



Northern Ireland Ambulance Service
Health and Social Care Trust



2017-18

Trust Delivery Plan

VISION

“To become the best Ambulance Service in the UK, providing excellent quality of care, experience and outcomes for the patients we serve”

Desired Outcomes

We will create an organisation that...

- 1) ***Has a motivated, empowered and involved workforce.*** This is the foundation of the plan. We will explore what this means for all levels of staff and find opportunities for staff to become involved in their own development and the development of NIAS as a whole.
- 2) ***Has a delivery model that gets the right resource to the patient quickly, therefore getting to the sickest patients quickest.*** The work that we will be doing in this area will be determined in the first instance by the capacity and demand analysis and will undoubtedly involve a reshape of our current response models.
- 3) ***Has clear evidence of improving experiences and outcomes for patients.*** This will involve challenging the current measurements of success for our service and developing patient focused performance measures. This will require us to work both within NIAS and beyond, to create measures that reflect the patient at the centre, as well as being acceptable to the wider public. We recognise the need to move away from response time based targets and focus more on patient clinical outcomes.
- 4) ***Has clinical excellence at the heart of our organisation.*** This will require us to really get ‘under the skin’ of the organisation and drive areas such a professional training, clinical audit, care pathways and clinical supervision. These will all for the benefit of the patient.
- 5) ***Will be recognised for its innovation.*** This will include new technology such as the ePRF, but will also focus on innovation in practice, education, fleet and estate to name but a few areas.
- 6) ***Has an approach to leadership which is effective, ethical and collective.*** This will be the acid test for the approach. NIAS cannot become an organisation that delivers great things for patients, without first developing our leaders, at all levels within the Trust. What this mean is that we will be putting in place a series of leadership development opportunities for the wider leadership team so as to develop the skills and confidence to lead the development of our plan.

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Introduction

This document sets out a programme of action for the Northern Ireland Ambulance Service (NIAS) for the financial year 2017-18, which seeks to take full account of and recognise the direction set through the Health and Social Care Commissioning Plan. The plan builds on our efforts to date to improve and modernise the service. At its core is a desire to provide high-quality, safe, effective care to the people of Northern Ireland, and to secure improved health and well-being for the whole community as a result.

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

Local Context

The Northern Ireland Ambulance Service (NIAS) was established by the Northern Ireland Ambulance Service Health and Social Services Trust (Establishment) Order (Northern Ireland) 1995 as amended by the Health and Social Services Trusts (Establishment) (Amendment) Order (Northern Ireland) 2008 and Section 1 of the Health and Social Care (Reform) Act (Northern Ireland) 2009. NIAS responds to the needs of a population in Northern Ireland in excess of 1.8 million people in the pre-hospital environment. It directly employs in excess of 1,200 staff, across sixty one ambulance stations/deployment points, two Ambulance Control Centres (Emergency and Non-Emergency), a Regional Education & Training Centre and Headquarters. NIAS has an operational area of approximately 5,450 square miles, serviced by a fleet of 313 ambulance vehicles. We provide ambulance care, treatment and transportation services to the people of Northern Ireland twenty four hours per day, seven days per week, and three hundred and sixty five days per year.

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

NIAS provides a range of ambulance response and transportation resources dealing with emergency calls, urgent and non-urgent calls and maintaining emergency preparedness for major incidents. All emergency calls are assigned to a category reflecting clinical urgency: Category A (life threatening), Category B (non-life threatening but serious) or Category C (neither life threatening or serious but requiring some form of clinical intervention). This differentiation of 999 calls on the basis of clinical urgency allows NIAS to assign priority for response, care, treatment and transportation to those patients in greatest need, and, where appropriate, redeploy ambulances from less serious to more serious calls. A significant proportion of NIAS workload arises from transportation to hospital of patients referred by GPs and other healthcare professionals (HCPs) working outside hospitals on both a scheduled and unscheduled basis. While this activity is generally less clinically urgent than the 999 emergency activities, it remains a core element of our total activity and meeting the requirements of the patients is no less demanding or important.

NIAS is fully committed to responding positively to the challenges and opportunities presented by transformation and modernisation agenda. We welcome the engagement to date at both local and regional level, and will continue to contribute and influence plans in this regard.

NIAS Response to HSCB Commissioning Plan Direction

The Commissioning Plan highlights challenges facing NIAS which are recognised by the Commissioner and goes on to indicate measures of support to address demographic change and the difficult operating environment.

NIAS has achieved a great deal in recent years which provides a strong stable platform on which to build the Service to meet the challenges we face. We continue to invest in our ambulance personnel by bringing in new staff, increasing the number of clinicians we employ and training them in new clinical skills and interventions. We have developed and delivered a series of Appropriate Care Pathways which provide a different option to the traditional response of transport to hospital for patients. As a result we are treating and caring for more patients at home, accessing alternative destinations and are continuing to work with our staff, patients and other stakeholders to extend this development. At the end of March 2017, in comparison to the working year 2013/14, an additional 14,698 patients were not conveyed to hospital by NIAS following a 999 call. By March 2017, NIAS were transporting an average 154 patients per month to a destination other than the ED and referring an average of 323 patients per month to a specific appropriate care pathway. As a result, NIAS has seen its non-conveyance rate rise from 17.2% in 2013/2014 to 22.8% by March 2017.

We acknowledge, with regret, our inability to achieve the targets set in regard to providing a sub 8 minute response to 72.5% of Category A calls. However, increasing demand for emergency response has impacted heavily on our capacity to respond promptly. We delivered a sub 8 minute response to these life threatening calls in 51% of cases throughout Northern Ireland in 2016-17. We remain committed to improving the speed of our response to the most clinically urgent patients while providing timely and appropriate services, including alternatives to hospital attendance, to those whose need is less immediate.

3. Detailed Trust Delivery Plan

3.1 Trust Response to DOH Commissioning Plan Direction

POC 1 Acute

Unscheduled Care

	ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE
1	<p>Effective, integrated arrangements – organised around the needs of individual patients – should be in place in community settings to provide care for people at home, avoiding the need for hospital attendance/admission.</p>	<p>Trust responses should demonstrate how core primary and community care teams will be effectively resources and organised around the needs of individual patients.</p> <p>Trust responses should demonstrate how, working with appropriate partners, Acute Care at Home services and equivalent (offering demonstrably more specialist services than those that should routinely be delivered by core primary and community care teams) will be made available for patients throughout the Trust area, 24/7; and how these services will be integrated with other services delivered in the community, including linkages to core primary/community care teams and NIAS Alternative Pathways.</p>	<p>NIAS continues to work with Trusts across nearly 40 different services to review, embed and develop the Appropriate Care Pathways. All of the original pathways are operational regionally across N.I. Awareness raising of particular pathways continues and review meetings to improve pathways – particularly regarding the comprehensiveness of the services provided by the other Trusts – are ongoing.</p> <p>The development of further pathways and increasing further uptake will rely on continuing to educate paramedics in clinical assessment skills and developing advanced roles.</p>

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ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE
2	Effective arrangements should be in place at the front door of hospitals to provide ambulatory, rapid-response services for patients on a same-day or next-day basis, avoiding the need for patients to be admitted to hospital.	Trust responses should demonstrate how, working with appropriate partners, comprehensive ambulatory care services will be made available for patients, initially at the larger hospital sites, on a seven-day basis and where appropriate linked to planned (elective) services.	Not Applicable to NIAS
3	Effective arrangements should be in place to optimise patient flow through hospital, both before and after the patient being declared medically fit.	<p>Trust responses should demonstrate the particular actions to be taken in 2017-18, working with appropriate partners, to further improve LOS through timely, multi-disciplinary decision making and effective discharge arrangements on a seven-day basis, to include embedding the learning from participation in the '100% Challenge Days' supported by NWUMU.</p> <p>Trusts should ensure that improved arrangements to affect the timely discharge of patients from hospital settings are in place including regionally agreed discharge documentation.</p>	<p>NIAS set up a pilot with Belfast Trust to better coordinate the most efficient use of independent Ambulance providers in 01 May 17. Southern Trust have not joined the pilot as yet However we are meeting on the 13th of October to try and get back on track and we are also meeting with South-eastern Trust on the 10th of October who have showed a strong interest in joining the Pilot. On a more limited scale, NIAS is also working with northern Trust to help them improve the coordination of their use of private contractor's vs NIAS resources to attempt to control their private transport costs.</p> <p>For Belfast Trust itself, the coordination pilot itself has all but eliminated double booking of discharges and transfers and has given back management time to bed managers, that was previously spent contacting and arranging transport. The coordination pilot also ensures that the cheapest available contractor is used and contractually the correct contractors are used at the appropriate time, as the control room has access to rankings and phone numbers that are</p>

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ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE
		<p>not always available to the hospital staff making the booking. Within the NIAS Non-Emergency Control room, the workload in the evenings had surpassed the ability of one controller to take time to process complicated discharges and transfers. The Coordinator has the ability and flexibility to improve the experience of the end user, as an example we had a palliative patient going home to die with a very short window of opportunity for transport home and was successfully accomplished. This is unlikely to have happen using the old system.</p> <p>NIAS can now produce data showing all Belfast Trust activity to create KPI's and gauge progress. We could not do this previously, as the actual non-emergency transport used was scattered over different wards and Trusts. Real time comprehensive data on activity was very difficult to gather and certainly NIAS had no access to what other Trusts were doing.</p> <p>Going forward there is an opportunity for additional savings when all Trusts are on the same Non-Emergency Ambulance transport framework controlled centrally so we can transport regionally between different Trust Areas.</p>

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ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE
4	Effective arrangements should be in place to manage ambulance demand across hospital sites, consistent with regional planning assumptions.	The NIAS response should demonstrate how the Trust will ensure effective arrangements for ensuring equitable demand across sites on a rolling, seven-day basis.	<p>NIAS will continue to manage clinical risk and deliver effective care by transporting Category A life threatening patients to the closest appropriate ED, unless there is a full appropriately agreed 999 divert in place.</p> <p>NIAS will manage ambulance demand on sites for all other categories of calls through:</p> <ul style="list-style-type: none"> • Use of the Regional Dashboard to monitor demand and make decisions on ambulance destinations. • Close monitoring of ambulance turnaround times and Ambulance queuing at EDs. • Emergency Control Room liaison with onsite Hospital Ambulance Liaison Officers • Initiation of the Regional Escalation Plan as appropriate. • Ongoing communication with Lead Mangers within Trusts to resolve local demand and patient flow issues in the event of the whole system being under pressure. • Control Team to use scripts to negotiate extension on pick up times attempt to smooth peaks on demand • Implementation of the Clinical Support Desk to reduce ED attendance. • Continue to promote within the wider HSC use of Alternative Care Pathways.

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ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE
5.	Effective arrangements should be in place to complete the implementation of a NI Major Trauma Network by April 2018 to improve the outcomes of patients experiencing major trauma. This should include appropriate bypass arrangements to the MTC and a reverse referral process to return patients with ongoing acute and rehab needs closer to their homes.	All Trusts, through their participation in the regional Trauma Network, should continue to collaborate to deliver high quality care for patients who have experienced major trauma. Trusts should demonstrate how referral and reverse referrals will operate and outline how patients will receive multi-disciplinary care. Trusts should support the Network to improve patient care in major trauma through a regional approach to audit and service improvement.	NIAS will continue to actively support the design and delivery of the Major Trauma Network. The NIAS Chief Executive will take over the chair of the network and will work with all Trusts to develop an effective network. Specific NIAS issues, such as the HEMS service, will be progressed so as to enable timely care for patients at the beginning of their pathway.
6	Effective arrangements should be in place to manage Winter Pressures demand across the Trusts.	Trust responses should demonstrate the actions to be taken in 2017-18, working with appropriate partners to ensure effective arrangements to manage unscheduled care pressures to include the preparation of seasonally-adjusted, evidence-based resilience plans.	NIAS has submitted its winter plan to Commissioners as requested. The primary focus of this Plan is to provide an overview of NIAS preparation to provide sufficient resources to protect 999 response capability, to achieve a safe service for the delivery of patient care and to maintain performance over the winter and festive periods. NIAS also aim to support the Trusts in improving patient flow by managing Emergency Department (ED) ambulance attendance within and across Trust Boundaries. Some elements of the proposed plan will be subject to availability of funding and these have been highlighted in the submission. The Plan includes actions under the following headings:

ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE
		<p><u>Resilience Planning</u></p> <ul style="list-style-type: none"> • Provide as much discharge and admission capacity as possible through increased levels of Intermediate Care Service, Patient Care Service, Voluntary Ambulance Service and Private Ambulance Service. <p>Provide a region wide discharge planning function from NEAC – funded NEAC desk. The existing arrangements are designed and funded by the Belfast Trust. This proposal would extend hours of operation and provide Regional Coordination working closely with HALOs within Trusts.</p> <p>Reduced handover times - Extend HALO hours and pursue Hospital Turnaround Times.</p> <p><u>Regional Escalation</u></p> <p>The Trust will comply with and input to the Regional Resource Escalation Action Plan (REAP). The Duty Control Managers (DCMs) will be the 24/7 Single Point of Contact (SPOC) for the Health Board / Commissioners / Trusts / teleconferencing / information sharing. The DCMs have access to the Dashboard and all the latest NIAS context as well as having easy access to the On-Call and Senior On-Call rosters.</p> <ul style="list-style-type: none"> • Additional Manager Cover and on call rotas • Additional hours of Hospital Ambulance

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ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE
		<p>Liaison Officers (HALOs) provision at the five main EDs.</p> <ul style="list-style-type: none"> • Ensure compliance with the 30 minute turnaround time • PCS will endeavor to assist the Emergency and Urgent Services with resources as requested and required throughout the winter period, subject to operational availability. • Maximize uptake of Flu vaccine with the Trust <p><u>Reduce attendance at ED</u></p> <ul style="list-style-type: none"> • Commission Paramedic Clinical Support Desk Team (CSD) in Emergency Control Monday 2 Oct 2017. • The Clinical Support Desk is manned by experienced Paramedics. Their role includes: • The triaging of lower category calls where an ambulance response is not required, utilising alternate pathways primarily via the Directory of services (DOS), additional to this at busy periods the CSD will carry out a welfare check for all other categories of calls which may have a delay in response, this may result in the clinician down grading the call if the response is deemed inappropriate. • Making referrals to a community based

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ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE
		<p>services</p> <ul style="list-style-type: none"> • Give advice to paramedic / Emergency Medical Technicians (EMTs) on scene with a patient with complex needs. • Provide support for the EAC team <p><u>Alcohol Recovery Centre</u></p> <p>This will provide an alternative route for patients, picked up from within Belfast Area, suffering alcohol intoxication and other related minor injuries and illnesses that are not likely to be admitted after assessment in Accident and Emergency Departments. Its aim is that patients will be triaged and treated quicker and will ease the pressures on busy Emergency Departments. The hours of availability of this service will be published on the crew Mobile Data Terminals (MDTs).</p>

Elective

	ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE
1	<p>Effective arrangements should be in place in primary and community care settings to minimise the need for patients to be referred by GPs to hospital consultants for specialist assessment.</p>	<p>Trust responses should confirm that they will continue to engage with and support the regional scheduled care reform process, working with appropriate partners, to support the development of new enhanced services in primary and community care settings in a range of specialities including:</p> <ul style="list-style-type: none"> • General Surgery • Gastroenterology • ENT • Gynaecology • Dermatology • Rheumatology • MSK/Pain Management • Trauma & Orthopaedics • Cardiology • Neurology • Urology • Ophthalmology 	<p>Not Applicable to NIAS</p>

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ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE
<p>2 Effective arrangements should be in place at the interface between primary and secondary care, organised around the needs of patients with effective communication between GPs and hospital consultants.</p>	<p>Trust responses should confirm that they will continue to engage with and support the regional scheduled care reform process, working with appropriate partners, to include further roll out of e-referral and e-triage arrangements.</p> <ul style="list-style-type: none"> • Actions to improve the efficiency and effectiveness of outpatients, diagnostics and treatment services in line with the Transformation, Reform and Modernisation agenda, which includes partnership working with ICPs. <p>Plans should include consideration of:</p> <ul style="list-style-type: none"> • Direct access diagnostics across cardiology • Audiology and Radiology • Implementation of a regional Photo Dermatology service • Secure Direct Access Physio and First Contact Physio service models 	<p>Not Applicable to NIAS</p>
<p>3 Opportunities exist to improve further the efficiency and effectiveness of elective care services (outpatients, diagnostics and inpatients/daycase treatment) delivered by Trusts.</p>	<p>Trust responses should describe the specific actions being taken in 2017-18, working with appropriate partners, to improve elective care efficiency and effectiveness including:</p> <ul style="list-style-type: none"> • Development of one stop 'see and treat' services, linked to unscheduled care 	<p>Not Applicable to NIAS</p>

