

**Patient
Experience**

**Delivering
effective
services**



999

Control

**Supporting
Staff**

**Delivering
safe, high
quality
clinical care**

Support

**Annual Quality Report
2013/14**

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Chief Executive's Foreword



The Northern Ireland Ambulance Service exists to improve the health and wellbeing of the people of Northern Ireland. It 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. In pursuit of these goals we provide safe, effective, high quality, patient focussed care and services to improve health and well being.

The Ambulance Service responds to the needs of the population in Northern Ireland in excess of 1.8 million in the pre-hospital environment. We directly employ in excess of 1,100 staff working across 59 Ambulance Stations/

Deployment points, two Ambulance Control Centres (Emergency and Non Emergency), a Regional Education and Training Centre and Corporate Headquarters. We operate in 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 24 hours a day, 7 days a week, 365 days per year.

We want the care we deliver to be the best possible and everyone operating in the Service is committed to delivering safe, high quality care in an environment that puts patients front and centre of everything we do. We build innovation and modernisation into our Service Delivery Model in an effort to provide the people of Northern Ireland with modern services that stand comparison with the best elsewhere.

In this our first Annual Quality Report we seek to provide you with information to assess where we are on the quality journey and the steps we have taken to get there. We aim through this report to provide an account of both our plans and our progress in the context of quality and safety improvement in the pre-hospital care environment.

It is the ambulance personnel directly providing the ambulance service who have the greatest influence on those who receive that service and the outcomes they ultimately experience. Ambulance staff operate in difficult conditions at all hours of the day and night to provide ambulance care and transportation to the people of Northern Ireland and are highly regarded as a result.

This Quality Report highlights the commitment and dedication of ambulance personnel and the application of clinical/non clinical skills to meet the needs and expectations of patients. We hope that it will help you to judge our performance as an Ambulance Service and that you will approve of and appreciate the efforts made to provide safe, high quality ambulance services to meet the needs and expectations of the people of Northern Ireland.

A handwritten signature in dark ink, appearing to read 'Liam McIvor'.

Liam McIvor
Chief Executive, Northern Ireland Ambulance Service HSC Trust

NIAS remains committed to complying with the Ministerial Standards for Improving the Patient and Client Experience related to respect, attitude, behaviour, communication and privacy and dignity. We have continued to implement the regional methodology on the five standards and work with other Health and Social Care organisations to implement systems to assess patient and client experience including undertaking surveys, completion of observations of practice and gathering patient stories, including as part of the 10,000 Voices project.

Progress

Progress against the patient experience standards is monitored by the Trust's Equality and Personal and Public Involvement (PPI) Steering Group and the Trust Board. We have analysed the results in conjunction with an analysis of complaints to identify where we can make improvements. Results from this work have generally been positive, but where the potential for improvement has been identified, we have taken remedial action through training, review of policies or individual engagement with staff.

One area which was identified as an area of improvement related to staff introducing themselves. The Trust's Training Department engaged with frontline staff in respect of the importance of this and there was an improvement in responses on this area.

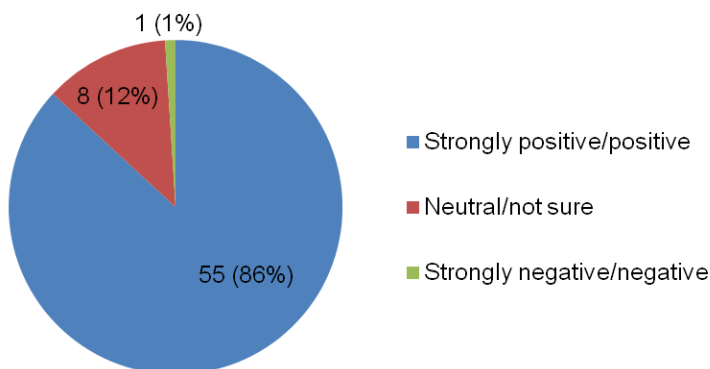
Patient experience surveys have continued and we have worked to develop a NIAS specific questionnaire.

Direct observation of practice enables individual feedback to be provided in a timely manner to staff, promoting learning and reflective practice. This is further enhanced by individual tutorials with staff to address practice issues, promoting learning and a patient centred approach.

Patient and Client Experience



Patient stories have continued to be gathered through the 10,000 Voices Project which asks patients, families and carers to share their experiences of using the services we provide. NIAS is working with the Public Health Agency and service users on the evaluation of the stories in order to ensure learning from these leads to improved outcomes in terms of delivery of our services. Again the overwhelming majority of responses has been very positive and one learning element has been the importance of sharing this feedback with staff. In addition to publishing the reports on our website, an article appeared in the Trust's in-house magazine, NIAS News to reinforce this positive feedback among staff.



A majority of patients (86%) said that their experience of using ambulance services was either positive or strongly positive, 12% were neutral or not sure and 1% (one patient) said their experience had been negative.



PPI Strategy

The Trust has worked to implement its PPI Strategy and Action Plan, mainstreaming PPI processes and involving patients, carers and the wider public in work to develop key policies and procedures.

The Trust continued to work in partnership with other Health and Social Care organisations and representative groups such as Disability Action to ensure a collaborative approach which avoids duplication. NIAS is grateful to the Patient Client Council and Disability Action for supporting our efforts to engage with service users in this regard.

This work has included service user workshops on the development of work streams such as:

- a revised booking procedure for those accessing non-emergency ambulance services
- the prioritisation of emergency and urgent calls
- analysis of the ambulance responses to **10,000 Voices** and development of related action plans

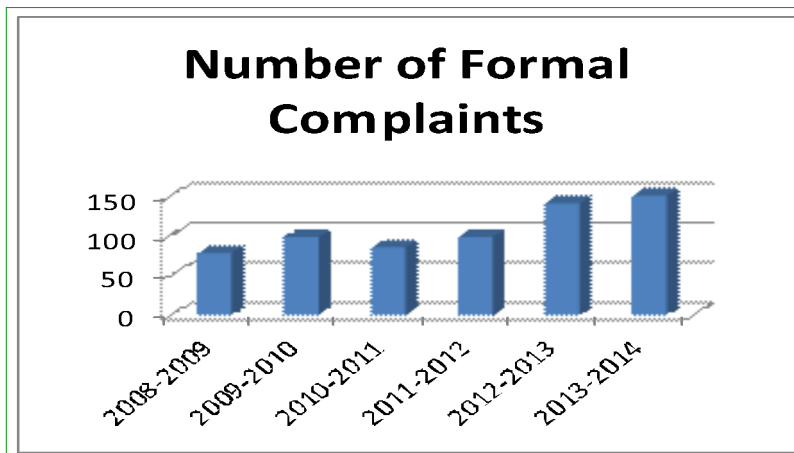


Complaints

Annual Comparison of Complaints

During 2013/14 NIAS received **150** complaints, an increase on the previous year's total of 10. In the same period we received **191** compliments, an increase of 29 on the previous year.

