



Northern Ireland Ambulance Service
Health and Social Care Trust



**Caring today,
planning for tomorrow -
Our Strategy
to Transform:
2020-2026**



To consistently
show compassion,
professionalism
and respect to the
patients we care for



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Foreword

The Northern Ireland Ambulance Service (NIAS) has a central role to play in the implementation of the Department of Health's 'Health and Wellbeing 2026: Delivering Together' strategy and can contribute to addressing many of the priorities within it. To ensure we maximise this contribution we need an ambitious, long-term strategy that sets out how we can address our current challenges, and how investment in our service will enable us to transform and bring tangible benefits to patients, staff and communities over the coming decade.

This **Strategy to Transform** has been developed by engaging staff and stakeholders in discussing the future of our service. It provides a comprehensive picture of our organisation – who we are, what we do, our role in the health and social care system and some of the challenges we are working to overcome. Most importantly it describes our long term goals within our vision for 2026, and how and why we need to transform our service to be able to achieve these.

Some elements of our strategy are already well underway, but over the course of the next six years we are aiming for a step-change in some priority areas that will determine the way we care for patients, and how we perform within the health and social care system. We will manage these changes through a comprehensive transformation programme, delivering annual phased activity and monitoring progress through a transparent process of governance.



Michael Bloomfield, Chief Executive and Nicole Lappin, Chair
Northern Ireland Ambulance Service

The key transformation workstreams supporting the implementation of this programme mean we will:

- Continuously enhance the way we are **delivering care**. This includes developing new roles, continuing to expand our care pathways, achieving seamless integration with the wider system, and improving our offer of non-emergency transport provision.
- Seek to increase the size of our **workforce** considerably, both frontline and the essential corporate services that support them. We will also continue to develop the steps we are taking to engage with staff, improve their health and wellbeing, and enhance their career and personal development.
- Improve our **organisational health**, by embarking on a programme that will seek to positively change the culture we work in, engaging and empowering our staff by embedding collective and compassionate leadership at all levels.
- Develop a new **quality and safety** strategy which will clearly define how we support staff to provide the best and most appropriate care possible. Working with colleagues in the rest of the health system, this will include measurement of the outcomes of the care we provide and patient experiences of our services, so we can continuously learn and improve.
- Focus on our **digital enablers**, upgrading out-of-date systems, increasing interoperability with the health and social care systems and embracing new technologies through a comprehensive programme of digital innovation.
- Reconfigure **our infrastructure** to facilitate our new clinical model, developing our estate and our fleet in line with our growing workforce and emerging technological advances.
- Improve our **communications & engagement** with our staff, patients, partner providers and our communities, ensuring their continuing involvement in shaping how we achieve our vision.

The NIAS Trust Board members recognise their role in leading this transformation and value the input and experiences of our staff and patients in influencing change and improvement.

We look forward to working with you all in taking NIAS forward; in transforming our services and delivering excellence in meeting the needs of our patients over the coming years.

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Excellence



Openness & Honesty



Compassion

About NIAS

NIAS provides high quality urgent & emergency care and treatment as well as scheduled, non-emergency patient transport services for the all the population of Northern Ireland.



NIAS Facts and Figures



2018-2019



In 2018-2019

We received **218,000 calls** of which **195,000** resulted in an **ambulance arriving on scene**

59,000 calls were for immediately life-threatening conditions (**Category A**)

89,000 calls were for serious but not immediately life-threatening conditions (**Category B**)

47,000 calls were for not immediately life-threatening or serious conditions (**Category C**)

We made **200,000 non-emergency journeys**, taking people to and from hospital appointments or for routine treatment

We currently have:

Circa 1,400 staff supported by **250 volunteer first responders** and almost **100 volunteer car service drivers**

116 frontline, double-crewed emergency ambulances

43 rapid response ambulance cars and **115 non-emergency vehicles**

coordinated by **one Emergency Control Room** and

one Non-Emergency Control Room, across **five operating divisions** and out of **59 ambulance stations or deployment points**

NIAS has an annual operating **budget of circa £80m**



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Our partners

The services provided by NIAS are commissioned by the HSC board. We work closely with colleagues in the five other trusts across Northern Ireland: Belfast HSC Trust; Northern HSC Trust; South Eastern HSC Trust; Southern HSC Trust and Western HSC Trust. We collaborate with our partners in other response agencies and provide mutual support across the border areas with the National Ambulance Service in the Republic of Ireland. We also work with independent ambulance services in order to meet the demands for transport services across HSC.

Our mission

To consistently show compassion, professionalism and respect to the patients we care for.

Our values & behaviours

Our values, and the behaviours they instil, form the foundations for the culture and ethos for the whole organisation.

The HSC Leadership Strategy indicates that collective leadership offers a real opportunity for creating a culture of high quality, continually improving, compassionate care and support. NIAS is committed to adopting this strategy and to creating a related programme of work to mainstream such a culture in our organisation. The Trust has already adopted the new HSC Values and expected behaviours, and will work to embed these across all our functions and activities.

What does this mean?



Working together

We work together for the best outcome for people we care for and support. We work across HSC and with other external organisations and agencies, recognising that leadership is the responsibility of all.



Excellence

We commit to being the best we can be in our work, aiming to improve and develop services to achieve positive changes. We deliver safe, high quality, compassionate care and support.



Openness & Honesty

We are open and honest with each other and act with integrity and candour.



Compassion

We are sensitive, caring, respectful and understanding towards those we care for and support and our colleagues. We listen carefully to others to better understand and take action to help them and ourselves.

In order to achieve these outcomes a new Organisational Culture Programme will be established. This work will focus on listening to the results of the staff survey and other feedback in order to understand the culture of the organisation and to model a vision for a new culture of collective and compassionate leadership. At the heart of this work will be a commitment to tangible action to ensure we fully involve and value our people. The programme will link to other key work streams such as health and wellbeing, communications and appraisal processes in order to ensure a consistent approach and delivery of outcomes.

Where we are now

Since our formation as a regional Trust in 1995, NIAS has grown significantly. From fleet changes, technological advances, developments in clinical training and scope of practice, our service looks very different to how it did at its inception and over time we have necessarily developed our operational responses to meet the changing healthcare needs of the population of Northern Ireland.

Our core services cover a range of responses to deal with emergency, life-threatening calls and major incidents, as well as urgent unscheduled care and planned, non-emergency patient transport services.

Demand on these services, especially for urgent care which forms the bulk of our activity, has continued to increase year on year. At the same time, the profile of health conditions we are treating has changed as our population lives longer, medicine progresses and national and global societal developments and competing political agendas influence many of the factors that impact on our health and well-being. We now have a larger proportion of our population living with a complex mix of clinical conditions, which demands a different system for managing health and social care on a day-to-day basis.

● To meet these changing healthcare needs, the recent advances in our clinical response models have seen the introduction of a new, evidence-based way of categorising the 999 calls we receive, so that we can target our resources appropriately and get to those in life-threatening situations the fastest.

● Working closely with colleagues in other parts of the HSC, we have developed new Appropriate Care Pathways (ACPs) for many clinical conditions, so that patients get the right care from the point that they contact us, reducing the number of interactions they need to make before they get to the clinical specialty they need and we can, where possible avoid the need to route their care through the hospital emergency department (ED).

● These aims have also been supported by a pilot scheme deploying community paramedics in a Co-operation And Working Together (CAWT) funded programme, to support partnership working with the primary care sector in some of our more rural areas.

● Our new electronic patient record will mean we can access important information regarding patients and also share details with the relevant clinicians across the system more quickly and easily, not only facilitating the treatment patients receive and their experience of their care, but also supporting the way we monitor and learn from individual cases and outcomes.

● In recent years, we have significantly increased our specialist capabilities for responding to major incidents and being able to treat patients in hazardous environments with our Hazardous Area Response Team (HART) and our Helicopter Emergency Medical Services (HEMS).

● Our team of volunteers has grown significantly, with our Community First Responders (CFRs) playing a vital role in getting life-saving skills to patients as quickly as possible when needed, and our volunteer car drivers caring for our non-emergency patients taking them to their appointments and healthcare facilities when their own transport options are limited.



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Our range of responses include:



New Clinical Response Model

Our new Clinical Response Model (CRM) came into operation in November 2019 and defines how we deliver our core service for Urgent & Emergency Care (UEC). It focuses on achieving optimal outcomes for patients by providing the right response, in the right place, based on clinical need, for every call. The model uses evidence-based prioritisation of categories for presenting conditions when someone calls 999, and new response targets aligned to these categories.

Introducing this CRM forms part of a wider framework of ongoing efficiency led reforms, including: review of systems, processes and structure within our Emergency Ambulance Control (EAC); the ongoing implementation of alternative pathways, where patients are assisted to get more appropriate health services for non-emergency conditions; along with our community resuscitation and defibrillator strategy across NI (including our local CFRs).

