NORTHERN IRELAND AMBULANCE SERVICE

Annual Business Plan & Trust Delivery Plan

2013-2014

15/04/2013

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

Contents

Introduction

This document sets out a programme of action for the Northern Ireland Ambulance Service (NIAS) for the financial year 2013-14, 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 (draft). The document should be read in conjunction with NIAS Corporate Plan 2011-2014. It builds on our efforts to date to improve and modernize the service. At its core is a desire to provide safe, effective, high-quality 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 those who commission and provide ambulance services as well as those who receive them and, indeed, the whole community which relies on these services being there when they are needed. 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 our 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. Four key areas have been identified and continue to be prioritized; patients with life-threatening conditions; patients with urgent, long-term and other conditions, improving health and tackling inequality; and simplifying access for patients while delivering care 24/7.

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 clinicians working outside hospitals on both a scheduled and unscheduled basis. While this activity is generally less clinically urgent than the 999 emergency activity, it remains a core element of our total activity and meeting the requirements of the patients is no less demanding or important.

NIAS has experienced significant growth and demand for emergency 999 response calls over recent years and 999 activity has more than doubled since 1999-2000. In addition to the 132,447 emergency calls responded to in 2011/12 ambulance staff also transported 35,386

patients for GP's and other clinical professionals and undertook 205,269 non-emergency patient transports. In total the ambulance service undertook 351,977 patient transports during the course of 2011/12.

NIAS has engaged fully and proactively with the review of healthcare initiated by the Minister in 2011. The level and value of engagement is 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 DHSSPS Advisory and Assurance Group.

The appendices include a high-level assessment of the report recommendations and an indication of NIAS proposals for contribution to delivery. We look forward to participating fully in the implementation of Transforming Your Care.

Review of 2012/13

Financial pressures remained a constant concern as we sought to embed the savings introduced in the 2008-2011 period and deliver savings required for 2012-13. This difficult operating environment was compounded by other pressures including further acute service changes with A&E reconfiguration necessitating rapid change to mitigate against impact. The timing and temporary nature of the service change prevented NIAS from employing and training permanent staff to support the change and created issues in relation to maintaining planned levels of ambulance cover.
We have achieved financial breakeven in year and have delivered a sound foundation for maintaining this in the future. We have improved our clinical performance and introduced clinical developments which have improved patient care and outcomes.

We have dealt with and absorbed further increases in demand for ambulance services. However, it is clear that our capacity to respond to spikes in demand and acute service pressures resulting in congestion of emergency departments and slow turnaround of ambulance personnel has been eroded by these demand increases which have not been accompanied by corresponding investment. We have not been able to maintain response performance to Category A calls within target levels set by DHSSPS. We are working with colleagues, in particular DHSSPS and the Health and Social Care Board, to introduce proposals necessary to improve ambulance services including response and clinical quality, thereby contributing to improved health and well-being and saving lives.

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 pressurized 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 ambulance services within available financial resources.

Operating Environment 2013-14

Financial Resources

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 2008-11 budget settlement presented the Health Service (including NIAS) with the challenge of delivering substantial efficiency savings. These savings reduced NIAS' core budget by 9%. Linked to these savings and described in detail in our public consultation document was associated additional revenue of £2.5m in 2008-9 increasing to £5.4m by 2010-11.

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 HSC Board has advised that 2012-15 will be a difficult financial period for Health and Social Care. NIAS continues to engage directly with HSC Board colleagues to establish and maintain a clear understanding of the specific impact on NIAS. At this point, the recurrent savings required are: 2012/13, £1.176 million; 2013-14, £1.066 million; 2014-15, £0.802 million; resulting in a projected cumulative £3.044 million by 2014/15.

We have developed a series of proposals for recurrent and non-recurrent revenue savings in 2013/14 which are designed to enable us to maintain financial balance while long term plans for the full amount are progressed. 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.

Planned Savings

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. These proposals describe how we will address the immediate requirement to maintain financial stability during 2013-14 and 2014-15.

The key aspects of the savings proposed are;

- A shift in the make-up of the crew in an emergency ambulance from one paramedic supported by an emergency medical technician, to one paramedic supported by a paramedic assistant.

- A 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.
- Reconfiguration of planned levels of Rapid Response resources to better match supply with demand and remove less-productive cover
- Miscellaneous savings associated with non-staff spend
- Reduction in management spend
- Reduction in training spend

The detail is available in the appendices.

Income and Expenditure

Financial Pro-forma are attached (as FP1, 2 & 3) which provide details of NIAS' forecasted income and expenditure for 2013/14. These have been prepared in conjunction with the HSC Board.

Compliant with the accounting regime introduced by DHSSPS, income is shown excluding capital charges. The allocations from HSC Board are shown in draft and may be subject to revision.

The forecasted income levels are shown following deductions for cash releasing efficiency savings and inclusion of investment as advised by HSC Board at the date of compilation of this document.

NIAS is required to plan and make provision for a range of national and international events for the forthcoming financial year (such as G8 Summit, World Police & Fire Games, UK City of Culture). Extensive planning exercises are underway incorporating NIAS and HSCB and it is anticipated that the costs to NIAS of supporting these events will be met in full as reflected in attached financial proforma.

It is recognised that such underlying assumptions may change during the forthcoming year.

Investment Proposals & Cost Pressures

Acute Service reconfiguration in response to acute 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.

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 DHSS 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.

Capital Investment Plan

NIAS priorities for capital investment have been reviewed with DHSSPS and Commissioners. 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)

The planned capital investment is shown in the attached Financial Proforma (FP3).
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.

Information Governance

NIAS plans to take steps to maintain / improve the quality of information presented to its Trust Board and key stakeholders. The Trust will continue to embed information governance principles throughout the Trust. This will include training to increase awareness of staff across the organization, highlighting their role and responsibilities in the area of information governance'.

Workforce

Workforce Strategy

NIAS has an 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 reorganisation 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. HR Controls Assurance standards achieved substantive compliance. Health and Safety Controls Assurance achieved substantive compliance.

Attendance Management

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. Management absence continues to be a priority for the Trust. NIAS % absenteeism for the last 7 years is detailed below:-

Absence	Hours Lost (%)
2005-06	8.17
2006-07	8.38
2007-08	8.38
2008-09	6.99
2009-10	6.72
2010-11	6.87
2011-12	7.18
2012-13	7.32*

**2012-13 figures as at Feb 2013*

The management of attendance remains a priority for the Trust, indicated by the progress made in reducing absence since 2005-6, and absence levels for all employees are monitored closely. 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; development of a management training programme; and building upon its system of performance management which will target management of absence as a priority linked to improving response capacity and ensure 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 planned savings.

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 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 RATC 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 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.

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 continue to seek recurrent funding to address these issues while also exploring and developing internal workforce solutions to address this issue.

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.

Performance Management and Appraisal

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

1. 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,
2. Performance against Corporate objectives and targets.

The DHSSPS have set the following target in relation to priorities for NIAS 13/14 Business Plan:

1. Outline the key steps and milestones to be achieved during 2013/14 to implement the knowledge and skills framework.
2. Take steps to ensure that by 30 June 2013 90% of staff will have had an annual appraisal of their performance during 2012/13.
3. Ensure by 31 March 2014 100% of all Doctors have been subject to an annual appraisal.

The NIAS Trust has systems in place to fully address 1 and 3 above. In relation to 2, the Trust has recently 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 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 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 Regulation and Appraisal 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 2012-13, 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 introduced an Assurance Framework incorporating a comprehensive risk management strategy based on the Australian Standard AS/NZS 4360:2004. 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. This approach is consistent with, and makes an important contribution to, the DHSSPS Quality 2020 strategic goal in relation to Transforming the Culture.

Engaging with our communities

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. 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 the previous year to embed a Personal and Public Involvement (PPI) agenda within NIAS. This will involve implementation of a 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 user 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 role this out to all secondary and primary school children. Issues around securing sufficient funding have constrained implementation to date. We will also 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.

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 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.

Priorities & Objectives for 2013-14

The ambulance service is faced with a number of challenges that must be addressed in order to provide high-quality, safe services for patients.

The overall aim of the Minister for Health, Social Services and Public Safety is to improve the health and well being of the people of Northern Ireland. In pursuing this aim through the Health and Social Care (HSC) system, the key objective is to improve outcomes through a reduction in preventable disease and ill health by providing effective and high quality interventions and services, equitably and efficiently, to the whole population. NIAS, in common with other health service providers in Northern Ireland is directed by the DHSSPS Ministerial priorities for health and the Commissioning Plan of the Health and Social Care Board/Public Health Agency.

These priorities are reflected in our strategic and operational plans and activities. The objectives and delivery priorities for 2013-14 are outlined below, aligned with Ministerial Priorities, NIAS Strategic Objectives from the Corporate Plan, HSCB/PHA Commissioning Plan Priorities, and DHSSPS Business Planning Priorities. The Commissioning Plan aligns Ministerial Priorities with Commissioning Plan Objectives and associated actions for Trusts and other bodies, including NIAS. In responding to these specific commissioning plan priorities NIAS has sought to reflect our contribution to delivering the associated over-arching Ministerial Priorities.

Detailed commentary in respect of the key drivers for the development of objectives

- NIAS Corporate Plan Objectives;
- DHSSPS Business Planning Requirements 2013-14;
- Commissioning Plan Objectives, Standards & Targets 2013-14;
- Indicators of Performance 2013-14.

is attached at the relevant appendices to this document.

NIAS 2013-14 Objectives

1) Further develop the service delivery model for scheduled and unscheduled care and transportation to address rural issues and exploit partnership opportunities.
    a. Introduce revised Operational Dispatch model to target RRV and A&E ambulances more effectively on Cat A over Cat B/C /Urgent calls to prioritise delivery of Cat A response targets
    b. Realign Emergency Ambulance Control to operational priorities to prioritise delivery of fast, clinically effective, patient-centred ambulance response
    c. Resolve indemnity issues impacting on development of Community First Response
    d. Influence development of Community Resuscitation Strategy and use as a vehicle to develop service delivery model and address rural issues

e. Develop, and (subject to HSC support) implement, proposals for the introduction of “111” non-emergency, unscheduled care service

2) Review and develop operational systems and processes to support the service delivery model and provide necessary assurances of appropriateness, accessibility, timeliness and effectiveness.
    a. Implement Business Services Transformation Programme(BSTP) in line with agreed timeframes and processes
    b. Increase pool of Voluntary Car Service(VCS) drivers
    c. Introduce revised management of meal breaks and hospital turnaround
3) Build and maintain a high-performing, appropriately skilled and educated workforce, suitably equipped and fit for the purpose of delivering safe, high-quality ambulance services.
    a. Harmonise NIAS terms and conditions of service where they are inconsistent with Agenda for Change
    b. Implement workforce plan to manage vacancies in line with delivery of savings requirements
    c. Maintain accreditation for Education and Training
    d. Develop workforce plans for implementation of Transforming Your Care(TYC)
    e. Implement Knowledge & Skills Framework(KSF) requirements
    f. Deliver mandatory training
4) Promote and develop an open, transparent and just culture focussed on patients and patient safety.
    a. Deliver initiatives for safer patient care in conjunction with HSC Safety Forum
    b. Publish Assurance Reports and audit of Non-Clinical Indicators of Performance
5) Establish and develop agreed outcome-based, clinical and non-clinical, quality indicators for patients to identify opportunities to improve outcomes for patients and pursue the resources and processes necessary to deliver better outcomes.
    a. Publish Assurance Reports and audit of Clinical Indicators of Performance
    b. Demonstrate effectiveness of initiatives to manage people closer to home to prevent unnecessary and inappropriate hospital attendance

6) Review existing resources and ensure resource utilisation is aligned with delivery of agreed outcome-based quality indicators for patients and high quality corporate governance, risk management and probity.
    a. Make recommendations to Commissioner to reflect demand pressures in core budgets
    b. Implement Savings Plans to achieve financial breakeven
    c. Secure funding associated with 2013-14 events (G8, etc)
    d. Implement BSTP staffing changes
    e. Implement DHSSPS Business Planning Requirement priorities
    f. Re-establish effective prompt payment regime
7) Establish processes, built around our Patient and Public Involvement (PPI) strategy, to enable effective communication and engagement with all our communities and their representatives.
    a. Implement PPI Strategy
    b. Secure access to patient representation via Patient & Client Council(PCC)
    c. Undertake joint initiative with PCC on stakeholder engagement
8) Use those PPI processes to clarify the ambulance role, function and resource with the community and agencies responsible for setting policy and commissioning ambulance services, and test this against their perceived/assessed needs and expectations.
    a. Ensure NIAS is represented on relevant PPI forums
    b. Review and enhance NIAS web presence and communication
    c. Introduce tools to enhance public presentation of NIAS information
9) Work with all stakeholders, in particular regional and local commissioners and providers of services, to establish processes to enable and support full participation of the ambulance service in the development and delivery of responsive integrated health services.
    a. Establish process for NIAS engagement with Integrated Care Partnerships(ICP) to maximise opportunities to influence development of local health and social care solutions

b. Establish process for NIAS engagement with TYC Unscheduled Care workstream to maximise opportunities to influence development of local and regional health and social care solutions
c. Ensure NIAS is represented on relevant TYC forums

Regional Commissioning Priorities 2013/14 – NIAS-specific.