This year NIAS received an average of 424 emergency 999 calls per day. During the year we transported 367,423 patients – equivalent to one person in five of the population of Northern Ireland.



The number of complaints received represents 0.04% of patient interaction by our staff.

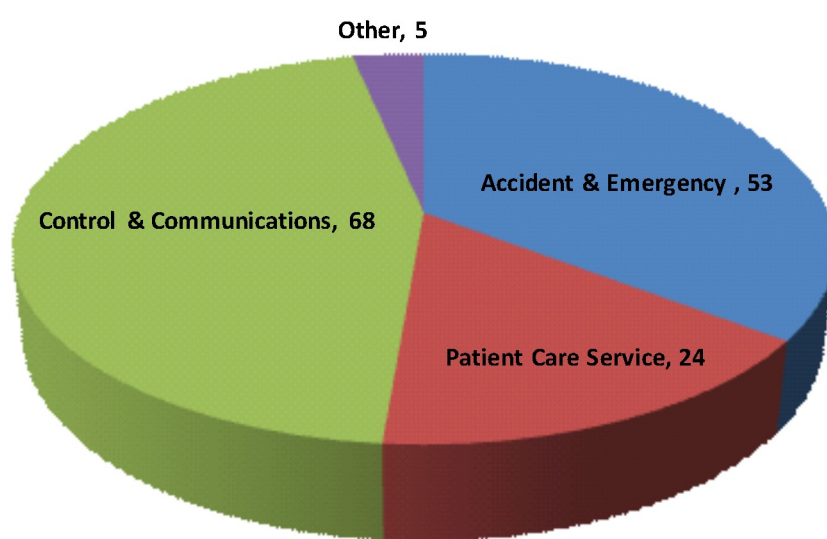
What our service users complained about

Subject	Count	Percentage
Ambulance Late/ No Arrival	68	48%
Staff Attitude	58	34.7%
Clinical Incident	18	10%
Suitability of Equipment/vehicle	1	0.7%
Other	4	2.7%
Patient Property	1	0.7%

Area of Complaints

Of the 150 formal complaints received by the Trust 45.3.0% (68) related to the Ambulance Control (Emergency & Non-Emergency Ambulance Control. 35% (53) of complaints related to the frontline Accident & Emergency Service. 16% (24) of complaints concerned the non-emergency Patient Care Service, while the reminder of complaints received involved various issues and came under 'other'.

Breakdown by Area of Complaint



RESPONSE TIMES TO COMPLAINTS

Of the 150 complaints received, 99% were acknowledged within 2 working days.

33% of the complaints received were fully responded to within 20 working days, a slight increase on the previous year. The main reason for the delay in responding to complaints is the competing priorities of the Investigating Officers, who are also frontline managers with responsibility to ensure service delivery is maintained on a 24/7 basis. The Trust is committed to improving the responsiveness of its complaint handling processes and will seek to improve the response times for complaints in the coming year.

	Total no.	Percentage
Acknowledged < 2 days	149	99%
Response < 20 days	49	33%

Learning from Complaints

Monitoring

Reporting

Learning

We welcome complaints and the opportunities they provide us with to learn lessons and improve our services.

Complaints are discussed with the staff concerned to review how our services can be improved.

All outcomes and recommendations from complaints are reported to the Trust Board bi-monthly.

A number of improvements have been put in place over the year following complaints being received. Here are some examples:

- Procedures to be implemented to identify when a call needs to be escalated to allow further consideration of the most appropriate response to patient need.
- Non-Emergency Ambulance Control to explore system to improve communication with patients and service users waiting for the arrival of non-emergency transport.
- Review procedure for allocating resources to amber calls when they have been waiting for a period of time.
- Review procedures for dealing with GP Urgent calls within Ambulance Control to ensure that any delays in transporting patients as per the instructions of the GP are minimised.
- Current shift patterns are to be explored regarding the possibility of an earlier start time to accommodate early morning transfers.
- Review process for highlighting concerns of staff in relation to their patients, with guidance to be issued to staff.
- Review patient transport requirements in the Northern HSC Trust area to take place to improve the timeliness of ambulance transport for patients.

Ombudsman

For those people who remain dissatisfied, they can contact the NI Commissioner for Complaints (Ombudsman) to have their complaint investigated further. This year three complainants approached the Ombudsman for further investigation into their complaint.

COMPLIMENTS

While we accept that sometimes things go wrong, numerous letters of appreciation and expressions of thanks are received to acknowledge the excellent services provided to patients by our staff. Our staff certainly appreciate knowing when things go well.

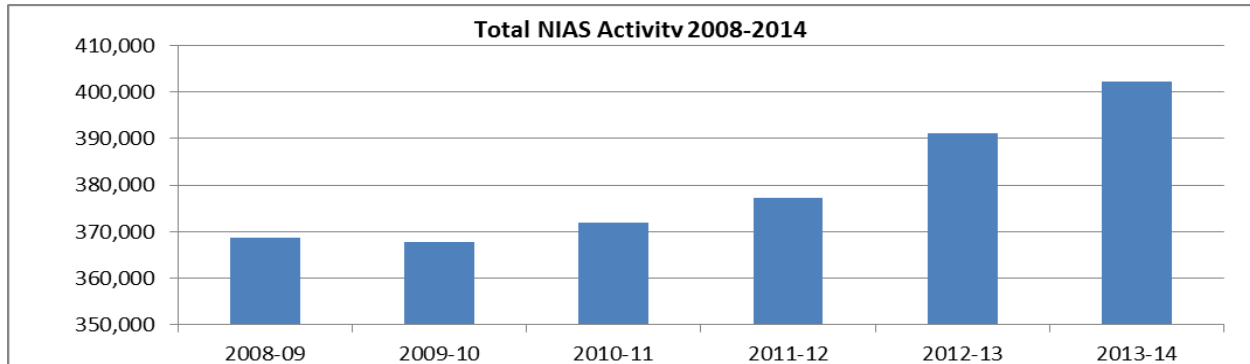
In the last year NIAS received 191 compliments, an increase of 29 on the previous year.

