NORTHERN IRELAND AMBULANCE SERVICE HEALTH AND SOCIAL CARE TRUST

2016/17 Trust Delivery Plan

Northern Ireland Ambulance Service
Health and Social Care Trust

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, highquality, 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

Introduction

This document sets out a programme of action for the Northern Ireland Ambulance Service (NIAS) for the financial year 2016-17, which seeks to take full account of and recognise the direction set by the Minister through her 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 users 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) was established by the Northern Ireland Ambulance Service Health and Social Services Trust (Establishment) Order (Northern Ireland) 1995 as amended by the Health and Social Services Trusts (Establishment) (Amendment) Order (Northern Ireland) 2008 and Section 1 of the Health and Social Care (Reform) Act (Northern Ireland) 2009. 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 sixty one ambulance stations/deployment points, 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 313 ambulance vehicles. We provide ambulance care, treatment and transportation services to the people of Northern Ireland twenty four hours per day, seven days per week, and three hundred and sixty five days per year.

The Northern Ireland Ambulance Service (NIAS) faces a range of significant challenges and major issues over the period covered by this plan. Chief among these is the need to deliver safe, high-quality care, improved performance and service modernisation (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 is fully committed to responding positively to the challenges and opportunities presented by the pending restructuring within Health and Social Care and the opportunity to transform and modernise to meet the need of local populations. We welcome the engagement to date at both local and regional level, and will continue to contribute and influence plans in this regard.

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.

NIAS has achieved a great deal in recent years which provides a strong stable platform on which to build the Service to meet the challenges we face. We continue to invest in our ambulance personnel by bringing in new staff, increasing the number of clinicians we employ and training them in new clinical skills and interventions. We have developed and delivered a series of Alternative Care Pathways which provide a different option to the traditional response of transport to hospital for patients. As a result we are treating and caring for more patients at home, accessing alternative destinations and are continuing to work with our staff, patients and other stakeholders to extend this development. At the end of March 2016, in comparison to the same period in 13/14, an additional 7,245 patients were appropriately not conveyed to hospital by NIAS following a 999 call, and an additional 1,389 patients were safely conveyed to alternative destinations.

We acknowledge, with regret, our inability to achieve the targets set in regard to providing a sub 8 minute response to 72.5% of Category A calls. However,

increasing demand for emergency response has impacted heavily on our capacity to respond promptly. We delivered a sub 8 minute response to these life threatening calls in 53.5% of cases throughout Northern Ireland in 2015-16. 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.

3. Detailed Trust Delivery Plan

3.1 Trust Response to DOH Commissioning Plan Direction (Ministerial Outcomes and Objectives)

Desired Outcome 1. **Health and social care services contribute to; reducing inequalities; ensuring that people are able to look after and improve their own health and wellbeing, and live in good health for longer.**	
COMMISSIONING PLAN DIRECTION OBJECTIVES	**PROVIDER RESPONSE**
1.1 In line with the Departmental strategy A Fitter Future For All by March 2022 reduce the level of obesity by 4 percentage points and overweight and obesity by 3 percentage points for adults, and by 3 percentage points and 2 percentage points for children.	NIAS do not provide this service..
1.2 In line with the Department's policy framework, living with Long Term Conditions, continue to support people to self-manage their condition through increasing access to structured patient education programmes. In 2016/17, the focus will be on consulting on and taking steps to begin implementation of the Diabetes Strategic Framework and implementation plan with the aim that by 2020 all individuals newly diagnosed with diabetes will be offered access to diabetes structured education with 12 months of diagnosis.	NIAS do not provide this service.
1.3 In line with the Department's ten year Tobacco Control Strategy, by March 2020 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%.	NIAS do not provide this service.
1.4 By March 2020, to reduce the differential in the suicide rate across NI and the differential in suicide rates between the 20% most deprived areas and the NI average. Areas of focus for 2016/17 should include early intervention and	NIAS do not provide this service.

prevention activities, for example through improvement of self-harm care pathways and appropriate follow-up services in line with NICE guidance.	
1.5 By March 2018 ensure full delivery of the universal child health promotion framework for NI, Healthy Child, Healthy Future. Specific areas of focus for 2016/17 should include the delivery of the required core contacts by health visitors within the pre-school child health promotion programme.	NIAS do not provide this service.
1.6 During 2016/17, the HSC must ensure that as far as possible children on the edge of care, children in care, and care experienced children are protected from harm, grow up in a stable environment, and are offered the same opportunities as their peers. For 2016/17, specific areas of focus should include ensuring that the proportion of children in care for 12 months or longer with no placement change is at least 85%.	NIAS do not provide this service.
1.7 During 2016/17, the HSC must ensure that as far as possible children on the edge of care, children in care, and care experienced children are protected from harm, grow up in a stable environment, and are offered the same opportunities as their peers. For 2016/17, specific areas of focus should include ensuring a three year time frame (from date of last admission) for 90% of children who are adopted from care.	NIAS do not provide this service.

Desired Outcome 2: **People using health and social care services are safe from avoidable harm.**	
COMMISSIONING PLAN DIRECTION OBJECTIVES	**PROVIDER RESPONSE**
2.1 By March 2017, secure a reduction of [10 to 20%] in MRSA and Clostridium Difficile infections compared to 2015/16. [Final figure defined after examination of 2015116 statistics.]	NIAS will support as appropriate.
2.2 From April 2016, ensure that the clinical condition of all patients is regularly and appropriately monitored in line with the NEWS KPI audit guidance, and timely action taken to respond to any signs of deterioration.	NIAS does not provide this service.
2.3 By March 2018, all HSC Trusts should have fully implemented the first four phases of Delivering Care, to ensure safe and sustainable nurse staffing levels across all medical and surgical wards, emergency departments, health visiting and district nursing services.	NIAS does not provide this service.
2.4 The HSC, through the application of care standards, should 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 receive a failure to comply notice.	NIAS does not provide this service.
2.5 The HSC, through the application of care standards, should 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 receive a failure to comply notice and that subsequently attract a notice of decision.	NIAS does not provide this service.