Commissioning Objectives	**NIAS Response**
Unscheduled Care	
By September 2013, the Ambulance Service will, in collaboration with primary and secondary care clinicians, develop and implement agreed protocols to enable paramedics to assess and treat patients at the scene (including home) without transporting them to hospital, where appropriate.	Protocols will be in place by September 2013 for… • Diabetic hypoglycaemia • Falls in the elderly Protocols will be developed for a range of other conditions including… • Asthma • Epilepsy • Mental Health • Minor Head Injuries Implementation timeframes will be established in conjunction with relevant stakeholders.
By December 2013, Trusts will agree clear protocols on the management of major trauma patients and further develop collaboratively these as necessary towards establishing a Trauma Managed Clinical Network[1].	NIAS will contribute fully to the Trauma Clinical Network and review and revise, as appropriate, ambulance protocols already in place for the management of major trauma.
By December 2013, Trusts and ICPs will ensure that effective arrangements are in place to prevent unnecessary attendances at Emergency Departments including: Access arrangements in General Practice (including out-of-hours) for patients requiring urgent unscheduled care, including telephone triage; GP direct access to appropriate diagnostics	NIAS will continue to engage with Trusts and establish engagement processes with ICPs to contribute fully in this area. In particular NIAS is keen to develop telephone triage via 111 telephone or equivalent to enhance unscheduled care arrangements in line with the recommendations of the Transforming Your Care report. NIAS is also keen to expand

[1] Further discussion required between Commissioner and provider(s) and / or DHSS&PS

to enhance management of conditions in Primary Care; and rapid outpatient assessment or community-based ambulatory assessment (within 1-2 days) following same day discussion between GP and senior hospital doctor and agreed decision on steps to take in patient management.	the role of paramedics as clinical professionals operating in the community to enhance patient care and management in the pre-hospital setting to maintain their independence and provide care closer to home.
During 2013/14, all Trusts to confirm that the necessary components are in place to deliver 7-day working on acute sites including access to radiology, pharmacy, and senior medical decision-makers with closer liaison with district/community nursing, AHPs and social care in order to prevent an unnecessary emergency admission through appropriate patient handover and earlier discharge.	Not directly applicable to NIAS.
By June 2013, all Trusts and LCGs will have jointly, identified, quantified and agreed the necessary community services required to ensure that Length of Stay (LOS) within hospitals, acute care at home and post-acute care are optimised. Integral to this will be the development, collaboratively among Trusts (including NIAS), by March 2014, of a directory of community services to support timely discharge of patients as well as prevent emergency attendances/admissions.	NIAS will engage fully with other stakeholders in the development and maintenance of a Directory of Services, and looks to HSCB to lead in the development of this Regional workstream.
Trusts and HSCB will work with independent sector providers to identify practice, training and contractual implications of preventing unnecessary admissions to acute care from nursing homes.	NIAS will review systems and processes, working with HSC and other bodies to prevent unnecessary attendances at hospital.
Trusts will progress a comprehensive range of targeted health and wellbeing programmes in all localities to address the changing health and well-being needs of older people. They should ensure that arrangements are in place:- • To improve provision of advice information and signposting on all	NIAS will continue to engage with Trusts and establish engagement processes with ICPs to contribute fully in this area. In particular NIAS is keen to develop telephone triage via 111 telephone or equivalent to enhance unscheduled care arrangements in line with the recommendations of the Transforming Your

aspects of health and wellbeing improvement • Deliver a co-ordinated, multi-faceted falls prevention service • To fully implement the "Promoting Good Nutrition Guidelines for Older people across all settings • Develop and co-ordinate a shared service model to reduce the risk of social isolation and poor mental well-being amongst vulnerable older people • With relevant partners to reduce the risk of social isolation and poor mental well-being particularly amongst vulnerable older people. • Deliver a co-ordinated range of Targeted Physical Activity and Health programmes to address the CMO Guidelines for Physical Activity	Care report. NIAS is also keen to expand the role of paramedics as clinical professionals operating in the community to enhance patient care and management in the pre-hospital setting to maintain their independence and provide care closer to home.
All Trusts should ensure that existing service provision is tailored to meet the needs of vulnerable groups including: • Looked After Children; • Homeless people • LGBT • Travellers • Migrant groups	NIAS will review service provision to ensure that the needs of vulnerable groups are identified and met within the constraints of the pre-hospital emergency & non-emergency care environment.
All Trusts should support social economy businesses and community skills development through public procurement, expanding capacity incrementally over the following 3 years.	NIAS will work with Centres of Procurement Expertise and other stakeholders to support social economy businesses and community skills development through public procurement.
All Trusts should test and review arrangements to maintain the required standard of emergency preparedness to respond safely and effectively to a range of threats, hazards and disruption potentially associated with specific major events including the G8 Summit; the World Police & Fire Games 2013 and the All Ireland Fleadh in August as part of the City of Culture in Derry/Londonderry	NIAS will test and review arrangements to maintain the required standard of emergency preparedness to respond safely and effectively to a range of threats, hazards and disruption potentially associated with specific major events. We will plan for the events and engage with external agencies to secure and apply resources to maintain service delivery.

All Trusts will continue to monitor and review the occurrence of Health care Associated Infections (HCAI) and implement appropriate and agreed infection control measures with particular reference to Ministerial targets on Clostridium difficile and MRSA.	NIAS will continue to monitor and review the occurrence of Health care Associated Infections (HCAI) and implement appropriate and agreed infection control measures consistent with the pre-hospital operating environment.
All Trusts should develop their specialist community services to respond to the needs of people whose behaviours challenge services and those with offending behaviours including a 24 hour response 7 days per week and high support beds in the community.	NIAS will continue to develop processes to identify and respond to the needs of people whose behaviours challenge services and those with offending behaviours.
By March 2014, reduce the number of unplanned admissions to hospital by 10% for adults with specified long term conditions through: • Community teams that are available to meet patient needs including provision of a named nurse for patients on disease registers (with clear arrangements for dealing with multi-morbidity and complex medication regimes)and access to specialist medical or nursing advice • Development of admissions/escalation protocols between community teams and secondary care	NIAS will continue to engage with Trusts and establish engagement processes with ICPs to contribute fully in this area. In particular NIAS is keen to develop telephone triage via 111 telephone number or equivalent to enhance unscheduled care arrangements in line with the recommendations of the Transforming Your Care report. NIAS is also keen to expand the role of paramedics as clinical professionals operating in the community to enhance patient care and management in the pre-hospital setting to maintain their independence and provide care closer to home.
Stroke • Thrombolysis ➢ All Trusts to achieve a door to needle time of 60 minutes on a 24/7 basis ➢ Trusts to achieve a minimum 10% thrombolysis rate for acute ischaemic strokes. • Urgent assessment of high risk TIAs ($ABCD^2$>4) must be available on a 7 day basis •	NIAS will continue to engage with Trusts to contribute fully in this area through the pre-hospital identification of potential patients, and the early notification of receiving hospitals of patients en-route. Appropriate priority will be given to the effective planned discharge of stroke patients.

• All Trusts should support early supported discharge (ESD) following an acute stroke. This should support shorter LOS and "shift left" where resources will be freed from hospital beds to develop services in the community.	
Cardiac • Implement a Familial Hypercholesterolaemia cascade testing service in N. Ireland • Commission a model for Emergency Life Support (ELS) training in the community together with an audit process to monitor agreed outcomes.[2]	NIAS will contribute to the development of a model for Emergency Life Support (ELS) training in the community through the Community Resuscitation Strategy development process.
All Trusts to ensure that all children receiving palliative care have an emergency plan agreed with their GP, care team and secondary care services	NIAS will engage with relevant professionals to secure appropriate access to relevant information to contribute to this process.
All Trusts to implement the recommendations of the RQIA Independent Review of Pseudomonas in neonatal units and NICE guidance on antibiotics for the prevention and treatment of early-onset neonatal infection	NIAS will continue to implement the recommendations of the RQIA Independent Review of Pseudomonas, as they apply to the organisation.
All Trusts and ICPs should ensure that effective arrangements are in place to engage and promote awareness with the general population and professionals regarding issues around palliative care, dying and service delivery around death.	NIAS will review processes and engage with other stakeholders to ensure that effective arrangements are in place to engage and promote awareness with the general population and professionals regarding issues around palliative care, dying and service delivery around death.
All Trusts and ICPs should ensure that effective arrangements are in place to engage and promote awareness with the general population and professionals regarding issues around palliative care, dying and service delivery around death.	NIAS will review processes and engage with other stakeholders to ensure that effective arrangements are in place to engage and promote awareness with the general population and professionals regarding issues around palliative care, dying and service delivery around death.

[2] Further work will be undertaken during 2013/14 to finalise any funding requirements associated with this development and to identify the source of any necessary funding (HSCB/PHA/DHSSPS)

All Trusts and ICPs should provide education and training in communication and end of life care for all staff (e.g. GPs, hospital doctors, nurses, allied health professionals, ambulance staff, social workers, support workers etc)	NIAS will continue to provide education and training in communication and end of life care for operational staff.
Trusts and HSCB will collaborate in producing a needs analysis of people who are Deafblind to improve assessment and access to services.	NIAS will review processes to identify and address issues of access to services for people who are Deafblind.
A 24/7 primary Percutaneous Cardiac Intervention (pPCI) services should be established (networked with NIAS and across Trusts) for Northern Ireland. Scheduled cardiac catheterisation laboratory capacity should increase in NI to circa 105 per week (to include extended day and weekend working) by September 2013 to improve access to diagnostic intervention and treatment as required.	NIAS is currently directly engaged in this development and will work with stakeholders to establish and introduce the ambulance resources and processes necessary to provide a safe and effective pPCI service in NI.

DHSSPS Business Planning Requirements 2013-14 for NIAS

(Key Areas requiring additional action/new processes in-year)

1.2 By 30 September 2013 undertake a review of the ALB's Assurance Framework against Departmental guidance issued in April 2009.	NIAS will establish the necessary processes to comply with this requirement.
1.8 Ensure the ALB's 2014/15 Business plan is prepared in line with Departmental requirements, approved by the ALB Board and submitted to the Department by end of January 2014.	NIAS will establish the necessary processes to comply with this requirement.
1.15 Take steps to maintain/ improve the quality of information/data being presented to the ALB Board by:	NIAS will establish the necessary processes to comply with this requirement.

a) Identifying before the end of April 2013 an Executive Board member lead with responsibility for providing assurance on the quality of data/information presented to the ALB board to support decision-making; b) Taking steps to ensure that during 2013/14 a data quality assurance process is in place which provides the Board with assurance that data collected and information provided to them is fit for purpose, robust and of a consistently high standard; and, c) Ensuring that the Board is provided with and considers as appropriate the publications of Northern Ireland official and national statistics on health and in particular those that inform progress against ministerial targets.	
2.1 Deliver on the prompt payment of invoices by: a) Achieving/maintaining the minimum standard of paying 95% of invoices within 30 days or other agreed terms during 2013/14; and, b) Establishing and delivering a realistic 10 day prompt payment target for the organisation,	NIAS will seek to comply with this requirement as in previous years, by re-establishing key processes. Current performance has been adversely impacted by temporary pressures arising from implementation of BSTP project. NIAS will comply with the requirement in respect of 10 day prompt payment.

expressed as a percentage of invoices to be paid within 10 working days during 2013/14**.**	
2.6 Improve efficiency and value for money by: a) Conducting a review of management costs within your organisation and prepare a report and savings plan to be approved by your Board and the Department by June 2013**;** b) Improving the efficiency of the organisation during 2013/14, e.g. deliver productivity and cash releasing efficiencies as set out in the QICR plans/population plans**;** and, c) Developing a plan to deliver efficiencies (productivity and cash releasing) during 2014/15 by 30th June 2013.	NIAS will establish the necessary processes to comply with this requirement. The savings proposals developed for 2013-14 & 2014-15 incorporate planned reduction of management costs. The savings proposals developed for 2013-14 & 2014-15 incorporate planned efficiency savings linked to improving productivity. The savings proposals developed account for the period 2014-15.
2.9 Set out steps to provide assurance during 2013/14 to your Board to demonstrate compliance with DFP and Departmental procurement requirements/guidance including: a) Procurement guidance notes as set out in HSC Finance circulars, procurement Estates Letters (PELs), the Ministerial approved recommendations in the	NIAS will build on existing and where necessary establish additional processes to comply with this requirement. Relevant guidance and direction will be reviewed by responsible NIAS Director(s) and action plans established to achieve compliance. Guidance and associated action plans and activity will be reported to Trust Board through relevant committees.

Department's Review of Procurement, and agreed recommendations of the Public Accounts Committee**;** and, **b)** The 'Public Accounts Committee Recommendations from Investigation of Suspected Contract Fraud in the Procurement of Maintenance Contracts by Belfast Education and Library Board'.	
2.10 During 2013/14, adoption or maintenance of good procurement practice, as specified to individual ALBs in the Department's Review of Procurement, or as separately promulgated by the Department, and establish a process to provide assurance to your Board in this regard**.**	NIAS will build on existing and, where necessary, establish additional processes to comply with this requirement. Relevant guidance and direction will be reviewed by responsible NIAS Director(s) and action plans established to achieve compliance. Guidance and associated action plans and activity will be reported to Trust Board through relevant committees.
2.14 Your business plan must set out steps to be taken to : a) Ensure that property costs demonstrate value for money; b) Actively dispose of surplus assets; and, **c)** Ensure that the organisation has access to appropriate skills and expertise in property management either internally or externally.	NIAS will establish necessary processes to comply with this requirement. Estate VFM and effective utilisation will be demonstrated through Estates Strategy, associated business cases and Property Asset Management Plan. NIAS has an asset disposal programme in place, closely linked to fleet replacement programme, etc.

2.16 To set out steps to be taken to support the: a) PFG target to reduce greenhouse gas emissions by at least 35% on 1990 levels by 2025; and b) DHSSPS objectives as outlined in the Sustainable Development Strategy "Everyone's Involved" and the Strategy implementation plan "focused on the future".	NIAS will establish necessary processes to comply with this requirement where applicable.
2.18 Take steps to minimize sickness absence during 2013/14 by: a) Establishing a realistic sickness absence target for the organisation, expressed as a percentage of available staff days to be achieved during 2013/14; b) Identifying within the business plan the key steps and actions to be taken during 2013/14 to reduce or where appropriate maintain current sickness absence level; and c) Undertaking a review and report to the ALB Board and Department by 30th September 2013 of the key reasons behind staff absence and patterns in long term and short term absence.	NIAS will maintain existing processes to comply with this requirement as in previous years. NIAS will review absence target on an annual basis and bring recommendations to the Trust Board of targets to be applied. Attendance management action plans will be developed and presented to Trust Board through the Assurance Committee. The annual Human Resources Report will be the vehicle for conveying this information to Trust Board & DHSSPS.

2.21 Take steps to ensure that by 30 June 2013 90% of staff will have had an annual appraisal of their performance during 2012/13.	NIAS will establish necessary processes to comply with this requirement, and will seek to do so within the timeframe specified.
2.25 Outline the key steps and milestones to be achieved during 2013/14 to prepare for auto enrolment of staff on pension schemes.	NIAS will establish necessary processes to comply with this requirement.
3.1 Work as part of the Regional group to publish the first Annual Quality Report by 31st March 2014.	NIAS will establish necessary processes to comply with this requirement.

Looking Ahead – Preparatory Work for 2014 and Beyond

The key requirement in this regard is positioning the ambulance service 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 2013/14
- 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 developing the "111" telephone number as a means of simplifying and enhancing access to unscheduled care services. We are anxious to engage positively with Integrated Care Partnerships and exploit 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 recognize also that the implementation of Transforming Your 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 recognize the consequences of change and resource them appropriately. The appendices contain an outline of significant Transforming Your Care issues from an ambulance perspective and our assessment of the potential contribution NIAS can make in these areas. We intend through the appropriate project management arrangements to exploit these opportunities fully.

Appendices

Appendix 1. Northern Ireland Ambulance Service Savings Plan 2013-2015

Executive Summary

Health & Social Care Board requires NIAS to make £1.2M Cash-Release Savings during 2012/13 with a further £1.045M in 2013/14 and £1.002M in 2014/15. This represents a cumulative requirement of £3.047M by 2014/15.

Preface

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 Risk issues.

Savings proposals have been developed to assign priority to rapid 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 remains concerned at the risks identified within these proposals. The Board is also concerned that proposals emanating from other trusts in response to this exercise will present further changes which have a detrimental effect on the delivery of ambulance services and place at risk both NIAS proposals for service reconfiguration and measures to protect patients.

Introduction

This plan seeks to address the issues arising from the requirement to operate within constrained/reduced finances for the period 2013-15 and is developed in response to direction from DHSSPS & HSCB. Although some additional funding has been identified to support specific service developments, the savings applied to base budgets present a significant hurdle to maintaining the foundations on which current performance is delivered as the platform for service development.

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 referred by GPs.
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 4.7% increase in the volume of 999 calls responded to this year, which amounts to 6,000 extra calls per year – 16 extra 999 responses on average each day. During 2011/12 NIAS experienced a 3.8% increase in emergency calls received, resulting in our dealing with an average of 389 emergency 999 calls per day. Overall there was an increase of 1.3% in ambulance journeys undertaken as we transported 351,997 patients –

equivalent to one person in five of the population of Northern Ireland. 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.