Here are some examples of the compliments received during the year:

- *On behalf of my family I would like to thank you for all your help and kindness. All your hard work and care will never be forgotten. Kindest regards.*
- *Just to say thank you very much for the very quick call out when a member of my family required an ambulance. The crew arrived almost immediately. We thank God for such a good ambulance service and for all the excellent men and women who do such a wonderful job in caring for us. Once again a very big thank you.*
- *We wish to thank you for the efficient and gentle way in which you cared for a member of our family and during the journey to hospital. Your professionalism was much appreciated.*
- *I needed to call an ambulance when I became ill. Within a very short time of doing so a lone paramedic arrived at our home. He was thorough, efficient and reassuring. A back-up team arrived and transferred me to hospital. To say that I received an excellent standard of care would be an understatement.*
- *Just a card to say literally a "heartfelt" thanks for the calm and professional way you treated me. The reassuring manner in which you managed to calm me was commendable and really put me at ease. You are both a credit to your profession. Eternal thanks.*
- *I write to ask you to commend a member of the ambulance crew on using her judgement, skill and dedication to provide a first class service during a call on behalf of the Northern Ireland Ambulance Service.*

Operational Performance

OVERALL ACTIVITY

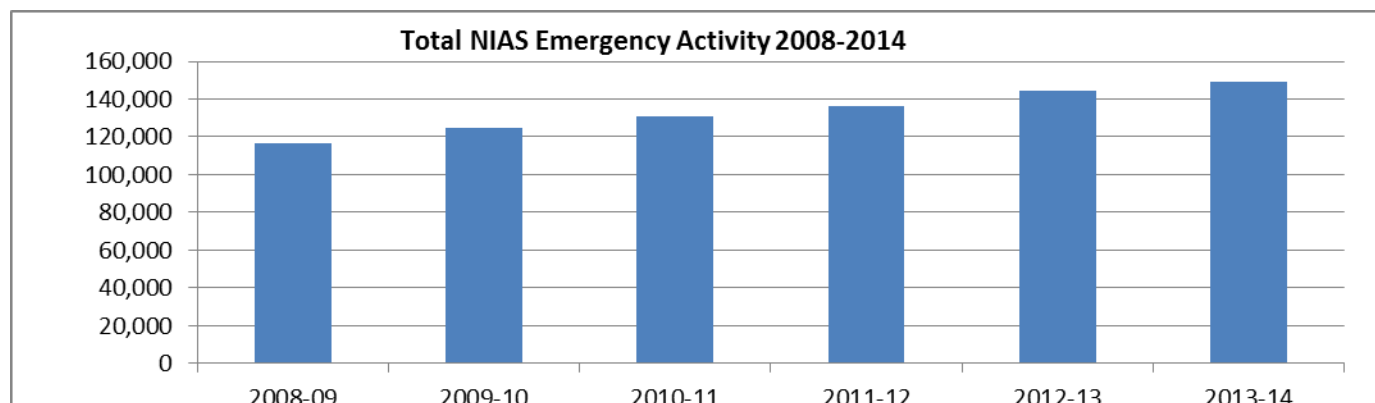


92 more calls each day between 2008/09 and 2013/14 - i.e. 9% increase
(33614 more calls) in overall activity

30 more calls each day between 2012/13 and 2013/14 – i.e. 2.8%
increase(11083 more calls) in overall activity



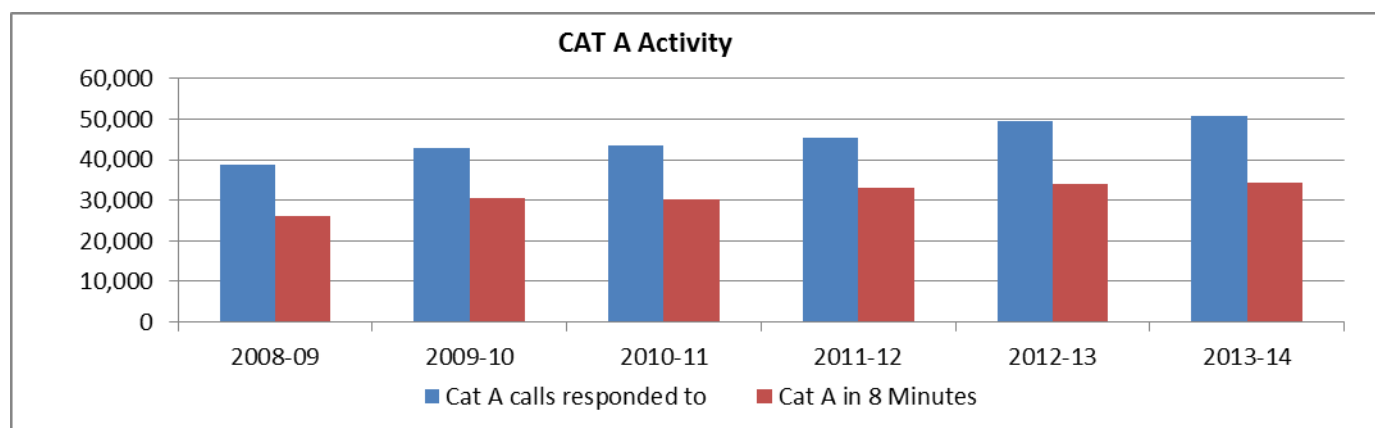
EMERGENCY ACTIVITY



**89 more emergency calls per day between 2009/09 and 2013/14 – i.e. 28% increase
(32475 more emergency calls)**

**12 more emergency calls each day between 2012/13 and 2013/14 (3.7% increase in
emergency activity)**

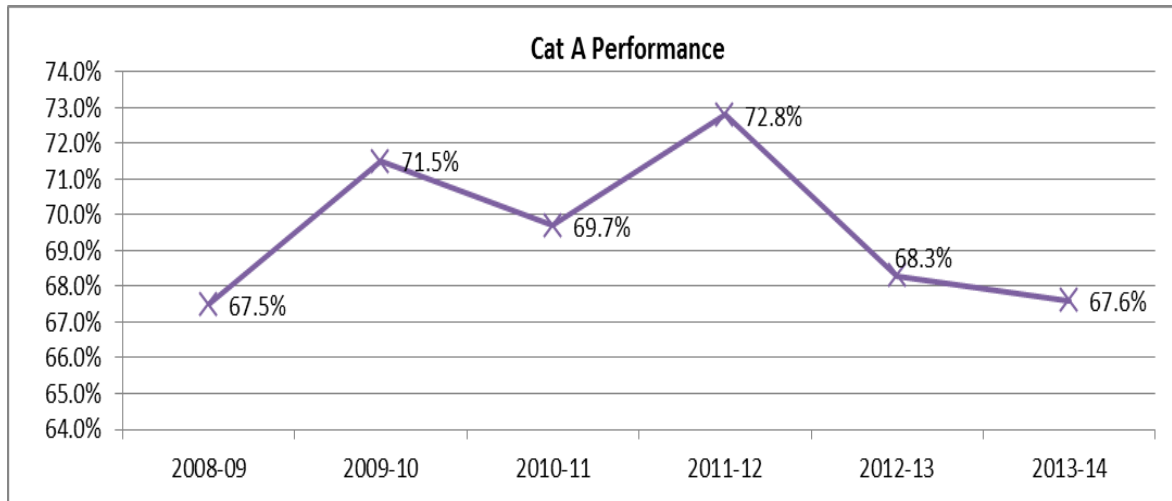
CAT A ACTIVITY



Data based on NIAS ACT1 and GEO2, Ambulance Turnaround reports as issued by the Information Department

