



Northern Ireland Ambulance Service  
Health and Social Care Trust



# 2019-20

# Trust Delivery Plan

*Approved by Trust Board 3 October 2019*

## Our vision is:

*“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.

## In line with the rest of HSCNI, our core values as an organisation are:

- Working together;
- Compassion;
- Excellence; and
- Openness and Honesty.

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 2019-20. In response to the direction set through the Health and Social Care (HSC) Commissioning Plan, the TDP identifies the way in which NIAS will contribute to HSC wide priorities. Recognition of the importance of building and extending partnerships through working collaboratively with our HSC colleagues and the wider Northern Ireland (NI) community underpins this document.

The TDP contains details of:

- What the Trust is planning to achieve, and how it plans to meet its targets;
- Delivery plans for regional and local priorities; and
- The resources that the Trust is planning to use to deliver its services.

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. In responding to these regional and local commissioning priorities and specific standards and targets, the Trust also sets out its plan to effectively use its resources in the year ahead, including its financial strategy, workforce strategy and capital investment plans. The Trust's governance structure is outlined, as is the commitment to improving the patient experience and plans to contribute to promoting public health and wellbeing and ensuring effective and meaningful personal and public involvement. We continue to be 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.

### **Service Transformation**

There are significant service changes underway within NIAS:

- An investment of £3.4 million from the Transformation Programme has been allocated during 2019-20 for Paramedic Education and associated Emergency Medical Technician and Ambulance Care Attendant recruitment and training. Student Paramedics are undertaking the first Paramedic Foundation Degree and are expected to graduate in November 2019;
- A further investment of £0.5 million from the Transformation Programme has been allocated to enable preparatory work for a new Clinical Response Model. This is designed to provide a

more clinically appropriate ambulance response than the current model, which was introduced over forty years ago, by better targeting the right resources (clinical skills and vehicle type) to the right patients. This proposal represents a significant change in the way that NIAS provides its services. Extensive consultation was conducted in 2018/19 and plans are underway for a phased go-live in 2019-20 subject to Departmental approval, with recruitment and training ongoing in order to enhance staffing levels in support of the new model;

- We successfully completed a procurement exercise to introduce an electronic patient records solution as part of our digital transformation programme. Ortivus UK Ltd have been appointed as the provider and we look forward to taking forward the detailed design and implementation phases in the year ahead;
- There are significant capital plans in development in line with the new Response model and associated organisational growth;
- We have had confirmation from Commissioners of significant investment to further enhance our infrastructure in relation to Infection, Prevention and Control practices; and
- We are continuing to develop new roles and pathways, working collaboratively with our colleagues across HSC to enhance the care provided to patients which does not require conveyance to an Emergency Department.

Looking forward, it will be important to ensure momentum is maintained in these and other areas as we continue on a process of reform and to fully realise the contribution the Ambulance Service has to make to the wider transformation of the HSC sector.

The Chief Executive has led on an extensive staff engagement exercise as part of our development of a long-term Strategic Direction for NIAS setting out how we can continue to develop and enhance our services to better meet the needs of patients and support the rest of the system by providing more care in the community with less reliance on hospitals - as envisaged in Health and Wellbeing 2026: Delivering Together

### **Facing the Challenges and Delivering Transformation:**

Whilst transformation presents a timely opportunity to drive forward the NIAS Transformation agenda, there are many challenges and risks which will require effective and robust planning, strong leadership and resilience to ensure the Trust moves forward with confidence and at pace. Some of the key challenges include:

- Increased demand resulting in operational pressures and increased response times;
- Increasing public expectations;
- Balancing transformation programmes with existing pressures and demands;
- Workforce availability of the appropriate professional disciplines;
- Underlying financial position;
- Rapid pace of reform required; and
- No confirmed recurrent funding after 2019-2020 for some programmes.

NIAS will ensure challenges and risks are acknowledged and planned for by senior management and relevant partners at each stage of programme development. NIAS will continue to engage with regional partners and key planning and governance structures such as Transformation Implementation Group (TIG), Transformation Operational Group (TOG) and DOH Workforce structures to ensure all necessary measures and steps are taken to ensure success and avoid the risks of project failure or the destabilising of current services.

Whilst the volume, breath and pace of these programmes present a significant challenge, the Trust will continue to instil a commitment to quality and innovation into all transformation programmes, seeking to ensure that services are safe, of a high quality and provide positive experience for service users.

Additionally, the Trust's commitment to development of its Performance Framework with a link to demonstrable outcomes will underpin and support the planning, monitoring and evaluation of key work streams and Transformation deliverables.

### 3. Detailed Trust Delivery Plans

#### 3.1 Trust response to DOH Commissioning Plan Direction

##### **Commitment to maximise performance against objectives / goals for improvement:**

- NIAS will continue to work in partnership with the Health and Social Care Board, Public Health Agency and both local and regional Commissioners to maximise performance and strive to meet the targets outlined within this delivery plan.
- NIAS will develop robust monitoring and accountability arrangements for the delivery of targets and projects. Targets are monitored and performance reported to Trust Board each month.
- Performance Trajectories do not replace Ministerial targets, but set out the expected level and pace of achievement of targets in light of financial and workforce pressures and other circumstances.
- The table below highlights any specific objectives / goals where there is a material risk to full or partial delivery.

<b>Key to RAG Status and Deliverability</b>	<b>RAG</b>
Target is Achievable and Affordable	G
Target is Partially Achievable/ near achievement or will be achieved in year	A
Target is Unlikely to be Achievable/Affordable	R
Target Requires Clarification	C
Not Applicable	

In particular we would like to acknowledge that although we do not have specific plans to contribute to a number of the health improvement objectives listed below, it is planned as part of our work towards our new Strategic plan, to form plans to develop health education skills within our operational staff which will enable us in the future to contribute to these objectives.



## TRUST RESPONSE TO DOH COMMISSIONING PLAN DIRECTION (71 MINISTERIAL OUTCOMES)

Total		
R	A	G

**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 <i>“Tobacco Control Strategy”</i> , 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 (however see note above on page 8)	
1.2 By March 2020, to have commissioned an early year’s obesity prevention programme and rolled out a regionally consistent Physical Activity Referral Scheme. These programmes form part of the Departmental strategy, A Fitter Future for All, which aims by March 2022, to reduce a 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 (however see note above on page 8)	
1.3 By March 2020, through implementation of the NI Breastfeeding Strategy increase the percentage of infant’s breastfed at discharge and 6 months as recorded in the Child Health System (CHS). This is an important element in the delivery of the <i>“Breastfeeding Strategy”</i> objectives for achievement by March 2025.	Not applicable to NIAS	
1.4 By March 2020, establish 3 <i>“Healthy Places”</i> demonstration programmes working with specialist services and partners across community, voluntary and statutory organisations to address local needs.	Not applicable to NIAS	

1.5	By March 2020, to ensure appropriate representation and input to the Agency/ Board led Strategic Leadership Group in Primary Care to embed the Make Every Contact Count approach.	NIAS to have named representative and deputy on Strategic Leadership Group.	A
1.6	By March 2020, to collate survey data to establish a baseline position regarding the mean number of teeth affected by dental decay, among 5 year old children, and seek a reduction of 5% against that baseline by March 2021.	Not applicable to NIAS (however see note above on page 8)	
1.7	By March 2020, to commence the implementation of a regional prototype bariatric service, subject to the outcome of public consultation, business case approval and available funding in line with the implementation of recommendations set out in the Departmentally endorsed NICE guidance on weight management services.	<p>NIAS has invested heavily in fleet and equipment to meet the increasing needs of bariatric patients including stretchers and wheelchairs.</p> <p>97% of the A&amp;E fleet will be capable of carrying a patient on a bariatric stretcher by the end of the current financial year 93% of the PCS fleet will be capable of carrying a patient on a bariatric stretcher by the end of the current financial year. Further work is required this year regarding training on new equipment.</p>	A
1.8	By March 2020, to have further developed, and implemented the “ <i>Healthier Pregnancy</i> ” 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	
1.9	<p>By March 2020, ensure the full delivery of the universal child health promotion programme for Northern Ireland, “<i>Healthy Child Healthy Future</i>”. By that date:</p> <ul style="list-style-type: none"> <li>• The antenatal contact will be delivered to all first time mothers.</li> <li>• 95% of two year old review must be delivered.</li> </ul> <p>These activities include the delivery of core contacts by Health Visitors and</p>	Not applicable to NIAS	

<p>School Nurses which will enable and support children and young adults to become successful, healthy adults through the promotion of health and wellbeing.</p>		
<p>1.10 By March 2020, 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”.</p>	<p>Not applicable to NIAS</p>	
<p>1.11 By March 2020 each HSC Trust will have established an Infant Mental Health Group and produced an Action Plan consistent with and informed by the “Infant Mental Health Framework for Northern Ireland” 2016.</p>	<p>Not applicable to NIAS</p>	
<p>1.12 By March 2020, 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 then greater stability while in care.</p>	<p>Not applicable to NIAS</p>	
<p>1.13 By March 2020, to have further enhanced out of hours capacity to de-escalate individuals presenting in social and emotional crisis, including implementation of a Multi-Agency Triage Team pilot (SEHSCT) and two Crisis De-escalation Service pilots (BHSCT and WHSCT) to test different models and approaches. Learning from these pilots should inform the development of crisis intervention services and support the reduction of the suicide rate by 10% by 2022 in line with the draft “Protect Life 2 Strategy”.</p>	<p>NIAS currently has the ability to signpost patients to Lifeline. In addition NIAS are a key partner in the Multi Agency Triage Team pilot which has recently been extended to include the BHSCT and is awaiting the NIAS are scoping the potential for introducing mental health nurses on their CSD although cognisant of the current workforce challenges within MH teams.</p>	<p>G</p>
<p>1.14 By March 2020, to have advanced the implementation of revised substitute prescribing services in Northern Ireland, including further exploration of models</p>	<p>Not applicable to NIAS</p>	

