range of ambulance response and transportation resources dealing with emergency calls, urgent and non-urgent calls and maintaining emergency preparedness for major incidents. All emergency calls are assigned to a category reflecting clinical urgency: Category A (life threatening), Category B (non-life threatening but serious) or Category C (neither life threatening or serious but requiring some form of clinical intervention). This differentiation of 999 calls on the basis of clinical urgency allows NIAS to assign priority for response, care, treatment and transportation to those patients in greatest need, and, where appropriate, redeploy ambulances from less serious to more serious calls. A significant proportion of NIAS workload arises from transportation to hospital of patients referred by GPs and other healthcare professionals (HCPs) working outside hospitals on both a scheduled and unscheduled basis. While this activity is generally less clinically urgent than the 999 emergency activities, it remains a core element of our total activity and meeting the requirements of the patients is no less demanding or important.

NIAS is fully committed to responding positively to the challenges and opportunities presented by transformation and modernisation agenda. We welcome the engagement to date at both local and regional level, and will continue to contribute and influence plans in this regard.

3. Detailed Trust Delivery Plans

3.1 TRUST RESPONSE TO DOH COMMISSIONING PLAN DIRECTION (67 MINISTERIAL OUTCOMES)

APPENDIX 2:
TRUST RESPONSE TO DOH COMMISSIONING PLAN DIRECTION (67 MINISTERIAL OUTCOMES)

Aim: To improve the health of the population
Outcome 1: Reduction of health inequalities

	COMMISSIONING PLAN DIRECTION OUTCOME	PROVIDER RESPONSE	RAG
1.1	By March 2020, in line with the Department's ten year "*Tobacco Control Strategy*", to reduce the proportion of 11-16 year old children who smoke to 3%; reduce the proportion of adults who smoke to 15%; and reduce the proportion of pregnant women who smoke to 9%.	Not applicable to NIAS	
1.2	By March 2019 to have expanded the "*Weigh to a Healthy Pregnancy*" to now include women with a BMI over 38. This programme is one element of the Departmental strategy "*A Fitter Future for All*", which aims by March 2020, to reduce the level of obesity by 4 percentage points and overweight and obesity by 3 percentage points for adults, and by 3 percentage points and 2 percentage points for children.	Not applicable to NIAS	
1.3	By March 2019, through continued promotion of breastfeeding to increase in the percentage of infants breastfed, (i) from birth, and (ii) at 6 months. This is an important element in the delivery of the "*Breastfeeding Strategy*" objectives for	Not applicable to NIAS	

	achievement by March 2025.		
1.4	By March 2019, establish a minimum of 2 “Healthy Places” demonstration programmes working with General Practice and partners across community, voluntary and statutory organisations.	Not applicable to NIAS	
1.5	By March 2019, to ensure appropriate representation and input to the PHA/HSCB led Strategic Leadership Group in Primary Care to embed the Make Every Contact Count approach.	Not applicable to NIAS	
1.6	By March 2019, to establish a baseline of the number of teeth extracted in children aged 3-5 years - as phase 1 of the work to improve the oral health of young children in Northern Ireland over the next 3 years and seek a reduction in extractions of 5%, against that baseline, by March 2021.	Not applicable to NIAS	
1.7	By March 2019, to have further developed, and implemented the “*Healthier Pregnancy*” approach to improve maternal and child health and to seek a reduction in the percentage of babies born at low birth weight for gestation.	Not applicable to NIAS	
1.8	By March 2019, ensure the full delivery of the universal child health promotion programme for Northern Ireland, “*Healthy Child Healthy Future*”. By that date: • The antenatal contact will be delivered to all first time mothers. • 95% of two year old reviews must be delivered. These activities include the delivery of core contacts by Health Visitors and School Nurses which will enable and support children & young adults to become successful, healthy adults through the promotion of health and wellbeing.	Not applicable to NIAS	
1.9	By March 2019, ensure the full regional roll out of Family Nurse Partnerships, ensuring that all teenage mothers have equal access to the family nurse partnership programme. The successful delivery of this objective will directly contribute to PfG Outcome 14 “We give our children and young people the best start in life”.	Not applicable to NIAS	

1.10	By March 2019, the proportion of children in care for 12 months or longer with no placement change is at least 85%; and 90% of children, who are adopted from care, are adopted within a three year time frame (from date of last admission). The aim is to secure earlier permanence for looked after children and offer them greater stability while in care.	Not applicable to NIAS	
1.11	By March 2019, to have further enhanced out of hours capacity to de-escalate individuals presenting in social and emotional crisis, including implementation of a "street triage" pilot and a "Crisis De-escalation Service" pilot. This work builds on previous investments in community mental health crisis teams and is an important element of the work to reduce the suicide rate by 10% by 2022 in line with the draft "*Protect Life 2 Strategy*".	NIAS will work in partnership with PSNI and the South Eastern Trust to commence a street triage pilot in August 2018 whereby a paramedic / community psychiatric nurse and PSNI officer can jointly attend / assess options for patients presenting in acute mental health crisis. The results of this pilot will be reviewed by all parties in due course.	G
1.12	By September 2018, to have advanced the implementation of revised substitute prescribing services in Northern Ireland, including further exploration of models which are not based in secondary care, to reduce waiting times and improve access. This is an important element in the delivery of the strategy to reduce alcohol and drug related harm and to reduce drug related deaths.	Not applicable to NIAS	
1.13	By July 2018, to provide detailed plans (to include financial profiling) for the regional implementation of the diabetes feet care pathway. Consolidation of preparations for regional deployment of the care pathway will be an important milestone in the delivery of the "*Diabetes Strategic Framework*".	Not applicable to NIAS	

Aim: To improve the quality and experience of health and social care
Outcome 2: People using health and social care services are safe from avoidable harm

COMMISSIONING PLAN DIRECTION OUTCOME	PROVIDER RESPONSE	RAG
2.1 By March 2019 all HSC Trusts should have fully implemented phases 2, 3 and 4 of *Delivering Care*, to ensure safe and sustainable nurse staffing levels across all emergency departments, health visiting and district nursing services.	Not applicable to NIAS	
2.2 By 31 March 2019: • Ensure that total antibiotic prescribing in primary care, measured in items per STAR-PU, is reduced by 2% from the 2017/18 level of prescribing and: • Taking 2017/18 as the baseline figures, secure in secondary care: o a reduction in total antibiotic use of 1%, measured in DDD per 1000 admissions; o a reduction in carbapenem use of 3%, measured in DDD per 1000 admissions; o a reduction in piperacillin-tazobactam use of 3%, measured in DDD per 1000 admissions, and o EITHER ▪ that at least 55% of antibiotic consumption (as measured in DDD per 1000 admissions) should be antibiotics from the WHO Access AWaRe* category, OR ▪ an increase of 3% in use of antibiotics from the WHO Access AWaRe* category, as a proportion of all antibiotic use. With the aim of reducing total antibiotic prescribing (DDD per 1000 population) by 10% by 31 March 2021. **For the purposes of the WHO Access AWaRe targets, TB drugs are excluded.*	Not applicable to NIAS	

Reducing Gram-negative bloodstream infections 2.3 By 31 March 2019: • to secure an aggregate reduction of [W]% of Escherichia coli, Klebsiella spp. and Pseudomonas aeruginosa bloodstream infection acquired after two days of hospital admission, with the aim the of securing a regional aggregate reduction of [X]% by 31 March 2021, and • to secure a regional aggregate reduction of [Y]% of all Escherichia coli, Klebsiella spp. and Pseudomonas aeruginosa bloodstream infections, with the aim the of securing a regional aggregate reduction of [Z]% by 31 March 2021. *Values for W, X, Y and Z will be confirmed in May 2018 following surveillance data validation by PHA*	Recognising that all HSC staff have a responsibility to contribute to the reduction of HCAIs, a review of NIAS infection prevention and control practice by RQIA has been followed by a significant focus to knowledge and training, IPC practice, vehicle cleaning and trust-wide governance arrangements in respect of Infection Prevention and Control. A dedicated IPC lead has been seconded to NIAS and arrangements are being explored with other HSC Trusts to provide ongoing IPC support until a permanent IPC lead is appointed. Progress will be reassessed by the RQIA as part of their review programme.	A
2.4 By 31 March 2019, to secure a regional aggregate reduction of T% in the total number of in-patient episodes of Clostridium Difficile infection in patients aged 2 years and over and in-patient episodes of MRSA infection compared to 2017/18. *Values for T to be confirmed post reporting of 17/18 figures.*	As above	A
2.5 Throughout 2018/19 the clinical condition of all patients must be regularly and appropriately monitored in line with the NEWS KPI audit guidance, and timely action taken to respond to any signs of deterioration.	NIAS has incorporated NEWS scoring within the latest iteration of our paper-based patient report form in order to facilitate monitoring of patients in the acute phase of pre-hospital care and early assessment within emergency departments. This will be adopted into the planned electronic patient report form undergoing tender as part of the NIAS REACH project.	A
2.6 By March 2019, review and regionally agree standardised operational definitions and reporting schedules for falls and pressure ulcers.	Not applicable to NIAS	
2.7 By March 2019, all Trusts must demonstrate 70% compliance with the regional Medicines Optimisation Model against the baseline established at March 2016 and the HSC Board must have established baseline compliance for community	Not applicable to NIAS	

	pharmacy and general practice. Reports to be provided every six months through the Medicines Optimisation Steering Group.		
2.8	During 2018/19 the HSC, through the application of care standards, should continue to seek improvements in the delivery of residential and nursing care and ensure a reduction in the number of (i) residential homes, (ii) nursing homes, inspected that (a) receive a failure to comply, and (b) subsequently attract a notice of decision, as published by RQIA.	Not applicable to NIAS	