- In 2013/14 NIAS responds to over 140 Cat A calls each day across NI.
- This equates to 33 more Cat A calls each day compared to 6 years ago
- Cat A activity has increased by 31% in 5 years (2009 - 2014)

CAT A PERFORMANCE

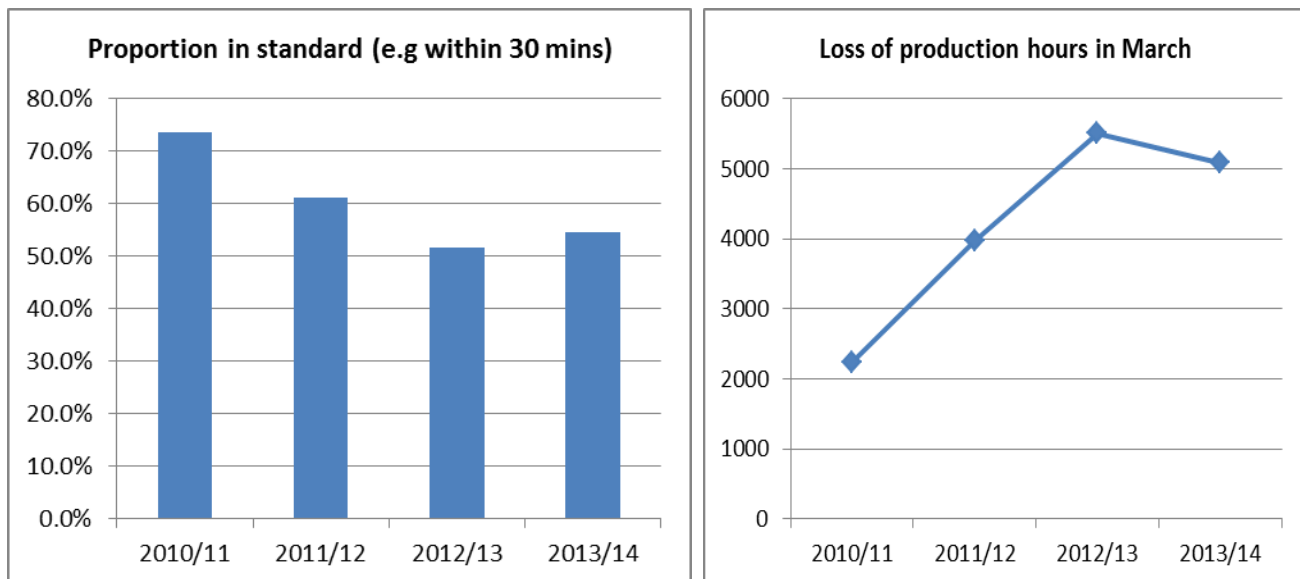


Cat A performance is a DHSSPS-set response target which states that 72.5% of all life-threatening calls should have a response time of 8 minutes.

NIAS is reaching more patients than ever before in under 8 minutes - an increase of almost 4% in the number of patients receiving paramedic intervention and assistance compared to 2 years ago.

The chart above shows that NIAS has not met this target in the last two years. However the charts above clearly demonstrate that NIAS is receiving more calls, especially emergency calls and life-threatening calls than 2 years ago.

AMBULANCE TURNAROUND TIMES



A turnaround is the length of time it takes an ambulance which has arrived at the Emergency Department to clinically hand the patient over to appropriate hospital staff and prepare the ambulance for the next call/patient.

National performance standard states that the average time from the patient arriving at the ED to being handed-over to the hospital should be 15 minutes with a maximum of 15 minutes for making the ambulance ready for the next call.

Impacts negatively on patients

(having to remain on NIAS trolleys longer than expected, loss of privacy and confidentiality in A&E corridors)

19% reduction of in-standard ambulance turnaround times (e.g. within 30 mins) between 2010/11 and 2013/14 with double the loss of NIAS production

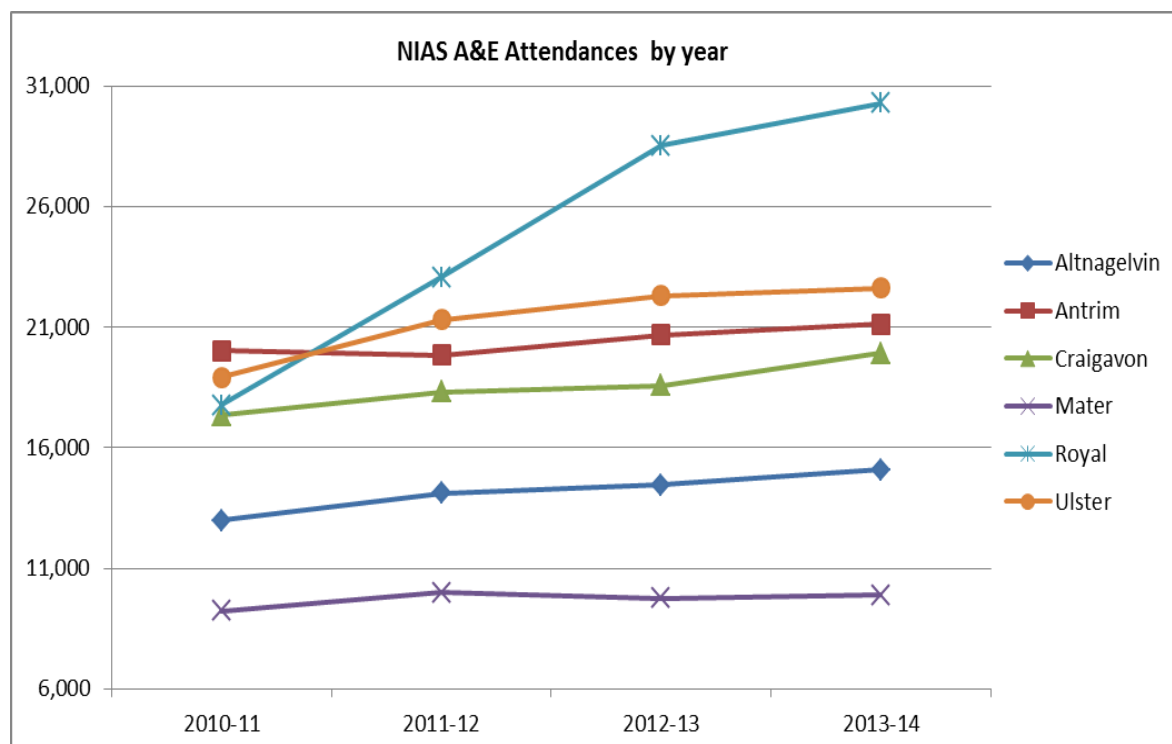
Impacts negatively on NIAS Staff

(inability to stand down for rest periods and meal breaks, longer shift, compensatory rest the following day)

The loss of production is the unavailability of the ambulance to respond to calls.