<p>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.</p>		
<p>1.15 By July 2020, to provide detailed implementation plans (to include recruitment status) for the regional implementation of the diabetes foot care pathway, plans should demonstrate an integrated approach making best use of all providers. Regional deployment of the care pathway will be an important milestone in the delivery of the “<i>Diabetes Strategic Framework</i>”.</p>	<p>Not applicable to NIAS</p>	

**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
<p>2.1 By March 2020 all HSC Trusts should ensure safe and sustainable nurse staffing, including working towards the full implementation of phases 2, 3 and 4 of Delivering Care, maximising the use of any current or new funding, with an annual report submitted to HSC Trust Boards.</p>	<p>Not applicable to NIAS</p>	
<p>2.2 By 31 March 2020:</p> <ul style="list-style-type: none"> <li>• Ensure that total antibiotic prescribing in primary care, measured in items per STAR-PU, is reduced by a further 3%, as per the established recurring annual targets, taking 2018/19 as the baseline figure; and</li> <li>• Using 2018/19 as the baseline, by March 2020 Trusts should secure the following in secondary care: <ul style="list-style-type: none"> <li>○ a reduction in total antibiotic prescribing(DDD per 1000 admissions) of 1-2%;</li> <li>○ a reduction in carbapenem use of 3%, measured in DDD per 1000 admissions;</li> </ul> </li> </ul>	<p>Not applicable to NIAS (<i>however scoping of limited prescribing is underway</i>)</p>	

<ul style="list-style-type: none"> <li>○ a reduction in piperacillin-tazobactam use of 3%, measured in DDD per 1000 admissions, and</li> <li>○ and EITHER <ul style="list-style-type: none"> <li>▪ that at least 55% of antibiotic consumption (as measured in DDD per 1000 admissions) should be antibiotics from the WHO Access AWaRe* category,</li> </ul> </li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>▪ an increase in 2% 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 15% by 31 March 2021.</li> </ul> <p><i>*For the purposes of the WHO Access AWaRe targets, TB drugs are excluded.</i></p>		
<p><i>Reducing Gram-negative bloodstream infections.</i></p> <p>2.3 By 31 March 2020 secure an aggregate reduction of 17% of <i>Escherichia coli</i>, <i>Klebsiella spp.</i> And <i>Pseudomonas aeruginosa</i> bloodstream infections acquired after two days of hospital admission, compared to 2018/19.</p>	Not applicable to NIAS	
<p>2.4 In the year to March 2020 the Public Health Agency and the Trusts should secure an aggregate reduction of 19% in the total number of in-patient episodes of <i>Clostridium difficile</i> infection in patients aged 2 years and over, and in-patient episodes of Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA) bloodstream infection compared to 2018/19.</p>	Not applicable to NIAS	
<p>2.5 Throughout 2019-20 all clinical care teams should comprehensively scale and spread the implementation the NEWS KPI, and ensure effective and robust monitoring through clinical audit and ensure timely action is taken to respond to any signs of deterioration.</p>	NIAS has already introduced NEWS2 and offered training to frontline crews. This is not currently monitored however there are associated improvement projects in planning stages and the introduction of an Electronic Patient Report Form in 20/21 will assist with this.	A
<p>2.6 By March 2020, achieve full implementation of revised regional standards, operational definitions and reporting schedules for falls and pressure ulcers across all adult inpatient areas.</p>	Not applicable to NIAS	

<p>2.7 By March 2020, 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 pharmacy and general practice. Reports to be provided every six months through the Medicines Optimisation Steering Group.</p>	<p>Not applicable to NIAS</p>	
<p>2.8 During 2019-20 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.</p>	<p>Although not specifically tasked with an objective in relation to this, NIAS are working in collaboration with RQIA / PHA and a limited number of home providers to trial a Nursing and Residential Triage tool with the aim of reducing inappropriate ED admissions. The pilot in 4 Nursing Homes will soon be evaluated and discussions held regarding potential for roll-out.</p>	<p>G</p>

### Outcome 3: Improve the quality of the healthcare experience:

COMMISSIONING PLAN DIRECTION OUTCOME	PROVIDER RESPONSE	RAG
<p>3.1 By March 2020, 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.</p>	<p>Not applicable to NIAS</p>	
<p>3.2 During 2019-20 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.</p>	<p>Not applicable to NIAS</p>	
<p>3.3 By September 2019, patients in all Trusts should have access to the Dementia portal.</p>	<p>Not applicable to NIAS</p>	
<p>3.4 By March 2020, to have arrangements in place to identify individuals with</p>	<p>The identification of patients as palliative with clear plans in</p>	<p>A</p>

<p>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.</p>	<p>place for their care, treatment and preferred place of death is very beneficial for NIAS clinicians when they can avail of this information. Advanced Care Plans in the home are particularly helpful and the introduction of the NIAS Electronic Patient Report Form in 2020/21 and access to the KIS will support this further.</p>	
<p>3.5 By March 2020, the HSC should ensure that the Regional Co-Production Guidance has been progressively implemented and embedded across all programmes of care, including integrating PPI, Co-Production, and patient experience into a single organisational plan.</p>	<p>NIAS continues to develop service user engagement processes and with the planned appointment of a new Director with responsibility for this function aims to continue to enhance co-production throughout its core functions.</p>	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
<p>4.1 By March 2020, to increase the number of available appointments in GP practices compared to 2018/19.</p>	<p>Not applicable to NIAS</p>	
<p>4.2 By March 2020, to have 95% of acute/urgent calls to GP OOH triaged within 20 minutes.</p>	<p>Not applicable to NIAS</p>	
<p>4.3 By March 2020, reduce the number of unallocated family and children's social care cases by 20%.</p>	<p>Not applicable to NIAS</p>	
<p>4.4 Reworded by NIAS with agreement from Commissioner to: <i>Until the proposed adoption of a new clinical response model, the target remains that 72.5% of Category A (life threatening) calls should be responded to within 8 minutes. It is</i></p>	<p>NIAS is not meeting the required performance standards for reaching Category A calls. New code sets and associated response and transport standards will be implemented on 1</p>	A

	<i>required that 67.5% in performance is maintained in response to the previous target.*</i>	October 2019 as part of the new Clinical Response Model. NIAS have restructured Emergency Ambulance Control to manage the new standards, developed and extended the capacity of the Clinical Support Desk and will continue to address workforce resourcing to fulfil the baseline and increase staffing in line with the Demand and Capacity review, subject to business case approval.	
4.5	By March 2020, 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.	Not applicable to NIAS	
4.6	By March 2020, at least 80% of patients to have commenced treatment, following triage, within 2 hours.	Not applicable to NIAS	
4.7	By March 2020, 95% of patients, where clinically appropriate, wait no longer than 48 hours for inpatient treatment for hip fractures.	Not applicable to NIAS	
4.8	By March 2020, ensure that at least 16% of patients with confirmed ischaemic stroke receive thrombolysis treatment, where clinically appropriate.	NIAS have a procedure in place to ensure that patients presenting with FAS positive symptoms within 4.5 hours are transported to an ED which offers thrombolysis under emergency driving conditions. NIAS also have a care bundle in place to monitor the treatment provided to patients who present as FAS positive.	G
4.9	By March 2020, all urgent diagnostic tests should be reported on within two days.	Not applicable to NIAS	
4.10	During 2019-20, 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	
4.11	By March 2020, 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	



4.12 By March 2020, 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	
4.13 By March 2020, 55% of patients should wait no longer than 13 weeks for inpatient/day case treatment and no patient waits longer than 52 weeks.	Not applicable to NIAS	
4.14 By March 2020, 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 2020, secure a 10% increase in the number of direct payments to all services users.	Not applicable to NIAS	
5.2 By September 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 2020, 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 2020, have developed baseline definition data to ensure patients have timely access to a full swallow assessment.	Not applicable to NIAS	
5.5 By March 2020, Direct Access Physiotherapy Service will be rolled out across all Health and Social Care Trusts on a state of readiness basis.	Not applicable to NIAS	
5.6 By March 2020, to have published the Children and Young People’s Emotional Health and Wellbeing Framework for school-aged children and young people in Northern Ireland.	Not applicable to NIAS	
5.7 During 2019-20, 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:**

