NORTHERN IRELAND AMBULANCE SERVICE

Annual Business Plan & Trust Delivery Plan

2015-2016

FINAL APPROVED BY TRUST BOARD 06 AUGUST 2015

Purpose

"The Northern Ireland Ambulance Service is highly valued by the people of Northern Ireland. It exists to improve their health and well being, and applies the highest levels of human knowledge and skill to preserve life, prevent deterioration and promote recovery. The Ambulance Service touches lives at times of basic human need, when care and compassion are what matter most."

Mission

"The Northern Ireland Ambulance Service will provide safe, effective, high-quality, patient-focussed care and services to improve health and well being by preserving life, preventing deterioration and promoting recovery"

Vision

"Improved health and well being for the Northern Ireland community through safe, effective, high-quality care and services provided by the Northern Ireland Ambulance Service as an integral part of the whole healthcare system"

Values

Respect & Dignity

Commitment to Quality of Care

Compassion

Improving Lives

Working Together for Patients

Everyone Counts

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Introduction

This document sets out a programme of action for the Northern Ireland Ambulance Service (NIAS) for the financial year 2015-16, which seeks to take full account of and recognise the direction set by the Minister through his stated priorities and the Health and Social Care Commissioning Plan. The plan builds on our efforts to date to improve and modernise the service. At its core is a desire 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.

It is designed to be of value and use to the recipients of ambulance services as well as the ambulance personnel who provide the service, along with those who commission services and the whole community which relies on ambulance services being there when they are needed. This plan has been developed at a time of significant challenge in health and social care as a consequence of increased demand for our services and a difficult financial environment. In these challenging times it is imperative that Health and Social Care organisations work together to improve patient experiences and outcomes, and to promote equality of opportunity and address health inequalities. We are committed to engaging with service users, our staff, trade union representatives, HSC colleagues and other stakeholders as we strive to meet the challenges before us. Progress in the delivery of this work will be contingent on NIAS working effectively in partnership with our colleagues throughout the Northern Ireland healthcare system, and success will be dependent upon all stakeholders working together in an integrated healthcare system.

Local Context

The Northern Ireland Ambulance Service (NIAS) faces a range of significant challenges and major issues over the period covered by this plan. Chief among these is the need to deliver safe, high-quality care, improved performance and service modernization (in terms of both speed of response and quality and efficacy of clinical treatment provided) in line with Ministerial priorities within ever-tighter financial requirements, in particular the need to balance income and expenditure year on year.

NIAS provides a range of ambulance response and transportation resources dealing with emergency calls, urgent and non-urgent calls and maintaining emergency preparedness for major incidents. All emergency calls are assigned to a category reflecting clinical urgency: Category A (life threatening), Category B (non-life threatening but serious) or Category C (neither life threatening or serious but requiring some form of clinical intervention). This differentiation of 999 calls on the basis of clinical urgency allows NIAS to assign priority for response, care, treatment and transportation to those patients in greatest need, and, where appropriate, redeploy ambulances from less serious to more serious calls. A significant proportion of NIAS workload arises from transportation to

hospital of patients referred by GPs and other healthcare professionals (HCPs) working outside hospitals on both a scheduled and unscheduled basis. While this activity is generally less clinically urgent than the 999 emergency activities, it remains a core element of our total activity and meeting the requirements of the patients is no less demanding or important.

NIAS has engaged fully and proactively with the review of healthcare initiated by the Minister in 2011, reflected in the final document which makes specific reference to the future role and contribution of the ambulance service in Transforming Your Care. We are fully committed to responding positively to the challenges and opportunities presented by the implementation of Transforming Your Care, and welcome the engagement to date at both local and regional level. NIAS has engaged directly with all the local population planning teams, sharing corporate plans and contributing to debate as local population plans were developed, and is represented on the Implementation Programme Board and other key fora such as Integrated Care Partnerships (ICPs).

Review of 2014/15

This has been a very challenging year for NIAS. We have worked hard over recent years to improve our response to Category A 999 calls, and in 2011-12 we exceeded the target set. Regrettably, however, we have not been able to sustain that high level percentage performance of life threatening calls responded to in less than eight minutes during 2014-15 due to the pressures on the unscheduled healthcare system in general and the ambulance service in particular.

During 2014-15 NIAS experienced an increase in emergency/urgent calls received of 4.6% (8,761 calls), resulting in our dealing with an average of 545 emergency/urgent calls per day. Overall there was a decrease of 1.5% in ambulance journeys undertaken as we transported 362,809 patients (equivalent to one person in five of the population of Northern Ireland). This is an indication of our success in relation to offering and providing alternatives to patients which enable them to avoid emergency department attendance. The full impact is masked by the overall demand growth referenced previously. The changes to the configuration of acute services over the years, with the closure of emergency units and the changes to location of some specialist services, means that these patients are also spending more time in ambulances in the care of ambulance professionals as a direct result of the longer journeys required. The call volume increase was absorbed, as in previous years, without additional investment, an issue which we wish to tackle and address with HSCB commissioners for 2015-16 and beyond.

For the first time this year we saw a decrease in the absolute number of Category A calls responded to within 8 minutes, responding to 1,560 (4.5%) less calls within 8 minutes during 2014-15 than in the previous year. However, we experienced an overall increase in demand for response to Category A calls of 11.5%, (an additional 6,288 calls) which reduced our capacity to provide timely

response. This translated into our responding to 57.7% of all Category A calls within 8 minutes, which was a reduction of 9.9% from last year.

There has been a 11.5% increase in the number of category A calls recorded this year and we have not been able to absorb this growth and sustain ambulance response within 8 minutes. A key factor impacting on Category A performance this year was a revision to the management of health care professional calls (HCP) from general practice, district nurses et cetera. NIAS identified concerns in relation to the relative prioritisation of these calls against low acuity 999 calls, and changes were made to address these concerns. One consequence of the change was an increase in the volume of calls being classified as category A, the highest priority response.

In addition to the increase in activity, emergency department congestion is still resulting in ambulance response capacity being lost. Despite some improvement in ambulance turnaround times, turnaround times for ambulances at hospitals and longer journey times as patients in ambulances are diverted past the nearest hospital to one appropriate to deal with their need are presenting as significant issues in relation to Category A performance and staff management. Extended turnaround times reduce our capacity to manage rest periods/meal breaks effectively, and impact negatively on staff shift finish times. We are working with the whole of the healthcare system to resolve these complex issues to ensure that ambulances are available to provide more timely response and transportation for patients in the community rather than being delayed at hospital or on their way to hospital. A key initiative in this regard is the HSCB support for the appointment of Hospital Ambulance Liaison Officers at RVH, Ulster, Craigavon and Antrim Emergency Departments to assist with patient flow and reduce ambulance turnaround times. This development has been particularly well-received at hospital level and strengthens the interface between ambulance and hospital services, and we hope that it will be translated into recurrent funding to support permanent appointments.

We continue to make a major contribution to the ongoing management of acute service change, particularly in relation to emergency department closures both temporary and permanent, such as that at Belfast City Hospital. This contribution has been recognised and commended by our partners in the process such as HSCB.

The Patient Care Service undertook 198,198 patient Journeys of which 111,790 were provided by the Patient Care Service and 86,408 by our Voluntary Car Service. Each of these journeys were taken and planned by our Non-Emergency Control Room based at our Altnagelvin Control Centre. Our Ambulance Care Attendants in the Patient Care Service have responded and adapted to these changes in the patient profile.

Expenditure on ambulance services this year was of the order of £62m (including non-cash items). We have deployed our finances to support change and consolidate service delivery. We have also reduced expenditure in key areas over the period to create greater efficiency and secure value for money. We have achieved our savings without recourse to compulsory redundancy and have sought to manage and minimise the impact on our staff through meaningful engagement with them and their representatives and the appropriate application of investment funds. Once again, however, the uncertainty arising from sustained year on year budget reductions and non-recurring financial support for acute service changes creates tension and concern which is not conducive to sustaining high performance in a pressurised work environment. We will continue to work with staff and their representatives to prevent direct job losses where possible and to take account of their issues and aspirations as far as is possible in delivering high-quality ambulance services within available financial resources. We will continue to critically review our expenditure to drive further efficiencies which we hope will continue to be used to improve patient care.

