

Northern Ireland Ambulance Service

Corporate Plan 2011-2014

May 2011

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FOREWORD

This draft Corporate Plan for the Northern Ireland Ambulance Service (NIAS) sets out the strategic direction for the organisation over the next four years.

It builds on our efforts to date to improve and modernise the service. At its core is a desire to provide safe, effective, high-quality care to the people of Northern Ireland, and to secure improved health and well being for the whole community as a result. It is designed to be of value and use to those who commission and provide ambulance services as well as those who receive them and, indeed, the whole community which relies on these services being there when they are needed.

This plan is being 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. We must also work together 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 move forward to rise to meet the challenges before us.

The Corporate Plan will be underpinned by a Trust Delivery Plan and implementation will be monitored through governance arrangements including through a Trust Board assurance framework.

I am pleased to present this draft plan for consultation in order to provide as wide an audience as possible with an opportunity to input into its further development.

Liam McIvor

Chief Executive

INTRODUCTION

This document sets out a strategic direction for the Northern Ireland Ambulance Service (NIAS) which takes full account of and recognises the direction set by the Minister through his stated priorities and the health and social care commissioning plan. It builds on our efforts to date to improve and modernize the service. At its core is a desire to provide safe, effective, high-quality care to the people of Northern Ireland, and to secure improved health and well being for the whole community as a result. It is designed to be of value and use to those who commission and provide ambulance services as well as those who receive them and, indeed, the whole community which relies on these services being there when they are needed. Progress in the delivery of this plan will be contingent on NIAS working effectively in partnership with our colleagues throughout the Northern Ireland healthcare system, and success will be dependent upon our working together in an integrated healthcare system.

NIAS TODAY – A FOUNDATION FOR SAFE, HIGH-QUALITY CARE

The Northern Ireland Ambulance Service 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. NIAS has changed greatly from the organisation of five or ten years ago.

We have invested heavily in our ambulance personnel by bringing in new staff, increasing the number of paramedics we employ and training them in new clinical skills and interventions. Ambulance vehicles are equipped with the best clinical and technology systems to improve the care we provide to patients. We now offer pre-hospital cardiac thrombolysis to the whole of Northern Ireland for first time as every paramedic is trained and equipped to

provide this life saving intervention. People are walking the streets of cities, towns and villages in Northern Ireland today because of this development and its provision by the Northern Ireland Ambulance Service.

We have also invested in our capacity to take 999 calls, establish the clinical urgency of the call, and quickly dispatch an appropriate ambulance resource to respond. Operating from a single emergency Control Centre for the whole of Northern Ireland means that these benefits are felt by all equally and, the recent investments in mobile technology ensures that all ambulances are visible, at all times, to the Control Centre. The ambulance fleet has been upgraded by replacing ageing vehicles on a fairly regular basis over the years with new purpose built state of the art ambulances and rapid response cars.

The speed of response is a key measure of performance for any organisation, particularly so for an emergency ambulance service. We are getting to more patients more quickly than ever before. We have improved the speed of response to life threatening 999 calls throughout Northern Ireland, (not just in the major cities) year after year. We averaged a sub 8 minute response to these life threatening calls in more than 70 per cent of cases throughout Northern Ireland in the last financial year. We are absolutely committed to continuing to improve 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.

The whole healthcare system has changed greatly in recent times, particularly the configuration of hospitals and acute services. The Ambulance Service has engaged directly and positively with other providers, commissioners and the Department of Health to ensure that the consequences of these changes have been recognised and taken account of. This has resulted in investment which has increased ambulance cover in affected areas and we have also

increased our ambulance response bases. We have moved ambulances and ambulance stations further into local communities by developing response bases such as Lurgan, Lisnaskea, Shantallow, Ballyclare, Derriaghy and Comber.