Outcome 3: Improve the quality of the healthcare experience

	COMMISSIONING PLAN DIRECTION OUTCOME	PROVIDER RESPONSE	RAG
3.1	By March 2019, all patients in adult inpatient areas should be cared for in same gender accommodation, except in cases when that would not be appropriate for reasons of clinical need including timely access to treatment.	Not applicable to NIAS	
3.2	During 2018/19 the HSC should ensure that care, permanence and pathway plans for children and young people in or leaving care (where appropriate) take account of the views, wishes and feelings of children and young people.	Not applicable to NIAS	
3.3	By March 2019, patients in all Trusts should have access to the Dementia portal.	Not applicable to NIAS	
3.4	By March 2019, to have arrangements in place to identify individuals with palliative and end of life care needs, both in acute and primary settings, which will then support people to be cared for in their preferred place of care and in the manner best suited to meet their needs.	NIAS has in place a system whereby patients in receipt of primary care can be “flagged” on ambulance control systems following notification by clinicians in the primary or acute setting. This is used to notify responding ambulance crews to patient decisions regarding resuscitation / admission avoidance based on both advanced directives submitted by patients and DNACPR advice from clinicians.	G
3.5	By March 2019 the HSC should ensure that the Co-production model is adopted when designing and delivering transformational change. This will include integrating PPI, co-production, patient experience into a single organisational plan.	NIAS will develop an integrated PPI, co-production, patient experience work plan and monitor progress through its Equality and PPI Steering Group	A

Outcome 4: Health and social care services are centred on helping to maintain or improve the quality of life of people who use them

	COMMISSIONING PLAN DIRECTION OUTCOME	PROVIDER RESPONSE	RAG
4.1	By March 2019, to increase the number of available appointments in GP practices compared to 2017/18	Not applicable to NIAS	
4.2	By March 2019, to have 95% of acute/ urgent calls to GP OOH triaged within 20 minutes.	Not applicable to NIAS	
4.3	From April 2018, 72.5% of Category A (life threatening) calls responded to within 8 minutes, 67.5% in each LCG area.	The NIAS improvement trajectory for 2018/19 is based on analysis of Category A data and trends for NI and each Trust for the last three years. This is set out below. The forecasts using this methodology show an further decrease in Regional category A Performance from 45% year end 2017 /18 to 42% 2018/19. A number of factors impact on the accuracy of the trajectory: - Forecast Planned v Actual levels of cover. - Weather Condition - Demand trends (assumed 3%) - Hospital turnaround times NIAS will be carrying out a public consultation during 2018/19 on a proposed new Clinical Assessment Model which proposed a suite of clinically indicated response times. Iif implemented following Ministerial approval, together with an associated expansion in staffing levels, this will ensure resources are targeted at the most clinically urgent patients.	A

<table>
<tr><td></td><td><table>
<tr><th>2018/19 Performance Trajectory</th><th>2018/19</th></tr>
<tr><td>Regional - % within 8 minutes (72.5%)</td><td>42%</td></tr>
<tr><td colspan="2"></td></tr>
<tr><td>Belfast LCG - % within 8 minutes (67.5%)</td><td>54%</td></tr>
<tr><td>Northern LCG - % within 8 minutes (67.5%)</td><td>36%</td></tr>
<tr><td>South Eastern LCG - % within 8 minutes (67.5%)</td><td>34%</td></tr>
<tr><td>Southern LCG - % within 8 minutes (67.5%)</td><td>34%</td></tr>
<tr><td>Western LCG - % within 8 minutes (67.5%)</td><td>48%</td></tr>
</table>This RAG assessment is based on the 2018/19 performance trajectory of 42%.</td><td></td></tr>
<tr><td>4.4 By March 2019, 95% of patients attending any type 1, 2 or 3 emergency department are either treated and discharged home, or admitted, within four hours of their arrival in the department; and no patient attending any emergency department should wait longer than 12 hours.</td><td>Not applicable to NIAS</td><td></td></tr>
<tr><td>4.5 By March 2019, at least 80% of patients to have commenced treatment, following triage, within 2 hours.</td><td>Not applicable to NIAS</td><td></td></tr>
<tr><td>4.6 By March 2019, 95% of patients, where clinically appropriate, wait no longer than 48 hours for inpatient treatment for hip fractures.</td><td>Not applicable to NIAS</td><td></td></tr>
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4.7	By March 2019, ensure that at least 15% of patients with confirmed ischaemic stroke receive thrombolysis treatment, where clinically appropriate.	While not independently able to deliver this target, NIAS works within the Regional Stroke Strategy Implementation Group and has introduced destination protocols regionally for patients presenting with symptoms or signs suggestive of acute stroke. This includes appropriate triage at the time of receipt of an emergency call to identify cases likely to represent an acute stroke via a ratified stroke diagnostic tool, appropriate emergency response (minimum Cat B for acute stroke), incorporation of FAST assessment into the NIAS patient report form and clear protocols regarding pre-alerting of receiving hospital units. These actions service to increase the likelihood of suitable patients receiving thrombolysis therapy. NIAS will continue to work with the group with regard to reorganisation of stroke services and the potential for a regional approach to intra-arterial therapy.	A
4.8	By March 2019, all urgent diagnostic tests should be reported on within two days.	Not applicable to NIAS	
4.9	During 2018/19, all urgent suspected breast cancer referrals should be seen within 14 days; at least 98% of patients diagnosed with cancer should receive their first definitive treatment within 31 days of a decision to treat; and at least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days.	Not applicable to NIAS	
4.10	By March 2019, 50% of patients should be waiting no longer than 9 weeks for an outpatient appointment and no patient waits longer than 52 weeks.	Not applicable to NIAS	
4.11	By March 2019, 75% of patients should wait no longer than 9 weeks for a diagnostic test and no patient waits longer than 26 weeks.	Not applicable to NIAS	
4.12	By March 2019, 55% of patients should wait no longer than 13 weeks for inpatient/ daycase treatment and no patient waits longer than 52 weeks.	Not applicable to NIAS	

4.13	By March 2019, no patient waits longer than: nine weeks to access child and adolescent mental health services; nine weeks to access adult mental health services; nine weeks to access dementia services; and 13 weeks to access psychological therapies (any age).	Not applicable to NIAS	

Outcome 5: People, including those with disabilities, long term conditions, or who are frail, receive the care that matters to them

	COMMISSIONING PLAN DIRECTION OUTCOME	PROVIDER RESPONSE	RAG
5.1	By March 2019, secure a 10% increase in the number of direct payments to all service users.	Not applicable to NIAS	
5.2	By March 2019, all service users and carers will be assessed or reassessed at review under the Self-Directed Support approach, and will be offered the choice to access direct payments, a managed budget, Trust arranged services, or a mix of those options, to meet any eligible needs identified.	Not applicable to NIAS	
5.3	By March 2019, no patient should wait longer than 13 weeks from referral to commencement of treatment by an allied health professional.	Not applicable to NIAS	
5.4	By March 2019, have developed baseline definition data to ensure patients have timely access to a full swallow assessment.	Not applicable to NIAS	
5.5	By March 2019, Direct Access Physiotherapy service will be rolled out across all Health and Social Care Trusts.	Not applicable to NIAS	
5.6	By May 2018, to have delivered the Children & Young People's Developmental & Emotional Wellbeing Framework along with a costed implementation plan	Not applicable to NIAS	
5.7	During 2018/19, ensure that 99% of all learning disability and mental health discharges take place within seven days of the patient being assessed as medically fit for discharge, with no discharge taking more than 28 days.	Not applicable to NIAS	

Outcome 6: Supporting those who care for others

	COMMISSIONING PLAN DIRECTION OUTCOME	PROVIDER RESPONSE	RAG
6.1	By March 2019, secure a 10% increase (based on 2017/18 figures) in the number of carers' assessments offered to carers for all service users.	Not applicable to NIAS	
6.2	By March 2019, secure a 5% increase (based on 2017/18 figures) in the number of community based short break hours (i.e. non-residential respite) received by adults across all programmes of care.	Not applicable to NIAS	
6.3	By March 2019, to create a baseline for the number of young carers receiving short breaks (ie non-residential respite).	Not applicable to NIAS	

Aim: Ensure the sustainability of health and social care services provided
Outcome 7: Ensure the sustainability of health and social care services

