Northern Ireland Ambulance Service
Health and Social Care Trust

Northern Ireland Ambulance Service
Quality Strategy

To consistently show compassion, professionalism and respect to the patients we care for

Contents

Foreword

In 2020 we launched our organisational strategy "Caring for today, planning for tomorrow - our strategy to transform" which outlined an ambitious long-term plan on how the Northern Ireland Ambulance Service (NIAS) would play a vital role in contributing to the Department of Health's "Health and Wellbeing - delivering together strategy".

One of our key objectives within "Our Strategy to Transform" was to develop a Quality Strategy which would clearly define how we will support staff to *deliver the best and most appropriate care,* how we will *measure strategy outcomes* and how we will *engage with patients* to support *continuous learning and improvement.* I am delighted that we have been able to follow through on this commitment and I welcome you to our first, dedicated Quality Strategy.

Our Quality Strategy has been developed at a time when our service and the wider health and social care system in Northern Ireland, and nationally, has been presented with many challenges including the response to COVID-19. More recently we have had to respond to the significant increase in handover times at Emergency Departments across Northern Ireland which has presented a risk to patients waiting in ambulances and patients who have been waiting for an ambulance response in the community.

In responding to these challenges we gain learning, and we have an exciting opportunity now to make a step-change in improving the quality of the healthcare we provide and to improve the experiences of our workforce. We have already seen how we can respond through collaborating with our system partners to innovate, standardise and improve.

The NIAS Quality Strategy reaffirms our commitment to improvement and our determination to get things right for our patients and for our workforce. This will be done through providing our workforce with the appropriate quality improvement knowledge, skills and resources to identify and develop improvement ideas and to measure outcomes. Additionally, we will provide our patients and staff with ongoing engagement opportunities to ensure their voice is heard when things are going well and when we need to improve.

Finally, our Quality Strategy will group our key quality priorities under the headings safe, compassionate, effective, responsive and well-led and provide key actions and measurables to demonstrate how these activities will result in improvement.

I would like to thank everyone who has contributed to this important piece of work and thank you for taking the time to read our first NIAS Quality Strategy.

**Lynne Charlton,
Director of Quality Safety and Improvement**
Northern Ireland Ambulance Service

Caring today, planning for tomorrow - **Quality Strategy**

Working together

Excellence

Openness & Honesty

Compassion

About NIAS

NIAS provides high-quality urgent & emergency care and treatment as well as scheduled, non-emergency patient transport services for the all the population of Northern Ireland.

1.9 MILLION POPULATION

24 HOURS A DAY

365 DAYS A YEAR

5,500 SQ MILES

1. Our Mission

To consistently show compassion, professionalism and respect to the patients we care for.

2. Our Trust Values

NIAS shares four values with the other Health and Social care Northern Ireland (HSCNI) Trusts. Our values, and the behaviour they instil, form the foundations for the culture and ethos for the whole organisation. By living these values and supporting others to do the same we will help make sure NIAS achieves our mission and is an organisation to be proud of.

What does this mean?

Working together

We work together for the best outcome for people we care for and support. We work across HSC and with other external organisations and agencies, recognising that leadership is the responsibility of all.

Excellence

We commit to being the best we can be in our work, aiming to improve and develop services to achieve positive changes. We deliver safe, high quality, compassionate care and support.

Openness & Honesty

We are open and honest with each other and act with integrity and candour.

Compassion

We are sensitive, caring, respectful and understanding towards those we care for and support and our colleagues. We listen carefully to others to better understand and take action to help them and ourselves.