During 2011/12 we saw increased numbers of patients waiting longer than before for admission to Accident & Emergency (A&E) units. This delayed the handover of ambulance patients to hospital staff which, in turn, led 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 paramedic-led and delivered thrombolysis, FAST-test and rapid access to Stroke Centres, rapid access to Primary Cardic Interventions . 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 increased risk of 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 immediate transport capacity could constitute a clinical risk, eg severe trauma, stroke, haemorrhage, paediatrics.

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 capacity to contribute fully and effectively within current time expectations will be adversely impacted by reduction in transport capacity to deliver efficiency and response targets.

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 2008-11 budget settlement presented the Health Service (including NIAS) with the challenge of delivering substantial efficiency savings. These savings reduced NIAS' core budget by 9%. Linked to these savings and described in detail in our public consultation

document was associated additional revenue of £2.5m in 2008-9 increasing to £5.4m by 2010-11.

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 HSC Board has advised that 2012-15 will be a difficult financial period for Health and Social Care. NIAS continues to engage directly with HSC Board colleagues to establish and maintain a clear understanding of the specific impact on NIAS. At this point, the recurrent savings required are: 2012/13, £1.176 million; 2013-14, £1.066 million; 2014-15, £0.802 million; resulting in a projected cumulative £3.044 million by 2014/15.

We have developed a series of proposals for recurrent and non-recurrent revenue savings in 2013/14 which are designed to enable us to maintain financial balance while long term plans for the full amount are progressed. 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.

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. Incidents can and do occur throughout Northern Ireland at all times and in determining service delivery we must plan on that basis. Given the reduction in base budget, the service delivery model needs to be revised and reconfigured.
The savings proposals which follow represent NIAS' analysis and assessment of the most appropriate and effective way of maintaining or enhancing existing ambulance service provision within a reduced revenue budget.

NIAS Budget Analysis To Identify Options For Potential Savings

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 in 2011/12 was analysed to identify prospective areas for efficiency savings. It is apparent from the exercise that the bulk of NIAS spend remains in payroll. 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 patient interaction.

This analysis has 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.

Planned Savings Summary

NIAS has now set out, in response to the above targets, plans to outline how the cash release element of the savings requirement set by HSCB and DHSSPS will be achieved. These plans describe how we will address the immediate requirement to maintain financial stability during 2013-14 and 2014-15.

The key elements of the savings planned are;

1. A shift in the make-up of the crew in an emergency ambulance from one paramedic supported by an emergency medical technician, to one paramedic supported by a paramedic assistant.
2. A 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.
3. Reconfiguration of planned levels of Rapid Response resources to better match supply with demand and remove less-productive cover
4. Miscellaneous savings associated with non-staff spend
5. Reduction in management spend
6. Reduction in training spend

	Premise: Health & Social Care Board requires NIAS to make £2.2M Cash-Release Savings during 2013/14 rising to £3M during 2014/15			
	Proposal – Acute Productivity	**Estimate of Savings**		**Commentary**
		2013/14	**2014/15**	
1.	**Patient Care Service (PCS) - Non-Emergency Patient Transportation.** Review activity levels, current service provision models and eligibility criteria for non-emergency patients in conjunction with HSCB. Develop proposals to more effectively utilise NIAS PCS and Voluntary Car Service (VCS) thereby effecting savings in the order of	750,000	1,500,000	The objective is to review productive use of available resources to deal with demand for patient care services using fewer vehicles, thereby reducing requirement for staff. The review will also consider and explore increasing use of alternatives to traditional non emergency ambulance transport. There may be strong opposition especially in rural areas. HSCB involvement and support is key.

	Premise: Health & Social Care Board requires NIAS to make £2.2M Cash-Release Savings during 2013/14 rising to £3M during 2014/15			
	Proposal – Staff Productivity	**Estimate of Savings**		**Commentary**
2.	**Paramedic Assistant** Revise Skill-mix on Emergency Ambulances to replace Emergency Med Technician (A4C Band 4) with Paramedic Asst (A4C Band 3) as support to Paramedic as lead clinician.	250,000	497,000	This proposal will be met with strong resistance from staff and Trade unions and will be presented as a risk to public safety.

	Premise: Health & Social Care Board requires NIAS to make £2.2M Cash-Release Savings during 2013/14 rising to £3M during 2014/15			
	Proposal – Acute Productivity	**Estimate of Savings**		**Commentary**
3.	**RRV** Reconfigure RRV to match activity and resources	500,000	500,000	This level of savings has been introduced in this area in 2012/13 and is presented here as recurrent savings.

	Premise: Health & Social Care Board requires NIAS to make £2.2M Cash-Release Savings during 2013/14 rising to £3M during 2014/15			
	Proposal – Other Productivity	**Estimate of Savings**		**Commentary**
4.	**Non-Payroll Expenditure** Identify savings in areas such as contracts eg. MFDs, insurance, uniforms	150,000	150,000	There will continue to be attempts to change practice and renew contracts to generate savings.

	Premise: Health & Social Care Board requires NIAS to make £2.2M Cash-Release Savings during 2013/14 rising to £3M during 2014/15			
	Proposal – Staff Productivity	**Estimate of Savings**		**Commentary**
5.	**Management/Administrative Expenditure** Management Costs	100,000	200,000	Mgt costs 2011/12 £3,792K. Plan to reduce by 5% to generate savings of c. £200K over two years.

	Premise: Health & Social Care Board requires NIAS to make £2.2M Cash-Release Savings during 2013/14 rising to £3M during 2014/15			
	Proposal– Other Productivity	**Estimate of Savings**		**Commentary**
6	**Education/Training Expenditure** Regional Ambulance Training Centre	500,000	200,000	Review planned training programme to identify recurrent, and where necessary non-recurrent, savings. Mandatory clinical training will continue to be prioritized.

Workforce implications by sector

The table which follows describes the workforce implications by sector.

Key points:

1. Non-Emergency Ambulance: 48 fewer staff are required to deliver same volume of activity. Remaining staff operate at a greater level of efficiency. Changes to other elements of ambulance service offer opportunities to facilitate redeployment of affected staff, therefore no requirement for loss of jobs is anticipated.
2. Emergency Ambulance: 290 EMT posts will be regraded from Band 4 to Band 3. NIAS currently has 110 vacancies at EMT level, therefore, 180 personnel will be affected by downgrade. Staff will be eligible for protection to offset immediate impacts on salary. Existing vacancy levels are sufficient to facilitate change therefore no requirement for loss of jobs is anticipated.
3. RRV: Minor impact due a small number of staff being displaced from existing base location to alternative location. Existing vacancy levels are sufficient to facilitate change therefore no requirement for loss of jobs is anticipated.
4. Management/Administration: estimate is for 5 posts over two years linked to BSTP reduction in head count.

Governance Arrangements – Planning & Implementation

As with previous saving plans, planning and implementation of savings proposals will be the responsibility of the delegated budget holding Director reporting to the Chief Executive as Accounting Officer. Monitoring mechanisms currently in place will be assessed to affirm that they are appropriate for the monitoring and ongoing assurance of delivery of savings in the future.

Savings Proposals Detail

Saving Proposal 1: Non-Emergency Ambulance Expenditure

Proposal Patient Care Service - Non-Emergency Patient Transportation. Realignment of planned PCS ambulance utilisation to deliver greater efficiency from reduced investment	Estimate of Saving 2013/14 £750,000	Estimate of Saving 2014/15 £1,500,000
Issue: Background & Driver for Change The objective is to review productive use of available resources to deal with demand for patient care services using fewer vehicles, thereby reducing requirement for staff to man vehicles. The review will also consider and explore increasing use of alternatives to traditional non emergency ambulance transport. Review activity levels, current service provision models and eligibility criteria for non-emergency patients in conjunction with HSCB. Develop proposals to more effectively utilise NIAS PCS and VCS thereby effecting savings.		
Evidence Base Analysis of activity information has identified that NIAS planning arrangements for non-emergency ambulance transport is currently resulting in ambulances operating at 25-30% of maximum patient-carrying capacity. This proposal seeks to transport the same number of patients in fewer ambulances, thereby securing a 40% improvement in non-emergency ambulance carrying capacity utilization.		
Baseline Activity/Costs In 2011/12, NIAS spent £6.6 million on non-emergency ambulance transport for 113,187 patients, averaging 5 patient journeys per ambulance per day. This proposal seeks to spend £5.1 million on non-emergency transport for 113,187 patients by averaging 7 patient journeys per ambulance per day.		
Costs associated with delivery of proposals (Netted off or Funding Source) Netted off.		
Monitoring Metric for achieving proposal NIAS Director of Finance to review spend in nominated areas and report quarterly to Chief Executive. Quarterly Report to NIAS Trust Board on spend and productivity. Report to Financial Stability Programme Board.		
Quality/Safety implications There are no safety implications identified as the same vehicles will continue to be manned by the same personnel (albeit fewer in number).		

Patients may experience longer journey times and less individualized transportation arrangements due to the requirement to operate more efficiently.
Service Delivery Implications (Targets, Indicators of Performance) There may be an increase in complaints in relation to patient experience due to loss of individualized transportation.
Staff Implications Approximately 48 staff will need to be redeployed to alternative employment within NIAS. We have identified a need for Paramedic Assistants in the emergency ambulance tier which we would consider to be a reasonable redeployment opportunity for relevant staff.
Key Milestones Revise planning arrangements for non-emergency ambulance transport to increase efficiency and reduce requirement for non-emergency ambulances. Identify vehicles/staff to be affected. Consult as appropriate. Implement savings plan
Key Risks (Management of Risks) Insufficient savings identified. • Identify alternative savings proposals Identified savings not achieved. • Identify alternative savings proposals
Equality Impact Assessment Not yet complete.

Saving Proposal 2: Emergency Ambulance Expenditure

Premise: Health & Social Care Board requires NIAS to make £2.2M Cash-Release Savings during 2013/14 rising to £3M during 2014/15		
Proposal Revise Skill-mix on Emergency Ambulances to introduce Paramedic Assistant as support to Paramedic as lead clinician.	Estimate of Saving 2013/14	Estimate of Saving 2014/15
	£250,000	£497,000
Evidence Base It is proposed that current and future EMT vacancies and positions currently filled by EMTs will be filled by Paramedic Assistants. This proposal is based on a principle which has been widely implemented throughout healthcare regionally and nationally that lead clinicians (such as paramedics), as registered health care professionals, take clinical responsibility for the patients and that they would be adequately supported by an assistant in the delivery of care. Assistant roles have been in development for over ten years throughout healthcare in the UK starting in nursing and then moving to physiotherapy and other allied healthcare professions. The reason for this was to provide support to enable healthcare professionals to concentrate on their professional clinical work and free them up from the important but necessary work that is needed to provide patients with a full caring service.		

Baseline Activity/Costs

Costs associated with delivery of proposals (Netted off or Finding Source)
If the 184 EMTs currently in post are redeployed into PA roles, pay protection arrangements would apply. The costs of protecting salaries for EMTs operating at the lower graded PA will reduce over time to yield a potential saving of up to £1.6M in up to 15 years time.

- Other costs which have to be considered include;
    - Any additional costs of paramedic positions to rebalance skill mix need to be considered
    - Rationalisation of the full range of training for all grades
    - Project management

An alternative approach would be to declare voluntary or compulsory redundancies for the EMTS currently in post. No costs for this scenario have been considered at this stage as there is no scope currently for compulsory redundancy.

Monitoring Metric for achieving proposal
NIAS Director of Finance to review spend in nominated areas and report quarterly to Chief Executive.
Quarterly Report to NIAS Trust Board
Report to Financial Stability Programme Board.

Quality/Safety implications
NIAS has invested significant resources over recent years to ensure, as far as reasonably possible, that responding emergency ambulance vehicles are staffed by paramedics. All Rapid Response Vehicles are staffed by paramedics. The traditional emergency ambulance used to respond and transport patients to hospital is currently crewed by two ambulance personnel – one paramedic and one EMT.
Although the paramedic is the lead clinician, driving and patient attendance duties can be shared, with the paramedic retaining professional responsibility for the assessment and care of the patient whether they are providing direct care and treatment or the EMT is undertaking this role. This position reflects historical practice and does not take account of the advances in clinical practice and drug administration for the paramedic which has not been matched by the EMT.
The acute hospital reconfiguration which has taken place to date, and the further reconfiguration signalled by Transforming Your Care, has increased the time spent by patients in the care of ambulance personnel and the acuity of patients being transferred between sites. In this environment it is both necessary and appropriate that the paramedic concentrate on patient care and treatment while the driving and support duties are delegated to staff in a support role.

Service Delivery Implications (Targets, Indicators of Performance)
Nil

Staff Implications
As this is a skill mix change there will be no reduction in headcount overall. EMTs will effectively be replaced by a similar number of PAs.
There are currently 295 funded positions within NIAS for Emergency Medical Technicians (EMT). Unlike paramedics, EMTs are not regulated as health professionals and the Trust

has been actively encouraging this grade of staff to avail of additional training to become paramedics. As a result of many taking up this opportunity there are currently in the region of 110 vacancies in this EMT grade. It is important to note that Agenda for Change bandings are still not resolved for paramedics or EMTs. This proposal will mean that NIAS will phase out the Emergency Medical Technician role. Instead paramedics will be supported in emergency ambulances by Paramedic Assistants who will undertake emergency and non-emergency driving and support the paramedic. In addition to emergency driving, the paramedic assistant will be trained and equipped to support the paramedic in providing safe, high-quality, effective patient care.
Key Milestones
Key Risks (Management of Risks) Insufficient savings identified. • Identify alternative savings proposals Identified savings not achieved. • Identify alternative savings proposals
Equality Impact Assessment Not yet completed.

Saving Proposal 3: Rapid Response Expenditure

Premise: Health & Social Care Board requires NIAS to make £2.2M Cash-Release Savings during 2013/14 rising to £3M during 2014/15			
Proposal Matching supply of RRV resources to demand.	Estimate of Saving 2013/14	Estimate of Saving 2014/15	Estimate of Saving Full Year Effect (FYE)
Description Realignment of RRV resources with demand patterns and appropriate utilization. The RRV Efficiency 2012 initiative sets out the Northern Ireland Ambulance Service Trust's plan to maintain RRV performance while reducing the core workforce without the need for redundancies.	500,000	500,000	500,000
Evidence Base The RRV Efficiency 2012 initiative sets out the Northern Ireland Ambulance Service Trust's plan to maintain RRV performance while reducing the core RRV funded establishment without the need for redundancies. The plan will result in reduced RRV cover at times of minimal RRV effectiveness, increased cover levels during periods of high demand and a reduction of 14 paramedics posts from the Core RRV workforce. This reduction in posts will not result in a reduction in the number of current staff in post.			
Cash Release OR Productivity	Cash Release		
Baseline Activity/Costs Currently, 30 Rapid Response Vehicles (RRVs) deliver first line paramedical services to the			

public across Northern Ireland. 24 of these cars have a staffing compliment of 3 paramedics. These cars deliver an average of 16 hours of cover per day spread between the hours of 7 am in the morning and 2 am the following morning.
It is proposed to utilise 35 Rapid Response Vehicles (RRVs) to deliver first line paramedical services to the public across Northern Ireland. All 35 of these cars are to have a staffing compliment of 2 paramedics. These cars will deliver an average of 11 hours of cover per day spread between the hours of 8 am and 12 midnight.

Costs associated with delivery of proposals (Netted off or Funding Source)
Netted off.
Capital cost of additional fleet vehicles addressed within 2012-13 fleet replacement investment.