	COMMISSIONING PLAN DIRECTION OUTCOME	PROVIDER RESPONSE	RAG
7.1	By March 2019, to have commenced implementation of new contractual arrangements for community pharmacy services.	Not applicable to NIAS	
7.2	By March 2019 to establish an outcomes reporting framework for Delegated Statutory Functions (DSF) that will demonstrate the impact and outcome of services on the social wellbeing of service users and the baseline activity to measure this.	Not applicable to NIAS	
7.3	By March 2019, to establish a baseline of the number of hospital cancelled, consultant led, outpatient appointments in the acute programme of care which resulted in the patient waiting longer for their appointment and by March 2020 seek a reduction of 5%.	Not applicable to NIAS	
7.4	By March 2019, to reduce the percentage of funded activity associated with elective care service that remains undelivered.	Not applicable to NIAS	
7.5	By March 2019, ensure that 90% of complex discharges from an acute hospital take place within 48 hours, with no complex discharge taking more than seven days; and all non-complex discharges from an acute hospital take place within six hours.	NIAS will continue to work with other Trusts to prioritise the timely discharge of patients from acute hospitals, including the co-ordination of independent ambulance providers during the winter period with the agreement of other Trusts.	A
7.6	By March 2019, to have obtained savings of at least £90m through the 2016-19 Regional Medicines Optimisation Efficiency Programme, separate from PPRS receipts.	Not applicable to NIAS	

Aim: Support and empower staff delivering health and social care services
Outcome 8: Supporting and transforming the HSC workforce

	COMMISSIONING PLAN DIRECTION OUTCOME	PROVIDER RESPONSE	RAG
8.1	By June 2018, to provide appropriate representation on the programme board overseeing the implementation of the health and social care Workforce Strategy.	NIAS will ensure appropriate representation on Workforce Strategy work streams through established links with HSC HRD Forum, HRD7 and related sub-groups	A
8.2	By June 2018, to provide appropriate representation on the project board to establish a health and social care careers service.	As above	A
8.3	By March 2019, to have completed the first phase of the implementation of the domiciliary care workforce review.	Not applicable to NIAS	
8.4	By June 2018, to provide appropriate representation to the project to produce a health and social care workforce model.	As 8.1	A
8.5	By March 2019, to provide appropriate representation and input to audits of existing provision across the HSC, in line with actions 10 – 14 of the Workforce Strategy.	As 8.1	A
8.6	By December 2018, to provide the information required to facilitate the proactive use of business intelligence information and provide appropriate personnel to assist with the analysis.	The Trust has identified some specific Information tools to expand its Business Intelligence function using its small team of analysts. NIAS is working with regional colleagues to share knowledge and experiences and plans to acquire these tools by December 2018.	A
8.7	By December 2018, to ensure at least 40% of Trust staff (healthcare and social care staff) have received the seasonal flu vaccine.	NIAS introduced a system of peer-vaccination during the 2017/18 flu season. With the introduction of these measures, the rate of uptake within NIAS increased from approximately 11% in 2016/17 to 34.6% in 2017/18.	A

		Lessons learned during this season are being used to modify the approach for the coming year. The Trust will develop a programme of communication to promote the flu vaccine and will work to deliver improved uptake rates.	
8.8	By March 2019, to reduce Trust staff sick absence levels by a regional average of 5% compared to 2017/18 figure.	The Trust will undertake a comprehensive review of sick absence levels and related systems in order to inform an action plan to achieve the target.	R
8.9	By March 2019, to have an agreed and systematic action plan to create a healthier workplace across HSC and to have contributed to the Regional Healthier Workplace Network as part of commitments under PfG.	NIAS will establish a Health and Wellbeing Action Plan which will ensure appropriate contribution to HSC Healthier Workforce Network and work streams	A
8.10	By March 2019 to pilot an OBA approach to strengthen supports for the social work workforce	Not applicable to NIAS	
8.11	By March 2019, 50% of the HSC workforce should have achieved training at level 1 in the Q2020 Attributes Framework and 5% to have achieved training at level 2 by March 2020.	The Trust will incorporate this within our Education, Learning and Development Plan for 2017/18 and monitor progress against this target through ELD reporting systems.	A
8.12	By March 2019, to have developed and commenced implementation of a training plan on suicide awareness and suicide intervention for all HSC staff with a view to achieving 50% staff trained (concentrating initially on frontline staff) by 2022 in line with the draft Protect Life 2 strategy.	In recent years NIAS initiated a programme of 'SafeTalk' which was delivered to all frontline staff during Post Proficiency training. It is now included in the programme for new recruits to ACA and AAP. Training has also been provided to staff in the Emergency Ambulance Control centre with plans to extend further e.g. HQ staff if required. The training is also included on the Mandatory Training Matrix.	G

4. Detailed Trust Delivery Plans

3.2 Trust Response to relevant Regional / PoC / Priorities

The Commissioning Plan highlights challenges facing NIAS which are recognised by the Commissioner and goes on to indicate measures of support to address demographic change and the difficult operating environment.

NIAS has achieved a great deal in recent years which provides a strong stable platform on which to build the Service to meet the challenges we face. We continue to invest in our ambulance personnel by bringing in new staff, increasing the number of clinicians we employ and training them in new clinical skills and interventions. We have developed and delivered a series of Appropriate Care Pathways which provide a different option to the traditional response of transport to hospital for patients As a result we are treating and caring for more patients at home, accessing alternative destinations and are continuing to work with our staff, patients and other stakeholders to extend this development. At the end of March 2018, in comparison to the working year 2013/14, an additional 17,226 patients were not conveyed to hospital by NIAS following a 999 call. By March 2018, NIAS were transporting an average 130 patients per month to a destination other than the ED and referring an average 483 patients per month to a specific appropriate care pathway. As a result, NIAS has seen its non-conveyance rate rise from 17.2% in 2013/2014 to 24.6% by March 2018.

We acknowledge, with regret, our inability to achieve the targets set in regard to providing a sub 8 minute response to 72.5% of Category A calls. However, increasing demand for emergency response has impacted heavily on our capacity to respond promptly. We delivered a sub 8 minute response to these life threatening calls in 45% of cases throughout Northern Ireland in 2017/18. We remain committed to improving the speed of our response to the most clinically urgent patients while providing timely and appropriate services, including alternatives to hospital attendance, to those whose need is less immediate. NIAS has developed proposals for a new Clinical Response Model which will target those calls which are immediately life threatening.

3.2 NIAS RESPONSE TO REGIONAL COMMISSIONING PLAN PRIORITIES (17)

APPENDIX 3:

R	A	G

ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
1. Effective arrangements should be in place to ensure that available capacity within NIAS is maximised in the context of increasing demand for services.	NIAS's response should: • demonstrate plans to improve emergency response times across NI • outline how the capacity-demand review will ensure alignment of NIAS resources with predicted demand.	NIAS will implement a performance plan. **Specific actions include :** 1. Put in place open trawl for qualified Paramedics, EMT, PCS and EMDs to fill vacancies. 2. Develop and implement a Demand management plan for Emergency Ambulance Control. 3. Develop contingency plan for increasing call take capacity to manage peaks in demand. 4. Rank all operational shifts priority order to be covered to manage risk in the event of low levels of cover and or peaks in demand. 5. Increase ICV capacity to support Emergency Ambulance and RRV crews. 6. Introduce a revised RRV deployment plan to maximise contribution of RRV Cat A response. 7. Develop and implement a revised Rest break policy. 8. Improve ambulance turnaround times and	A

			work with partners to improve performance. 9. Increase Capacity in Resource management Centre. 10. Expand use of ICVs for any suitable transfers. 11. Revise procedure for use of Bank Staff. 12. Implement revised procedure to improve advanced planning of cover. 13. Increase Voluntary Car Service in South Eastern Area.	
2.	Effective arrangements should be in place to introduce a new clinical response model which prioritises the sickest and deploys the most appropriate resources based on improved triage. The HSCB accepts there is a shortfall in ambulance capacity to fully realise this model in coming years.	NIAS's response should outline plans to introduce the Clinical Response Model, including required public consultation.	1. NIAS will present a consultation paper to its Board 16 August 2018. This commences a period of pre-consultation on CRM which will be used to inform the 12 week public consultation which will commence September 2018. 2. NIAS will continue to address baseline vacancies at Paramedic, EMT and PCS grades through use of allocated transformation funds for 2018-19, in preparation for the potential increase of 333 WTE as recommended in the Demand Capacity Review and required to implement the CRM. 3. Complete the equality and rural impact assessments. Present post consultation proposal to HSCB and DoH.	A

