

Northern Ireland
Ambulance Service
Health and Social
Care Trust



Annual Quality
Report
2014-15





Introduction

In 2011, the Department of Health, Social Services and Public Safety launched “Quality 2020: A 10-year Strategy to Protect and Improve Quality in Health and Social care in Northern Ireland”.

The Strategy defines quality under three main headings:

- Safety - avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.
- Effectiveness - the degree to which each patient and client receives the right care (according to scientific knowledge and evidence-based assessment), at the right time, in the right place with the best outcome.
- Patient and Client Focus - all patients and clients are entitled to be treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The Strategy has identified five strategic goals to be achieved by 2020 that will turn the vision of being **“recognised internationally, but especially by the people of Northern Ireland, as a leader for excellence in health and social care”** into a reality.

The five strategic goals are:

1. Transforming the Culture.
2. Strengthening the Workforce.
3. Measuring the Improvement.
4. Raising the Standards.
5. Integrating the Care.

The Northern Ireland Ambulance Service provides ambulance care, treatment and transportation services to a population of 1.8 million in Northern Ireland. Our staff are

committed to the delivery of safe, high quality care to all who have need of our services, 24 hours a day, 365 days per year.

In our first Quality Report, last year, we provided information to allow an assessment to be made on where we were on our journey to improve quality in all we do. This second report enables you, the reader, to assess how we have built upon progress that had been made and how commitment and dedication of our staff continue to put the patients and clients front and centre of all we do.

The report will demonstrate activity undertaken, and progress made, under the five Strategic Goals listed above.





Chief Executives Foreword

I am delighted to present the second Northern Ireland Ambulance Service HSC Trust Annual Quality Report 2014/15.

The year has been a challenging one for NIAS given the financial and operational constraints within which we function and, particularly, in the context of continued, increasing demand for our services.

Our investments in staff, equipment, vehicles and facilities have created a stable platform to meet the challenges presented as we strive to deliver on our aim of “preserving life, preventing deterioration and promoting recovery”. Our efforts align with the strategic goals of Quality 2020: Transforming the Culture; Strengthening the Workforce; Measuring the Improvement; Raising the Standards and Integrating Care.

Increased numbers of front-line staff have been trained in new clinical skills and interventions enabling them to be fully integrated into the HSC network of care. Our purpose built, state of the art vehicles are equipped with the best clinical and technology systems to improve the care we provide. We have invested in our capacity to take and triage calls to ensure that appropriate care is provided at the right time and place. We are strengthening the workforce by recruiting and training additional frontline personnel.

This platform has enabled us to continue to provide high levels of clinical care at a time when our speed of response to patients has, regrettably, suffered to the extent that we did not meet targets set in respect of providing a sub 8 minute response to 72.5% of Category A calls.

We, more than anyone, understand that speed of response, although only one factor in determining patient outcome, is a key measure of our performance. As a Trust, going forward, and as part of our commitment to providing quality services, we will seek to introduce measures that will ensure that patients will not only be provided with a highly skilled and suitably equipped clinician but that said clinician will respond in a more timely fashion. We accept that we cannot do this as a quick fix and that any measures introduced must be sustainable in the medium and long terms. Driven by our commitment to quality care for the patient, we will work, in partnership with commissioners and other colleagues to deliver a service which meets the expectations of our patients and which, as outlined in the Quality 2020 Vision can be “recognised internationally, but especially by the people of Northern Ireland, as a leader for excellence in health and social care.

Transforming the Culture

NIAS will seek to make achieving high quality the top priority at all levels within the organisation. This emphasis on high quality will improve the experience of all those who use and work in the ambulance service. It will also make our services safer for all.

Key to transforming culture is the willingness of the Senior team to lead from the front in motivating staff to embrace change. A clear strategic direction aimed at delivering a sustainable transformation must be communicated to staff to encourage an acceptance that changes in working practices are designed primarily to deliver higher quality care for patients.

NIAS recognises also that patients and their carers, or representatives, have a voice to be heard in determinations around levels of care to be expected from our service.

In relation to our staff we are keen that that we should afford them opportunities to voice their opinions and concerns; that we should listen to what they have to say and that they should be encouraged to become involved in decision making, problem solving and innovation at all levels.