Monitoring Metric for achieving proposal
RRV resource plan will be adjusted to reflect reduction in planned spend.
NIAS Director of Finance to review spend in nominated areas and report quarterly to Chief Executive.
Quarterly Report to NIAS Trust Board
Report to Financial Stability Programme Board.

Quality/Safety implications
Matching supply with demand will provide more RRV at times when they are required and can be deployed most effectively, however there will be a reduction of emergency response capacity overall at times when the RRV are less likely to provide an appropriate response. This will require ongoing monitoring and management.

Service Delivery Implications (Targets, Indicators of Performance)
Risk of drop in performance where RRV removed and potential for improvement where they are increased.

Staff Implications
Minimal

Key Milestones
Revised RRV plan issued to Resource Management Centre and introduced Q4 2012-13.

Key Risks (Management of Risks)
Insufficient savings identified.

- Identify alternative savings proposals

Identified savings not achieved.

- Identify alternative savings proposals

Unforeseen needs arise causing cost/time pressure

- Revise plan and bid for additional resources to meet pressure, linking additional cost to relevant service development.

Negative impact on Cat A Response time performance

- The Trust will continue to monitor RRV contribution following the initiative to maintain Category A Performance across the service as well as ensuring that any impact on patients and / or staff is minimised or mitigated.

Equality Impact Assessment
The Trust fully recognises that changes to the configuration of frontline services have the potential to affect local communities, service users, carers and staff. In respect of this proposal specifically, care has been taken in the drafting of the proposal to deliver the required savings, to minimise the impact on all these groups.
Whilst essentially the hours of RRV cover have been reduced, the reduction has been targeted at hours of lowest RRV Paramedic contribution to emergency calls. It is also at these times when many calls may potentially be deemed inappropriate for the despatch of a lone responder. In addition a proportion of these saved hours have been reinvested in providing RRV Paramedic cover at times of increased activity levels where they would operate more effectively. Consequently the Trust considers that the proposals will have a minor impact on service users and that to some degree this may be a positive impact.
In respect of staff affected, as indicated, trade union colleagues have agreed that the impact is minimal given the reduction in posts has been managed through vacancy control without the need for redundancies. There will be a minor impact on staff as a consequence of changed shift patterns and some related staff movement. This will be undertaken in line with previously consulted upon and agreed principles for staff movement.

Saving Proposal 4: Non-Pay Expenditure

Premise: Health & Social Care Board requires NIAS to make £2.2M Cash-Release Savings during 2013/14 rising to £3M during 2014/15			
Proposal Reducing Non-Pay Expenditure	Estimate of Saving 2013/14	Estimate of Saving 2014/15	Estimate of Saving Full Year Effect (FYE)
Description Review non-pay expenditure with focus on reducing contracted spend.	150,000	150,000	150,000
Cash Release OR Productivity	Cash Release		
Evidence Base Analysis of supplier-based expenditure, comparing current with previous year can identify areas where procurement changes have taken place and had effect. Changes in practice at varying levels within the organisation which result in reduced/increased expenditure can be identified and addressed. Best practice can be supported and embedded, while potentially inappropriate/unnecessary spend can be challenged and prevented from recurring.			
Baseline Activity/Costs NIAS non-pay expenditure is in the region of £10.6 million per annum. While the majority of this is attributed to direct provision of patient care and relatively inflexible, such as vehicle fuel costs/maintenance costs, there are some areas where expenditure can be reduced or curtailed. Examples of this would be printing/copying costs following introduction of new technology, insurance costs following investment in replacement fleet.			
Costs associated with delivery of proposals (Netted off or Finding Source) Nil			

Monitoring Metric for achieving proposal NIAS Director of Finance to review spend in nominated areas and report quarterly to Chief Executive. Quarterly Report to NIAS Trust Board Report to Financial Stability Programme Board.
Quality/Safety implications Nil
Service Delivery Implications (Targets, Indicators of Performance) Nil
Staff Implications Nil
Key Milestones Comparative Analysis of supplier spend to be completed by March 2013. Preliminary Savings Programme due April 2013. Q1 report identifying savings due June 2013.
Key Risks (Management of Risks) Insufficient savings identified. Identify alternative savings proposals Identified savings not achieved. Identify alternative savings proposals
Equality Impact Assessment No significant issues identified.

Saving Proposal 5: Management/Administration Expenditure

Premise: Health & Social Care Board requires NIAS to make £2.2M Cash-Release Savings during 2013/14 rising to £3M during 2014/15			
Proposal Reduce Management/Administrative Costs	Estimate of Saving 2013/14	Estimate of Saving 2014/15	Estimate of Saving Full Year Effect (FYE)
Description Review management/administrative costs to identify posts which can be released or restructuring to support service delivery with cost-reduction.	100,000	200,000	200,000
Evidence Base While we consider that the management/administrative costs incurred are appropriate given the size, scale and operating environment within which NIAS is engaged, we are committed to identifying further opportunities to reduce management and administrative costs. Previous benchmarking of NIAS management/administrative costs with other ambulance services in the UK has demonstrated our costs to be within national norms.			
Cash Release OR Productivity	Cash Release		
Baseline Activity/Costs NIAS core management/administrative costs were £3,792,000 in 2011/12.			
Costs associated with delivery of proposals (Netted off or Finding Source) Netted off.			

Monitoring Metric for achieving proposal Revise reporting to introduce monthly report on management/administrative costs by high level cost centre. NIAS Director of Finance to review spend in designated areas and report quarterly to Chief Executive. Quarterly Report to NIAS Trust Board Report to Financial Stability Programme Board.
Quality/Safety implications Reduced management capacity leads to reduction in resilience, particularly where small teams operate collectively and the loss of one member can have a disproportionate impact on team performance.
Service Delivery Implications (Targets, Indicators of Performance) Reduced management capacity leads to reduction in resilience, particularly where small teams operate collectively and the loss of one member can have a disproportionate impact on team performance.
Staff Implications Estimate 9 posts over 2-year period.
Key Milestones Issue communication to staff for expressions of interest in VR/VER, MARS etc by end February 2013. Critically review use of Agency staff by end March 2013.
Key Risks (Management of Risks) Insufficient savings identified. • Identify alternative savings proposals Identified savings not achieved. • Identify alternative savings proposals
Equality Impact Assessment Not yet completed.

Saving Proposal 6: Education/Training Expenditure

Premise: Health & Social Care Board requires NIAS to make £2.2M Cash-Release Savings during 2013/14 rising to £3M during 2014/15			
Proposal Education/Training Cost Reduction	Estimate of Saving 2013/14	Estimate of Saving 2014/15	Estimate of Saving Full Year Effect (FYE)
Description Review clinical and nonclinical training plans to identify cost reduction as a result of doing things differently or not doing non-mandatory training.	500,000	200,000	200,000
Evidence Base NIAS has invested heavily in our workforce over the years and remains committed to ongoing investment in this area. However, new ways of working are developing which offer			

opportunities to review and revise education and training methods and realise cost savings without compromising outcomes. Changes in the configuration of NIAs workforce also offer further opportunities to do things differently.	
Cash Release OR Productivity	Cash Release
Baseline Activity/Costs NIAS core education and training costs were £2,138,000 in 2011/12.	
Costs associated with delivery of proposals (Netted off or Finding Source) Netted off.	
Monitoring Metric for achieving proposal Education and Training Plan will be adjusted to reflect reduction in planned spend. NIAS Director of Finance to review spend in nominated areas and report quarterly to Chief Executive. Quarterly Report to NIAS Trust Board Report to Financial Stability Programme Board.	
Quality/Safety implications Nil. Mandatory training requirements will be maintained. Scale of reduction will not prevent pursuit of identified quality/safety training initiatives.	
Service Delivery Implications (Targets, Indicators of Performance) Nil.	
Staff Implications Nil.	
Key Milestones Revised Education and Training plan to be produced for each financial year reflecting revised budget allocation.	
Key Risks (Management of Risks) Insufficient savings identified. • Identify alternative savings proposals Identified savings not achieved. • Identify alternative savings proposals Unforeseen education/training needs arise causing cost/time pressure • Revise training plan and bid for additional resources to meet pressure, linking additional cost to relevant service development.	
Equality Impact Assessment Not yet completed.	

Appendix 2. NIAS Corporate Plan Objectives 2013-14

Strategic Aim 1. High Quality, Safe Care	Strategic Aim 2. Probity & Governance	Strategic Aim 3. Engaging Communities
Introduce revised Operational Dispatch model to target RRV and A&E ambulance more effectively on Cat A over Cat B/C Urgent calls	Resolve indemnity issues impacting on development of Community First Response	Increase pool of Voluntary Car Service(VCS) drivers
Realign Emergency Ambulance Control to operational priorities	Introduce revised management of meal breaks	Demonstrate effectiveness of initiatives to manage people closer to home to prevent unnecessary and inappropriate hospital attendance
Deliver mandatory training	Implement Business Services Transformation Programme(BSTP) in line with agreed timeframes and processes	Undertake joint initiative with PCC on stakeholder engagement
Deliver initiatives for safer patient care in conjunction with Safety Forum	Harmonise NIAS terms and conditions of service where they are inconsistent with Agenda for Change	Secure access to patient representation vie Patient & Client Council(PCC)
Implement workforce plan to manage vacancies in line with delivery of savings requirements	Maintain accreditation for Education and Training	Ensure NIAS is represented on relevant PPI forums
Implement a system of prioritisation for GP Urgent calls based on the patient's condition in consultation with the GPC and LMC's to more effectively manage this activity.	Develop workforce plans for implementation of Transforming Your Care(TYC)	Review and enhance NIAS web presence and communication

Contribute to the development of an integrated out of hours service both at regional and local level with DHSSPS, HSC Board and GP out of hours services.	Implement Knowledge & Skills Framework(KSF) requirements	Introduce tools to enhance public presentation of NIAS information
Participate in the development of managed care networks with other healthcare providers in accordance with the HSC Board priorities, particularly in the area of emergency care to improve the effectiveness and efficiency of services to the patient.	Make recommendations to Commissioner to reflect demand pressures in core budgets	Establish process for NIAS engagement with Integrated Care Partnerships(ICP) to maximise opportunities to influence development of local health and social care solutions
Develop alternative care pathways to meet the needs of the patient more appropriately and as an alternative to hospital admissions with the development of referral systems to other healthcare providers at the time of initial contact such as:- o Primary care; o Community nursing; o Mental health services; o Crisis response teams etc.	Implement Savings Plans to achieve financial breakeven	Establish process for NIAS engagement with TYC Unscheduled Care workstream to maximise opportunities to influence development of local and regional health and social care solutions

Participate in emergency and contingency planning with other emergency services, the M.O.D., N.I.O. and DHSSPS particularly in areas of CBRN, major incident management, Hazardous Area Response Teams (HART), & pandemic flu.	Secure funding associated with 2013-14 events (G8, etc)	Ensure NIAS is represented on relevant TYC forums
	Implement BSTP staffing changes	
	Implement PPI Strategy	
	Publish Assurance Reports and audit of Clinical and Non-Clinical Indicators of Performance	
	Participate with other HPSS trusts, bodies and agencies in regional finance initiatives, HR systems and equality initiatives and developments.	
	Re-establish effective prompt payment regime	

Appendix 3. DHSSPS Business Planning Requirements 2013-14 for NIAS

1. **Corporate – Domain**

DHSSPS Priority	NIAS Response
Governance	
1.1 Prepare and submit to the Department a: a) End year (2012/13) Governance statement; and, b) Mid-year (2013/14) assurance statement. on a timely basis in accordance with Departmental timescales.	NIAS will maintain existing processes to comply with this requirement as in previous years.
1.2 By 30th September 2013 undertake a review of the ALB's Assurance Framework against Departmental guidance issued in April 2009.	NIAS will establish the necessary processes to comply with this requirement.
1.3 Ensure that the Audit Committee self assessment is completed and returned to the Department by September 2013.	NIAS will maintain existing processes to comply with this requirement as in previous years.
1.4 By 30th September 2013 undertake a review and report to the ALB Board on the effectiveness of the ALB's systems in place to monitor and review progress on implementation of action plans resulting from legislative, regulatory, licensing or other inspections, inquiries, Internal audit	NIAS will establish the necessary processes to comply with this requirement.

reports, RQIA reports and external audit findings.	
1.5 During 2013/14 and where applicable assess the current level of compliance with controls assurance standards in a timely manner and in accordance with Departmental guidance and timescales.	NIAS will maintain existing processes to comply with this requirement as in previous years.
1.6 Ensure compliance on a timely basis with the documentary requirements set out in the MS/FM including Appendix 1 where this applies.	NIAS will maintain existing processes to comply with this requirement as in previous years.
1.7 By 31st March 2014 to ensure ongoing compliance with the Corporate Manslaughter Act and to alert the Department to any emerging issues as they arise.	NIAS will maintain existing processes to comply with this requirement as in previous years.
Business Planning	
1.9 Ensure the ALB's 2014/15 Business plan is prepared in line with Departmental requirements, approved by the ALB Board and submitted to the Department by end of January 2014.	NIAS will establish the necessary processes to comply with this requirement.
1.10 Ensure that 2014/15 Trust Delivery Plans are developed in line with the Commissioning Plan and in accordance with HSCB guidance and timescales**.**	NIAS will maintain existing processes to comply with this requirement as in previous years.

Business continuity/ Emergency Preparedness	
1.12 During 2013/14 test and review business continuity management plans to ensure arrangements to maintain services to a pre-defined level through a business disruption.	NIAS will maintain existing processes to comply with this requirement as in previous years.
Information Governance	
1.14 During 2013/14 implement and monitor action plans to achieve moderate compliance with the the revised Information Managment Controls Assurance Standard**.**	NIAS will establish the necessary processes to comply with this requirement.
1.15 Take steps to maintain/ improve the quality of information/data being presented to the ALB Board by: a) Identifying before the end of April 2013 an Executive Board member lead with responsibility for providing assurance on the quality of data/information presented to the ALB board to support decision-making; b) Taking steps to ensure that during 2013/14 a data quality assurance process is in place which provides the Board with assurance that data collected and information provided to them is fit for purpose, robust and of a consistently high standard; and,	NIAS will establish the necessary processes to comply with this requirement.

c) Ensuring that the Board is provided with and considers as appropriate the publications of Northern Ireland official and national statistics on health and in particular those that inform progress against ministerial targets.	