We have grown as an organisation over this period and this is reflected in expenditure on ambulance services which now exceeds £50m per annum. The additional funds have supported change and consolidated service delivery. We have also reduced expenditure in key areas over the period to create greater efficiency and secure value for money. We will continue to critically review our expenditure to drive further efficiencies which we hope will continue to be used to improve patient care. In an uncertain and volatile economic environment the need to choose wisely is greater than ever.

NIAS ETHOS - SHAPING THE FUTURE

It is widely recognised and acknowledged that we face a period of austerity and challenge which will make our task of delivering safe, effective, high-quality healthcare more difficult. In these circumstances it is all the more important for NIAS to revisit, review and restate, clearly and decisively, our purpose as healthcare professionals and as members of an organisation on the front-line of healthcare delivery.

The functions¹ of NIAS, as set out by Department of Health, Social Services and Public Safety (DHSSPS), are “to provide goods and services for the purposes of health and social care and, in particular, to provide and manage ambulance and associated services; and such other services as can reasonably be carried out in conjunction with the provision and management of ambulance and associated services”. As we strive to deliver these functions to the best of our ability, we reflect this in statements of our Purpose; Mission; Vision and Values which guide our actions and aspirations

PURPOSE ...

“THE NORTHERN IRELAND AMBULANCE SERVICE IS HIGHLY VALUED BY THE PEOPLE OF NORTHERN IRELAND. IT EXISTS TO IMPROVE THEIR HEALTH AND WELL BEING, AND APPLIES THE HIGHEST LEVELS OF HUMAN KNOWLEDGE AND SKILL TO PRESERVE LIFE, PREVENT DETERIORATION AND PROMOTE RECOVERY. THE AMBULANCE SERVICE TOUCHES LIVES AT TIMES OF BASIC HUMAN NEED, WHEN CARE AND COMPASSION ARE WHAT MATTER MOST.”

MISSION...

¹ 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 the section 1 of the Health and Social Care (Reform) Act (Northern Ireland) 2009.

“THE NORTHERN IRELAND AMBULANCE SERVICE WILL PROVIDE SAFE, EFFECTIVE, HIGH-QUALITY, PATIENT-FOCUSSED CARE AND SERVICES TO IMPROVE HEALTH AND WELL BEING BY PRESERVING LIFE, PREVENTING DETERIORATION AND PROMOTING RECOVERY”

VISION...

“IMPROVED HEALTH AND WELL BEING FOR THE NORTHERN IRELAND COMMUNITY THROUGH SAFE, EFFECTIVE, HIGH-QUALITY CARE AND SERVICES PROVIDED BY THE NORTHERN IRELAND AMBULANCE SERVICE AS AN INTEGRAL PART OF THE WHOLE HEALTHCARE SYSTEM”

VALUES

Our values provide common ground for co operation to achieve shared aspirations. In adopting and endorsing these values, the Northern Ireland Ambulance Service commits to “living” those values every day in our engagement with patients, public and colleagues providing healthcare services.

RESPECT AND DIGNITY

We value each person as an individual, respect their aspirations and commitments in life, and seek to understand their priorities, needs, abilities and limits. We take what others have to say seriously. We are honest about our point of view and what we can and cannot do.

COMMITMENT TO QUALITY OF CARE

We earn the trust placed in us by insisting on quality and striving to get the basics right every time: safety, confidentiality, professional and managerial integrity, accountability, dependable service and good communication. We welcome feedback, learn from our mistakes and build on our successes.

COMPASSION

We respond with humanity and kindness to each person's pain, distress, anxiety or need. We search for the things we can do, however small, to give comfort and relieve suffering. We find time for those we serve and work alongside. We do not wait to be asked, because we care.

IMPROVING LIVES

We strive to improve health and well-being and people's experiences of the health service. We value excellence and professionalism wherever we find it – in the everyday things that make people's lives better as much as in clinical practice, service improvements and innovation.

WORKING TOGETHER FOR PATIENTS

We put patients first in everything we do, by reaching out to staff, patients, carers, families, communities, and professionals within and outside the health service. We put the needs of patients and communities before organisational boundaries.

