

# **Service and Budget Agreement 2008/09**

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**BOARDS:** Western Health & Social Services Board  
Eastern Health & Social Services Board  
Northern Health & Social Services Board  
Southern Health & Social Services Board

**TRUST:** Northern Ireland Ambulance Service

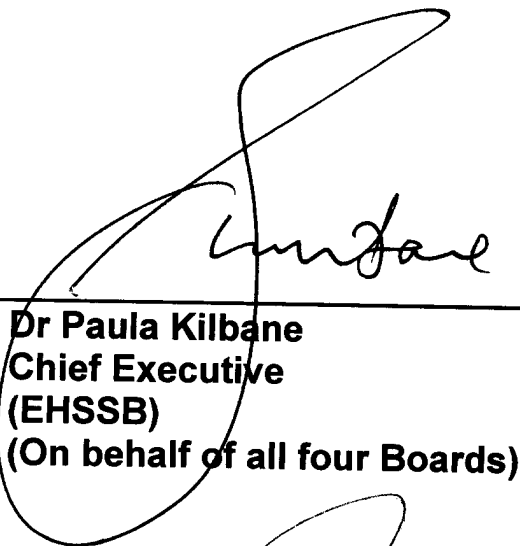
**DATE:** August 2008

# Service and Budget Agreement (SBA) 2008/09

## NORTHERN IRELAND AMBULANCE SERVICE

**BOARDS:** Western Health & Social Services Board  
Eastern Health & Social Services Board  
Northern Health & Social Services Board  
Southern Health & Social Services Board

**Signed:**



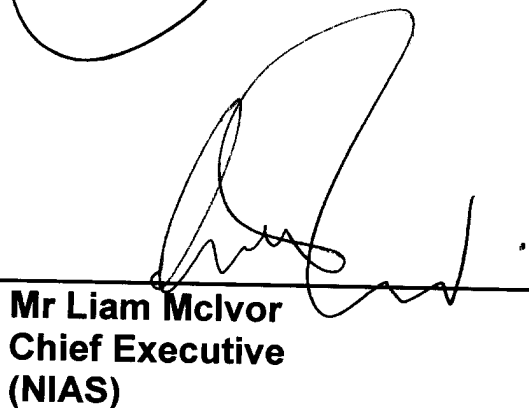
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**Dr Paula Kilbane  
Chief Executive  
(EHSSB)  
(On behalf of all four Boards)**

**Date:**

26/08/09

**Signed:**



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**Mr Liam McIvor  
Chief Executive  
(NIAS)**