2 Resources – Domain

Priority	
2A - FINANCE	
Prompt Payment Performance	
2.1 Deliver on the prompt payment of invoices by: c) Achieving/maintaining the minimum standard of paying 95% of invoices within 30 days or other agreed terms during 2013/14; and, d) Establishing and delivering a realistic 10 day prompt payment target for the organisation, expressed as a percentage of invoices to be paid within 10 working days during 2013/14**.**	NIAS will seek to comply with this requirement as in previous years, by re-establishing key processes. Current performance has been adversely impacted by temporary pressures arising from implementation of BSTP project. NIAS will comply with the requirement in respect of 10 day prompt payment.
Quality of financial forecasts	
2.2 Improve the quality of financial forecasts during 2013/14 by ensuring that: a) The actual year-end forecast and monthly profiled financial forecast of expenditure provided to DHSSPS	NIAS will maintain existing processes to comply with this requirement as in previous years.

each month is prepared on a robust basis in line with deadlines and that any variances +/- 5% of the previous month's forecast are fully explained; and, b) The monthly year-end financial forecast as at September 2013 (and subsequent months) should be within +/- 0.5% of the final outturn.	
2.3 Achieve a financial breakeven target of 0.25% or £20k (whichever is the greater) of revenue allocation for 2013-14.	NIAS will maintain existing processes to comply with this requirement as in previous years.
Clinical negligence forecasts	
2.4 Ensure that the monthly forecasts of clinical negligence cases to be settled during 2013/14 is consistent with, and prepared in conjunction with, the information provided by the Directorate of Legal Services**.**	NIAS will maintain existing processes to comply with this requirement as in previous years.
Efficiency/Value for Money	
2.6 Improve efficiency and value for money by: d) Conducting a review of management costs within your organisation and prepare a report and savings plan to be approved by your Board and the Department by June 2013**;** e) Improving the efficiency of the organisation during 2013/14, e.g. deliver productivity and cash releasing	NIAS will establish the necessary processes to comply with this requirement. The savings proposals developed for 2013-14 & 2014-15 incorporate planned reduction of management costs. The savings proposals developed for 2013-14 & 2014-15 incorporate planned

efficiencies as set out in the QICR plans/population plans**;** and, f) Developing a plan to deliver efficiencies (productivity and cash releasing) during 2014/15 by 30th June 2013.	efficiency savings linked to improving productivity. The savings proposals developed account for the period 2014-15.
Timeliness of Financial Information	
2.7 Deliver key financial reports and documents on a timely basis in accordance with Departmental timeframes. In particular, the Strategic Resources Framework by 31 May 2013, the Trust Financial Returns by 19 October 2013 and the HRG Submissions by 2 November 2013.	NIAS will maintain existing processes to comply with this requirement as in previous years.
Business Cases	
2.8 Improve the quality of business cases (revenue and capital) and post project evaluations by: a) Conducting an annual review of the processes regarding the preparation and approval of all business cases to ensure they are compliant with extant guidance. Report findings of review to your Board and the Department by 30th April 2013; b) Developing a database for all revenue and capital business cases by 30th April 2013 and copy to Department; c) For capital projects, submission to the	NIAS will maintain existing processes to comply with this requirement as in previous years.

Department must be in line with agreed timeframes; and, d) Ensuring that a suitable skills base is maintained/developed to develop business cases.	
Procurement	
2.9 Set out steps to provide assurance during 2013/14 to your Board to demonstrate compliance with DFP and Departmental procurement requirements/guidance including: a) Procurement guidance notes as set out in HSC Finance circulars, procurement Estates Letters (PELs), the Ministerial approved recommendations in the Department's Review of Procurement, and agreed recommendations of the Public Accounts Committee**;** and, **b)** The 'Public Accounts Committee Recommendations from Investigation of Suspected Contract Fraud in the Procurement of Maintenance Contracts by Belfast Education and Library Board'.	NIAS will build on existing and where necessary establish additional processes to comply with this requirement. Relevant guidance and direction will be reviewed by responsible NIAS Director(s) and action plans established to achieve compliance. Guidance and associated action plans and activity will be reported to Trust Board through relevant committees.
2.10 During 2013/14, adoption or maintenance of good procurement practice, as specified to individual ALBs in the Department's Review of Procurement, or as separately promulgated by the Department, and establish a process to provide	NIAS will build on existing and, where necessary, establish additional processes to comply with this requirement. Relevant guidance and direction will be reviewed by responsible NIAS Director(s) and action

assurance to your Board in this regard**.**	plans established to achieve compliance. Guidance and associated action plans and activity will be reported to Trust Board through relevant committees.
Annual Accounts	
2.12 Prepare annual accounts on a timely basis in accordance with Departmental timescales**.**	NIAS will maintain existing processes to comply with this requirement as in previous years.

Priority	
2B – ESTATE	
Asset Management	
2.14 Your business plan must set out steps to be taken to : d) Ensure that property costs demonstrate value for money; e) Actively dispose of surplus assets; and, **f)** Ensure that the organisation has access to appropriate skills and expertise in property management either internally or externally.	NIAS will establish necessary processes to comply with this requirement. Estate VFM and effective utilisation will be demonstrated through Estates Strategy, associated business cases and Property Asset Management Plan. NIAS has an asset disposal programme in place, closely linked to fleet replacement programme, etc.
Other Estate Requirements	
2.17 To set out steps to be taken to support the:	NIAS will establish necessary processes to comply with this

c) PFG target to reduce greenhouse gas emissions by at least 35% on 1990 levels by 2025; and d) DHSSPS objectives as outlined in the Sustainable Development Strategy "Everyone's Involved" and the Strategy implementation plan "focused on the future".	requirement where applicable.

Priority	
2C – HUMAN RESOURCES	
Staff Absence	
2.18 Take steps to minimize sickness absence during 2013/14 by:	NIAS will maintain existing processes to comply with this requirement as in previous years.
d) Establishing a realistic sickness absence target for the organisation, expressed as a percentage of available staff days to be achieved during 2013/14;	NIAS will review absence target on an annual basis and bring recommendations to the Trust Board of targets to be applied.
e) Identifying within the business plan the key steps and actions to be taken during 2013/14 to reduce or where appropriate maintain current sickness absence level; and	Attendance management action plans will be developed and presented to Trust Board through the Assurance Committee.
f) Undertaking a review and report to the ALB Board and Department by 30th September 2013 of the key reasons behind staff absence and patterns in long term and short term absence.	The annual Human Resources Report will be the vehicle for conveying this information to Trust Board & DHSSPS.

Staff appraisal/development	
2.19 Outline the key steps and milestones to be achieved during 2013/14 to implement the knowledge and skills framework.	NIAS will maintain existing processes to comply with this requirement as in previous years.
2.21 Take steps to ensure that by 30th June 2013 90% of staff will have had an annual appraisal of their performance during 2012/13.	NIAS will establish necessary processes to comply with this requirement, and will seek to do so within the timeframe specified.
2.23 Ensure that by 31st March 2014 100% of doctors that are in the workplace have been subject to an annual appraisal.	NIAS will maintain existing processes to comply with this requirement as in previous years.
2.24 Undertake a review and report to the ALB Board and the Department by 30th September of the effectiveness of mentoring for student nurses.	Not Applicable
Pensions	
2.25 Outline the key steps and milestones to be achieved during 2013/14 to prepare for auto enrolment of staff on pension schemes.	NIAS will establish necessary processes to comply with this requirement.
Assaults on staff	
2.26 Introduce or maintain quarterly monitoring to the ALB Board on the volume and nature of incidence of violence against staff e.g. Physical abuse, verbal abuse, abuse related to the	NIAS will maintain existing processes to comply with this requirement as in previous years.

patient's/perpetrator's illness/mental health, abuse with malicious intent.	
2.27 Set out the key steps being taken during 2013/14 to reduce incidents of violence and provide support to staff who are victims of violence.	NIAS will maintain existing processes to comply with this requirement as in previous years.

3 Quality - Domain

Priority	
Q2020	
3.1 Work as part of the Regional group to publish the first Annual Quality Report by 31st March 2014.	NIAS will establish necessary processes to comply with this requirement.
NICE	
3.4 During 2013/2014 to ensure timely dissemination and implementation of NICE guidance in accordance with the requirements set out in the individual HSC Board Service Notifications.	NIAS will maintain existing processes to comply with this requirement as in previous years.
Patient Safety	
3.7 During 2013/2014 to promote the effective reporting and management of, and implement the learning from, serious adverse incidents/adverse incidents and near misses, and provide evidence to the HSCB/PHA that these requirements are being met.	NIAS will maintain existing processes to comply with this requirement as in previous years.

Appendix 4. HSCB Commissioning Plan Priorities

Proposed Indicators of Performance 2013/14

2012/13 Reference	Proposed 2013/14 Indicators of Performance	NIAS Response
A1	Average life expectancy for women and men	NIAS Response: Not Directly Applicable
A2	Life expectancy differential between Northern Ireland average and most disadvantaged areas for women and men	NIAS Response: Not Directly Applicable
A5	Admissions for Venous Thromboembolism	NIAS Response: Not Directly Applicable
A6	Age Standardised Death Rate (SDR) for under 75s for circulatory disease; respiratory disease; cancer; and liver disease in Northern Ireland and its most deprived areas	NIAS Response: Not Directly Applicable
A7	Suicide rates across Northern Ireland and the most deprived areas	NIAS Response: Not Directly Applicable
A8	Number of A&E presentations due to deliberate self harm	NIAS Response: Not Directly Applicable
A9	Prevalence of Diabetes	NIAS Response: Not Directly Applicable
A10	Level of overweight and obesity across the life course (2-10 year olds and 16+)	NIAS Response: Not Directly Applicable
A12	Proportion of adults who smoke	NIAS Response: Not Directly Applicable
A13	Number of pregnant women, children and young people, and adults from deprived areas (lower quintile) who set a quit date through cessation services.	NIAS Response: Not Directly Applicable
A15	Number of new episodes of sexually transmitted infections diagnoses made by Genito-urinary Medicine Clinics	NIAS Response: Not Directly Applicable

A16	Number of new HIV diagnoses	NIAS Response: Not Directly Applicable
A17	Uptake of seasonal flu vaccine by front-line Health and Social Care workers	NIAS will seek to maintain or improve the proportion of NIAS front-line personnel who receive the flu vaccine.
B1	Cancer Services: Percentage of patients receiving first definitive treatment within 31 days of a decision to treat	NIAS Response: Not Directly Applicable
B2	Cancer Services: Percentage of patients seen within 14 days of an urgent referral for breast cancer	NIAS Response: Not Directly Applicable
B3	Percentage of Category A (life threatening calls) responded to within eight minutes regionally, and in each LCG area	NIAS will continue to assign priority to achieving this target and thereby delivering prompt response to those most in need. The key components necessary to deliver the target are in place but their availability and application are constrained by related factors such as hospital congestion, slow ambulance turnaround, hospital diverts and redirects, and redeployment of ambulance resources to address local acute service pressures arising from acute reconfiguration.
B4	Number of new and unplanned attendances at emergency departments Types 1 and 2	NIAS Response: We will continue to work with partner health providers to deliver timely and relevant emergency and non-emergency ambulance transport where clinically necessary and appropriate. We will align our processes with wider HSC goals.
B5	Rate of review outpatient appointments where the patient did not attend	NIAS Response: Not Directly Applicable
B6	Rate of new outpatient appointments cancelled by the hospital	NIAS Response: Not Directly Applicable

B7	Number of GP referrals to consultant-led outpatient services	NIAS Response: Not Directly Applicable
B8	Number of patients admitted with stroke	NIAS Response: We will continue to work with partner health providers to deliver timely and relevant emergency and non-emergency ambulance transport where clinically necessary and appropriate. We will align our processes with wider HSC goals.
B10	Incidence of Pressure Ulcers Occurring in Hospital, Medical and Surgical Care Setting	NIAS Response: Not Directly Applicable
B11	Falls in Hospital Settings	NIAS Response: Not Directly Applicable
B13	Percentage of patients waiting over 13 weeks for any wheelchair (basic and specialised)	NIAS Response: Not Directly Applicable
B15	Attainment of targets set out in HSCB pharmacy efficiency programme.	NIAS Response: Not Directly Applicable
B19	Percentage (%) change in overall transplants.	NIAS Response: Not Directly Applicable
B21	The number of organs declined.	NIAS Response: Not Directly Applicable
B22	Percentage (%) increase in access to cardiac catheterisation	NIAS Response: We will continue to work with partner health providers to deliver timely and relevant emergency and non-emergency ambulance transport where clinically necessary and appropriate. We will align our processes with wider HSC goals.
C1	Activity in Maternity and Child Health Programme of Care (PoC)	NIAS Response: Not Directly Applicable
C2	Percentage of babies born by caesarean section and number of babies born in midwife led units, either freestanding or alongside.	NIAS Response: Not Directly Applicable
C3	Initial incidence of breastfeeding	NIAS Response: Not Directly Applicable
C5	Percentage reduction in intervention rates (including caesarean sections) benchmarked against comparable units in UK and Ireland	NIAS Response: Not Directly Applicable

C8	People accessing Building the Community Pharmacy Partnership (BCPP) projects residing in bottom 3 quintiles of deprivation.	NIAS Response: Not Directly Applicable
C9	Number of patients waiting longer than 13 weeks to commence NICE-recommended therapies for multiple sclerosis (MS), or therapies under the UK Risk Sharing Scheme for disease modifying treatments for MS	NIAS Response: Not Directly Applicable
C10	Number of patients waiting longer than 9 weeks to commence specialist drug treatment for wet AMD for the first eye, and 6 weeks for the second eye	NIAS Response: Not Directly Applicable
D2	Level of usage of commissioned advocacy within each trust area categorised by model of advocacy	NIAS Response: Not Directly Applicable
E1	Elective average pre-operative stay	NIAS Response: Not Directly Applicable
E2	Elective average length of stay in acute programme of care	NIAS Response: Not Directly Applicable
E3	Average length of stay for stroke patients within the acute PoC	NIAS Response: Not Directly Applicable
E4	Day surgery rate for each of a basket of 24 elective procedures	NIAS Response: Not Directly Applicable
E5	Percentage of operations cancelled for non-clinical reasons	NIAS Response: Not Directly Applicable
E6	Percentage of patients admitted electively who have their surgery on the same day as admission	NIAS Response: Not Directly Applicable
E7	Percentage of routine diagnostic tests reported on within 2 weeks of the test being undertaken	NIAS Response: Not Directly Applicable
E8	Percentage of routine diagnostic tests reported on within 4 weeks of the test being undertaken.	NIAS Response: Not Directly Applicable
E11	Nurse to Bed Ratio	NIAS Response: Not Directly Applicable
F1	Percentage of all Foster Care Placements that are Kinship Care Placements.	NIAS Response: Not Directly Applicable

	Indicators of Performance in amber below are 2012/13 IOPs with proposed amendments for 2013/14.	
A3	(a) Number of deaths of men aged 65 and over from abdominal aortic aneurysm (AAA), excluding thoracic aortic aneurysm (b) rate of uptake of Northern Ireland-wide Screening Programme for AAA	NIAS Response: Not Directly Applicable
A11	Standardised rate of alcohol-related admissions to hospital	NIAS Response: Not Directly Applicable
A14	Rate of births to mothers under 17 years of age (with breakdown against most deprived areas)	NIAS Response: Not Directly Applicable
B12	Number of hearing aids fitted within 13 weeks as a percentage of completed waits	NIAS Response: Not Directly Applicable
B14	Percentage of patients who have lifts and ceiling track hoists installed within 16 weeks of the OT assessment and options appraisal	NIAS Response: Not Directly Applicable
C7	The number of medicines management and public health pharmaceutical services delivered in the community reported by LCG area. The number and proportion of Health and Care Centres in each Trust with: *active pharmaceutical services provision, plans for active pharmaceutical services provision.*	NIAS Response: Not Directly Applicable
C11	Number of patients benefiting from remote telemonitoring	NIAS Response: Not Directly Applicable
D3	Numbers of direct payment cases by Programme of Care (PoC)	NIAS Response: Not Directly Applicable
E12	Ratio of new to review outpatient appointments attended by specialty and Trust.	NIAS Response: Not Directly Applicable
E18	Prescribed activity recorded for each of the therapeutic chapters of NI Medicines Formulary and generic dispensing and generic prescribing activity by GP practice and LCG	NIAS Response: Not Directly Applicable
F2	Number of Care Leavers in Education, Training and Employment by placement type.	NIAS Response: Not Directly Applicable