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ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE
	<p>services as appropriate</p> <ul style="list-style-type: none"> • Application of Transforming Cancer Follow Up principles to transform review pathways • Maximisation of skill mix opportunities in the delivery of assessment, diagnostic and treatment services • Plans to implement the recent AHP demand and capacity exercise and actions detailed in Section 4.2.4. 	
<p>4 Effective arrangements should be in place to support the larger programme of service reconfiguration in 2017-18.</p>	<p>Trust responses should confirm that they will continue to engage, participate and support service reconfiguration across</p> <ul style="list-style-type: none"> • Pathology • Diabetes • Imaging • Stroke • Paediatric Strategies <p>Plans should include proposals for action in 2017-18.</p>	<p>Not Applicable to NIAS</p>

POC 2 Maternity & Child Health

ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE
1	<p>Effective arrangements should be in place to ensure that appropriate pre-conceptual advice and care is available to women at low and higher risk to ensure women are supported to be as healthy as possible at the time of conception to improve outcomes for mother and baby.</p>	<p>Trusts should work with the HSCB, PHA and other partners through the maternity strategy implementation group to develop population based approaches and pre-conceptual pathways for women who may become pregnant.</p>	Not Applicable to NIAS
2	<p>Effective arrangements should be in place to ensure that maternity services are arranged to meet the needs of all pregnant women.</p> <p>Effective arrangements should be in place to ensure that the agreed regional antenatal care pathway is delivered. This pathway, developed by the Maternity Strategy Implementation Group, is designed to promote a healthy pregnancy and improve outcomes for mothers and babies – including a reduction in low birth weight – through a range of actions including reducing smoking and high quality antenatal care.</p> <p>Effective arrangements should be in place to ensure that women with more complex pregnancies are offered the best possible care</p>	<p>Trust responses should include the development of midwifery hubs in the community which will improve access to a number of services for women in their locality. They should evidence that they implement UNICEF Baby Friendly Initiative Standards.</p> <p>Trust responses should demonstrate how they will implement the agreed regional care pathway for antenatal care for women with low risk pregnancies.</p> <p>Trusts should also demonstrate how they will deliver services to meet the needs of more complex pregnancies.</p> <p>Responses should evidence:</p> <ul style="list-style-type: none"> • Recent investment in ante-natal diabetic services. • Plans to implement the 'Weigh to a Healthy Pregnancy' programme targeting women with a BMI of >40. 	Not Applicable to NIAS

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ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE
<p>in line with national evidence based guidelines.</p> <p>Effective arrangements should be in place to offer early pregnancy assessment pathways for women.</p> <p>Effective arrangements should be in place to care for women who have recurrent miscarriages.</p>	<ul style="list-style-type: none"> • Plans to implement the NICE guidelines on multiple pregnancy, including the delivery of dedicated 'twin clinics'. • Plans to implement the regional care pathway for women with epilepsy. <p>Trusts should continue to work with the HSCB & PHA on the development and implementation of early pregnancy assessment pathways based on NICE guidelines.</p> <p>Trusts should also work with the HSCB & PHA to standardise and implement an agreed clinical pathway for women who have recurrent miscarriages.</p>	
<p>3 Effective arrangements should be in place to ensure that required data is captured to monitor service activity, compliance with standards and to underpin quality improvement work.</p>	<p>Trust responses should demonstrate commitment to collecting data to evidence best practice and identify opportunities for further service improvement. Plans should include evidence of full utilisation of NIMATS and Badgernet.</p> <p>Assurance should be provided on the collection of data to facilitate the regional outcome focused dashboards developed for maternity and neonatal care under the Maternity Collaborative and Neonatal network.</p>	<p>Not Applicable to NIAS</p>

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ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE
4	Keeping mothers and babies together should be the foundation of new-born care. Effective arrangements should be in place to ensure that mothers and babies are not separated unless there is a clinical reason to do so.	Trusts should demonstrate how antenatal and postnatal services aim to prevent avoidable admissions to neonatal units.	Not Applicable to NIAS
5	Effective arrangements should be in place to ensure that opportunities to offer early intervention and prevention of long term disability by enhanced therapy services in neonatal units are realised.	Trust responses should evidence how recent investment in AHP services for neonatal units is being deployed and how they will ensure that the input will focus on neurodevelopment and nutritional support.	Not Applicable to NIAS
6	<p>Effective arrangements should be in place to ensure that all Trusts provide children the full range of accessible, timely and high quality local healthcare services. These local services should be supported by diagnostic and support services appropriate to the needs of children</p> <p>Effective arrangements should be in place to offer, short stay assessment and ambulatory models of care in all paediatric units. These should be available during times of peak demand.</p>	<p>Trust responses should demonstrate how they will ensure that clinical staff working in all relevant areas maintain and develop skills in the assessment and management of children to ensure that the Trust provides safe, sustainable and high quality care for children.</p> <p>Trust responses should demonstrate how they will ensure the delivery of short stay assessment models of care for acutely unwell children and the hours during which the services are available.</p>	Not Applicable to NIAS

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ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE
<p>Trusts should provide direct access to senior decision makers to support primary care in the management of acutely unwell children. Trusts should have arrangements for same day and next day assessment of children where this is deemed appropriate.</p> <p>Effective arrangements should be in place to ensure that care is provided as close to home as possible with children only being transferred to the regional children's hospital for a tertiary service which is not provided locally.</p>	<p>Responses should also describe arrangements for primary care to access senior decision makers and how same day and next day assessment is facilitated. Trusts should continue to work with the HSCB & PHA to develop and test models of care which reduce the reliance on in-patient and secondary care paediatric services.</p> <p>Trust responses should demonstrate how they will work through the developing paediatric network and the existing critical care network to develop pathways of care and ensure they can safely provide a range of interventions including high flow oxygen for children in line with the regional pathway being developed.</p>	
<p>7 Effective arrangements should be in place to ensure children and young people receive age appropriate care and that the regional upper age limit for paediatric services of 16th birthday is implemented.</p>	<p>Trust responses should demonstrate that their paediatric services operate a minimum upper age limit of 16th birthday.</p> <p>Trust responses should also demonstrate how they ensure that children's care is supported by all specialties and support services required to provide high quality and safe care only transferring to the regional centre to access a tertiary service.</p> <p>Trusts should also describe how they will ensure that children aged up to their 16th</p>	<p>Not Applicable to NIAS</p>

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ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE
		birthday, who are admitted to non-paediatric areas e.g. day surgery units, are cared for in an age appropriate environment by staff with paediatric expertise with input from paediatricians where necessary.	
8	Effective arrangements are in place to support multidisciplinary learning and service improvement through regular multi-disciplinary morbidity and mortality review.	Trust responses should evidence how they are taking forward Departmental direction to implement a child death process which is based on multi-disciplinary mortality review. Trust responses should detail how the multi-disciplinary aspect of this is being developed.	Not Applicable to NIAS
9	Effective arrangements should be in place to ensure appropriate planning and implementation of Inescapable and Transformation funding across 2017-18, in line with already established planning, SBA and finance processes.	Trust responses should include detailed plans, implementation timelines, slippage assumptions, and any potential savings impact. Plans should detail the proposed service models, level of investment and expected volumes to be delivered in 2017-18 from the following investments (where appropriate to each Trust) <u>Inescapable funding</u> <ul style="list-style-type: none"> • Diabetes in Pregnancy 	Not Applicable to NIAS

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POC 3 Family and Childcare

ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE
1	Effective arrangements should be in place to appropriately manage the increasing number of children with complex health care needs and challenging behaviour.	Trusts responses should demonstrate how service provision will meet the needs of children with complex health care needs and challenging behaviour.	Not Applicable to NIAS
2	Effective arrangements should be in place to appropriately manage the increasing number of Looked After Children (LAC) entering the system.	Trusts responses should demonstrate how: <ul style="list-style-type: none"> • criteria will be set to ensure children become looked after where there is a clear indication that their long term outcomes will be improved or removal is required in order to safeguard the child/young person; • initiatives will be put in place to increase the number of placements and specify how these will be provided; • support will be provided to young (16/17 year olds), homeless individuals who are seeking to achieve a safe, stable return to a family; • Specialist Therapeutic Foster Carer placements in keeping with the needs of children and in line with regional criteria will be provided which will be monitored as part of the DSF process; • appropriate safeguarding measures will be put in place for extra-ordinary placements; • intensive edge of care interventions and family support will be provided to enable 	Not Applicable to NIAS

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ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE
		<p>children to remain within their families where this is in the child's best interest.</p> <ul style="list-style-type: none"> • Required volumes of service activity for 2017-18 will be delivered. 	
3	<p>Effective arrangements should be in place to meet the ever increasing demand for Autism Services to include the creation of an integrated care system for Children, Young People with Developmental, Emotional and Mental Health services.</p>	<p>Trusts responses should demonstrate plans to address autism waiting lists in line with Autism Access Standard and support the development of an integrated service model to include assessment, early intervention, diagnostic and transitional services.</p>	Not Applicable to NIAS
4	<p>Effective arrangements should be in place to establish a Managed Care Network for Children and Young People with Acute and High Intensity Care Needs as recommended by the independent review into CAMHS Inpatient Services.</p>	<p>Trusts responses should demonstrate plans to establish a Managed Care Network for Acute CAMHS which includes Secure Care, Youth Justice and Forensic CAMHS to deliver a more consistent service across the region and equitable access to acute services.</p>	Not Applicable to NIAS
5	<p>Effective arrangements should be in place to prevent the increasing threat of Child Sexual Exploitation (CSE) as identified by the Marshall Inquiry.</p>	<p>Trusts responses should outline their reporting arrangements to the HSCB in relation to the regional action plan.</p>	Not Applicable to NIAS

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ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE
6	Effective arrangements should be in place to safeguard children and promote their welfare in line with Co-operating to Safeguard Children (2016).	Trusts responses should demonstrate plans to <ul style="list-style-type: none"> • provide effective safeguarding services • ensure robust HSC child protection processes are in place • ensure safeguarding policy and procedures are in place relating to referrals, assessment, service planning, case management and record keeping • monitor and audit effectiveness of policy, practice and service provision in achieving specified outcomes for children and young people. • to ensure access to an effective range of therapeutic supports based on assessed needs. 	Not Applicable to NIAS
7	Effective arrangements should be in place to appropriately manage the increasing number of unplanned/emergency placements where children are known to a Trust.	Trusts responses should demonstrate plans to ensure that admissions to care are planned and children are provided with placements matched to their assessed need to provide stability and continuity.	Not Applicable to NIAS
8	Effective arrangements should be in place to manage the increasing demand in CAMHS and the continued implementation of the stepped care model focusing on: improvement of the interfaces between acute and CAMHS community care including secure	Trusts should demonstrate plans to <ul style="list-style-type: none"> • Demonstrate the management of demand • Improve interface arrangements between CAMHS acute and community care, secure care and with Youth Justice • Integrate CAMHS, Autism and ADHD 	Not Applicable to NIAS

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ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE
	care and Youth Justice; integration of CAMHS and children's neurodevelopmental (autism and ADHD) provision.	<p>services to ensure effective access based on assessed needs to children, young people and their families</p> <ul style="list-style-type: none"> • Ensure implementation of the CAMHS Integrated Care Pathway (expected October 2017) 	
9	Effective arrangements should be in place to ensure a seamless care pathway for LAC which promotes stability and permanency for children.	Trusts responses should demonstrate how the number of placement moves will be minimised as per the Placement Services – Strategic Direction Paper.	Not Applicable to NIAS
10	Effective arrangements should be in place to ensure that children's care plans explicitly state what is to be achieved by the admission to care, what is expected from parents in order for the child to return home and the anticipated duration of the placement.	Trusts responses should demonstrate how robust assessments (in keeping with policy and procedures) will be undertaken for all children who are to return home, enabling the Trust to determine the feasibility of such a move and to identify any support required to maintain the placement and discharge any existing Care Order.	Not Applicable to NIAS
11	Effective arrangements should be in place to improve data collection in CAMHS services to capture need, demand activity, outcomes and service user experience.	<p>Trusts responses should demonstrate how they will use information to assess the effectiveness of CAMHS and evaluate outcomes, fully implement CAPA and ensure effective case management in line with NICE guidance.</p> <p>Trusts responses should demonstrate plans to strengthen NICE approved Psychological</p>	Not Applicable to NIAS

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ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE
		<p>Therapies to include a skills analysis and workforce plan to identify gaps in the delivery of evidenced based therapies and skill mix requirements to deliver a range of therapeutic interventions.</p> <p>Trusts should demonstrate how the findings from the Sensemaker Audit on service user experience of CAMHS will drive any required service improvements.</p>	
12	Effective arrangements should be in place to manage an increasing number of children who are looked after, those who are placed in kinship and non-kinship foster carers, in keeping with the provisions and entitlements of GEM	Trust responses should demonstrate how recent investments will ensure equitable access by all young people in foster care to avail of GEM.	Not Applicable to NIAS
13	Effective arrangements should be in place to ensure appropriate planning and implementation of Inescapable and Transformation funding across 2017-18, in line with already established planning, SBA and finance processes.	Trust responses should include detailed plans, implementation timelines, slippage assumptions, and any potential savings impact. Plans should detail the proposed service models, level of investment and expected volumes to be delivered in 2017-18 from the following investments (where appropriate to each Trust)	Not Applicable to NIAS

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ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE
	<p><u>Inescapable funding:</u></p> <ul style="list-style-type: none"> • Going the extra mile (GEM) • Lakewood redesign • Children's Services - Autism - further pressure (27/11/15 bid FYE was £2.8m - have been funded £2m recurrently) • Supported Temporary Accommodation of Young (STAY) SHSCT 	

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POC 4 Care of the Elderly

ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE
1	Effective arrangements should be in place to optimise recent demography funding to meet domiciliary care demand and wider demographic demand.	Trust responses should demonstrate plans to deliver the recent demography in investment to meet the needs of the aging population.	Not Applicable to NIAS
2	Effective arrangements should be in place to optimise capacity to meet the numbers of people aged over 65 and over 85 which are projected to increase by 12% and 22% by 2022 respectively.	Trust responses should demonstrate plans to actively promote a range of health ageing initiatives in areas such as promoting good nutrition, social inclusion and falls prevention.	Not Applicable to NIAS
3	Effective arrangements should be in place to optimise capacity to meet the number of people with dementia which is projected to increase by 35% by 2025.	Trust responses should demonstrate plans to work within the regional strategic implementation arrangements to develop early intervention models and timely access to memory services.	Not Applicable to NIAS
4	Effective arrangements should be in place to ensure the implementation of requirements contained in Adult Safeguarding and Protection in Partnership (2015).	Trust responses should demonstrate plans to promote the development of the Adult Protection Gateway model.	Not Applicable to NIAS
5	Effective arrangements should be in place to address the issue of delayed discharges from the acute sector and other institutional settings due to the non-availability of independent sector community	Trust responses should demonstrate plans to examine the potential for progressing the tendering of services based on a more outcomes based approach to domiciliary care provision.	Not Applicable to NIAS

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ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE
	based services especially domiciliary care.		
6	Effective arrangements should be in place to support services for carers that can be developed to maintain individuals to live as independently as possible in their own home.	Trust responses should demonstrate plans to expand and promote the availability of short breaks.	Not Applicable to NIAS
7	Effective arrangements should be in place to ensure the promotion of personalisation through Self Directed Support to increase individual choice and facilitate responsive remodelling of service models.	Trust responses should demonstrate plans to actively engage with the regional project implementation arrangements to optimise opportunities for services tailored to user needs and include the training and development needs of staff.	Not Applicable to NIAS
8	Effective arrangements should be in place to review existing day opportunities for older people to ensure that they meet current needs and expectations.	Trust responses should demonstrate plans to review existing day care provision to make best use of resources.	Not Applicable to NIAS
9	Effective arrangements should be in place to further develop ICP initiatives targeted at frail older people.	Trust responses should demonstrate plans that engage with the range of integrated care initiatives/projects designed to maintain older people in the community.	Not Applicable to NIAS