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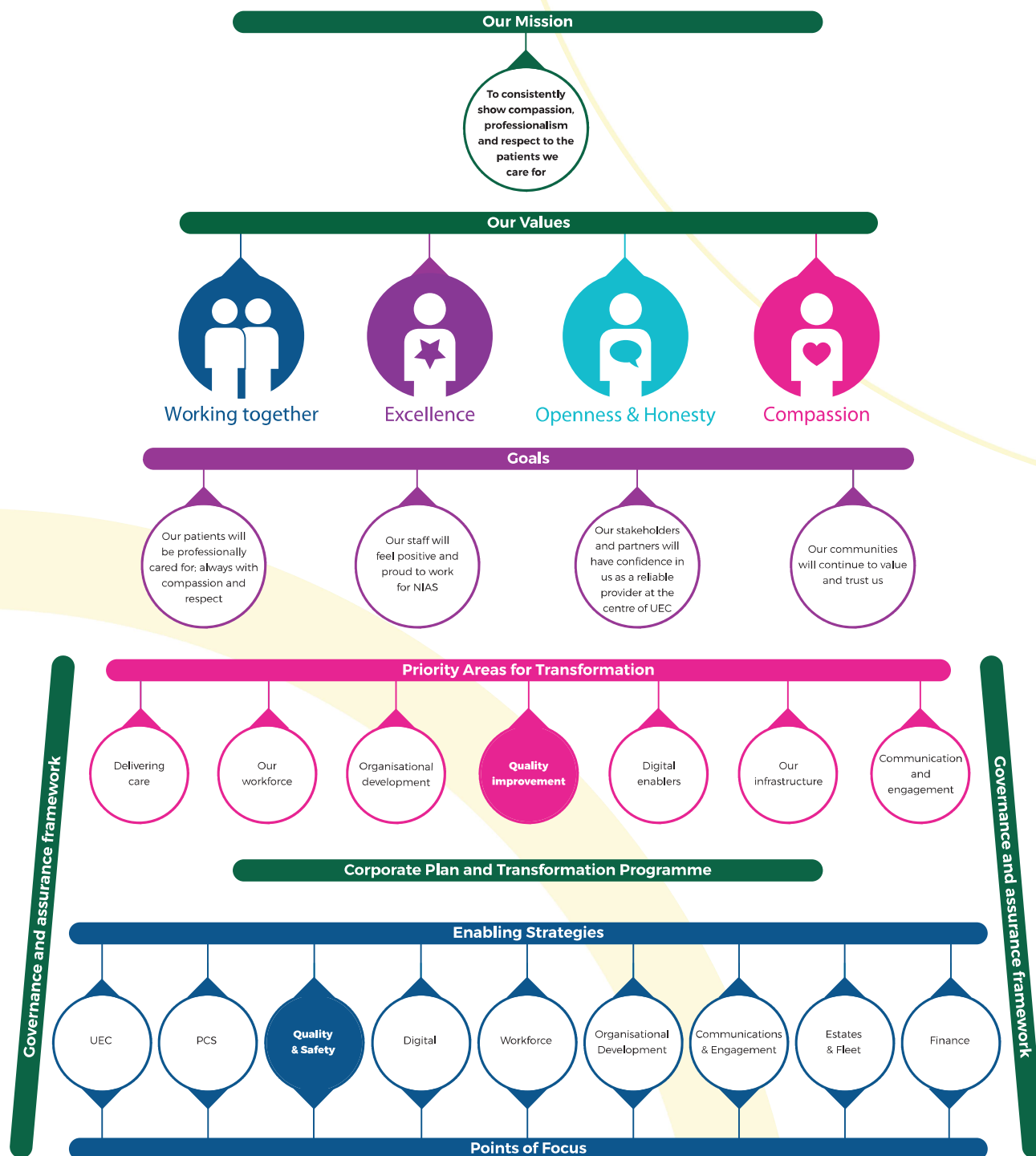