**Date:**

25.9.08

# Schedule 1

## Northern Ireland Ambulance Service HSS Trust

### Forecast Service Level Agreement Income

DESCRIPTION	NHSSB		SHSSB		EHSSB		WHSSB		Four Board Total CYE (£)	Four Board Total FYE (£)
	CYE (£)	FYE (£)	CYE (£)	FYE (£)	CYE (£)	FYE (£)	CYE (£)	FYE (£)		
<b>Opening 2008/09 Baseline</b>	<b>10,782,126</b>	<b>10,782,126</b>	<b>8,233,824</b>	<b>8,233,824</b>	<b>16,799,900</b>	<b>16,799,900</b>	<b>7,981,000</b>	<b>7,981,000</b>	<b>43,796,850</b>	<b>43,796,850</b>
Cash Releasing Efficiencies	(301,000)	(301,000)	(233,000)	(233,000)	(490,961)	(490,961)	(212,000)	(212,000)	(1,236,961)	(1,236,961)
Capitation Skew	192,853	192,853	128,813	128,813	(25,308)	(25,308)	121,000	121,000	(25,308)	(25,308)
Pay	56,598	56,598	64,807	64,807	262,166	262,166	103,000	103,000	704,832	704,832
Non Pay	517,000	477,000	407,823	407,823	131,897	131,897	531,000	531,000	356,302	356,302
Superannuation	44,689	44,689	34,097	34,097	266,669	266,669			1,455,823	1,415,823
Agenda for Change			600	600					345,455	345,455
Consultant Pay	49,000	49,000	44,000	44,000	76,305	76,305			600	600
Investment Income	10,952	10,952	457,000	457,000					169,305	169,305
0708 Revenue Consequences Balance									10,952	10,952
Revenue Consequences Equipment & Estate									457,000	457,000
Unallocated Recurrent Items									68,000	68,000
Service Improvements Demographics									425,000	425,000
Local Service & Cost Issues									264,000	264,000
Trauma & Orthopaedics	75,000	75,000							1,400,000	1,400,000
Share of Regional £2.5m	599,000	599,000							75,000	75,000
Rounding	1	1			(1)	(1)			599,000	599,000
Equality									0	0
<b>Sub Total 2008/09 Funding Adjustments</b>	<b>1,244,093</b>	<b>1,204,093</b>	<b>904,140</b>	<b>904,140</b>	<b>220,768</b>	<b>220,768</b>	<b>2,436,000</b>	<b>2,275,000</b>	<b>4,805,001</b>	<b>4,604,001</b>
<b>2008/09 SBA &amp; Contract Variations Funding</b>	<b>12,026,218</b>	<b>11,986,218</b>	<b>9,137,964</b>	<b>9,137,964</b>	<b>17,020,668</b>	<b>17,020,668</b>	<b>10,417,000</b>	<b>10,256,000</b>	<b>48,601,851</b>	<b>48,400,851</b>

**ACTIVITY SCHEDULE 2008/09**

	EASTERN	NORTHERN	SOUTHERN	WESTERN	TOTAL	Source:
A&E CALLS	58,300	29,533	19,878	17,405	125,116	KA34 Calls Line 1
URGENTS	15,880	8,173	6,091	4,458	34,602	KA34 Journeys
HIGH DEPENDENCY	51,333				51,333	KA34 Journeys
SPECIAL/PLANNED		69,416	57,305	40,415	167,136	KA34 Journeys

The figures show an indicative volume of calls or journeys based on actual activity levels 2007/08.

**ORCON RESPONSE STD**

**A&E**

70%	8	8	8	8
95%	18	21	21	21
URGENTS	15	15	15	15

The PFA target 2008/09 is that NIAS should respond to an average of 70% of Category A (life-threatening) calls within eight minutes, with performance in individual Board areas being improved to at least 62.5% by March 2009.

Performance level per board at 8 minutes to Category A calls at end of March 2008 is shown below

72.7%	49.4%	52.4%	59.5%	61.8%
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**The SMOSS Model is used by NIAS, CGAS and DHSSPS as a basis for predicting the level of response possible within current resources. The Model will be considered annually to provide a baseline for NIAS performance. It is anticipated that additional revenue investment will be required to achieve the PFA target. NIAS has submitted a comprehensive modernisation plan to achieve this with additional capital and revenue investment.**

Current performance level per board at 18/21 minutes to all calls 2007/08 is shown below

93.5%	90.0%	91.3%	89.3%	91.7%
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Current performance level per board at 8 minutes to all calls 2007/08 is shown below

65.6%	48.2%	50.8%	56.8%	57.8%
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## REGIONAL SERVICE INVESTMENTS 2008/09

The following Regional Service investments have been agreed with NIAS for 2008/09.

The Boards may following discussion with NIAS adjust the agreed use of any further in year slippage.