Desired Outcome 3: **People who use health and social care services have positive experiences of those services**	
COMMISSIONING PLAN DIRECTION OBJECTIVES	**PROVIDER RESPONSE**
3.1 To support people with palliative and end of life care needs to be cared for in their preferred place of care. By March 2018 to identify individuals with a palliative care need and have arrangements in place to meet those needs. The focus for 2016/17 is to develop and implement appropriate systems to support this.	NIAS will support this objective as appropriate through agreed care pathways.
3.2 By March 2017, 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 (or alternatively timely access to treatment).	NIAS does not provide this service.
3.3 Where patients are cared for in mixed gender accommodation, all Trusts must have policies in place to ensure that patients' privacy and dignity are protected.	NIAS does not provide this service.
3.4 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.	NIAS does not provide this service.
3.5 By March 2018, to increase by 40% the total number of patients across the region participating in the PHA Biennial Patient Experience Survey, with particular emphasis on engaging patients in areas of low participation.	NIAS will continue to engage with other Trusts to ensure ambulance related experience is included in the survey.

Desired Outcome 4: **Health and Social care services are centred on helping to maintain or improve the quality of life of people who use those services.**	
COMMISSIONING PLAN DIRECTION OBJECTIVES	**PROVIDER RESPONSE**
4.1 By March 2020 to have increased access to services delivered by GP practices. The focus for 2016/17 is on developing a comprehensive baseline of such activity, to be used to inform future work.	NIAS does not provide this service.
4.2 From April 2016, 95% of acute/ urgent calls to GP OOH should be triaged within 20 minutes.	NIAS does not provide this service.
4.3 From April 2016, 72.5% of Category A (life threatening) calls responded to within 8 minutes, 67.5% in each LCG area.	NIAS are committed to maximise performance against this objective. However, NIAS forecast is that it will not achieve this objective in 16/17.
4.4 From April 2016, 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.	NIAS does not provide this service.
4.5 By March 2017, at least 80% of patients to have commenced treatment, following triage, within 2 hours.	NIAS does not provide this service.
4.6 From April 2016, 95% of patients, where clinically appropriate, wait no longer than 48 hours for inpatient treatment for hip fractures.	NIAS does not provide this service.
4.7 From April 2016, ensure that at least 15% of patients with confirmed ischaemic stroke receive thrombolysis treatment, where	NIAS will continue to deliver patients to specified hospitals for assessment for such treatment within the appropriate

clinically appropriate.	timeframe.
4.8 By March 2017, 50% of patients should be waiting no longer than 9 weeks for an outpatient appointment and no patient waits longer than 52 weeks.	NIAS does not provide this service.
4.9 By March 2017, 75% of patients should wait no longer than 9 weeks for a diagnostic test and no patient waits longer than 26 weeks.	NIAS does not provide this service.
4.10 By March 2017, 55% of patient should wait no longer than 13 weeks for inpatient/daycase treatment and no patient waits longer than 52 weeks.	NIAS does not provide this service.
4.11 From April 2016, all urgent diagnostic tests should be reported on within two days.	NIAS does not provide this service.
4.12 From April 2016, 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.	NIAS does not provide this service.
4.13 From April 2016, 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).	NIAS does not provide this service.

Desired Outcome 5: **People, including those with disabilities or long term conditions, or who are frail, are supported to recover from periods of ill health and are able to live independently and at home or in a homely setting in the community.**	
COMMISSIONING PLAN DIRECTION OBJECTIVES	**PROVIDER RESPONSE**
5.1 From April 2016, 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.	NIAS does not provide this service.
5.2 By March 2017, reduce the number of unplanned admissions to hospital by 5% for adults with specified long-term conditions.	NIAS does not provide this service.
5.3 By March 2017, no patient should wait longer than 13 weeks from referral to commencement of treatment by an allied health professional.	NIAS does not provide this service.
5.4 By March 2017, secure a 10% increase in the number of direct payments to all service users.	NIAS does not provide this service.
5.5 By March 2019, all service users and carers will be assessed or reassessed at review under the Self-Directed Support approach, and will be offered the choice to access direct payments, a managed budget, Trust arranged services, or a mix of those options, to meet any eligible needs identified.	NIAS does not provide this service.

Desired Outcome 6: **People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and well-being.**	
COMMISSIONING PLAN DIRECTION OBJECTIVES	**PROVIDER RESPONSE**
6.1 By March 2017, secure a 10% increase in the number of carers' assessments offered to carers for all service users.	NIAS does not provide this service.
6.2 By March 2017, secure a 5% increase in the number of community based short break hours (i.e. non-residential respite) received by adults across all programmes of care.	NIAS does not provide this service.
6.3 By March 2017, establish a baseline of the number of carers who have had a carers assessment completed and: • the need for further advice, information or signposting has been identified; • the need for appropriate training has been identified; • the need for a care package has been identified; • the need for a short break has been identified and • the need for financial assistance has been identified.	NIAS does not provide this service.

Desired outcome 7: **Resources are used effectively and efficiently in the provision of health and social care services.**	
7.1 By March 2017, reduce by 20% the number of hospital-cancelled consultant-led outpatient appointments.	NIAS does not provide this service.
7.2 From April 2016, ensure that 90% of complex discharges from an acute hospital take place within 48 hours, with no complex discharge taking more than seven days; and all non-complex discharges from an acute hospital take place within six hours.	NIAS has undertaken a review of demand for discharges and transfers against available PCS cover. Double crew PCS Rotas will be reengineered to enhance cover to meet peaks in demand within available resources, e.g. increasing hours of cover Monday to Friday (Peak demand) by reducing hours of cover Sundays (low demand).
7.3 By March 2017, attain efficiencies totalling at least £20m through the Pharmacy Efficiency Programme, separate from PPRS receipts.	NIAS does not provide this service.
7.4 By March 2017, to reduce the percentage of funded activity associated with elective care service that remains undelivered.	NIAS does not provide this service.

Desired outcome 8: **People who work in health and social care services are supported to look after their own health and wellbeing and to continuously improve the information, support, care and treatment they provide.**	
COMMISSIONING PLAN DIRECTION OBJECTIVES	**PROVIDER RESPONSE**
8.1 By December 2016 ensure at least 40% of Trust staff have received the seasonal flu vaccine.	NIAS will develop a plan associated with increasing uptake of the seasonal vaccine in line with the target. This is a challenging target for the Trust as a consequence of a baseline figure during 2015/16 of 13% uptake, due in large part to the peripatetic nature of the roles of the vast majority of our workforce. The Trust will explore the potential for Paramedic administration of the vaccine as part of its implementation plan.
8.2 By March 2017, to reduce Trust staff sick absence levels by a regional average of 5% compared to 2015/16 figure.	The Trust will develop a Health and Wellbeing Action Plan designed to promote good health and fitness and support a reduction in sickness levels. This will include engagement with trade unions, establishment of a staff health and wellbeing group, a Health and Safety sub-committee on the management of stress and an Employee Engagement Project. The plan will include focus on key initiatives such as health and wellbeing action days and a primary focus on supporting the mental health of our staff. In respect of the target specifically a performance improvement plan will be developed and progress reported to the Trust's Senior Executive Management Team and Trust Board.
8.3 During 2016/17, HSC employers should ensure that they respond to issues arising from the 2015 Staff Survey, with the aim of improving local working conditions and practices and involving and engaging staff.	The Trust will undertake a comprehensive analysis of the findings of the staff survey which will inform the development of a staff survey action plan to address key issues. Progress will be reported to the Trust's Senior Management team and Trust Board. An Employee Engagement project within the Trust during 2016-17 will also ensure primary focus on involving and engaging staff.