3.	Effective arrangements should be in place to address the issues raised by RQIA following infection control inspections.	NIAS should provide details on the response to RQIA inspections and recommendations, including details of improvement planned.	NIAS has developed a comprehensive action plan relating to all areas of improvement required by RQIA. This is addressing the key themes of training of staff, embedding of practice, vehicle cleaning, NIAS estate and infrastructure, and governance arrangements. The Estates Team have brought forward proposals for replacement of some facilities, and are developing a business plan for the longer term estate strategy. NIAS has recently moved to electronic reporting of audits around IPC, having used a paper-based system which was comprehensively revised last year. This is now starting to produce real-time feedback highlighting the critical issues with regard to IPC compliance. NIAS undertook refresher training of all available frontline staff on IPC practice as well as additional training for management staff in relation to standards and audit arrangements. NIAS has moved to a system of dedicated cleaning teams responsible for the regular deep cleaning of the NIAS vehicle fleet. This allows operational crews to focus on providing an operational response and clinical care while significantly improving compliance with the cleaning schedule for vehicles. NIAS continues to meet regularly with DOH to consider progress as part of enhanced monitoring	A A

			arrangements. The Department has indicated a willingness to support the longer term improvement through appropriate commissioning arrangements. Individual stations have identified key priorities for action, with many of these already addressed.	
4.	Effective arrangements should be in place to manage the increasing demand for non-emergency transport.	NIAS's response should outline how it will work with the HSCB to introduce eligibility criteria for non-emergency transport which prioritise patients with mobility difficulties.	NIAS recognise that to ensure the delivery of a user friendly, high quality, responsive and efficient transport service for those who need it most, the service must be based on the assessed need and the consistent application of eligibility criteria which requires revision. NIAS would welcome the opportunity to work in collaboration with the Commissioner for Ambulance Service and DOH, to review access arrangements and booking protocols. This will aim to ensure better co-ordination of requests for transportation based on a comprehensive review of: a) Health and Personal Social Services (Northern Ireland) Order 1972 Article 10 b) Health and Personal Social Services (Northern Ireland) Order 1972 Article 15 c) Chronically Sick and Disabled Persons (Northern Ireland) Act 1978 Section 2(d) d) Chronically Sick and Disabled Persons (Northern Ireland) Act 1978 Section 1(1)	A
5.	Effective arrangements should be in place to better coordinate	NIAS's response should outline progress in relation to the pilot with	Belfast Trust has extended the pilot until 31 March 2019. NIAS extended the operating hours to midnight Monday to Friday and it was extended	A

	Hospital-related non-emergency transport and to maximise benefits of procuring independent providers on a regional basis.	Belfast and Southern Trusts which is coordinating hospital-related non-emergency transport and efforts to realise this to cover the whole region long-term.	to all Trusts during Winter 2017/18. The pilot has successfully eliminated transport duplication in Belfast Trust and has been very well received by BHSCT and their staff. The pilot has contributed to a higher success rate with complicated and palliative discharges, as well as supporting sound contract management. All Trusts benefited from inter Trust coordination that enabled the most efficient use of Independent sector providers. Southern Trust has not yet joined the pilot however has approved in principle. Western Trust and South-Eastern Trust have indicated they would like to participate in the pilot when they join the regional Non-emergency transport Framework.	
6.	Effective arrangements should be in place to appropriately manage the increasing demand on emergency ambulance services in the winter period.	NIAS's response should bring forward a winter plan which outlines how it will manage increased demand in winter 2018/19.	NIAS will continue to focus on the delivery of services to patients and service users and will undertake specific local planning in response to levels of demand experienced across the HSC during the winter period. The plan will include: • Reduce unnecessary admissions through Hear and Treat and alternative care pathways from the Emergency Ambulance Control Clinical Support Desk. • Reduce admissions through Treat and Leave and use of alternative care pathways by frontline Paramedics. • Maximise discharge and admission capacity through increased levels of Intermediate Care Service, Patient Care Service, Voluntary Ambulance Service and Private Ambulance Service.	A

			• Provide regional discharge planning function from NEAC. This proposal would extend hours of operation and provide Regional Coordination, working closely with HALOs within Trusts. • Reduced handover times - Extend HALO hours and work with other partners to improve Hospital Turnaround Times. • Maximise conveying resource through focused planning. • Reduced conveyance to hospitals through Clinical Support Desk (CSD) Paramedics in control promoting use alternative Care Pathways (ACPs) including mental health pathways. • Active use of HSC Hospitals Dashboard to manage demand across the HSC system. • Use of scripts by call takers in Control to inform service users of potential delays in response and to consider alternative transport arrangements to Ambulance Service if clinically appropriate.	
7.	Effective arrangements should be in place to improve ambulance turnaround times in hospitals.	NIAS's response should describe how it will significantly improve the handover time for patients, with at least 70% of handovers being completed in less than 30 minutes from April 2018.	NIAS will fully participate with the HSCB Regional project to improve patient handover at ED. NIAS will continue to work with EDs to develop local solutions to improve hand over times. NIAS will work in collaboration with the Ulster Hospital and Voluntary Ambulance Services to pilot the use of Ambulance Receivers in the Ulster Hospital, to consider roll out to other four EDs as appropriate.	A
8.	Effective, integrated arrangements,	NIAS's response should demonstrate	NIAS now has 15 Appropriate Care Pathways providing offering alternatives to the Emergency	A

	organised around the needs of individual patients, should be in place in community settings to provide care for people at home, avoiding the need for hospital attendance and admission.	how it is embedding the range of alternative care pathways across all localities in NI during 2018/19, including the paramedic-led clinical decision desk.	Department through treatment in the community or providing an alternative destination to address their clinical need. NIAS is increasing its partnership working across the region with other Healthcare Professionals and statutory agencies including Trust based Mental Health Professionals, Occupational Therapists, Out of Hours Providers, GPs & PSNI with the aim to improve out of hospital interventions for a range of conditions and enhance the interventions available for the existing pathways. The role of the Clinical Support Desk (CSD) within Ambulance Control is also being expanded to provide appropriate clinical advice to a greater range of 999 calls. The staffing levels of the CSD will increase by 50% and work is commencing on introducing additional Healthcare Professionals such as Mental Health Professionals and Nurses into the CSD to further expand the range and types of 999 calls assessed as suitable for referral to the CSD.	
9.	Effective arrangements should be in place to fully utilise the Helicopter Emergency Medical Service (HEMS) to support the existing road-based emergency service.	NIAS's response should demonstrate how it will monitor the performance of HEMS during 2018/19 in line with the Commissioning Specification and agreed key performance indicators.	NIAS attends regular management board meetings with the charity partner AANI in order to review performance against the commissioning specifications. Performance indicators relating to availability of the Service and response times etc. are reported at these meetings and more recently a series of clinical performance indicators has been developed in partnership with the regional trauma clinical advisory group. A report was published in June 2018 detailing the progress and	G

			activity of the first year of operations of the Service including a breakdown by type of incidents attended, location of incidents, and the performance indicators detailed above. The NIAS Finance Director is now a member of these meetings in order to enable NIAS to ensure that the charity's financial activities are in line with the arrangements for funding as laid down by the Department of Health. To date over 400 missions have been undertaken by the HEMS Service with no significant adverse incidents reported. NIAS will continue to review both operational and clinical performance through agreed KPIs.	
10.	Effective arrangements should be in place to facilitate and promote collaboration, coordination, communication, learning, sharing of information between different agencies providing resuscitation training.	NIAS's response should demonstrate how it will work with existing providers of community resuscitation and ensure a smooth transition to the new model of community resuscitation that reflects the recommendations of the 2014 Northern Ireland Community Resuscitation Strategy	In January 2018 the Community Resuscitation Team commenced work across Northern Ireland. The team leader is supported by five Community Resuscitation Officers who have been promoting the areas of life support training and the provision of public access defibrillators. The team have met with all Northern Ireland Councils in order to address issues around community planning for the future. The team attended the all-Ireland resuscitation conference hosted in Cork in order to share learning and develop networks in relation to community resuscitation. The team will continue to engage with community first responder groups across Northern Ireland	G

			and is working to standardize governance arrangements and standards. A report has been produced detailing out of hospital cardiac arrest survival in Northern Ireland for benchmarking with other UK Ambulance Services.	
11.	Effective arrangements should be in place to deliver appropriate CPR and BLS training programmes.	NIAS should provide plans to increase access to CPR training across NI and Basic Life Support (BLS) training in community and educational settings via: • Engagement with CPR training providers • Engagement with Voluntary and Community organisations • Further development of Community and first responder schemes	NIAS hosts regular meetings with other stakeholders including the five acute Trusts, charity providers (BHF etc.), and government Departments. The team is working with the providers of BLS training in schools across Northern Ireland and is building a case for the inclusion of BLS training within the standard school curriculum as has recently been agreed in England. NIAS will continue to participate in the annual "Restart a Heart Day" programme in order to raise awareness of bystander BLS.	G
12.	Effective arrangements include the development of public information / guidance about Automatic External Defibrillators (AEDs) covering purchasing, maintenance, location, access and signage	NIAS should provide plans to develop website literature and guidance information materials on AEDs.	Owners of defibrillators are able to register their units via the NIAS website which captures all the necessary information required to make these available to the NIAS emergency ambulance control staff during a live call. Using this, NIAS has created a database of over 1000 public access defibrillators which is linked to our control system, alerting the public to the presence of a nearby defibrillator in the event of a cardiac arrest.	G

			NIAS has developed updated guidelines for those who are considering or who have acquired a defibrillator detailing the practicalities of maintaining, storing, registering and using their device. A Memorandum of Understanding has been signed with the providers of the GoodSam app which is used internationally to direct BLS-trained bystanders to a likely cardiac arrest, thereby increasing the likelihood of bystander CPR being provided in advance of arrival of the Ambulance Service. This system will be introduced across Northern Ireland. NIAS has met with representatives of the British Heart Foundation in order to consider joint working on the production of a national database used by all Ambulance Services relating to access to public defibrillators.	
13.	Effective arrangements should be in place to realise the workforce requirements outlined in the NIAS Capacity-Demand Exercise (July 2017), specifically reform in Field Ops, building on reform already underway in Control.	NIAS's response should outline how it will take forward workforce reform, including recruitment and training requirements.	A new education model will be delivered, the cornerstone of which is a Foundation Degree Programme for Paramedics, developed in partnership with Ulster University, subject to relevant approval processes. In order to support workforce implications associated with this new model a comprehensive programme of recruitment and education will be developed. This will contribute to an improved baseline to facilitate future workforce developments associated with	A