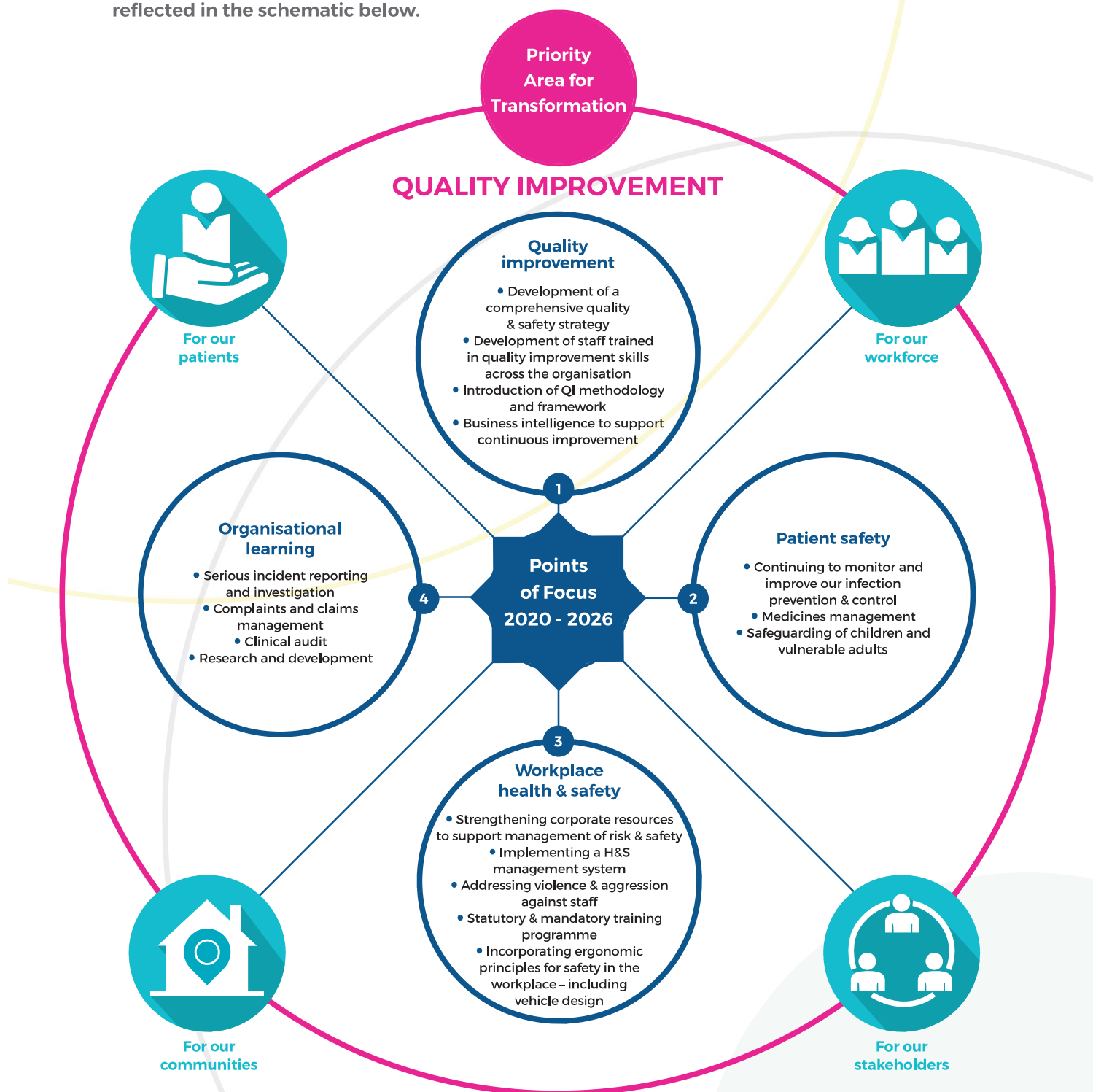Working together   Excellence   Openness & Honesty   Compassion