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ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE
10	Effective arrangements should be in place to support the full implementation of the regional model of reablement.	Trust responses should demonstrate a review of local progress with reablement, in line with the regional model and targets.	Not Applicable to NIAS
11	Effective arrangements should be in place to support an appropriate balance of services between the statutory and independent sectors in relation to domiciliary and residential care.	Trusts should remain engaged with the current reform of statutory residential care and review the most appropriate balance and focus of statutory/independent sector domiciliary care provision.	Not Applicable to NIAS
12	Effective arrangements should be in place to support the development of intermediate/step down care to relieve pressures on acute care and promote rehabilitation.	Trust responses should demonstrate review options for remodelling existing provision or negotiating options with the independent sector to increase availability of these services.	Not Applicable to NIAS
13	Effective arrangements should be in place to provide a standardised model for the delivery of services to older people and individuals with Dementia.	Trust responses should outline plans to work with ICPs to implement the New Stepped Care Model for Older People and for people with Dementia.	Not Applicable to NIAS

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POC 5 Mental Health

ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE
1	Effective arrangements should be in place to manage the increased demand for psychological therapies.	Trust responses should demonstrate the particular actions to be taken in 2017-18 to further develop and implement Primary Care Talking Therapy Hubs in partnership with ICP leads.	Not Applicable to NIAS
2	Effective arrangements should be in place to enhance clinical and personal outcomes by improving access to evidence based NICE approved psychological therapies including increasing the range and scope of Talking Therapies in primary care.	Trust responses should demonstrate how the range and scope of psychological therapies will be strengthened, including arrangements to ensure safe and effective case management.	Not Applicable to NIAS
3	Effective arrangements should be in place to ensure that people with mental health needs and their families receive the right services, at the right time by the right combination of professionals.	Trust responses should demonstrate what specific measures will be taken in 2017-18 to further embed the Regional Mental Health Care Pathway and to strengthen the provision of psychological care within the role and function of Community Mental Health Services.	Not Applicable to NIAS
4	Effective arrangements should be in place to improve the effectiveness of Crisis and Acute mental health interventions through the integration of Crisis Resolution, Home Treatment and Acute Inpatient Services and through the provision of modern therapeutically focused inpatient care to safeguard those	Trust responses should demonstrate plans to align and integrate their respective Crisis Home Treatment and Acute Inpatient Service into a single care service consistent with the development of a new regional High Intensity Care Pathway. Furthermore, Trust responses should outline plans to strengthen Acute Hospital Liaison Services in line with the	Not Applicable to NIAS

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ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE
	people who are experiencing acute mental health needs	principles of the RAID model.	
5	Ensure the effective provision of community based Addiction services to address growing demand, including opiate substitute prescribing (Tier 3). Likewise, in-patient and residential rehabilitation services (Tier 4A & 4B) must be provided within a regional Network arrangement accessible by all Trusts.	<p>Trusts should participate in the planned review of community based Addiction services, the outcome of which should be to ensure that a more effective service provision model is in place given increasing demand (this will include exploring the potential for service coordination regionally).</p> <p>A key focus will be the future design of opiate substitute prescribing services (encompassing appropriate harm reduction measures). Additional investment, being deployed promptly, should be evidenced through increased service activity and reduced waiting times.</p> <p>The provision of in-patient and residential rehabilitation services (Tier 4 A and 4B) must become based within a regional Network arrangement accessible by all Trusts.</p>	Not Applicable to NIAS
6	Effective arrangements should be in place to support the new Regional Mental Health Trauma Network arrangements to enhance services and integrate all existing mental health trauma care into a new single managed care network.	Trust responses should demonstrate plans to support and participate in the development and implementation of the Network in line with NICE guidance and to nominate two staff to undertake advanced Trauma Care training to facilitate the development of a dedicated psychological trauma clinical team.	Not Applicable to NIAS

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ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE
7	Effective arrangements should be in place to strengthen approaches to support people on their recovery journey in line with the principles and objectives of the Regional ImROC Programme.	Trust responses should demonstrate how, building on the findings of the Sense Maker Audit, co-production across their mental health services will be strengthened, including the appointment of Lived Experience Consultant, Peer Support Workers and Peer Educators and Peer Advocates. Trust responses should also provide details of the next phase of recovery college development and demonstrate the actions to be taken to promote the role and influence of carers across mental health services.	Not Applicable to NIAS
8	Effective arrangements should be in place to develop and integrate condition / service specific care pathways in order to improve the physical wellbeing of people with mental health needs.	Trust responses should demonstrate how the recommendations of the RQIA Review into Eating Disorders and Peri-natal Mental Health services will be implemented.	Not Applicable to NIAS
9	Effective arrangements should be in place to ensure full implementation of the Choice and Partnership Framework in order to ensure the effective delivery of mental health and psychological care to patients.	Trust responses should demonstrate that the Choice and Partnership Framework has been fully implemented across all mental health services. Trust responses should also demonstrate that a full demand and capacity analysis has been completed in line with regional guidance and that each community mental health professional has an agreed job plan.	Not Applicable to NIAS

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ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE
10	Effective arrangements should be in place to ensure that the workforce delivering mental health care is appropriately skilled.	Trust responses should demonstrate the actions to be taken to implement the Mental Health Learning Together Framework. Details of Trusts' mental health workforce plans should also be provided.	Not Applicable to NIAS
11	Effective arrangements should be in place to provide evidence of the impact of all mental health services.	Trust responses should demonstrate what measures are in place to ensure that an annual comprehensive analysis will be provided in line with the indicators set out in the new Mental Health Services Framework and that this will include an overview of presenting need, the volume of interventions provided, the outcomes achieved and the quality of people's experience of using the services.	Not Applicable to NIAS
12	Effective arrangements should be in place to ensure appropriate planning and implementation of Inescapable and Transformation funding across 2017-18, in line with already established planning, SBA and finance processes.	Trust responses should include detailed plans, implementation timelines, slippage assumptions, and any potential savings impact. Plans should detail the proposed service models, level of investment and expected volumes to be delivered in 2017-18 from the following investments (where appropriate to each Trust) <u>Inescapable funding:</u> <ul style="list-style-type: none"> • Adults with Mental Health problems whose family care arrangements break down • Physical Health Care 	Not Applicable to NIAS

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POC 6 Learning Disability

ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE
1	Effective arrangements should be in place to increase the number of individuals availing of community based Day Opportunities.	Trust responses should demonstrate what specific actions will be taken in 2017-18 to further develop partnership working with community / voluntary / independent sector organisations to meet the needs of individuals already in services or coming through transition.	Not Applicable to NIAS
2	Effective arrangements should be in place to manage the increased demand on Day Centres for those individuals with complex physical and health care needs or behavior support needs.	Trust responses should demonstrate what measures are in place to ensure facilities are appropriately designed and meet the needs of individuals with complex needs.	Not Applicable to NIAS
3	Effective arrangements should be in place To appropriately manage people with LD developing dementia and other conditions associated with old age including short breaks/respite which are varied and flexible in nature.	Trust responses should demonstrate how short breaks/respite will be extended outside of the traditional model in order to meet the needs of families/carers including Dementia Memory Services and other appropriate services.	Not Applicable to NIAS
4	Effective arrangements should be in place to complete the resettlement of people from learning disability hospitals to appropriate places in the community.	Trust responses should demonstrate what processes are in place to complete the person centred resettlement of individuals from learning disability hospitals into the community, with appropriate long term support, in line with recent investments.	Not Applicable to NIAS

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ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE
5	Effective arrangements should be in place to manage the demand from individuals living with carers, specifically older carers, for future housing and support needs.	Trust responses should demonstrate what plans are in place to address future housing and support needs of those in the community through community integration.	Not Applicable to NIAS
6	Effective arrangements should be in place for discharge once the patient has been declared medically fit for discharge.	Trust responses should outline clear protocols, processes and procedures to ensure timely discharge from hospital with appropriate support, where required.	Not Applicable to NIAS
7	Effective arrangements should be in place to manage the increased demand for specialist services to respond to specific additional needs such as forensic services, behaviour support services etc.	Trust responses should demonstrate that specialist services are in place to meet the increased demand from individuals with complex needs in the community.	Not Applicable to NIAS
8	Effective arrangements should be in place to further enhance the current Learning Disability Service Framework including arrangements to provide an appropriate range and type of day opportunities for people with a learning disability transitioning from school.	Trusts should demonstrate plans to ensure that standards outlined within the LDSF Framework including the extension of the Transitions Planning Scheme.	Not Applicable to NIAS
9	Effective arrangements should be in place to ensure appropriate planning and implementation of Inescapable and Transformation funding across 2017-18, in line with already	Trust responses should include detailed plans, implementation timelines, slippage assumptions, and any potential savings impact. Plans should detail the proposed service models, level of investment and	Not Applicable to NIAS

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ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE
<p>established planning, SBA and finance processes.</p>	<p>expected volumes to be delivered in 2017-18 from the following investments (where appropriate to each Trust)</p> <p><u>Inescapable funding:</u></p> <ul style="list-style-type: none"> • Additional Community Infrastructure for Crisis / Out of Hours • Adults with learning disability whose family care arrangements break down • Complex discharges from hospital • Young people transitioning to adult services. 	

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POC 7 Physical Disability

ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE
1	Effective arrangements should be in place to further develop services for the increasing number of people who are deaf-blind as a result of an ageing population.	Trust responses should demonstrate how existing services will be developed, awareness of the condition will be improved and appropriate staff training provided.	Not Applicable to NIAS
2	Effective arrangements should be in place to manage the increased number of high cost packages due to increased life expectancy and an increased focus on supporting people at home.	Trust responses should demonstrate how domiciliary, equipment and staffing budgets will be targeted to provide appropriate service responses for individuals with increased support needs.	Not Applicable to NIAS
3	Effective arrangements should be in place to ensure individuals are transitioned from children's to adult services in a timely manner.	Trust responses should outline clear protocols, processes and procedures to facilitate transition planning which includes inter programme coordination.	Not Applicable to NIAS
4	Effective arrangements should be in place to further enhance the current PDSI Strategy arrangements.	Trusts should demonstrate plans to support, participate and lead in maintaining coordinated strategic planning arrangements outlined within the PDSI Strategy.	Not Applicable to NIAS
5	Effective arrangements should be in place to ensure there are appropriate accommodation options for people with severe disabilities in the community.	Trust responses should demonstrate how it will work within the existing Supporting People arrangements to examine the potential for further accommodation options.	Not Applicable to NIAS
6	Effective arrangements should be in place to ensure service information	Trust responses should demonstrate plans to ensure that all health and social care staff have	Not Applicable to NIAS

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ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE
	and advice is accessible to all service users and that Trusts have a skilled and informed workforce.	access to disability, equality and human rights training and are trained to communicate appropriately with people who are blind or partially sighted.	
7	Effective arrangements should be in place to ensure that people with a disability receive a personalised package of care.	Trust responses should outline plans to change the pattern of service allocation including the promotion of Self Directed Support.	Not Applicable to NIAS
8	Effective arrangements should be in place to ensure the appropriate provision of Day Opportunities.	Trust responses should demonstrate how it will partner with the Community and Voluntary Sector to develop alternatives to existing service provision.	Not Applicable to NIAS
9	Effective arrangements should be in place to ensure that wheelchairs and equipment, and the maintenance and repair of the same continue to be made available in line with demand.	Trust responses should consider the introduction of an access and eligibility criteria in order to ensure equitable allocation of equipment.	Not Applicable to NIAS
10	Effective arrangements should be in place to ensure that people with Neurological conditions are supported to live as independently as possible.	Trusts should demonstrate plans to review the needs of people with neurological conditions, particularly those with life limiting circumstances, ensuring equitable access to support.	Not Applicable to NIAS
11	Effective arrangements should be in place to ensure to provide appropriate communication support for people who are deaf.	Trusts should demonstrate plans to use transformation funds to provide appropriate services and support.	Not Applicable to NIAS

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ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE
12	Effective arrangements should be in place to ensure appropriate planning and implementation of Inescapable and Transformation funding across 2017-18, in line with already established planning, SBA and finance processes.	Trust responses should include detailed plans, implementation timelines, slippage assumptions, and any potential savings impact. Plans should detail the proposed service models, level of investment and expected volumes to be delivered in 2017-18 from the following investments (where appropriate to each Trust) <u>Inescapable funding:</u> <ul style="list-style-type: none"> • Physical & Sensory Disability Strategy 	Not Applicable to NIAS

POC 9 Family Practitioner Services

General Medical Practitioner Services

ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE
1	<p>Effective integrated arrangements should be in place to;</p> <ul style="list-style-type: none"> • Support patients with Long Term Conditions, • Manage Elective Care services and • Deliver Out of Hours pathways 	<p>As part of the HSCB's wider reform priorities, GMS will:</p> <ul style="list-style-type: none"> • promote enhanced services for the management of patients with chronic conditions • develop common pathways across unscheduled care • evidence integrated working across GP Federations to provide innovative alternatives to hospital based elective services • Promote Direct Access Physiotherapy • Support the utilisation of non-medical prescribing by AHP services for patients with Long Term Conditions to optimise timely access to appropriate medicine. • 	Not Applicable to NIAS
2	<p>Effective arrangements should be in place to improve access to GP services, both in and out of hours.</p>	<p>FPS will develop pathways to improve access for unscheduled services at the interface between in hours and out of hours GP services and support practices in managing demand.</p>	Not Applicable to NIAS
3	<p>Effective arrangements should be in place to optimise recruitment and retention challenges and ensure safe and accessible GP services.</p>	<p>FPS will develop plans to:</p> <ul style="list-style-type: none"> • Support 12 additional GP training places (Total 97 training places) • Implement and monitor the impact of the 	Not Applicable to NIAS

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ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE
		revised GP Retainer Scheme <ul style="list-style-type: none"> • Improve current working arrangements to attract more OOH GPs and implement skill mix, including both in hours and out of hours services 	

General Ophthalmic Services (GOS)

ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE
1	Effective integrated demand management arrangements should be in place to address the increasing levels of age related long term conditions such as glaucoma, macular degeneration, Diabetes mellitus and complications such as sight threatening retinopathy.	FPS will develop plans to: <ul style="list-style-type: none"> • In line with Delivering Together 2026, FPS will plan to expand capacity and capability in ophthalmic primary care in order to meet the needs of this demographic increase, managing what can be, safely and effectively, in primary care, and integrating better with secondary care. • Facilitate integration by introducing GOS-generated electronic referral, fostering eTriage and referral-for-advice • Promote robust data quality and participate in the development of regional performance indicators • Evidence full utilisation of skill mix opportunities 	Not Applicable to NIAS

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ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE
2	<p>Effective arrangements should be in place to support improvement science and quality improvement initiatives that have the potential to improve patient flows, experience and outcomes.</p>	<p>FPS will advance plans to improve the examination, application and implementation of Improvement Science in healthcare to the following areas of Ophthalmology;</p> <ul style="list-style-type: none"> • Eye Casualty • Cataract Pathway <p>Plans will also indicate a method of capturing and reporting patient centred outcome and experience measures.</p>	Not Applicable to NIAS
3	<p>Effective arrangements should be in place to ensure the transformation of eyecare services</p> <p>Demand-management initiatives (Local Enhanced Services) such as glaucoma referral refinement, minor eye conditions, and primary care based post-operative cataract assessment schemes have the potential to positively impact on treating more people closer to home, away from secondary care.</p>	<p>FPS will ensure the provision of placements for primary care optometrists undertaking independent prescribing training. (DEP Objective10)</p> <p>HSC Board will introduce Local Enhanced Services (LES) to facilitate primary care led management of non-sight-threatening acute eye presentations, and offer ophthalmic primary care delivered step-down care and monitoring for low risk ocular hypertension and post-operative cataract review.</p> <p>HSCB will engage with GOS providers in the development of training to support this transformative care and facilitate participation in innovative governance and training models such as Project ECHO, building knowledge networks to expand capacity and capability in primary care and improve the interface between primary and secondary care.</p>	Not Applicable to NIAS