EVERYONE COUNTS

We use our resources for the benefit of the whole community, and make sure nobody is excluded or left behind. We accept that some people need more help, that difficult decisions have to be taken – and that when we waste resources we waste others' opportunities. We recognise that we all have a part to play in making ourselves and our communities healthier.

LOOKING TO THE FUTURE - CHALLENGES FOR THE AMBULANCE SERVICE

The challenges facing health services across the Western world are clear and, like the rest of the healthcare system, the ambulance service is faced with a number of challenges that must be addressed in order to provide safe, high-quality services for patients.

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

Every five minutes someone in the UK has a stroke. Early treatment saves lives and increases the chance of making a better recovery. For 80 per cent of strokes, treatment being received within three hours of symptom onset is critical. Stroke is the third biggest killer and a leading cause of severe adult disability in the UK.

Stroke Association, 2008

NIAS uses the FAST test to identify stroke patients and expedite their transport to the appropriate treatment centre.

In Northern Ireland the number of people aged 65 or more is projected to increase by around 11% by 2014 and by 40% by 2024. The number of people living with long-term, chronic conditions in Northern Ireland is expected to rise by 30% to 715,000 by 2020 due to the ageing population and the lifestyle choices that people now make. Patients and the public rightly expect their health and care services to fit around their needs, and be tailored to their individual concerns. Expectations are rising and will continue to rise in the future.

For the first three hours after onset of symptoms, every minute of delay in receiving clot-busting drugs for heart attack patients costs on average 11 days of life.

Rawles J: "The GREAT study from Grampian, Scotland" J. Amer.Coll.Cardiol.1 Nov 1997

All NIAS Paramedics are trained and equipped to administer clot-busting drugs to patients.

Ambulance services have a vital role to play in addressing these challenges and ensuring all patients get the right care, in the right place, at the right time. Ambulance services care for patients of all ages and with all types of conditions: from mothers in labour and newborn babies to those at the end of their lives, and from the critically ill and injured to those suffering from chronic diseases and minor conditions. The over-riding challenge is for the commissioners and providers of health and social care to work effectively together to deliver our shared goals of saving lives, reducing inequalities and improving health and well being.

Ambulance services are one of the most important gateways into the health and social care system. 130,000 people called 999 in Northern Ireland in 2009/10 and 121,000 of these calls resulted in attendance by the ambulance service. This includes patients with life threatening conditions such as stroke and heart attacks and those suffering from major trauma, as well as patients with non-life threatening conditions, such as older people who have had a fall, patients with exacerbated problems from long-term conditions, and those with minor injuries or illnesses.

For every minute that a person in cardiac arrest does not receive basic life support (CPR) their chance of survival reduces by 20 per cent.

Ontario Pre-hospital Advanced Life Support (OPALS) Study, Ottawa

All NIAS 999 call-takers are trained to provide telephone instruction in the provision of basic life support to maximise chance of survival.

It is this latter group – those with urgent rather than life threatening conditions – that is placing some of the greatest pressure on ambulance services. Over the last decade the number of people calling 999 has increased by between 5 and 7 per cent each year. The role of the ambulance service is to deal with all of these callers in the most clinically appropriate and cost-effective way. We are already improving our ability to assess and diagnose patients, both over the telephone and face to face. We are also developing a wider range of responses to the health and social needs of our callers. This includes delivering even faster responses to the most serious conditions and

transporting patients to the most appropriate specialist unit, providing more and better care for patients in their local community or at home, and solving patients' problems over the telephone.

However, it is only by working more closely with all our partners in health and social care that we can transform the experiences and outcomes of all the people we serve, and deliver better value for money for taxpayers. Together, we need to develop services that deliver world-class outcomes for those patients with critical, life threatening conditions such as stroke, trauma and coronary heart disease. We also need to simplify access and improve services for patients with non-life threatening conditions, who will often be better cared for outside hospital, in local communities and at home.