In 2014/15 we took steps to ensure that all these voices were heard by;

- Conducting a survey among staff on the outcome of the Donaldson Review to feed into our response to the consultation on Donaldson,
- Carrying out a staff survey as part of the regional 10,000 Voices project,
- Working to mainstream service user engagement and involvement in the development and implementation of key policy work. This included service user

workshops on policy areas related to the Trust's non-emergency service. NIAS liaised with Disability Action for this work, who facilitated engagement with their members accessing these services. The workshops provided an opportunity for service-users to meet directly with those responsible for delivery of these services to provide feedback and hear about and input into service development plans.

Being cognisant of the fact that in any process of transformation there is always the opportunity for learning to take place, the Trust is keen that staff, in their personal pursuit of excellence, should be confident that, when things go wrong, each incident will be dealt in a just and fair manner.

In 2014/15 NIAS continued with its commitment to error management via ongoing training and data reporting of cause of error etc. by adhering to the following process of incident management;



- Clinical Incidents brought to attention through the Untoward Incidents reporting procedure,
- Call reviewed by Clinical Training and Support Teams,
- Incident stored on database,
- Any learning or action agreed upon and taken,
- CSOs and CTOs provide supervisions and reviews,
- There has been an increase in number of incidents reported as staff have become more familiar with the process of error reporting – they have learned that issues are resolved through training and learning, which is disseminated to staff, if appropriate,
- A medical device alert was raised following a breakage to an intra-osseous needle. It was reported through an adverse incident report to the manufacturer and training was disseminated to staff.

Throughout 2014/15 the Trust continued to make regular use of communication channels embedded within Trust systems to ensure that staff were kept up to date with information relevant to the performance of their duties. These channels included;

- Staff newsletter,
- Memo's,
- Email,
- Noticeboards,
- Mobile Data Terminals,
- Staff Intranet.

in addition to which we continued to feed our social media sites and public facing website in an attempt to ensure that staff and public were kept informed of developments and emerging issues which may have impacted upon them.

Internally, as part of the Transformation and Modernisation Programme, a number

of focus groups were established, separately, for staff and their representatives to gauge reaction to recently implemented changes in practice and to map out a direction of travel in regard to “Transforming Your Care”.

It is also recognised that key to managing the transformation of the organisation’s culture is a process whereby staff feel supported and informed. To this end, throughout 2014/15, the Trust continued to provide feedback to staff, through Clinical Support Officers, on performance relating to clinical practice and interpersonal skills. Such opportunities afforded the Trust the opportunity to celebrate and profile good performance through Corporate Social Media and external media outlets.



Strengthening the Workforce

NIAS will provide the right education, training and support to deliver high quality service. No matter how good our systems and procedures are, they all rely on staff who are motivated, skilled and trained to deliver them. We must also consider future personal and public involvement in the design and implantation of these systems.

Our staff, in dealing with patients each and every day, are the public face of our organisation and act as ambassadors in all they do and say. The Trust recognises the importance of staff being trained to the highest levels of clinical expertise but also the necessity for staff to be trained in processes relating to error management and service-user interaction.

In 2014/15 NIAS continued with its commitment to support staff in the process of error management by:

- facilitating supervised reflection on performance, with local Clinical Support Officers (CSO's) being given a lead role,
- continuing to audit Patient Report Forms for clinical practice, patient outcomes re ROSC and recording procedures,
- sharing recommendations of any Independent Review with Clinical Training Team and CSOs. This information was then included in induction and annual refresher training and a joint, multi-agency protocol for admissions to a place of safety has been agreed and developed.

Training provided to staff must be of the highest quality if we are to deliver to service-users a level which meets and surpasses their needs. NIAS ensures that training delivered for the benefit of service-users is accredited to ensure quality and as such;

- we have maintained accreditation with the HCPC to remain a centre for paramedic training programmes,
- we respond to SAIs through review by senior training officers and identification and implementation of appropriate training,
- Paramedic and nursing professionals have undertaken CPD to enable revalidation and maintenance of their professional registrations,
- 2 members of RATC have completed the HSC Leadership Centre's "Putting People First" training,
- RATC has developed a CPD programme for all frontline operational staff,
- Statutory Mandatory Training is delivered regularly on;
 - a. Manual Handling
 - b. Psychology
 - c. Sociology
 - d. Patient-centred communication skills
 - e. Management of Health and Safety (Including Risk)
 - f. Medicines Management
 - g. Fire safety
 - h. Stress Management

Measuring the improvement

NIAS will improve outcome measurement and report on progress for safety effectiveness and the patient/client experience. High quality service is underpinned by safety, effective treatment and a good experience of the care received. NIAS will continue to compile good baseline data to measure all of the above and we will make this information as accessible as possible.