Demand growth has been a feature of normal business for NIAS and all other UK ambulance services over many years and, with an ageing population and greater social isolation alongside other factors, shows no sign of abating in the near future. Comparing 2014-15 outturn with 2005-06 outturn illustrates this with 81% increase in emergency calls, 97% increase in emergency responses, and 60% increase in response within 8 minutes. In recent years, while demand continues to increase, the absolute number of calls responded to within 8 minutes remains relatively constant while the proportion of calls responded to within 8 minutes has fallen. It is worth noting that demand for emergency ambulance response and transportation has increased by 35% since 2011-12, which would equate to an increase of 5 Emergency Ambulances and 3 Rapid Response Paramedic units if funding were applied pro-rata.

A failure to make financial provision for demand growth places an increased burden on existing resources. In an environment where finances are fixed or falling and demand for the service is increasing, quality is compromised, as manifested in longer times to respond to calls and more frequent instances of ambulance non-availability at times of peak pressure. NIAS will continue to provide a clinically safe service in that ambulance personnel will be trained and equipped to provide safe care and our systems and procedures will be geared toward providing timely, safe and appropriate response to those in need with the highest priority attached to the most clinically urgent cases. However, growth in demand which is not matched by additional ambulance resources to meet that demand reduces our capacity to respond promptly to requests for assistance. This continual narrowing of the gap between supply of ambulances and demand for ambulances reduces, in particular, our capacity to deal with surges in demand such as hospital Emergency Department (ED) congestion, Major Incidents, etc, all of which in turn restricts our capacity to respond promptly to emergency and non-emergency calls.

NIAS Response to HSCB Commissioning Plan Direction

The Commissioning Plan highlights challenges facing NIAS which are recognised by the commissioner, and goes on to indicate measures of support to address demographic change and the difficult operating environment (see below for extract from Commissioning Plan)

Meeting emergency ambulance response times, regionally and at LCG level, is challenging in the face of increasing demand and a constrained financial environment.

The number of emergency calls received by NIAS in 2013/14 was 154,755, a rise of 3.1% on the previous year. Category A response (within 8 minutes) also fell from 68.3% in 12/13 to 67.6% in 13/14. Particular challenges were evident in meeting the Category A target in Northern, Southern and South-Eastern areas. The HSCB is committed to ensure the necessary ambulance capacity is in place during 2015/16 to achieve the Ministerial target, either through additional investment or re-profiling existing capacity.

The HSCB is supporting NIAS to respond to this demand by delivering alternative care pathways, which avoid transporting patients to hospital, where appropriate. These pathways provide NIAS with options to 'hear and advise', thereby avoiding a response to a 999 call which is not an emergency or urgent; to 'see and treat or refer', where a paramedic can provide the appropriate medical response without requiring transport of the patient to hospital; and to transport to an appropriate facility other than an Emergency Department, such as a Minor Injury Unit. (Which after a period of improvement, turnaround times at some major acute hospitals have begun to lengthen with loss of ambulance response capacity due to crews waiting longer to handover patients to Emergency Departments).

The Board has supported a pilot of Hospital Ambulance Liaison Officers which it intends to mainstream in 2015/16 in a drive to reduce handover times to no more than 30 minutes.

The Board has been working with NIAS to develop an eligibility criteria for non-emergency transport. NIAS provided over 205,000 non-emergency patient journeys in 2013/14. 55.4% of journeys (i.e. 113,623 journeys) were provided by NIAS Patient Care Service (PCS) which is a direct service provided by NIAS staff. 44.6% of journeys (i.e. 91,489 journeys) were provided by the Voluntary Care Services (VCS), which is a NIAS coordinated service delivered by volunteer drivers. Eligibility criteria, based on patient mobility, would serve to limit non-emergency transport to those in greatest need and release capacity to support intermediate care, such as inter-hospital transport and timely hospital discharge.

Commissioning Plan Direction	Commissioner Proposal	NIAS Response
Commissioner will put in place plans to ensure meeting Ministerial emergency ambulance response targets by March 2016.	Commissioner, in collaboration with NIAS, will review demand for an emergency ambulance response against available commissioned capacity and in light of alternative care pathways.	Submit Proposal for Demand/Supply Analysis to HSCB in Q2.
Commissioner will support NIAS to continue to put in place alternative care pathways which avoid unnecessary hospital attendances.	Commissioner will seek to evaluate alternative care pathways with a view to maintaining where successful. The introduction of related, NIAS-managed Directory of Services with support from the 5 HSC Trusts will be essential in taking forward the pathways.	Provide Information to enable evaluation of Alternative Care Pathways (ACPs) in line with HSCB requirements. Introduce NIAS Directory of Services by Q3. Embed ACPs as Business as Usual.
Commissioner will mainstream Hospital Ambulance Liaison Officers (HALOs) at the major acute hospitals to support patient flow and ambulance turnaround.	Commissioner will seek a proposal from NIAS to maintain HALOs at major acute hospitals	Review utilisation of HALOs to inform proposal. Submit proposal for HALOs by Q2.
Commissioner, in partnership with NIAS, will, by November 2015, complete a public consultation on the future provision of non-urgent patient transport services. This will include the proposed introduction of eligibility criteria for non-emergency transport which seeks to prioritise mobility need in the face of limited capacity.	Commissioner will work with NIAS to take forward recommendations following the review and public consultation of non-urgent patient transport services, including the implementation of eligibility criteria.	Work with HSCB in development of consultation document and in engagement process. NIAS will seek to ensure through this process that resource constraints are managed to prioritise provision of non-emergency ambulance transport based on clinical need.
Healthcare Associated Infections (HCAIs).	Trusts, supported by PHA will develop and deliver improvement plans to reduce infection rates. This will be monitored via PHA surveillance programmes for HCAIs.	NIAS will continue to monitor HCAIs in the ambulance operating environment and report on an exception basis.

Flu immunisation	Trusts and Primary Care to increase uptake of flu immunisation among healthcare workers.	NIAS will review 2014-15 activity and measures taken in order to maximise effectiveness of staff vaccination programme in 2105-16.
Hazardous Area Response Team	HART in NI is a well-established specialist response team in NIAS that provides essential paramedic level care to casualties within the hazardous area of a CBRN:HAZMAT incident. PHA works closely with HART in training for and responding to CBRN:HAZMAT incidents and as such will continue to work with HSCB colleagues to ensure that the present capability of this vital service is maintained.	NIAS will use resources assigned to HART to maintain and develop capability in this area.
The continued roll out of a range of measures to identify earlier and better meet patients' needs in community settings and to avoid the need for patients to attend hospital. These measures include:		
The establishment of Acute Care at Home models and other rapid response arrangements.		NIAS will support these developments through the Alternative Care Pathways programme already established.
The establishment of a range of alternative care pathways, linked to the NI Ambulance Service, to provide alternatives for both patients and staff to hospital attendance.		NIAS will continue to develop and progress Alternative Care Pathways in line with the proposals previously endorsed and funded by HSCB through the Transforming Your Care Programme.
The establishment on a pilot basis of an alcohol recovery centre in Belfast.		NIAS will support these developments through the Alternative Care Pathways programme already established.
The reform of palliative care services, facilitating people to die in their place of choice – typically their own home - rather than a hospital bed. During 2015/16 this will include: The implementation of advance care planning arrangements across Northern Ireland to allow		NIAS will support these developments through the Alternative Care Pathways programme already established.

the needs and wishes of palliative care patients to be identified and planned for.		