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Dental Services

ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE
1	Effective arrangements should be in place to reduce the number of patients referred to Trust Oral Surgery/OMFS services by increasing the service capacity of alternative providers.	<ul style="list-style-type: none"> Establish a pilot PDS in Oral Surgery to increase the amount of treatment provided by High Street Oral Surgery Specialists and therefore reduce Trust referrals Provide training to GDPs in basic Oral Surgery treatments to reduce referrals from dental practices to High Street Oral Surgery Specialists and Trusts 	Not Applicable to NIAS
2	Effective arrangements should be in place that evidences a new GDS contract, which focuses on prevention, provides a sustainable business model for GDPs and allows cost control	FPS will review the 11 pilot practices that have completed the 1 year pilot period and engaged in the evaluation process. University of Manchester to produce evaluation report by 31 March 2018	Not Applicable to NIAS
3	Effective arrangements should be in place to improve the turnaround times for GDS	A new prior approval process will be piloted in 2017-18 with the aim of reducing the number of submissions breaching the 8-week turnaround target time and the current resources required to deliver the service.	Not Applicable to NIAS
4	Effective arrangements should be in place to allow secure electronic communications with GDS practices and to facilitate electronic referrals between dental practices and Trusts.	FPS will set up the email and CCG elements of the eDentistry Strategy with 50% and 10% of all GDS practices respectively by the end March 2018.	Not Applicable to NIAS

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Pharmaceutical Services and Medicines Management

ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE
1	Effective plans should be in place to improve compliance against the regional Medicines Optimisation Model	Trusts should demonstrate plans to achieve 70% compliance with the regional Medicines Optimisation Model against the baseline established at March 2016.	Not Applicable to NIAS
2	Effective plans should be in place to deliver £25.5m efficiencies in primary care through the Pharmaceutical Clinical Effectiveness programme (requiring support from secondary care) and deliver further additional efficiencies of £12.5m in secondary care	FPS will develop plans to achieve the maximum efficiencies possible within 2017-18.	Not Applicable to NIAS
3	Effective plans should be in place to ensure services are centred on helping to maintain or improve the quality of life of people who use them, particularly within General Practice.	FPS will develop plans to provide more services within community pharmacy including 'Pharmacy First' and the supply of emergency medicines.	Not Applicable to NIAS

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Specialist Services

ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE
1	<p>Effective arrangements should be in place to address the growth in the number of patients accessing approved specialist drug therapies for a range of conditions.</p> <p>Each year there is growth in the number of patients receiving specialist drug therapies previously approved by NICE.</p>	<p>Trusts responses should demonstrate how they will engage with the HSCB to inform the projected requirements associated with the increase in the number of patients on existing treatment regimens across a range of conditions including rheumatoid arthritis, psoriasis, IBD, Hep-C, MS, HIV, specialist ophthalmology and cancer conditions.</p>	Not Applicable to NIAS
2	<p>Effective arrangements should be in place to develop the model for specialist neuromuscular services.</p>	<p>Belfast Trust response should demonstrate the agreed service model /pathways for adults and children (including transitional care) with specialist neuromuscular conditions incorporating baseline resources as well as more recent investment. The proposed model and implementation plan to be submitted by end of March 2018.</p>	Not Applicable to NIAS
3	<p>Effective arrangements should be in place to continue to support the implementation of the NI Rare Disease Implementation Plan through a programme of in-reach and networked services through formal alliances with tertiary and quaternary providers outside NI.</p>	<p>Building on progress to date with the implementation of the NI Rare Disease plan, Belfast Trust should outline, by the end of September 2017, the key priorities for development to further support the delivery of the NI Rare Disease Implementation Plan.</p> <p>The Belfast Trust should bring forward a proposal for a clinical lead for rare disease in paediatrics. The lead will work closely with the specialist paediatric network manager in establishing pathways and interfaces with</p>	Not Applicable to NIAS

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ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE
		<p>highly specialist paediatric units in GB/ROI and the wider group of stakeholders.</p> <p>This development will be fully evaluated with a view to extending the role for adult services in 2018/19.</p>	
4	Effective arrangements should be in place to ensure access to genetic tests in line with UKGTN recommendations.	Belfast Trust should submit an IPT by the end of September 2017 to ensure timely access to UKGTN tests approved for 2017-18 net of baseline costs.	Not Applicable to NIAS
5	Effective arrangements should be in place to ensure access to new NICE TAs and other NICE recommended therapies approved during 2017-18.	Trust responses should demonstrate how they will deliver on the requirements of new NICE TAs and other recommended therapies in line with planned investment.	Not Applicable to NIAS
6	<p>Effective arrangements should be in place for the provision of Paediatric Congenital Cardiac Services in line with Ministerial decision on the establishment of an All-Island Network including:</p> <ul style="list-style-type: none"> • SLAs, with specialist centres to provide a safe and robust service for children from NI during the implementation period for patients with paediatric cardiac conditions. • Improved antenatal detection rates of structural cardiac anomalies by issuing a standardised regional protocol for the cardiac scan and putting 	<p>Belfast Trust should demonstrate how they will work with the HSCB & PHA through the specialist paediatrics group to take forward the implementation of the service model for Congenital Cardiac Services as set out in the Full Business Case for the All Island CHD Network. Specifically this will address local developments in NI e.g. Paediatrician with Specialist Interest in Cardiology role, centralisation of paediatric cardiology waiting lists for the region to include move to tertiary referral to this service etc.</p> <p>Progress has been made in developing a fetal scanning protocol for cardiac anomalies and all sonography staff providing this service have received training in this regard. All Trusts should ensure implementation of the regional</p>	Not Applicable to NIAS

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ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE
	in place a training and audit programme for staff in this area.	scanning guideline during the second half of 2017-18.	
7	Effective arrangements should be in place to ensure the opening of the Phase 2B Critical Care Unit to accommodate the transfer of ICU/HDU capacity with service to be fully operational in 2017.	<p>All Trusts will be expected to participate in work led by the NI Critical Care Network in improving timely monitoring arrangements on bed availability, escalation measures, staffing levels and timely discharge. All Trusts should commit to full collaboration across Trust boundaries in the provision of safe, effective, accessible and patient focussed critical care support.</p> <p>Work will continue to progress during 2017-18 on the current role, scope of responsibility and accountability arrangements offered by the NI Critical Care Network and how it might best develop consistent with the vision set out in Delivering Together.</p>	Not Applicable to NIAS
8	Effective arrangements should be in place to ensure the development of weekend access to neuroradiology intervention for patients with subarachnoid haemorrhage, arising as a result of recommendations from the NCEPOD report 'Managing the Flow'. The feasibility of expanding the availability of thrombectomy for stroke should also be included in this development.	Belfast Trust response should demonstrate that it will submit an IPT to achieve the NCEPOD recommendations with a project plan for establishment of the weekend access. Services expected to be in place by March 2018.	Not Applicable to NIAS

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ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE
9	Effective arrangements should be in place to ensure the further expansion of the NISTAR (NI Specialist Transport and Retrieval Service) for neonates, children and adults across NI and ROI. The service will ensure critical and supported clinical transports undertaken are managed consistently and to best effect. NISTAR will also work closely with the fixed wing Air Ambulance / Air Transfer provider.	Belfast Trust through the NISTAR group should bring forward proposals to identify phases of development for this service delivered on behalf of the region. The proposals should include the consolidation of the adult element of the service, appointment to lead medical and nursing posts, development of an ANP role for specialist transport, additional transport nurse capacity and additional dedicated ambulance capacity. This will include consultation with DGH and NIAS colleagues. The Belfast Trust should submit a final IPT by end of October 2017 with a view to services expanding on a phased basis from 1 January 2018.	NIAS will work with Belfast Trust and the NISTAR group to support the successful development of the IPT
10	Effective arrangements should be in place to improve access to specialist immunology services for adults and children through establishment of tertiary referral pathways for a number of diagnoses.	Belfast Trust will work with the Board to put operational arrangements in place to progress a number of pathways for this service that will ensure that this is delivered as a tertiary referral service by the end of March 2018.	Not Applicable to NIAS
11	Effective arrangements should be in place to improve access to specialist paediatric services through the establishment of regional networks.	Belfast Trust, working with the Paediatric Specialist Services group, will continue to develop clinical networks both within and outside NI ensuring that paediatric patients have their needs met as locally, as possible. Belfast Trust should develop a framework to support leads in paediatric cardiology, specialist paediatrics, paediatric network, NISTAR and the critical care and trauma networks in improving communication and	Not Applicable to NIAS

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ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE
		ensuring complementary service planning and delivery for the paediatric population.	
12	Effective arrangements should be in place to ensure the introduction of cranial stereotactic radiotherapy in NI to reduce the need to send some patients for treatment in GB and provide more accessible service and plans to expand stereotactic ablative radiotherapy (SABR) to include the treatment of oligometastatic and oligo-progressive advanced cancer disease.	<p>Belfast Cancer Centre should demonstrate that sustainable arrangements are in place to provide cranial stereotactic radiotherapy to treat approximately 50-60 patients with cerebral metastases in in 2017-18.</p> <p>Belfast Trust will bring forward plans to extend SABR in the treatment of oligometastatic and oligo-progressive advanced cancer disease.</p>	Not Applicable to NIAS
13	Effective arrangements should be in place to optimise drug efficiency savings.	A Regional Medicines Optimisation Efficiency Programme has been established to achieve £38m of savings. Trust responses should demonstrate that proposals in respect of specialist medicines are consistent with the key principles shared with Trusts in March 2015.	Not Applicable to NIAS
14	Effective arrangements should be in place to appropriately manage the service need of patients requiring specialist services.	The Trust response should demonstrate how the Trust will deliver the required volumes of service activity in light of the changing population need and demand for specialist services in 2017-18.	Not Applicable to NIAS
15	Effective arrangements should be in place to ensure appropriate planning and implementation of Inescapable funding across 2017-18, in line with	Trust responses should include detailed plans, implementation timelines, slippage assumptions, and any potential savings impact. Plans should detail the proposed	

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ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE
<p>already established planning, SBA and finance processes.</p>	<p>service models, level of investment and expected volumes to be delivered in 2017-18 from the following investments (where appropriate to each Trust)</p> <p>Inescapable funding:</p> <ul style="list-style-type: none"> • Drugs & therapies – 2016-17 new NICE TAs 2016-17 not yet funded (included in June Monitoring) • Drugs growth in existing approved NICE therapies • Drugs Orphan Enzyme Drug Therapies • Non Drugs - Total Parental Nutrition Service Pressures/Goods & Services RBHSC • Non Drugs -Renal Services and Transplantation 	

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Cancer Services

ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE
1	Effective arrangements should be in place to deliver cancer access times.	Trust responses should demonstrate plans to improve compliance against cancer access standards across all relevant services.	Not Applicable to NIAS
2	Effective arrangements should be in place to identify the optimum sustainable model for breast assessment services in NI.	The Trusts should work closely with commissioners to improve and sustain timely access to breast assessment services and contribute to a sustainable model of service for NI.	Not Applicable to NIAS
3	Effective arrangements should be in place for patients that require radical surgery for prostate cancer to have timely access to treatment.	Belfast Trust should demonstrate plans to ensure patients are able to access treatment in line with cancer access standards.	Not Applicable to NIAS
4	Effective arrangements should be in place to ensure appropriate and timely access to systemic therapies for cancer. Arrangements should also be in place for appropriate skill mix and the development of a sustainable model for non-medical prescribing across NI	Trust responses should demonstrate how the provision of systemic therapies for cancer services will be modernised to maximise current capacity and improve patient experience. Trusts should also demonstrate how they will progress the expansion of non-medical prescribing.	Not Applicable to NIAS
5	Effective arrangements should be in place to deliver acute oncology (AO) services across NI in line with the regionally agreed service model and to consider further development of the service to provide a more sustainable AO service for patients	Trust responses should demonstrate how acute oncology services are being provided in line with the regionally agreed service model. Trust responses should also indicate how the acute oncology service will be developed to meet patient needs and how the service activity and impact will be audited.	Not Applicable to NIAS

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ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE
	across all Trusts.		
	Effective arrangements should be in place to address issues arising from the peer review of cancer multidisciplinary teams to ensure the quality of cancer services can be sustained or, as needed, improved.	Trust responses should demonstrate that arrangements are in place to take timely action to address matters highlighted by the peer review team, and that priority will be given to immediate and serious risks where these have been identified.	
6	Effective arrangements should be in place to ensure that there is compliance with the service specification on skin cancer issued by the HSCB in 2017.	Trust responses should demonstrate that plans are in place to comply with the 2017 service specification on skin cancer.	Not Applicable to NIAS
7	Effective arrangements should be in place to ensure that there is compliance with the service specification on head and neck cancer issued by the HSCB in 2017.	Trust responses should demonstrate that plans are in place to comply with the 2017 service specification on head and neck cancer. Trusts should also demonstrate steps to improve service provision in line with peer review recommendations.	Not Applicable to NIAS
8	Effective arrangements should be in place to implement a regional Teenagers' and Young Adults' (TYA) Cancer Service in NI and supported by the development of a TYA service specification.	Trust responses should demonstrate what measures are being put in place to provide age appropriate care to TYA patients with cancer consistent with the 2017 TYA regional service model.	Not Applicable to NIAS
9	Effective arrangements should be in place to improve the patient experience of cancer care services.	Trust responses should demonstrate how the key findings from the 2015 Cancer Patient Experience Survey are being addressed, in	Not Applicable to NIAS

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ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE
	Commissioners will take forward steps to undertake a further Cancer Patient Experience Survey (CPES) in spring 2018.	<p>particular, the specific actions to be taken to: work more closely with primary care to improve early detection; improve access to patient information across the pathway; improve access to clinical nurse specialists; and, increase recruitment to clinical trials.</p> <p>Trust responses should also demonstrate how they will work with commissioners to deliver the 2018 Cancer Patient Experience Survey.</p>	
10	Effective arrangements should be in place to expand the clinical nurse specialist (CNS) workforce in NI in line with national benchmarks and the agreed regional CNS development plan.	Trust responses should demonstrate the particular actions to be taken in 2017-18 to expand the CNS workforce and, in doing so, how this will increase opportunities to modernise cancer care pathways and improve the patient experience of care.	Not Applicable to NIAS
11	Effective arrangements should be in place to continue delivery of the Cancer Awareness Programme and to encourage people to seek medical advice at the earliest opportunity.	Trust responses should demonstrate plans to provide sufficient capacity to respond to potential increases in primary care referrals for patients with signs and symptoms suggestive of cancer.	Not Applicable to NIAS

Long Term Conditions

Stroke

ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE
1	Effective arrangements should be in place to provide appropriate stroke services for younger people as 20% of all stroke occurs in people aged under 65	Trust responses should demonstrate plans to improve stroke services for younger stroke patients in line with the recommendations of the RQIA inspection report (2014) to include vocational rehabilitation	Not Applicable to NIAS
2	Effective arrangements should be in place to ensure that all stroke patients are admitted directly to a stroke unit in line with NICE guidance	Trust responses should outline plans to review their operational protocols for admission and develop processes that ensure that more than 90% of acute stroke patients are admitted to a stroke unit as the ward of first admission.	Not Applicable to NIAS
3	Effective arrangements should be in place to provide appropriate specialist spasticity services for stroke survivors.	Trust responses should outline plans to work with the regional stroke network to develop a regional pathway for the management of spasticity after stroke.	Not Applicable to NIAS
4	Effective arrangements should be in place to provide thrombolysis with alteplase as a possible treatment of acute ischaemic stroke.	Trust responses should demonstrate initiatives to ensure at least 15% of acute ischemic stroke patients, attending each of its hospitals, receive thrombolysis and that those patients who receive thrombolysis do so within 60 minutes of arrival.	Not Applicable to NIAS
5	Effective arrangements should be in place to provide mechanical thrombectomy for large vessel stroke	The Belfast Trust response should demonstrate plans for the continued development of regional stroke mechanical	Not Applicable to NIAS

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ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE
	as an effective intervention for selected stroke patients	thrombectomy services as per the NICE guidance.	
6	Effective arrangements should be in place to provide weekend outpatient assessment for TIA patients with high risk TIA patients assessed within 24 hours of an event and commence appropriate treatments to prevent stroke.	Trust responses should demonstrate plans to provide ambulatory services for suspected high risk TIA patients seven days a week, in line with NICE guidance.	Not Applicable to NIAS
7	Effective arrangements should be in place to facilitate, where appropriate, early supported discharge (ESD) of acute stroke patients from hospital.	Trust responses should detail how ESD services for stroke patients will be made available over seven days a week, able to respond within 24 hours of discharge, and provide required levels of therapy in line with transformation fund or demography investments.	Not Applicable to NIAS