Ambulances are dispatched in response to 999 emergency calls based on the clinical need of the patient. The calls are prioritised according to the seriousness of the patient's condition which will be assigned to one of 5 call categories.

NIAS, like many ambulance services in the UK and internationally, uses the prioritisation Advanced Medical Priority Dispatch System (AMPDS). This is a clinical triage system that accounts for a variety of risk factors in presentation of illness, pain and injury.

Our new CRM includes an enhanced call taking process based on a set of Pre-Triage Sieve (PTS) questions and identification of the Nature of Call (NOC). When receiving 999 calls, specially trained, ambulance call-takers will utilise these processes

prior to opening the full AMPDS triage software to identify at the earliest opportunity those patients with an immediately life threatening condition i.e. Category 1 patients.

Earlier activation of ambulance resources to Category 1 incidents has the potential to realise significant benefits for all patients. Our aim is to match appropriate ambulance resources to the needs of the patient. Category 1 calls are the most critical and demand a response based on the level of clinical intervention required. Calls in Categories 2, 3, and 4, whilst they may still be urgent in nature do not require the same response as Category 1.

Not every patient needs to be taken to hospital. Not every patient needs immediate paramedic intervention. Ensuring that an ambulance is appropriately dispatched for a patient who needs to be taken to hospital – and not sending a paramedic in a car – will mean many of the patients whose condition is known to require specific clinical destinations will reach that definitive place of care quicker than they do at present.

Some people who call the ambulance service, may not require an ambulance attendance at all. In those cases, we will provide

effective clinical advice by telephone, where their condition or complaint can be managed through telephone advice or arrange referral to an appropriate service without the need for the attendance of an ambulance clinician. Provision of clinical telephone advice is a benefit of our newly established paramedic-led Clinical Support Desk (CSD) within the EAC team. As part of our **Strategy to Transform**, we will be expanding this element of our service to include a range of clinical specialties who can provide advice to patients over the phone, or in the future via technology devices, and support clinical decision-making for frontline staff on scene.

New Ambulance Quality Indicators (AQIs) being developed will evidence the quality of our patient care across a range of clinical indicators. While speed of response is still an important consideration, especially for those patients in Category 1, it is vital that the care we give is appropriate and effective for the patient. The quality of our care will be monitored for all categories of call and our Quality Improvement strategy will ensure we enhance our responses through continuous learning.



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Current challenges

Whilst making significant positive advances to meet the changing needs of our society, over time, other elements of our organisational development have struggled to keep up. Investment in NIAS has inevitably had to compete with other demands on public finances and our resources have become increasingly stretched, making it difficult to keep up with technological advances and address workforce capacity gaps.

In looking to the future, working with the Department of Health (DoH), we recognise that in order for patients across the HSC system to benefit from the opportunities of a transforming health and social care service, NIAS needs to be at the heart of regional plans and the investment required to address current challenges and deliver our **Strategy to Transform** will be crucial. We are therefore taking significant steps to review every aspect of our organisation so that we can deliver the necessary changes over the next few years and justify the support and investment made available to us.

Whilst our **Strategy To Transform** presents opportunities to drive improvement in our service, there are also challenges and risks which will require effective and robust planning, strong leadership and resilience to ensure we move forward at pace. Key challenges include:

- Increased demand resulting in operational pressures and increased response times
- Increasing public expectations
- Balancing transformation programmes with existing pressures and demands

- Availability of the appropriate professional disciplines, and support services staffing
- Underlying financial position
- Rapid pace of reform required
- No confirmed recurrent funding after 2019/2020 for some programmes

NIAS will ensure challenges and risks are acknowledged and planned for by senior management and relevant partners at each stage of programme development. We will continue to engage with regional partners and key planning and governance structures such as Transformation Implementation Group (TIG), Transformation Operational Group (TOG) and DOH Workforce structures to ensure all

necessary measures and steps are taken to ensure success and avoid the risks of project failure or the destabilising of current services.

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

Additionally, the trust's commitment to development of our performance framework with a link to demonstrable outcomes will underpin and support the planning, monitoring and evaluation of key workstreams and transformation deliverables.



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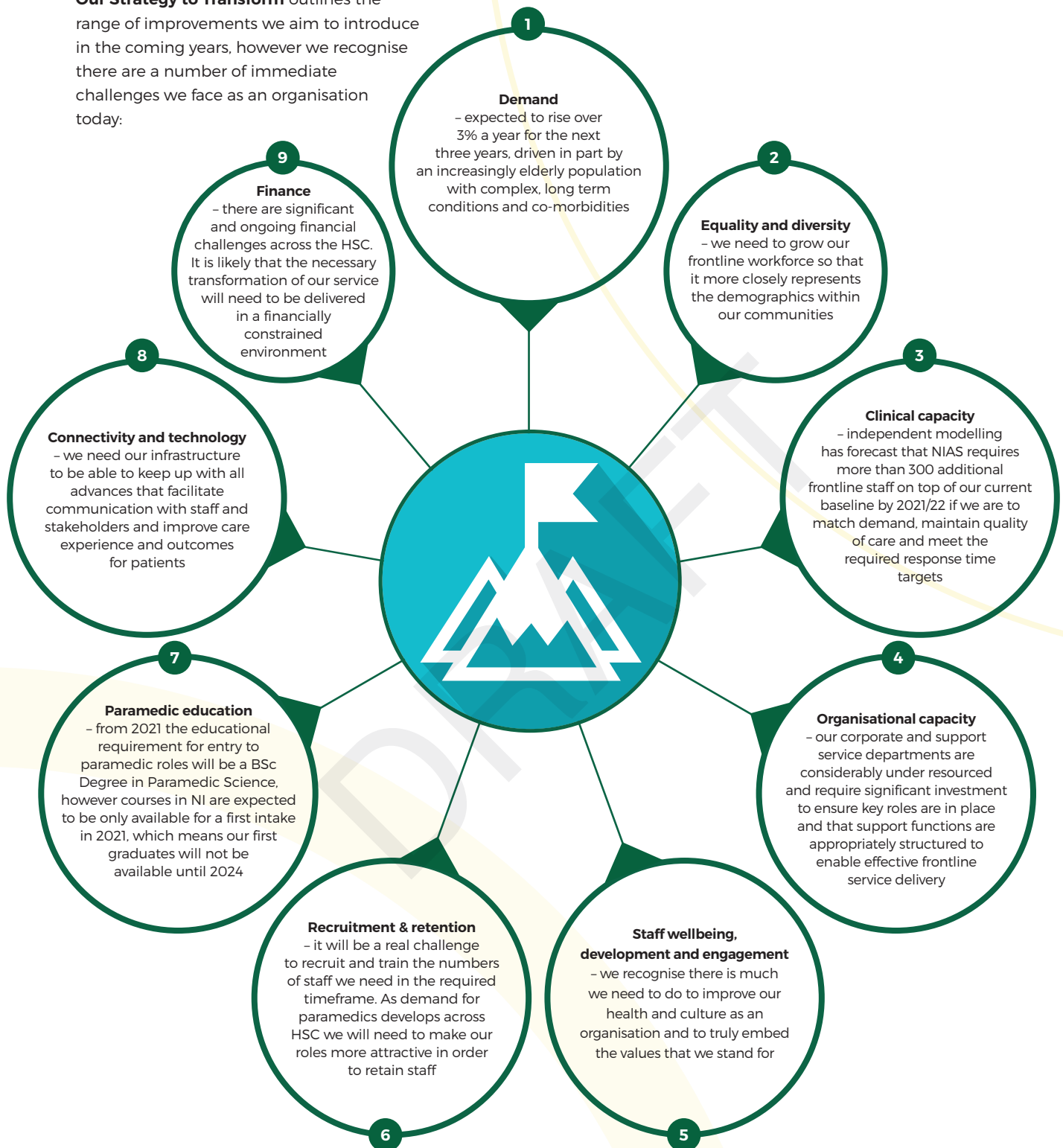
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Challenges we face

Our Strategy to Transform outlines the range of improvements we aim to introduce in the coming years, however we recognise there are a number of immediate challenges we face as an organisation today:



“It is only by listening to all of our staff, by engaging with them in a meaningful way and by working together in the genuine spirit of co-production and collective leadership, will we be able to resolve the many challenges we face and realise the benefits from the undoubted opportunities that lie ahead.” **Michael Bloomfield, CEO NIAS**

Our goals



Our patients will feel professionally cared for; always with compassion and respect

Our staff will feel positive and proud to work for NIAS

Our stakeholders and partners will have confidence in us as a reliable provider at the centre of urgent and emergency care

Our communities will continue to value and trust us

In delivering these goals, we will be contributing to the DoH 'Delivering Together' strategy for 2026 by:

- Demonstrating a shift in the balance of care away from hospitals by taking more care to the patient and signposting patients to appropriate alternatives to the ED
- Expanding our workforce and enhancing skill sets to manage more urgent care in primary and community settings and encourage prevention of ill health
- Focusing on improving and maintaining the health and wellbeing of our staff
- Collaborating proactively with partner providers, blue light partners and volunteers to co-produce effective models of care and improve our responses to patients
- Embracing new technologies to improve our connectivity with our workforce, patients and partners
- Targeting investment in the transformation of our service, to ensure the delivery of effective and sustainable services for the benefit of patients and the wider HSC



Our **Strategy to Transform** describes the goals we will be working towards, to realise our vision for NIAS by 2026, whilst recognising and addressing the real issues impacting on the service and staff at the current time

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Health and social care of the future

The world of healthcare is forever developing, and the changes anticipated over the next decade and beyond are set to transform how our health, ill-health, wellbeing and social care needs are managed.