<b>COMMISSIONING PLAN DIRECTION OUTCOME</b>	<b>PROVIDER RESPONSE</b>	<b>RAG</b>
6.1 By March 2020, secure a 10% increase (based on 2018/19 figures) in the number of carer’s assessments offered to carers for all service users.	Not applicable to NIAS	
6.2 By March 2020, secure a 5% increase (based on 2018/19 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 2020, secure a 5% increase in the number of young carers attending day or overnight short break activities.	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 2020, to ensure delivery of community pharmacy services in line with financial envelope.	Not applicable to NIAS	
7.2 By March 2020 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 2020, 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 2020, to reduce the percentage of funded activity associate with elective care service that remains undelivered.	Not applicable to NIAS	
7.5 By March 2020, 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.	Not applicable to NIAS	
7.6 By March 2020, to have obtained savings of at least £20m through the Medicines Optimisation 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 Contribute to delivery of Phase One of the single lead employer project by 31 July 2019 and Phase 2 by 31 January 2020; in line with the requirements set down by the Department.	NIAS will ensure appropriate representation on Workforce Strategy work streams through established links with HSC HRD Forum, HRD7 and related sub-groups.	G
8.2 By June 2019, to provide appropriate representation on the project Board to establish a health and social care careers service.	As 8.1	G
8.3 By March 2020, to have completed the first phase of the implementation of the domiciliary care workforce review.	Not applicable to NIAS	
8.4 By June 2019, to provide appropriate representation to the project to produce a health and social care workforce model.	As 8.1	G
8.5 By March 2020, 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	G
8.6 By December 2019, to ensure at least [40%] of the Trust staff (healthcare and social care staff) have received the seasonal flu vaccine.	NIAS has taken a range of measures including the introduction of Peer Vaccinators to increase uptake within NIAS from approximately 11% in 2016/17 to 34.6% in 2017/18 and 51% in 2018/19. Lessons learned during last 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.	A

<p>8.7 By March 2020, to reduce Trust staff sick absence levels by a regional average of 5% compared to 2017/18 figure.</p>	<p>Following a review of NIAS Management of Attendance completed by the Ambulance Association of Chief Executives (AACE) in February 2019, NIAS established a Good Attendance Programme and related Programme structure in March 2019 to bring an improved focus to managing sickness absence and reduce high levels of sickness absence. The Good Attendance Programme Board meets on a monthly basis to support the work of the Programme and identified key deliverables to reduce current absence levels.</p>	<p>A</p>
<p>8.8 During 2019-20, a workforce review of the social work workforce will be progressed to inform future supply needs and commissioning of professional training (subject to resource availability).</p>	<p>Not applicable to NIAS</p>	
<p>8.9 By March 2020, 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.</p>	<p>The UNISON/NIAS Partnership project for staff health and wellbeing will develop further actions to support the implementation of changes in NIAS that will improve outcomes for staff. This will include engagement with staff at all levels, training in communications and management skills, greater partnerships between internal staff stakeholders (eg. between Operations and Control), and empowerment activities around equality issues, such as through the NIAS Women’s Forum.</p> <p>A new Health and Wellbeing Project Manager started work in Q1 2019-20, the first time NIAS has had such a post and one that will see significant effort on staff-level outcomes. For example, during Q1 2019-20, NIAS will bring the Action Cancer Big Bus throughout all Trust areas to do health checks for women staff. A similar initiative will take place in Q3 for men employees. New e-learning and awareness raising will take place in relation to mental health.</p>	<p>A</p>

	More information in relation to this is contained in section 6 of the TDP.	
8.10 Improve take up in annual appraisal of performance during 2019-20 by 5% on previous year towards meeting existing targets (95% of medical staff and 80% of other staff).	<ul style="list-style-type: none"> <li>• The standard achieved in 18/19 was 15% and in order to improve by 5% on this achievement there are a range of actions underway this year including</li> <li>• Establishing a steering group including Trade Unions to discuss and agree a number of ways to modernise the KSF PDCR process. This is to be discussed at JCNC in September 2019.</li> <li>• Regularly promoting and encouraging all staff and managers to fully participate in this process</li> <li>• Facilitating training sessions for managers on conducting a KSF PDCR review in partnership with Trade Unions</li> <li>• Reporting on a quarterly basis the compliance in each Directorate with the KSF PDCR to SMT</li> </ul>	A
8.11 By March 2020, 60% 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.	NIAS have incorporated this within our Education, Learning and Development Plan for 2019-20 and monitor progress against this target through ELD reporting systems. The Level 1 target has been achieved. The Level 2 Training programme for 19/20, delivered in partnership with SET, is about to be launched. NIAS will not attain 5% this year, but is ensuring staff undergoing training lead on a relevant improvement in their area of work and are supported appropriately to do this.	A
8.12 By March 2020, to have developed and commenced implementation of a regional training framework which will include suicide awareness and suicide intervention for all HSC staff, with a view to achieving 50% staff trained (concentrating on those working in primary care, emergency services and mental	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	A

health/addiction services) by 2022 in line with the draft Protect Life 2 strategy.	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.	
8.13 By March 2020, Dysphagia awareness training designed by speech and language therapy to be available to Trust staff in all Trusts.	Not applicable to NIAS	



### **3.2 Trust Response to relevant Regional / PoC / Priorities**

NIAS has an ambitious and wide-ranging programme of transformation underway. 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. Our Appropriate Care Pathways continue to be an important way in which we partner with wider health and social care for the benefit of 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. By March 2019, NIAS were transporting an average 120 patients per month to a destination other than the ED and referring an average of 427 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 24.5% by March 2019.

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. 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 37.2% of cases throughout Northern Ireland in 2018/19. 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. In 2019-20 NIAS will implement a new code set and associated response standards which will target those calls which are immediately life threatening. A secondary focus will be ensuring patients receive the right response first time.

TRUST RESPONSE TO REGIONAL COMMISSIONING PLAN PRIORITIES (26)

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NORTHERN IRELAND AMBULANCE SERVICE - NIAS (14)

ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
<p>1. Effective arrangements should be in place to ensure that available capacity within NIAS is maximised in the context of increasing demand for services.</p>	<p>The NIAS response should:</p> <ul style="list-style-type: none"> <li>• demonstrate plans to improve emergency response times across NI in line with the clinical response model</li> <li>• outline how the capacity-demand review will ensure alignment of NIAS resources with predicted demand.</li> </ul>	<p>NIAS will implement a performance plan.</p> <p><b>Specifications include :</b></p> <ul style="list-style-type: none"> <li>• Maintain recruitment of qualified and pre-reg paramedics by recruiting from the UK and Universities by a rolling recruitment.</li> <li>• Implement a Demand management plan for Emergency Ambulance Control.</li> <li>• Develop contingency plan for increasing call taker capacity to manage peaks in demand.</li> <li>• Recruit additional staff and multi-professional roles to expand the clinical support desk</li> <li>• Prioritise NIAS PCS to A&amp;E support functions wherever possible and utilise the Independent sector for routing bookings.</li> <li>• Increase conveying response and reduce RRV where appropriate to support CRM Ambulance and RRV crews.</li> <li>• Develop and implement a revised Rest break policy.</li> </ul>	A

			<ul style="list-style-type: none"> <li>• Improve ambulance clearing times and work with partners to improve turnaround times.</li> <li>• Increase Capacity in Resource management Centre.</li> <li>• Expand use of ICVs for any suitable transfers.</li> <li>• Expand the use of GRS App for the management of leave request and overtime cover.</li> <li>• Increase Voluntary Car Service in South Eastern Area.</li> </ul>	
2.	<p>Effective arrangements should be in place to introduce a new clinical response model (CRM) which prioritises the sickest and deploys the most appropriate resources based on improved triage.</p> <p>The Board accepts there is a shortfall in ambulance capacity to fully realise this model in coming years.</p>	<p>The NIAS response should outline plans to introduce the Clinical Response Model, following recent public consultation broadly supporting the model.</p>	<p>NIAS will introduce the new CRM codeset and standards on 1 October, 2019.</p> <p>1. NIAS will develop a CRM business case to address staffing levels as recommended by the ORH Demand Capacity review.</p> <p>2. NIAS will continue to address baseline vacancies at Paramedic, AAP and PCS and recruit to CRM required levels subject to approval of CRM business case.</p>	A
3.	<p>Effective arrangements should be in place to address the recommendations raised by RQIA following infection control inspections.</p>	<p>The NIAS should provide a detailed, costed improvement plan to respond to the recommendations within the RQIA inspection report.</p>	<p>In 17/18 RQIA issued improvement notices to NIAS relating to <i>Corporate Leadership and Accountability of the Organisation</i>, specifically stating the need for the organisation to:</p> <ul style="list-style-type: none"> <li>• Have structures and processes to support, review and actions its governance arrangements;</li> <li>• Establish and provide appropriate support</li> </ul>	A