			Capacity-Demand recommendations.	
14.	Effective arrangements should be in place to provide training programmes for paramedics which address accreditation difficulties with existing programmes.	NIAS's response should outline how it will work with the HSCB and DoH to develop proposals to support the training of new paramedics which may include a university degree route, building on the foundation level training commencing in 2018/19.	DoH and HSCB are represented on NIAS Paramedic Education Project Board which is overseeing the Foundation Degree work streams. In addition DoH have indicated an intention to Commission a BSc Programme and NIAS will continue to engage as appropriate with them in support of the delivery of this.	A

UNSCHEDULED CARE

	ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
5	Effective arrangements should be in place to provide Acute / Enhanced Care at Home that provides active treatment by health care professionals in the persons own home for a condition that would otherwise require acute hospital in-patient care.	Trust responses should demonstrate how, working with appropriate partners Acute / Enhanced Care at Home services will be made available 24/7 and linkages to core primary / community care teams and NIAS.	A number of the NIAS appropriate care pathways include referral to service partners who undertake assessment and treatment in the domiciliary setting. This includes referral to district nursing services, primary care and specialist teams such as heart failure nurses and respiratory nurses working for the acute hospital Trusts. NIAS will continue to refine a directory of services accessible to frontline staff via the Clinical Support Desk team working in NIAS emergency ambulance control and a dedicated online app for NIAS staff.	G
9	Effective arrangements should be in place to increase the number of unscheduled care patients managed	Trust responses should demonstrate the ambulatory care pathways prioritised for implementation /	NIAS has further embedded over a dozen appropriate care pathways, some of which relate to direct admission to specialist services within	G

	on ambulatory pathways avoiding the need to be admitted to hospital	enhancement in 2018/19 plans for same day / next day referrals to services as well as direct GP access for patient management advice.	the hospital setting. Other pathways include direct referral to community services e.g. district nursing services, primary care and specialist teams such as heart failure nurses and respiratory nurses working for the acute hospital Trusts. Most recently NIAS has begun a pilot of a mental health street triage service combining input from a NIAS clinician, community psychiatric nurse and PSNI officer in order to streamline the signposting of patients with an acute mental health crisis to the most appropriate care setting. In October 2017 a Paramedic Clinical Support Desk (CSD) was established to deal with non-life threatening conditions. A specially trained Paramedic engages with the patient in order to determine whether an appropriate care pathway is suitable including reassurance and advice, referral to primary care (in hours and out of hours), referral to District Nursing services or advice regarding self-transport to hospital. The Paramedic is also available to give secondary clinical advice to crews attending calls. The results have been very encouraging and in line with call and outcome data from other Ambulance Services. Regular call audits of the CSD calls are undertaken and the calls audited are in compliance with the standards of the triage system used – Manchester Triage System. Indications are that the volume of calls receiving	

			an alternative response has increased substantially compared to the previous pilot that was undertaken by General Practitioners working in the emergency control room setting. **HEADLINES** • Between October 2017 and end of June 2018 approximately 10,000 calls have been handled by the Clinical Support Desk. • Analysis of these calls indicates that 49% of the calls handled result in a non-emergency response, divided fairly equally between no ambulance being required and the deployment of a non-emergency vehicle. • A small number of calls result in an increase in triage priority indicating that appropriate safety netting is in place. The CSD contributed significantly to assisting with the management of winter pressures during 2017/18, helping to minimise any potential increase in the number of patients taken to Emergency Departments over this busy period. On the basis of this performance, further recruitment has been undertaken with the intention of expanding the hours of operation of the CSD and enabling more calls to be handled during peak periods, as well as extending the scope of calls handled by the CSD.	

RESPIRATORY

	ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
1.	Effective arrangements should be in place to deliver findings from the annual respiratory baseline assessment (subject to some alterations to targets agreed with DoH and limitations of recording mechanisms).	Trust responses should demonstrate that plans are in place to contribute to: • Maintenance of current service standards and, where applicable, meeting minimum standards as outlined in the baseline review undertaken in years 1 and 2 of the revised Respiratory Service Framework. • Development of services in line with Year 3 requirement arising from the baseline assessment (where not otherwise explicitly mentioned in this summary)	This topic is not directly applicable to NIAS.	

5. Resource Utilisation *(see Appendix 5 of TDP guidance)*

4.1 Financial Strategy

Review of 2017/18 Financial Performance

The Trust delivered against a range of statutory and regulatory financial duties during the year. The Revenue Resource Limit (RRL) for 2017/18 was £76.3 million with a small revenue surplus of £61k was achieved against a background of financial savings. Cumulative savings of an additional £1 million were required from NIAS for the 2017/18 financial year. This savings target was delivered through a range of non-recurrent measures.

With the support of the HSCB, the Trust also delivered a significant programme of modernisation mostly in response to changes in service delivery both in NIAS and in the wider Health and Social Care system.

The Trust also benefited from £7.2 million of capital investment. This included the replacement of ambulance vehicles and investment in the ambulance estate, medical equipment and information and communications technology.

Financial Planning 2018/19

The political and economic environment internationally, nationally and locally in 2018/19 has the potential to add significantly to the financial challenges ahead. For NIAS there are significant changes to the delivery of paramedic education which will demand restructuring of our model of training. There are plans to carry out a significant recruitment exercise to address underlying vacancies this year.

An extensive piece of work is underway to propose a different way of focusing our scarce resources on the most serious calls through changes to our call response model. This will entail planned engagement with the public and their representatives to allow full consideration of these proposed changes. This will include defining the appropriate level of front line resources to meet increasing demand for our services in the future.

Levels of capital investment will also need to be maintained in order to maintain fleet, estate and technology to appropriate standards. There will also be further requirements to deliver cash releasing efficiency savings.

The estimated Revenue Resource Limit (RRL) for 2018/19 is £73 million and the Trust is forecasting a breakeven position at year end, subject to a number of assumptions.

The Trust has been advised of a requirement to deliver £984K of savings in 2018/19. The Trust will continue to work with all stakeholders to achieve required savings while

maintaining safe and effective care to patients. Areas currently under consideration include:

- Management of vacancies
- Constraining non pay expenditure in non-front line areas
- Release of staff for continuing education
- Expenditure on replacement uniforms

The Trust has also been supported by the Health and Social Care Board (HSCB) to meet a range of financial pressures and to deliver a number of priority investments both in the current financial year and beyond.

The Trust is currently forecasting a capital investment programme of £5.2 million. This includes the replacement of ambulance vehicles and investment in the ambulance estate. Investment is also planned to further develop and maintain the NIAS Information and Communications Technology platform.

NIAS will continue to engage with the HSCB and the Department of Health (DoH) to identify and address any financial implications arising from resolution of outstanding Agenda for Change (AFC) issues.

The Trust is grateful for the support of the HSCB and the DoH in securing the levels of investment in the ambulance service. The Trust will continue to work with all HSC partners to build on this and continue to provide safe, effective and quality care within available resources.

Further detail on resources and assumptions are contained in the appendices to this plan.

4.2 Workforce Strategy

NIAS has a comprehensive programme of Recruitment and Education in place for 2018-19 to address vacancy levels and facilitate education transformation. This challenging programme involves a significant increase in recruitment and education activity and ultimately aims to deliver an additional 48 Paramedics, 96 Emergency Medical Technicians (EMT) and 96 Ambulance Care Attendant (ACA) posts. It is intended that this should deliver an improved baseline position on which to further develop the Trust's Workforce with the potential to in the future implement the recommendations within the recent Demand-Capacity Review.

The Trust continues to engage in the DoH Workforce Review of NIAS frontline posts in order to inform a more long term workforce strategy. In 2018/19 NIAS will be fully

represented as appropriate on DoH Workforce Strategy work streams in order to ensure NIAS involvement in related HSC workforce strategic planning.

Education, Learning & Development

The Trust continues to enshrine Education Learning and Development as a key priority in its plans for the year. In this regard an Annual Education, Learning Development Plan (ELDP) is developed to further improve the skills and competencies of ambulance professionals to meet the challenges of the future.

It also addresses the need for increasing the workforce levels of frontline ambulance personnel where appropriate, in order to maintain an appropriate skill mix.

As indicated previously, the ELDP for 2018/19 will focus on support of workforce plans in delivering a challenging programme of education for Paramedics, EMTs and ACAs. A particular focus this year, subject to HCPC Approval, will be delivery of a Foundation Degree Programme for Paramedics in partnership with Ulster University. This marks the beginning of implementation of a transformative approach to clinical education of Paramedics in particular. The Trust will work with HSCB and DoH in relation to further developments including DoH planned commissioning of a BSc Programme.

In addition to clinical education the Trust will also ensure a particular focus on Leadership Development during 2018-19. During this period the Trust will hold a Leadership Conference and will work with the HSC Leadership Centre to design and deliver a comprehensive programme of Leadership Development for the organisation.