3. Our Strategy to Transform 2020-2026

Our **'Caring today, planning for tomorrow - our strategy to transform 2020-2026'**, sets out our long-term goals for improving and transforming our services to meet the needs of our patients, our staff, our stakeholders and our communities.

Our Mission

To consistently show compassion, professionalism and respect to the patients we care for

Our Values

Working together

Excellence

Openness & Honesty

Compassion

Goals

Our patients will be professionally cared for; always with compassion and respect

Our staff will feel positive and proud to work for NIAS

Our stakeholders and partners will have confidence in us as a reliable provider at the centre of UEC

Our communities will continue to value and trust us

Priority Areas for Transformation

Delivering care

Our workforce

Organisational development

Quality improvement

Digital enablers

Our infrastructure

Communication and engagement

Governance and assurance framework

Corporate Plan and Transformation Programme

Enabling Strategies

UEC

PCS

Quality & Safety

Digital

Workforce

Organisational Development

Communications & Engagement

Estates & Fleet

Finance

Governance and assurance framework

Points of Focus

Within the strategy we have committed to the development of a new quality strategy as well as identifying quality improvement (QI) as a priority area for transformation. The strategy also highlights a number of priority areas for improvement which are reflected in the schematic below.

Priority Area for Transformation

QUALITY IMPROVEMENT

For our patients

For our workforce

Quality improvement
- Development of a comprehensive quality & safety strategy
- Development of staff trained in quality improvement skills across the organisation
- Introduction of QI methodology and framework
- Business intelligence to support continuous improvement

1

Points of Focus 2020 - 2026

Organisational learning
- Serious incident reporting and investigation
- Complaints and claims management
- Clinical audit
- Research and development

4

2

Patient safety
- Continuing to monitor and improve our infection prevention & control
- Medicines management
- Safeguarding of children and vulnerable adults

3

Workplace health & safety
- Strengthening corporate resources to support management of risk & safety
- Implementing a H&S management system
- Addressing violence & aggression against staff
- Statutory & mandatory training programme
- Incorporating ergonomic principles for safety in the workplace – including vehicle design

For our communities

For our stakeholders

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4. Quality

4.1. What is a quality strategy?

The purpose of our quality strategy is to set out the quality improvement goals and measures for (NIAS) in providing high-quality urgent and emergency care and treatment, as well as scheduled, non-emergency patient transport services over the next three years and, therefore, delivering our vision and objectives.

To achieve this, we set out our five quality domains and a range of projects and metrics which will provide assurance that we are achieving the goal of each domain.

When developing our trust-wide **'Strategy to transform'**, we identified some key points of focus for QI. These were identified through consideration of organisational learning from untoward incident reports and complaints, audit reports, benchmarking reviews, regulatory requirements and in engagement and focussed discussions with staff groups.

To build on this, we have continued to meet with staff, patients and other stakeholders who have helped us to understand what quality means to the people at the centre of our service, and what their expectations are in regard to how we meet these objectives.

We have used the knowledge and understanding we acquired through these engagement processes to determine our Quality Goals for 2020-2026.

Some of the work and projects outlined in this strategy have already commenced, however, this strategy will identify both quantitative and qualitative measures which will provide assurance that our goals are being achieved and are promoting better outcomes for our patients and staff.

4.2. A framework for quality

Regionally, in Northern Ireland, our understanding of quality and how to improve quality is guided by Quality 2020 and the Regulation and Quality Improvement Authority (RQIA).

The RQIA have responsibility for regulating the quality of HSC provision and does so by assessing HSC organisations against four quality domains:

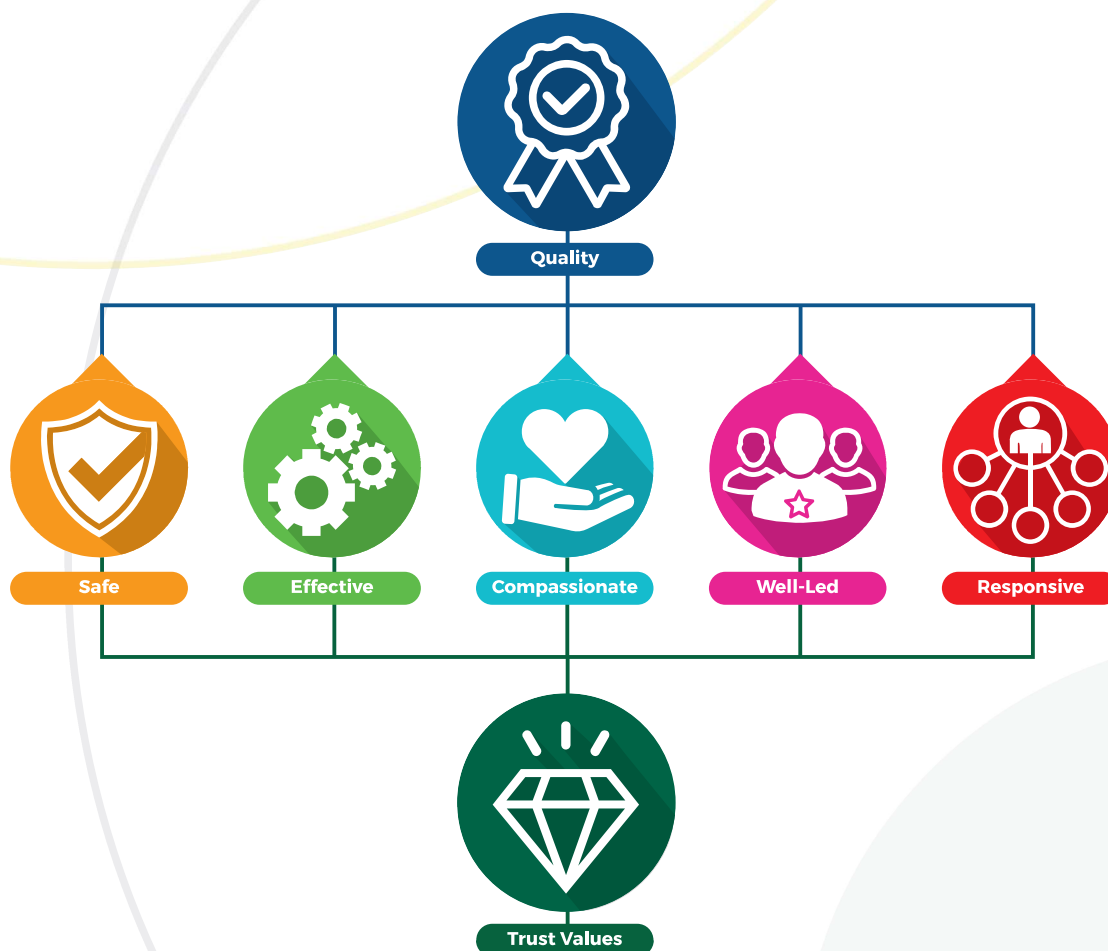**Safe**　　　**Effective**　　　**Compassionate**　　　**Well-Led**