8.4 By March 2017, Trusts are required to develop operational Workforce Plans, utilising qualitative and quantitative information that support and underpin their Trust Delivery Plans.	The Trust will review arrangements for workforce planning and will develop appropriate workforce plans, engaging as appropriate with other Trusts and the Department of Health in respect of implementation of the methodology.
8.5 By March 2017, 10% of the HSC workforce should have achieved training at level 1 in the Q2020 Attributes Framework.	NIAS will develop an action plan for implementation of the Q2020 Attributes Framework.
8.6 By March 2017, to have reduced the number of patient and service user complaints relating to attitude, behaviour and communication by 5% compared to 2015/16. This will require renewed focus on improving the Patient and Client Experience Standards.	The Trust will review arrangements for the management of complaints in the context of the Patient and Client Experience Standards. Reporting arrangements will be reviewed to incorporate the new target and progress will be monitored by the Trust Senior Executive Management Team and Trust Board. In addition the Trust will ensure a renewed pro-active promotion of the Patient and Client Experience Standards and related work streams.

3.2 NIAS Response to Commissioning Priorities

POC1 Acute
Unscheduled Care

ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE
R1	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 need for hospital attendance/admission.	Trust responses should demonstrate how core primary and community care teams will be effectively resources and organised around the needs of individual patients. Trust responses should demonstrate how, working with appropriate partners, Acute Care at Home services and equivalent (offering demonstrably more specialist services than those that should routinely be delivered by core primary and community care teams) will be made available for patients throughout the Trust area, 24/7; and how these services will be integrated with other services delivered in the community, including linkages to core primary/community care teams and NIAS Alternative Pathways.	NIAS will link with existing Acute /Enhanced Care at Home services (Belfast, South, South/East) via update meetings or liaison with key contact and has pathways live to these services. It will continue to work with Northern and Western Trusts on referral pathways to appropriate services. NIAS will continue to work with other Trusts to make existing ACPs regional where there are gaps and is developing three new/ extended ACPs for implementation in 16/17 and has Embedding Project underway to increase numbers of patients referred to Appropriate Care Pathways.
R2	Effective arrangements should be in place at the front door of hospitals to provide ambulatory, rapid-response	Trust responses should demonstrate how, working with appropriate partners, comprehensive ambulatory care services	NIAS does not provide this service.

	services for patients on a same-day or next-day basis, avoiding the need for patients to be admitted to hospital.	will be made available for patients, initially at the larger hospital sites, on a sevenday basis and where appropriate linked to planned (elective) services.	
R3	Effective arrangements should be in place to optimise patient flow through hospital, both before and after the patient being declared medically fit.	Trust responses should demonstrate the particular actions to be taken in 2016/17, working with appropriate partners, to further improve LOS through timely, multidisciplinary decision making and effective discharge arrangements on a seven-day basis, to include participation in the Unscheduled Care Ward Champions pilot arrangements.	NIAS does not provide this service.
R4	Effective arrangements should be in place to manage ambulance demand across hospital sites, consistent with regional planning assumptions.	The NIAS response should demonstrate how the Trust will ensure effective arrangements for ensuring equitable demand across sites on a rolling, sevenday basis.	NIAS will continue to use information systems (dashboard) to manage demand equitably as far as is possible within resources available.
R5	Effective arrangement should be in place to manage major Trauma. Each year around 370 people in NI suffer from major trauma, this is often life threatening and requires a prompt and coordinated approach.	All Trusts should participate in the establishment of a regional Trauma Network which seeks to reduce mortality and morbidity due to major trauma through coordinated care pathways, clinical leadership and participation in TARN (Trauma Audit and Research Network).	NIAS will continue to participate in the establishment of a Regional Trauma Network through membership of related Project Board Implementation Group and Clinical Advisory Group. NIAS will provide information from the pre-hospital response to significant trauma.

3.2 NIAS response to Commissioning Priorities

NIAS

ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE
R1.	Effective arrangements should be in place to ensure that available capacity within NIAS is maximised in the context of increasing demands for services.	The Trust's response should: • demonstrate plans to improve response times to CAT A calls across NI and • outline how a robust capacity-demand analysis will be commissioned by the Trust in 2016/17, ensuring the full alignment of NIAS resources with predicted demand.	NIAS will secure support from Trust Board and Commissioners to undertake a Capacity Review. The proposed project will require external consultancy support to review demand capacity for Ambulance unscheduled work and based on this analysis, redesign the shift patterns to ensure efficient use of commissioned Ambulance production hours in order to: • better control demand; • reduce avoidable activity; • reduce where possible costs across the service and • maintain and improve the levels of patient care. The review will require NIAS to: • Tender for external support; • Undertake the analysis with user engagement; • Present recommendations of the Report to Trust Board and Commissioners for agreement and • Develop an implementation plan to

			deliver on agreed recommendations. • NIAS has completed a ''Proposal for the use of Professional Services including Consultants'', following Guidance in DHSSPS Circular HSC(F)25/2012. The proposal has been forwarded to the Finance Policy & Accountability Unit for advice on how to proceed with procurement. The proposal has highlighted the HSCB request that the project should commence no later than October 2016. NIAS intend to commence the Review no later than October 2016.
R2.	While there have been some improvements in recent years, ambulance turnaround times in hospitals are too long, with more than half of ambulances spending more than 30 minutes at EDs.	The Trust's response should describe how NIAS will improve significantly the handover time for patients, with at least 70% of handovers being completed in less than 30 minutes from March 2017.	NIAS will extend the hours of operation of HALO from 8 to 16 hours per day 5 days per week. NIAS will continue to work with EDs to develop operational procedures to improve compliance with the ED 15 min patient handover and NIAS 15 min make ready components of the 30 min target. Recognising that these targets can only be met with effective cooperation from all EDs. NIAS will present a report to commissioners outlining the benefits of extended HALO cover to include, increasing response capacity, the coordination and provision of