Resource Utilisation

Financial Strategy

The over-riding priority for NIAS is to deliver high-quality, safe care. We seek to do this within budget, making most effective use of the potential for additional capital and revenue funds to support service development priorities and the achievement of Ministerial targets. The HSC Board has advised that 2015-16 will be a difficult financial period for Health and Social Care. NIAS has consistently delivered services on a sound financial footing in spite of significant pressures arising from increased demand and other pressures, and met the tests of financial performance required by DHSSSPS.

Acute Service reconfiguration in response to specific hospital risk issues has impacted upon planned ambulance provision in those areas. NIAS seeks to be engaged at an early stage in the planning for change to effectively respond and manage the impact on ambulance services. We anticipate further change associated with the implementation of Transforming your Care and welcome the references to supporting change through improved ambulance services specifically referenced in this document. In particular, we anticipate investment in ambulance resources to support demographic changes in Northern Ireland.

NIAS has secured non-recurrent financial support through the TYC bidding process to develop and implement a range of new service delivery models designed to provide safe, suitable and appropriate alternatives to immediate Emergency Department (ED) attendance for patients calling 999 who meet specific criteria. This builds on initiatives introduced already for falls and diabetes patients, and signals our commitment to supporting the safe, effective and appropriate management of patients in their home/local community setting for as long as possible and desirable.

The Trust will liaise with Commissioners to fund the effect of unavoidable cost pressures which emerge in-year. In the first instance, NIAS will continue to examine current expenditure and seek to identify opportunities for further cost savings through value for money analysis.

Work continues across DHSSPS to establish the full cost of Agenda for Change. NIAS continues to embed the Agenda for Change pay structure across all grades in partnership with Trade Union colleagues. NIAS will seek to bring the outstanding elements to conclusion as soon as possible, and will continue to engage with HSCB and DHSSPS to identify and address any financial implications arising from resolution of those issues.

NIAS continues to engage directly with HSC Board colleagues to establish and maintain a clear understanding of the specific impact of savings on NIAS. At this point, the additional recurrent savings required in 2015-16 are £1.2 million; this builds on recurrent savings requirements of £3.044 million for the three-year

period 2012-2015. We have developed a series of proposals for revenue savings in 2015-16 which are designed to enable us to maintain financial balance. The plans have been shared with commissioners for consideration and approval to enable us to progress elements of the proposals. Further contingency plans will be developed as appropriate to maintain financial balance. We have a structure in place to allow us to share, discuss and address emerging cost pressures with HSC Board and DHSSPS.

NIAS has now set out, in response to the above targets, proposals to outline how the savings requirement set by HSCB and DHSSPS will be achieved. These proposals describe how we will address the immediate requirement to maintain financial stability during 2015-16.

The summary of the savings proposed for 2015-16 are:

- Reconfiguration of planned levels of resources to better match supply with demand
- Reduction in administration/management spend
- Reduction in training spend
- Miscellaneous savings associated with non-pay spend

The summary of the savings previously introduced during 2012-14 are:

- Reduction in the planned number of non-emergency ambulance operating to realise greater efficiency in the use of those resources accompanied by review of eligibility criteria to match supply with clinical need.
- Reduction in expenditure associated with unplanned staff absence
- Reduction in expenditure associated with harmonisation of Agenda for Change Terms & Conditions
- Reduction in training spend
- Reduction in administration/management spend

The detail for the 2015-16 proposals is available in the appendices to this document.

Capital Investment Plan

NIAS priorities for capital investment have been reviewed with DHSSPS and Commissioners. NIAS has established a strong foundation for service delivery through our investment in the infrastructure necessary to deliver effective ambulance care and response. To date we have prioritised investment in our call taking, call management and the communications technology alongside investment in the fleet and clinical equipment necessary to deliver safe and

effective care. We anticipate during 2015-16 that we will continue to make major investment in our estate infrastructure in Ballymena and Enniskillen.

The immediate priorities for the period are:

1. Investment in Ambulance Estate Development and Renewal (Necessary to maintain existing estate contributing to ambulance response performance in safe and appropriate condition, and develop deployment locations to improve ambulance response performance):

    a. Ballymena
    b. Enniskillen

2. Replacement of Emergency and Non-Emergency Ambulance Fleet (Essential to maintain current response performance and provide stable platform for safe future service delivery)

3. Investment in Technology and Communications (Essential to maintain existing capacity to provide 999 communications and control systems in a robust and safe environment and provide a platform for future development)

We will continue to work closely with DHSSPS in relation to estate management, particularly the development and evaluation of business cases, and the wider agenda of environmental management. In our recently submitted Property Asset Management Plan NIAS did not identify any surplus estate or vacant assets for which there is no deliverable foreseeable need.

Workforce Strategy

NIAS has a Human Resources (HR) Strategy covering the period 2010-2015 which is underpinned by the Workforce Plans, Recruitment and Training Plans and various action plans which include managing attendance priorities and Equality.

Continually developing and delivering a regional ambulance service for the people of Northern Ireland presents unique challenges and opportunities for HR management in delivering safe patient care through the provision of committed, professional and dedicated staff working for the benefit of service users. The Human Resource Strategy will continue to operate during a period of key challenges that include reduced finances; increasing public expectation regarding service delivery; structural reform and service modernisation; reduced job security in public sector organisations, maintaining skills and motivation during a period of public sector workforce reduction; the need for leadership in re-organisation and change; developing and maintaining high quality employment practice; supporting employees and maintaining NIAS as an employer of choice.

The HR vision is to develop NIAS as an organisation that is more adaptive and flexible, and better able to embrace change with a real focus on patient care and safety, service modernisation and reform, clinical excellence, ethical and fair employment practices. It will enhance the Trust leadership and management capacity and capability to support, empower, and lead staff in the achievement of NIAS strategic aims, and will ensure NIAS influences and shapes professional HR management practice in the wider healthcare environment. Robust performance management and assurance structures are in place. These include regular performance and accountability meetings to review progress and risks.

Staff Retention & Vacancy Management

Annual turnover analysis would indicate that NIAS is not experiencing a workforce retention problem. However, there are staff filling posts which have non-recurrent funding or are temporary and this creates an internal flow of staff with an impact throughout each level. As previously stated, temporary non-recurrent funding of staff posts presents issues in relation to sustained service delivery and achievement of objectives. It has proved difficult to maintain planned levels of ambulance response cover at times of high pressure, sickness absence and holiday leave. NIAS will prioritise the application of recurrent funding to address these issues while also exploring and developing internal workforce solutions to address this issue.

Having secured Commissioner support for current investment to manage the impact of acute change, NIAS will seek to fill vacancies during 2015-16. This is designed to stabilise our workforce as a foundation for service change and improvement linked to the Transforming Your Care (TYC) agenda and our wider strategic aims. We expect during 2015-16 to recruit additional permanent staff to our core accident and emergency service and to our intermediate and patient care service which supports accident and emergency with non emergency transportation.

The use of Agency staff within NIAS is minimal. Agency staff are primarily used to cover hard to recruit, non-recurrent funded and short-term temporary administrative posts. The use of recruitment agencies remains under scrutiny. The number and proportion of administrative workforce within NIAS is significantly lower than other HSC Trusts, indicating that the ratio of administrative staff to operational staff within the Trust is well-managed and controlled.

Managing Attendance

In tandem with this we aim to prioritise the management of attendance to reduce hours lost to unscheduled absence and associated costs. The management of absence within NIAS is challenging, but provides opportunities to improve overall health and wellbeing in the workplace, which ultimately boosts organisational productivity and supports service improvements for patients. Ongoing review of Attendance Management is undertaken to identify improvements to policy,

processes and procedures which may be required, with a view to reducing absence levels. The Trust provides a range of services to all staff to promote health and well-being which include; flu vaccinations; staff counselling service.