There are four key areas where particular attention is required.

PATIENTS WITH LIFE THREATENING CONDITIONS

For some of the most critical, serious cases healthcare providers in the UK do not do as well as we should for patients. Examples include stroke, trauma and coronary heart disease (CHD) – heart attacks and cardiac arrests. Each of these conditions is life threatening, time critical and occurs in the community. No one goes to hospital to have a cardiac arrest or stroke: they have them at home, in the local neighbourhood or in the workplace.

To improve outcomes for patients suffering from these conditions, treatment needs to start rapidly after symptoms begin. The ambulance service needs to get to the patient quickly, commence treatment and continue treating the patient whilst transporting them to the best place for their care, which will often be in a specialist centre. We know that early treatment saves lives and increases the chance of making a recovery, with better outcomes in specialist centres. Ambulance services are helping to develop these new care pathways and ensure patients are taken to the best place, in the best possible time, with the best treatment along the way.

NIAS will continue to work with the commissioners and other healthcare providers to develop appropriate local care pathways for patients with life

threatening conditions. We will also ensure the right protocols are in place for the rapid transfer of people to appropriate centres of care, and that our staff have the skills and training they need to treat patients prior to arrival at hospital.

PATIENTS WITH URGENT, LONG-TERM AND OTHER CONDITIONS

Most patients seen by the ambulance service on a daily basis have non-life threatening conditions. This includes patients who may have fallen in the home or workplace, people who have exacerbated long-term physical and mental health problems, and those with minor illnesses and injuries. Poor access to primary and community services, particularly in deprived areas, may be linked to greater use of ambulance services.

Providing care in the local community or at home, so patients don't have to go into hospital unnecessarily, will often deliver the best outcomes and experiences for patients. This will also help deliver better value for money for taxpayers. We need to ensure patients get the most appropriate and cost-effective care whenever possible. Ambulance services are already improving their ability to assess and diagnose patients, both over the telephone and face to face. For example, during 2009 NIAS recruited GPs to work in the ambulance control centre to offer patients who do not have a serious or life-threatening condition, and who are not in a public place, clinical telephone advice. Around 40 per cent of the calls that are referred to the GP are resolved without sending an emergency ambulance to the patient.

Ambulance service staff are developing new skills and roles so they can take care to the patient, rather than always taking the patient to hospital. For example, paramedics can assess, diagnose and treat minor illnesses and injuries in the community or in people's homes. Paramedics can take care to the patient, instead of taking the patient to hospital, and support wider public health strategies by providing health information and advice.

NIAS can contribute to the further development of services such as minor injuries units and urgent care centres and will seek to develop our role in these areas. In some parts of the UK ambulance services can also refer

patients to other health and social care providers, including in- and out-of-hours GP services, intermediate care and falls teams where this is appropriate.

Whilst significant improvements are being made, there is still a long way to go before patients get the seamless and integrated urgent care services they need.

NIAS will work with the whole health and social care system and our partners outside the health and social care organisations in Northern Ireland to develop the most appropriate care pathways so all patients get the right care, in the right place, at the right time.

IMPROVING HEALTH, TACKLING INEQUALITIES

Our goal must ultimately be to prevent people from becoming ill or injured in the first place. The ambulance service, working in partnership with others, has a key role to play in improving public health. This is already happening in a very limited way, through community education programmes aimed primarily at schools and youth groups, and also through our contribution to clinical networks in areas such as cancer, stroke, cardiac and respiratory illness.

However, ambulance services could play a much greater role in improving health and well-being. For example, ambulance services can work with local councils, the police and the wider health service to develop strategies to reduce alcohol consumption, providing data to identify geographical areas of concern, and groups of patients with particular needs, and to develop the appropriate response. We can also contribute to joint strategic needs assessments, local strategic partnerships and local area agreements to improve public health and tackle inequalities.