Performance Management and Appraisal

The Trust measures and assesses the following through its Performance Management Framework:

- Progress and performance against corporate objectives and targets
- The competence and capability of NIAS staff to discharge their duties safely and effectively and identifies the systems available to identify and address related issues

The Trust has an annual Personal Development & Contribution Review (PDCR) process in place, which has been developed in partnership by the NIAS Knowledge & Skills Framework (KSF) Trade Union and management leads. The process enables an assessment of personal contribution to achieving Corporate Objectives and related Development Review Process, effectively providing an opportunity to appraise each member of staff on their personal knowledge and skills in carrying out their role; to evidence their personal contribution to the Trust's vision, values, aims and objectives, and to develop an annual Personal Development & Contribution Plan (PDCP).

Other measures of performance management and appraisal include:

- Processes are in place for those non-frontline posts that require professional regulation to ensure fitness to practice and adherence to Continuous Professional Development (CPD) requirements
- NIAS medical staff are contractually obliged to participate in Medical Appraisal and Revalidation process. The Trust is fully compliant in this regard
- NIAS paramedics are professionally regulated by the Health & Care Professions Council (HCPC) and are personally required to maintain CPD. The HCPC carries out random 2-yearly checks in this regard
- All frontline operational staff are required to undertake and successfully complete annual re-assessment of essential clinical skills
- All frontline operational staff are required to undergo regular work-based observational assessments by Clinical Support Officers. The assessments identify any areas of practice that require improvement, development or remedial training. This provides an important element of Clinical Supervision for the Trust

Clinical Support Officers carry out regular clinical audits on priority aspects of clinical practice for frontline staff. These audits are an important element of Clinical Supervision for the Trust and the outcomes are prioritised to ensure continuous improvement in the associated practice.

4.3 Plans for Shift left of resources and other Transformation Initiatives

During 2018-19 NIAS will continue with its Transformation and Modernisation work streams. This will include continued focus on Alternative Care Pathways. In addition during 2018/19 the Trust will embark on a programme of engagement and consultation on a proposed new Clinical Response Model.

The NIAS Transformation and Modernisation Programme will continue in 2018/19 and will include the following improvement projects.

- Development and Implementation of a new Clinical Response Model
- Further development of Paramedic led Clinical Support Desk
- Development and Implementation of a Control Service Improvement Plan
- Implementation of a Clinical Development workplan and increased Clinical Performance Indicators (to include ACPs)
- Implementation of an Electronic Patient Record System
- Delivery of a Data Workstreams management plan

Performance against key deliverables for NIAS Trust and the benefits realisation to the wider HSC is reported at each Collaborative Improvement Meeting.

5. Governance

The Board of the NIAS HSC Trust is accountable for internal control. The Chief Executive of NIAS has responsibility for maintaining a sound system of internal control that supports the achievement of the policies, aims and objectives of the organisation, and for reviewing the effectiveness of the system.

The system of internal control in NIAS accords with Department of Finance guidance, and in developing a Governance Statement for 2018/19, NIAS will maintain consistency with guidance and direction. The Board exercises strategic control over the operation of the organisation through a system of corporate governance which includes:

- A schedule of matters reserved for Board decisions
- A scheme of delegation, which delegates decision making authority within set parameters to the Chief Executive and other officers
- Standing orders and standing financial instructions
- The establishment of an Audit Committee
- The establishment of a Remuneration Committee
- The establishment of an Assurance Committee

Risk Management

NIAS recognises that risk management is at the very heart of an effective organisation. NIAS has established processes for identifying, assessing, evaluating and treating risks to its aims and objectives, this will increase its ability to achieve the same. NIAS is revising its strategic governance and assurance arrangements incorporating a comprehensive Corporate Risk Management Policy and Strategy reflecting ISO 31000 Risk Management Principles and Guidelines. The policy sets the overall direction and risk appetite; the strategy sets out responsibilities and processes for risk identification and management, as well as prompting the development of new risks.

The Trust is committed to ensuring that good risk management processes are adopted at all levels of the organisation and for all activities and that these processes will support initiative and innovation whilst enabling the organisation and its employees to learn. The Trust is committed to fostering an open and honest culture where people are prepared to challenge and be challenged about why and how they do things in the interest of their patients, staff, the Trust and the public.

During 2018-19 the Trust will review and revise its Risk Management Strategy and associated incident reporting and management procedures. This will also reflect the regional procedures for the reporting and management of Serious Adverse Incidents (SAIs). The Trust will continue to engage with other HSC organisations in relation to SAI reporting and will apply any relevant learning. Such SAIs will continue to be reported to Trust Board through the Trust's Assurance Committee and will include learning outcomes, recommendations and action plans as appropriate. The Trust has established a Learning Outcomes Review Panel to facilitate the identification and application of learning from untoward incidents, SAIs, complaints, patient experience and claims etc.

During 2018-19 the Trust will review its Business Continuity Strategy and associated policy and procedures. A Business Impact Analysis will be completed to inform the prioritisation of development, review and testing of Trust business continuity plans.

Controls Assurance Standards

The Trust is currently compliant with all relevant Controls Assurance Standards to the level as required by the Department. The Trust will continue to develop systems and processes to deliver compliance with Controls Assurance Standards. Action plans will be developed for any areas of non-compliance within Controls Assurance Standards. Progress against such plans will be monitored and reported to Trust Board through the Trust's Assurance Committee. NIAS has begun to make the necessary arrangements for the replacement of the standards for 2018/19.

Information Governance

The Trust recognises fully that information is required every day across the Trust to discharge our duties. The Trust understands that a large majority of the information we hold is of a personal nature. The Trust uses this information in many ways e.g. To respond effectively to emergencies, to ensure that non-emergency patients are taken to Hospital appointments, to ensure the continuity of care of a patient we are treating, to support clinical research etc. The Trust is very aware of the importance of keeping personal data in a secure and confidential manner and train all staff to support this culture through face to face training, e-learning and workbooks. Information Governance was included as part of the mandatory training for all staff during the year.

In NIAS, the information governance is the framework of legislation and best practice guidance including the Data Protection Act 1998, the Freedom of Information Act 2000, Duty of Confidentiality etc that regulates the manner and way in which the Trust collects, obtains, handles, uses, shares and discloses information. The Trust holds information obtained from our patients, clients, suppliers, other Trusts, Police, Solicitors, Coroners, Police Ombudsman and other stakeholders, as well as from our staff. The Trust uses this information to provide assurance on the level of care and service provision we deliver to

our patients and for planning and business continuity. Good quality information forms the basis of high quality care.
The emphasis which General Data Protection Regulations (GDPR) places on information governance presents a challenging programme of work however it should also increase user awareness of their responsibilities in this area.

6. Promoting Wellbeing, PPI, & Patient/Client Experience

NIAS has applied a renewed focus on the promotion of the Health and Wellbeing of the workforce. The Trust has established a Health and Wellbeing working group which is working to ensure the engagement and involvement of trade unions and our staff are central to delivery of health and wellbeing objectives. A key specific output of this work will be a Peer Support Model for frontline staff dealing with trauma.

The Trust has also worked with Unison to establish a partnership project under the 'Time for Change' methodology. Health and Wellbeing is the theme of the project which involves Trust managers and trade union colleagues working together with a focus to improve the health and wellbeing of our workforce. This work will include baseline surveys around Health and Wellbeing in order to establish a comprehensive action plan to address key issues identified.

In addition NIAS will continue to work with partner organisations such as INSPIRE to implement practical support mechanisms such as access to counselling and other support systems.

The Trust will continue to implement systems such as ensuring access to a fast-track Physiotherapy service and promotion of the flu vaccine for NIAS staff.
During 2018-19 NIAS will work with PHA in order to agree an action plan with a programme of work for PPI and Patient and Client Experience.

In both these areas the Trust will contribute to regional HSC work streams.

In relation to PPI NIAS continues to work to mainstream the involvement of those who use our services in key planning decisions and processes. In particular this year the Transformation and Modernisation agenda will be a key focus in establishing the framework for the future delivery of our service. The Trust will ensure such decisions and planning will be underpinned by a programme of engagement, involvement and consultation. Particular focus during 2018-19 will be engagement and involvement of key stakeholders on proposals for a new Clinical Response Model.

In respect of Patient and Client Experience the Trust will engage with PHA in relation to implementation of a programme of work which is in line with its stated priorities around this area. This will include a focus on 'Hello My Name Is….' for NIAS and a particular focus on

increasing uptake of the 10,000 More Voices campaign as well as exploration of the ‘Always Event’ methodology in the Trust. In respect of this methodology the ambulance environment presents a challenge in respect of delivery and during 2018/19 the Trust will review implementation with a view to improving uptake and related learning.

APPENDIX 4

INFORMATION FOR TRUST DELIVERY PLANS 2018/19

Trust	The Northern Ireland Ambulance Service HSC Trust
Table No.	