			discharges, improving patient flow within the system, potentially reducing risks associated with delayed response, and enhancing the patients experience in ED.
R3.	A new approach is required to the training of paramedics in the context of accreditation difficulties with existing programmes.	The Trust's response should outline how NIAS will work with HSCB and DOH to develop proposals to support the training of new paramedics which may include a university degree route.	The Trust will establish a Paramedic Education Project during 2016/17 in order to deliver these aims. DOH HSCB will be invited to participate on the Project Board.
R4.	Demand for non-emergency transport continues to grow and is delivered on a 'first come' basis which fails to ensure the most in need gain access to transport support.	The Trust's response should outline how NIAS will work with the HSCB to introduce in 2016/17 eligibility criteria for non-emergency transport which prioritise patients with mobility difficulties.	NIAS will engage with the HSCB Board on its draft eligibility criteria for non-emergency transport. NIAS will implement the new approved criteria through an update of its booking systems in Non-Emergency Control.
R5.	There is a need to further expand NISTAR (NI Specialist Transport and Retrieval Services) for neonates, children and adults within NI, and to/from Dublin as appropriate.	The Trust's response should confirm arrangements for the introduction of a second retrieval ambulance during 2016/17.	NIAS will continue to work in collaboration with the BHSCT in implementing jointly agreed plans for a second retrieval Ambulance, which meets necessary clinical and operational standards.

R6.	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 need for hospital attendance admission.	The Trust's response should demonstrate how NIAS will fully embed the range of alternative care pathways across all localities in NI during 2016/17 including the establishment of a paramedic-led clinical decision desk.	NIAS will continue to work collaboratively with other Trusts to embed the 10 ACPs implemented by March 2016 across NI as Trusts make services available. NIAS will embed the infrastructure required for operating the CSD and will work to resolve the issues that have prevented the recruitment of Paramedics to this key role. NIAS will work to implement a Paramedic Clinical Support Desk or associated contingency model by Winter 2016/17.

R7.	A Helicopter Emergency Medical Service (HEMS) is to be established in NI to support the existing road-based emergency service.	The Trust's response should demonstrate how NIAS will work with HSCB/PHA and the designated charity to ensure the introduction in 2016/17 of a HEMS for NI.	The Trust will submit an Investment Proposal (IPT) for pre-project funding to establish a project implementation team comprising of a project manager, operational lead and clinical lead. The Trust will engage with the HSCB and the designated charitable partner to establish a partnership agreement clearly stating relevant roles and responsibilities for each partner. The Trust will establish a clinical advisory group and appoint flight paramedics and provide the relevant clinical training. The Trust will establish a dedicated HEMS dispatch desk within the Regional Emergency Ambulance Control. NIAS will liaise with other HSC Trusts regarding the engagement of suitably qualified trained and experienced doctors to comply with the agreed paramedic / doctor operational model and to participate in the clinical advisory group. This is subject to the approval of an outline business case which will be developed and submitted by or as soon as possible after August 2016.

R8.	Effective arrangements should be in place to facilitate and promote collaboration, coordination, coordination, communication, learning, sharing of information between different agencies providing resuscitation training.	The Trust response should demonstrate how NIAS 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 NI Community Resuscitation Strategy.	NIAS will continue to lead the Regional Implementation Group for the Regional Community Resuscitation Strategy. NIAS will also lead the Public Access Defibrillation / CPR Training Sub-Group and continue to engage with all relevant stakeholders and key partners including other HSC Trusts, PHA, HSCB, voluntary and private providers, local District Councils, sporting bodies and other Government Departments. Subject to funding support NIAS will, in accordance with the Community Resuscitation Strategy, appoint a team of Community Resuscitation Development Officers to facilitate and enhance CPR training in the community. NIAS will establish a mechanism to place the location of public access defibrillators on the NIAS mapping system to facilitate their deployment as appropriate.
R9.	Effective arrangements should be in place to deliver appropriate CPR and BLS training programmes.	NIAS should provide plans to increase access to CPR training across NI and Basic Life Support (BLS) in community and educational settings via:	NIAS will continue to support and facilitate existing Community First Responder Schemes and engage with potential schemes and their members to assist in their establishment and

		• Engagement with CPR training providers; • Engagement with Voluntary and Community organisations and • Further development of Community and first responder schemes.	deployment. NIAS will continue to engage with all relevant stakeholders and key partners including other HSC Trusts, PHA, HSCB, voluntary and private providers, local District Councils, sporting bodies and other Government Departments including the Department of Education, Department for Communities, Department of Health regarding CPR training and public access defibrillators. NIAS will also engage with other emergency services including PSNI and NIFRS to explore models of co-response to out of hospital cardiac arrest. Subject to funding support NIAS will, in accordance with the Community Resuscitation Strategy, appoint a team of Community Resuscitation Development Officers to facilitate and enhance CPR training in the community. These Officers will also provide support to other community initiatives including Community Responder Schemes. NIAS will establish a mechanism to establish a register of public access defibrillators and to enable their location to be placed on the NIAS mapping system to facilitate their deployment as appropriate. NIAS will participate in the UK Rescusiatation Council regarding

			Start a Heart Day with other partners to deliver CPR Training at a range of venues to several thousand people in October 2016.
R10.	Effective arrangements include the development of public information / guidance about Automatic External Defibrillators covering purchasing, maintenance, location, access and signage.	NIAS should provide plans to develop website literature and guidance information materials on AEDs.	NIAS, in collaboration with partners such as the British Heart Foundation, the UK Resuscitation Council, British Red Cross and St John Ambulance, will develop guidance and information materials on AEDs including their maintenance, use, location and access. NIAS, in conjunction with the Communications Sub-Group of the Community Resuscitation Strategy Implementation Group, will develop promotional material in relation to public awareness, signage, initial actions in the event of a cardiac arrest etc. These materials will be made available online.
R11.	Effective arrangements should be in place to appropriately manage the increasing demand on ambulance services.	The Trust response should demonstrate how the Trust will deliver the required volumes of service activity in light of changing population need and demand for ambulance services in 2016/17.	NIAS will manage increasing demand through its performance implementation; AMPDS prioritisation system to ensure those with most urgent need will receive a prioritised response. NIAS will undertake a demand/capacity review to identify levels and location of resources required to appropriately manage the increasing demand. NIAS has agreed to deliver activity

			volumes as described in appendix one “Baseline Activity and Performance”.