The Trust will also continue to build on other initiatives currently in place including improved collaborative working between local management, Human Resources and Occupational Health; the provision of improved management information; investment in management training; and building upon its system of performance management which will target management of absence as a priority linked to improving response capacity and ensuring delivery of departmental targets. The Trust will ensure that a stringent system of monitoring is applied to this. The Trust will also continue to work with its Trade Union colleagues in the management of absence. NIAS will seek to minimise absence and thereby reduce expenditure associated with the cost of servicing absence to ensure effective utilisation of public funds. Additional resources arising from this process will be directed at supporting investment in front-line provision of services, either directly or indirectly by off-setting savings requirements.

We recognise that growing pressures on our service have impacted on our capacity to meet staff expectations in respect of scheduled leave, planned finish times and rest period management. We will work with staff and their representatives to address these issues through recruitment of additional personnel, review of rosters and work practices and the continuing harmonisation of Agenda of Change Terms and Conditions.

Education, Training & Staff Development

The Trust firmly believes that effective education, learning and development makes a major contribution to the provision of a committed, professional and competent workforce and, ultimately, to the delivery of safe and effective patient care. Each year an annual Education, Learning & Development Plan (ELDP) is produced within the framework of the Trust's Education, Learning & Development 5-year Strategy (2012-2017). The ELDP takes account of the purpose, mission, vision, values and strategic objectives of the Trust. It is developed in light of new pressures in terms of changes in service provision and delivery that are as a result of organisational reform within NIAS and the wider Health and Social Care arena. It addresses the need for increasing workforce levels where appropriate, maintaining a safe skill mix and improving the skills and competencies of ambulance professionals to meet the challenges of the future. The plan is carefully developed to take account of financial constraints within Health and Social Care whilst ensuring appropriate and effective education, learning and development interventions are delivered to meet statutory, mandatory and governance compliance requirements.

The key strategic themes that underpin each annual ELDP are:

- Ensuring competence
- Promoting clinical excellence

- Developing leadership capability
- Supporting organisational development
- Flexibility and innovation
- Effective prioritisation and equity of access
- Delivering excellence in education, learning & development

The plan is designed to support the Trust in achieving its corporate objectives by developing and maintaining the competence and capabilities of its staff, both clinical and non-clinical, and empowering them to deliver optimum patient care and effective support services. It will do this through the timely delivery of high quality education, learning and development interventions, which are responsive to the identified needs of staff, and through the promotion of lifelong learning principles within the workplace.

The plan describes the accredited clinical education programmes to be delivered within the training year for emergency and non-emergency frontline staff. The clinical training team ensures the Trust maintains ongoing approval to deliver its accredited clinical education programmes during annual external verification events conducted by the Health & Care Professions Council (HCPC) for paramedic education and Edexcel/BTEC for ambulance care assistant training. The plan also describes the non-clinical education, learning and development opportunities and interventions for Trust staff within the EL&D Department's remit.

The Trust will ensure all mandatory requirements are fulfilled as set by the Health Care Professions Council (HCPC), and other regulatory bodies, and will ensure statutory and legislative training obligations are met. This will include maintaining HCPC relevant accreditation and Continuous Professional Development. The Trust will prioritise core, mandatory and refresher training which enhances the quality of care provided for patients and meets the changing needs of acute services. The training provided will continue to support the introduction of new equipment to the Service by taking a flexible approach to ensuring training is developed and delivered as the need arises.

Training for the non-emergency Patient Care Services (PCS) tier of the Service has historically been accredited through the national ambulance awarding body, the Institute of Health Care Development's (IHCD) Ambulance Care Assistant Award. As the IHCD has ceased to provide this accreditation, given the national move towards higher education for ambulance education, the Trust has secured and will maintain accreditation to deliver the replacement BTEC Award.

Paramedics are professionally registered with the HCPC, and the Trust will participate in an HCPC Approvals process to demonstrate it meets the HCPC Standards of Proficiency for Paramedics and Standards of Education and Training for the delivery of current IHCD modules of Paramedic training. The Trust will develop and maintain accredited clinical supervision and mentorship

programmes that adhere to HCPC requirements. The development of appropriate alternatives to our existing processes for securing professionally qualified paramedic staff will be a priority action for 2015-16. We will continue to engage with partners and stakeholders in the UK and Republic of Ireland to ensure that we can maintain our supply of a paramedic workforce.

The Trust will ensure that management development and best practice programmes are sourced, developed and delivered to relevant individuals in order to equip them with effective managerial skills to strengthen leadership, heighten awareness of and help contribute to organisational values, goals and objectives, and meet ministerial targets.

The Trust will promote and support the continuous professional development of all staff through the application of life-long learning principles within the working environment and through the implementation of the Knowledge and Skills Framework (KSF) and Personal Development Reviews (PDRs). A learning culture will be encouraged where staff learn from past experience, ensuring reflective practice, and transfer of learning, thereby making an important contribution to the DHSSPS Quality 2020 strategic goal of strengthening the workforce. The Trust will support personal development of all staff by developing sound systems for managing performance and under-performance issues effectively and constructively, establishing clear relationships between organisational and individual standards and objectives. NIAS will continue to provide training in other priority areas as part of a structured training plan. This will be supported by the introduction of measures to communicate clinical performance information at Organisation/Locality/Team/Individual levels to facilitate clinical performance monitoring, review and improvement

Performance Management and Appraisal

Through the Trust Performance Management Framework the Trust measures and assesses:

1. Performance against Corporate objectives and targets.
2. The competence and capability of NIAS staff to discharge their duties safely and effectively and identifies the systems available to identify and address related issues,

NIAS has secured partnership agreement to attaching an annex to the KSF Process in order to enable an assessment of personal contribution to achieving Corporate Objectives and related Development Review Process, effectively providing an opportunity to appraise the employee on knowledge, skills and contribution. This annex will be made available as part of the KSF Process from 01/04/13. Accordingly all NIAS staff will receive a Personal Development Review and Personal Contribution Review on an annual basis and an implementation programme will be developed to deliver the DHSSPS target in respect of staff appraisal.

In relation to some non-frontline posts that require professional regulation, processes are in place to ensure fitness for practice and adherence to CPD requirements.

For frontline staff additional measures, processes and practice are in place to ensure safe and effective patient care and on- going assessment of clinical practice:

- NIAS Trust Medical Staff are contractually obliged to participate in Medical Appraisal and Revalidation processes. The Trust is fully compliant in this regard.
- NIAS Trust Paramedics undertake and must successfully complete the Trust's Paramedic in Training programme which meets the Health Care Professions Council (HCPC) Standards of Education and Training and Standards of Proficiency for Paramedics to enable them to apply for registration as a Paramedic with the HCPC. Once registered the Paramedic is required to ensure Continuous Personal Development is complied with. As referred to earlier in this paper, NIAS Trust, in its annual Education, Learning and Development Plan, prioritise the mandatory clinical training. This includes agreeing and providing elements of mandatory Clinical Professional Development for the Paramedic workforce.
- NIAS Trust Ambulance Care Attendants undertake and must successfully complete a nationally accredited training programme, currently in the form of an Edexcel/BTEC qualification.
- All NIAS Trust frontline staff are required to undertake mandatory annual reassessment of essential clinical skills.
- All NIAS Trust frontline staff are required to undergo regular work-based observational assessments by Clinical Support Officers. The assessments will identify any areas of practice that require improvement or development. This provides an important element of Clinical Supervision for the Trust. The actions will then be prioritised and training or education provided if appropriate.
- The Clinical Support Officers also carry out clinical audits on priority aspects of clinical practice for frontline staff. For example hand hygiene, patient experience, completion of Patient Report Forms. These audits again are an important element of Clinical Supervision for the Trust and the outcomes can be prioritised to ensure continuous improvement in the associated practice.

Governance

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

The system of internal control in NIAS accords with Department of Finance and Personnel guidance, and in developing a Governance Statement for 2015-16, NIAS will maintain consistency with guidance and direction. The Board exercises strategic control over the operation of the organisation through a system of corporate governance which includes:

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

NIAS recognises that effective risk management is an essential component of good management and that it must be utilised if the NIAS is to achieve its strategic aims as identified within its Corporate Plan 2011-2014. NIAS has established an Assurance Framework incorporating a comprehensive risk management strategy based on the Australian Standard AS/NZS 4360:2004, which was revised during 2013-14. This strategy brings together and standardises all of the risk identification and management processes as well as prompting the development of new risk assessment and management tools and appropriate structures and processes.