As more of us live longer thanks to medical, economic and social advances, improvements in developing technologies, public health education and new integrated ways of working will be focussed on enabling us to do so well, remaining independent for as long as possible and receiving care out of hospital whenever other more appropriate options are available.

The Northern Ireland Programme for Government (2016-2021)

contains strategic outcomes which touch on every aspect of government, including the attainment of good health and education, economic success and confident and peaceful communities.

Making Life Better 2012-2023

aims to create the conditions for individuals and communities to take control of their own lives and achieve their full health and wellbeing potential. The framework has been structured around six key themes: Giving Every Child the Best Start; Equipped Throughout Life; Empowering Healthy Living; Creating the Conditions; Empowering Communities and Developing Collaboration.

Quality 2020 has driven the agenda for safety, effectiveness and person centred services and many of the principles and activities which evolved from that strategy inform our own **Strategy to Transform**.

Recent reviews of Northern Ireland HSC have included **The Right Time, The Right Place** (Donaldson Report) 2014 and following this, the **Systems not Structures** (Bengoa Report) in 2016. This international expert panel led by Professor Rafael Bengoa proposed: "by agreement, and without the need for structural reform - the provider sector to take collective responsibility for all health and social care for a given population and with a joint capitated budget linked to population based outcomes...". The expert panel's recommendations were addressed in the Minister of Health's proposals, **Health and Wellbeing 2026: Delivering Together**, subsequently being taken forward by the DoH TIG.

Key themes in the **Delivering Together** strategy describe how the HSC systems in Northern Ireland will aim to "move beyond simply managing illness and instead ensure that our health service supports people to stay well: physically, mentally and

emotionally". Providers across the HSC system are increasingly working together as a single system, alongside partners in local authorities, other agencies and the voluntary sector, with the emphasis on person-centred care, ill-health prevention, social wellbeing and providing more diagnostics, treatment and care in the community and home settings.

The way we design and deliver services will be focussed on providing continuity of care in an organised way. To do so we will increasingly work across traditional organisational boundaries, to develop an environment characterised by trust, partnership and collaboration.

NIAS role in Delivering Together

NIAS has an important central role in delivering the necessary reforms set out in **Delivering Together** and ambitious aspirations in our **Strategy to Transform**, to ensure provision of high-quality care is maintained in a progressive and sustainable way.

Tremendous strides have been taken over the last couple of decades in moving the ambulance sector from being a service that primarily transported patients to hospital, to being healthcare providers at the centre of urgent and emergency care, with highly skilled clinicians delivering treatment at scene and over the phone - often avoiding the need for a patient to be brought to the ED, or even for an ambulance to be dispatched. The recognition, in August 2018, of paramedics as Allied Health Professionals (AHPs) in NI has been a significant development which will offer many opportunities for development of the role and career pathways.

The years ahead hold equally exciting developments in healthcare, especially with the expected level of technological advancements and the increasing ability to integrate care seamlessly across disciplines. NIAS is on a mission to transform the organisation and the way out-of-hospital care is delivered, in line with the transforming HSC system across Northern Ireland and the rest of the United Kingdom.

- | | | |
|---|---|---|
| <ul style="list-style-type: none"> ● Supporting patient flow through the system, especially through avoiding unnecessary conveyance to hospital and in supporting hospital discharges and interfacility transfers ● Improving access to care and advice for patients, especially out of hours ● Coordinating multidisciplinary telephone and video clinical assessment services ● Having access to the single NI electronic care record (NIECR) being designed through the Encompass programme, so that our patient records interface with all others in the HSC system ● Supporting health promotion and the prevention agenda through our daily interactions with patients, by having simple conversations and signposting to support when appropriate | <ul style="list-style-type: none"> ● Sharing of population health data within the system to support research and planning processes ● Increasing efficiency and reducing unwarranted variation wherever possible ● Providing a country-wide oversight of the impacts of reconfigurations and gaps in services, to support ongoing strategic level discussions in respect of transformation ● Developing our workforce and infrastructure to deliver a wider range of skills to achieve the best outcomes for our patients from our new clinical response model and new ways of working ● Developing integrated working through co-design and co-production of new services and alternative pathways with partner providers ● Participating in multidisciplinary teams in the primary care setting | <ul style="list-style-type: none"> ● Being a connected partner with interoperable platforms and the ability to access and share patient records and care plans in a timely way ● Implementing wider rollout of community paramedicine and rotating roles ● Making use of advances in technology to improve access for patients to clinical advice (e.g. video assessments; wearable devices) ● Engaging our staff and patients in building a collective understanding of the need for, and benefits of, transformation of health and care services ● Providing a clear career structure and development opportunities for both clinical and non-clinical staff, creating collaborative system leaders ● Providing a supportive and progressive environment where our staff feel valued and engaged in the advances we wish to take as an organisation |
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Working together



Excellence



Openness & Honesty



Compassion

Our vision for 2026

Over the coming years, NIAS is committed to transforming our service and the way we deliver care, in line with the DoH strategy **Delivering Together**. We have ambitious aspirations and believe these are needed if we are to continue to provide high quality care in a progressive and sustainable way. We are seeking support from the DoH, our commissioners, other partner providers and our staff to enable us to realise these aims, through our **Strategy to Transform**, to bring real benefits to our patients, the HSC system, our workforce and the population we serve.



Our vision to 2026: For our patients



GOAL

Our patients will feel professionally cared for; always with compassion and respect

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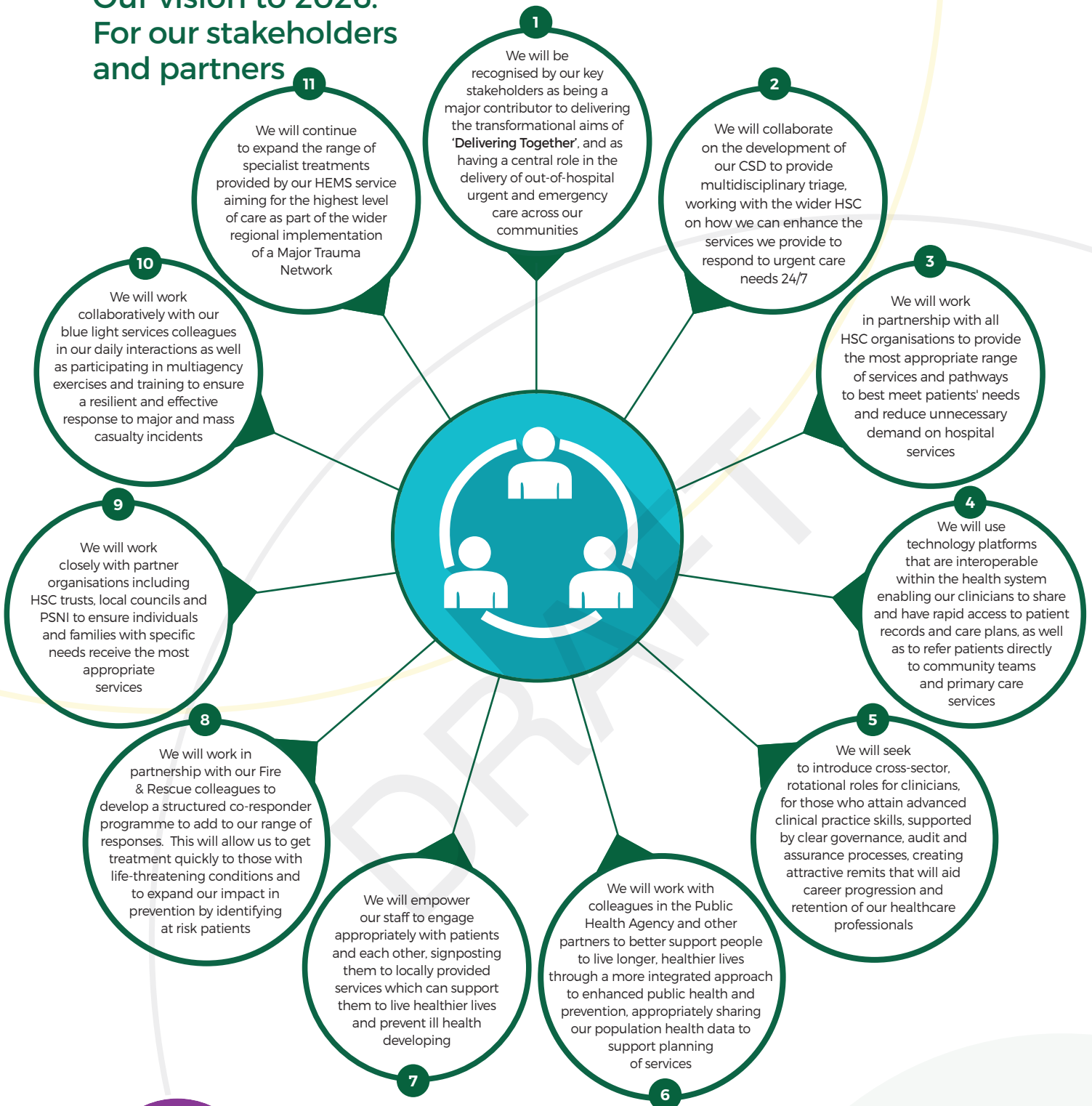
Our vision to 2026: For our workforce