4. Resource Utilisation

Workforce Strategy

1 Workforce Planning

The Health & Social Care in Northern Ireland currently faces many challenges in the delivery of health and social care to its citizens which have the potential to impact on the nature of the workforce currently deployed within the Trust and the composition of the future workforce.

The Trust continues to respond to key challenges that include reduced finances; increasing public expectation regarding service delivery and structural reform and service modernisation. Continually developing and delivering a regional ambulance service for the people of Northern Ireland presents many opportunities for the Trust in delivering safe patient care through the provision of committed, professional and dedicated staff working for the benefit of service users. The need for effective leadership in managing re-organisation and change; developing and maintaining high quality employment practice and supporting our staff is critical in maintaining NIAS as an employer of choice.

The Trust has in place a robust workforce planning process. The outputs of this work enables the Trust to plan, model and recommend organisational development initiatives, in order to support robust workforce planning models, service improvement developments educational requirements and financial stability.

NIAS will be implementing the Regional Workforce Planning Framework during 2016 as a business improvement tool and in order to enhance the above process.

2 Education, Learning & 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 ELD 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 the workforce levels of frontline ambulance personnel where appropriate, in order to maintain a safe skill mix and improve 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. It will be delivered within limited resources, focusing on supporting the achievement of the Trust's strategic aims, enhancing the capabilities of the current and future workforce and making a tangible difference to the quality of service delivery and the provision of safe and effective patient care.

The plan takes account of the following strategic drivers:

- National changes to ambulance education
  - Transition from traditional models to regulated qualifications
  - Health & Care Professions Council requirements
  - College of Paramedics Curriculum Guidance
- Transforming Your Care initiatives such as the introduction of Alternative Care Pathway Guidelines
- Ministerial and Departmental requirements
- Legislative, statutory/mandatory, regulatory, awarding bodies, governance and best practice requirements
- NIAS Corporate Plan
- NIAS Trust Delivery Plan
- NIAS Human Resources Strategy
- NIAS Education, Learning & Development Strategy

The ELDP will be delivered by the Regional Ambulance Training Centre (RATC) team which operates as a function within the Human Resources Directorate.
The team are committed to supporting and maintaining a competent and professional workforce to enable NIAS staff to deliver optimum patient-centred care through the promotion of life-long learning and the delivery of effective education, learning and development programmes. To achieve this, the Trust's ELD programmes are reviewed on an ongoing basis in order to develop modern and innovative methods of

delivery across the Trust, often through engagement with national and regional forums to establish and share best practice and transfer of learning.

It is widely recognised that learning and development is not just about attending a course. Other blended learning approaches are just as relevant and effective including distance learning, technology-enhanced learning (eLearning, mobile learning, simulation), reading, shadowing, mentoring, coaching and clinical supervision. Whilst the RATC team continue to deliver theory and practical sessions during core training, a more blended approach is now in place for other training activities, rather than the historical emphasis on centralised, face-to-face training. Examples include the annual Mandatory Refresher Training Workbook, eLearning modules, the RATC's Employee Resource Pack and the training section on the Trust's Intranet.

3 Performance Management and Appraisal

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

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

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

Other measures of performance management and appraisal include:

- Processes are in place for those non-frontline posts that require professional regulation to ensure fitness to practice and adherence to Continuous Professional Development (CPD) requirements

- NIAS medical staff are contractually obliged to participate in Medical Appraisal and Revalidation process. The Trust is fully compliant in this regard

- NIAS paramedics are professionally regulated by the Health & Care Professions Council (HCPC) and are personally required to maintain CPD. The HCPC carries out random 2-yearly checks in this regard

- All frontline operational staff are required to undertake and successfully complete annual re-assessment of essential clinical skills

- All frontline operational staff are required to undergo regular work-based observational assessments by Clinical Support Officers. The assessments identify any areas of practice that require improvement, development or remedial training. This provides an important element of Clinical Supervision for the Trust

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

Financial Strategy

A key strategic aim of NIAS is to achieve the best outcomes for patients using all resources while ensuring high quality corporate governance, risk management and probity. 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 revenue and capital funds to support service delivery and the achievement of Ministerial targets.

Review of 2015/16 Financial Performance

The Trust delivered against a range of statutory and regulatory financial duties during the year. The Revenue Resource Limit (RRL) for 2015/16 was £63.5 million and a small revenue surplus of £52k was achieved.
Cumulative savings of an additional £1.2 million were required and delivered in the year in the following areas:

- Non-emergency patient transportation
- Administration/Management costs
- Non pay expenditure
- Reduction in expenditure associated with training and development
- Fuel savings
- Constraining expenditure on minor schemes for estates
- Constraining expenditure on replacement/introduction of non-critical medical equipment

With the support of the HSCB, the Trust also delivered a significant investment plan of £2.2 million, mostly in response to changes in service delivery both in NIAS and in the wider Health and Social Care system.

The Trust also benefited from £7.6 million of capital investment. This included the replacement of ambulance vehicles and investment in the ambulance estate, particularly in respect of the replacement ambulance station and divisional headquarters in Ballymena. Investment was also made in the NIAS Information and Communications Technology platform.

Financial Planning 2016/17

Looking ahead, the Trust faces a range of financial pressures, for example increased employers national insurance costs as a result of legislative changes to defined benefit pension schemes. These are in addition to the increased employer pension contributions in 2015-16. The consolidation and introduction of a range of developments, for example the Alternative Care Pathways, the Helicopter Emergency Medical Service and Community First Response, will have financial implications for the Trust. There will also be further requirements to deliver cash releasing efficiency savings. Levels of capital investment will also need to be maintained in order to maintain fleet, estate and technology to appropriate standards.

The estimated Revenue Resource Limit (RRL) for 2016/17 is £65.7 million and the Trust is forecasting a breakeven position at year end, subject to a number of assumptions.

The current forecast has identified a financial gap of £0.4 million that will be required to be met through the delivery of savings. The Trust has developed proposals to address this gap in the year in the following areas:

- Administration/Management costs
- Constraining expenditure on minor schemes for estates
- Constraining expenditure on replacement/introduction of non-critical medical equipment

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

The Trust has been advised that resources made available through the June 2016 Monitoring Round are non recurrent. This creates an opening recurrent gap for 2017/18 of £928k. The Trust will work with the HSCB to address this shortfall in 2017/18.