Delivering Effective Services

NIAS ATTENDANCES at ED's

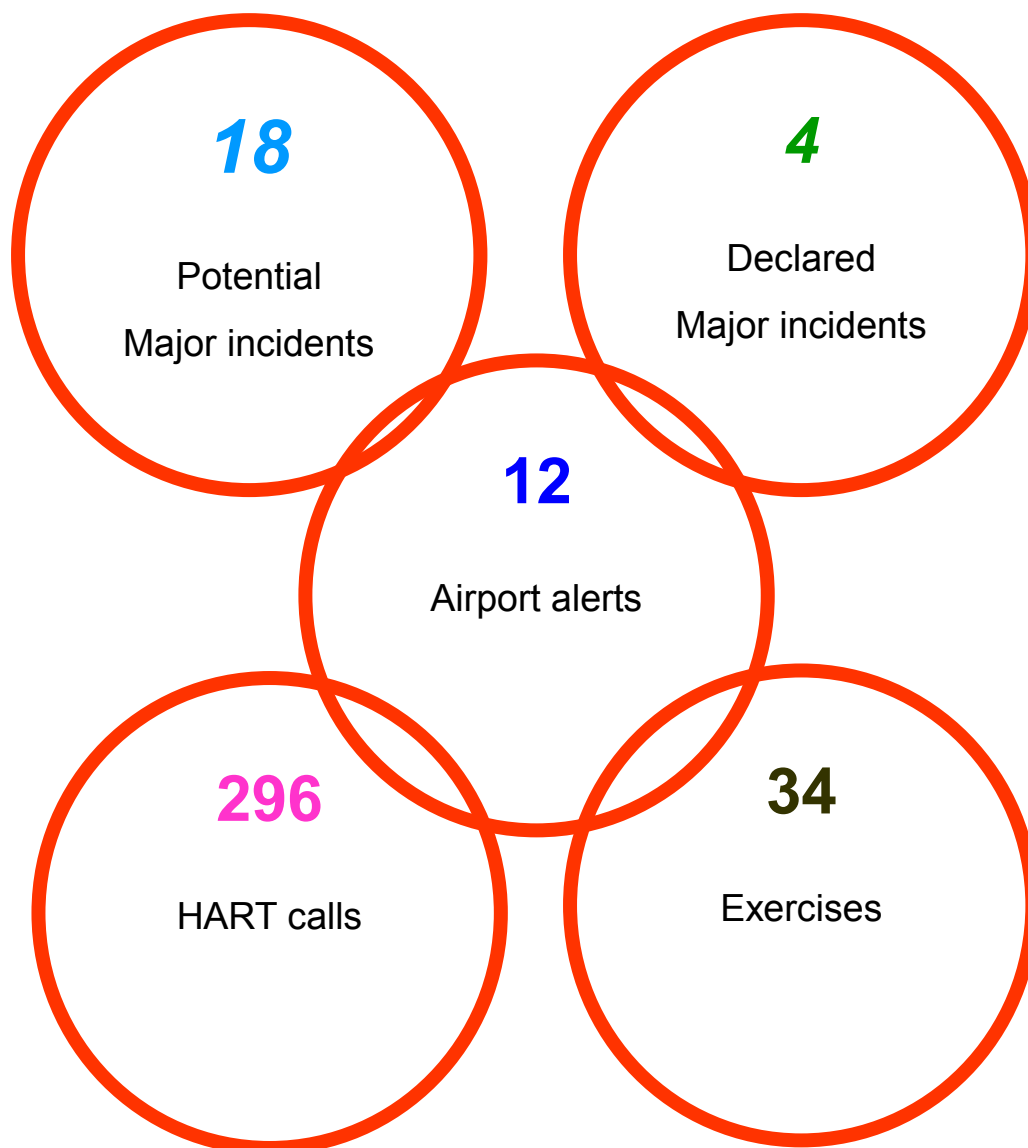


As can be seen there has been a steady increase in regional number of ambulance attendances at EDs by NIAS since 2010 and especially since 2012/13 in the Royal Victoria Hospital

The A&E attendances data includes a very small number of NIAS straight to ward attendances



EMERGENCY PLANNING



NIAS is often called upon to deal with unexpected and significant incidents and situations such as those involving hazardous materials, public transport, aircraft, natural disasters, mass gatherings, major sport and entertainment events as well as other emerging threats.

NIAS was closely and extensively involved in the multi-agency planning for a number of major events, some of global significance, including G8, World Police & Fire Games, UK City of Culture and the Fleadh

H.A.R.T

(Hazardous Area Response Team)

The Hazardous Area Response Team (HART) in Northern Ireland were deployed to 296 incidents with five pre-planned deployments for special events e.g. G8 summit.

HART capabilities include Urban Search and Rescue, decontamination, safe-working at heights and the use of specialist personal protective equipment.



Specially trained H.A.R.T staff have attended and used their expertise at :

- Chemical Incidents
- Slurry tank incidents
- Rope rescue incidents
- Mountain rescue incident
- Road traffic collisions and
- Multi-agency emergency services training

Delivering Effective Services

I.C.T

As part of the Finance and ICT Directorate, the ICT Department supports, maintains, and continuously seeks to improve a high quality, cost effective IT infrastructure which meets current and future requirements for the service.



Wireless Network Communication has been installed at NIAS Headquarters in Knockbracken and at the NIAS Western Divisional Headquarters in Altnagelvin to prepare the Trust for contributing to an eHealth strategy programme.