GOAL

Our staff will feel positive and proud to work for NIAS

Our vision to 2026: For our stakeholders and partners



GOAL

Our stakeholders and partners will have confidence in us as a reliable provider at the centre of urgent and emergency care

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Our vision to 2026: For our communities



GOAL

Our communities will continue to value and trust us

Delivering our strategy to transform

Our Mission

To consistently show compassion, professionalism and respect to the patients we care for

Our Values



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Goals

Our patients will be professionally cared for; always with compassion and respect

Our staff will feel positive and proud to work for NIAS

Our stakeholders and partners will have confidence in us as a reliable provider at the centre of UEC

Our communities will continue to value and trust us

Priority Areas for Transformation

Delivering care

Our workforce

Organisational health

Quality improvement

Digital enablers

Our infrastructure

Communication and engagement

Corporate Plan and Transformation Programme

Enabling Strategies

UEC

PCS

Quality & Safety

Digital

Workforce

Organisational Development

Communications & Engagement

Estates & Fleet

Finance

Points of Focus

Governance and assurance framework

Governance and assurance framework



Enabling transformation

To deliver our strategy so that we transform our services between now and 2026 involves elements of change and innovation across every aspect of the organisation, whilst delivering our business as usual. We have seven areas of priority for transformation:

Our transformation priority areas are:

1. Delivering care
2. Our workforce
3. Organisational health
4. Quality improvement
5. Digital enablers
6. Our infrastructure
7. Communication and engagement

Each of these priority areas will contain specific supporting strategies, encompassing a range of specific projects and reviews which in turn will focus on implementing key actions for change. This includes our need to address the current challenges, outlined earlier, as well as implement further advances and new ways of working in the way we deliver our services and integrate care across the system.

All of these will be brought together within our Corporate Plan and

Transformation Programme which will be underpinned by our governance and assurance frameworks.

We will have key performance indicators and milestones covering the next six years, by which progress against our transformation can be measured and monitored at local, departmental and board level as well as being shared with our stakeholders. Some projects and reviews will be phased over the course of those six years. Some will

start immediately, whilst others will begin further into the programme.

We recognise that we will continually need to adapt to changing circumstances and manage risks and obstacles along the way. Our plans will therefore need to be dynamic and iterative as we learn and improve – always with our vision and goals in mind and our mission which is **to consistently show compassion, professionalism and respect to the patients we care for.**

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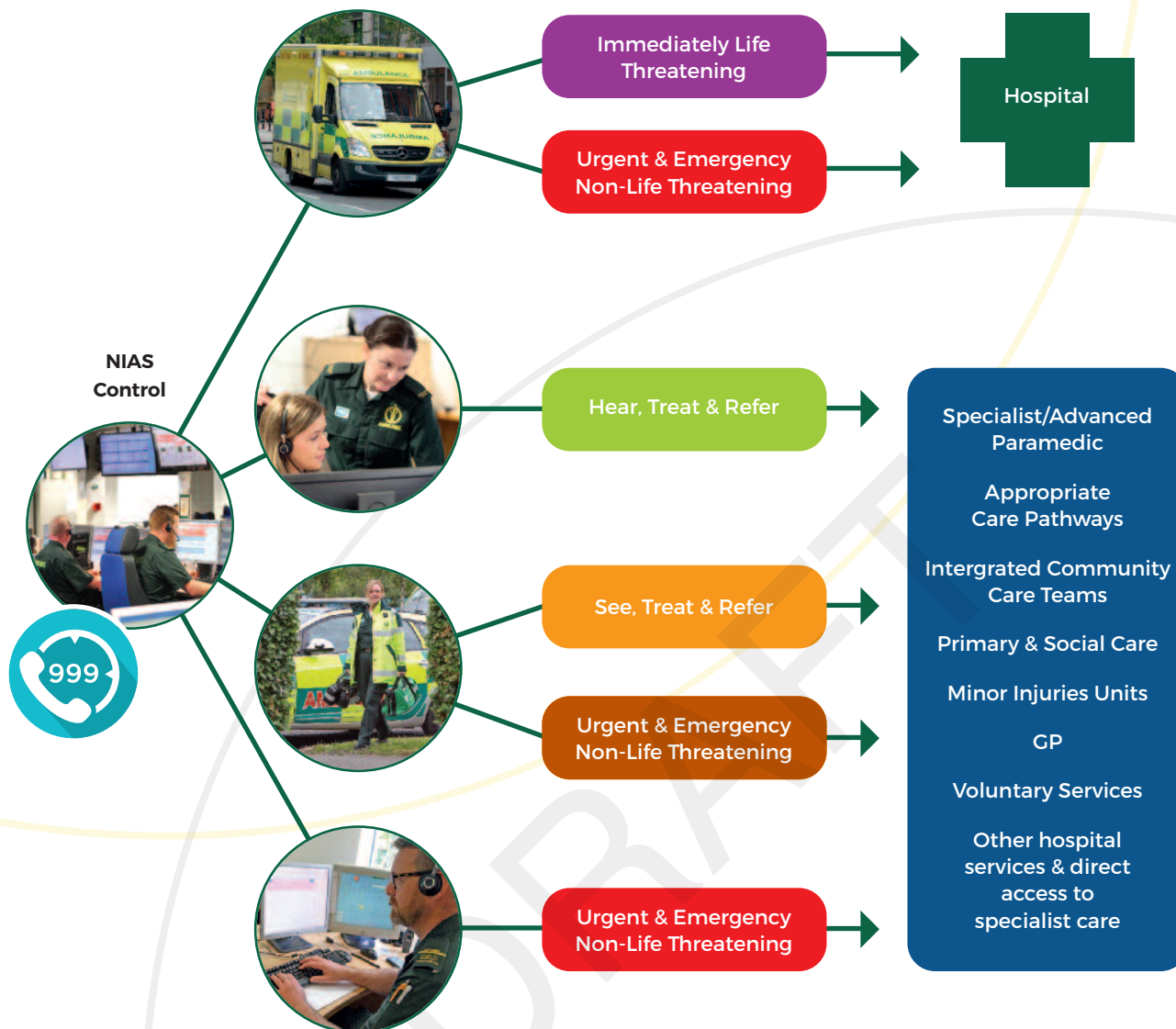