The Trust is forecasting a capital investment programme of over £5.5 million. This includes the replacement of ambulance vehicles and investment in the ambulance estate, particularly in respect of a replacement ambulance station in Enniskillen. Investment is also planned to further develop and maintain the NIAS Information and Communications Technology platform. The Trust is also developing a prioritised capital programme covering the period 2017/18 to 2020/21 with a view to maintaining levels of investment in estate, fleet, technology and medical equipment beyond the current year.

Work continues across HSC 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 the HSCB and the Department of Health (DoH) to identify and address any financial implications arising from resolution of those issues.

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

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

Plans for Shift left of resources and other Transformation Initiatives

The NIAS Transformation and Modernisation Programme will continue in 16/17 with funding for an extension of the NIAS Transforming Your Care Programme. The Transforming Your Care programme Programme structure has identified key deliverables and related process through the Project Initiation Document:

- Delivery of the embedding and mainstreaming plan to ensure the new pathways and initiatives are appropriate, evaluated and embedded within core business by March 2017

- Delivery of an increased Hear and Treat rate through implementation of a Paramedic Clinical Support Desk

- The enabler work streams include ICT Enabling, Information and Analytics, Engagement and Communications and an Education plan which relates to the ACPs

- Transformation and Modernisation projects include:

    - Development and implementation of a Quality Improvement programme (to include real-time audit of Clinical Performance Indicators)
    - Development and implementation of an Employee Engagement plan - Other projects which may be added throughout the year
    - Programme Management includes consideration of related risks and progress on priority action plans. The Programme engages with key stakeholders, including Commissioners and Users on an ongoing basis

Performance against key deliverables for NIAS Trust and the benefits realisation to the wider HSC is reported at each Programme Board and Trust Board.

5. Governance

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

The system of internal control in NIAS accords with Department of Finance guidance, and in developing a Governance Statement for 2016-17, NIAS will maintain consistency with guidance and direction. The Board exercises strategic control over the operation of the organisation through a system of corporate governance which includes:

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

Risk Management

NIAS recognises that 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. NIAS has established and is revising an Assurance Framework incorporating a comprehensive risk management strategy based on the Australian Standard AS/NZS 4360:2004, which will be reviewed and revised during 2016-17. 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 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 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.

During 2016-17 the Trust will review and revise its Risk Management Strategy and associated incident reporting and management procedures. This will also reflect the regional procedures for the reporting and management of Serious Adverse Incidents (SAIs). The Trust will continue to engage with other HSC organisations in relation to SAI reporting and will apply any relevant learning. Such SAIs will continue to be reported to Trust Board through the Trust's Assurance Committee and will include learning outcomes, recommendations and action plans as appropriate. The Trust will establish a Learning Outcomes Review Panel to facilitate the identification and application of learning from untoward incidents, SAIs, complaints, patient experience and claims etc.

During 2016-17 the Trust will review its Business Continuity Strategy and associated policy and procedures. A Business Impact Analysis will be completed to inform the prioritisation of development, review and testing of Trust business continuity plans.

Controls Assurance Standards

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

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. NIAS will continue to develop its 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. This will include continuing to seek the implementation of an electronic Patient Report Form (ePRF) to support improvements in the delivery of clinical care through timely clinical audit, integration with the wider HSC including the EHCR and primary care systems, as well as supporting alternative care pathways introduced 2015/16.

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

During 2016-17 the Trust will develop and implement a new Health and Wellbeing Action Plan. The key focus will be the positive promotion of health and wellbeing including particular attention to mental health.

The Plan will include a menu of specific initiatives designed to ensure an action based approach to create a new energy and focus in respect of health and wellbeing within

the Trust. Engagement with and involvement of, trade union colleagues and staff will be an important element of this work. Specific initiatives will include:

- Consideration of paramedic administration of flu vaccination
- The establishment of a staff health and wellbeing group
- An in partnership work stream with trade unions
- Creation of a Health and Safety sub-committee on stress
- Consideration of potential for peer support programme
- Health and Wellbeing Day

PPI And Patient Experience

During 2016-17 NIAS will ensure a renewed focus on the Patient and Client Experience Standards including promotion among staff. The Trust will continue to work in partnership with the Public Health Agency to implement the 10,000 Voices Project to gather patient stories and analyse learning from these to inform improved practice and service user experience. During this coming year this will focus in particular on the stories of those accessing our Appropriate Care Pathways (ACPs). Stories and related learning and action will be shared within the organisation to staff, managers and Trust Board.

The Trust will continue to work to mainstream Personal and Public Involvement (PPI) in development of Trust plans. We will work to build on work undertaken during 201516 in relation to engagement with and involvement of service users and representative groups in the development and implementation of the Trust's approach to
Transforming Your Care and the related ACPs and service changes. Particular focus this year will be on the involvement of Carers in these work streams.
The Trust will also undertake work to review and improve systems for identifying learning from PPI activity in order to ensure consideration of this learning within planning and decision making.

The Trust will continue to work in partnership with other HSC organisations in respect of the implementation of these work streams and report progress through the Trust's Equality and PPI Steering Group and Trust Board.

INFORMATION FOR TRUST DELIVERY PLANS 2016/17

Trust

Table No.

FP1 **Forecast Financial Position**
This should reflect both the planned 2016/17 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 **Proposals included in calculation of the financial gap 2016/17**
These tables are to indicate the proposals included in the calculation of the financial gap. As appropriate, a commentary should 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. Each proposal should be identified by Programme of care.

FP3a **Proposals to address financial gap 2016/17**
These tables are to indicate the plans to address the financial gap. As appropriate, a commentary should be included against planned measures together with a RAG status and assessment of any likely impact on service delivery. Where non-recurrent measures are required these should also be detailed. Additional rows can be inserted as required. Each proposal should be identified by Programme of care.

FP4 **Workforce Planning - Indicative Impact on WTE**
Trusts should provide estimate of staffing impact of the cash releasing plans detailed on FP3 and indicative allocations/investments on paid WTE.