Diabetes

ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE
1	Effective arrangements should be in place to support the Diabetes Strategic Framework, participate in and contribute to the transformation and reform of Diabetes Services across NI.	Trust responses should demonstrate the necessary actions and plans to deliver and implement: <ul style="list-style-type: none"> • The commencement of the diabetes foot care pathway • The development of structured Diabetes education • The development of appropriate innovation and technology to support those managing 	Not Applicable to NIAS

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ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE
		their condition, inpatient care and structured Diabetes education	
2	Effective arrangements should be in place to support Primary prevention of type 2 diabetes	Trust responses should demonstrate a commitment to participate in an approach to the prevention of Type 2 diabetes for NI which is congruent with emerging evidence.	Not Applicable to NIAS
3	Effective arrangements should be in place to support the improvement of transition to adult services for children with diabetes.	Trust responses should demonstrate a commitment to : <ul style="list-style-type: none"> • Implement a plan to improve experience of transition to adult services for young people and implement a standard, regional offer of service to patients. This plan should include a commitment to: <ul style="list-style-type: none"> • Scope out of transition services across NI. • Increase self-management, self-efficacy and self-advocacy. • Agree on the service metrics. • Establish keyworker roles within Trusts to facilitate transition and ensure continuity of care. 	Not Applicable to NIAS
4	Effective arrangements should be in place to support improvement across diabetes in pregnancy services.	Trust responses should demonstrate a commitment to : <ul style="list-style-type: none"> • Implement NG3 NICE guidance as standard across NI • Achieve measurable improvement in service capacity to meet the needs of 	Not Applicable to NIAS

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ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE
		<p>pregnant women with diabetes.</p> <ul style="list-style-type: none"> • Test and implement reliable systems to support early detection and follow up for women with Gestational Diabetes. • Achieve measurable increase in the number of women who are pre-pregnancy and at risk who avail of pre-pregnancy counselling services. • Agree appropriate risk stratification for early identification of women at risk of Gestational Diabetes. 	
5	<p>Effective arrangements should be in place to support improvement across paediatric diabetes.</p>	<p>Trust responses should demonstrate a commitment to :</p> <ul style="list-style-type: none"> • Organise services to meet demand and where appropriate develop plans with HSCB & PHA colleagues to expand current service provision. • Expand access to insulin pumps for children and young people • Update school health plans to ensure a common approach is used across all Trust areas • Greater use of technology to continuously monitor blood glucose in children 	<p>Not Applicable to NIAS</p>

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Respiratory

ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE
1	Effective arrangements should be in place to ensure local health economies deliver appropriate integrated pathways for adults and children across community, primary, secondary and tertiary care.	<p>Trust responses should demonstrate that plans are in place to deliver:</p> <ul style="list-style-type: none"> • Ongoing implementation of the paediatric asthma pathway in remaining Trusts, including primary care elements • Working with colleagues in HSCB to develop effective counting and coding methodologies to record relevant service and patient level data • Completion of the implementation of recommendations from the RQIA Review of Community Services • Effective arrangements for managing the 'local network' for respiratory care through Integrated Care Partnerships amongst others, including senior level clinical and managerial leadership 	Not Applicable to NIAS
2	Effective arrangements should be in place to deliver findings from the annual respiratory baseline assessment (subject to some alterations to targets agreed with DoH and limitations of recording mechanisms).	<p>Trust and NIAS responses should demonstrate that plans are in place to deliver:</p> <ul style="list-style-type: none"> • Maintenance of current service standards and, where applicable, meeting minimum standards as outlined in the baseline review undertaken in years 1 and 2 of the revised Respiratory Service Framework. 	Not Applicable to NIAS

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ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE
		<ul style="list-style-type: none"> • Development of services in line with Year 3 requirement arising from the baseline assessment (where not otherwise explicitly mentioned in this summary) 	
3	<p>Effective arrangements should be in place to support the development of networked services across NI for the following:</p> <ul style="list-style-type: none"> • Interstitial Lung Disease (ILD) • Neuromuscular related respiratory disease (NMD) • Non-Invasive Ventilation (NIV) • Obstructive Sleep Apnoea (OSA) • Bronchiectasis Services • Ambulatory Care Pathways in the Unscheduled Care Reform Programme • Home IV antibiotics service • Difficult asthma guidelines • COPD audit recommendations 	<p>Trust responses should demonstrate a commitment to:</p> <ul style="list-style-type: none"> • Participation in the NI ILD (clinical) Network as a conduit for referral, treatment and advice across HSCTs and via standardised pathways • Proceed in BHSCT with plans for one stop shop clinics between neurology and respiratory services to manage the low volume cohort of patients with specialist needs due to neuromuscular diseases across NI according to one cohesive care pathway including diagnostics • Note progress of the ongoing regional procurement exercise for NIV methods • Continue to reduce waiting lists for sleep studies in BHSCT. Opportunistic strategies must be explored to manage this issue in conjunction with the Elective Care Reform programme • Respond to the output of the recent bronchiectasis audit, including the further development of community based support via ICPs 	Not Applicable to NIAS

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ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE
	<ul style="list-style-type: none"> • Where possible and appropriate, facilitate respiratory teams to develop ambulatory care pathways for patients requiring same day respiratory care • Participate in a regional task and finish group to standardise the Home Intravenous Anti biotic and Anti-Viral service for respiratory patients (OPAT) • Deliver difficult asthma services for children, young people and adults to ensure the implementation of NICE TAS. • Implementation of audit recommendations for COPD services 	
<p>4</p> <p>Effective arrangements should be in place to:</p> <ul style="list-style-type: none"> • Promote self-management and, self-directed care and other suitable training programmes for patients. • Reflect the concepts of co-design and co- production in improving and developing services in line with the ‘Delivering Together’ agenda for the HSC sector 	<p>Trust responses should demonstrate plans to deliver:</p> <ul style="list-style-type: none"> • In-house or onward referral pathways to appropriate self- management programmes • Demonstrate how co-design for and co-production of service delivery is being taken forward at a local level by Trusts or ICPs with people with respiratory diseases and their carers. 	<p>Not Applicable to NIAS</p>

Pain Management

ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE
<p>1</p> <p>Effective arrangements should be in place to enhance the skills and capacity of secondary care pain management teams and their scope for integrated working in line with <i>Core Standards for Pain Management Services in the UK</i> published by the Faculty of Pain Medicine at the Royal College of Anaesthetists in 2015.</p> <p>This needs to include capacity for a leadership role in educating and training practitioner colleagues in other secondary, primary and community care services.</p>	<p>Trust responses should demonstrate plans to:</p> <ul style="list-style-type: none"> • Support staff education and training for improved and integrated bio psychosocial management of persistent pain patients. • Contribute to the development and delivery of pain related public awareness, information and education projects through the NI Pain Forum. • Develop plans to ensure more patients with complex needs can be seen earlier to prevent or halt irreversible deterioration. 	<p>Not Applicable to NIAS</p>
<p>2</p> <p>Effective arrangements should be in place to ensure patients have timely access to supported self-management options as part of a stepped care model, including those provided with the help of expert patients, peer and lay trainers.</p>	<p>Trust responses should demonstrate plans for a range of supported self-management options in line with the NI Pain Forum’s service specification. Depending on local service configuration and priorities, this may include:</p> <ul style="list-style-type: none"> • reworking of existing contracts with voluntary providers of self-management programmes and local support groups, 	<p>Not Applicable to NIAS</p>

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ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE
		<ul style="list-style-type: none"> reconfiguration of community and primary care services , collaboration with other government agencies to booster condition management programmes (CMPs), and increasing capacity of pain management programmes (PMP) provided by specialist pain management teams. 	
3	Effective arrangements should be in place to ensure regional and local prescribing guidelines are followed and supported through regular medication reviews in line with NICE recommendations.	Trust responses should demonstrate plans to optimise prescribing practice, reduce the risk of side effects, misuse and addiction, as well as reducing prescribing costs by supporting services in secondary, primary and community care.	Not Applicable to NIAS
4	Effective arrangements should be in place to ensure patients are managed along regionally agreed integrated pathways to improve outcomes and patient experience.	Trust responses should demonstrate plans to support ICPs in developing integrated patient pathways including initial assessment for painful conditions of MSK conditions, fibromyalgia, endometriosis and other long term surgical and medical conditions.	Not Applicable to NIAS
5	Effective arrangements should be in place to ensure patients with persistent pain have equitable access to evidence based services, including interventional techniques like neuromodulation and radiofrequency ablation.	Trust responses should demonstrate plans to optimise patient flows by improving referral pathways for patients with painful conditions. This should include consideration of: 1. cross speciality triage criteria between primary care, core physiotherapy, ICATS, rheumatology, orthopaedics and pain	Not Applicable to NIAS

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ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE
		<p>management</p> <p>2. the use of the Clinical Communication Gateway (CCG)</p> <p>3. improved access to evidence base interventional pain management treatments as well as discontinuing treatment modalities that are no longer considered effective</p>	
6	Effective arrangements need to be put in place to deliver a sustainable regional multidisciplinary persistent pain management service for children and young people with complex needs.	Belfast Trust Response needs to demonstrate plans to reconfigure existing resources and support delivery of this service on a sustainable basis in line with accepted multidisciplinary models of good practice.	Not Applicable to NIAS
7	Effective arrangements need to be put in place to develop a medically led regional diagnostic service for patients with ME and related conditions supported by locally available management support services.	Trust responses should demonstrate a commitment to participate in the development of a sustainable and effective regional service model for diagnosis in partnership with service users and carers.	Not Applicable to NIAS

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Sexual Health

ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE
1	Effective arrangements should be in place for evidence-based promotion of sexual health and wellbeing for young people and adults, including HIV awareness, STI prevention, with a particular focus on those most at risk.	Trust responses should demonstrate plans to provide targeted sexual health promotion messages, focusing on those most at risk and explore the potential of social media and other technologies in collaboration with PHA.	Not Applicable to NIAS
2	Effective arrangements should be in place for Trust Health promotion staff to support the whole schools model of RSE education provided by the BHSCT Sexual Health team.	Trust responses should demonstrate plans to continue to provide support through their staff to those schools who receive whole school RSE training in their area as required.	Not Applicable to NIAS
3	Effective arrangements should be in place to ensure all relevant staff are trained in sexual health issues, including core skills such as awareness, attitudes, information, communication skills, sexuality and relationships.	Trust responses should demonstrate actions to ensure the identification of staff who require training in sexual health promotion and deliver of training as required.	Not Applicable to NIAS
4	Effective arrangements should be in place to support the sexual health needs of individuals with learning disabilities.	Trust responses should demonstrate plans to ensure uptake of learning disability sexual health training for all relevant staff.	Not Applicable to NIAS
5	Effective arrangements need to be put in place to ensure sustainability of clinical sexual health services	Trust responses should demonstrate actions to identify staff training and replacement needs and communicate these to appropriate regional	Not Applicable to NIAS

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ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE
		workforce planning colleagues.	
6	Effective arrangements should be in place to provide integrated sexual health services to vulnerable parts of the population	Trust responses should demonstrate plans to develop the co-location of GUM and SRH service delivery in geographical areas of need, and to vulnerable populations e.g. in prisons and children's homes.	Not Applicable to NIAS
7	Effective arrangements should be in place to ensure provision of clinical sexual health services in higher education settings, including services such as condom distribution, pregnancy testing, contraception advice and STI testing.	Trust responses should demonstrate actions that continue to refine and develop the Further Education model for delivering sexual health and wellbeing services/initiatives to youths under 25 years of age.	Not Applicable to NIAS
8	Effective arrangements should be in place for patients to access telephone and online advice for clinical sexual health matters including family planning and sexually transmitted infections.	Trust responses should demonstrate plans to: <ul style="list-style-type: none"> • Prioritise responses to patients seeking sexual health services and triage these according to need; this requires enough administrative support staff to respond to all telephone calls by patients within a clinically justifiable time frame • support consolidation of electronic patient management systems across NI and 	Not Applicable to NIAS

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ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE
		exploration of online and postal testing services for uncomplicated sexual health, contraceptive and STI related needs of patients.	
9	Effective arrangements should be in place for safe and clinically governable SRH and GUM services to respond to patient need within 48 hours	<p>Trust responses should demonstrate plans to improve patient access times and clinical governance arrangements by appointing the required clinical support staff particularly in the NHSCT and SHSCT areas.</p> <p>Trust responses should demonstrate actions to strengthen sexual health service provision for uncomplicated patients closer to home in collaboration with Primary Care Providers through partnership and collaborative working.</p>	Not Applicable to NIAS

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Palliative Services

ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE
1	Improved arrangements for identifying patients in their last year of life will support timely needs assessment and lead to more effective advance care planning for these patients.	Trusts in collaboration with the palliative care locality board, including ICPs, should set out the specific arrangements to be put in place during 2017-18 to increase the number of patients identified as being in their last year of life and to ensure that this information is communicated across the HSC system.	Not Applicable to NIAS
2	The keyworker function needs to be embedded within Trust arrangements to support care planning processes, improve communication with patients and their carers and ensure continuity of care for patients and families in hospital, community and other care settings.	Trusts in collaboration with the palliative care locality boards, including ICPs, should set out the specific actions to be taken during 2017-18 to further embed the keyworker function across all aspects of patient care.	Not Applicable to NIAS
3	Support arrangements for patients and families should be in place out of hours (in conjunction with the voluntary sector as appropriate).	Trusts in collaboration with the palliative care locality boards, including ICPs, should ensure that out of hours arrangements are in place for generalist palliative care 24 hours per days 7 days per week.	Not Applicable to NIAS
4	Effective arrangements should be in place to provide a range of specialist palliative care services.	Trusts in collaboration with the palliative care locality boards, including ICPs, should ensure that there is access to specialist palliative care services.	

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Prisoner Services

ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE
1	There is a particular need to address the healthcare requirements of vulnerable groups within the prison population.	SEHSCT should demonstrate plans to progress the development of healthcare services and chronic disease management in line with the principle of equivalence and identify a chronic disease candidate area for further development and improvement.	Not Applicable to NIAS
2	Effective arrangements should be in place to develop Mental Health services in line with the Bamford Action Plan 2012 – 2015 for people with Mental Health and Learning Disability	SEHSCT should demonstrate how mental health services will be provided in line with the recovery ethos and develop registers for individuals with alcohol addiction, drug addiction, personality disorder and learning disability and in line with NICE guidelines [NG66] Mental health of adults in contact with the criminal justice system (March 2017).	Not Applicable to NIAS
3	The social care needs of the prison population should be reviewed in the context of current provision with a view to identifying unmet need.	SEHSCT should demonstrate how the Trust will co-operate with DoH, NIPS and the Probation Board to collate and analyse information/data about the prison population to identify current support and/or social care needs of prisoners and any unmet social care needs.	Not Applicable to NIAS
4	Effective arrangements should be in place to develop care pathways for prisoners with complex needs, both in and out of prison.	SEHSCT should implement care pathways they have developed for individuals with complex needs between Primary Care and Secondary Care	Not Applicable to NIAS

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ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE
5	Effective arrangements should be in place to develop Trust based information systems to help facilitate a whole systems approach to prisoner healthcare.	<p>SEHSCT should develop improved healthcare information systems to increase inter-agency working Including monitoring of chronic medical conditions (utilising disease registers).</p> <p>SEHSCT should develop recommendations for service development / improvement and implementation of the NICE guideline [NG57] physical health of people in prison (Nov 2016) and NICE guideline [NG66] Mental Health of adults in contact with the criminal justice System (March 2017)</p>	Not Applicable to NIAS
6	Effective arrangements should be in place to implement a Health & Social Well-being Strategy for Prisoners throughout 2017-18	SEHSCT should produce an action plan to support health improvement initiatives, including mental health promotion, smoking, healthy eating & nutrition, healthy lifestyles, sexual health and relationships, drugs and other substance misuse.	Not Applicable to NIAS
7	Effective arrangements should be in place to develop alternatives to prison transfers for specialist and/or emergency assessments and reviews including tele-health options.	<p>SEHSCT should develop a plan to reduce the number of prisoner transfers outside of prison to access health and care services by exploring alternative proposals including in-reach and remote viewing (tele-monitoring)</p> <p>SEHSCT should provide an options paper</p>	Not Applicable to NIAS