	Description	2008/09 Original	2008/09 Revised	Forecast Slippage
		£k	£k	£k
1.0	Performance Improvement Plan			
1.1	Additional RRV	1,127	1,127	(0)
1.2	Additional A&E	644	524	(120)
1.3	Additional ICV	292	200	(92)
2.0	Revenue Consequences Replacement Defibrillators	43	23	(20)
3.0	Roll out of Thrombolysis	25	25	0
4.0	Clinical Team Leader Infrastructure	347	200	(147)
5.0	Community First Response	0	0	0
6.0	Category C – CTA using Medics in REMDC	0	374	374
	<b>Total</b>	<b>2,478</b>	<b>2,473</b>	<b>(5)</b>

### Description detail

#### 1.0 Performance Improvement Plan

- 1.1 Maintain an additional 9 RRV running for 12 hours each day for 7 days per week. This amounts to an annualised total of 39,420 hours or 4.50, 24/7 equivalents.
- 1.2 Maintain an additional 216 hours of A&E cover. This amounts to an annualised total of 11,263 hours or 1.29, 24/7 equivalents.
- 1.3 Provide an additional 144 hours per week of ICV (36 hours per week for each Board area). This amounts to an annualised total of 7,509 hours or 0.86, 34/7 equivalents. This resource will assist A&E ambulance

resources by carrying out clinically appropriate GP urgent calls and hospital transfers that would ordinarily be undertaken by A&E ambulances.

- 2.0 Revenue Consequences Replacement Defibrillators – this represents costs associated with the on-going maintenance of the equipment, i.e. servicing of equipment, replacement pads, batteries and leads.
- 3.0 Roll-out of Thrombolysis – this represents costs associated with receiving stations (IT link) for the reading and interpretation of ECG output from the defibrillators in the hospitals to which patients are conveyed.
- 4.0 Clinical Team Leader Infrastructure – The phased introduction of Clinical Team Leaders, up to 8 in 08/09, will provide enhanced operational and clinical management. These additional frontline staff will provide:
  - An operational focus including a primary paramedic response to emergency calls;
  - A team leader role with a focus on clinical governance, best practice and quality of patient care and clinical outcomes; and
  - Operational and clinical liaison with local healthcare professionals to support acute service reconfiguration and care within the community setting
- 5.0 Community First Response – this is replaced by 6.0 below
- 6.0 Category C CTA (Clinical Telephone Assessment) using Medics in REMDC – this project is designed to provide a more appropriate clinical response to Category C patients that will not necessarily involve transport to A&E as happens with the vast majority of these patients at present. Protocol based compliant Category C calls will be transferred to a medic based in Ambulance Control who will assess, triage, advise and/or refer patients to appropriate services and care pathways. This project will incorporate an evaluation and monitoring framework and is the subject on a separate Economic Appraisal that has been submitted to CGAS.

**Local Service Investments 2008/09**

Specific local developments in 2008/09 are as follows:

➤ North

	£000
Fracture Transfers and other Pressures	375

➤ South

Nil

➤ East

Nil

➤ West

The Western Board has provided funding of £1.300 over 2 years to provide additional services in the Omagh/Fermanagh area.

The range of services being planned and approximate cost are:

	£000
1. Additional A&E Ambulance Omagh	450
2. Paramedic Thrombolysis	60
3. Additional A&E Ambulance Enniskillen	450
4. Castlederg 24/7 cover	150
5. First Responder	164
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## **COMMISSIONING FOR AMBULANCE SERVICES PROTOCOL FOR A PARTNERSHIP**

The Strategic Review of Ambulance Services "Mapping the Road to Change" 2000 made recommendations for the introduction of new commissioning arrangements. The DHSS&PS has now asked Boards to establish these arrangements in line with the Implementation Plan for the Strategic Review.

The four Board Chief Executives have established a Commissioning Group comprising representatives from each Board, covering a range of disciplines. This group will have delegated authority sufficient to ensure efficient negotiation and agreement with the Trust.

The Commissioning Group will work in partnership with the NI Ambulance Trust to secure the best possible service within the resources available.