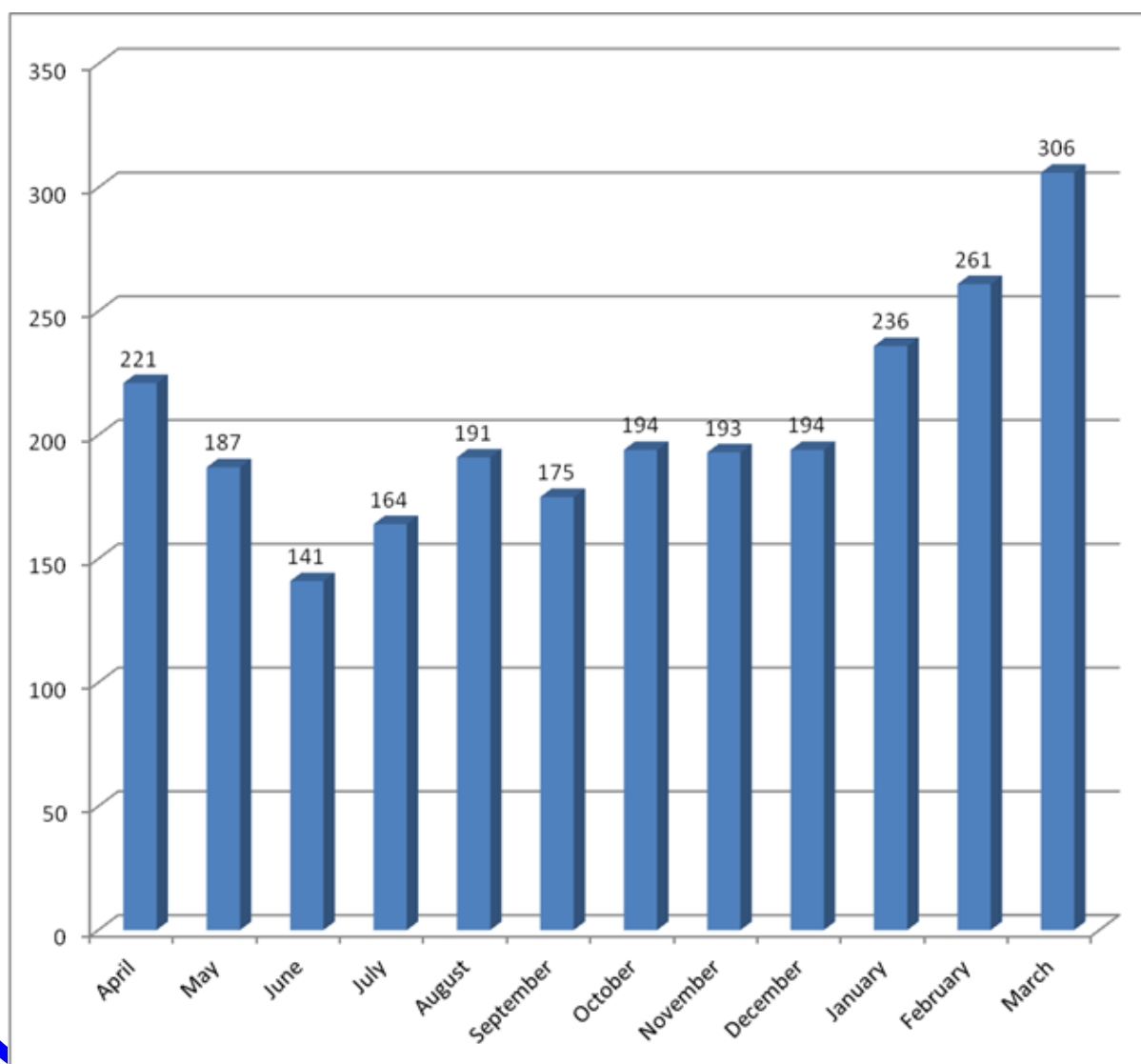
Automated Call Distribution (ACD) has been installed in our Emergency and non-Emergency Control Centres to make better use of staff resources and provide a more fair distribution of workload amongst control staff while generating a reduction in call waiting times

Untoward Incident Reporting

Staff are keen to bring to the attention of the Trust issues which they consider relevant to the management of the service, service users, Trust assets and staff.

Incident data is reviewed regularly by a number of committees and sub committees of the Trust along with the Senior Management Executive Team.

This level of reporting has been sustained for a number of years and demonstrates an appropriate level of reporting for a organisation the size of NIAS. The vast majority relate to minor incidents involving staff and patients and interagency communications.



Occupational Health

The health and wellbeing of our staff is paramount.

The Trust continues to implement its Health & Wellbeing Strategy (2010-2015) with its achievement being supported via an annual Health and Wellbeing & Attendance Management Action Plan from which priority areas of focus in the management of attendance are addressed.



Increase in percentage of absence due to musculoskeletal injuries from

24.02% in 2012/13 to
25.43% in 2013/14

The Trust continues to make use a rapid referral physiotherapy service.

Increase in percentage of absence due to anxiety, stress, bereavement etc from

18.92% in 2012/13 to
21.79% in 2013/14

There has been an increased uptake of the Trust's confidential counselling service

Staff engagement

NIAS is committed to engaging with our staff and with trade union representatives, both formally and informally and to promoting positive employee relations.

NIAS has undertaken a review of the formal consultation mechanisms, with input from Trade Unions Representatives. This resulted in the streamlining of sub-groups of the Joint Consultative and Negotiating Committee (JCNC) to create

- an Operations Joint Consultative Group (Ops JCG)
- a Terms and Conditions Joint Consultative Group (T&C JCG).

The Trust's JCNC meets on a quarterly basis with the Ops JCG and T&C JCG meeting on a monthly/bi-monthly basis.

Annual work plans of the sub-groups are developed with input from Trade Unions and progress reported via JCNC.

The Trust has also established an Equality Forum to ensure engagement with trade union representatives and staff around the equality agenda

Following the completion of the HSC Staff Survey in 2012/13 where 34% of NIAS employees responded, the Trust has developed a 3 year action plan (2014-2017) to address the priority areas identified within the survey results e.g. staff engagement and communication.

Staff engagement

On 7 January 2014 the Trust held a ceremony to recognise long service employees in two categories: Ambulance Service (Emergency Duties) & Good Conduct Medal recognises employees who have 20 years front line service was awarded to seven employees; and Ambulance Service Long Service Medal for employees with 20 years service was awarded to two employees.



The Trust's Human Resources Department continues to co-ordinate application of HR related statutory processes and to provide managers with professional advice and guidance around implementation of employment law and best practice. A new initiative that commenced in the reporting year was the introduction of fortnightly "HR Clinics" in stations across the region. These clinics provide frontline employees the opportunity to access the HR Team at station level where questions, queries or issues can be discussed face to face. A total of 40 clinics were held throughout the reporting period with positive feedback being received on their effectiveness.

Education, Learning and Development

The Trust's Education, Learning & Development Plan (ELDP) for 2013-2014 was developed through consultation and agreement with the Director of Operations, the Medical Director and the Director of Human Resources, and was ratified by the Senior Executive Management Team. The plan was delivered by the Regional Ambulance Training Centre (RATC) team which operates as a function within the Human Resources Directorate.



Planned and delivered

- Core training programmes required numbers of appropriately trained and skilled frontline staff
- Mandatory and best practice refresher training programme to support continuous professional development and to meet external verification processes

Achieved

the Health and Social Care Professions Council (HCPC) annual monitoring requirements in relation to Standards of Education and Training and Standards of Proficiency for Paramedics, and Edexcel/BTEC annual revalidation.

Promoted and supported

the continuous professional and personal development of staff through the application of life-long learning principles within the working environment, and through the implementation of the Knowledge & Skills Framework.