Compassion

1. Delivering Care

- Delivery of UEC is our core business, at the heart of out-of-hospital healthcare provision. From our initial phone triage, to delivering treatment on scene, or providing advice over the phone, we have a central role to play in integrating care across the HSC system, coordinating access for patients to the right services and reducing pressures on hospital EDs.
- Our new CRM introduced in November 2019 will continue to be embedded as we are able to introduce the assets and resources needed to meet the standards set within it. The primary aim is to identify and get treatment to patients with a life-threatening issue fastest, and for all other patients ensure we provide the most appropriate response for their clinical needs. This involves developing our capacity, capabilities and relationships with other providers to offer a wider range of appropriate responses and pathways.
- Increasingly our ambulance clinicians will be providing patients with the treatment they require on scene or in their home rather than going to hospital, and we will work with our partner providers to develop more ACPs and specific response models, such as the Mental Health Triage team (provided in partnership with PSNI and Belfast and SE Trusts), so that patients can access the right care, in the right place, every time.
- Through our see & treat (S&T) and hear & treat (H&T) models of care, and supported by new technologies, patients may be either safely discharged or referred directly to other services within the community setting, again, reducing the need for attendance at hospital EDs. We will continue to campaign for regional consistency in terms of the services offered over extended hours where we can demonstrate this will benefit patients.
- We will continue to work with hospitals to improve the process for handing over patients in their EDs. When hospital treatment is indicated, where possible patients will be conveyed to specialised destinations (eg to Primary Percutaneous Coronary Intervention (pPCI) units) and will only be taken to emergency departments when clinically needed or where alternatives are not available.
- As well as developing our responses for those with UEC needs, we will be looking at ways we can improve our non-emergency, Patient Care Service (PCS) for scheduled appointments, with a view to providing more reliable and timely transport services. We will also be reviewing these capabilities to align them alongside the UEC system, so that we can contribute to patient flow across providers. With their daily interactions with patients, our PCS workforce can also play a significant role in our public health activities, helping to improve health and wellbeing across our communities.
- Our response capabilities for major incidents and hazardous environments will continue to be enhanced to meet national risk and threat assessments, so that we can safely get life-saving treatment quickly to those involved in such events, whether a consequence of terrorist activity, civil disorder, accidents or natural disasters such as flooding.
- Our HEMS teams provide critical assessment and treatment on scene at serious trauma incidents, and in support of the major trauma network we will seek to develop and enhance this service and the clinical interventions it offers in order to continue to improve outcomes for these patients.
- We will be working with the NI Fire & Rescue Service to consider how we might structure co-responding schemes to ensure patients in life-threatening situations, particularly in rural areas, receive the necessary treatment as quickly as possible and join forces in identifying vulnerable, at risk persons, taking steps to prevent ill health or injury where we can.
- We will continue to work in partnership across statutory, business, community and voluntary sectors to build a Community of Lifesavers across Northern Ireland. We will do this to grow our number of volunteer Community First Responders. Our resuscitation training programmes, and defibrillator registration will continue to expand so that effective, emergency life-support can be provided to patients in need, ahead of ambulance clinicians arriving on scene.

Urgent & Emergency Models of Care



APPROPRIATE CARE PATHWAYS - CASE STUDY

An elderly patient with diabetes required frequent emergency responses due to critically low blood sugars, with each call resulting in a trip to the local emergency department. Using our diabetic referral ACP, the patient was successfully treated at home and referred for rapid follow-up by the Community Diabetic care team to stabilise their regular diabetic medication, meaning no further life-threatening episodes, no further 999 calls for low blood sugars and reduced attendances at the local hospital. A referral by NIAS can improve the long-term condition of patients as well as reducing pressures on an already-busy health system.

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Compassion

2. Our Workforce

- All of our people work incredibly hard in often very challenging circumstances. We recognise the value their individual experiences can bring to making improvements in our services and the way we run our organisation. We will create a workforce strategy that is focussed on engaging, developing, empowering and supporting our staff.
- Our staff are our most important asset and the health and wellbeing of every single employee needs to be a top priority for us. Our health & wellbeing programme of work is instrumental to helping us focus on how we can be more proactive in anticipating support needs and preventing ill or deteriorating health among our staff, as well as encouraging participation in activities that promote good health. This will also help to ensure that we are an employer of choice.
- Recent advances have included the developing UNISON/NIAS Health and Wellbeing Partnership, the Health and Wellbeing Project, and the Peer Support project. We intend to accelerate this agenda, with new staff, resources, integrated planning and external partnerships, as part of a strategy. Our ambition is to help all staff to lead healthy lives, at home and in work, in the knowledge that the Trust has the best possible support structures to deal with health and wellbeing – whether proactively or reactively.
- Staff safety is paramount, and the trust takes a zero tolerance approach to violence and aggression towards any member of staff whilst they are carrying out their role. We will continue to work with staff to understand the risks, review untoward incidents and revise the measures we take, where we can, to do all that is reasonably possible to protect our staff from these kinds of behaviours and actions.
- Transforming our service relies on transforming our workforce and the resources that enable them to perform their roles efficiently and effectively. As our UEC delivery models develop, so will our workforce, requiring investment in new roles and enhanced skill sets and flexible working models.
- Independent demand and capacity modelling reviews have demonstrated that NIAS will require over 300 additional frontline clinicians to deliver our new CRM in a sustainable and effective way. Recruitment to these posts will require investment over several years, and this forms part of our workforce planning within our CRM implementation programme.
- With a growing workforce and the need to restructure our operational functions to accommodate this, there is a need to also revise our model for provision of human resources support across the trust to ensure there is ready access to the necessary knowledge and expertise when recruiting and managing, and supporting a dispersed workforce operating 24/7.
- We will develop a model of clinical education which drives clinical excellence. This will include innovative teaching and learning techniques for all of our frontline staff, including use of new technological advances.
- NIAS is committed to embedding a clear career framework for our clinicians, whether starting out with us as Ambulance Care Assistants (ACAs) or Emergency Medical Technicians (EMTs) or joining as a graduate paramedic. We will aim to achieve consistency with other ambulance services in the UK when developing skill-sets, and ensure we have the appropriate mix to support our range of responses.
- The continuing professionalisation of the paramedic role, and the requirement for graduate entry by 2021, creates many opportunities for individuals. We will adopt the career framework and nomenclatures developed by the College of Paramedics (CoP) (Figure 1) and will endeavour to support all staff who aspire to progress their career this way. Adopting this framework will enable us to better align our clinicians with other registered healthcare professionals such as nurses and other AHPs, so there is clearer understanding of scopes of practice as we increasingly work alongside each other and in multidisciplinary teams.
- Over time we will seek to develop a larger cohort of specialist and advanced paramedics, supporting paramedics wishing to undertake postgraduate studies. These clinicians with extended skills will play an important part

in managing patients, primarily with long-term conditions, in their home setting. They will also be able to provide clinical decision support to paramedic and emergency medical technician colleagues either on scene or through our clinical support hub.

- Our clinical workforce is supported by our non-clinical staff providing corporate services. We will introduce a clear framework of personal development opportunities for our non-clinical workforce enabling them to progress their careers within NIAS and the wider health system.
- Unplanned absence can significantly affect our ability to ensure we have the right level and skill mix of resources to meet our patients' needs from one day to the next. In recognising the links between a healthy culture, staff wellbeing and attendance, we are revising our attendance management policy and absence procedures to be able to target support and intervention more appropriately, as well as improving our workforce information and analysis processes and staff rostering system.
- Partnership arrangements and improving working relationships with our unions and staff representatives is as important as ever. In implementing a programme of significant growth and change across the organisation, it is imperative that we progress in a constructive way, respecting any impacts on our staff, ensuring they have a voice and input to the way we develop.

College of Paramedics Career Framework 2018

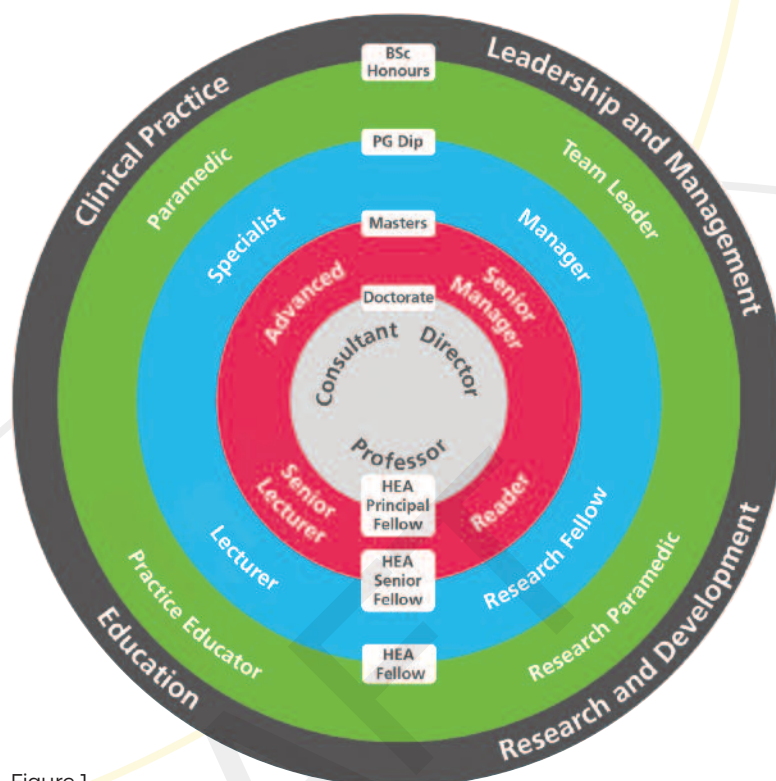


Figure 1.