F3	The percentage of children with an adoption best-interests decision that are notified to the Regional Adoption Information System (RAIS) within 4 weeks of the HSC Trust approving the adoption panel's decision that adoption is in the best interest of the child.	NIAS Response: Not Directly Applicable
F4	The number of school age children in care for 12 months or longer who have missed 25 or more school days by placement type.	NIAS Response: Not Directly Applicable
F5/ F6 This is now one indicator, but is a combination of F5 &F6	Number of children aged in Adult Mental Health wards and the percentage of these who were aged 13-18.	NIAS Response: Not Directly Applicable
	Propose to downgrade 2012/13 target 7 to an indicator	
Propose to downgrade 2012/13 target 7 to an indicator	Propose to downgrade current Target 7 (*By March 2013, ensure delivery of at least 50 live donor transplants*) to an indicator on: ***The number of live donor transplants*****.**	NIAS Response: Not Directly Applicable
	Indicators of Performance coded in red below are a 2012/13 IOPs target proposed to be dropped for 2013/14.	
A4	Infant mortality including neonatal mortality and stillbirths.	NIAS Response: Not Directly Applicable
B16	Level of prescribing of cardio-vascular medicines.	NIAS Response: Not Directly Applicable
B17	Level of prescribing of gastro-intestinal medicines.	NIAS Response: Not Directly Applicable
B18	Level of medicines dispensed generically in primary care.	NIAS Response: Not Directly Applicable
E9	Health & Social Care Staff Absence Rate	
E10	Selected Consultant Specialty Monitoring	NIAS Response: Not Directly Applicable
E15	Level of Agency Staff Expenditure	

D1	Levels of Usage of Advocacy Services by Looked After Children (monitored by number of contacts made by Looked After Children with Advocacy Services)	NIAS Response: Not Directly Applicable
	New indicators for 2013/14	
	Percentage of patients, where clinically appropriate, waiting less than 7 days for inpatient fracture treatment.	NIAS Response: Not Directly Applicable
	Percentage of new and unplanned review attendances at emergency care departments waiting: less than 30 minutes, 30 minutes to 1 hour, 1 to 2 hours, 2 to 3 hours, 3 to 4 hours, 4 hours to 6 hours, 6 to 8 hours, 8 to 10 hours, 10 to 12 hours and 12 hours or more, before being treated and discharged or admitted (for those sites that we have patient-level data readily available).	NIAS Response: We will continue to work with partner health providers to deliver timely and relevant emergency and non-emergency ambulance transport where clinically necessary and appropriate. We will align our processes with wider HSC goals.
	Monitor (i) patient and (ii) ambulance turnaround times by length of time (less than 15 minutes, 15–30 minutes, 31–60 minutes, 61–120 minutes and more than 120 minutes).	NIAS Response: We will continue to work with partner health providers to deliver timely and relevant emergency and non-emergency ambulance transport where clinically necessary and appropriate. We will align our processes with wider HSC goals.
	The number of red flag cancer referrals	NIAS Response: Not Directly Applicable
	The number of outpatient appointments with procedures within the specialities of pain management, ophthalmology, gynaecology, general surgery, plastic surgery and dermatology.	NIAS Response: Not Directly Applicable
	The number of emergency admissions for acute conditions that should not usually require hospital admission.	NIAS Response: We will continue to work with partner health providers to deliver timely and relevant emergency and non-emergency ambulance transport where clinically necessary and appropriate. We will align our processes with wider HSC goals.

	The number of barium enema, computed tomography, magnetic resonance imaging, non-obstetric ultra sound, positron emission tomography and plain film x-ray tests undertaken.	NIAS Response: Not Directly Applicable
	Out of Hours GP attendance	NIAS Response: We will continue to work with partner health providers to deliver timely and relevant emergency and non-emergency ambulance transport where clinically necessary and appropriate. We will align our processes with wider HSC goals.
	Length of time for best decision to be reached in the adoption process	NIAS Response: Not Directly Applicable
	Number of patients waiting longer than 9 weeks to access Occupational Therapy Services.	NIAS Response: Not Directly Applicable
	Number of patients waiting longer than 9 weeks to access Speech and Language Therapy (SLT)	NIAS Response: Not Directly Applicable
	Number of patients waiting longer than 9 weeks to access Dementia services	NIAS Response: Not Directly Applicable
	Number of patients waiting longer than nine weeks from referral to commencement of Occupational Therapy treatment	NIAS Response: Not Directly Applicable
	Potential Years of Life Lost (PYLL) from causes considered amenable to healthcare	NIAS Response: Not Directly Applicable
	Healthy Life Expectancy	NIAS Response: Not Directly Applicable
	Self-reported wellbeing	NIAS Response: Not Directly Applicable
	The proportion of adults meeting the Chief Medical Officer's recommended guidelines on physical activity	NIAS Response: Not Directly Applicable
	The proportion of adults consuming the recommended 5 portions of fruit and vegetables each day	NIAS Response: Not Directly Applicable
	The proportion of adults who report having reached or exceeded the recommended weekly limit	NIAS Response: Not Directly Applicable
	The number and proportion of emergency admissions and	NIAS Response: Not Directly Applicable

	readmissions for people aged 0-64 years and 65 years and over, (i) with and (ii) without a recorded long term condition, in which medicines were considered to have been the primary or contributing factor, by HSC Trust.	

Appendix 5. HSCB Proposed Commissioning Plan Direction Objectives, Standards and Targets 2013/14

Unscheduled Care	Commissioning Objectives	NIAS Response
1	By September 2013, the Ambulance Service will, in collaboration with primary and secondary care clinicians, develop and implement agreed protocols to enable paramedics to assess and treat patients at the scene (including home) without transporting them to hospital, where appropriate.	Protocols will be in place by September 2013 for… • Diabetic hypoglycaemia • Falls in the elderly Protocols will be developed for a range of other conditions including… • Asthma • Epilepsy • Mental Health • Minor Head Injuries
2	By December 2013, Trusts will agree clear protocols on the management of major trauma patients and further develop collaboratively these as necessary towards establishing a Trauma Managed Clinical Network[3].	NIAS will contribute fully to the Trauma Clinical Network and review and revise, as appropriate, ambulance protocols already in place for the management of major trauma.
3	By December 2013, Trusts and ICPs will ensure that effective arrangements are in place to prevent unnecessary attendances at Emergency Departments including: Access arrangements in General Practice (including out-of-hours) for patients requiring urgent unscheduled	NIAS will continue to engage with Trusts and establish engagement processes with ICPs to contribute fully in this area. In particular NIAS is keen to develop telephone triage via 111 telephone or equivalent to

[3] Further discussion required between Commissioner and provider(s) and / or DHSS&PS

	care, including telephone triage; GP direct access to appropriate diagnostics to enhance management of conditions in Primary Care; and rapid outpatient assessment or community-based ambulatory assessment (within 1-2 days) following same day discussion between GP and senior hospital doctor and agreed decision on steps to take in patient management.	enhance unscheduled care arrangements in line with the recommendations of the Transforming Your Care report. NIAS is also keen to expand the role of paramedics as clinical professionals operating in the community to enhance patient care and management in the pre-hospital setting to maintain their independence and provide care closer to home.
4	During 2013/14, all Trusts to confirm that the necessary components are in place to deliver 7-day working on acute sites including access to radiology, pharmacy, and senior medical decision-makers with closer liaison with district/community nursing, AHPs and social care in order to prevent an unnecessary emergency admission through appropriate patient handover and earlier discharge.	Not directly applicable to NIAS.
5	By June 2013, all Trusts and LCGs will have jointly, identified, quantified and agreed the necessary community services required to ensure that Length of Stay (LOS) within hospitals, acute care at home and post-acute care are optimised. Integral to this will be the development, collaboratively among Trusts (including NIAS), by March 2014, of a directory of community services to support timely discharge of patients as well as prevent emergency attendances/admissions.	NIAS will engage fully with other stakeholders in the development and maintenance of a Directory of Services, and looks to HSCB to lead in the development of this Regional workstream.

2012/13 Reference	Proposed 2013/ 14 CPD Standards/ Targets	NIAS Response
Targets coded in green below are 2012/13 targets proposed to roll forward for 2013/14.		
1	Extend the bowel cancer screening programme to invite in 2013/14 50% of all eligible men and women aged 60-71, with a screening uptake of at least 55% in those invited.	NIAS Response: Not Directly Applicable
5	From April 2013, 95% of patients, where clinically appropriate, wait no longer than 48 hours for inpatient treatment for hip fractures	NIAS Response: We will continue to work with partner health providers to deliver timely and relevant emergency and non-emergency ambulance transport where clinically necessary and appropriate. We will align our processes with wider HSC goals.
6	From April 2013, ensure that 95% of patients urgently referred with a suspected cancer, begin their first definitive treatment within 62 days.	NIAS Response: Not Directly Applicable
8	From April 2013, 95% of patients attending any Type 1, 2 or 3 A&E Department are either treated and discharged home, or admitted, within 4 hours of their arrival in the department; and no patient attending any emergency department should wait longer than 12 hours.	NIAS Response: We will continue to work with partner health providers to deliver timely and relevant emergency and non-emergency ambulance transport where clinically necessary and appropriate. We will align our processes with wider HSC goals.
12	By March 2014, secure a 10% reduction in the number of emergency readmissions within 30 days.	NIAS Response: Not Directly Applicable
14	From April 2013, ensure that 70% compliance with the Northern Ireland Medicines Formulary is achieved within primary care.	NIAS Response: Not Directly Applicable
16	By March 2014, increase to 10% the proportion of patients with confirmed ischaemic stroke who receive thrombolysis.	NIAS Response: We will continue to work with partner health providers to deliver timely and relevant emergency and non-emergency ambulance transport where clinically

		necessary and appropriate. We will align our processes with wider HSC goals.
17	From April 2013, no patient waits longer than nine weeks from referral to commencement of AHP treatment.	NIAS Response: Not Directly Applicable
21	By March 2013, reduce the number of unplanned admissions to hospital by 10% for adults with specified long term conditions.	NIAS Response: We will continue to work with partner health providers to deliver timely and relevant emergency and non-emergency ambulance transport where clinically necessary and appropriate. We will align our processes with wider HSC goals.
28	By March 2014, 40% of the remaining long-stay patients in learning disability and psychiatric hospitals are resettled to appropriate places in the community, with completion of the resettlement programme by March 2015.	NIAS Response: Not Directly Applicable
Targets coded in amber below are 2012/13 target with proposed amendments for 2013/14.		
9	From April 2013, at least 80% of patients wait no longer than nine weeks for their first outpatient appointment and no patient waiting longer than 18 weeks, decreasing to 15 weeks by March 2014.	NIAS Response: Not Directly Applicable
10	From April 2013, no patient waits longer than nine weeks for a diagnostic test and all urgent diagnostic tests are reported on within 2 days of the test being undertaken.	NIAS Response: Not Directly Applicable
11	From April 2013, at least 70% of inpatients and daycases are treated within 13 weeks, increasing to 80% by March 2014, and no patient waiting longer than 30 weeks for treatment, decreasing to 26 weeks by March 2014.	NIAS Response: Not Directly Applicable

13	By March 2014, secure a further reduction of **X**% in MRSA and *Clostridium difficile* infections compared to 2012/13.	NIAS Response: Not Directly Applicable
15	From April 2013, no patient should wait longer than 3 months to commence NICE approved specialist therapies for rheumatoid arthritis, psoriatric arthritis or ankylosing sponylitis, and no patient should wait longer than 9 months to commence NICE approved specialist therapies for psoriasis decreasing to 3 months by September 2013.	NIAS Response: Not Directly Applicable
18	By March 2014, deliver **X** Monitored Patient Days (equivalent to approximately **X** patients) from the provision of remote telemonitoring services through the Telemonitoring NI contract.	NIAS Response: Not Directly Applicable
22	By March 2013, reduce the number of excess bed days for the acute programme of care by 10%.	NIAS Response: Not Directly Applicable
23	From April 2013, ensure that 99% of all learning and disability and mental health discharges take place within 7 days of the patient being assessed as medically fit for discharge, with no discharge taking more than 28 days; 90% of complex discharges from an acute hospital take place within 48 hours; with no complex discharge taking more than 7 days; and all non-complex discharges from an acute hospital take place within 6 hours.	NIAS Response: Not Directly Applicable
24	From April 2013, increase the number of children in care for 12 months or longer with no placement change to 85%.	NIAS Response: Not Directly Applicable
26	From April 2013 ensure a 3 year time-frame for 90% of all children to be adopted from care.	NIAS Response: Not Directly Applicable
27	From April 2013, people with continuing care needs wait no longer than 5 weeks for assessment to be completed, and have the main components of their care needs met	NIAS Response: Not Directly Applicable

	within a further 8 weeks.	
29	From April 2013, no patient waits longer than 9 weeks to access child and adolescent mental health services; 9 weeks to access adult mental health services; and 13 weeks to access psychological therapies (any age)	NIAS Response: Not Directly Applicable
Target coded in red below is a 2012/13 target proposed to be dropped for 2013/14.		
25	By March 2013, increase the number of care leavers aged 19 in education, training or employment to 80%.	NIAS Response: Not Directly Applicable
Proposed to downgrade current target on live donor transplants to an indicator for 2013/14, while upgrading current indicator on DCD organ transplantation to a target.		
7- Propose to downgrade to an indicator	Propose to downgrade current target (*By March 2013, ensure delivery of at least 50 live donor transplants*) to an indicator: ***The number of live donor transplants*.**	NIAS Response: Not Directly Applicable
Proposed New target	By March 2014, 50% of kidneys retrieved in Northern Ireland through DCD are transplanted in Northern Ireland.	NIAS Response: Not Directly Applicable

Appendix 6. Transforming Your Care – An Ambulance Perspective

Relevant extracts from Transforming Your Care…

"Impact on the Northern Ireland Ambulance Service
The role of the NIAS is of central importance to the ability to deliver the new model of care. The NIAS has been going through some major changes in modernising its service to meet the needs of the HSC in the 21st century. This modernisation is planned to continue.
The plans of the NIAS will support the implementation of the Review, in particular:

- *supporting the new care pathways for unscheduled, in particular urgent care;*
- *training of NIAS paramedic staff to support the model;*
- *provision of an alternative to the 999 emergency number and availability of medically trained staff to triage patients to the most appropriate service;*
- *supporting the focus on prevention and wellbeing through information and advice; and*

• continuing to support the move of care closer to home through diagnosis and treatment of minor illnesses and injuries in the community.

The NIAS will be involved in the planning and implementation process following the Review, alongside the representatives from across health and social care."

"The Role of the Northern Ireland Ambulance Service
The role of the NIAS will be key in ensuring that people are treated in the right place at the right time. Patients should be transferred to the correct location first time where possible, to avoid further transfers at a later stage. It will be important that the NIAS can transfer people not only to Accident and Emergency Departments but also to Urgent Care Centres, Minor Injuries Units or GP Out of Hours. Bypass protocols will be required which clearly define which location patients should be transferred to for each type of condition. Better management of unscheduled care in partnership between the HSC Trusts and the NIAS offers potential for improving care, patient flows efficiency and patient satisfaction. Alongside all of this, it will be essential that the public are provided with information about the correct procedures in an emergency."

"CLEAR PROTOCOLS FOR THE POINT OF CONTACT FOR EMERGENCY AND URGENT CARE
There is evidence that the options available to the public in dealing with emergency and urgent cases are limited or not well known. As outlined above, it is important that people are referred to the place that is best suited to meet their medical needs. This will require clear communication with the public as to the types of facilities available, where they are located and under what circumstances they should be used.