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ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE
		based on their analysis of activity (i.e. emergency attendance, outpatient new/review, diagnostic, day case or inpatient) and volume (over a 3-5yr timespan) and outlining 2017-18 proposals for improvement.	
8	Effective arrangements should be in place to engage stakeholders in any service area undergoing development	SEHSCT should demonstrate how the Trust will engage with stakeholders and provide an Annual Report on findings from the analysis of the Committal User Survey.	Not Applicable to NIAS
9	Effective arrangements should be in place to appropriately manage the service demands associated with prison population.	SEHSCT response should demonstrate how the Trust will deliver the required volumes of service activity in light of the changing population need and demand for prisoner health services in 2017-18. SEHSCT should produce a 2017-18 full Health Needs Assessment inclusive of each prison site to help inform commissioning priorities moving forward.	Not Applicable to NIAS

3.2 NIAS Response to Commissioning Priorities

NIAS

ISSUE/OPPORTUNITY		PROVIDER REQUIREMENT	PROVIDER RESPONSE
1.	Effective arrangements should be in place to ensure that available capacity within NIAS is maximised in the context of increasing demand for services.	<p>The Trust's response should:</p> <ul style="list-style-type: none"> • demonstrate plans to improve emergency response times across NI • outline how the capacity-demand review will ensure alignment of NIAS resources with predicted demand. 	<p>NIAS will implement a new performance improvement collaborative approach with a series of performance improvement projects. They will include, but not be limited to.</p> <p>The NIAS Transformation and Modernisation Programme will continue in 17/18 with funding for an extension of the NIAS Transformation programme. The improvement programme will be based around the Trusts six key outcomes and will include the following improvement projects.</p> <ul style="list-style-type: none"> • Development and Implementation of a new Clinical Response Model • Implementation of a Paramedic led Clinical Support Desk • Development and Implementation of a Control Service Improvement Plan • Implementation of a new Paramedic Training Programme • Improved Performance – Turnaround Times • Improved Performance - Local Resource Management and Good Attendance • Implementation of a Clinical Development workplan and increased Clinical Performance Indicators (to

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			<p>include ACPs etc) .</p> <p>Each of the projects will report into a collaborative improvement board, chaired by the Chief Executive.</p> <p>With regards to the longer term NIAS will develop an organisation development plan based on the outcome of the capacity and demand analysis. This plan will be focused on medium term efficiency opportunities as well as the development of a longer term investment requirement.</p>
2.	<p>While there have been some improvements in recent years, ambulance turnaround times in hospitals are too long, with more than half of ambulances spending more than 30 minutes at Emergency Departments</p>	<p>The Trust's response should describe how NIAS will improve significantly the handover time for patients, with at least 70% of handovers being completed in less than 30 minutes from March 2018.</p>	<p>As part of a wider Improvement Collaborative a NIAS has instigated a Turnaround Times Improvement Project. The baseline average is that in the first 6 months of 17/18 58% of handovers (turnarounds) were completed within 30 minutes. The target is to achieve 70% by end of March 2018. There is a comprehensive work plan with actions which NIAS is taking to improve turnaround times including implementing a new 'Front Door Referral pathway' for patients who can safely wait in the waiting area. However a range of the issues relating to reducing turnaround times are dependent on hospital triage processes. HSCB are aware of some of the particularities of these in specific Trusts and Trust management teams are being asked to address these however</p>

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			progress is slow.
3.	A new approach is required for the training of paramedics in the context of accreditation difficulties with existing programmes	The Trust's response should outline how NIAS will work with HSCB and DoH to develop proposals to support the training of new paramedics which may include a university degree route.	Following the establishment of a Paramedic Pre-Registration Education & Clinical Supervision project in collaboration with DoH colleagues, the Trust has developed and published a tender, seeking a HEI partner in order to develop an accredited Level 5 i.e. FdSc/DipHE in Paramedic Practice. An evaluation of tender submissions has taken place and following due process the award of a contract is expected October 2017. A timeline has been agreed to achieve HCPC joint approval for the developed course by August 2018 and it is expected the first cohort of Student Paramedics will commence training October/November 2018.
4.	Demand for non-emergency transport continues to grow and is delivered on a 'first come' basis which fails to ensure the most in need gain access to transport support.	The Trust's response should outline how NIAS will work with the HSCB to introduce eligibility criteria for non-emergency transport which prioritise patients with mobility difficulties.	In accordance with the DoH strategy NIAS provides non-emergency transport services to patients who need it to access the health services they require. These include; <ul style="list-style-type: none"> • hospital admissions for inpatient treatment • attendance for treatments such as renal dialysis, chemotherapy, radiotherapy and physiotherapy • outpatient attendances at clinics and day hospitals

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		<ul style="list-style-type: none"> • appointments for x-rays and other tests • day surgery • Hospital discharges. <p>Eligibility for access to non-emergency transport services is based on medical need as determined by a medical practitioner. The definition of medical need is:</p> <p><i>“Where the patient’s condition could be significantly worsened if there were a failure to provide transport or, where the patient’s condition is of such severity that it renders them unfit to travel by any other means, except nonemergency ambulance transport, or some other form of non-emergency transport”.</i></p> <p>(A Transport Strategy for Health and Social Care Services in Northern Ireland, August 2007, Department of Health.</p> <p>Presently the need and entitlement to PCS Ambulance transport is based on medical need as judged by the patients referring clinician or Health Care Professional (HCP).</p> <p>Eligible patients are those:</p> <ul style="list-style-type: none"> • whose medical condition is such that they require the skills or support of PCS staff on or after the journey and/or where it would be detrimental to the

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		<p>patient's condition or recovery if they were to travel by other means.</p> <ul style="list-style-type: none"> • PCS transport can also be provided to those recognised as a parent or guardian where children are being conveyed or a patients' escort or carer where their particular skills and/or support are needed e.g. those accompanying a person with a physical or mental incapacity, vulnerable adults or to act as a translator. Discretionary provision such as this would need to be agreed in advance when transport is booked. <p>The NIAS also acknowledges that the main types of circumstances, other than medical need, in which patients could have difficulty accessing hospital because of transport difficulties, are:</p> <ul style="list-style-type: none"> • mobility problems; • financial hardship; and • Rural isolation. <p>NIAS did undertake a review of PCS Services in 2013 and in particular application of the eligibility criteria by those charged with booking PCS ambulances. The Patient Care Service Review Working Group was established to take forward the reform and modernisation of Non-Emergency Ambulance Services. A central</p>

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ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE
		<p>objective of the Group was to build on the DoH 2007 document, 'A Transport Strategy for Health and Social Care in Northern Ireland' and on the section within the strategy on access criteria and assessment of need and agree a model for scheduled ambulance service transport, including through a mixed economy, and linked to the needs of primary and secondary care.</p> <p>The outcome of the review to enhanced access to the web based booking system within the Trusts and strengthening the need to apply the eligibility criteria. There has been no progress in relation to Secondary Care who are main users of PCS services. A second outcome was that the eligibility criteria is DoH Policy and therefore any changes required can only be made by owners of the Policy the DoH.</p> <p>NIAS recognise that to ensure the delivery of a user friendly, high quality, responsive and efficient transport service for those who need it most, the service must be based on the assessed need and the consistent application of eligibility criteria which requires revision.</p> <p>NIAS would welcome the opportunity to work in collaboration with the Commissioner for Ambulance Services through a DoH led project to:</p>

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ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE
		<ol style="list-style-type: none"> 1. Review access arrangements and booking protocols to ensure better co-ordination of requests for transportation based on a comprehensive review of: <ul style="list-style-type: none"> <i>A. Health and Personal Social Services (Northern Ireland) Order 1972 Article 10</i> <i>B. Health and Personal Social Services (Northern Ireland) Order 1972 Article 15</i> <i>C. Chronically Sick and Disabled Persons (Northern Ireland) Act 1978 Section 2(d)</i> <i>D. Chronically Sick and Disabled Persons (Northern Ireland) Act 1978 Section 1(1)</i> 2. Reintroduce and raise awareness of the eligibility criteria for scheduled ambulance service transport and therefore reduce the level of inappropriate requests and journeys undertaken; 3. Consolidate all commissioning arrangements across the region as part of the single SBA between HSC Board and NIAS Trust. 4. Review hours of operation of the scheduled ambulance service transport to meet the needs of the HSC system; 5. Develop agreed information

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	ISSUE/OPPORTUNITY	PROVIDER REQUIREMENT	PROVIDER RESPONSE
			<p>requirements and associated monitoring arrangements to support the ongoing management of transport capacity;</p> <p>6. Develop appropriate standards for responding to requests for transport consistent with the capacity available and in the context of appropriate levels of demand.</p>
5.	<p>Hospital-related non-emergency transport is deployed by NIAS and the other 5 HSC Trusts in response to demand. Opportunities exist to better coordinate this transport and to maximise benefits of procuring independent providers on a regional basis.</p>	<p>The Trust's response should outline progress in relation to the pilot with Belfast and Southern Trusts which is coordinating hospital-related non-emergency transport and efforts to realise this to cover the whole region long-term.</p>	<p>NIAS set up a pilot with Belfast Trust to better coordinate the most efficient use of independent Ambulance providers in 01 May 17. Southern Trust have not joined the pilot as yet However we are meeting on the 13th of October to try and get back on track and we are also meeting with South-eastern Trust on the 10th of October who have showed a strong interest in joining the Pilot. On a more limited scale, NIAS is also working with Northern Trust to help them improve the coordination of their use of private contractor's vs NIAS resources to attempt to control their private transport costs.</p> <p>For Belfast Trust itself, the coordination pilot has all but eliminated double booking of discharges and transfers and has given back management time to bed managers, that was previously spent contacting and arranging transport. The coordination pilot also ensures that the cheapest available</p>

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		<p>contractor is used and contractually the correct contractors are used at the appropriate time, as the control room has access to rankings and phone numbers that are not always available to the hospital staff making the booking. Within the NIAS Non-Emergency Control room, the workload in the evenings had surpassed the ability of one controller to take time to process complicated discharges and Transfers. The Coordinator has the ability and flexibility to improve the experience of the end user, as an example we had a palliative patient going home to die with a very short window of opportunity for transport home and was successfully accomplished. This is unlikely to have happen using the old system.</p> <p>NIAS can now produce data showing all Belfast Trust activity to create KPI's and gauge progress. We could not do this previously, as the actual non-emergency transport used was scattered over different wards and Trusts. Real comprehensive data on activity was very difficult to gather and certainly NIAS had no access to what other Trusts were doing.</p> <p>Going forward there is an opportunity for additional savings when all Trusts are on the same Non-Emergency Ambulance transport framework controlled centrally so we can transport regionally between</p>

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			different Trust Areas.
6.	Effective, integrated arrangements, organised around the needs of individual patients, should be in place in community settings to provide care for people at home, avoiding the need for hospital attendance admission.	The Trust's response should demonstrate how NIAS is embedding the range of alternative care pathways across all localities in NI during 2017-18, including the establishment of a paramedic-led clinical decision desk.	<p>NIAS continues to work with Trusts across nearly 40 different services to review, embed and develop the Appropriate Care Pathways. All of the original pathways are operational regionally across N.I. Awareness raising of particular pathways continues and review meetings to improve pathways – particularly regarding the comprehensiveness of the services provided by the other Trusts – are ongoing. Mental Health is still the area with no ACP in place. It has been formally agreed that NIAS can facilitate calls to Lifeline. Engagement with other Mental Health services has not yielded success at this point. NIAS will continue to seek willing partners for this work.</p> <p>The development of further pathways and increasing further uptake will rely on continuing to educate paramedics in clinical assessment skills and developing advanced roles.</p>

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			<p>The Paramedic Clinical Support Desk went live on 2nd of October, 2017 with the support of CSD clinicians from North West Ambulance Service. Hear and Treat rates are being carefully monitored. The workload is exceeding that anticipated at this point. As the CSD embeds, Hear and Treat rates can be reported on as required.</p>
7.	<p>A Helicopter Emergency Medical Service (HEMS) is now established in NI to support the existing road-based emergency service.</p>	<p>The Trust's response should demonstrate how NIAS will monitor the performance of HEMS during 2017-18 in line with the Commissioning Specification.</p>	<p>The Trust's response should demonstrate how NIAS will monitor the performance of HEMS during 2017-18 in line with the Commissioning specification.</p> <p>The Helicopter Emergency Medical Service officially went live 2 Aug 2017 as a partnership between NIAS and the Charity AANI. The service will continue to operate a joint medical and paramedic model operating in daylight hours in line with the Air Ambulance Association (AAA) Framework for a High Performing Air Ambulance Service (2013) and the Commissioning Specification from HSCB and PHA. Both NIAS and AANI will continue to be paid members of AAA.</p> <p>A Memorandum of Understanding is in place between NIAS and AANI which clearly sets out roles and responsibilities of both organisations in the delivery of the service. NIAS will continue to deliver the medical</p>

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		<p>requirements and oversee Clinical Governance and the Charity will continue to deliver the aviation requirements and manage a contract with Babcock the Aviation provider which includes the provision of pilots for the service.</p> <p>NIAS employs an Operational Lead and 6 paramedics who operate a weekly rota managing the airdesk and operational shifts. A Clinical Lead is seconded for 5PAs per week on a recharge basis to the service supported by 14 doctors across all 5 Trusts who operate the medical rota.</p> <p>The service will continue to provide high quality safe pre-hospital care to people in Northern Ireland who have suffered major trauma and primary transfer of critically ill and injured patients to definitive care working across the regional trauma network. Tasking protocols are in place and will continue to be monitored which take into account, immediate response, interrogated response and crew request response.</p> <p>The service is located at Maze Long Kesh in the Greater Belfast area which enables the team to reach all parts of Northern Ireland within 30 minutes and areas of concentrated trauma (based on historical data) within 10 - 20mins.</p> <p>A Management Board is firmly established</p>

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		<p>with agreed terms of reference and membership from both NIAS and AANI at senior management level. HSCB is represented as an interested party both at management board meetings and as a signatory to the MoU. The management board will continue to be responsible for overseeing the support the delivery and strategic development of the HEMS service. The management board will continue to meet quarterly as a minimum or more regularly as the service becomes established. The management board continues to be supported by a Project Manager until project closure stage March 2018.</p> <p>The commissioning specification sets out a number of key performance indicators which will be monitored on a monthly basis with quarterly performance reporting.</p> <p>KPIs have been developed in line with AAA documentation and are used as the basis for the initial monitoring of the service during 17/18. The management board for HEMS will receive quarterly performance reports against stated KPIs</p> <ul style="list-style-type: none"> • % of HEMS response in which helicopter take off was within 10 minutes of decision to dispatch HEMS response

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		<p>Current performance as of Sept 2017: 87.8%</p> <ul style="list-style-type: none"> • % of arrival of HEMS to scene within 20 minutes following helicopter take off <p>Current performance as of Sept 2017: 73.2%</p> <ul style="list-style-type: none"> • Hours when helicopter not available for HEMS response - no impact yet and secondary back up helicopter in place. • Number of deployments of HEMS related RRV response <p>Current performance as of Sept 2017: 24.6% (14 RRV HEMS calls).</p> <ul style="list-style-type: none"> • Number of cases which required onward transport to hospital and % of these taken to the Major Trauma Centre <p>Current performance as of Sept 2017 : 45 patients have been taken to hospital (63.29% July – Sept) Of these 27 have been taken direct to MTC (60% July – Sept)</p> <p>As well as required KPIs, NIAS will monitor the rate of stand down and aborted calls as part of the overall performance reporting to</p>

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			<p>assess effective tasking protocols. NIAS working with AANI will monitor financial performance as a measure of sustainability of the service and the Charitable donations in the medium and long term. AANI will also provide quarterly financial reports to include a breakdown of expenditure against LIBOR funds, current bank balance, and current performance against projected target of £1m to be raised within 22 months of initial draw down of LIBOR funds. AANI will also provide copy of annual accounts.</p>
8.	<p>Effective arrangements should be in place to facilitate and promote collaboration, coordination, communication, learning, sharing of information between different agencies providing resuscitation training.</p>	<p>The Trust's response should demonstrate how NIAS will work with existing providers of community resuscitation and ensure a smooth transition to the new model of community resuscitation that reflects the recommendations of the 2014 NI Community Resuscitation Strategy</p>	<p>Plans are in place to meet with NHSCT to progress transition of their community resuscitation service to NIAS.</p> <p>Plans are in place to meet with key stakeholders across statutory, voluntary and community agencies to collaborate on provision of community resuscitation training, Community First Responder progress, AED provision and locations.</p> <p>Plans are in place to baseline Out of Hospital Cardiac Arrests (OHCA), AED locations, CFR Groups, Bystander CPR rates.</p> <p>Plans are in place to explore data infrastructure regarding collation of OHCA Survival rates.</p>