			<p>mechanisms to staff implementing IPC and Environmental Cleanliness policy and procedures;</p> <ul style="list-style-type: none"> <li>• Undertake systematic risk assessment and risk management of all areas of its work;</li> <li>• Have a training plan and training programmes, appropriately funded, to meet identified training and development needs which enable the organisation to comply with statutory obligations.</li> </ul> <p>The Trust subsequently submitted a Quality Improvement Plan (QIP) to the DoH detailing the work to be taken forward under the headings below:</p> <ul style="list-style-type: none"> <li>• Maintenance</li> <li>• Station cleanliness</li> <li>• Vehicle/equipment cleaning</li> <li>• Training/ education and</li> <li>• Governance &amp; assurance across the organisation.</li> </ul> <p>A detailed, costed investment proposal to support implementation, sustainability and reliability of the improvements identified within the RQIA improvement notice and overarching improvement plan was submitted to HSCB. The key aim of the proposal is to develop and implement an Infection Prevention Control &amp; Environmental Cleanliness infrastructure and operational model that will ensure:</p> <ul style="list-style-type: none"> <li>• Dedicated IPC and Environmental Cleanliness (EC)</li> </ul>	
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			<p>personnel to lead on and support staff with the implementation of IPC and policy and procedures;</p> <ul style="list-style-type: none"> <li>• A dedicated model &amp; staffing supported to carry out roles and responsibilities associated with vehicle decontamination schedules across region;</li> <li>• Domestic cleaning arrangements in all stations to achieve compliance with Regional Healthcare and Hygiene Cleanliness Standards;</li> <li>• That audit findings are reviewed and action plans developed and implemented to address sub optimal performance in relation to hygiene, cleanliness (environment and equipment) and IPC;</li> <li>• Patient safety incidents relating to hygiene, cleanliness and IPC are reported and reviewed, learning is identified and shared;</li> <li>• An effective assurance framework is in place, to provide robust assurance of best practice in hygiene, cleanliness and IPC across the organisation;</li> </ul> <p>An IPC training plan and training programme is in place to meet identified training and development needs which enable the trust to comply with its statutory obligations.</p>	
4.	Effective arrangements should be in place to manage the increasing demand for non-emergency transport.	The NIAS response should outline how it will work with the Board to introduce eligibility criteria for non-emergency transport which prioritises 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	R

			<p>requires revision.</p> <p>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:</p> <ul style="list-style-type: none"> <li>a) Health and Personal Social Services (Northern Ireland) Order 1972 Article 10</li> <li>b) Health and Personal Social Services (Northern Ireland) Order 1972 Article 15</li> <li>c) Chronically Sick and Disabled Persons (Northern Ireland) Act 1978 Section 2(d)</li> <li>d) Chronically Sick and Disabled Persons (Northern Ireland) Act 1978 Section 1(1)</li> </ul>	
5.	<p>Effective arrangements should be in place to better coordinate Hospital-related non-emergency transport and to maximise benefits of procuring independent providers on a regional basis.</p>	<p>The NIAS response should outline progress in relation to the pilot with Belfast Trust which is coordinating hospital-related non-emergency transport and efforts to realise this to cover the whole region long-term.</p>	<p>The pilot 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.</p>	A

			The new regional contract has been delayed so all actions have stalled. The new tender is anticipated for October 2019 and subject to this the plan would be to include the other Trusts in Q3/4.	
6.	Effective arrangements should be in place to appropriately manage the increasing demand on emergency ambulance services in the winter period.	The NIAS response should bring forward a winter plan which outlines how it will manage increased demand in winter 2019-20.	<p>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:</p> <ul style="list-style-type: none"> <li>• Reduce unnecessary admissions through Hear and Treat and alternative care pathways from the Emergency Ambulance Control Clinical Support Desk.</li> <li>• Maximise discharge and admission capacity through increased levels of Intermediate Care Service, Patient Care Service, Voluntary Ambulance Service and Private Ambulance Service.</li> <li>• Provide regional discharge planning function from NEAC. This proposal would extend hours of operation and provide Regional Coordination, working closely with HALOs within Trusts.</li> <li>• Reduced handover times - Extend HALO hours and work with other partners to improve Hospital Turnaround Times.</li> <li>• Maximise conveying resource through focused planning including daily huddles and REAP/Demand Management plans.</li> </ul>	A

			<ul style="list-style-type: none"> <li>• Active use of HSC Hospitals Dashboard to manage demand across the HSC system.</li> <li>• 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.</li> </ul>	
7.	Effective arrangements should be in place to improve ambulance turnaround times in hospitals.	The NIAS response should describe how it will significantly improve the handover time for patients.	<p>NIAS is fully participating with the HSCB Regional project to improve patient handover at ED and have presented at a range of recent meetings including co-presentations at HSC Trust SMTs regarding the Handover issue.</p> <p>There are a range of issues regarding triage processes and capacity in some HSC Trust Emergency Departments which have a significantly adverse impact on Ambulance Turnaround times at times of pressure. Following on from the introduction of a handover 'button' and a range of other actions, NIAS is developing its own Turnaround Time Action plan for 19/20 and will continue to work with EDs to develop local solutions to improve hand over times. Despite this there are both capacity and process issues in most Emergency Departments in NI which continue to have significant impact on NIAS handover times and subsequently on service delivery.</p>	R
8.	Effective, integrated arrangements, organised around the needs of individual patients, should be in place in community settings to provide care for people at home, avoiding the	The NIAS response should demonstrate how it is embedding the range of alternative care pathways across all localities in NI during 2019-20, including the paramedic-led clinical decision desk.	NIAS now has 15 Appropriate Care Pathways providing alternatives to the Emergency Department through treatment in the community or providing an alternative destination to address their clinical need. NIAS continues to build its partnership working across the	A



	<p>need for hospital attendance and admission.</p>		<p>region with other Healthcare Professionals and statutory agencies with the aim to improve out of hospital interventions for a range of conditions and enhance the interventions available for the existing pathways.</p> <p>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 another 5 with a plan to go to 24/7 working by January. Work is commencing to scope the introduction of 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.</p>	
9.	<p>Effective arrangements should be in place to fully utilise the Helicopter Emergency Medical Service (HEMS) to support the existing road-based emergency service.</p>	<p>The NIAS response should demonstrate how it will monitor the performance of HEMS during 2019-20 in line with the Commissioning Specification and agreed key performance indicators.</p>	<p>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 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</p>	G

			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. No significant adverse incidents reported with regard to HEMS, to date. 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.	The NIAS 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.	Since the establishment of the Community Resuscitation Team (5 Community Resuscitation Development Officers & 1 Community Resuscitation Lead), a 5 year Implementation plan has been developed until 2024. This includes partnership co-production with a number of organisations across statutory, community, voluntary and business, mainly through Council Community Planning processes. The following Councils have a Community of Lifesavers Action Plan in place – Ards & North Down, Lisburn & Castlereagh, Mid Ulster Council, Antrim & Newtownabbey, Armagh, Banbridge, Craigavon & Derry & Strabane Newry and Mourne are in the process of developing actions for preventable deaths for which Community of Lifesavers will be included. Fermanagh and Omagh, Mid and East Antrim remain behind with their action plans and inclusion of Community Resuscitation. The Chair of Causeway Coast and Glens Health & Wellbeing group is in the process of discussing Community Resuscitation to the existing group.	G

			<p>Belfast City Council does not have Community Resuscitation included in current plans.</p> <p>All of this work is disseminated through quarterly reporting to DoHNI and the Community Resuscitation Implementation Group.</p> <p>A partnership has been set up with Sport NI to provide CPR training and AED awareness to those within Sports clubs.</p> <p>Questions relating to CPR &amp; AED training and confidence to carry out CPR are being asked through the NI Health Survey (2018/19/20) and the Young People's Behaviour and Attitudes Survey (2019-20).</p>	
11.	Effective arrangements should be in place to deliver appropriate CPR and BLS training programmes.	<p>The NIAS should provide plans to increase access to CPR training across NI and Basic Life Support (BLS) training in community and educational settings via:</p> <ul style="list-style-type: none"> <li>• Engagement with CPR training providers</li> <li>• Engagement with Voluntary and Community organisations</li> <li>• Further development of Community and first responder schemes</li> </ul>	<p>There are 13 Heartstart Community Schemes NI wide and in 2018 they collectively trained <b>3,899</b> members of the public in Emergency Life Support Skills which include CPR.</p> <p>3 new Community First Responder (CFR) Schemes have gone live in the last year which brings the number of schemes to 17 with over 280 volunteers across these schemes.</p> <p>The GoodSam app was launched in June 2019 and since its launch the number of GoodSam responders has grown from 200 to almost 500.</p> <p>There are around 700 schools in NI registered to teach CPR, of the 251 who have reported their training figures, 14,796 children have benefitted from the training. Over 12,000 beneficiaries have received direct training or awareness from the Community Resuscitation team in its first year.</p>	G

12.	Effective arrangements include the development of public information / guidance about Automatic External Defibrillators (AEDs) covering purchasing, maintenance, location, access and signage.	The NIAS should provide plans to develop website literature and guidance information materials on AEDs.	<p>There have been workshops and discussions with British Heart Foundation regarding the National Defibrillator Database integration. Plans are in place to integrate in NI in the Winter of 2019 depending on the pilot being carried out in Scotland.</p> <p>An AED flier is in process of being developed to highlight the need for AEDs to be Emergency Ready, accessible and registered with NIAS.</p> <p>Currently there are <b>1553</b> defibs registered with NIAS. A Guidelines template for use, maintenance and deployment of AEDs is being developed for organisations who own AEDs.</p>	G
13.	Effective arrangements should be in place to provide training programmes for paramedics which address accreditation difficulties with existing programmes.	The NIAS should outline how it will work with the Board 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 which commenced in 2018/19.	<p>DoH and HSCB were represented on NIAS Paramedic Education Project Board which oversaw the Foundation Degree work streams, leading to its procurement, development and provision. The project is closed, as the Foundation Degree programme is now live, with NIAS delivering in partnership with Ulster University. The first cohort of Paramedic students are due to graduate in November 2019. Selection and recruitment for a second cohort is ongoing, for a scheduled course start of January 2020.</p> <p>In addition DoH have indicated an intention to commission a BSc Programme from September 2021. NIAS has had representation on a DoH Paramedic Education and Training sub-committee, which has been taking work forward, seeking to secure a University provider through a tender process. NIAS will continue to engage as appropriate with the</p>	G