© College of Paramedics, 2018



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HSC Collective Leadership Approach

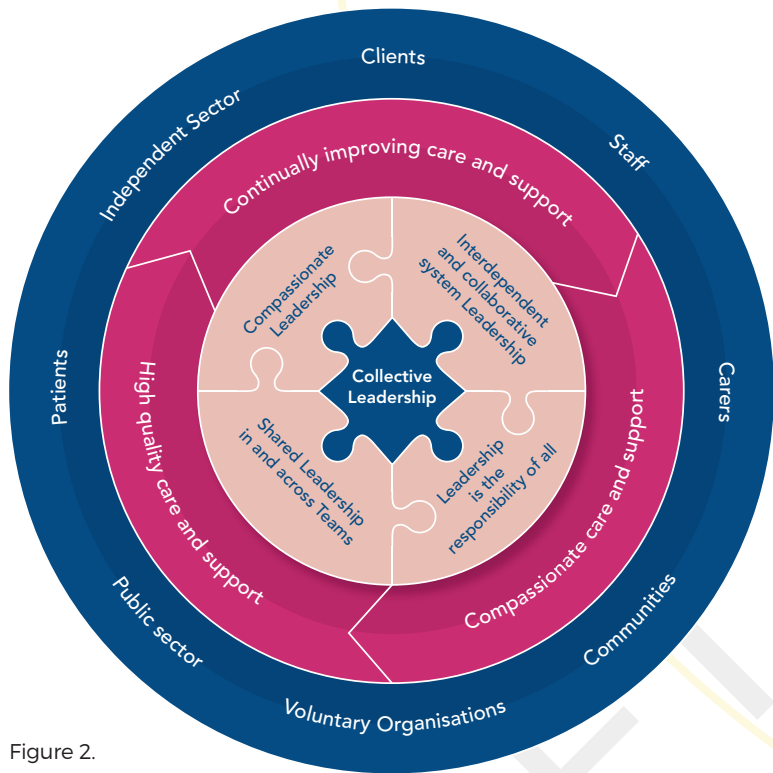


Figure 2.



3. Organisational Health

- Transforming NIAS means more than just changing some of our systems and processes. We welcome the investment that will support some of the major changes we are making in implementing our new CRM, including the recruitment of almost a third again of our frontline workforce – more than 300 extra clinicians. This alone will have wide ranging impact on how the organisation operates, and our corporate services and infrastructure will necessarily expand to accommodate these changes. All of this will take time and will inevitably change the shape of our organisation.
- We recognise that our staff are our most valuable asset and we can only achieve the vision we have laid out through their involvement, engagement and empowerment; embracing diversity and innovation. We therefore equally recognise that we need to have a supportive, inclusive and innovative culture so that we can be as healthy as possible as an organisation, and as individuals, be proud and committed to working for NIAS.
- We are strongly committed to our statutory and policy obligations around promoting equality, non-discrimination and human rights. This work is not just about procedures. It is fundamentally about bringing strong values into the heart of all our decision-making and actions.
- Our visionary strategy will need demonstrable leadership, not just from the trust board and executive team, but throughout the organisation, with everyone enthused to making the required transformation in a coordinated and sustainable way.
- For many years, NIAS has operated with a very small executive team and limited capacity within our corporate services. This will need to change if we are to have effective structures, processes and systems in place to support accountability and governance in delivering our strategy and associated plans.
- By laying out our clear vision the trust board aims to inspire everyone working in or alongside NIAS to contribute towards delivery of our common goals. These goals will be embedded through the organisation in departmental, team and individual objectives. We will strengthen our corporate governance framework and introduce a new system of appraisal that will link these with our organisational plans.
- We will demonstrate progress against delivery of our goals through regular monitoring of meaningful measures and make necessary adjustments through processes of quality improvement, risk management and continuous learning.
- In adopting the HSC approach to collective and compassionate leadership (Figure 2), NIAS will encourage the personal development and empowerment of all members of staff to lead in their areas, with a focus on continuous improvement across the service. We will develop a leadership framework that will support and enhance team working within NIAS and across the system.
- We will actively look for aspiring leaders and champions within our trust to lead by example at all levels and encourage adherence to our values and behaviours in delivering our services and developing the necessary changes to achieve our vision.
- Providing excellence for our patients will always be the primary focus for everything we do and of any changes we make.

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4. Quality Improvement

- A new quality strategy bringing together all our activities aimed at improving care and safety, will detail how we will achieve our mission to excel in all that we do for the patients we care for.
- By introducing a robust quality improvement (QI) methodology and increasing our QI capabilities we will target areas where there may be a need to see most progress in achieving better outcomes and experience for both patients and staff. This methodology will enable us to manage change in an evidence-based and controlled way and allow input from staff and our range of stakeholders, including patients and carers.
- We wish to be recognised as a learning organisation and we will be reviewing our approach to investigation of serious incidents and complaints as well as boosting our clinical audit and research functions.
- Northern Ireland has historically been the home of many medical advances, and in future NIAS will seek to cater for research in topics specific to out-of-hospital urgent & emergency care. We are already contributing to national audit of patients with heart disease and acute stroke, and in the past year have begun providing information to the Trauma Audit and Research Network (TARN) database, to develop better understanding of the care of patients with serious trauma.
- To allow for in-house research projects, we have established a research group and have developed a relationship with the Southern Health & Social Care Trust to provide a research governance and ethics framework to support research work by ambulance practitioners.



RESEARCH PIECE: ACUTE SEIZURE MANAGEMENT

Neurologists from the Belfast Trust and the NIAS Clinical Service Improvement Lead published an article in the *Epilepsy and Behaviour Journal* titled "Brief Communication: Attitudes and Perceptions of Paramedic Staff Towards Acute Seizure Management in Northern Ireland. This research involved asking paramedics to complete questionnaires regarding their confidence in assessing / treating epilepsy; the level of training they had received, and any barriers to effective management. There was a 75% questionnaire return rate. The research concluded that there is work needed to increase confidence in paramedic decision-making regarding 'non-conveyance' of a patient following a seizure. This now provides a focus for ongoing training and decision-making support mechanisms.

5. Digital Enablers

- Our digital strategy will be business led and enabled by technology and business intelligence functions. Where required, it will be underpinned by Human Resources (HR) policies and processes. Digital transformation represents a significant challenge but promises to create many opportunities to advance the way we operate and deliver care. Our digital enablers will drive our use of future technologies to better connect our workforce, patients and key stakeholders.
- Information will be considered and managed as a strategic asset. The aim will be to input information once and re-use it many times; access will be limited to business need, and not technical or organisational limitations.
- Ensuring our systems and platforms are interoperable with our partner providers will be key to integrating with other services allowing us to act as a gateway to the wider healthcare system, signposting the most appropriate services for patient needs.
- The public are increasingly expecting new ways of accessing and interacting with healthcare services through use of digital channels. We need to be open to new technologies as they emerge and become reliable (e.g. use of video capture on scene, artificial intelligence, wearable devices) to determine if they can further our overall vision. In time, access will inevitably develop using technology and we will listen to our patients, providing e-services they trust and value, so they can confidently interact digitally and virtually with our clinicians.
- Our clinicians will also benefit from being able to share information from scene with other clinical experts and specialists, to get remote decision making support when needed, to ensure the best treatment and outcomes.
- We have a workforce dispersed right across the country and our frontline staff are on the move most of their working day or night. We therefore have a strong need to provide seamless connectivity and an ability to be able to communicate with every individual member of staff no matter where they are working.
- Personal issue devices will support our clinicians having rapid and real-time access to patient records and care plans and clinical updates, to enable them to work more safely and effectively, improving the patient experience and outcome.
- Cyber-security and secure data management are essential aspects where we cannot afford to compromise. Cyber-security will be designed 'in' as an enabling function for all new systems and services. We will ensure that best-practice is consistently applied to ensure high levels of resilience and security for critical infrastructure services.
- The wealth of data we hold can support continuous improvement through appropriate, robust analysis, enhancing levels of safety and effectiveness in our processes. We will develop our business intelligence in order to support managers and staff with the information they need to lead and manage services appropriately.
- We will also be working closely with our commissioners and partner providers, to contribute knowledge gained through the data we collect, to support a population health management approach to planning and design of healthcare services.
- Developments in digital technology will assist us in providing a sustainable service in the face of increasing demand, enabling new approaches to predicting demand, and to the way we triage and respond to calls.
- To deliver our digital strategy we will build a fit for purpose digital support team comprising of inhouse teams and strategic partnerships with supplier organisations.
- Given the speed of development in the world of technology, our digital strategy will remain dynamic and will be refreshed at least every three years, or more frequently as required.