In line with other UK ambulance services, we have based our definition and framework for quality on the regulatory model used by the Care Quality Commission (CQC), which has 'Responsive' in addition to the four domains outlined above.

We believe that including 'Responsive' within our domains of focus is vital because of the nature of NIAS work which at its core is about responding to critically ill and vulnerable people within our communities.

- **Safe** – to avoid and prevent harm to patients and clients.

- **Effective** – care, treatment and support achieves good outcomes, helps maintain quality of life and is based on the best available evidence.

- **Compassionate** – all patients and clients will be treated with dignity and respect and are fully involved in decisions affecting their treatment, care and support.

- **Well-Led** - the leadership, management and governance of the organisation encourages learning and innovation, promotes an open and fair culture.

- **Responsive** - services are organised to meet the needs of our population.

Quality

| Safe | Effective | Compassionate | Well-Led | Responsive |

Trust Values

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4.3. Quality improvement

QI refers to the systematic use of methods and tools to try to continuously improve quality of care and outcomes for patients[1]. QI involves everyone and, by embedding an improvement culture in NIAS, we can achieve better outcomes for patients and improve the experience of our workforce.

In NIAS we have the ambition of growing our QI capacity and capability by focusing on four main areas:

- **Leadership and governance** – effective governance and management processes that ensure all improvement activities are aligned with the organisation's vision and strategy.

- **Infrastructure and resources** – infrastructure capable of providing teams with the data, equipment, resources and permission needed to plan and deliver sustained improvement.

- **Skills and workforce** – a programme to build the skills and capability of staff across the organisation to lead and facilitate improvement work, such as expertise in QI approaches and tools.

- **Culture and environment** –a supportive, collaborative and inclusive workplace culture and a learning climate in which teams have time and space for reflective thinking.

(Jones et al, 2019)

Pictures of NIAS staff celebrating world Quality Day and taking part in the South Eastern Trust Quality 4 All programme.

[1].Ross and Naylor 2017; Alderwick et al, 2017: Making the case for quality improvement | The King's Fund (kingsfund.org.uk)

5. How we developed our strategy

5.1. Personal and public involvement (PPI)

Our patients and the wider population offer a unique voice to the development of our service and are vitally important as 'experts of experience' when identifying and implementing improvements (Healthcare Quality Improvement Partnership, 2017). This should include participation in decision-making, goal-setting, care design, QI, and the measuring and monitoring of patient safety. This ethos has been vital in the development of this strategy and to ensure the voices within our populations were heard. We developed a robust PPI plan with the following key objectives:

- To effectively engage with service users, carers, the public and other key stakeholders by ensuring that all engagement activities were accessible, open and transparent.

- To ask service users, carers, the public and other key stakeholders, "What matters to you when you require ambulance services?"

- To identify areas that could improve peoples' overall experiences of NIAS.