The Trust is committed to ensuring that good risk management processes are adopted at all levels and for all activities and that these processes will support initiative and innovation whilst enabling the organisation and its employees to learn from mistakes and take responsibility. 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. NIAS participated in a review of safety and quality by Sir Liam Donaldson (The Donaldson Review) during their visit to the Trust on 25 November 2014. NIAS has been mentioned within the final report including current pressures being experienced by the Trust and the importance of the expanded role of paramedics within the HSC.

This approach is consistent with, and makes an important contribution to, the DHSSPS Quality 2020 strategic goal in relation to Transforming the Culture. Having completed a Trust Board Assessment of Governance during 2013, this

will be used as the basis for developing an action plan for improvement, supplemented by ongoing annual assessment of governance.

Information Governance

NIAS will continue to embed information governance principles throughout the Trust. This will include training to increase awareness of staff across the organisation, highlighting their role and responsibilities in the area of information governance'. The introduction of a new Information Governance Controls Assurance Standard presents particular specific challenges for NIAS, not least a significantly increased workload for a small busy department. We will continue to develop our information base in support of effective decision making to enhance patient care with a particular emphasis on our clinical information in support of reporting on clinical outcomes and using this information to improve clinical care.

Promoting Wellbeing, PPI, & Patient/Client Experience

The Trust is committed to continuing to promote a patient-centred service by improving the quality and effectiveness of user and public involvement as an integral part of its governance arrangements and in accordance with the Statutory Duty of Involvement. In this regard the Trust will work to implement DHSSPS guidance on Personal and Public Involvement (PPI). Leadership in this area will be provided by the Trust's Medical Director. Appropriate arrangements have been established within the Trust, contingent on available resources, to drive this agenda and implementation will be monitored through the Trust's Assurance Committee.

NIAS will build on the work undertaken in previous years to embed a PPI agenda within NIAS. This will involve implementation of the PPI Action Plan including the establishment of systems to garner and respond to feedback from key stakeholders in respect of the planning, delivery and evaluation of ambulance services.

The Trust will continue to work with community representatives to facilitate the representation of the public and users and provide access to key decision makers within NIAS. Senior managers will continue to attend meetings with public representatives such as Health Councils, Local Councils, and specific interest groups as a means of gauging the views of users and their representatives to inform policy development and implementation.

The Trust has developed an education programme focusing on raising awareness within selected community groups, in particular schoolchildren and local communities; the aim is to roll this out to all secondary and primary school children. Issues around securing sufficient funding have constrained implementation to date. We will also continue to engage with the Public Health

Agency in developing and exploiting the “high-visibility” of ambulance vehicles as an effective communications medium for health-related messages such as FAST and Choose Well.

There is also the opportunity of NIAS providing external training to various groupings that would have a major impact on the understanding and first response to accidents/incidents where human life is at risk. At present no funding is in place to support this work, so we continue to work in support of the voluntary sector in this area.

The Trust is committed to the promotion of Equality, Good Relations and Human Rights. It will continue to implement its Equality Scheme and work to mainstream equality within the organisation. A comprehensive programme of work in this regard will be monitored by the Trust’s Equality and PPI Steering Group. In addition the Trust will work alongside other HSC organisations to implement the DHSSPS Equality, Good Relations and Human Rights Strategy.

Work will continue within the Trust to promote positive attitudes towards disabled people and encourage participation by disabled people in public life, in keeping with its obligations under the Disability Discrimination Order (DDO) 2006. In this regard the Trust will continue to implement its Disability Action Plan and progress of this will be monitored by the Trust Equality Steering Group. The Trust has also established links with other emergency services and health service providers, and will seek to work collaboratively with these services where possible, to take forward work in relation to these duties. In addition the Trust will give specific attention to these duties when planning new initiatives such as Personal and Public Involvement (PPI) which is also outlined within this document.

NIAS will continue to implement good practice reviews and the related action plans devised from the agreed framework. NIAS will continue to collate information on complaints and compliments, highlighting learning at organisational and individual level from these interactions, and report publicly to Trust Board on these as a measure of user experience. In addition the Trust will continue to engage with regional colleagues to develop and implement methodologies to implement Patient and Client Experience Standards work streams and is committed to demonstrating subsequent learning and service improvement.

NIAS Priorities for 2015-16

The key requirement is to contribute fully to, and deliver/achieve maximum benefit from the implementation of a range of Government and DHSSPS strategies and standards including:

- Achievement of Ministerial standards/targets 2014/15

- The Executive's Programme for Government, Economic Strategy and Investment Strategy
- Transforming Your Care (TYC)
- Quality 2020
- Public Health Strategic Framework: Fit and Well Changing Lives 2012-22.

We remain committed to simplifying and enhancing access to unscheduled care services, in particular the improvement of the timeliness of our response to potentially life-threatening calls. We are anxious to engage positively with Integrated Care Partnerships and use shared opportunities to improve health and social care at a local level. We believe that NIAS should play a primary role in the identification, development and consistent application of regional protocols.

We recognise also that the transformation and modernization agenda in health and social care is much bigger than any single component of the healthcare system, and that we must remain alert to the wider system change and in particular its impact on NIAS. We must retain relationships and processes which recognise the consequences of change and resource them appropriately. We intend through the appropriate programme and project management arrangements to contribute fully.

We continue to be concerned that the imposition of further efficiency savings on organisations, applied as a percentage of income, rather than engaging in whole system change designed to remove the need for expenditure, will further erode capacity to provide safe and sustainable services. Resilience and capacity of the system to respond quickly and effectively to sporadic pressures arising from the normal distribution of activity has been eroded by two rounds of generic efficiency savings and is threatened by adopting a similar approach in the future.

NIAS priorities for 2015-16 can be summarised and presented as follows:

Key Priorities

- Develop and Implement Performance Improvement Action Plan to improve Response to Emergency 999 Calls (especially Cat A, potentially life-threatening calls) in line with Commissioner expectations.
- Address workforce issues including: management/provision of rest periods; management of late finishes; Agenda for Change Band Evaluation; management/provision of non-rostered annual leave.
- Stabilise Workforce by recruiting staff to fill vacancies.

Subsidiary Priorities

- Undertake Demand/Supply analysis with HSCB to establish resource requirements and utilisation to achieve/exceed service delivery targets including Cat A response.

- Submit proposals for additional funding in 2015-16 linked to demography/demand growth to HSCB.
- Maintain financial controls and implement savings plans to achieve financial balance.
- Complete Ballymena Station replacement and commence Enniskillen build programme.
- Introduce revised attendance management procedure and processes to reduce absence levels.
- Develop proposals to ensure continued provision of paramedic and non-paramedic training in NIAS.
- Embed current Alternative Care Pathways as part of normal business, and introduce additional pathways in line with modernisation proposals.
- Review and revise complaints management to address timeliness of response
- Introduce revised processes to enhance and support individual and organisational learning from untoward incidents and events.
- Introduce measures to communicate clinical performance information at Organisation/Locality/Team/Individual levels.
- Introduce measures to improve prompt payment of invoices.
- Develop plans to embed Information Governance across the Trust through the review of key IG policies and the development of Information Governance Action Plans to provide an Information Asset Register and Information Governance Risk Register
- Develop and introduce measures to improve the monitoring of Trust contracts for goods and services
- Review and revise Resource Escalation Action Plan
- Develop and introduce measures to improve engagement with staff at Individual/Team/Organisation level.

Appendix 1: Northern Ireland Ambulance Service Savings Proposals 2015-2016

Executive Summary

Health & Social Care Board requires NIAS to make Cash-Release Savings of £1.2m in 2015-16. NIAS revenue expenditure in 2014-15 was in the order of £62m, indicating a savings requirement of circa 2%.