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

FP6 **Detail of Income**
This details the areas of income in 2016/17 by Programme of Care

FP7 **Detail of Expenditure**
This details the areas of expenditure in 2016/17 by Programme of Care

FP8 **Demography**
Gross pressure by Scheme by Programme of Care should be recorded with slippage identified separately in proforma and the Trust identifying:

The level of modelled demand that will be avoided in year by the reform and transformation investments made by LCGs in 2015/16

The level of demand that is realised in year that can be addressed through productivity and other cash avoidance means

INFORMATION FOR TRUST DELIVERY PLANS 2016/17 **FP1**

TRUST: NIAS

Contact Name: Sharon McCue
Position: Director of Finance
Phone No: 02890400999

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

Date Completed: August 2016

TABLE 2 **FINANCIAL POSITION**	**2016/17**	
	In Year Effect	Full Year Effect
	£'000	£'000
Expenditure:		
1.1 Staff costs	52,656	52,332
1.2 Other expenditure	13,164	13,101
1.3 Total expenditure	65,821	65,433
Income:		
2.1 Income from activities	385	385
2.2 Other income	110	110
2.3 Total income	495	495
3 **Net expenditure**	65,326	64,938
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**	65,326	64,938
Calculation of Revenue Resource Limit (RRL)		
6.1 Allocation from HSCB (as per FP2)	65,326	64,010
6.2 Allocation from PHA (as per FP2)	-	-
6.3 Total Allocation from HSCB/PHA	**65,326**	**64,010**
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**	65,326	64,010
7.1 **Surplus / (Deficit) against RRL**	**0**	**(928)**
7.2 % Surplus / (Deficit) against RRL	0.00%	-1.45%

Notes:

June Monitoring allocations non-recurrent. Opening recurrent gap 2017/18 £928k.
Accident & Emergency staff currently being paid at Band 4 and Band 5 on account, without prejudice and subject to the outcome of the matching process. The Trust continues with the assumption that the Board will fund the full legitimate costs of Agenda for Change for NIAS.
Income levels for prior year developments, new service developments and other unavoidable pressures are as outlined in the assumed allocations and the Trust is assuming that these costs will be met in full.

INFORMATION FOR TRUST DELIVERY PLANS 2016/17 **FP2**

Name of Trust:
NIAS

RECONCILIATION OF RRL TO PLANNED INCOME

Date Completed: August 2016

INCOME FROM COMMISSIONERS	**2016/17**	
	In-Year Effect	**Full Year Effect**
1. HSCB	**£'000**	**£'000**
RRL as at May 2016	61,260	61,260
Assumed Allocations:		
BSO Shared Services NIC uplift	3	3
Contribution to Trust Pressures	687	687
Ringfenced - Funding for 3% increase in employers contribution rates in Public Service Pensions	1,163	1,163
Transformation Fund - NIAS Alternative Care Pathways	495	
Transformation Fund - NIAS Trust Backfill	216	
Transformation Fund - NIAS in relation to Community Resuscitation Development Officers	33	
May letter	63,858	63,114
REVERSAL - Transformation Fund - NIAS in relation to Community Resuscitation Development Officers	(33)	
HSC ICT Programme Transfers - Tranche 1 - CCIO	11	
HSC ICT Programme Transfers - Tranche 1 -NIAS EPRF Manager	50	
MIMMS	10	
June letter	63,896	63,114
Additional Funds (per email 25.03.16. L Stead)	244	244
No longer available - replaced with	(244)	(244)
Unscheduled Care Letter dated 7th July 2016	572	0
Other Pressures-Letter dated 7th July 2016	356	0
HSC VES Additional Funding 2016/17	81	0
Major Trauma Network Funding	12	12
Change Fund Demand Analysis	0	0
HEMS - NIAS COSTS	143	See below
July letter	65,060	63,126
To Be Confirmed/Actioned:		
Community First Response (reduced per email 29.07.16)	*135*	*260*
HEMS - NIAS COSTS	*107*	*600*
HEMS - LIBOR ALLOCATION	*TBC*	
Re-align BSO SLA	*24*	*24*
Pay Award	*TBC*	
Demography 2016/17	*TBC*	
Winter Pressures	*TBC*	
RCCE	*TBC*	
Total Assumed Allocations	**266**	**884**
HSCB Income as per FP1	65,326	64,010
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 2016/17

Name of Trust: **FP3**

NIAS

Date Completed: August 2016

Proposals included in calculation of the financial gap 2016/17

	Recurrent/Non recurrent	RAG Status	POC	POC	POC	POC	POC	POC	POC	POC	POC	Total	Commentary
Project Title			**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**		
			£'000	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**	
1 Further reduction in administration/management costs	REC	GREEN	50									50	
2 Further reduction in Non Pay Costs	REC	GREEN	100									100	
3												0	
4												0	
5												0	
6												0	
7												0	
etc												0	
Total			**150**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**150**	

INFORMATION FOR TRUST DELIVERY PLANS 2016/17

Name of Trust: NIAS

FP3a

Date Completed: August 2016

Proposals to address financial gap 2016/17

Project Title	Recurrent/Non recurrent	RAG Status	POC 1 £'000	POC 2 £'000	POC 3 £'000	POC 4 £'000	POC 5 £'000	POC 6 £'000	POC 7 £'000	POC 8 £'000	POC 9 £'000	Total £'000	Commentary (to include RAG status and any likely impact on service delivery)	Likely Headcount Impact (WTEs)
1 Reduce Non Pay Costs	REC	GREEN	400									400	Maintain restrictions in place in relation to minor estate schemes andclinical equipment to constrain expenditure	0.00
2 Reduce Administration/Management Costs	REC	AMBER	50									50	Reprofile management cover arrangements (VES Scheme). Subject to successful voluntary application.	(1.00)
3												0		
4												0		
5												0		
6												0		
7												0		
etc												0		
Total			**450**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**450**		

INFORMATION FOR TRUST DELIVERY PLANS 2016/17 **FP4**

Trust	NIAS	Date Completed: August 2016

2016/17 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	(1.00)								**(1.00)**
Temporary Staff									**0.00**
Decreases in Overtime & ADH Payments									**0.00**
Agency/Bank Staff (Equivalent)									**0.00**
Independent Sector Staff									**0.00**
Totals	**(1.00)**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**(1.00)**

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

2016/17 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								50.00	**50.00**
Temporary Staff									**0.00**
Increases in Overtime & ADH Payments									**0.00**
Agency/Bank Staff (Equivalent)									**0.00**
Independent Sector Staff\foster carers									**0.00**
Totals	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**50.00**	**50.00**

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.