- To use feedback gathered to inform development of our Quality Strategy.

- To further embed personal and public involvement activity into the culture and practice of NIAS generally.

In order to present as rounded and robust set of insights as possible, six separate focus group sessions were conducted. The input we received from our PPI participants has been used to inform development of our key quality and safety targets in this strategy.

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What we heard from our patients and members of the public:

Fantastic service - had a stroke in 2016 - ambulance on the scene within 10 minutes

Improve response times.

Staff must be protected and safe.

Family members have experience of supporting people in crisis - their input should be sought.

Should not make assumptions about an individual's capabilities.

Alternative care for patients in Mental Health crisis.

Staff should participate in dementia training - face-to-face

Patients should not have to wait 3 hours when they have fallen.

Educating the community through outreach is important.

2 hours outside an ED - no place for a 90 year old - Couldn't ask for better treatment by the paramedics but handover delays need to be reduced.

5.2. Care opinion

Care Opinion was formally launched across HSCNI on 03 August 2020. In the period 2021 – 2022 NIAS received 170 stories via the online portal.

We analysed the key themes appearing in care opinion feedback from service users and patients. Most of the feedback indicates positive experiences of the service.
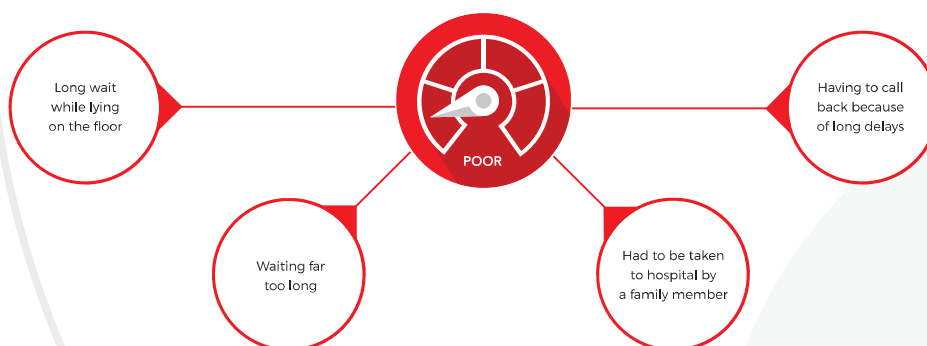
These experiences are summarised in the graphic below:

Punctual, friendly, pleasant transfer to and from hospital

Care and Compassion

Comfortable journey

Ambulance Crew couldn't have been more helpful

Nothing short of amazing

The Paramedic was very reassuring

Very helpful ambulance control

The most caring person who quickly settled us

High level of expertise and care

Treated with the utmost respect, compassion and professionalism

Ambulance crew were professional, courteous and so attentive

POSITIVE

In good hands

Prompt, helpful, friendly and careful

So kind and professional

The paramedics were superb

Listened to our families concerns

Very pragmatic

A small number of care opinion stories have highlighted that some patients have had a poor experience. We recognise that understanding what has happened in these cases, and the impact they have is crucial in helping us to identify where we can improve:

Long wait while lying on the floor

Having to call back because of long delays

Waiting far too long

Had to be taken to hospital by a family member

POOR

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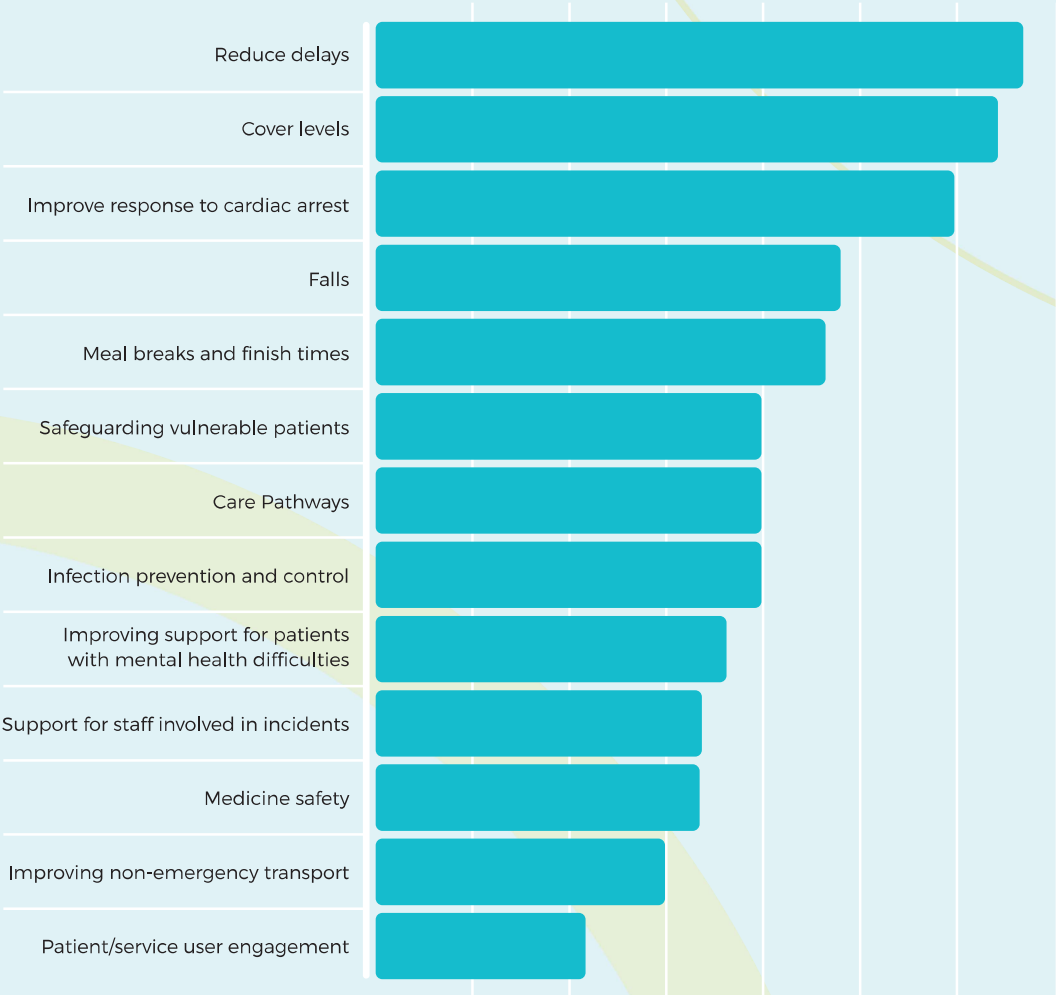
Compassion

5.3. Staff engagement

Recognising the importance of listening to our staff, we engaged extensively throughout the development of this strategy to ensure we understood what quality care means to the people who deliver our service. This was done through a series of face-to- face engagement exercises and staff surveys. By the end of this process we had engaged with circa 100 members of staff. The information we received from our staff has been vital in shaping our key quality and safety targets.

Staff engagement will continue to play a vital role in helping us to understand what is important to NIAS staff and how we can continuously improve. This will be done through providing staff with regular engagement opportunities via a range of methods e.g. zoom, face-to-face, group meetings. Our co-production strategy will provide further detail on how we will deliver this ongoing engagement with staff.

Organisational Priorities: Staff Views

Priority
Reduce delays
Cover levels
Improve response to cardiac arrest
Falls
Meal breaks and finish times
Safeguarding vulnerable patients
Care Pathways
Infection prevention and control
Improving support for patients with mental health difficulties
Support for staff involved in incidents
Medicine safety
Improving non-emergency transport
Patient/service user engagement

Following the completion of staff engagement priorities were ranked using a scoring system.

What we heard from our staff:

Improve training and educational support across all departments.

Staff engagement, training and support.

Mental health within the organisation.

Best utilisation of their staff and vehicles, make best use of A&E support crews.

Consider end of shift fatigue and how this might affect the safety of staff whilst driving back to base or home.

Frontline vacancies across Emergency and non emergency and operational management structures.

New teams dealing with falls.

Further use of ACPs to better assist patients to get access to the right care in the right place.

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5.4.   Learning from incidents

Patient safety incidents and serious adverse incident (SAI) reviews also provide significant opportunities for learning and improvement aimed at reducing future risk to patients.