To allow this, it will be important that the public can get access to the right advice at the right time. At present this is through the 999 emergency telephone number. The introduction of an urgent number to work alongside the emergency 999 number would allow people to talk to a trained professional who will be able to advise them on the best route for them, be that to an Accident and Emergency Department, an Urgent Care Centre, Minor Injuries Unit, GP Out of Hours service or to wait for a GP appointment the following day. The NIAS will play a pivotal role in managing unscheduled care into the future.

Dedicated Care pathways should be developed for children and people with long term conditions that will allow direct contact with a trained team available to support them in an emergency or when requiring urgent care. This should involve the ability to directly admit these patients to beds hospitals."

"Supporting the principle of Right Care, Right Place, Right Time
One contact number for urgent care will allow triage of patients and ensure that they are directed to the best place of care as discussed in the NIAS section below.
A single robust community information system is required to support the increase in care to be delivered within the community.

The Ambulance Service is a key part of the new service delivery model. Training of ambulance staff in the new model and best location of care will be required as well as ensuring that bypass protocols are in place. *The ambulance service will have the ability to transfer patients to urgent care settings rather than defaulting to a major acute hospital if this is the most appropriate type of care required for the patient. The ambulance service will also be able to refer patients back to their GPs if they do not see the need to transfer the patient to other services such as urgent care or emergency care."*	
Recommendations from Transforming your Care	**Potential NIAS contribution to Implementation.**
POPULATION HEALTH AND WELLBEING 1. Renewed focus on health promotion and prevention to materially reduce demand for acute health services. 5. Incentivisation of Integrated Care Partnerships to support evidence based health promotion, for example, clinician-led education programmes in the community.	NIAS would be keen to develop the use of ambulance personnel and vehicles as a highly visible and effective means of communicating health related messages to the public. NIAS would be keen to explore any opportunities to integrate with our Community Outreach programme.
6. Joint working pilot projects with other Government departments that enable resource sharing and control, for example in rural isolation and transport.	NIAS welcomes the review of PCS services referenced in the 2011-12 Commissioning Plan as a means of introducing clinical priority to scheduled and planned services which has a potential to impact positively on planned services by establishing and delivering reasonable waits. NIAS is keen to support the development of single site provision of elective care by the realignment of ambulance non emergency resources to facilitate this linking into the PCS review previously mentioned. NIAS welcomes the review of PCS services referenced in the 2011-12 Commissioning Plan as a means of introducing clinical priority to scheduled and planned services which has a potential to impact positively on planned services by establishing and delivering reasonable waits.

OLDER PEOPLE 9. Home as the hub of care for older people, with more services provided at home and in the community. 10. A major reduction in residential accommodation for older people, over the next five years. 11. Introduction of reablement to encourage independence and help avoid unnecessary admissions of older people into hospital. 12. A greater role for nursing home care in avoiding hospital admissions. 13. More community-based stepup/ step-down and respite care, provided largely by the independent sector. 14. A focus on promoting healthy ageing, individual resilience and independence. 17. A diverse choice of provision to meet the needs of older people, with appropriate regulation and safeguards to ensure quality and protect the vulnerable.	NIAS would be keen to explore opportunities to enhance continuity and consistency of service provision particularly in relation to contact management and regional resource utilisation. The development of a single number (111) sitting alongside 999, to improve and simplify access to Unscheduled Care, supported by a dynamically-managed Directory of Services is key to meeting the needs of patients and professionals consistently, efficiently and effectively in this area. NIAS offers a 24/7 health contact and communications centre with all the facilities and support services necessary to provide a regionally consistent service in this area. NIAS has a key role in supporting patients at home and in the community thereby reducing demand on the HSC system for unnecessary and inappropriate hospital attendance which has a potential to create capacity for future demand. NIAS would be keen to explore with HSCB, LCGs, Primary Care Partnerships and Local Trusts the opportunities offered by the provision of patient diagnostic testing in the community by ambulance paramedics who have the clinical background to support and develop these initiatives. Paramedics have the appropriate education and skills for this activity but they also bring an added benefit in terms of community emergency response while undertaking scheduled care. Introducing community paramedics in this way will increase public confidence in the light of reconfiguration of emergency and unscheduled care, particularly in rural communities. We are keen to also explore with HSC how to improve patient flows within hospital which again creates additional capacity for meeting demand particularly in respect of ambulance turnaround times at accident and emergency departments but also in the context of effective prioritisation and transportation of patients requiring diagnostic testing in other settings.

	NIAS is keen to support the development of single site provision of elective care by the realignment of ambulance non emergency resources to facilitate this linking into the PCS review previously mentioned. NIAS welcomes the review of PCS services referenced in the 2011-12 Commissioning Plan as a means of introducing clinical priority to scheduled and planned services which has a potential to impact positively on planned services by establishing and delivering reasonable waits.
LONG-TERM CONDITIONS 21. Partnership working with patients to enable greater self care and prevention. 22. Personalised care pathways enabling home based management of the LTC with expanded support from the independent sector. 23. Patients to have named contacts for the multi-disciplinary team in each GP surgery to enable more straightforward communication. 24. Improved data warehousing of existing information to support care pathways and enable better outcomes to be more closely monitored. 25. A stronger role for community pharmacy in medication management for LTCs. 26. Development of admission protocols between secondary care specialist staff and those in the community. 27. Maximising the opportunities provided by telehealth in regard to LTC patients.	NIAS would be keen to explore opportunities to enhance continuity and consistency of service provision particularly in relation to contact management and regional resource utilisation. The development of a single number (111) sitting alongside 999, to improve and simplify access to Unscheduled Care, supported by a dynamically-managed Directory of Services is key to meeting the needs of patients and professionals consistently, efficiently and effectively in this area. NIAS offers a 24/7 health contact and communications centre with all the facilities and support services necessary to provide a regionally consistent service in this area. NIAS has a key role in supporting patients at home and in the community thereby reducing demand on the HSC system for unnecessary and inappropriate hospital attendance which has a potential to create capacity for future demand. NIAS would be keen to explore with HSCB, LCGs, Primary Care Partnerships and Local Trusts the opportunities offered by the provision of patient diagnostic testing in the community by ambulance paramedics who have the clinical background to support and develop these initiatives. Paramedics have the appropriate education and skills for this activity but they also bring an added benefit in terms of community emergency response while undertaking scheduled care. Introducing community paramedics in this way will increase public confidence in the light of reconfiguration of emergency and unscheduled care, particularly in rural communities.

	We are keen to also explore with HSC how to improve patient flows within hospital which again creates additional capacity for meeting demand particularly in respect of ambulance turnaround times at accident and emergency departments but also in the context of effective prioritisation and transportation of patients requiring diagnostic testing in other settings. NIAS is keen to support the development of single site provision of elective care by the realignment of ambulance non emergency resources to facilitate this linking into the PCS review previously mentioned. NIAS welcomes the review of PCS services referenced in the 2011-12 Commissioning Plan as a means of introducing clinical priority to scheduled and planned services which has a potential to impact positively on planned services by establishing and delivering reasonable waits.
PHYSICAL DISABILITY 28. Promoting independence and control for people with a disability, enabling balanced risk-taking. 29. A shift in the role of the health and social care organisations towards being an enabler and information provider. 30. Joint planning of services for disabled people by the statutory, voluntary and community health and social care providers, and other relevant public services (e.g. housing) to ensure a wide range of services across NI. 31. Better recognition of carers' roles as partners in planning and delivering support, and more practical support for carers.	NIAS would be keen to explore opportunities to enhance continuity and consistency of service provision particularly in relation to contact management and regional resource utilisation. The development of a single number (111) sitting alongside 999, to improve and simplify access to Unscheduled Care, supported by a dynamically-managed Directory of Services is key to meeting the needs of patients and professionals consistently, efficiently and effectively in this area. NIAS offers a 24/7 health contact and communications centre with all the facilities and support services necessary to provide a regionally consistent service in this area.

MENTAL HEALTH 53. Continued focus on promoting mental health and wellbeing with a particular emphasis on reducing the rates of suicide among young men. 54. Establishment of a programme of early intervention to promote mental health wellbeing. 55. Provision of clearer information on mental health services should be available to those using them and their families, making full use of modern technology resources. 56. A consistent, evidence-based pathway through the four step model provided across the region. 57. A consistent pathway for urgent mental health care including how people in crisis contact services, triage and facilities in emergency departments. 58. Review the approach to home treatment services for children and young people, learning disability and psychiatry of old age.	NIAS would be keen to explore opportunities to enhance continuity and consistency of service provision particularly in relation to contact management and regional resource utilisation. The development of a single number (111) sitting alongside 999, to improve and simplify access to Unscheduled Care, supported by a dynamically-managed Directory of Services is key to meeting the needs of patients and professionals consistently, efficiently and effectively in this area. NIAS offers a 24/7 health contact and communications centre with all the facilities and support services necessary to provide a regionally consistent service in this area.
LEARNING DISABILITY 65. Support from Integrated Care Partnerships to improve clinicians' awareness of the needs of individuals with a learning disability. 67. Further development of a more diverse range of age-appropriate day support and respite and shortbreak services. 69. Development of information resources for people with a learning disability to support access to required services. 70. Advocacy and support for people with a learning disability, including peer and independent advocacy.	NIAS would be keen to explore opportunities to enhance continuity and consistency of service provision particularly in relation to contact management and regional resource utilisation. The development of a single number (111) sitting alongside 999, to improve and simplify access to Unscheduled Care, supported by a dynamically-managed Directory of Services is key to meeting the needs of patients and professionals consistently, efficiently and effectively in this area. NIAS offers a 24/7 health contact and communications centre with all the facilities and support services necessary to provide a regionally consistent service in this area.

ACUTE CARE 72. Reinforce the full development of the Regional Trauma Network set out in the DHSSPS document. 73. Over time, move to a likely position of five to seven major acute hospital networks in Northern Ireland 74. Ensure urgent care provision is locally available to each population. 75. Set targets for the reduction of hospital admissions for long-term admissions and end of life care. 76. Set targets for the reorganisation of outpatient and diagnostic services between hospitals and Integrated Care Partnerships. 77. Ensure the transition takes full account of Service Frameworks and clinical pathways. 79. Make necessary arrangements to ensure critical clinical staff are able to work in a manner which supports the new arrangements.	NIAS welcomes engagement to date in the reconfiguration process and is fully committed to support acute sector change. We recognise and welcome the reference within the Commissioning Plan which identifies the key role to be played by the ambulance service in service reconfiguration and gives an undertaking to support and develop ambulance service provision accordingly. Alongside this we are keen to develop and introduce alternative pathways to accident and emergency attendance with the support of HSC and the wider system. NIAS would be keen to explore opportunities to enhance continuity and consistency of service provision particularly in relation to contact management and regional resource utilisation. The development of a single number (111) sitting alongside 999, to improve and simplify access to Unscheduled Care, supported by a dynamically-managed Directory of Services is key to meeting the needs of patients and professionals consistently, efficiently and effectively in this area. NIAS offers a 24/7 health contact and communications centre with all the facilities and support services necessary to provide a regionally consistent service in this area. NIAS has a key role in supporting patients at home and in the community thereby reducing demand on the HSC system for unnecessary and inappropriate hospital attendance which has a potential to create capacity for future demand. NIAS would be keen to explore with HSCB, LCGs, Primary Care Partnerships and Local Trusts the opportunities offered by the provision of patient diagnostic testing in the community by ambulance paramedics who have the clinical background to support and develop these initiatives. Paramedics have the appropriate education and skills for this activity but they also bring an added benefit in terms of community emergency response while undertaking scheduled care. Introducing community paramedics in this way will increase public confidence in the light of reconfiguration of emergency and unscheduled care, particularly in

	rural communities. We are keen to also explore with HSC how to improve patient flows within hospital which again creates additional capacity for meeting demand particularly in respect of ambulance turnaround times at accident and emergency departments but also in the context of effective prioritisation and transportation of patients requiring diagnostic testing in other settings. NIAS is keen to support the development of single site provision of elective care by the realignment of ambulance non emergency resources to facilitate this linking into the PCS review previously mentioned. NIAS welcomes the review of PCS services referenced in the 2011-12 Commissioning Plan as a means of introducing clinical priority to scheduled and planned services which has a potential to impact positively on planned services by establishing and delivering reasonable waits.

PALLIATIVE AND END OF LIFE CARE 80. Development of a palliative and end of life care register to enable speedy transfer of information required by those providing palliative and end of life care 81. Enhanced support to the Nursing Home Sector for end of life care. 82. Individual assessment, planning, delivery and co-ordination of end of life care needs by a key worker. 83. Electronic patient records in place for the patient, their family and staff. 84. Targets to reduce the level of inappropriate hospital admissions for people in the dying phase of an illness. 85. Palliative and end of life care for children considered as part of the proposed review of Paediatric Services as referenced in the Maternity and Child Health section.	NIAS would be keen to explore opportunities to enhance continuity and consistency of service provision particularly in relation to contact management and regional resource utilisation. The development of a single number (111) sitting alongside 999, to improve and simplify access to Unscheduled Care, supported by a dynamically-managed Directory of Services is key to meeting the needs of patients and professionals consistently, efficiently and effectively in this area. NIAS offers a 24/7 health contact and communications centre with all the facilities and support services necessary to provide a regionally consistent service in this area. NIAS has a key role in supporting patients at home and in the community thereby reducing demand on the HSC system for unnecessary and inappropriate hospital attendance which has a potential to create capacity for future demand. NIAS would be keen to explore with HSCB, LCGs, Primary Care Partnerships and Local Trusts the opportunities offered by the provision of patient diagnostic testing in the community by ambulance paramedics who have the clinical background to support and develop these initiatives. Paramedics have the appropriate education and skills for this activity but they also bring an added benefit in terms of community emergency response while undertaking scheduled care. Introducing community paramedics in this way will increase public confidence in the light of reconfiguration of emergency and unscheduled care, particularly in rural communities.
IMPLICATIONS FOR THE SERVICE 87. Development of population plans for each of the five LCG populations by June 2012. 89. Development of clear patient pathways for networked and regional services. 90. Establishment of a forum to take	NIAS would be keen to explore opportunities to enhance continuity and consistency of service provision particularly in relation to contact management and regional resource utilisation. The development of a single number (111) sitting alongside 999, to improve and simplify access to Unscheduled Care, supported by a dynamically-managed Directory of Services is key to meeting the needs of patients and professionals consistently, efficiently and effectively in this area.

forward how technology will support the new model of care linking the service to industry and academia. 91. Full rollout of the Electronic Care Record programme. 92. Development of a data warehouse for GP records to high quality information on care across practices, resulting in reduced variation. 93. Introduction of a single telephone number for urgent care. 94. Introduction of a single robust community information system. 95. Development of new workforce skills and roles to support the shift towards prevention, self-care, and integrated care that is well coordinated, integrated and at home or close to home.	NIAS offers a 24/7 health contact and communications centre with all the facilities and support services necessary to provide a regionally consistent service in this area. NIAS has a key role in supporting patients at home and in the community thereby reducing demand on the HSC system for unnecessary and inappropriate hospital attendance which has a potential to create capacity for future demand. NIAS would be keen to explore with HSCB, LCGs, Primary Care Partnerships and Local Trusts the opportunities offered by the provision of patient diagnostic testing in the community by ambulance paramedics who have the clinical background to support and develop these initiatives. Paramedics have the appropriate education and skills for this activity but they also bring an added benefit in terms of community emergency response while undertaking scheduled care. Introducing community paramedics in this way will increase public confidence in the light of reconfiguration of emergency and unscheduled care, particularly in rural communities. We are keen to also explore with HSC how to improve patient flows within hospital which again creates additional capacity for meeting demand particularly in respect of ambulance turnaround times at accident and emergency departments but also in the context of effective prioritisation and transportation of patients requiring diagnostic testing in other settings. NIAS is keen to support the development of single site provision of elective care by the realignment of ambulance non emergency resources to facilitate this linking into the PCS review previously mentioned. NIAS welcomes the review of PCS services referenced in the 2011-12 Commissioning Plan as a means of introducing clinical priority to scheduled and planned services which has a potential to impact positively on planned services by establishing and delivering reasonable waits.