			Department in support of the development and subsequent delivery of a BSc.	
14.	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.	The NIAS should outline how it will take forward workforce reform, including recruitment and training requirements.	<p>A new education model will be delivered, the cornerstone of which is a Foundation Degree Programme for Paramedics, developed in partnership with Ulster University. NIAS will continue to recruit internally to this course. In parallel NIAS will work with the Department and support the provision of a BSc programme for future paramedic education.</p> <p>Recruitment of qualified and pre-reg students will bolster NIAS workforce planning requirements of CRM</p>	A

#### ELECTIVE CARE (2)

ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
1.	Effective arrangements should be in place to establish Regional Assessment and Surgical Centre's across Northern Ireland.	<p>Trust responses should demonstrate how they are supporting the planning and implementation of Regional Assessment and Surgical Centres (RASC) in a number of areas as follows:</p> <ul style="list-style-type: none"> <li>• 2 prototype RASCs for varicose veins and cataracts</li> <li>• General Surgery</li> <li>• Endoscopy</li> <li>• Urology</li> <li>• Orthopaedics</li> <li>• Gynaecology</li> </ul>	<p>These developments must include consideration of the impact on NIAS and assessment of impact on conveyancing routes and times. NIAS has had some involvement with the two prototype procedures and would welcome further engagement from HSC Trusts as further services are planned, including support from HSCB in relation to associated transport costs.</p> <p>The appointment of a new Director with lead responsibility for Planning during 2019-20 will enable NIAS to strengthen its capacity for collaboration</p>	A

		<ul style="list-style-type: none"> <li>• ENT</li> <li>• Paediatrics</li> <li>• Neurology</li> </ul>	regarding the entire HSC Transformation agenda.	
2.	Effective arrangements should be in place at the interface between primary and secondary care, organised around the needs of patients with effective communication between GPs and wider primary care and hospital consultants.	<p>Trust responses should confirm that they will continue to engage with and support the regional scheduled care reform process, working with appropriate partners, to include further roll out of e-referral and e-triage arrangements.</p> <p>Trust responses should demonstrate actions to improve the efficiency and effectiveness of outpatients, diagnostics and treatment services in line with the Transformation, Reform and Modernisation agenda, which includes partnership working with ICPs.</p>	<p>NIAS will continue to engage with ICPs and as appropriate will participate in partnership working on development of pathways in order to maximise services which NIAS clinicians can access for their patients. With regard to proposed service reforms, there will be a need for consideration regarding the introduction of these of the impact on NIAS conveyancing routes and times.</p> <p>As above, in 19/20 NIAS will be strengthening our capacity for collaboration regarding planning as this relates to the Transformation, Reform and Modernisation agenda.</p>	A

### STROKE SERVICES (1)

	ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
1.	Effective arrangements should be in place to provide mechanical thrombectomy for large vessel stroke	The Belfast Trust response should demonstrate plans for the continued development of regional stroke mechanical	NIAS has contributed to the review of Stroke Services and continues to articulate the need for resources for Emergency Ambulance Provision in response to longer	A

	as an effective intervention for selected stroke patients (CPD 4.8).	thrombectomy services as per the NICE guidance.	journey times. This is particularly pertinent with regard to the implementation of a regional thrombectomy service; there is potential for a significant increase in primary conveyance, secondary transfer and repatriation. NIAS resourcing will need to be considered when these options are being appraised and NIAS will collaborate with Belfast Trust in relation to this.	
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## PAEDIATRICS (2)

	ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
1.	<p>Effective arrangements should be in place for the provision of Paediatric Cardiac Services in line with the Ministerial decision on the establishment of an All-Island Network.</p> <p>An increasing number and range of elective cardiac procedures, as well as emergency and urgent cases are now being accommodated in the ROI.</p>	<p>Belfast, Southern and Western Trusts should demonstrate how they will work with the Board/Agency through the specialist paediatrics group and all-island structures to take forward the implementation of the service model for congenital cardiac services set out in the full business case for the All-Island CHD Network.</p> <p>This should include local developments as well as developments planned on an all-island basis.</p>	Any increase in service will require consideration as to the impact on NIAS. Many of these paediatric cases will require specialist transfer. NIAS will engage with Belfast Trust in this regard.	A

	The paediatrician with a specialist interest role in cardiology is being established in both Southern and Western Trusts.			
2.	Effective arrangements should be in place to improve the resilience, sustainability and access to specialist paediatric services	<p>Belfast Trust should advise of any emerging vulnerabilities in specialist services including proposed contingency arrangements to address these vulnerabilities.</p> <p>Belfast Trust should demonstrate arrangements which improve resilience, sustainability and access to specialist paediatric services including:</p> <ul style="list-style-type: none"> <li>• A workplan for the paediatric lead for rare disease by 30 September 2019.</li> <li>• Further expansion of the paediatric centralised waiting list by 30 March 2020, for paediatric surgery, gastroenterology, electroencephalograms (EEG) and neurology.</li> <li>• Network arrangements will be put in place by December 2019 for Paediatric</li> </ul>	Any centralisation or reconfigurations of services will require consideration as to the impact on NIAS. Many of these paediatric cases will require specialist transfer. NIAS will engage with Belfast Trust in this regard.	A



		<p>Plastic and Burns Services, and Metabolic and Neurodisability Services, with a provider outside NI.</p> <ul style="list-style-type: none"> <li>• A Paediatric Ophthalmology Network will be developed in Northern Ireland by March 2020.</li> <li>• Belfast Trust will ensure work that Paediatric Haematology/ Oncology Service meets Peer Review Standards by the end of October 2019.</li> <li>• The development of a paediatric neuromuscular physiotherapy service will be developed in year. The Belfast Trust should outline how this service will meet the needs of the paediatric neuromuscular service.</li> <li>• Paediatric pharmacy services should be expanded to meet the needs of the RBHSC.</li> <li>• Paediatric AHP service should be expanded to meet the needs of the RBHSC.</li> <li>• An extracorporeal photopheresis (ECP) service has been established. Belfast Trust should demonstrate the service capacity within the service and demonstrate that there are sufficiently trained staffing in NI to sustain the service in the longer term.</li> </ul>		
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		<ul style="list-style-type: none"> <li>Ensure timely and appropriate access to paediatric trauma and orthopaedic services.</li> </ul>		
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## PALLIATIVE AND END OF LIFE CARE (2)

ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
1.	Effective arrangements should be in place to embed Advance Care Planning within operational systems.	Trust responses should demonstrate plans to ensure that those with progressive conditions should be offered the opportunity to access and to record their individual wishes.	NIAS recently reported on the outcomes of the TYEOLPC programme Ambulance workstream which highlighted a range of actions which NIAS has taken to improve access to services for patients with palliative and end of life needs. These include the Palliative and End of Life Appropriate Care Pathway and the 'Home for Last Days of Life' prioritisation in the NIAS PCS booking and transport system. As part of the Palliative Care in Partnership programme NIAS continues to support the need for the embedding of Advanced Care Plans in the home as an important tool to support their decision-making and care of patients with Palliative and End of Life needs. The introduction of an Electronic Patient Report Form by NIAS in 2020/21 will support access to the Key Information Summary etc.	G
2.	Effective arrangements should be in place to improve the education and training of the professional workforce in palliative care.	Trust responses should demonstrate plans to support staff to attend relevant courses to strengthen palliative care capacity.	NIAS offers staff courses commissioned by CEC which include a specific day course on Palliative and End of Life care.	A

**PHYSICAL DISABILITY (2)**

ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
<p>1. Sensory Loss pathways to ensure people with sight loss and/or hearing loss are implemented to deliver better outcomes for service users.</p>	<p>Trust responses should demonstrate effective proposals to implement sensory loss pathways bridging community and acute sectors.</p>	<p>In order to ensure accessible emergency and urgent healthcare for all, NIAS has produced 5 year Equality and Disability Action Plans. Progress on the first year (18/19) of these plans was reported to the Equality Commission NI in August 2019. Some of the actions on the plans are regional and worked on jointly across all 6 Trust and some are particular to NIAS.</p> <p>Actions on Deaf Awareness training and Assistance dog policy development are specifically targeted to supporting service users with sensory loss. Supplementary to these actions NIAS signed up to the Every Customer Counts Initiative in January 2019 and is an active member of the Regional Accessible Communication Group. Measures are in place through the regional interpretation contract to ensure that sign language interpreters can be booked for scheduled meetings and events, and staff are aware that they can ensure an interpreter is contacted at earliest opportunity when transporting a patient to hospital or other care setting.</p>	<p>A</p>