Over recent years NIAS has undertaken a challenging modernisation programme which has changed almost every aspect of service delivery, whilst also supporting and facilitating, often at short notice, acute service change linked to acute hospital service risk issues and regional service improvement initiatives such as primary Percutaneous Cardiac Intervention (pPCI) and enhanced management of stroke patients. This programme identifies and seeks to apply best practice identified in the UK and beyond.

Savings proposals have been developed to assign priority to timely and safe emergency response in line with the targets set, to limit the potential for negative impact on the quality of the ambulance service provided, and to preserve as far as possible equity of provision of ambulance services across N Ireland. However, NIAS Trust Board has expressed concern with the challenges associated with these proposals and will monitor implementation to manage issues emerging. The Board is also concerned that proposals emanating from other Trusts in response to this exercise may present further changes which have a detrimental effect on the delivery of ambulance services impacting upon both NIAS proposals for service reconfiguration and measures to deliver safe, high quality care.

A particular concern is that the commissioning and financial planning processes may not be able to make sufficient provision for funding annual growth in demand for ambulance service response and transportation. This growth has been a feature of normal business for NIAS and all other UK ambulance services over many years and, with an ageing population and greater social isolation alongside other factors, shows no sign of abating in the near future. Comparing 2014-15 outturn with 2005-06 outturn illustrates this with 81% increase in emergency calls, 97% increase in emergency responses, and 60% increase in response within 8 minutes. In recent years, while demand continues to increase, the absolute number of calls responded to within 8 minutes remains relatively constant while the proportion of calls responded to within 8 minutes has fallen.

Demand growth places an increased burden on existing resources. In an environment where finances are fixed or falling and demand for the service is increasing, quality is at risk, as manifested in longer times to respond to calls and more frequent instances of ambulance non-availability at times of peak pressure.

NIAS will continue to prioritise provision of a clinically safe service in that ambulance personnel will be trained and equipped to provide safe care and our systems and procedures will be geared toward providing timely, safe and appropriate response to those in need with the highest priority attached to the most clinically urgent cases. This narrowing of the gap between supply of ambulances and demand for ambulances reduces our capacity to deal with surges in demand such as ED congestion, major Incidents, etc, all of which in turn restricts our capacity to respond as quickly as we would wish to emergency and non-emergency calls, notwithstanding measures put in place to prioritise response to the most clinically urgent patients.

Introduction

This document outlines a range of proposals in response to initial direction from DHSSPS & HSCB. The planning process for 2015-16 is reliant on an agreed Commissioning Plan prepared and presented by HSCB. That process is underway and any amendments to Trust's savings proposals from the Commissioning Plan will be presented to NIAS Trust Board in due course. The savings required from base budgets at this stage present a significant challenge to maintaining the foundations on which timely response performance is delivered as the platform for service modernisation and improvement.

Service Profile

NIAS provides a range of ambulance response and transportation resources dealing with emergency calls, urgent and non-urgent calls. All emergency calls are assigned to a category reflecting clinical urgency: Category A (life threatening), Category B (non-life threatening but serious) or Category C (neither life threatening or serious but requiring some form of clinical intervention). A significant proportion of NIAS workload undertaken by emergency ambulances arises from the treatment and transportation of patients requested by GPs and other healthcare professionals (HCPs).

NIAS has experienced significant growth and demand for emergency 999 response calls and demand for ambulance services continues to grow year after year. To set the performance in context there has been a 9% increase in the volume of 999 calls responded to since 2011-12, which amounts to 12,729 extra responses – 35 extra 999 responses on average each day.

The changes to the configuration of acute services over the years, with the closure of emergency units and the changes to location of some specialist services means that these patients are also spending more time in ambulances in the care of ambulance professionals as a direct result of the longer journeys required.

The incidence of patients waiting for admission to Accident & Emergency (A&E) units is a significant issue impacting on process-flow in the healthcare system. This delays handover of ambulance patients to hospital staff which, in turn, leads to queuing of ambulance personnel in A&E with their patients. We recognise and accept that not all ambulance patients who are taken to hospital have a high clinical priority in the A&E department and other patients may have more urgent clinical needs. However, a further consideration to take into account is that an ambulance waiting at an A&E department is not available to respond to the next 999 call in the community.

Performance Targets & Service Development

The key indicator of performance for Northern Ireland Ambulance Service (NIAS) is to deliver timely response to Category A calls within 8 minutes for Northern Ireland. This target is a broadly accepted performance target which recognises

that faster ambulance response times can lead to improved clinical outcomes especially for cardiac arrest and for severe trauma.

NIAS continues to work with Commissioners to develop the ambulance service and provide the most effective pre-hospital care introducing interventions such as FAST-test and rapid access to Stroke Centres, rapid access to Primary Cardiac Interventions, and alternatives to hospital attendance. In developing these savings proposals NIAS has sought to minimise any adverse effect on the speed of our response and clinical outcomes, however we do identify potential negative impact on patient outcomes and experience arising mainly from delay in transportation of patients following initial paramedic response. There are some clinical conditions where re-profiling and reduction in emergency ambulance response and transportation capacity could constitute a clinical risk, e.g. severe trauma, stroke, haemorrhage, myocardial infarction (heart attack) and cardiac arrest. We continue to review performance to identify specific concerns and address with appropriate mitigation to maintain safety and quality.

NIAS also has a significant role to play in the delivery of the other health care targets and achievement of efficiencies not least in areas such as stroke assessment, discharge from hospital, transfer of fracture patients and transportation of renal patients. It is clear from a review of the totality of the targets within health that the broad spectrum of targets cannot be effectively or efficiently delivered by other Trusts without contribution from NIAS. NIAS's capacity to contribute fully and effectively within current time expectations will be adversely impacted by reduction in the emergency response and transportation resources available.

NIAS will continue to prioritise provision of a clinically safe service in that ambulance personnel will be trained and equipped to provide safe care and our systems and procedures will be geared toward providing timely, safe and appropriate response to those in need with the highest priority attached to the most clinically urgent cases.

Financial Environment

NIAS has consistently delivered services on a sound financial footing in spite of significant pressures arising from increased demand and other pressures, and met the tests of financial performance required by DHSSSPS.

The immediate requirement for NIAS is to deliver safe, high-quality care within a reducing budget, making most effective use of the potential for additional capital and revenue funds to support service development priorities and the achievement of Ministerial targets. The Health and Social Care Board (HSCB) has acknowledged that based on this budget 2015-16 represents an extremely difficult financial period for Health and Social Care. In line with these budget arrangements HSCB requires NIAS to make Cash-Release Savings of £1.2m in 2015-16. The Trust's revenue expenditure in 2014-15 was in the order of £62m, indicating a savings requirement of circa 2%. The proposals contained within this

document equate to this £1.2m requirement and the Trust will continue to work with HSCB in respect of any in year pressures or additional savings requirements.

Critical and extensive examination of both pay and non-pay areas of the budget has confirmed that delivery of cash release of the scale required will necessitate reconfiguration of ambulance service delivery. Expenditure has been analysed to identify prospective areas for efficiency savings. It is apparent from the exercise that the bulk of NIAS spend remains in payroll (approx. 80%). There is relatively little scope to deliver further efficiency savings from non-payroll as it is predominately demand-driven and heavily influenced by activity related to direct patient interaction.

This analysis has previously been shared with key stakeholders including HSCB and there remains broad acceptance that options for efficiency savings in NIAS are very constrained and rest predominately in payroll. The shared view of NIAS and Commissioners is therefore that there are limited options available for delivery of the stated savings.

We have developed a series of proposals for recurrent and non-recurrent revenue savings in 2015-16 which are designed to enable us to maintain financial balance. The proposals have been shared with commissioners for consideration and approval to enable us to progress the proposals. Further contingency proposals will be developed as appropriate to maintain financial balance. We have a structure in place to allow us to share, discuss and address emerging cost pressures with HSC Board and DHSSPS. There is a clear recognition within the healthcare system that structural change to the service delivery model and the financial regime which underpins it is essential to secure and provide a health service fit for the future. NIAS welcomes the development of such a model and is anxious to play a full part in its development and realisation to ensure that ambulance reconfiguration is embedded.