APPENDIX 7

INFORMATION FOR FINANCIAL PLANS (November 2012)

Table No.

FP1 **Forecast Financial Position**

This should reflect both the planned 2013/14 in -year and full year projected financial position. While main focus is on the 2013/14 year the projected position for 2014/15 is also to be included.

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 to FP6 **QICR Plans 2013/14 and 2014/15**

These tables are to indicate the plans to achieve the QICR Cash Releasing and Productivity 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.

In respect of productivity plans, the initial planning assumption is that it is appropriate to measure productivity gains by comparison against the 2012/13 baseline activity.

Where the service is delivering activity below SBA (ie funded level) then the SBA / funded level should be used as the baseline, but where the service is delivering activity above baseline then the projected actual 2012/13 outturn activity should be used as the baseline against which productivity gains should be measured in 2013/14.

Similarly 2014/15 productivity should be measured against best projected outturns and baselines for 2013/14 adhering to the same principles as above.

FP7 **Workforce Planning - Indicative Impact on WTE**

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

FP8 **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.

FP9 & FP10 **TYC Financial Plan 2013/14 & 2014/15**

Trusts should follow the same format and basis as the recent work to assess the financial impact of TYC on shifting care out of hospital based services and into community based care. Trust should assume care is reprovided in community based settings or avoided by upstream interventions using integrated care models and should assess the value of clinical resource transfer and overhead re-allocation out of hospital based care and assess the cost of re-provision / care avoidance / overhead re allocation into community settings.

INFORMATION FOR FINANCIAL PLANS **FP1**

TRUST: The Northern Ireland Ambulance Service HSC Trust

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

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

TABLE 2 **FINANCIAL POSITION**	**2013/14**		**2014/15**
	In Year Effect	Full Year Effect	In Year Effect
	£k	£k	£k
Expenditure:			
1.1 Staff costs	49,068	47,228	47,446
1.2 Other expenditure	12,267	11,807	11,862
1.3 Total expenditure	61,335	59,035	59,308
Income:			
2.1 Income from activities	1,139	1,139	1,150
2.2 Other income	462	462	462
2.3 Total income	1,601	1,601	1,612
3 **Net expenditure**	59,734	57,434	57,696
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	0	0	0
5 **Net resource outturn**	59,734	57,434	57,696
Calculation of Revenue Resource Limit (RRL)			
6.1 Allocation from HSCB (as per FP2)	59,734	57,434	57,696
6.2 Allocation from PHA (as per FP2)	0	0	0
6.3 Total Allocation from HSCB/PHA	**59,734**	**57,434**	**57,696**
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**	59,734	57,434	57,696
7.1 **Surplus / (Deficit) against RRL**	**0**	**0**	**0**
7.2 % Surplus / (Deficit) against RRL	0.00%	0.00%	0.00%

Notes:

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

INFORMATION FOR FINANCIAL PLANS **FP2**

Name of Trust:
The Northern Ireland Ambulance Service HSC Trust

RECONCILIATION OF RRL TO PLANNED INCOME

INCOME FROM COMMISSIONERS	**2013/14**		**2014/15**
	In-Year Effect	**Full Year Effect**	**In Year Effect**
1. HSCB	**£'000**	**£'000**	**£'000**
RRL as at 04 February 2013	56,016	56,016	57,434
Assumed Allocations:			
HSC pay – Pressures	551	551	
HSC pay – incremental progression	123	123	
Non Pay Inflation	464	464	
Rates increases for HSC Bodies	17	17	
Cash Productivity	(869)	(869)	
Additional target	(200)	(200)	
A&E Funding	1,332	1,332	
To Be Confirmed			
Transforming Your Care	TBC	TBC	TBC
Paediatric/Neonatal Transport	TBC	TBC	TBC
PCCI	TBC	TBC	TBC
Current Pressure Estimates			
G8 Summit	2,000		
World Police & Fire Games	100		
City of Culture	200		
2014/15			
HSC pay – Pressures			570
Non Pay Inflation			477
Rates increases for HSC Bodies			17
Cash Productivity			(802)
Total Assumed Allocations	3,718	1,418	262
HSCB Income as per FP1	59,734	57,434	57,696
2. PHA	**£'000**	**£'000**	**£'000**
RRL as at xxxx	0	0	0
Assumed Allocations:			
Total Assumed Allocations	0	0	0
PHA Income as per FP1	0	0	0

INFORMATION FOR FINANCIAL PLANS

Name of Trust: **FP3**

The Northern Ireland Ambulance Service HSC Trust

Cash Releasing Proposals 2013/14

Service Area	As per Population Plan	Revised Plan	Variance	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 / cancelled operations			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		
Shift to Lower cost Provision Social Care			0		
Social Care Reform Sub-Total	**0**	**0**	**0**		
Staff Productivity - 2% pa reduction			0		
Staff Productivity Sub-Total	**0**	**0**	**0**		
Procurement	150	150	0	A	
Estates			0		
Reduce Admin Overheads	100	100	0	G	
Prevention			0		
Skill Mix	250	250	0	A	
Matching Supply and Demand	500	500	0	G	
Non Emergency Efficiencies	750	750	0	A	
Regional Ambulance Training Centre	500	500	0	A	
Misc/Other Sub-Total	**2,250**	**2,250**	**0**		
Non-Recurrent Measures (detail)					
Overall Total	**2,250**	**2,250**	**0**		

INFORMATION FOR FINANCIAL PLANS

Name of Trust: **FP4**

The Northern Ireland Ambulance Service HSC Trust

Productivity/Cash Avoiding Proposals 2013/14

Service Area	As per Population Plan	Revised Plan	Variance	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		
Shift to Lower cost Provision Social Care			0		
Social Care Reform Sub-Total	**0**	**0**	**0**		
Staff Productivity - 2% pa reduction			0		
Staff Productivity Sub-Total	**0**	**0**	**0**		
Procurement			0		
Estates			0		
Reduce Admin Overheads			0		
Prevention			0		
Misc/Other Sub-Total	**0**	**0**	**0**		
Non-Recurrent Measures (detail)					
Overall Total	**0**	**0**	**0**		

INFORMATION FOR FINANCIAL PLANS

Name of Trust: **FP5**

The Northern Ireland Ambulance Service HSC Trust

Cash Releasing Proposals 2014/15

Service Area	As per Population Plan	Revised Plan	Variance	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 / cancelled operations			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		
Shift to Lower cost Provision Social Care			0		
Social Care Reform Sub-Total	**0**	**0**	**0**		
Staff Productivity - 2% pa reduction			0		
Staff Productivity Sub-Total	**0**	**0**	**0**		
Procurement	150	150	0	A	
Estates			0		
Reduce Admin Overheads	200	200	0	G	
Prevention			0		
Skill Mix	497	497	0	A	
Matching Supply and Demand	500	500	0	G	
Non Emergency Efficiencies	1,500	1,500	0	A	
Regional Ambulance Training Centre	200	200	0	A	
Misc/Other Sub-Total	**3,047**	**3,047**	**0**		
Non-Recurrent Measures (detail)					
Overall Total	**3,047**	**3,047**	**0**		

INFORMATION FOR FINANCIAL PLANS

Name of Trust: **FP6**

The Northern Ireland Ambulance Service HSC Trust

Productivity/Cash Avoiding Proposals 2014/15

Service Area	As per Population Plan	Revised Plan	Variance	RAG Status	Commentary
	£'000	£'000	£'000		
Reduce GP Referrals			0.0		
Application of SBA New to Review ratio			0.0		
Reduce DNA New			0.0		
Reduce DNA Review			0.0		
Reduce Excess Bed days relating to Non-elective Inpatients			0.0		
Pre-op LOS reduction / Reduce Elective Excess Bed days			0.0		
Reduce Cancelled Operations			0.0		
Basket of 24 daycase procedures from Inpatients			0.0		
Reduce Readmission Rate			0.0		
Establish Ambulatory Care patient management rather than admission			0.0		
Reduction of Admissions relating to Asthma, COPD, Diabetes, Heart failure			0.0		
Acute Reform Sub-Total	**0.0**	**0.0**	**0.0**		
Reducing Demand Social Care Reform (FYE)			0.0		
Shift to Lower cost Provision Social Care			0.0		
Social Care Reform Sub-Total	**0.0**	**0.0**	**0.0**		
Staff Productivity - 2% pa reduction			0.0		
Staff Productivity Sub-Total	**0.0**	**0.0**	**0.0**		
Procurement			0.0		
Estates			0.0		
Reduce Admin Overheads			0.0		
Prevention			0.0		
Misc/Other Sub-Total	**0.0**	**0.0**	**0.0**		
Non-Recurrent Measures (detail)					
Overall Total	**0.0**	**0.0**	**0.0**		

INFORMATION FOR FINANCIAL PLANS

Name of Trust:
The Northern Ireland Ambulance Service HSC Trust

FP7

Workforce Planning - Indicative workforce Implications of Savings Efficiency Plans and Investments

Staff Group	2013/14			2014/15		
	Staff Increase/(Decrease) - WTE			Staff Increase/(Decrease) - WTE		
	Efficiency Plans	Investment	Net	Efficiency Plans	Investment	Net
Admin & Clerical	(3.00)	0.00	(3.00)	(3.00)		(3.00)
Estate Services			0.00			0.00
Support Services			0.00			0.00
Nursing & Midwifery			0.00			0.00
Social Services			0.00			0.00
Professional & Technical			0.00			0.00
Medical & Dental			0.00			0.00
Ambulance Service	(32.00)	26.00	(6.00)	(12.00)		(12.00)
Total	(35.00)	26.00	(9.00)	(15.00)	0.00	(15.00)

Reform Area	2013/14			2014/15		
	Staff Increase/(Decrease) - WTE			Staff Increase/(Decrease) - WTE		
	Efficiency Plans	Investment	Net	Efficiency Plans	Investment	Net
Acute Reform			0.00			0.00
Social Care Reform			0.00			0.00
Staff Productivity			0.00			0.00
Misc/Other	(35.00)	26.00	(9.00)	(15.00)		(15.00)
Non Recurrent Measures			0.00			0.00
Total	(35.00)	26.00	(9.00)	(15.00)	0.00	(15.00)

INFORMATION FOR FINANCIAL PLANS

FP8

Name of Trust:

The Northern Ireland Ambulance Service HSC Trust

Workforce Planning

Staff Group	Actual WTE as at 31 October 2012			Staff on Payroll		Agency/Locum Staff		Total	
	On Payroll	Agency/locum	Total	Projected WTE 31-Mar-13	Projected WTE 31-Mar-14	Projected WTE 31-Mar-13	Projected WTE 31-Mar-14	Projected WTE 31-Mar-13	Projected WTE 31-Mar-14
Admin & Clerical	79.44	20.32	99.76	79.44	79.44	20.32	17.32	99.76	96.76
Estate Services			0.00					0.00	0.00
Support Services	3.00		3.00	3.00	3.00			3.00	3.00
Nursing & Midwifery			0.00					0.00	0.00
Social Services			0.00					0.00	0.00
Professional & Technical			0.00					0.00	0.00
Medical & Dental	2.00		2.00	2.00	2.00			2.00	2.00
Ambulance Service	1,042.71	8.37	1,051.08	1,042.71	1,036.71	8.37	8.37	1,051.08	1,045.08
Total	1,127.15	28.69	1,155.84	1,127.15	1,121.15	28.69	25.69	1,155.84	1,146.84

Staff Group				Staff on Payroll		Agency/Locum Staff		Total	
				Projected WTE 31-Mar-14	Projected WTE 31-Mar-15	Projected WTE 31-Mar-14	Projected WTE 31-Mar-15	Projected WTE 31-Mar-14	Projected WTE 31-Mar-15
Admin & Clerical				79.44	79.44	20.32	17.32	99.76	96.76
Estate Services				0.00		0.00		0.00	0.00
Support Services				3.00		0.00		3.00	0.00
Nursing & Midwifery				0.00		0.00		0.00	0.00
Social Services				0.00		0.00		0.00	0.00
Professional & Technical				0.00		0.00		0.00	0.00
Medical & Dental				2.00		0.00		2.00	0.00
Ambulance Service				1,036.71	1,024.71	8.37	8.37	1,045.08	1,033.08
Total				1,121.15	1,104.15	28.69	25.69	1,149.84	1,129.84

INFORMATION FOR FINANCIAL PLANS

2013/14 TYC Financial Plan

FP9

Name of Trust:

NB: D+E must =C

Service Change Area	Shift Out of Hospitalised Care								A	Reprovision Into Community Based Care			B	Financing		
														C=A-B	D	E
															Financed by:	
	O/P attendances		ED attendances		Admissions		Others		Total Cost Amount	Reprovision Model Cost	Integrated Care Model	Other	Total	Net Cost / Net (Saving)	New monies	Saving
	Activity	Cost	Activity	Cost	Activity	Cost	Activity	Cost	£	£	£	£	£	£	£	£
Long Term Conditions																
- COPD									0				0	0		
- Diabetes Mellitus									0				0	0		
- Stroke									0				0	0		
- Palliative Care									0				0	0		
- Unscheduled Care of Elderly									0				0	0		
- Others									0				0	0		
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Reablement									0				0	0		
Non Acute Care									0				0	0		
Care of Young People									0				0	0		
Mental Health									0				0	0		
Learning Disability									0				0	0		
Acute & Elective (incl PCP)									0				0	0		
Maternity & Child Health									0				0	0		
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

INFORMATION FOR FINANCIAL PLANS

2014/15 TYC Financial Plan

FP10

Name of Trust:

NB: D+E must =C

Service Change Area	Shift Out of Hospitalised Care								A	Reprovision Into Community Based Care			B	Financing		
	O/P attendances		ED attendances		Admissions		Others		Total Cost Amount	Reprovision Model Cost	Integrated Care Model	Other	Total	C=A-B Net Cost / Net (Saving)	D Financed by: New monies	E Financed by: Saving
	Activity	Cost	Activity	Cost	Activity	Cost	Activity	Cost	£	£	£	£	£	£	£	£
Long Term Conditions																
- COPD									0				0	0		
- Diabetes Mellitus									0				0	0		
- Stroke									0				0	0		
- Palliative Care									0				0	0		
- Unscheduled Care of Elderly									0				0	0		
- Others									0				0	0		
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Reablement									0				0	0		
Non Acute Care									0				0	0		
Care of Young People									0				0	0		
Mental Health									0				0	0		
Learning Disability									0				0	0		
Acute & Elective (incl PCP)									0				0	0		
Maternity & Child Health									0				0	0		
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0