NIAS recognises the importance of gathering data and statistics as a means to examine performance and identify areas of strength and, perhaps more importantly, to identify areas where improvements can be made.

The Trust gathers this information at all operational levels of the organisation, including administration, and a dedicated team of information analysts produce regular reports for scrutiny by all levels of management, up to, and including Trust Board. These reports indicate levels of performance across the Trust and, through complaints and compliments, the levels of satisfaction, or otherwise of service-users.

The Trust is aware that for the service user, the most important factor in their interaction with us, as a Service, is how we treat them and their relatives. We publish the same information that is available to Trust Board on our website and it is available for all to see, including plans to improve the delivery of service.

Information is shared with Trust Board in a number of fora and on a wide range of issue as detailed below;

- Report to Trust Board through Quality Assurance Committee,
- Trust board papers every 2 months,
- Report activity of number of groups through Assurance Committee
 - Health & Safety
 - Fire Compliance
 - Medical Equipment
 - Infection Prevention & Control
 - Emergency Preparedness
 - Business Continuity
 - Information Governance,
- Recommendations from any reviews or inspections,
- There are a number of standing items, such as Assurance Framework, Controls Assurance Standards and Untoward Incidents.

Through the complaints and compliments process NIAS has a regular opportunity to assess each and improve working practices where appropriate.

NIAS operates the DHSSPS Complaints Policy and Procedure. Through this the Trust works to ensure a robust investigation of complaints received. Learning outcomes are an important element of the investigation of complaints and the Trust is committed to ensuring that learning is fed into quality improvement. Regular reports in respect of complaints are sent to the Trusts Senior Executive Management Team. Officers involved in undertaking complaints investigations have received Investigation Training.

Anonymised details of all complaints received are sent to Trust Board and placed on the Trust website.

The Trust is in the process of reviewing complaints processes to deliver a stronger focus on learning outcomes and related reporting. The Trust similarly records and monitors compliments as it is important to learn from good practice.

In April 2014 NIAS appointed a Transformation and Organisational Programme Manager and established a Transformation and Modernisation Programme. The NIAS Transformation and Modernisation Programme Board meets monthly and is chaired by the Director of HR&CS. In relation to Transforming Your Care (TYC), the Programme structure has identified key deliverables and related process through the Project Initiation Document. The Programme Management includes consideration of related risks and progress on priority action plans. The Programme engages with key stakeholders, including Commissioners, ICPs, LCGs and Users on an ongoing basis.



The projects include;

- implementation of a range of Appropriate Care Pathways (previously referred to as Alternative Care Pathways),
- pilot of a Clinical Support Desk in Ambulance Control,
- implementation of a NIAS Directory of Services.

In addition the Transformation and Modernisation Programme includes a User and Staff Engagement and Communication Project, an ICT Enabler project and oversight of the development of the EPRF business case, Performance against key deliverables for NIAS Trust and the benefits realisation with the wider HSC is reported at each Programme Board and Trust Board.



User and Staff Engagement and Communication are a critical element of effective delivery of TYC priorities. This is led through the Equality and Patient Experience function working with the TYC team and is reported on accordingly.

An overview of the change processes have been as follows:

- Activity data relating to the chief complaints was analysed,
- Literature review and use of learning from elsewhere provided a range of potentials ACPs,

- These potential ACP pathways were analysed,
- A risk management approach were applied to create a priority list for the 10 new Pathways. These comprise a range of See and Treat, Hear and Treat, and Treat and Leave, depending on the condition and chief complaint,
- It was agreed that the following pathways (ACPs) will form key work-streams for NIAS over the next two years:

Diabetes
Cardiac
Frequent Callers
Clinical Support Desk development
Minor Injuries
Blocked Catheter
Falls
Epilepsy
Mental Health
COPD
Palliative Care

In relation to CPD training for staff the Trust takes steps to ensure it is appropriate and comprehensive.

We have received support from the Patient Safety Forum to improve our clinical audit programme.

We continue to evaluate our training programmes to review learning outcomes to improve safety and quality.

Raising the standards.

NIAS will establish a framework of clear evidence-based standards and best practice guidance. These standards will be authoritative and concise, aimed at achieving high quality in the most cost effective way.

NIAS is cognisant of the importance of engaging with service-users in a meaningful way to ensure their voice is heard in matters relating to current delivery of services and, perhaps more importantly, in how we plan to deliver our service in the future. We are aware that our view on what is best for the patient may, at times, be from the wrong perspective and while we may believe that we do things in the best interest of the patient, we realise that, in the process of developing any new processes or procedures, the views of those who will be most impacted by any such change should be paramount and incorporated into the process as an integral part.