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9.	Effective arrangements should be in place to deliver appropriate CPR and BLS training programmes.	<p>NIAS should provide plans to increase access to CPR training across NI and Basic Life Support (BLS) in community and educational settings via:</p> <ul style="list-style-type: none"> • Engagement with CPR training providers • Engagement with Voluntary and Community organisations • Further development of Community and first responder schemes 	<p>A Community Resuscitation Team is being developed within NIAS (1 CR Manager and 4 CR Development Officers).</p> <p>The staff within this team will develop implementation plans to implement the Community Resuscitation Strategy and engage with community, voluntary and statutory agencies to progress partnerships, awareness and training.</p>
10.	Effective arrangements include the development of public information / guidance about Automatic External Defibrillators covering purchasing, maintenance, location, access and signage	NIAS should provide plans to develop website literature and guidance information materials on AEDs.	<p>A baseline of number and locations of AED's will be collated from the database which is in place.</p> <p>Planned engagement with providers/ distributors of AED's regarding AED registration</p> <p>Planned engagement with First Aid training providers regarding AED registration</p> <p>AED guidance to be updated and accessible on NIAS website and promoted through collaborative working.</p>
11.	Effective arrangements should be in place to appropriately manage the increasing demand on emergency ambulance services in the winter period.	The Trust should bring forward a winter plan which outlines how it will manage increased demand in winter 2017-18, working collaboratively with Unscheduled Care Local Network Groups.	NIAS has submitted its winter plan to Commissioners as requested. The primary focus of this Plan is to provide an overview of NIAS preparation to provide sufficient resources to protect 999 response capability, to achieve a safe service for the

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		<p>delivery of patient care and to maintain performance over the winter and festive periods. NIAS also aim to support the Trusts in improving patient flow by managing Emergency Department (ED) ambulance attendance within and across Trust Boundaries. Some elements of the proposed plan will be subject to availability of funding and these have been highlighted in the submission. The Plan includes actions under the following headings:</p> <p><u>Resilience Planning</u></p> <p>Provide as much discharge and admission capacity as possible through increased levels of Intermediate Care Service, Patient Care Service, Voluntary Ambulance Service and Private Ambulance Service.</p> <p>Provide a region wide discharge planning function from NEAC – funded NEAC desk. The existing arrangements are designed and funded by the Belfast Trust. This proposal would extend hours of operation and provide Regional Coordination working closely with HALOs within Trusts.</p> <p>Reduced handover times - Extend HALO hours and pursue Hospital Turnaround Times.</p>

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		<p><u>Regional Escalation</u></p> <p>The Trust will comply with and input to the Regional Resource Escalation Action Plan (REAP). The Duty Control Managers (DCMs) will be the Single Point of Contact (SPOC) for the Health Board / Commissioners / Trusts / teleconferencing / information sharing. The DCMs have access to the Dashboard and all the latest NIAS context as well as having easy access to the On-Call and Senior On-Call rosters.</p> <ul style="list-style-type: none"> • Additional Manager Cover and on call rotas • Additional hours of Hospital Ambulance Liaison Officers (HALOs) provision at the five main EDs. • Ensure compliance with the 30 minute turnaround time • PCS will endeavor to assist the Emergency and Urgent Services with resources as requested and required throughout the winter period, subject to operational availability. • Maximize uptake of Flu vaccine with the Trust <p><u>Reduce attendance at ED</u></p> <ul style="list-style-type: none"> • Commission Paramedic Clinical Support Desk Team (CSD) in Emergency Control Monday 2 Oct

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		<p>2017.</p> <ul style="list-style-type: none"> • The Clinical Support Desk is manned by experienced Paramedics. Their role includes: • The triaging of lower category calls where an ambulance response is not required, utilising alternate pathways primarily via the Directory of services (DOS), additional to this at busy periods the CSD will carry out a welfare check for all other categories of calls which may have a delay in response, this may result in the clinician down grading the call if the response is deemed inappropriate. • Making referrals to a community based services • Give advice to paramedic / Emergency Medical Technicians (EMTs) on scene with a patient with complex needs. • Provide support for the EAC team <p><u>Alcohol Recovery Centre</u></p> <p>This will provide an alternative route for patients, picked up from within Belfast Area, suffering alcohol intoxication and other related minor injuries and illnesses that are not likely to be admitted after assessment in Accident and Emergency Departments. Its aim is that patients will be triaged and treated quicker and will ease the pressures on busy Emergency Departments. The</p>

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			hours of availability of this service will be published on the crew Mobile Data Terminals (MDTs).
12.	Effective paramedic professional governance arrangements should be in place to support reform and modernisation of paramedic practice, education and development.	The Trust's response should demonstrate its plans to ensure clear paramedic professional accountability arrangements within NIAS to include plans for the implementation of supervision arrangements.	Currently, a key deliverable of the Paramedic Pre-Registration & Clinical Supervision project is to evaluate clinical appraisal/supervision models for post qualified Paramedics and to aid the development of improved governance arrangements within NIAS. Work is currently underway benchmarking a number of models. Engagement is on-going with our Allied Health Professional colleagues at DoH locally and NENAS/College of Paramedics partners nationally.
13.	Effective arrangements should be in place to ensure appropriate planning and implementation of Inescapable and Transformation funding across 2017-18, in line with already established planning, SBA and finance processes.	Trust responses should include detailed plans, implementation timelines, slippage assumptions, and any potential savings impact. Plans should detail the proposed service models, level of investment and expected volumes to be delivered in 2017-18 from the following investments: <u>Transformation funding:</u> <ul style="list-style-type: none"> • Infrastructure : Trust staff backfill • Ambulance Alternative Care Pathways • ICP North – Transport Northern Patients to Direct Assessment Unit 	<u>Transformation funding:</u> The funding for Transformation this year has been used as follows: The Backfill funding continues to fund a small team who continue to oversee development and embedding of the ACPs, implementation of the CSD, a Clinical Development work programme (which includes a new Sepsis pathway, pilot for changes to the management of nose bleeds, changes to Cardiac arrest management etc) and the development of Clinical Performance Indicator monitoring and reporting. This is supported by an

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		<p>allocation of funding for Clinical Development, clinical education and data analytics.</p> <p>The Paramedic Clinical Support Desk service and it's capital infrastructure and training has been funded using these Transformation funds.</p> <p>In addition, Transformation funds are being utilised to fund a new Transformation Improvement Collaborative in NIAS which has 14 projects which directly correlate to the six outcomes which are the focus of the NIAS Corporate plan. Funding has been used to support a range of post holders all of whom have a workplan relating to clear objectives. These include Health and Wellbeing with a focus on Peer Support, Frequent Callers, Good Attendance.</p> <p>There is also funding allocated to support the cultural change which will underpin delivery of these outcomes. This includes leadership development and Quality Improvement training – the latter which has commenced in association with SET. There is also funding allocated for Comms support since engaging with front line staff is a key priority in these change initiatives.</p>

4. Resource Utilisation

Workforce Strategy

Workforce Planning

NIAS continues to implement a programme of workforce planning which incorporates a significant programme of recruitment and in-house training for frontline positions.

The Trust faces a particular challenge in terms of provision of training for Paramedic roles as a consequence of the removal of the previously used IHCD module. As a consequence we have established a Pre-registration Paramedic Education Project to facilitate future training of Paramedics. DoH and HSCB Commissioning are represented on the Project Board. The project team have undertaken a formal procurement exercise through BSO PaLs to engage a Higher Education Institute to work in partnership with the Trust to develop and deliver a HCPC-approved level 5 programme. The tender strategy and specification have been developed and the advertised tender closed on Friday 29 September 2017.

In addition during 2017-18 NIAS will engage with DoH in respect of a Workforce Review for the Trust. This work, led by DoH, will be undertaken in partnership with trade union colleagues.

The Transformation and Modernisation Agenda provides significant opportunity for the further development of the NIAS workforce. The Trust will ensure a comprehensive Organisational Development and Workforce Planning approach underpins any such agendas within NIAS.

Education, Learning & Development

The Trust continues to enshrine Education Learning and Development as a key priority in its plans for the year. An annual Education, Learning & Development Plan (ELDP) is produced within the framework of the Trust's ELD 5-year Strategy. The ELDP is designed to further improve the skills and competencies of ambulance professionals to meet the challenges of the future It also addresses the need for increasing the workforce levels of frontline ambulance personnel where appropriate, in order to maintain an appropriate skill mix.

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 ELDP for 2017-18 will be developed and delivered by the Regional Ambulance Clinical Training Centre (RACTC) and agreed by the Medical Director and Director of Operations.

During 2017-18 particular focus will be on a robust Infection, Prevention and Control module in addition to other key clinical and operational priority areas.

Particular focus will continue to be on ELD requirements to support the clinical practice of our Paramedics and the Trust's Quality Improvement agenda. This includes delivery of a Patient Assessment and Clinical Reasoning (PACR) module.

NIAS will also ensure a particular focus on Leadership Development during 2017-18. During this period the Trust will hold its first Leadership Conference with a theme of Collective and Compassionate Leadership. In addition the Trust will work in partnership with the HSC Leadership Centre to design and deliver a comprehensive programme of Leadership Development for Leaders within the organisation.

Performance Management and Appraisal

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

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

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

Other measures of performance management and appraisal include:

- Processes are in place for those non-frontline posts that require professional regulation to ensure fitness to practice and adherence to Continuous Professional Development (CPD) requirements
- NIAS medical staff are contractually obliged to participate in Medical Appraisal and Revalidation process. The Trust is fully compliant in this regard
- NIAS paramedics are professionally regulated by the Health & Care Professions Council (HCPC) and are personally required to maintain CPD. The HCPC carries out random 2-yearly checks in this regard

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

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

Financial Strategy

NIAS's strategic vision is to become the best ambulance service in the UK providing excellent quality of care, experience and outcomes for the patients we serve. We need to demonstrate that we are achieving this with high quality corporate governance, risk management and probity. Given that high quality patient care is at the heart of everything we do we seek to do this within budget, making most effective use of the revenue and capital funds to support service delivery and the achievement of Ministerial targets.

Review of 2016-17 Financial Performance

The Trust delivered against a range of statutory and regulatory financial duties during the year. The Revenue Resource Limit (RRL) for 2016-17 was £71.6 million and a small revenue surplus of £1k was achieved. Cumulative savings of an additional £400,000 were required and delivered during the year.

With the support of the HSCB, the Trust also delivered a significant programme of modernisation mostly in response to changes in service delivery both in NIAS and in the wider Health and Social Care system.

The Trust also benefited from £8.9 million of capital investment. This included the replacement of ambulance vehicles and investment in the ambulance estate, particularly the commencement of work on the Enniskillen ambulance station. Investment was also made in defibrillators.

Financial Planning 2017-18

There are a range of challenges expected in 2017-18 with the financial outlook appearing particularly constrained. The current political and economic environment internationally, nationally and locally has the potential to add significantly to the financial challenges ahead. For NIAS there are significant changes to the delivery of paramedic education which will demand restructuring of our training model; consolidation and introduction of a range of developments, for example the Alternative Care Pathways, the Helicopter Emergency Medical Service and Community First Response. These will have some financial implications for the Trust. Work is planned on a Trust wide review of our response model to patient calls. An extensive piece of work is underway to determine the appropriate level of front line resources to meet increasing demand for our services in the future.

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

The estimated Revenue Resource Limit (RRL) for 2017-18 is £69 million and the Trust is forecasting a breakeven position at year end, subject to a number of assumptions.

The current forecast has identified a financial gap of £1 million that will be required to be met through the delivery of savings. The Trust has developed proposals to address this gap in the year in the following areas:

- Administration/Management costs
- Reduction in costs associated with training and development
- Constraining non-pay expenditure in non-front line areas
- Constraining other non-pay expenditure and vacancy controls for non-front line areas

Mindful of the need to make recurrent savings and an anticipated increase in the level of savings required in the future, a proposal to reduce the level of non-emergency transport is being developed.

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

The Trust is currently forecasting a capital investment programme of £7.7 million. This includes the replacement of ambulance vehicles and investment in the ambulance estate, particularly in respect of a replacement ambulance station in Enniskillen. Investment is also planned to further develop and maintain the NIAS Information and Communications Technology platform.

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

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

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

Plans for Shift left of resources and other Transformation Initiatives

The NIAS Transformation and Modernisation Programme was concluded in March 2017 and a new Transformation Improvement Collaborative instigated with the Chief Executive as Chair. This incorporates continuation of some of work begun under the Transformation and Modernisation programme. The Improvement Collaborative has a range of projects which are intended to deliver outcomes in line with the Trust's six key outcomes and will include the following improvement projects:

- Scoping and development of plans regarding a new Clinical Response Model

NIAS Trust Delivery Plan 2017-18

- Implementation of a Paramedic led Clinical Support Desk
- Development and Implementation of a Control Service Improvement Plan
- Implementation of a Pre-Registration Paramedic Training Programme
- Improved Performance - improved Turnaround Times
- Improved Performance - improved Local Resource Management and Good Attendance
- Implementation of a Clinical Development workplan (to include review and continuation of Appropriate Care Pathways)
- Implementation of an Electronic Patient Record System
- Delivery of a Data Workstreams management plan
- Development of a Quality Improvement Plan
- Delivery of a Health and Wellbeing Peer Support project and Health and Wellbeing Partnership Project
- Development of an Organisational Development Strategy
- Development of a Leadership Training Programme

Performance against key deliverables are reported at each Collaborative Improvement Board meeting.

Governance

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

The system of internal control in NIAS accords with Department of Finance guidance, and in developing a Governance Statement for 2017-18, NIAS will maintain consistency with guidance and direction. The Board exercises strategic control over the operation of the organisation through a system of corporate governance which includes:

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

Risk Management

The Trust's Corporate Risk Management Policy and Strategy were reviewed and following consideration by the Senior Executive Management Team (SEMT) and the Trust's Assurance Committee, were approved by Trust Board in October 2016. The Trust's Corporate Risk Register is presented monthly to SEMT and to the Assurance Committee as a standing agenda item and then by Trust Board. Similarly, Directorate Local Risk Registers are presented in turn to the Trust's Assurance Committee.

A format for the Trusts Board Assurance Framework (BAF) has been agreed by the Assurance Committee and work is ongoing to populate the Framework. A populated Framework is presented to the Assurance Committee on a quarterly basis. It will be further updated to reflect strategic aims in the 2017-2020 Corporate Plan.

A review of the incident reporting procedure to enhance the reporting of patient-related incidents commenced but completion has been delayed whilst awaiting the appointment of administrative support for the Risk Manager. As an outcome of the Departmental review of regional serious adverse incident reporting procedures in which NIAS participated, a revised regional SAI reporting procedure was published in November 2016. This has been adopted within the Trust and incorporated into the revised NIAS incident reporting procedure. NIAS continues to participate in the learning outcomes review from SAIs regionally.

The Trust's Learning Outcomes Review Panel meets quarterly (first meeting took place in September 2016). The panel has been established to enhance and support

individual and organisational learning from events such as untoward incidents, disciplinary investigations, claims, compliments, Serious Adverse Incidents (SAIs) etc. as well as feedback at organisational, local and individual levels. Outcomes from the panel are reported to the Trust's Assurance Committee.

Regular reports on complaints, compliments, adverse incidents including SAIs involving NIAS, Coroner's reports, medication and device alerts continue to be provided to the Assurance Committee as standing agenda items. NIAS also continues to review relevant NICE guidelines and regional learning and quality letters and reports. New JRCALC Clinical Guidelines published in March 2016 including the new Resuscitation Guidelines have been received and have been distributed to operational staff. An aide memoire in PDF format containing protocols and referral pathways has been developed for use by staff and the Clinical Guidelines are now also available to staff in the form of an app. Relevant learning letters received from PHA and HSCB are circulated to all operational staff and presented to the Trust's Assurance Committee.