2.	<p>Effective arrangements should be in place to develop a Physical and Sensory Disability structure/ network which facilitates regional, multi-agency strategic planning for the needs of people with Physical and/ or Sensory Disability.</p>	<p>Trust responses should demonstrate equitable access to Health and Social Care for people with Physical and Sensory Disability including:</p> <p><b>Access</b></p> <ul style="list-style-type: none"> <li>• Trusts to ensure people with Sensory loss/ Disability are empowered to access HSC services (i.e. statutory HSC services and services provided by Community and Voluntary / Independent sectors).</li> <li>• Trusts should ensure communication with people with sensory loss is in an accessible format to include appointments, access to interpreting, signage and access to healthcare information.</li> </ul> <p><b>Buildings</b></p> <ul style="list-style-type: none"> <li>• Trusts should ensure all HSC facilities have visual display units and hearing loops which are working and ensure HSC staff are fully trained in use.</li> <li>• Signage in HSC facilities should meet HSC accessibility standards.</li> </ul>	<p>NIAS has launched a Stakeholder Forum following extensive consultation on the Clinical Response Model. Stakeholders, partners and service users can work with NIAS to engage, consult and co-produce NIAS services. This includes service users with a variety of disabilities and organisations that represent persons with disabilities.</p> <p>With regard to vehicle design there are PCS and A&amp;E user Group meetings which are held twice a year with staff and managers. These consider all aspects of vehicles specification. Measures to assist partially sighted service users are considered within the PCS vehicle specification. NIAS also participates in The National Ambulance Strategic Fleet Group and will continue to, where possible, adopt best practice as appropriate for Ambulance Service delivery. NIAS are participating in the regional working group on Accessible Communication, which includes accessibility to estate, vehicles and information, service users with a range of disabilities participate in this group.</p> <p>Service users with disabilities also directly contribute to training of NIAS staff, working in partnership with Mencap to deliver training to Advanced Ambulance</p>	A
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		<p><b>Equipment</b></p> <ul style="list-style-type: none"> <li>Trusts should ensure equitable access to equipment (including adaptive/ assistive technologies) and accessible, age appropriate accommodation/ care facilities for people with Physical and/or Sensory Disability.</li> </ul>	<p>Practitioners in 19/20.</p> <p>Emergency SMS text service and Next generation Text relay allows Deaf service users, or those with hearing or speech impairment to contact both PCS and Emergency Ambulance Control. Information that is provided by NIAS can be made available in accessible formats.</p>	
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### POPULATION HEALTH (3)

ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE	RAG
1.	Effective arrangements should be in place to reduce Healthcare Associated Infections (HCAIs) including Surgical Site Infections (SSIs). (CPD 2.3)	Trusts, supported by PHA, should develop and deliver improvement plans to reduce infection rates for all HCAIs including Esherichia coli, Klebisella spp. and pseudomonas aeruginosa in line with the Departmental objectives. This will be monitored via PHA surveillance programmes for HCAIs and SSIs.	Given the context of NIAS services the Trust do not currently report via the PHA surveillance programmes for HCAIs and SSIs. However the Trust continue to progress actions within the organisational IPC improvement plan with an aim to reducing HCAIs.	A
2.	Effective arrangements should be in place to ensure de-escalation of	Trusts should demonstrate plans to enhance OOH capacity and effectively	NIAS has the ability to signpost patients to Lifeline via phone. In addition, The Multi Agency Triage Team	A

	patients presenting to trusts and emergency services with emotional and social crisis. (CPD 1.13)	reduce presentations to ED and unscheduled care for individuals who are in social and emotional crises.	(MATT) is a joint initiative between NIAS, the PHA, the PSNI, SEHSCT and BHSCT. The team consists of a paramedic, two police officers and a mental health professional who respond to patients with an acute mental health crisis. The team operate on a Friday and Saturday night from 1900-0700. Initially responding to calls only in the South Eastern Trust locality, the team have recently expanded and now respond to calls in Belfast. NIAS is scoping the introduction of Mental Health nursing into Ambulance Control to provide expertise in supporting patients who call 999 with a primary issue relating to their Mental Health.	
3.	Effective arrangements should be in place to ensure consistency in provision of and availability of workplace health to employees in all HSC settings. (CPD 8.9)	Trust responses should demonstrate plans to adopt consistent approaches in line with the agreed WHO model for workplace health.	<p>The WHO Healthy workplace model is a comprehensive way of thinking and acting that addresses:</p> <ul style="list-style-type: none"> <li>• work-related physical and psychosocial risks;</li> <li>• promotion and support of healthy behaviours;</li> <li>• broader social and environmental determinants</li> </ul> <p>A new Health and Wellbeing Project Manager started work in Q1 2019-20, the first time NIAS has had such a post and one that will see significant effort on staff-level outcomes. For example, during Q1 2019-20, NIAS brought the Action Cancer Big Bus throughout all Trust areas to do health checks for women staff. A similar initiative will take place in Q3 for men employees. New e-learning and awareness-raising will take place in relation to mental health, and a range of resources were shared widely for World Suicide Prevention Day including the RUOK methodology.</p>	A

			<p>Under the AACE framework for a new Good Attendance Programme, a Health and Wellbeing Project will be established that brings together some aspects of the work of the Peer Support Project, the UNISON/NIAS Partnership and the H&amp;WB PM to demonstrate and deliver the outcomes for staff and the Trust in terms of improving wellbeing.</p>	
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## **4. Resource Utilisation**

### **4.1 Financial Strategy**

#### **Review of 2018/19 Financial Performance**

The Trust delivered against a range of statutory and regulatory financial duties during the year. The Revenue Resource Limit (RRL) for 2018/19 was £76.5 million and a small revenue surplus of £47k was achieved against a background of financial savings.

Cumulative cash releasing savings of an additional £0.8 million were required from NIAS for the 2018/19 financial year. This savings target was delivered through a range of non-recurrent measures.

With the support of the DoH and HSCB, the Trust also delivered a significant programme of modernisation. Most notably, with the support of Transformation Funding and in partnership with the University of Ulster, the Trust developed and began the delivery of a Foundation Degree in Science in Paramedic Practice.

The Trust also benefited from £6.5 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 2019-20**

The Trust is required by statute to deliver an annual balanced financial plan in addition to other statutory responsibilities to provide high quality services. There are a range of developments and pressures in 2019-20 that makes this challenging. For example, an extensive programme of recruitment, selection and training continues to address underlying vacancies and stabilise the workforce for the future. In addition, work continues on the development of a new Clinical Response Model which proposes changes to how 999 calls are responded to.

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

The estimated Revenue Resource Limit (RRL) for 2019-20 is £85.4 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 £1.6 million of savings in 2019-20.

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; and
- Review of non-pay expenditure.

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.



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 continues with the assumption that the HSCB/DoH will fund the full legitimate costs of Agenda for Change for NIAS.

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 have contributed to the development and delivery of the HSC Workforce Strategy. In line with this NIAS shares the strategic aim, “by 2026 we will meet our workforce needs and the needs of our workforce”.

The workforce strategy has three objectives:

**Objective 1** - By 2026 the reconfigured H&SC system has the optimum number of people in place to deliver treatment and care to promote health and wellbeing to everyone in Northern Ireland with the best possible contributors of skills and expertise.

**Objective 2** – By 2021 H&SC is a fulfilling and rewarding place to work and train and our people feel valued and supported.

**Objective 3** - By 2019 the DOH and HSC providers are able to monitor workforce trends and issues effectively and be able to take proactive action to address this before problems become acute.

NIAS contributes regionally and locally to delivering this strategy and has prioritised work streams in relation to:

- Attracting, recruiting and retaining staff;
- High quality training;
- Effective workforce planning;
- Multi-disciplinary and professional working and training;
- Building on consolidating and prioritising health and wellbeing;
- Recognising the contribution of the workforce;
- Work life balance;
- Make it easier for people to do their jobs; and
- Improving workforce business intelligence.

NIAS have engaged with staff on the development of an OD and Workforce strategy. NIAS is due to embark on a cultural assessment in October 2019. The priority findings from this will also be reflected in the OD and Workforce Strategy 2020/2026.

#### **4.3 Capital Investment Plan**

The Trust is currently forecasting a capital investment programme of £8 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.

#### **4.4 Measures to break even**

Measures to break even are considered in section 4.1 Financial Strategy.

#### **4.5 Plans for shift left of resources and other Transformation initiatives**

The Trust has also been supported by the DoH and HSCB to deliver a number of transformation initiatives both in previous and in the current financial year.

During 2019-20 NIAS will continue with an ambitious programme of Transformation as highlighted elsewhere throughout the document.

### **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 governance 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 governance in NIAS is in accordance with guidance issued by both the Department of Health and the Department of Finance, and in developing a Mid-Year Assurance Statement and a Governance Statement for 2019-20, NIAS will maintain consistency with this guidance and direction. The Board exercises strategic control over the operation of the organisation through a system of corporate governance which includes:

- Standing Orders;
- A Scheme of Reservation and Delegation:
  - Detailing decisions which are reserved for the Board; and
  - Delegating authority for duties within set parameters to the Chief Executive and other officers;
- Standing Financial Instructions;
- The establishment of an Audit Committee;
- The establishment of an Assurance Committee; and
- The establishment of a Remuneration 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.

The Trust revised its Corporate Risk Management Policy and Strategy in June 2019, and its Risk Management ELearning Package in August 2019, both to reflect ISO 31000. NIAS is in the process of revising its incident reporting and management procedures and is progressively introducing a suite of new documentation. A new Learning From Incidents Policy was implemented in December 2018 and a Learning From Serious Adverse Incidents (SAI) Procedure was implemented in May 2019. The Learning from SAIs Procedure reflects the regional procedures for the reporting and management of Serious Adverse Incidents (SAIs), but also provides investigating officers with additional tools required to carry out a successful review. The Trust will continue to engage with other HSC organisations in relation to SAI reporting and will apply any relevant learning. 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 Group to facilitate the identification and application of learning from incidents, SAIs, complaints, litigation, patient experience and claims etc. During 2018-19 the Trust reviewed its Business Continuity Policy and Strategy. A number of Business Impact Analyses (BIAs) are being completed across the organisation to inform the prioritisation of development, review and testing of Trust business continuity plans.