### **ROLE OF COMMISSIONING GROUP**

- Commissioning ambulance services for Northern Ireland.
- Monitoring strategic and operational performance of ambulance services through an agreed set of Performance Indicators. Agreeing a co-ordinated approach to improving performance.
- Agreement on a single Service and Budget Agreement and providing a forum for agreement on the Trust's Service Delivery Plan.
- Ensuring a co-ordinated commissioning process for the introduction of new developments and taking forward implementation of the Strategic Review.
- Consideration of:
  - National, regional and local policy
  - Published evidence of effectiveness
  - Service reviews
  - Refining performance information
  - Benchmarking
  - Monitoring and evaluation
  - Agreement of clinical audit programmes
  - Views of service users
  - Training needs
  - Evaluation of Business Cases/Regional Initiatives
  - Patient Care Service

## **METHOD OF WORKING**

- The Commissioning Group will negotiate a single Service and Budget Agreement with the Trust, covering all four Boards. This will be in line with Board Health and Well Being Investment Plans and be reflected in the Trust's Delivery Plan. The Commissioning Group will ensure that the negotiation process is as efficient as possible.
- Departmental guidance with regard to Commissioner approval of additional recurring revenue expenditure and the Break-Even Duty of Trusts requires that the Commissioning Group will continue to agree year on year an overall level of funding with the Trust in the Service and Budget Agreement, which recognises reasonable and realistic ongoing recurrent costs, including training. The Commissioning Group will agree with NIAS how emerging service and financial pressures will be dealt with, including, as appropriate, service management or prioritisation for additional funding.
- The Commissioning Group will engage formally at least 4 times each year with a corresponding team nominated by the NIAS Trust. Taking account of the Department's Annual Planning Cycle, the Commissioning Group will work with NIAS to develop prioritised bids for additional funding to the Department. These will be incorporated in the Boards' overall prioritised bids for all services.
- The Commissioning Group will set priorities for the deployment of funding, in consultation with NIAS Trust and the Department, taking into account the need to have core services recurrently funded, the requirement to deliver the Priorities for Action, including the transport consequences of service developments in other Trusts, and the need to continue to make progress on the Strategic Review Implementation Plan.
- Should new resources become available centrally, these will be subject to Ministerial priorities and distributed to Boards on this basis, clearly ring fenced to Ambulance Services. Where possible, the Department will take account of the priorities submitted by Boards in consultation with NIAS. Also, subject to the constraints of the Minister's decisions, the Commissioning Group and NIAS will work jointly, and with the Department, in deciding how best to implement any new resources which are made available.
- All revenue funding for the Ambulance Service, including revenue consequences for additional allocations, will flow through Boards.

- NIAS will continue to develop a NI-wide service, regardless of Board boundaries, to optimise efficiency and response times. Commissioning priorities will be made on a regional basis. A&E response times will be equalised across NI as far as possible using additional funding ring fenced for this purpose, on the basis of an agreed model. The Commissioning Group and NIAS will regularly review performance on the basis of agreed indicators and agree how this can be improved. Boards will invest the ring fenced funding for such improvements in response times regardless of location.
- All Business Cases will require Commissioner support, in line with the Capital Investment Manual. Business cases will be scrutinised by the Commissioning Group in consultation with NIAS and the Department. CGAS will provide a response on behalf of the four Boards. Each Board will need to send this response in a letter signed by each Chief Executive.
- Other developments with a local or cross-boundary impact, eg PTS or Cardiac Care, can, as appropriate, be agreed locally between the Trust and Board, other Trusts or Local Health and Social Care Groups, and funded on an agreed fair shares basis, such as usage. The appropriate forums for discussion of these issues will be agreed by the Commissioning Group and the NIAS Trust.
- The Department will approve the Protocol for Partnership and review the performance of the process on a regular basis, in consultation with the Board Chief Executives' Group and the Trust. Otherwise, the Department would not expect to be involved in the commissioning process.

## **ADMINISTRATION**

- The Chairman of the Commissioning Group will agree an agenda with the NIAS Lead Officer for joint meetings.
- The Chairman will ensure that all meetings are minuted, venues are arranged etc.
- Sub Groups will be established by the Commissioning Group as required, including those on Training, Finance and Performance Indicators.

## **REVIEW**

- The Protocol for Partnership will be reviewed when the performance management arrangements between the Department and Trust are changed.