Controls Assurance Standards

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

Information Governance

NIAS will continue to embed information governance principles throughout the Trust. This will include training to increase awareness of staff across the organisation, highlighting their role and responsibilities in the area of information governance. NIAS will continue to develop its information base in support of effective decision-making to enhance patient care with a particular emphasis on our clinical information in support of reporting on clinical outcomes and using this information to improve clinical care. This will include continuing to seek the implementation of an electronic Patient Report Form (ePRF) to support improvements in the delivery of clinical care through timely clinical audit, integration with the wider HSC including the EHCR and primary care systems, as well as supporting alternative care pathways.. NIAS will be taking all appropriate steps and carrying out the necessary actions to ensure we are appropriately prepared for GDPR.

Promoting Wellbeing, PPI, & Patient/Client Experience

NIAS has applied a renewed focus on the promotion of the Health and Wellbeing of the workforce. The Trust has established a Health and Wellbeing working group which is working to ensure the engagement and involvement of trade unions and our staff are central to delivery of health and wellbeing objectives. A key specific output of this work will be a Peer Support Model for frontline staff dealing with trauma.

The Trust has also worked with Unison to establish a partnership project under the 'Time for Change' methodology. Health and Wellbeing is the theme of the project which involves Trust managers and trade union colleagues working together with a focus to improve the health and wellbeing of our workforce. This work will include baseline surveys around Health and Wellbeing in order to establish a comprehensive action plan to address key issues identified.

In addition NIAS will continue to work with partner organisations such as INSPIRE to implement practical support mechanisms such as access to counselling and other support systems.

The Trust will continue to implement systems such as ensuring access to a fast-track Physiotherapy service and promotion of the flu vaccine for NIAS staff.

PPI and Patient Experience

During 2017-18 NIAS will work with PHA in order to agree an action plan with a programme of work for PPI and Patient and Client Experience.

In both these areas the Trust continues to be fully engaged in regional work streams.

In relation to PPI NIAS continues to work to mainstream the involvement of those who use our services in key planning decisions and processes. In particular this year the Transformation and Modernisation agenda will be a key focus in establishing the framework for the future delivery of our service. The Trust will ensure such decisions and planning will be underpinned by a programme of engagement, involvement and consultation.

In respect of Patient and Client Experience the Trust will engage with PHA in relation to implementation of a programme of work which is in line with its stated priorities around this area. This will include a re-launch of '*Hello My Name is...*' for NIAS and a particular focus on increasing uptake of the 10,000 More Voices campaign as well as exploration of the 'Always Event' methodology in the Trust.

NIAS Trust Delivery Plan 2017-18

INFORMATION FOR TRUST DELIVERY PLANS 2017-18	
Trust	The Northern Ireland Ambulance Service HSC Trust
Table No.	
FP1	<p>Forecast Financial Position</p> <p>This should reflect both the planned 2017-18 in -year and full year projected financial position. The estimated cost of an assumed 1% pay award should be shown as a memo note only. For the TDP submission, this should be not included in expenditure lines nor should income be assumed.</p>
FP2	<p>Reconciliation of RRL Income</p> <p>This table should be used to indicate income assumptions by reconciling current RRL to planned income anticipated from HSCB and PHA.</p>
FP3	<p>Trust Savings Target 2017-18 (excluding Regional Pharmacy - see Table 3a)</p> <p>In regard to the advised Trust Savings Target for 2017-18, this table should reflect the savings plan proposals included within the calculation of the financial position. As appropriate, a commentary should be included against planned measures together with a RAG status. Additional rows can be inserted as required. Each proposal should be identified by Programme of Care.</p>
FP3a	<p>Regional Medicines Optimisation Efficiency Savings 2017-18</p> <p>This table is to indicate the proposals to address the Trust's Medicines Optimisation Efficiency target for 2017-18, which it is expected will be delivered to the target level set.</p>
FP4	<p>Workforce Planning - Indicative Impact on WTE</p> <p>Trusts should provide estimate of staffing impact of the cash releasing plans detailed on FP3 and indicative allocations/investments on paid WTE.</p>
FP5	<p>Workforce Planning - Total Staff</p> <p>This should indicate the projected paid WTE for the Trust analysed between Trust's staff and Agency/Locum staff and across all staff groups</p>
FP6	<p>Detail of Income</p> <p>This table should analyse all income in 2017-18 by Programme of Care</p>
FP7	<p>Detail of Expenditure</p> <p>This table should analyse all expenditure in 2017-18 by Programme of Care before impact of any savings delivery</p>
FP8	<p>Demography</p> <p>Gross pressure by Scheme by Programme of Care should be recorded with slippage identified separately in the proforma and the Trust identifying:</p> <ul style="list-style-type: none"> - The level of modelled demand that will be avoided in year by the reform and transformation investments made by LCGs in prior years - The level of demand that is realised in year that can be addressed through productivity and other cash avoidance means
FP9	<p>Reconciliation Check</p> <p>This table provides high level reconciliation between FP1 in year position and the tables on Income (FP2), Expenditure (FP7) and Savings (FP3 & FP3a).</p>

NIAS Trust Delivery Plan 2017-18

INFORMATION FOR FINANCIAL PLANS 2017/18

FP1

TRUST:

The Northern Ireland Ambulance Service HSC Trust

Contact Name: Mrs Sharon McCue

Position: Director of Finance & ICT

Phone No: 02890400999

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

Date Completed: October 2017

TABLE 1 FINANCIAL POSITION	2017/18	
	In Year Effect	Full Year Effect
	£'000	£'000
Expenditure:		
1.1 Staff costs	55,551	51,993
1.2 Other expenditure	13,888	12,998
1.3 Total expenditure	69,439	64,991
Income:		
2.1 Income from activities	353	353
2.2 Other income	85	85
2.3 Total income	438	438
3 Net expenditure	69,001	64,553
add: RRLs agreed for services provided by other HSC bodies		
4.1 BSO		
4.2 Other (specify)		
4.3 Other (specify)		
4.4 Total RRLs agreed	-	-
5 Net resource outturn	69,001	64,553
Calculation of Revenue Resource Limit (RRL)		
6.1 Allocation from HSCB (as per FP2)	69,001	64,553
6.2 Allocation from PHA (as per FP2)		
6.3 Total Allocation from HSCB/PHA	69,001	64,553
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	69,001	64,553
7.1 Surplus / (Deficit) against RRL	0	0
7.2 % Surplus / (Deficit) against RRL	0.00%	0.00%

Memo Note: | Assumed 1% Pay Award - estimated cost

505

505

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. Income levels for prior year developments, new service developments and other unavoidable pressures are as outlined in the assumed allocations and the Trust is assuming that these costs will be met in full.

NIAS Trust Delivery Plan 2017-18

INFORMATION FOR FINANCIAL PLANS 2017/18		FP2
Name of Trust:		
The Northern Ireland Ambulance Service HSC Trust		
RECONCILIATION OF RRL TO PLANNED INCOME		Date Completed: October 2017
INCOME FROM COMMISSIONERS	2017/18	
	In-Year Effect	Full Year Effect
	£'000	£'000
1. HSCB		
RRL as at 31 March 2017	63,125	63,125
Indicative Allocations:		
Per August RRL		
Additional Recurrent Allocation - Apprenticeship Levy	303	303
Additional Recurrent Allocation - Demography	917	688
Non Pay	253	253
Opening Trust Pressures 16/17	924	924
Ringfenced Transformation Fund TYC Backfill	200	
Savings/Opportunities in Trusts	(1,000)	(1,000)
Ringfenced Transformation Fund ICP North Transport Northern Patients to	100	
Per September RRL		
Regional ICT Non Recurrent Tranche 2 Aug 2017	3	
Transformation Funds Regional ICT Non Recurrent Tranche 2 Aug 2017	79	
CSD	714	
Transformation Funds HEMS Medical Staff & Training	976	
Per October RRL		
Non Recurrent Retractions 17/18 NIAS Your Care Matters	(30)	
Ringfenced LIBOR funding for Air Ambulance	1,500	
Ringfenced NIAS to Support MIIMS	10	
Total Indicative Allocations	4,949	1,168
Other Assumed Allocations		
<i>Description (please list)</i>		
<i>Assumed Contract Variations</i>		
Per 2017/18 Indicative Funding Email		
Community Resuscitation Development Officers (Some to NHSCT TBC)	260	260
Further Inescapable Budget pressures	77	
RCCE - Enniskillen and EPRF	590	
RCCE - Enniskillen and EPRF - Forecast PYE		
<i>Additional Savings/Opportunities in Trusts</i>		
Other Assumed Contract Variations		
Pay	0	0
Total Other Allocations	927	260
HSCB Income as per FP1	69,001	64,553
2. PHA		
RRL as at xxxx	0	0
Indicative Allocations:		
		0
Total Indicative Allocations	0	0
Other Assumed Allocations		
Total Other Allocations	0	0
PHA Income as per FP1	0	0
Total Allocation from HSCB/PHA	69,001	64,553

NIAS Trust Delivery Plan 2017-18

INFORMATION FOR FINANCIAL PLANS 2017/18													
Name of Trust: The Northern Ireland Ambulance Service HSC Trust											FP3		
Trust Savings Target 2017/18											Date Completed: October 2017		
Project Title	Recurrent/Non recurrent	RAG Status	POC 1	POC 2	POC 3	POC 4	POC 5	POC 6	POC 7	POC 8	POC 9	Total	Commentary
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	
1. Restricting access to non-emergency transportation	Recurrent	RED											Reduction of service will be targetted at PCS walk-in patients. The proposals are based on mobility criteria and do not take account of clinical need. Management of Safety and Quality will be dependent on those Health Care staff assessing the patients need for ambulance transport and application of the eligibility criteria.
2. Suspend 2017/18 Post Qualification Education	Non Recurrent	AMBER											Likely negative impact on Industrial Relations as commitment was given to enhance such training in 2017/18.
3. Vacancy Controls	Non Recurrent	AMBER	500									500	Delay in the implementation and backfill of substantive posts. Will impact on key workstreams and pressure on existing staff and budgets.
4. Non Pay Expenditure	Non Recurrent	AMBER	100									100	Maintenance and further application of non pay expenditure controls in non front line services.
5. Other Savings/Contingency	Non Recurrent	AMBER	100									100	Various vacancy management and non pay expenditure controls to address shortfall
6			300									300	
7												0	
etc												0	
Total			1,000	0	0	0	0	0	0	0	0	1,000	

NIAS Trust Delivery Plan 2017-18

INFORMATION FOR FINANCIAL PLANS 2017/18

Name of Trust:

The Northern Ireland Ambulance Service HSC Trust

FP3a

Date Completed: October 2017

Regional Medicines Optimisation Efficiency Savings 2017/18

	Recurrent/ Non recurrent	RAG Status	POC 1	POC 2	POC 3	POC 4	POC 5	POC 6	POC 7	POC 8	POC 9	Total	Commentary
Project Title			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	
1												0	
2												0	
3												0	
4												0	
5												0	
6												0	
7												0	
etc												0	
Total			0	0	0	0	0	0	0	0	0	0	

Not applicable to NIAS

NIAS Trust Delivery Plan 2017-18

INFORMATION FOR FINANCIAL PLANS 2017/18

FP4

Trust:

The Northern Ireland Ambulance Service HSC Trust

Date Completed: October 2017

2017/18 Gross Planned Workforce Reductions (Savings Plans on FP3) (Show Reductions as Negatives)

	Admin	AHP	Support Services	Nursing / Midwifery	Social Work	Professional / Technical	Medical / Dental	Ambulance	Totals
	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE
Permanent Staff	0.0		0.0	0.0	0.0	0.0	0.0	0.0	0.0
Temporary Staff									0.0
Decreases in Overtime & ADH Payments									0.0
Agency/Bank Staff (Equivalent)									0.0
Independent Sector Staff									0.0
Totals	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

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

2017/18 Planned Increases due to Backfill (Increases due to Re-Provision to facilitate Savings Plans on FP3)

	Admin	AHP	Support Services	Nursing / Midwifery	Social Work	Professional / Technical	Medical / Dental	Ambulance	Totals
	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE
Permanent Staff	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Temporary Staff									0.0
Increases in Overtime & ADH Payments									0.0
Agency/Bank Staff (Equivalent)									0.0
Independent Sector Staff/foster carers									0.0
Totals	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

This table is expected to capture the WTE (or WTE Equivalents) of increases due to re-provision to facilitate savings (e.g. Skill mix adjustments) in the Trust Savings Plan.

2017/18 Planned Workforce Increases (New Investments)

	Admin	AHPs	Support Services	Nursing / Midwifery	Social Work	Professional / Technical	Medical / Dental	Ambulance	Totals
	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE
Permanent Staff	0.0	0.0	0.0	0.0	0.0	0.0	0.0	66.2	66.2
Temporary Staff									0.0
Increases in Overtime & ADH Payments									0.0
Agency/Bank Staff (Equivalent)									0.0
Independent Sector Staff								0.0	0.0
Totals	0.0	0.0	0.0	0.0	0.0	0.0	0.0	66.2	66.2

This table is expected to capture the WTE (or WTE Equivalents) of increases due to indicative HSCB Investment (e.g. Demography and other Service Development)

2017/18 Net Planned Workforce Increases (Decreases)

	Admin	Estates	Support Services	Nursing / Midwifery	Social Work	Professional / Technical	Medical / Dental	Ambulance	Totals
	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE
Permanent Staff	0.0	0.0	0.0	0.0	0.0	0.0	0.0	66.2	66.2
Temporary Staff	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Increases in Overtime & ADH Payments	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Agency/Bank Staff (Equivalent)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Independent Sector Staff	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Totals	0.0	0.0	0.0	0.0	0.0	0.0	0.0	66.2	66.2

INFORMATION FOR FINANCIAL PLANS 2017/18

FP5

Name of Trust:

The Northern Ireland Ambulance Service HSC Trust

Workforce Planning

Date Completed: October 2017

Staff Group	Actual WTE as at 31 March 2017			Staff on Payroll	Agency/Locum Staff	Total
	On Payroll	Agency/ locum	Total	Projected WTE 31-Mar-18	Projected WTE 31-Mar-18	Projected WTE 31-Mar-18
Admin & Clerical	94.00	20.00	114.00	94.00	20.00	114.00
Estate Services			0.00	0.00		0.00
Support Services	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
Ambulance Service	1,102.00	12.00	1,114.00	1,168.20	12.00	1,180.20
Total	1,201.00	32.00	1,233.00	1,267.20	32.00	1,299.20

NIAS Trust Delivery Plan 2017-18

FP6

INFORMATION FOR FINANCIAL PLANS 2017/18

TRUST:

Date Completed:

Detail of Income 2017/18

Description	POC 1	POC 2	POC 3	POC 4	POC 5	POC 6	POC 7	POC 8	POC 9	Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Opening HSCB RRL 2017/18	0									-
Opening PHA RRL 2017/18										-
<u>1st August Allocations:</u>										-
										-
										-
<u>Indicative Allocations:</u>										-
										-
										-
<u>Other Assumed Allocations:</u>										-
As per FP2	69,001									-
										-
										-
										-
Total Income	69,001	0	0	0	0	0	0	0	0	-

Should agree to FP2

NIAS Trust Delivery Plan 2017-18

FP8

INFORMATION FOR FINANCIAL PLANS 2017/18

TRUST:

The Northern Ireland Ambulance Service HSC Trust

Date Completed: October 2017

Demography 2017/18

	POC	POC	POC	POC	POC	POC	POC	POC	POC	Total
Description	1	2	3	4	5	6	7	8	9	
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Gross Demography -Programme/Scheme list:										
Total Gross Demography	0	0	0	0	0	0	0	0	0	0
Demand avoided through reform investment in prior year(s)										0
Demand avoided through reform investment in 2017/18										0
Other productivity measures										0
Managed Slippage										0
Natural Slippage										0
Total Net Demography 2017/18	0	0	0	0	0	0	0	0	0	0

NIAS Trust Delivery Plan 2017-18

INFORMATION FOR FINANCIAL PLANS 2017/18

RECONCILIATION CHECK

		2017/18
		In Year Effect
		£'000
1.0	Surplus / (Deficit) against RRL (FP1)	0
2.0	Income (FP2)	69,001
3.0	Expenditure as per (FP7)	70,001
4.0	Trust Savings Target 2017/18 Delivery (FP3)	1,000
5.0	Regional Medicines Optimisation Efficiency Savings 2017/18 (FP3a)	0
6.0	Surplus / (Deficit) against RRL (should agree to 1.0 above)	0
		0