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Electronic Patient Records

Digitisation of healthcare records began roll-out in 2019/20 and is due to be fully implemented in 2020/21. This will enable all frontline staff to rapidly transmit patient details from mobile devices on scene to any receiving hospital or clinical team, make direct referrals to other care providers and provide real-time reporting on clinical performance. These mobile devices will also be used for staff to receive safety-critical information, support educational development and provide clinical resources to aid decision-making.



6. Our Infrastructure

- An expanding workforce and new ways of working will rely heavily on our infrastructure and key assets being fit for purpose to support effective and efficient operations.
- Our programmes for the development of our estates and our vehicles are based on the premise of future-proofing these assets as change takes place and on efficient sustainability, whilst reducing our impact on the environment.
- Our estate strategy aims to rationalise much of our old estate, which is no longer fit for purpose, and provide effective maintenance for existing accommodation that is. Over time we will move to a new model of hub & spoke locations to support the introduction of 'Make Ready' systems (see below).
- Our estate provision for Ambulance Control and Resource Management requires significant investment to become fit for purpose in terms of space, digital enablement and resilience.
- Through our regular fleet replacement programme, 99% of our emergency ambulances and 92% of its non-emergency ambulances are now less than 5 years old. As we embed our new CRM and plans for our urgent & emergency care provision, the need to ensure the fleet has the right profile is paramount.
- Operating a large fleet of this type has obvious environmental impacts. Much has been achieved through technological advances to mitigate the impact of the base vehicles. Wherever practicable NIAS continues to explore the opportunity to adopt more environmental practices.
- We will endeavor to reduce the trust's carbon footprint by adopting new technologies such as electric and hybrid vehicles as these become viable options.
- We will also seek out greener energies for our vehicle system power, such as hydrogen fuel cells and solar power, and for our estate.
- By utilising vehicle management information supplied by telemetry systems we will aim to improve vehicle and driver performance to improve efficiency and reduce environmental impact.
- NIAS is committed where possible to work with other ambulance services, emergency and other healthcare providers to leverage combined purchasing power through centralised procurement.



MAKE READY

The 'Make Ready' System is a quality assured vehicle preparation programme, designed to minimise cross infection and maximise patient safety, whilst eliminating the hours of service associated with the cleaning and stocking of vehicles. All of the vehicle preparation is undertaken by specially trained, non-clinical staff, allowing ambulance clinicians to focus on the delivery of high quality patient care.

Key benefits of a Make Ready Scheme

1. Improvement in standards of cleanliness
2. A significant reduction in lost hours of ambulance availability
3. A reduction in stock consumption measurable with procurement and financial data
4. Improved vehicle reliability
5. An improvement in patient safety measurable in reduction of adverse incidents
6. Enables effective asset management
7. Savings made on consumables and drugs stocks with no out of date items being wasted

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7. Communications & Engagement

- A vital aspect of ongoing delivery of our vision and strategy is the engagement of our stakeholders in developing it, monitoring progress and providing feedback. Our staff, patients, partner providers, commissioners and regulators all have a part to play in shaping our future.
- We will be innovative in improving our internal communication with staff, and in how to gain their input and involvement in our transformation projects.
- NIAS will not be able to deliver this **Strategy To Transform** in isolation. Neither will the full potential of the HSC **Delivering Together** strategy be realised without the inclusion of NIAS in these discussions. Co-production and co-design of new ways of working and the integration of new models of care across the system is essential and we will be seeking to engage wholeheartedly in these processes.
- To excel in all that we do for the patients we care for, NIAS will work collaboratively across the HSC to facilitate the sharing of best practice and learning. Successful outcomes for patients require efficient use of resources and we can achieve more by working together than we can separately. There are also many opportunities to extend these relationships to our colleagues in other ambulance services in the rest of the UK, Ireland and more widely afield.
- The patient and public voice is important in reminding us why we do what we do and how we can do better. We will be developing our Personal and Public Involvement (PPI) processes and opportunities into a more comprehensive Co-production model to ensure we are taking the views and experiences of our patients into account in all that we do.
- NIAS will always strive to meet our commitments in ensuring equality of opportunity:
 - Between persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation;
 - Between men and women generally;
 - Between persons with a disability and persons without;
- Between persons with dependants and persons without;
- and promoting good relations between persons of different religious belief, political persuasion or racial group. These will be key aims within our Communications and Engagement Strategy, reflecting the diverse population we both serve and employ.
- Communication is made so much easier these days with personal devices, social media and online channels. NIAS will continue to develop our means of engagement using these avenues, to share information about our services and to work with Public Health NI in their public messaging campaigns to improve health and wellbeing.



Conclusion

This strategy outlines an ambitious programme of work for the next six years, agreed with DoH and our other stakeholders. It will require tangible investment in NIAS over time as a key partner within the HSC system, so that we can unlock new efficiencies as we change the way healthcare is delivered. Our transformation programme will require careful oversight as we implement a concurrent series of enabling strategies and plans for each of our key functions. The Trust Board will monitor milestones and performance indicators through regular highlight reports so that we can adapt to changing circumstances and manage risks along the way.

Appendix A outlines our Points of Focus for each of the Priority Areas which directly link to achieving our vision and goals. In addition, it is important that we prioritise some of the key objectives for the first twelve months and our priority actions for 2020/21 are outlined here:

Priority Actions – Year One

1. We will secure wide-ranging support for our Strategy and develop a supporting business case to secure funding in order to improve our service to patients through increased workforce and supporting infrastructure
2. We will develop a comprehensive workforce plan for the whole organisation designed to support our strategy and will continue to train additional Paramedics, EMTs and ACAs with appropriate investment in support services
3. We will develop an Improvement Plan to deliver the best possible response times to patients within existing resources
4. We will develop a suite of supporting infrastructure strategies for Estates and Fleet ensuring that the most pressing issues are addressed in year one
5. We will review our Human Resources model with a view to establishing a revised model to better meet organisational and workforce needs
6. We will initiate a new Organisational Culture Programme to take focused action to develop a culture of collective and compassionate leadership
7. We will develop a new Quality and Safety Strategy which focuses on how we continually improve, measure and evidence the quality of our services for our patients
8. We will continue to work with HSCB and Primary Care to develop a model for training Specialist Paramedics to work on a rotational basis in Primary Care
9. We will commence a Patient Care Service Improvement Programme to improve the quality of our service for this important group of service users
10. We will open a new training and administration facility for Emergency Ambulance Control
11. We will implement a new approach to personal development reviews to inspire and motivate staff to be the best that they can be and to provide the best possible care to patients
12. We will undertake a review of our Operational Management Structure to provide more effective support for staff, including on a 24/7 basis
13. We will consolidate and refresh our technology infrastructure to maintain service and improve resilience
14. We will begin roll-out of our new Electronic Patient Report Form with links to wider HSC systems enabling our clinical staff to access and share records enhancing the care we offer
15. We will establish arrangements to improve business intelligence through data warehousing, business intelligence tools and best practice

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Appendix A

Points of focus within our transformation priority areas

In order to achieve our vision for NIAS and meet the goals we have set ourselves over the next six years, we will be focussed on some specific points within each of our priority areas for transformation. As we do so, there will be many overlaps and interdependencies both within our trust and across the rest of the health system. As described in our diagram on page 21, these will be brought together within an integrated Corporate Plan and Transformation Programme, which will be underpinned by our governance and assurance frameworks.