FP1 **Forecast Financial Position**

This should reflect both the planned 2018/19 in -year and full year projected financial position. Please note that Confidence & Supply Transformation Funding and associated expenditure is not to be included in the TDP teturns.
As it is currently projected that the total forecast expenditure for all Trusts in 2018/19 is to exceed the level of income currently available for 2018/19, the DoH has given approval for a number of Trusts to carry a level of authorised over spend as part of their 2018/19 Financial Plan. The Trust's notified Control Total must not be exceeded during 2018/19 and Trusts will be required to make every effort to minimise the level of authorised overspend. In the absence of a Minister, no decision can be taken to implement a pay award for 2018/19. For the purposes of the TDP neither assumed income for pay nor estimated pay expenditure should be factored into the financial position.

FP2 **Reconciliation of RRL Income**

This table should be used to indicate income assumptions by reconciling current RRL to planned income anticipated from HSCB and PHA. Once agreed as part of the TDP, additional Trust income is not to be assumed without the approval of DoH.

FP3 **Trust Savings Target 2018/19 (excluding Regional Pharmacy - see Table 3a)**

In regard to the advised Trust Savings Target for 2018/19, this table should reflect the savings plan proposals included within the calculation of the financial position. As appropriate, a commentary should be included against planned measures together with a RAG status. Additional rows can be inserted as required. Each proposal should be identified by Programme of Care.

FP3a **Regional Medicines Optimisation Efficiency Savings 2018/19**

This table is to indicate the proposals to address the Trust's Medicines Optimisation Efficiency target for 2018/19, which it is expected will be delivered to the target level set. All Medicines efficiency savings are to be reported against this target.

FP4 **Workforce Planning - Indicative Impact on WTE**

Trusts should provide estimate of staffing impact of the cash releasing plans detailed on FP3 and indicative allocations/investments on paid WTE.

FP5 **Workforce Planning - Total Staff**

This should indicate the projected paid WTE for the Trust analysed between Trust's staff and Agency/Locum staff and across all staff groups

FP6 **Detail of Income**

This table should analyse all income in 2018/19 by Programme of Care

FP7 **Detail of Expenditure**

This table should analyse all expenditure in 2018/19 by Programme of Care **before** impact of any savings delivery

FP8 **Demography**

Gross pressure by Scheme by Programme of Care should be recorded with slippage identified separately in the proforma and the Trust identifying:
- The level of modelled demand that will be avoided in year by the reform and transformation investments made by LCGs in prior years
- The level of demand that is realised in year that can be addressed through productivity and other cash avoidance means

FP9 **Reconciliation Check**

This table provides high level reconciliation between FP1 in year position and the tables on Income (FP2), Expenditure (FP7) and Savings (FP3 & FP3a).

INFORMATION FOR TRUST DELIVERY PLANS 2018/19 **FP1**

TRUST:	The Northern Ireland Ambulance Service HSC Trust	Contact Name:	Mrs Sharon McCue
		Position:	Director of Finance & ICT
		Phone No:	02890400999

Note: This table excludes all Provisions, Depreciation, Impairment Expenditure.

Date Completed: Aug-18

TABLE 1 **FINANCIAL POSITION**	**2018/19** In Year Effect	 Full Year Effect
	£'000	£'000
1.0 Expenditure:		
1.1 Staff costs	57,687	65,405
1.2 Other expenditure	16,271	18,448
1.3 Total expenditure	73,957	83,853
2.0 Income:		
2.1 Income from activities	330	330
2.2 Other income	472	472
2.3 Total income	802	802
3.0 Net expenditure	73,155	83,051
add: RRLs agreed for services provided by other HSC bodies		
4.1 BSO		
4.2 Other (specify)		
4.3 Other (specify)		
4.4 Total RRLs agreed	-	-
5.0 Net resource outturn	73,155	83,051
6.0 Calculation of Revenue Resource Limit (RRL)		
6.1 Allocation from HSCB (as per FP2)	73,155	83,051
6.2 Allocation from PHA (as per FP2)		
6.3 Total Allocation from HSCB/PHA	**73,155**	**83,051**
6.4 NIMDTA		
6.5 RRL agreed with other HSC bodies (specify)		
6.6 RRL agreed with other gov't departments (specify)		
6.7 **Revenue Resource Limit**	73,155	83,051
7.0 **Surplus / (Deficit) against RRL**	**0**	**0**
7.1 % Surplus / (Deficit) against RRL	0.00%	0.00%

8.0	**Control Total for 2018/19 (show as minus)**	**0**

9.0	**Variance of In year Surplus/(Deficit) to Control Total for 2018/19**	**0**

Notes:

Accident & Emergency staff currently being paid at Band 4 and Band 5 on account, without prejudice and subject to the outcome of the matching process. The Trust continues with the assumption that the Board will fund the full legitimate costs of Agenda for Change for NIAS. Income levels for prior year developments, new service developments and other unavoidable pressures are as outlined in the assumed allocations and the Trust is assuming that these costs will be met in full. The Trust is working to deliver a savings requirement of £1.0m in 2018/19. The Trust assumes that no further efficiency savings will be required.

INFORMATION FOR TRUST DELIVERY PLANS 2018/19 **FP2**

Name of Trust:
The Northern Ireland Ambulance Service HSC Trust

RECONCILIATION OF RRL TO PLANNED INCOME Date Completed: Aug-18

INCOME FROM COMMISSIONERS	**2018/19**	
	In-Year Effect	**Full Year Effect**
1. HSCB	**£'000**	**£'000**
RRL as at April 2018	64,293	64,293
Indicative Allocations:		
RRL Allocations		
Retraction of Trauma Network Funding	(12)	(12)
Non Pay 2018/19	337	337
Reduction in Campaign Advertising	(30)	0
1% pay award monies 2017/18 (HSCB)	505	505
Demography 2017/18 25% funded from non recurrent £60m	229	229
FYE Demography 17/18	220	220
RCCE - Enniskillen Ambul Control	80	0
RCCE - MDTS	10	0
Recurrent Savings Gap 17/18	1,000	0
Trust Savings Requirement (Share of £44.7m Secondary Care Target)	(827)	(827)
Legacy Transformation Ambulance Alternative Care Pathways	714	714
Legacy Transformation Community Resuscitation Development Officers	260	260
Legacy Transformation ICP North - ACAH - Transport Patients to Direct Assessment Unit	100	100
Legacy Transformation Medical Training and Staff running costs for HEMS	925	925
Apprenticeship levy	3	3
Ring Fenced (if applicable)		
Mental Health	0	0
Legacy Transformation (TYC -non recurrent element)	167	0
EITP	0	0
LIBOR	962	0
Ringfenced TYC - Regional ICT NRR	120	0
Sub Total RRL Allocations	**4,764**	**2,455**
RRL as at 31 July 2018	**69,057**	**66,748**
Other		
C&S Transformation Fund	TBC	TBC
C&S Transformation Fund - any required reduction	TBC	TBC
Demography 2018/19 (LS email 16.02.18.)	756	756
Pay Award 2018/19	TBC	TBC
Winter Resilience	680	680
RCCE	1,000	1,000
MIMMS	10	10
MTFA	750	750
MTFA Slippage Estimate	(375)	0
Paramedic Profile	1,090	1,670
NISTAR	114	114
Infection Prevention and Control (Cleaning Operatives) £1m - Demography	0	1,000
Infection Prevention and Control (Estate) £0.6m - RCCE	0	1,000
HEMS LIBOR AANI Tier 2 TO BE CONFIRMED . Estimated at £1m	0	0
BSO Income Realignment	31	31
Increased Non Pay Costs	200	200
Additional non recurrent funding	(43)	(43)
Additional non recurrent savings	(157)	(157)
Additional NR funding USC/Winter/Flow	43	43
Total Indicative Allocations	4,098	7,053
Other Assumed Allocations		
Total Other Allocations	0	0
HSCB Income as per FP1	**73,155**	**83,051**
2. PHA	**£'000**	**£'000**
RRL as at xxxx	0	0
Indicative Allocations:		
Ring Fenced		0
EITP		
Other		
Total Indicative Allocations	0	0
Other Assumed Allocations		
Total Other Allocations	0	0
PHA Income as per FP1	0	0
Total Allocation from HSCB/PHA	73,155	83,051

INFORMATION FOR TRUST DELIVERY PLANS 2018/19

Name of Trust: **FP3**

The Northern Ireland Ambulance Service HSC Trust

Date Completed: Aug-18

Trust Savings Target 2018/19

	Recurrent/Non recurrent	RAG Status	POC	POC	POC	POC	POC	POC	POC	POC	POC	Total	Commentary
Project Title			1	2	3	4	5	6	7	8	9		
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	
1 Vacancy Management	NON REC	AMBER	400									400	Specific non recurrent vacancies
2 Review of Expenditure	NON REC	AMBER	100									100	Non pay and technical adjustments
3 Continuing Education Release	NON REC	AMBER	250									250	ELD Plan
4 Uniforms	NON REC	GREEN	77									77	Reduced requirement in year
5 Other Savings/Pressures	NON REC	RED	157									157	Proposals under development
6												0	
7												0	
etc												0	
Total			**984**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**984**	

INFORMATION FOR TRUST DELIVERY PLANS 2018/19

Name of Trust: **FP3a**

The Northern Ireland Ambulance Service HSC Trust

Date Completed: Aug-18

Regional Medicines Optimisation Efficiency Savings 2018/19

	Recurrent/Non recurrent	RAG Status	POC	POC	POC	POC	POC	POC	POC	POC	POC	Total	Commentary
Project Title			1	2	3	4	5	6	7	8	9		
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	
1 NOT APPLICABLE TO NIAS												0	
2												0	
3												0	
4												0	
5												0	
6												0	
7												0	
etc												0	
Total			**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	

INFORMATION FOR TRUST DELIVERY PLANS 2018/19 **FP4**

Trust The Northern Ireland Ambulance Date Completed: Aug 18

2018/19 Gross Planned Workforce Reductions (Savings Plans on FP3) ***(Show Reductions as Negatives)***

	Admin	AHP	Support Services	Nursing / Midwifery	Social Work	Professional / Technical	Medical / Dental	Ambulance	Totals
	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE
Permanent Staff	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**
Temporary Staff	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**
Decreases in Overtime & ADH Payments	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**
Agency/Bank Staff (Equivalent)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**
Independent Sector Staff	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**
Totals	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**

This table is expected to capture the WTE (or WTE Equivalents) of all Reductions incorporated in the Trust Savings Plan.