Stakeholder registration and participation in guidance consultations

We have;

- continued to involve disabled people and their representatives in the development of key work-streams such as the policy on the transportation of assistance dogs, booking procedures for non-emergency ambulance transport and the introduction of revised protocols for the prioritisation of emergency and urgent calls,
- engaged widely on the Trust's Equality Action Based Plan and Disability Action Plan,
- facilitated a formal 12 week Consultation on Equality Action Plan and Disability Action Plan ended in June 2014.

NIAS is aiming to achieve a patient centred culture which identifies learning outcomes from such engagement as well as from complaints, untoward incidents and equality and patient experience work-streams. These learning outcomes are intended to create a focus on quality improvement. Learning outcomes are presented to the Trust's Senior Executive Management Team.

NIAS has a Personal and Public Involvement (PPI) Strategy in place which sets out the key principles under which it seeks to promote its PPI agenda. As indicated previously, the Trust has worked to mainstream PPI within the development and implementation of key policy areas. One key strategic policy area is the Trust's Transformation and Modernisation Programme which incorporates Transforming Your Care. This programme has a strong Communication and Engagement element which ensures that involvement of key stakeholders such as staff, service-users and



representative community and voluntary sector groups is central to service development. Focus groups, feedback forms, dedicated email addresses and news sheets are used to keep people informed of progress and to enable input and suggestions as work moves forward.

We have in place robust arrangements for seeking the views of patients/clients including how the organisation promotes personal involvement and during 2014/15;

- we worked to implement PPI Strategy and Action Plan.
- patient stories have continued to be gathered as part of NIAS' contribution to the regional 10,000 Voices project which asks patients and carers to share their experiences of using our services.
- we undertook pre consultation engagement with service-users in respect of booking processes for non-emergency services which resulted in changes to the proposals and booking procedures.

As NIAS continues to play an important role in the implementation of wider HSC Service Frameworks we continue to;

- engage with a number of service networks e.g. cardiovascular, respiratory, stroke, end of life care etc.,
- develop National Regional Performance Guidelines,
- lead in the Community Resuscitation Strategy which was officially launched in 2014,
- support Community First Responder Schemes, with two more launched in December 2014, and interest noted from a further two,
- map public access AEDs for use in Control, in collaboration with the British Heart Foundation and the University of Ulster,
- engage with the British Red Cross regarding a project to install AEDs in disused telephone kiosks in rural areas such as Fermanagh,
- engage with civic bodies to facilitate Public Access Defibrillator installation in Derry

City,

- engage with colleagues in HSC to develop Appropriate Care Pathways including Palliative Care, Respiratory, Cardiac and Regional Cancer Network.
- constantly review the process by which 999 callers are communicated with to effectively triage their calls

In relation to Command and Control activity, NIAS is represented on the national clinical governance group for AMPDS.

In relation to Pharmacy arrangements within the wider HSC:

- all NIAS stations undergo regular independent inspection by the Medicines Regulatory Group of the DHSSPSNI of their arrangements for the safe and secure management of controlled drugs,
- NIAS regularly reviews the range of drugs made available for frontline emergency staff to treat patients in line with the latest clinical guidelines.

As part of the HSC Clinical Frameworks;

- NIAS meets regularly with the Regional Cardiology Network to review progress of the Regional Primary PCI service whose performance is already exceeding that seen in the long-established services in England and Wales,
- NIAS participates in the Regional Stroke Strategy Implementation Group to improve the management of patients suffering an acute stroke. The service has worked hard to ensure that patients with symptoms of acute stroke are prioritised appropriately and transferred to hospital in a timely fashion in order to maximise their chances of successful thrombolysis therapy,
- NIAS is working with the RQIA to review Infection Prevention and Control Procedures across the service in line with the new measures introduced in hospitals with the aim of further reducing the risk of Healthcare Acquired Infections