A learning culture will be encouraged where staff learn from past experience, ensuring reflective practice and transfer of learning;

Reviewed and improved

existing ELD programmes

Identified and developed

new and innovative approaches to the content and methodology of existing and future ELD programmes.

Clinical support

The Clinical Support Officer (CSO) role continues to become embedded in the culture and structure of NIAS, enabling the Trust to continue to meet the requirements set by the Health and Social Care Professions Council (HCPC) and the good practice guidance outlined within the College of Paramedic Curriculum Guidance and Competence framework.

CSO Role

Makes a significant contribution to the Trust in terms of clinical governance activities and observing, supporting and assessing pre and post-qualified students and staff.

Staff are provided with more regular, timely, manageable and constructive feedback on clinical skills and patient interventions.

The CSO role continues to enable the Trust to focus on a range of measures to support clinical governance and the quality agenda and contributes to both the priorities set out within the Trust Assurance Framework 2013-2014 and NIAS strategic aims by carrying out the following;

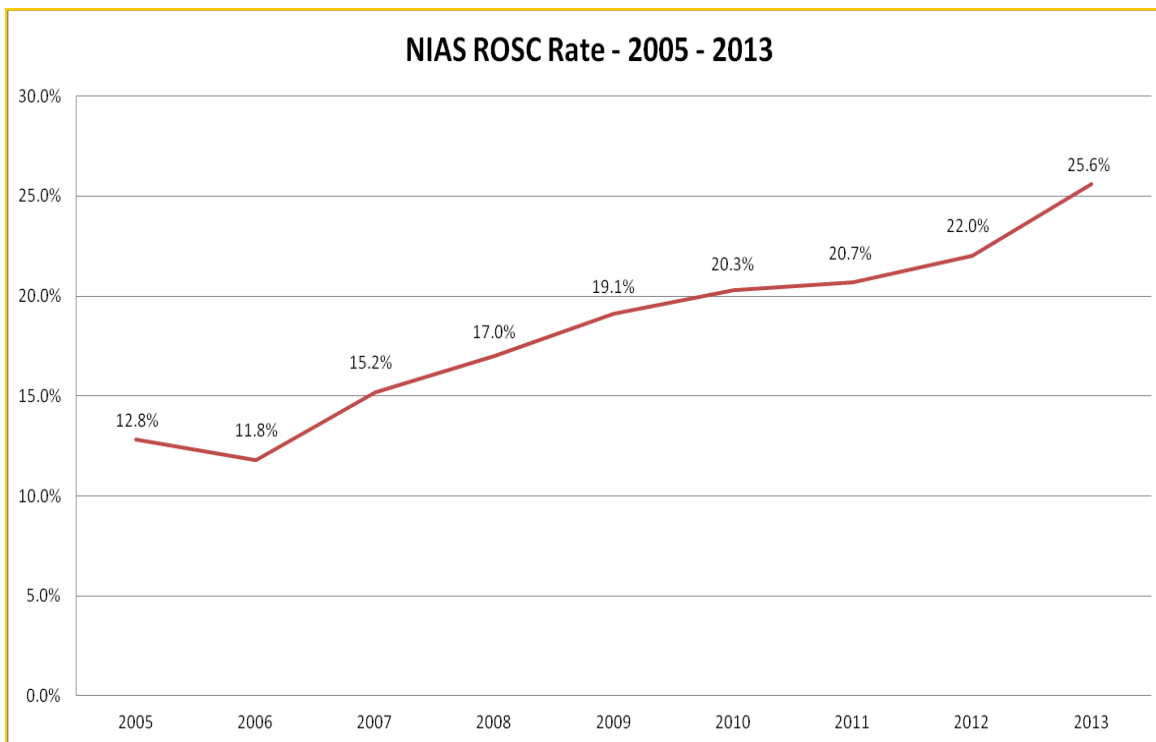
- Supporting the ongoing development of professional skills and enhanced quality of patient care through observations of practice, audits and update training.
- Implementing an evidence-based approach to maintaining quality standards in practice
- Ensuring all individual clinical, operational, performance, educational and professional objectives are successfully achieved within agreed timescales
- Monitoring the quality of patient care and providing clinical support, guidance and training in order to ensure clinical performance indicators are met
- Reviewing and assessing the clinical competence of staff and identifying any shortfalls in practice or competence, ensuring that individual members of staff are referred for additional or remedial training following the appropriate pathway
- Encouraging a culture of reflective practice in order to promote continuing professional development.

Clinical Performance

Return of Spontaneous Circulation (ROSC)

The rate of return of spontaneous circulation (ROSC) is an indicator of successful resuscitation following an out of hospital cardiac arrest.

Since 2005 there has been a steady rise in ROSC rate as illustrated in the chart below. This is due to a number of factors including improved response times, earlier defibrillation, improved resuscitation protocols, telephone CPR advice given by ambulance control, increased public awareness and CPR training.

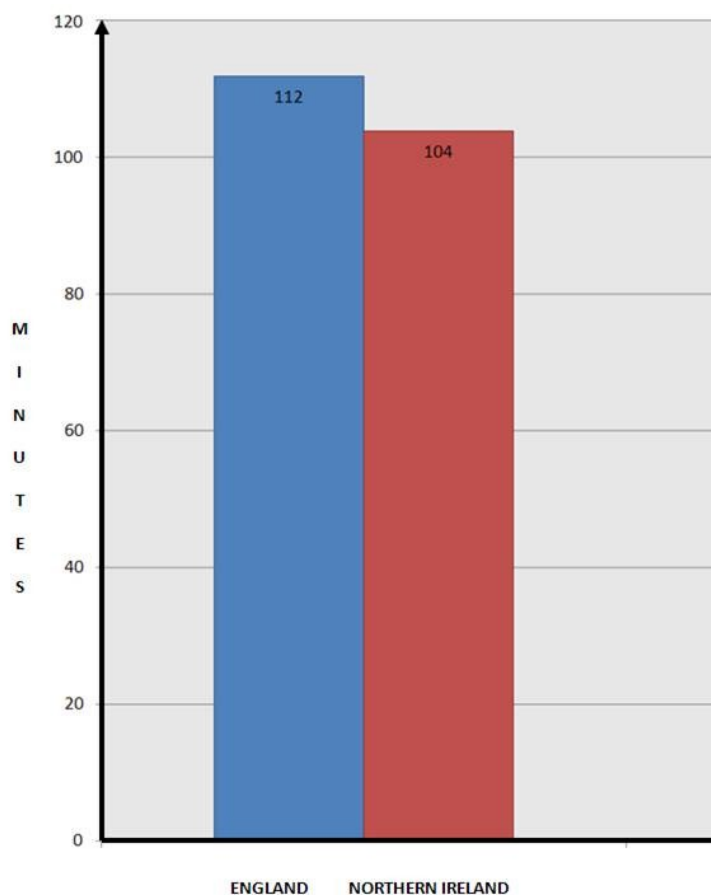


Primary PCI

Northern Ireland has led the field of pre-hospital care for patients with cardiac conditions, starting with the work of the late Professor Frank Pantridge and his development of the first truly portable cardiac defibrillator, through the world's first dedicated cardiac ambulance to the administration of clot-busting drugs by NIAS paramedics, but newer research has shown that by bringing patients directly to a dedicated cardiac catheterisation lab where blocked coronary arteries can be re-opened by the hospital team. Following a successful pilot based around the Greater Belfast Area, this approach is now being rolled out across Northern Ireland on a 24/7 basis.