NIAS will seek to improve care through sharing the wealth of untapped information we and others have on patients whose needs are not currently being met, and provide a picture of where different problems are occurring. New technology means we can now identify patients who have frequent falls or repeated heart or mental health problems, and whose lives could be

transformed through early intervention and better support from primary and community services and social care. Whilst the potential of this information to improve the commissioning and delivery of services and support a range of other multi-agency strategies is beginning to be recognised, there is still a long way to go.

This technology is also key to the further development of our patient-centred tactical deployment plan which provides direction on the deployment and allocation of ambulances. Providing a timely response in rural areas is a challenge for all emergency services, and NIAS has improved performance in this respect in recent years. NIAS will continue to focus on providing effective and appropriate rural response using all resources, both statutory and voluntary within rural communities to provide safe, effective, high-quality care in emergencies.

NIAS will also continue to develop our scheduled care service to provide consistent and reliable delivery of non-emergency transportation of patients to care centres to support them and clinicians in effectively managing care and treatment in a non-emergency setting. We will work with our partners, policy-makers, commissioners, and public, private and voluntary providers, to provide clinically appropriate, dependable non-emergency transport services so that patients' expectations are met fully and care and treatment can be planned with confidence and surety.

SIMPLIFYING ACCESS FOR PATIENTS, DELIVERING CARE 24/7

Patients and the public say that accessing healthcare services can be confusing, complex and extremely difficult at times, especially out of hours. Patients often don't know who to contact for help – their GP, Out of Hours Services, A&E Department or 999 Ambulance. Instead of regarding some calls to 999 as 'inappropriate', commissioners and providers of health and social care need to better understand how people are accessing services. We need to use this information to ensure the right mix of care is available at the right time.

A key goal should be to develop a single, seamless, point of access for unscheduled care on a 24/7 basis, so that all patients are assessed and prioritised in the same way, whichever number they call. The single point of access should be coordinated regionally and linked to the appropriate service response irrespective of time or location of call. This would be supported by the establishment and maintenance of a dynamic Directory of Services for the whole of Northern Ireland with real-time information. This would show the availability of appropriate scheduled and unscheduled care services near to the patient including GPs (in- and out-of-hours), minor injury units, urgent care centres, district and other community nursing teams, and emergency care practitioners and paramedics.

An integrated unscheduled care system would in turn help identify unmet patient needs and gaps in service provision. This data would be shared with healthcare commissioners such as Local Commissioning Groups and Primary Care Partnerships to help drive improvements in care and develop an appropriate and responsive range of primary, community and other urgent care services available 24 hours a day, seven days a week.

NIAS will work with partners to deliver an integrated unscheduled care system which will direct the patient to the appropriate service and alert the service in advance of the patient's attendance and requirement. Where appropriate, NIAS can direct the urgent healthcare provider to the patient's home to provide care and intervention in the home to support the patient to remain in the community rather than an acute hospital setting. Close integration with the ambulance service would enable emergency calls requiring immediate ambulance attendance to be dealt with without delay and support effective, consistent clinical triage and planned response to non-emergency calls.

Playing a leading role in the delivery of this model of unscheduled care would signal a strategic shift for NIAS as a lead partner in simplifying access and providing an integrated, cohesive approach for unscheduled care in Northern Ireland. NIAS will work with key partners and stakeholders to secure this strategic aim.

RESPONDING TO THE CHALLENGES – IDENTIFYING AND EXPLOITING OPPORTUNITIES

As we look to address the challenges we face, we believe that NIAS has a pivotal role to play in the delivery of safe, high quality care in Northern Ireland in the future. Some of the key developments are outlined below.