Immediate Conclusions

The key challenge for any Ambulance Service is to be available to respond effectively to planned and unplanned requests for assistance generally including patient transportation anywhere in Northern Ireland at any time. The key issue then is how to distribute available resources throughout Northern Ireland on a 24/7 basis to deliver that goal with an emphasis on providing rapid response to those most in need. Incidents can and do occur throughout Northern Ireland at all times and in determining service delivery we must plan on that basis. The service delivery model will need to be reviewed continually, and revised and reconfigured to reflect planned and anticipated change in the wider healthcare system.

The savings proposals outlined represent NIAS' analysis and assessment of the most appropriate and effective way of maintaining existing ambulance service provision within a reduced revenue budget. The issues and risks highlighted in

this document reflect the ongoing concerns of NIAS Trust Board as it seeks to balance appropriately the competing statutory duties of maintaining financial control and stability with the statutory duties to provide safe, high-quality healthcare services.

The Trust is committed to complying with its statutory requirements in respect of equality and personal and public involvement. In this respect the Trust will ensure proposals are subject to equality screening and appropriate engagement and consultation processes.

Savings Proposals Summary

NIAS has now set out, in response to the above targets, proposals to outline how the cash release element of the savings requirement set by HSCB and DHSSPS will be achieved. In line with these budget arrangements HSCB requires NIAS to make Cash-Release Savings of £1.2m in 2015-16. The Trust's revenue expenditure in 2014-15 was in the order of £62m, indicating a savings requirement of circa 2%.

Summary Table

Ref	NIAS Savings Requirement 2015-16 (£000's)	Current Year Effect (£000's)	Comment
01	**Non-Emergency Patient Transportation**	200	NIAS spends c. £10Million p.a. on the direct cost of non-emergency services. This proposed saving of £200,000 represents 2%. NIAS does not propose to reduce the number of patients transported by PCS rather to increase the number of patients transported per journey, where appropriate, thereby increasing the efficiency and productivity of the PCS service.
03	**Administration/Management Costs**	100	Reduction in expenditure derived from further scrutiny and streamlining/re-provisioning of support services.
04	**Non-Pay**	100	Reduction in expenditure derived from further scrutiny and streamlining/re-provisioning of non-pay expenditure.

Ref	NIAS Savings Requirement 2015-16 (£000's)	Current Year Effect (£000's)	Comment
05	**Reduction in expenditure associated with training and development**	300	NIAS spends in the order of £2 Million p.a. on training. This proposed saving of £300,000 represents 15%. A review of training focused on mandatory training requirements has identified opportunities for more cost-effective provision without impacting on delivery of mandatory clinical training.
06	**Fuel Savings**	100	Specific saving associated with reduced price of fuel.
07	**Constraining expenditure on minor schemes for estates.**	200	Continued restraint to be exercised on estate repair, maintenance and refurbishment.
08	**Constraining expenditure on replacement/introduction of non-critical medical equipment**	200	Continued restraint to be exercised on replacement/introduction of non-critical medical equipment.

Ref	NIAS Savings Requirement 2015-16 (£000's)	Current Year Effect (£000's)	Comment
			These savings proposals must be considered in the context of a continuum of savings required and delivered over an extended period, totalling in excess of £8million. Throughout this period NIAS has sought to protect front-line delivery of services and will continue to do so. The quest for ever-greater efficiency reduces resilience and the capacity to deal with demand above the norm. There is potential for negative impact on response performance and ultimately quality and safety as a result of the pressure on front-line resources arising from increased demand and reduced funding. We will continue to prioritise rapid response to the most clinically urgent patients to manage this risk and prioritise safety and quality of services.
	Savings Proposals – TOTAL	1,200	

INFORMATION FOR TRUST DELIVERY PLANS 2015/16

Trust

Table No.

FP1 **Forecast Financial Position**
This should reflect both the planned 2015/16 in -year and full year projected financial position.

FP2 **Reconciliation of Income**
This table should be used to indicate income assumptions by reconciling current RRL to planned income anticipated from HSCB and PHA.

FP3 **Cash Releasing Savings Plans 2015/16**
These tables are to indicate the plans to achieve the 2015/16 Cash Releasing Targets. As appropriate, a commentary can be included against planned measures together with a RAG status. Where non-recurrent measures are required these should also be detailed. Additional rows can be inserted as required.

Table 3 (a) summaries the individual projects as detailed in Savings Plans submissions.

FP4 **Workforce Planning - Indicative Impact on WTE**
Trusts should provide estimate of staffing impact of the cash releasing and indicative allocations/investments on paid WTE.

FP5 **Workforce Planning - Total Staff**
This should, across staff groups, indicate the projected paid WTE for the Trust analysed between Trust's staff and Agency/Locum staff.

FP6 **Summary of Trust Financial Savings Plans – Cash Release 2015/16**
This summaries the 2015/16 cash releasing targets to be addressed and plans to deliver savings including any non recurrent measures.

FP7 **Summary of Trust Financial Position**
If a deficit is forecast this analyses the factors contributing to the position.

TYC Financial Planning 2015/16 - 2017/18
Further financial planning information will be communicated to Trusts on the financing of and benefits realisation from the transformation programme.

INFORMATION FOR TRUST DELIVERY PLANS 2015/16 **FP1**

TRUST: The Northern Ireland Ambulance Service HCS Trust

Contact Name: Paul Nicholson
Position: Assistant Director of Finance
Phone No: 02890400999

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

Date Completed: June 2015

TABLE 2 **FINANCIAL POSITION**	**2015/16**	
	In Year Effect	Full Year Effect
	£'000	£'000
Expenditure:		
1.1 Staff costs	50,649	50,383
1.2 Other expenditure	12,662	12,596
1.3 Total expenditure	63,311	62,978
Income:		
2.1 Income from activities		
2.2 Other income	440	440
2.3 Total income	440	440
3 **Net expenditure**	62,871	62,538
add: RRLs agreed for services provided by other HSC bodies		
4.1 BSO		
4.2 Other (specify)		
4.3 Other (specify)		
4.4 Total RRLs agreed	-	-
5 **Net resource outturn**	62,871	62,538
Calculation of Revenue Resource Limit (RRL)		
6.1 Allocation from HSCB (as per FP2)	62,871	62,538
6.2 Allocation from PHA (as per FP2)	-	-
6.3 Total Allocation from HSCB/PHA	**62,871**	**62,538**
6.4 NIMDTA		
6.5 RRL agreed with other HSC bodies (specify)		
6.6 RRL agreed with other gov't departments (specify)		
6.7 **Revenue Resource Limit**	62,871	62,538
7.1 **Surplus / (Deficit) against RRL**	**0**	**0**
7.2 % Surplus / (Deficit) against RRL	0.00%	0.00%

Notes:

INFORMATION FOR TRUST DELIVERY PLANS 2015/16 **FP2**

Name of Trust:
The Northern Ireland Ambulance Service HCS Trust

RECONCILIATION OF RRL TO PLANNED INCOME

Date Completed: June 201

INCOME FROM COMMISSIONERS	2015/16	
	In-Year Effect	Full Year Effect
1. HSCB	**£'000**	**£'000**
RRL as at 29 May 2015	58,659	58,659
Assumed Allocations:		
Residual Demand - Winter Pressures	100	100
Residual Demand - NIAS A&E	358	358
TYC - Alternative Care Pathways	495	
TYC - backfill	65	
ED Capacity - HALO's	150	150
Demography	775	1,077
Non-Pay	387	387
Pay	227	227
Trust Recurrent Pressures	1,667	1,667
Trust Savings	(1,200)	(1,200)
EPRF OBC Development	50	
Infrastucture Implementation Support	10	
CCIO	10	
Clinical Input Pathway to Paperless	5	
Employer Superannuation Increase	1,113	1,113
Total Assumed Allocations	4,212	3,879
HSCB Income as per FP1	62,871	62,538
2. PHA	**£'000**	**£'000**
RRL as at xxxx	0	0
Assumed Allocations:		
Total Assumed Allocations	0	0
PHA Income as per FP1	0	0