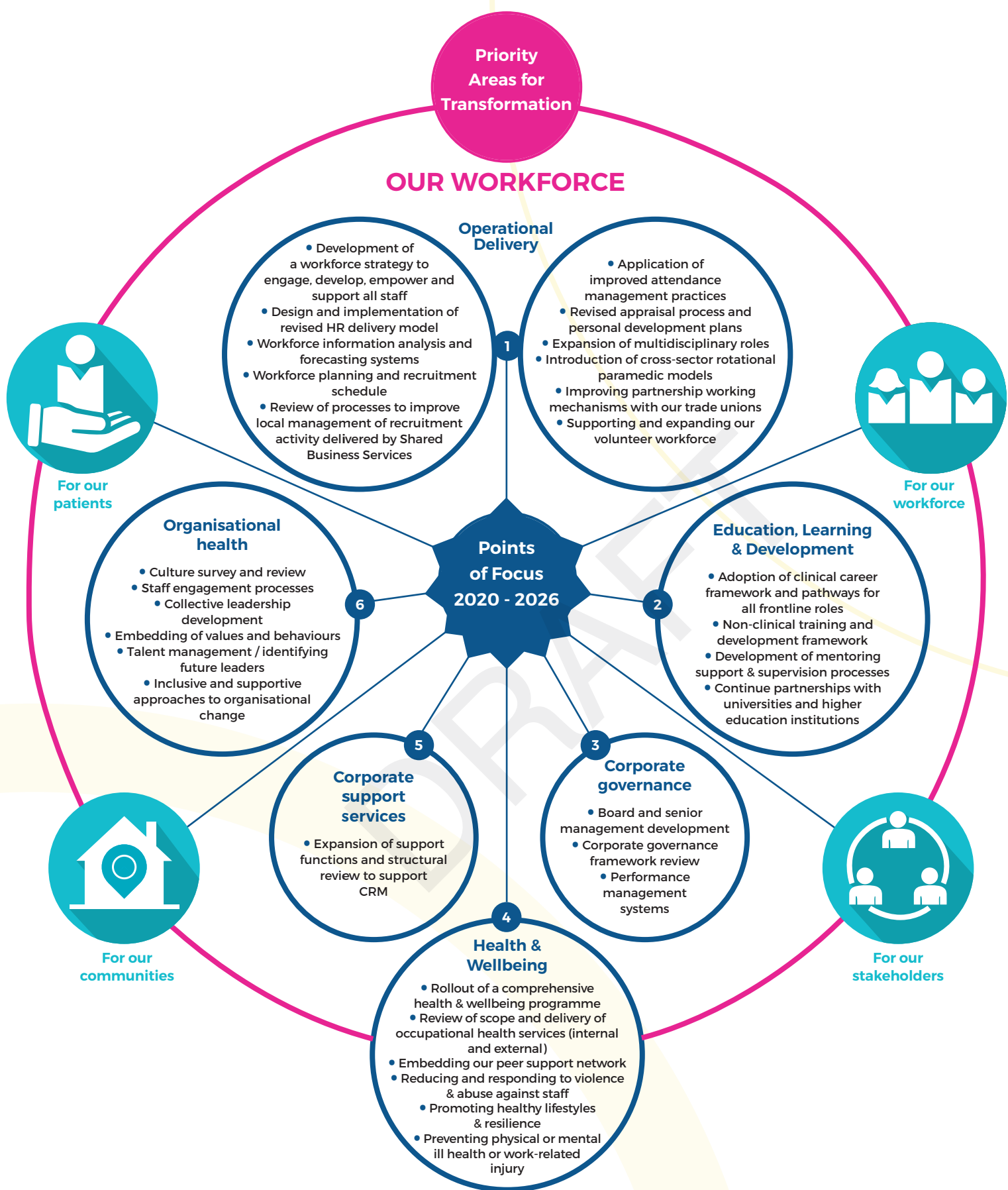




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**Priority
Areas for
Transformation**

OUR WORKFORCE



**Priority
Areas for
Transformation**

QUALITY IMPROVEMENT



**For our
patients**



**For our
workforce**



Quality improvement

- Development of a comprehensive quality & safety strategy
- Development of staff trained in quality improvement skills across the organisation
- Introduction of QI methodology and framework
- Business intelligence to support continuous improvement



**Points
of Focus
2020 - 2026**



**For our
communities**



**For our
stakeholders**

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**Priority
Areas for
Transformation**

DIGITAL ENABLERS



**For our
patients**



**For our
workforce**

**Connecting staff
and stakeholders**

- Regional WIFI across our estate and in vehicles
- Personal issue devices for staff
- Flexible access to systems and services – any place, any time controlled by business need
- Linking with the Encompass system as it is implemented
- Electronic Patient Record roll-out

1

**Systems
Development**

- Digital strategy development
- Building our digital support team
 - Improving integration, interoperability and resilience
- Replace telephony and ICCS
 - REACH project
- Cyber security as an enabler
 - Establish a fully tested disaster recovery and business continuity plan for all critical systems

2

**Points
of Focus
2020 - 2026**

**Improving access
to healthcare**

- Intergrate smart technology
 - Use of telehealth devices and systems
- Use of the Good Sam app to support response within the community

4

Infomatics

- Implementing a data warehouse
- Business intelligence, including live operational reporting
 - Application of the national ambulance data set
 - Population health management data
 - Forecasting and demand prediction
 - Clinical audit

3



**For our
communities**



**For our
stakeholders**

OUR INFRASTRUCTURE

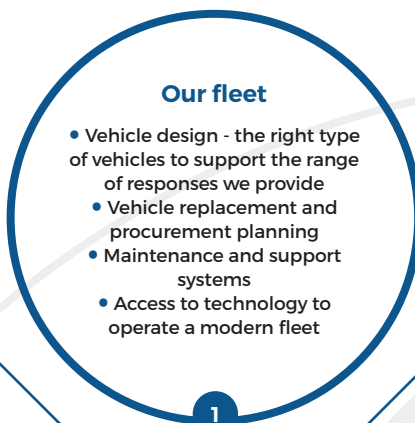
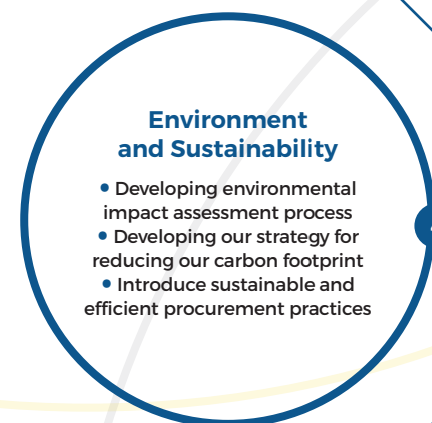
Priority Areas for Transformation



For our patients



For our workforce



For our communities



For our stakeholders

Points of Focus 2020 - 2026

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**Priority
Areas for
Transformation**

COMMUNICATIONS & ENGAGEMENT



**For our
patients**



**For our
workforce**

**Stakeholder
engagement**

- Communication & engagement strategy
- Strengthen Personal and Public Involvement processes
- Engage with partners in the UEC system to gain awareness and participation in our long term objectives
 - Co-production strategy - working with our partners
 - Community engagement events programme

1

**Internal
Communications**

- Staff engagement plan
- Identify priorities to improve functionality and communication within the trust
- Development of our intranet
- Use of technology to communicate in real-time with staff

2

**Points
of Focus
2020 - 2026**

Public Health

- Work with the Public Health Agency (PHA) on public health messaging and campaigns
- Participate in the National Ambulance Syndromic Surveillance System

4

Media Management

- Redesign of our website
- Development of social media strategy
- Working with the media to positively promote our service

3



**For our
communities**



**For our
stakeholders**

Glossary

ACA	Ambulance Care Assistant
ACP	Appropriate Care Pathway
AHP	Allied Health Professional
AMPDS	Advanced Medical Priority Dispatch System
AQI	Ambulance Quality Indicators
CAD	Computer Aided Dispatch
CAWT	Cooperation and Working Together
CEO	Chief Operating Officer
CFR	Community First Responder
CoP	College of Paramedics
COPD	Chronic Obstructive Pulmonary Disease
CRM	Clinical Response Model
CSD	Clinical Support Desk
DMP	Demand Management Programme
DoH	Department of Health
EAC	Emergency Ambulance Control
ED	Emergency Department
EMT	Emergency Medical Technician
GP	General Practitioner
H&S	Health and Safety
H&T	Hear and Treat
HART	Hazardous Area Response Team
HCP	Healthcare Professional
HEMS	Helicopter Emergency Medical Service
HR	Human Resources
HSC	Health and Social Care
HSCB	Health and Social Care Board
ICCS	Integrated Communications Control System
IFT	Inter-Facility Transfer
IP&C	Infection Prevention and Control
JESIP	Joint Emergency Services Interoperability Principles
MECC	Making Every Contact Count
MI	Major Incident
NIAS	Northern Ireland Ambulance Service Health and Social Care Trust
NIECR	Northern Ireland Electronic Care Record
NISTAR	Northern Ireland Specialist Transfer and Retrieval Team
NOC	Nature of Call
PCS	Patient Care Service
PHA	Public Health Agency
pPCI	Primary Percutaneous Coronary Intervention
PSNI	Police Service of Northern Ireland
PTS	Pre-Triage Sieve
QI	Quality Improvement
REACH	Regional Electronic Ambulance Communication Hubs
S&T	See and Treat
TARN	Trauma Audit and Research Database
TIG	Transformation Implementation Group
TOG	Transformation Operational Group
UEC	Urgent & Emergency Care

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Northern Ireland Ambulance Service
Health and Social Care Trust



Northern Ireland Ambulance Service

Ambulance Headquarters
Site 30, Knockbracken Healthcare Park
Saintfield Road, Belfast, BT8 8SC

Tel: 028 9040 0999

Fax: 028 9040 0900

Textphone: 028 9040 0871

Web: www.nias.hscni.net



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