In the future we see the ambulance workforce more closely aligned with other healthcare clinicians operating in the community. Ambulance personnel interact with patients as independent clinical professionals, and can also deliver care as the eyes, ears and hands of specialist clinicians based in hospitals, urgent care centres and other healthcare facilities. This will maximise the value and benefit of specialist clinicians and enable them to more readily and efficiently influence, direct and provide care to patients in their own homes or local community settings. Patient confidence is increased in this new model of care by their immediate and ongoing contact with ambulance paramedics, trained and equipped to administer care and treatment, but also crucially ready and able to respond to any situation arising and provide immediate emergency response and care.

There will always be a need for ambulance transportation of patients to and from healthcare settings, and we will continue to prioritise and provide rapid response based on clinical need. The vast majority of patients requiring transportation however, do not require rapid or emergency transportation by highly qualified paramedics. They require timely and dependable transportation with dignity and respect in a caring environment by suitably trained and qualified healthcare professionals. Increasingly the emphasis will be on providing timely dependable transportation on a non-urgent, non-emergency basis to create and maintain emergency ambulance capacity to support sole paramedic response to emergency patients with prompt transportation by emergency ambulance as required.

NIAS currently provides a robust and reliable call management service for emergency, urgent and non-emergency health related calls. We look to

expand our role in this regard in the future by providing call taking and call management, including clinical triage, for other urgent and non-emergency health related calls such as those currently made to GP Out-of-Hours centres. The technology and call management platform is already in place and well established in NIAS for this role and we believe we can offer improvements to the existing arrangements.

In the near future, the ambulance service would expect to play a pivotal role in managing scheduled and unscheduled care better. Callers seeking help can assess their own needs in the first instance and potentially call 999 for an emergency or 111 for non-emergency help. Ambulance personnel can assess calls from either setting and determine clinical urgency consistently, assigning ambulance and non-ambulance response based on clinical need to ensure the fastest most effective response to those in greatest clinical need. Alternatives to ambulance response and hospital attendance will be offered to suitable patients by trained clinical professionals with the time to listen and determine what is needed and access services throughout Northern Ireland and across the whole primary and secondary healthcare system to meet that individual patient need. Patients will have greater control of their continuing emerging care needs and will be supported in more effectively managing their healthcare at home. Critically, the patient will be in direct contact with clinical professionals who are an integral part of the ambulance emergency response system and able to assign an emergency response immediately should the patient require it. In the area of scheduled care, increasing dependability of service provision would reduce the burden on unscheduled care and enable patients to plan their care around their lives, rather than plan their lives around their care.

A common theme throughout all of this is a need to establish and maintain resilience and business continuity in the delivery of scheduled and unscheduled healthcare services on a 24/7 basis. Similarly strong governance arrangements for the management of risk and the assurance of financial probity need to be maintained and further developed. Engagement with the public, our staff and other key stakeholders and interest groups will

continue to grow in importance as we develop as an organisation seeking to fully understand and meet both needs and expectations of the community for care outside the hospital setting.

DELIVERING SAFE, HIGH-QUALITY CARE - STRATEGIC AIMS & OBJECTIVES

Having considered the health priorities and key challenges within the context of the ambulance services' purpose, mission, vision, principles and values, and the priorities identified by the Minister and his agents, NIAS has developed a set of strategic aims and objectives to shape the delivery of ambulance services over the coming years. These aims and objectives seek to align delivery of health priorities for the whole healthcare system with the specific priorities, challenges and opportunities presenting to the ambulance service. We will work with colleagues in the healthcare system and beyond to ensure that our activities and aspirations are aligned with the healthcare policy framework and commissioning intentions and direction.

Each of the strategic aims has been reviewed by Trust Board and a series of key strategic objectives identified which support and enable progress in delivery of the strategic aims. In order to deliver the strategic aims, to secure the future of the organization and delivery of healthcare consistent with our purpose, mission and values, specific objectives will be developed and taken forward by the responsible managers.