2018/19 Planned Increases due to Backfill (Increases due to Re-Provision to facilitate Savings Plans on FP3)

	Admin	AHP	Support Services	Nursing / Midwifery	Social Work	Professional / Technical	Medical / Dental	Ambulance	Totals
	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE
Permanent Staff	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**
Temporary Staff	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**
Increases in Overtime & ADH Payments	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**
Agency/Bank Staff (Equivalent)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**
Independent Sector Staff\foster carers	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**
Totals	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**

This table is expected to capture the WTE (or WTE Equivalents) of increases due to re-provision to facilitate savings (e.g. Skill mix adjustments) in the Trust Savings Plan.

2018/19 Planned Workforce Increases (New Investments)

	Admin	AHPs	Support Services	Nursing / Midwifery	Social Work	Professional / Technical	Medical / Dental	Ambulance	Totals
	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE
Permanent Staff	0.0	0.0	0.0	0.0	0.0	0.0	0.0	114.0	**114.0**
Temporary Staff	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**
Increases in Overtime & ADH Payments	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**
Agency/Bank Staff (Equivalent)	0.0	0.0	21.0	0.0	0.0	0.0	0.0	0.0	**21.0**
Independent Sector Staff	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**
Totals	**0.0**	**0.0**	**21.0**	**0.0**	**0.0**	**0.0**	**0.0**	**114.0**	**135.0**

This table is expected to capture the WTE (or WTE Equivalents) of increases due to indicative HSCB Investment (e.g. Demography and other Service Development)

2018/19 Net Planned Workforce Increases (Decreases)

	Admin	Estates	Support Services	Nursing / Midwifery	Social Work	Professional / Technical	Medical / Dental	Ambulance	Totals
	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE
Permanent Staff	0.0	0.0	0.0	0.0	0.0	0.0	0.0	114.0	**114.0**
Temporary Staff	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**
Increases in Overtime & ADH Payments	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**
Agency/Bank Staff (Equivalent)	0.0	0.0	21.0	0.0	0.0	0.0	0.0	0.0	**21.0**
Independent Sector Staff	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**
Totals	**0.0**	**0.0**	**21.0**	**0.0**	**0.0**	**0.0**	**0.0**	**114.0**	**135.0**

INFORMATION FOR TRUST DELIVERY PLANS 2018/19 **FP5**

Name of Trust:
The Northern Ireland Ambulance Service HSC Trust

Workforce Planning

Date Completed: Aug 18

Staff Group	Actual WTE as at 31 March 2018			Staff on Payroll	Agency/Locum Staff		Total
	On Payroll	Agency/locum	Total	Projected WTE 31-Mar-19	Projected WTE 31-Mar-19		Projected WTE 31-Mar-19
Admin & Clerical	84	38	122	84	38		122
Estate Services	0	0	0	0	0		-
Support Services	3	19	22	3	40		43
Nursing & Midwifery	0	0	0	0	0		-
Social Services	0	0	0	0	0		-
Professional & Technical	0	0	0	0	0		-
Medical & Dental	1	0	1	1	0		1
Ambulance Service	1,097	17	1,114	1,211	17		1,228
Total	**1,185**	**74**	**1,259**	**1,299**	**95**		**1,394**

INFORMATION FOR TRUST DELIVERY PLANS 2018/19

TRUST: The Northern Ireland Ambulance Service HSC Trust

Date Completed: Aug-18

Detail of Income 2018/19

Description	POC 1	POC 2	POC 3	POC 4	POC 5	POC 6	POC 7	POC 8	POC 9	Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Opening HSCB RRL 2018/19	64,293									64,293
Opening PHA RRL 2018/19										0
Retraction of Trauma Network Funding	(12)									(12)
Non Pay 2018/19	337									337
Reduction in Campaign Advertising	(30)									(30)
1% pay award monies 2017/18 (HSCB)	505									505
Demography 2017/18 25% funded from non recurrent £60m	229									229
FYE Demography 17/18	220									220
RCCE - Enniskillen Ambul Control	80									80
RCCE - MDTS	10									10
Recurrent Savings Gap 17/18	1,000									1,000
Trust Savings Requirement (Share of £44.7m Secondary Care Target)	(827)									(827)
Legacy Transformation Ambulance Alternative Care Pathways	714									714
Legacy Transformation Community Resuscitation Development Officers	260									260
Legacy Transformation ICP North - ACAH - Transport Patients to Direct Assessment Unit	100									100
Legacy Transformation Medical Training and Staff running costs for HEMS	925									925
Apprenticeship levy	3									3
Ring Fenced (if applicable)										0
Mental Health	0									0
Legacy Transformation (TYC -non recurrent element)	167									167
EITP	0									0
LIBOR	962									962
Ringfenced TYC - Regional ICT NRR	120									120
										0
										0
Other Assumed Allocations:										0
C&S Transformation Fund	TBC									0
C&S Transformation Fund - any required reduction	TBC									0
Demography 2018/19 (LS email 16.02.18.)	756									756
Pay Award 2018/19	TBC									0
Winter Resilience	680									680
RCCE	1,000									1,000
MIMMS	10									10
MTFA	750									750
MTFA Slippage Estimate	(375)									(375)
Paramedic Profile	1,090									1,090
NISTAR	114									114
Infection Prevention and Control (Cleaning Operatives) £1m - Demography	0									0
Infection Prevention and Control (Estate) £0.6m - RCCE	0									0
HEMS LIBOR AANI Tier 2 TO BE CONFIRMED . Estimated at £1m	0									0
BSO Income Realignment	31									31
Increased Non Pay Costs	200									200
Additional non recurrent funding	(43)									(43)
Additional non recurrent savings	(157)									(157)
Additional NR funding USC/Winter/Flow	43									43
										0
Total Income	**73,155**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**73,155**

Should agree to FP2

FP7

INFORMATION FOR TRUST DELIVERY PLANS 2018/19

TRUST: The Northern Ireland Ambulance Service HSC Trust

Date Completed: Aug-18

Detail of Expenditure 2018/19

	POC	POC	POC	POC	POC	POC	POC	POC	POC	Total
Description	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	
	£'000	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**
Opening Deficit										-
										-
Opening HSCB RRL 2018/19										-
Opening PHA RRL 2018/19										-
										-
										-
Prior Year Pressures :										-
Opening prior year pressures										-
Inescapable Service Developments (list)										-
Legacy Transformation (TYC)										-
										-
2018/19 Inescapable Pressures:										-
Non Pay										-
National Living Wage										-
Apprenticeship levy										-
Demography 2018/19										-
Further Inescapable Service pressures (list)										-
Mental Health (Ring Fenced)										-
										-
RCCE										-
										-
Other Pressures (list):										-
ALL AS PER FP6 POC 1	73,155									73,155
Trust Savings Requirement (Share of £44.7m Secondary Care Target)	827									827
Additional non recurrent savings	157									157
										-
										-
										-
										-
										-
Total Expenditure	**74,139**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**74,139**

INFORMATION FOR TRUST DELIVERY PLANS 2018/19

TRUST:

The Northern Ireland Ambulance Service HSC Trust

Date Completed: Aug-18

Demography 2018/19

	POC	POC	POC	POC	POC	POC	POC	POC	POC	Total
Description	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	
	£'000	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**
Gross Demography -Programme/Scheme list:										
To be completed										0
Demography 2018/19	756									756
										0
										0
										0
										0
										0
										0
Total Gross Demography	756	0	0	0	0	0	0	0	0	756
Demand avoided through reform investment in prior year(s)										0
Demand avoided through reform investment in 2018/19										0
Other productivity measures	756									756
Managed Slippage										0
Natural Slippage										0
Total Net Demography 2018/19	**756**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**756**

INFORMATION FOR TRUST DELIVERY PLANS 2018/19

RECONCILIATION CHECK

		2018/19 In Year Effect
		£'000
1.0	Surplus / (Deficit) against RRL (FP1)	0
2.0	Income (FP2)	73,155
3.0	Expenditure as per (FP7)	74,139
4.0	Trust Savings Target 2018/19 Delivery (FP3)	984
5.0	Regional Medicines Optimisation Efficiency Savings 2018/19 (FP3a)	0
6.0	Surplus / (Deficit) against RRL (should agree to 1.0 above)	0