INFORMATION FOR TRUST DELIVERY PLANS 2015/16

Name of Trust: **FP3**

The Northern Ireland Ambulance Service HCS Trust

Cash Releasing Proposals 2015/16

Date Completed: June 2015

Service Area	2015/16 Plan for in year target	Plans for Prior Years Targets Undelivered	Total	RAG Status	Commentary
	£'000	£'000	£'000		
Reduce GP Referrals			0		
Application of SBA New to Review ratio			0		
Reduce DNA New			0		
Reduce DNA Review			0		
Reduce Excess Bed days relating to Non-elective Inpatients			0		
Pre-op LOS reduction / Reduce Elective Excess Bed days			0		
Reduce Cancelled Operations			0		
Basket of 24 daycase procedures from Inpatients			0		
Reduce Readmission Rate			0		
Establish Ambulatory Care patient management rather than admission			0		
Reduction of Admissions relating to Asthma, COPD, Diabetes, Heart failure			0		
Acute Reform Sub-Total	**0**	**0**	**0**		
Reducing Demand Social Care Reform (FYE)			0		
Reablement			0		
Shift to Lower cost Provision Social Care			0		
Social Care Reform Sub-Total	**0**	**0**	**0**		
Staff Productivity			0		
Non Emergency Patient Transportation	200	0	200	G	
Training Release	300	0	300	G	
Staff Productivity Sub-Total	**500**	**0**	**500**		
Administration/Management Costs	100	0	100	A	
Non Pay Expenditure	100	0	100	G	
Fuel Savings	100	0	100	G	
Minor Schemes	200	0	200	G	
Non Critical Medical Equipment	200	0	200	G	
Misc/Other Sub-Total	**700**	**0**	**700**		
Non-Recurrent Measures (detail)					
Overall Total	**1,200**	**0**	**1,200**		

INFORMATION FOR TRUST DELIVERY PLANS 2015/16

Name of Trust: **FP3 (a)**

The Northern Ireland Ambulance Service HCS Trust

Cash Releasing Proposals 2015/16 - Project Summary (from Savings Plans)

Project Title	CYE	FYE	Related Service Area (per FP3) e.g. 'Reduce Excess Beds days'
	£'000	£'000	
Acute Reform Sub-Total	**0**	**0**	
Social Care Reform Sub-Total	**0**	**0**	
Non Emergency Patient Transportation	200	200	
Training Release	300	300	
Staff Productivity Sub-Total	**500**	**500**	
Administration/Management Costs	100	100	
Non Pay Expenditure	100	100	
Fuel Savings	100	100	
Minor Schemes	200	0	
Non Critical Medical Equipment	200	0	
Misc/Other Sub-Total	**700**	**300**	
Non-Recurrent Measures (detail)			
Overall Total	**1,200**	**800**	

INFORMATION FOR TRUST DELIVERY PLANS 2015/16 **FP4**

Trust hern Ireland Ambulance Service H Date Completed: June 2015

2015/16 Gross Planned Workforce Reductions (Savings Plans) ***(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	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Temporary Staff	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Decreases in Overtime & ADH Payments	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Agency/Bank Staff (Equivalent)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Independent Sector Staff	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Totals	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**

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

2015/16 Planned Increases due to Backfill (Increases due to Re-Provision to facilitate Savings Plans)

	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	0.00	0.00	0.00	0.00	0.00	0.00	0.00	79.00	**79.00**
Temporary Staff	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Increases in Overtime & ADH Payments	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Agency/Bank Staff (Equivalent)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Independent Sector Staff\foster carers	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Totals	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**79.00**	**79.00**

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.

2015/16 Planned Workforce Increases (New Investments)

	Admin	AHPs	Support Services	Nursing / Midwifery	Social Work	Professional / Technical	Medical / Dental	Ambulance	Totals
	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE
Permanent Staff	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Temporary Staff	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Increases in Overtime & ADH Payments	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Agency/Bank Staff (Equivalent)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Independent Sector Staff	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Totals	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**

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)

2015/16 Net Planned Workforce Increases (Decreases)

	Admin	Estates	Support Services	Nursing / Midwifery	Social Work	Professional / Technical	Medical / Dental	Ambulance	Totals
	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE
Permanent Staff	0.00	0.00	0.00	0.00	0.00	0.00	0.00	79.00	**79.00**
Temporary Staff	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Increases in Overtime & ADH Payments	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Agency/Bank Staff (Equivalent)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Independent Sector Staff	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**0.00**
Totals	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**79.00**	**79.00**

INFORMATION FOR TRUST DELIVERY PLANS 2015/16 **FP5**

Name of Trust:
The Northern Ireland Ambulance Service HCS Trust

Workforce Planning

Date Completed: June 2015

Staff Group	Actual WTE as at 31 March 2015			Staff on Payroll	Agency/Locum Staff		Total
	On Payroll	Agency/locum	Total	Projected WTE 31-Mar-16	Projected WTE 31-Mar-16		Projected WTE 31-Mar-16
Admin & Clerical	88.24	20.03	108.27	88.00	20.00		108.00
Estate Services	0.00	0.00	0.00	0.00	0.00		0.00
Support Services	3.00	0.00	3.00	3.00	0.00		3.00
Nursing & Midwifery	0.00	0.00	0.00	0.00	0.00		0.00
Social Services	0.00	0.00	0.00	0.00	0.00		0.00
Professional & Technical	0.00	0.00	0.00	0.00	0.00		0.00
Medical & Dental	2.00	0.00	2.00	2.00	0.00		2.00
Ambulance Service	1,024.82	6.90	1,031.72	1,103.82	7.00		1,110.82
Total	1,118.06	26.93	1,144.99	1,196.82	27.00		1,223.82

INFORMATION FOR TRUST DELIVERY PLANS 2015/16

TRUST: The Northern Ireland Ambulance Service HCS Trust

Date Completed: June 2015

Summary of Trust Financial Savings Plans – Cash Release 2015/16

	Cash Releasing Target	£'000 In Year Effect	£'000 Full Year Effect
	2015/16 Target as notified by HSCB	1,200	1,200
	Other- please specify		
A	Total savings to be delivered in 2015/16	1,200	1,200

	Delivered by		
	Acute Reform	0	0
	Social Care Reform	0	0
	Staff Productivity	500	500
	Other	700	700
B	Total planned savings 2014/15	**1,200**	**1,200**

C	Gap	0	0
D	Value of Savings expected in 2015/16 but yet to be fully identified (e.g. non recurrent measures)	0	0
E	Cash Release Gap	0	0

B+D	Total savings planned + expected savings yet to be identified	**1,200**	**1,200**

FP7

INFORMATION FOR TRUST DELIVERY PLANS 2015/16

TRUST:

The Northern Ireland Ambulance Service HCS Trust

Date Completed: June 2015

Summary of Financial Position - Analysis

	2015/16	2015/16
	£'000	£'000
	In Year Effect	Full Year Effect
Gap in Cash Release Plans		
Acute	0	0
Social Care	0	0
Staff Productivity	0	0
Misc	0	0
Total Cash Release Gap (agrees to FP7 Row E)	**0**	**0**
Pressures (please list)		
Agenda for Change - From 1 October 2004	TBC	TBC
Demand Growth		
Total Pressures	**0**	**0**
TOTAL GAP (to agree to FP1)	**0**	**0**

Accident & Emergency staff currently being paid at Band 4 and Band 5 on account, without prejudice and subject to the outcome of the matching process. The Trust continues with the assumption that the Board will fund the full legitimate costs of Agenda for Change for NIAS.