The Strategic Aims are as follows:

TO DELIVER A SAFE, HIGH-QUALITY AMBULANCE SERVICE PROVIDING EMERGENCY AND NON-EMERGENCY CLINICAL CARE AND TRANSPORTATION WHICH IS APPROPRIATE, ACCESSIBLE, TIMELY AND EFFECTIVE

TO ACHIEVE BEST OUTCOMES FOR PATIENTS USING ALL RESOURCES WHILE ENSURING HIGH QUALITY CORPORATE GOVERNANCE, RISK MANAGEMENT AND PROBITY

TO ENGAGE WITH LOCAL COMMUNITIES AND THEIR REPRESENTATIVES IN ADDRESSING ISSUES WHICH AFFECT THEIR HEALTH, AND PARTICIPATE FULLY IN THE DEVELOPMENT AND DELIVERY OF RESPONSIVE INTEGRATED SERVICES

The Strategic Objectives underpinning these aims are as follows:

1. Further develop the service delivery model for scheduled and unscheduled care and transportation to address rural issues and exploit partnership opportunities.
2. Review and develop operational systems and processes to support the service delivery model and provide necessary assurances of appropriateness, accessibility, timeliness and effectiveness.
3. Build and maintain a high-performing, appropriately skilled and educated workforce, suitably equipped and fit for the purpose of delivering safe, high-quality ambulance services.
4. Promote and develop an open, transparent and just culture focussed on patients and patient safety.
5. Establish and develop agreed outcome-based, clinical and non-clinical, quality indicators for patients to identify opportunities to improve outcomes for patients and pursue the resources and processes necessary to deliver better outcomes.
6. Review existing resources and ensure resource utilisation is aligned with delivery of agreed outcome-based quality indicators for patients and high quality corporate governance, risk management and probity.
7. Establish processes, built around our Patient and Public Involvement (PPI) strategy, to enable effective communication

and engagement with all our communities and their representatives.

8. Use those PPI processes to clarify the ambulance role, function and resource with the community and agencies responsible for setting policy and commissioning ambulance services, and test this against their perceived/assessed needs and expectations.
9. Work with all stakeholders, in particular regional and local commissioners and providers of services, to establish processes to enable and support full participation of the ambulance service in the development and delivery of responsive integrated health services.

DELIVERING THE CORPORATE PLAN

The Board of Directors of the Northern Ireland Ambulance Service Health and Social Care Trust is responsible for ensuring that the care and treatment provided by its staff is of the highest quality. Executive and Non Executive Directors of the Board provide leadership of the organisation. Guided by the Minister and DHSSPS priorities, Trust Board outlines the strategic direction in promoting the health and well-being of the citizens and communities of Northern Ireland who use the Trust's services. It sets the values and standards and ensures that the necessary financial and human resources are in place for the organisation to meet its objectives. NIAS is committed to working with DHSSPS and Commissioners to secure the policy framework and commissioner support necessary to deliver service modernisation and reform consistent with our strategic aims and objectives.

The Board identifies the strategic, corporate objectives and risks and monitors the achievement of these in the public interest. It has established a framework of prudent and effective controls to manage these risks, underpinned by core controls assurance standards. Decisions are taken by the Board within a framework of good governance to ensure a successful organisation, which is always striving to achieve excellence. The Chief Executive is accountable to the Trust Board, which consists of professional Executive Directors and lay Non-Executive Directors. The Chief Executive is the accountable officer to the DHSSPS for the performance of the organisation. The Executive Team is the major source of advice and policy guidance to the Board of Directors.

This Corporate Plan sets the strategic direction for the Trust in line with the stated purpose, mission and vision of the organisation, aligned to the relevant principles and values, which direct action consistent with Ministerial priorities. Key strategic aims are identified through this process which leads to the development of strategic objectives which contribute to delivery of those aims.

The Corporate Plan is supported by an annual Trust Delivery Plan which is developed to take account of available resources and outline Trust priorities in terms of actions and activity to secure objectives.

The Ambulance Service touches lives at times of basic human need, when care and compassion are what matter most.