- NIAS regularly reviews new medical devices to consider what clinical benefit their acquisition may have for patients e.g. paediatric supraglottic airway devices, chest decompression devices, bougies,
- performance is regularly reviewed in the management of certain clinical situations:
 - Cardiac arrest outcomes
 - Management of diabetic hypoglycaemia
 - Referral of patients to hospital falls services
 - Acute asthmatic exacerbations
 - ST-elevation myocardial infarction
 - Acute stroke
 - Referral to minor injuries services,
- NIAS has participated in a regional review of “Places of Safety” for patients with acute mental health problems, and is participating in a multi-agency audit of formal admissions to mental health facilities,
- NIAS has engaged in a regional strategy on labelling of invasive clinical devices in order to reduce the risk of administration of drugs etc. via inappropriate or unsafe routes,
- NIAS has implemented a process of syringe labelling for emergency drugs to reduce the risk of incorrect drug administration,
- NIAS regularly reviews the level of personal protective equipment available to frontline staff in order to both reduce the risk of healthcare acquired infections and to protect staff, particularly in the light of outbreaks of diseases such as swine flu and ebola,
- a robust process of incident reporting is in place which allows all staff to highlight areas of risk or concern so that they may be addressed regionally with learning passed to partner agencies as appropriate,
- a new PRF allows for clearer communication with hospital colleagues regarding clinical information on patients, and acts as an aide memoire for staff in terms of vital safety criteria,

- NIAS is formalising the process of passing “Standby” messages to hospital emergency departments regarding critical patients as well as the process by which such patients are handed over to the receiving hospital staff to ensure that vital information is not missed.

During 2014/15 NIAS continued to contribute to the development of Guidelines and Audit Implementation Network (GAIN) guidance or regional clinical audits by;

- contributing to regional trauma audit,
- reporting frequently on Clinical Audit Information with out of hours Cardiac Arrest, diabetic hypoglycaemia, STEMI etc.

We also contributed to the enhancement of social care practice through the implementation of Social Care Institute for Excellence (SCIE) guidance by;

- introducing “*assist and safe talk*” training to staff – how to manage and talk to someone feeling suicidal etc.

Knowledge of, and adherence to, NICE guidance is key to ensuring that our staff are equipped appropriately to deal with situations which may present themselves in the course of their duties. To this end, during 2014/15 NIAS:

- introduced assist and safe talk training to staff – how to manage and talk to someone feeling suicidal etc.
- added Activated Charcoal to the drugs we carry in relation to NICE guidelines.

The Trust has a number of examples, during 2014/15, of good practice and innovation in implementing NICE guidance to the NICE Shared Learning database and/or the Quality, Innovation, Productivity and Prevention (QIPP) collection. Such examples include;

- Serious Adverse Incident – Example of Learning
Incident with patient with mental health issues, there was a delay in the ambulance arriving.

Outcome – As a result of a review of this case, NIAS engaged with other Trust's mental health services, social services and PSNI, and participated in joint workshops and an independent review which made a number of recommendations regarding training of staff. We also engaged in prospective audit of all admissions under mental health legislation to examine sources of delay and ensure that all patients are admitted to hospital in a safe and timely manner,

- engagement with the Regional Safety Forum, identifying a number of areas for joint co-operation and development, including:
 - Benchmarking of clinical performance indicators
 - Regional application of falls protocol
 - Nursing home collaborative, specifically ambulance transfers
 - Inclusion of physiological early warning scores in review of Patient Report Form
 - Participation in quality and safety training for Trust Boards
 - Spinal immobilisation protocols
 - Pre-alert and patient handover in EDs
- undertaking, with Scottish Ambulance Service, a study of syringe labelling, the findings of which will be formally introduced into both Trusts. They have been submitted to the Patient Safety Forum for recognition and NASMeD and JRCALC for potential implementation nationally.

Senior Management within the Trust is committed to the delivery of a quality service and ensure this is delivered through regular;

- reporting to Assurance Committee and Trust Board
- participation in networks, safety forum and national initiatives

Integrating the care

NIAS will work with colleagues throughout Health and Social care to develop integrated pathways of care for individuals to facilitate seamless movement across all professional bodies and sectors of care, thereby contributing significantly to the raising of quality of care and outcomes experienced by patients, clients and their families.

NIAS continues to strive for clinical excellence in all we do and as part of the process to achieve this goal it is important that all training undertaken is of the highest standard and takes account of the many providers of excellence both within and outwith the Ambulance Service and Health and Social Care networks.

Always mindful of the needs of service-users, NIAS has sought and will continue to seek opportunities to unearth best practice, from whichever sector, which can be utilised in the most cost effective manner for the benefit of the service user.

During 2014/15;

- RATC has engaged with AHPs from the CEC to bring expertise from other clinical specialities into our training programmes,
- NIAS attended national education groups and has been involved in discrete “task and finish” projects to share good practice between other Ambulance Services,
- through training we support the implementation and evaluation of alternative care pathways in conjunction with external stakeholders.