2016/17 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								26.00	**26.00**
Temporary Staff									**0.00**
Increases in Overtime & ADH Payments									**0.00**
Agency/Bank Staff (Equivalent)									**0.00**
Independent Sector Staff									**0.00**
Totals	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**26.00**	**26.00**

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)

2016/17 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	(1.00)	0.00	0.00	0.00	0.00	0.00	0.00	76.00	**75.00**
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	**(1.00)**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**76.00**	**75.00**

INFORMATION FOR TRUST DELIVERY PLANS 2016/17 **FP5**

Name of Trust:
NIAS

Workforce Planning

Date Completed: August 2016

Staff Group	Actual WTE as at 31 March 2016			Staff on Payroll	Agency/Locum Staff		Total
	On Payroll	Agency/locum	Total	Projected WTE 31 March 2017	Projected WTE 31 March 2017		Projected WTE 31 March 2017
Admin & Clerical	93	22	115	92	22		114
Estate Services			0				0
Support Services	3	0	3	3	0		3
Nursing & Midwifery			0				0
Social Services			0				0
Professional & Technical			0				0
Medical & Dental	2	0	2	2	0		2
Ambulance Service	1,074	4	1,078	1,150	4		1,154
Total	1,172	26	1,198	1,247	26		1,273

FP6

INFORMATION FOR TRUST DELIVERY PLANS 2016/17

TRUST: NIAS

Date Completed: August 2016

Detail of Income 2016/17

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 2016/17	61,260									61,260
Opening PHA RRL 2016/17										0
										0
BSO Shared Services NIC uplift	3									3
Contribution to Trust Pressures	687									687
Ringfenced - Funding for 3% increase in employers contribution rates in Public Service Pensions	1,163									1,163
Transformation Fund - NIAS Alternative Care Pathways	495									495
Transformation Fund - NIAS Trust Backfill	216									216
Transformation Fund - NIAS in relation to Community Resuscitation Development Officers	33									33
REVERSAL - Transformation Fund - NIAS in relation to Community Resuscitation Development Officers	(33)									(33)
HSC ICT Programme Transfers - Tranche 1 - CCIO	11									11
HSC ICT Programme Transfers - Tranche 1 -NIAS EPRF Manager	50									50
MIMMS	10									10
Additional Funds (per email 25.03.16. L Stead)	244									244
No longer available - replaced with	(244)									(244)
Unscheduled Care	572									572
Other Pressures	356									356
HSC VES Additional Funding 2016/17	81									81
Major Trauma Network Funding	12									12
Change Fund Demand Analysis	0									0
HEMS - NIAS COSTS	143									143
Community First Response (reduced per email 29.07.16)	135									135
HEMS - NIAS COSTS	107									107
HEMS - LIBOR ALLOCATION	TBC									0
Re-align BSO SLA	24									24
Pay Award	TBC									0
Demography 2016/17	TBC									0
Winter Pressures	TBC									0
RCCE	TBC									0
Indicative Allocations:										0
Additional NICE										0
CCaNNI funding										0
Demography 2015/16										0
Maternity Pressures										0
Unscheduled care/winter pressures (incl P2&P5)										0
2013/14 pressures - demography general (LCG S) indicatively addictions										0
										0
3% Superannuation										0
										0
Additional Funds from HSCB										0
										0
Additional Pay to be assumed										0
										0
Inescapable Pressures										0
										0
Transformation fund										0
Acute and community learning disability pressures 2016/17 pressure										0
Total Income	**65,326**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**65,326**

INFORMATION FOR TRUST DELIVERY PLANS 2016/17

TRUST: NIAS

Date Completed: August 2016

Detail of Expenditure 2016/17

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 2016/17	61,260									61,260
Opening PHA RRL 2016/17										0
										0
Opening Deficits	0									0
BSO SLA	24									24
BSO NiCS Uplift	3									3
Pay	411									411
Non Pay	405									405
Living Wage										0
NIC	1,200									1,200
3% Superannuation	1,163									1,163
Demography 2016/17										0
Inescapable Service Pressures										0
Transformation fund	711									711
Shortfall/Savings Plans	(400)									(400)
Other Indicative Pressures: list										0
Demography 2015/16 - Demand Analysis below	(300)									(300)
Maternity Pressures										0
Unscheduled care/winter pressures (incl P2&P5)										0
2013/14 pressures - demography general (LCG S) indicatively addictions										0
HSC ICT Programme Transfers - Tranche 1 - CCIO	11									11
HSC ICT Programme Transfers - Tranche 1 -NIAS EPRF Manager	50									50
MIMMS	10									10
Community First Response	135									135
Change Fund Demand Analysis	300									300
HEMS	250									250
HSC VES Additional Funding 2016/17	81									81
Major Trauma Network Funding	12									12
Pay Award	TBC									0
Demography	TBC									0
Winter Pressures	TBC									0
RCCE	TBC									0
VES	TBC									0
Other Pressures: list										0
National min wage (prior years impact)										0
CRC										0
High Cost Fostering Placements										0
Interventional Radiology										0
Cath Labs										0
Off label drugs										0
IS nursing homes / dom care price increase										0
Theatres leasing										0
Four seasons tariff										0
Resettlement / Transitioning shortfall										0
SDS @ £10.79										0
RAID shortfall										0
Medial staffing shortfall (eg: junior doctors, consultants)										0
International Nurse Recruitment										0
Bed pressures										0
Childrens' Services Pressures										0
BSO Shared Services & Soc Care procurement										0
Contracts pressures (estates, records management)										0
GP OOH HMRC ruling										0
Acute and community learning disability pressures 2016/17 pressure										0
Total Expenditure	**65,326**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**65,326**

(0)

INFORMATION FOR TRUST DELIVERY PLANS 2016/17

TRUST:

NIAS

Date Completed: August 2016

Demography 2016/17

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
Gross Demography										
Programmes list:										
										0
Demand avoided through reform investment										0
Productivity										0
										0
Slippage										0
Total Net Demography 2016/17	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

Transformational change in NIAS is being delivered specifically through the introduction and mainstreaming of Alternative Care Pathways. This involves alternative ambulance responses to the traditional transporting of patients to ED's. The demand benefits of such programmes are broadly neutral in NIAS, however are more significant for the patient and for other Trusts. For example, at the end of March 2016, over 7,000 patients were appropriately *not* conveyed to hospital by NIAS compared to 2013/14.

Appendix 1

Baseline Activity and Performance

	Belfast LCG	South-Eastern LCG	Northern LCG	Southern LCG	Western LCG	NI
Emergency Calls	52,774	36,150	48,242	34,369	30,790	202,325
Emergency Cat C HCP Calls	10,821	6,638	10,555	5,774	4,416	38,204
Non-Urgent	24,146	17,317	70,978	49,447	31,660	193,548

The Department expects that NIAS will deliver as a minimum activity volumes as presented in the table above.