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.

## **Assurance Standards/Frameworks**

The Trust is currently compliant with all but four of the relevant Controls Assurance Standards/replacement process. The Trust continues to develop systems and processes to deliver compliance with Controls Assurance Standards/replacement process and detailed action plans are in place. Progress against action plans for areas of non-compliance with Controls Assurance Standards/replacement process are monitored and reported to Trust Board through the Trust's Assurance Committee. NIAS has begun to make the necessary arrangements for the review of assurance standards for 2019-20.

The Trust has reviewed the Board Assurance Framework and developed Directorate Assurance Frameworks. A Corporate Assurance Strategy is in draft at this time, with expected implementation December 2019.

## **Information Governance**

The Trust recognises fully that information is required every day by all members of staff to discharge our duties. The Trust understands that a large majority of the information we hold is of a personal and at time sensitive nature. The Trust uses this information in many ways

e.g. To respond effectively to emergencies, to refer patients to other appropriate care pathways, 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, to manage contract, deal with suppliers 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. We have appointed specialist roles which include a Data Protection Officer, Senior Information Risk Owner, Caldicott Guardian et al to act as champions across the Trust. We are a technology enabled organisation and consider information governance into risks associated to use of software/hardware, applications, cyber security etc.

In NIAS, the information governance is the framework of legislation and best practice guidance including the General Data Protection Regulations/Data Protection Act 2018, 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 accurate and quality information forms the basis of high quality care.

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

In 2019-20, NIAS will continue to promote increasing resources, activities and outcomes to benefit the wellbeing of staff. This work will comprise a range of interrelated work streams.

In terms of the Peer Support Project for staff affected by trauma (major incident, or recurring) the Trust will significantly enhance this project. During Q3 and Q4 of 2018/19, in excess 5% of frontline staff accessed the initial pilot phase of the project, with consistently positive feedback. Accordingly, SMT have agreed to approve a number of staff secondments to work full time on the project. Additional training for new peer support volunteers will also be put in place, with the intention of two new cohorts during 2019-20. This will bring the number of volunteers to around 30, across all staff grades and areas of activity. The expansion of the project will include further partnerships and engagements across the UK and Ireland, and will seek to develop a strategic plan that places the project on a permanent footing over five years, between 2020 and 2025. This strategic plan, involving a Business Case for substantial investment of resources and staff across all aspects of staff health and wellbeing, will be supported by a full evaluation of the Peer Support Project during September to November 2019. This process will be informed by continuous staff engagement, with a particular focus on the peer support volunteers.

The UNISON/NIAS Partnership project for staff health and wellbeing will develop further actions to support the implementation of changes in NIAS that will improve outcomes for staff. This will include engagement with staff at all levels, training in communications and management skills, greater partnerships between internal staff stakeholders (eg. between

Operations and Control), and empowerment activities around equality issues, such as through the NIAS Women's Forum.

A new Health and Wellbeing Project Manager started work in Q1 2019-20, the first time NIAS has had such a post and one that will see significant effort on staff-level outcomes. For example, during Q1 2019-20, NIAS will bring the Action Cancer Big Bus throughout all Trust areas to do health checks for women staff. A similar initiative will take place in Q3 for men employees. New e-learning and awareness-raising will take place in relation to mental health.

Under the AACE framework for a new Good Attendance Programme, a Health and Wellbeing Project will be established that brings together some aspects of the work of the Peer Support Project, the UNISON/NIAS Partnership and the H&WB PM to demonstrate and deliver the outcomes for staff and the Trust in terms of improving wellbeing.

NIAS will continue to work with PHA in relation to PPI and PCE, albeit that the functions and structures of these work streams will be reviewed within wider Trust changes that are anticipated during 2019-20. Work in these areas will primarily focus on the next phase of the Clinical Response Model (CRM) Programme following the completion of full consultation and EQIA engagement during 2018/19. NIAS intends that there will be a new Stakeholder Forum for internal and external partners to allow an increased role in the production and design of priorities such as CRM, a new service user survey, and the future strategic direction of the organisation. NIAS will continue its regional work as part of the Online User Feedback Programme Board, and regional activities such as the PHA PPI Forum and 10,000 More Voices Project.

<b>INFORMATION FOR TRUST DELIVERY PLANS 2019/20</b>	
<b>Trust</b>	NIAS
<b>Table No.</b>	
<b>FP1</b>	<b>Forecast Financial Position</b>
	This should reflect both the planned 2019/20 in -year and full year projected financial position. <b>In respect of a pay award for 2019/20 neither assumed income for pay nor estimated pay expenditure should be factored into the financial position at this point.</b> <b>Income to offset the additional 6.2% Employers Superannuation costs should be assumed, including income for the 6.2% impact on superannuation costs of C&amp;S Transformation projects.</b> <b>Expenditure for the 6.2% superannuation costs of C&amp;S Transformation Fund projects should be included in the financial plan but all other Transformation project costs should be excluded from the plan.</b>
<b>FP2</b>	<b>Reconciliation of RRL Income</b>
	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 HSCB / DoH.
<b>FP3</b>	<b>Trust Savings Target 2019/20 (excluding Regional Pharmacy - see Table 3a)</b>
	In regard to the advised Trust Savings Target for 2019/20, this table should reflect the savings plan proposals included within the calculation of the financial position. Where a range of savings / expenditure control measures are required to be put in place to ensure in year financial balance, these should also be included on this template. 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.
<b>FP3a</b>	<b>Regional Pharmacy Prescribing Savings 2019/20</b>
	This table is to indicate the proposals to address the Trust's Pharmacy Prescribing Savings target for 2019/20, which it is expected will be delivered to the target level set. All Medicines efficiency savings are to be reported against this target.
<b>FP4</b>	<b>Workforce Planning - Indicative Impact on WTE</b>
	Trusts should provide estimate of staffing impact of the cash releasing plans detailed on FP3 and indicative allocations/investments on paid WTE.
<b>FP5</b>	<b>Workforce Planning - Total Staff</b>
	This should indicate the projected paid WTE for the Trust analysed between Trust's staff and Agency/Locum staff and across all staff groups
<b>FP6</b>	<b>Detail of Income</b>
	This table should analyse all income in 2019/20 by Programme of Care
<b>FP7</b>	<b>Detail of Expenditure</b>
	This table should analyse all expenditure in 2019/20 by Programme of Care <b>before</b> impact of any savings delivery
<b>FP8</b>	<b>Demography</b>
	Gross pressure by Scheme by Programme of Care should be recorded with slippage identified separately in the proforma and the Trust identifying: <ul style="list-style-type: none"> <li>- The level of modelled demand that will be avoided in year by the reform and transformation investments made by LCGs in prior years</li> <li>- The level of demand that is realised in year that can be addressed through productivity and other cash avoidance means</li> </ul>
<b>FP9</b>	<b>Reconciliation Check</b>
	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 2019/20

FP1

TRUST:

NIAS

Contact Name: Paul Nicholson  
Position: Interim Director of Finance & ICT  
Phone No: 02890400999

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

Date Completed: September 2019

TABLE 1 FINANCIAL POSITION		2019/20	
		In Year Effect	Full Year Effect
		£'000	£'000
<b>1.0 Expenditure:</b>			
1.1	Staff costs	67,364	63,675
1.2	Other expenditure	19,000	17,960
1.3	<b>Total expenditure</b>	<b>86,365</b>	<b>81,635</b>
<b>2.0 Income:</b>			
2.1	Income from activities	700	700
2.2	Other income	296	296
2.3	<b>Total income</b>	<b>996</b>	<b>996</b>
<b>3.0 Net expenditure</b>		<b>85,369</b>	<b>80,639</b>
add: RRLs agreed for services provided by other HSC bodies			
4.1	BSO		
4.2	Other (specify)		
4.3	Other (specify)		
4.4	<b>Total RRLs agreed</b>	<b>-</b>	<b>-</b>
<b>5.0 Net resource outturn</b>		<b>85,369</b>	<b>80,639</b>
<b>6.0 Calculation of Revenue Resource Limit (RRL)</b>			
6.1	Allocation from HSCB (as per FP2)	85,275	80,639
6.2	Allocation from PHA (as per FP2)	93	
6.3	<b>Total Allocation from HSCB/PHA</b>	<b>85,369</b>	<b>80,639</b>
6.4	NIMDTA		
6.5	RRL agreed with other HSC bodies (specify)		
6.6	RRL agreed with other govt departments (specify)		
6.7	<b>Revenue Resource Limit</b>	<b>85,369</b>	<b>80,639</b>
7.0	<b>Surplus / (Deficit) against RRL</b>	<b>0</b>	<b>0</b>
7.1	<b>% Surplus / (Deficit) against RRL</b>	<b>0.00%</b>	<b>0.00%</b>

Notes:

Excluding impact of 2019/20 pay award.  
The Trust continues with the assumption that the HSCB/DoH will fund the full legitimate costs of Agenda for Change for NIAS.