Benefits:

From October 2013, any patient suffering an acute ST-elevation myocardial infarction within the catchment area of the Belfast Trust's cardiac catheterisation lab has been brought directly to the lab, bypassing local hospitals, and from the summer of 2014 the Altnagelvin catheterisation lab will start to provide a similar service for the North West of Northern Ireland. This treatment is considerably safer than the use of clot-busting drugs and as a result is available to a much wider range of patients – saving lives and reducing long term debility from heart failure.



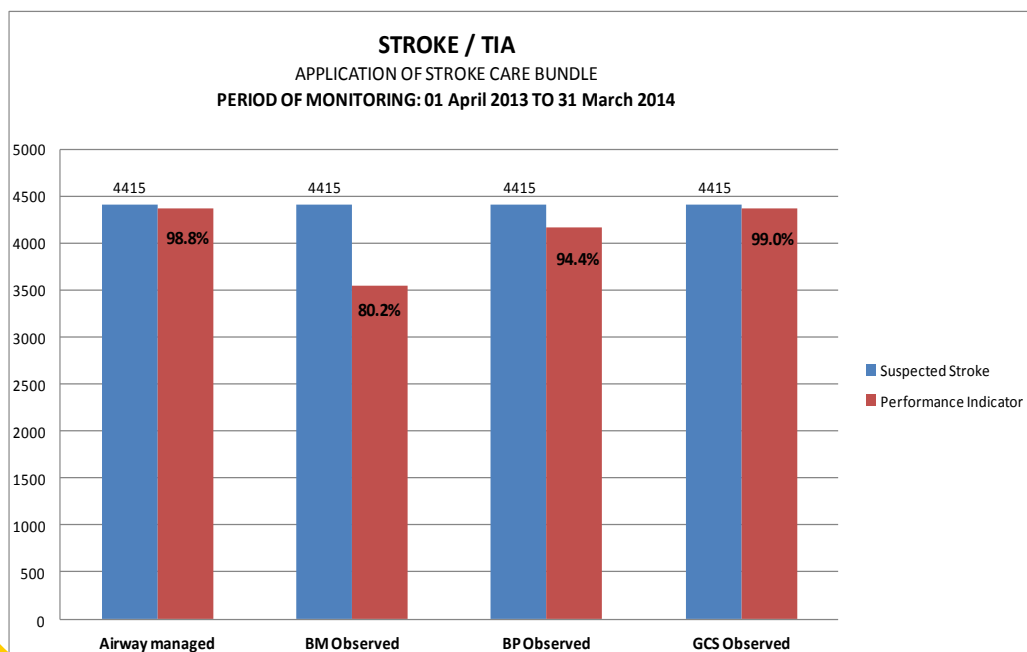
Average time from receiving 999 call to commencing treatment in hospital lab

An early review of performance showed that within the first six months of implementation, the performance by NIAS was significantly better than that seen in England, with patients being delivered to the Royal Victoria Hospital lab more rapidly.

Patients with acute stroke

If caught early enough, some patients suffering an acute stroke can receive hospital treatment to reverse part or all of the effects of the stroke.

A vital part of this is the early identification of the signs of a stroke as highlighted in the “Think FAST” campaign encouraging the public to ring 999 for any patient presenting with acute facial weakness, sudden weakness in one arm or leg, or sudden onset of slurred speech. NIAS call-takers have also been trained to assess these symptoms over the phone to ensure that any potential victims of acute stroke receive a blue-light ambulance response to take the patient directly to the nearest hospital which offers emergency stroke treatment. While en-route, the crews will pre-alert the receiving hospital to speed the patient’s process through the emergency department and in many cases the hospital stroke team is waiting for the patient when they arrive.



100% compliance with the application of the FAST test in patients with actual or suspected stroke and **96%** arriving at hospital within 90 minutes of the original 999 call.

Medicine Management

Pharmacy arrangements:

The sooner emergency treatment starts, the better the likely outcome for a patient.

- All NIAS paramedics currently have available a range of 25 different drugs to treat most common emergencies before the patient arrives at hospital.
- NIAS has moved to using a single supplier of all the emergency packs used by our paramedics, meaning that there is now a uniform standard in the resources they use to treat patients in the pre-hospital field.
- The combination of drugs available is reviewed regularly to reflect the latest guidelines in emergency care and there are arrangements in place to access an emergency stockpile of drug packs in the event of a major incident involving large numbers of casualties.
- The security arrangements for the storage of drugs is subject to regular scrutiny including spot checks by inspectors from the Department of Health

In the past year, over **21 separate independent inspections** of the arrangements of drug security at NIAS stations have been carried out with no serious concerns being raised. Close cooperation between NIAS and Victoria Pharmacy in Belfast has ensured that manufacturing problems in the supply chain of our drugs have not resulted in any critical shortages on the frontline.

Next steps.

New drugs including tranexamic acid, intravenous paracetamol, dexamethasone, activated charcoal, ondansetron, misoprosol and ibuprofen are to be made available to NIAS paramedics within the coming year allowing them to deal more effectively with a wider range of emergencies.

Medical Equipment:

As new emergency treatments are developed, the Medical Equipment Group reviews the latest medical devices to see how they might influence or improve the care provided by NIAS crews.

This year the Trust has introduced a number of new approaches including pelvic splints, traction splints, tourniquets and haemostatic dressings all aimed at reducing blood loss in severely injured trauma patients.

Benefits:

Serious bleeding is a major cause of potentially preventable death in patients who have been seriously injured. Early control of bleeding – both internal and external – has been shown to reduce death from trauma significantly.

All NIAS emergency vehicles including Rapid Response Vehicles are now equipped with some of the latest equipment to address this and training has been rolled out across the Accident & Emergency tier.

Next steps:

As a participant in the Northern Ireland Trauma Audit, NIAS is committed to improving survival rates from serious trauma across Northern Ireland, and as a result of the latest evidence will make available the drug tranexamic acid – designed to reduce the effects of internal bleeding – to all NIAS paramedics within 2014/15.