INFORMATION FOR TRUST DELIVERY PLANS 2019/20		FP2	
Name of Trust:			
NIAS			
RECONCILIATION OF RRL TO PLANNED INCOME		Date Completed: September 2019	
INCOME FROM COMMISSIONERS	2019/20		
	In-Year Effect	Full Year Effect	
<b>1. HSCB</b>	<b>£'000</b>	<b>£'000</b>	
RRL as at 30 August 2019	80,327	76,195	
<u>Indicative Allocations:</u>			
<i>Ring Fenced (if applicable)</i>			
Mental Health			
Legacy Transformation (TYC -non recurrent element)			
<i>Other</i>			
Continuation of Winter Resilience	255		
External Support for Unscheduled Care	50	50	
RCCE Balance £1,090k	594	594	
AfC Banding	1,300	1,300	
<b>Total Indicative Allocations</b>	<b>2,199</b>	<b>1,944</b>	
<u>Other Assumed Allocations</u>			
Increased Superannuation Costs Estimate	2,500	2,500	
Pay Award 2019/20	0	0	
Additional Unscheduled Care Funding	250	0	
		0	
<b>Total Other Allocations</b>	<b>2,750</b>	<b>2,500</b>	
<b>HSCB Income as per FP1</b>	<b>85,275</b>	<b>80,639</b>	
<b>2. PHA</b>	<b>£'000</b>	<b>£'000</b>	
RRL as at 2 August 2019	93	0	
<u>Indicative Allocations:</u>			
<i>Ring Fenced</i>		0	
<i>Other</i>			
<b>Total Indicative Allocations</b>	<b>0</b>	<b>0</b>	
<u>Other Assumed Allocations</u>			
<b>Total Other Allocations</b>	<b>0</b>	<b>0</b>	
<b>PHA Income as per FP1</b>	<b>93</b>	<b>0</b>	
<b>Total Allocation from HSCB/PHA</b>	<b>85,369</b>	<b>80,639</b>	



INFORMATION FOR TRUST DELIVERY PLANS 2019/20

Name of Trust:

NIAS

FP3

Date Completed: September 2019

Trust Savings Target 2019/20

Project Title	Recurrent/ Non recurrent	RAG Status	POC	POC	POC	POC	POC	POC	POC	POC	POC	Total	Commentary
			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	900									900	Specific and General non recurrent vacancies
2 Constraining Expenditure	NON REC	AMBER	400									400	Non pay and non front line
3 Review of Expenditure	NON REC	AMBER	337									337	Non pay and technical adjustments
4												0	
5												0	
6												0	
7												0	
etc												0	
<b>Total</b>			<b>1,637</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,637</b>	

INFORMATION FOR TRUST DELIVERY PLANS 2019/20

Name of Trust:

NIAS

FP3a

Date Completed: September 2019

Regional Pharmacy Prescribing Savings 2019/20

	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	£'000	
1 NOT APPLICABLE TO NIAS												0	
2												0	
3												0	
4												0	
5												0	
6												0	
7												0	
etc												0	
<b>Total</b>			<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	

Trust	NIAS	Date Completed: September 2019
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**2019/20 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
<b>Totals</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

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

**2019/20 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
<b>Totals</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

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.

**2019/20 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	12.0	0.0	0.0	2.0	0.0	0.0	0.0	48.0	62.0
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	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
<b>Totals</b>	<b>12.0</b>	<b>0.0</b>	<b>0.0</b>	<b>2.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>48.0</b>	<b>62.0</b>

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)

**2019/20 Net Planned Workforce Increases (Decreases)**

	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	12.0	0.0	0.0	2.0	0.0	0.0	0.0	48.0	62.0
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	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
<b>Totals</b>	<b>12.0</b>	<b>0.0</b>	<b>0.0</b>	<b>2.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>48.0</b>	<b>62.0</b>

INFORMATION FOR TRUST DELIVERY PLANS 2019/20							FP5
<b>Name of Trust:</b>							
NIAS							
<b>Workforce Planning</b>						Date Completed: September 2019	
	<b>Actual WTE as at 31 March 2019</b>			<b>Staff on Payroll</b>	<b>Agency/Locum Staff</b>	<b>Total</b>	
<b>Staff Group</b>	<b>On Payroll</b>	<b>Agency/locum</b>	<b>Total</b>	<b>Projected WTE 31-Mar-20</b>	<b>Projected WTE 31-Mar-20</b>	<b>Projected WTE 31-Mar-20</b>	
Admin & Clerical	83	33	116	95	33	✓	128
Estate Services			0	0	0	✓	0
Support Services	3	37	40	3	37	✓	40
Nursing & Midwifery	1		1	3	0	✓	3
Social Services			0	0	0	✓	0
Professional & Technical			0	0	0	✓	0
Medical & Dental	2		2	2	0	✓	2
Ambulance Service	1,131	10	1,141	1,179	10	✓	1,189
<b>Total</b>	<b>1,220</b>	<b>80</b>	<b>1,300</b>	<b>1,282</b>	<b>80</b>		<b>1,362</b>

INFORMATION FOR TRUST DELIVERY PLANS 2019/20										FP6
TRUST	NIAS									
										Date Completed: September 2019
Detail of Income 2019/20										
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 2019/20	69,008									69,008
Opening PHA RRL 2019/20										0
										0
										0
<u>Indicative Allocations:</u>										0
										0
										0
Continuation of Winter Resilience	255									255
External Support for Unscheduled Care	50									50
RCCE MDTs	10									10
RCCE - Enniskillen	80									80
RCCE - REACH	406									406
Pay Award 2018/19										0
NIAS	1,419									1,419
Agency	80									80
Recharges	5									5
Medical & Dental	3									3
Pay Award Shortfall	35									35
										0
2018/19 Recurrent Pressures (2017/18 Cash Releasing)	1,000									1,000
										0
Demography 18/19	438									438
										0
AfC Banding	1,370									1,370
										0
Infection Prevention & Control	2,000									2,000
										0
Energy Costs	43									43
										0
Demography 2019/20	790									790
										0
Non Pay 2019/20	341									341
Apprenticeship Levy	12									12
										0
2019/20 Recurrent Savings	(810)									(810)
										0
<u>Ring Fenced</u>										0
Mental Health										0
Legacy Transformation (TYC -non recurrent element)	167									167
										0
										0
C&S TF148 - CRM Project Team	500									500
C&S TF55 - NIAS Training	3,410									3,410
C&S TF136 - Daycase Elective Care Centre	10									
<u>PHA Allocations</u>										
C&S TF207 - Suicide prevention - Drug and Alcohol Prevention and Substance misuse	68									68
C&S TF217 - Quality Improvement & Flow Coaching	10									10
C&S TBC - HSC Online User Feedback System	15									15
MMMS	10									10
AfC Banding	1,300									1,300
RCCE Balance £1,090k	594									594
										0
<u>Other</u>										0
										0
										0
<u>Other Assumed Allocations:</u>										0
										0
Increased Superannuation Costs Estimate	2,500									2,500
Pay Award 2019/20	0									0
Additional Unscheduled Care Funding	250									250
										0
										0
										0
										0
										0
										0
										0
<b>Total Income</b>	<b>85,369</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>85,359</b>

Should agree to FP2

INFORMATION FOR TRUST DELIVERY PLANS 2019/20										FP7
TRUST	NIAS									
										Date Completed: September 2019
<b>Detail of Expenditure 2019/20</b>										
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 Deficit										-
Opening HSCB RRL 2019/20										-
Opening PHA RRL 2019/20										-
Prior Year Pressures :										
Opening prior year pressures										
Inescapable Service Developments (list)										
<u>Ring Fenced</u>										
Mental Health										
Legacy Transformation (TYC)										-
<u>2019/20 Inescapable Pressures:</u>										
Non Pay										-
National Living Wage										
Apprenticeship levy										
Demography 2019/20										-
Further Inescapable Service pressures (list)										-
										-
RCCE										-
<b>Other Pressures (list):</b>										-
										-
ALL AS PER FP6 POC 1	85,369									85,369
2018/19 Savings	827									827
2019/20 Savings	810									810
										-
										-
										-
										-
										-
										-
<b>Total Expenditure</b>	<b>87,006</b>	-	-	-	-	-	-	-	-	<b>87,006</b>

INFORMATION FOR TRUST DELIVERY PLANS 2019/20										FP8
<b>TRUST:</b>										
NIAS										
										Date Completed: September 2019
<b>Demography 2019/20</b>										
	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:										
Total Gross Demography	0	0	0	0	0	0	0	0	0	0
Demand avoided through reform investment in prior year(s)										0
Demand avoided through reform investment in 2018/19										0
Other productivity measures										0
Managed Slippage										0
Natural Slippage										0
<b>Total Net Demography 2019/20</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

<b>INFORMATION FOR TRUST DELIVERY PLANS 2019/20</b>		
<b>RECONCILIATION CHECK</b>		
		<b>2019/20</b>
		<b>In Year Effect</b>
		£'000
1.0	Surplus / (Deficit) against RRL ( FP1)	0
2.0	Income ( FP2)	85,369
3.0	Expenditure as per (FP7)	87,006
4.0	Trust Savings Target 2019/20 Delivery (FP3)	1,637
5.0	Regional Pharmacy Prescribing Savings 2019/20 (FP3a)	0
6.0	Surplus / (Deficit) against RRL ( should agree to 1.0 above)	(0)