Therefore, we are committed to continuously reviewing trends and learning from incidents to support the identification of improvements needed. Key to this will be utilising QI methodologies to identify, implement and measure change and improvement

Serious Adverse Incidents:
Throughout 2022-23 NIAS have catagoriesed all SAIs

(using themes identified in the National Ambulances Risk & Safety Forum, NARSF)

Cardiac Management

Clinical Assessment and/or treatment on scene incidents

2022-2023

Call handling and dispatch incidents

Delays in call answering and dispatch

5.5. Learning from complaints

Complaints have provided us with another important source of information which we have used to help us understand the experiences of people who use our service and where we need to improve the quality of the care we provide. To help focus on improvement we have analysed and themed the complaints we have received throughout 22/23 and finally to help us understand our priority areas we are focusing on the seven themes which appear most:

Themes of complaints

(using themes identified in the National Ambulances Risk & Safety Forum, NARSF)

Delays in Accident and emergency response

Concerns regarding treatment

Staff attitude and treatment

Delays on response - Falls

Delays - myocardial infarction

Delays in non-emergency transport

Emergency ambulance control call handling

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6. Delivering and monitoring our strategy

6.1. Quality Assurance

Progress in regard to our Quality Strategy and the key projects included within this programme of work will be monitored at service level through the development of Business Intelligence (BI) dashboards, which will be designed collaboratively with the NIAS BI Team, and through robust governance structures. This will include:

- **Development of a quality oversight group which will have a membership including assistant directors from each directorate and the nominated project leads for each of the identified projects.**

- **Biannual assurance reports will be provided to the Senior Management Team (SMT) and the Safety Quality Experience and Performance Committee (SQEP). The assurance reports will include a suite of measures which have been identified for each of our quality and safety targets with analysis and highlighting of barriers in regard to achieving them.**

The governance structures outlined will allow us to measure and monitor the milestones, outcomes and timeframes of the projects, with clear lines of accountability and responsibility to the project owners.

Additionally, the themes and targets included in this strategy will be described in the trust's annual quality report and where targets have changed or been achieved the annual quality report will confirm the targets for the following year.

NIAS Trust Board

Senior Management Team (SMT)

Audit & Risk Assurance Committee (ARAC)
- Director of Finance
- Representatives of Internal/External Audit
- CE & all Directors subject to agenda
- Asst Director of Finance
- Trust Chair, CE, Directors and other Officers maybe invited to attend when areas of risk or operation are discussed
- Board Secretary

Safety, Quality, Patient Experience & Performance Committee (SQPEP)
- All Directors subject to Agenda
- CE and other Officers or the Trust may attend
- Board Secretary
- Trust Chair may attend in ex-officio capacity

People, Finance & Organisational Development Committee (PFOD)
- Director of HR & OD
- Director of Finance
- CE & all Directors subject to agenda
- Asst Directors
- Senior Managers for workforce and finance as appropriate
- Board Secretary

Remuneration Committee
- Trust Chair
- CE
- Board Secretary

Quality oversight group (to be established)

7. Our quality goals

Our quality goals will be achieved through the delivery of a range of projects grouped under each of the five quality domains – safe, caring, effective, well-led and responsive. Each of these domains has a clear objective defined by the CQC. For each domain we outline our key priorities for NIAS, and the goals of specific projects and activities aimed at improving our achievement of these objectives. We believe that the delivery of these projects will significantly improve outcomes for our patients as well as providing a better working environment for our staff. Successful delivery will be evidenced through a suite of goals, and metrics targets, which have been identified for each project.

Safe:
"To avoid and prevent harm to patients and clients."

1. To work in collaboration with the other HSCNI Trusts and partner organisations to ensure patients are able to get timely access to services, and experience smooth transfers of care.

2. To take a whole systems view on how we learn from incidents and complaints and to ensure staff are treated fairly through the implementation of a 'Just culture'.

3. Ensure our staff work, and our patients are cared for, in a safe environment.

Hospital Handover Delays

The nationally agreed patient hand over target between ambulance and emergency department is 15 minutes with all vehicles being turned around and available to respond within 30 minutes. NIAS, like many other National Ambulance Services, continues to be challenged because of the extensive delays in handover and turnaround times. This was reflected in 22/23 with 99% of handovers going beyond 15 minutes and 93% of ambulances delayed over the 30-minute turnaround target.

Reporting on a structured clinical review in 2021, The Association of Ambulance Chief Executives (AACE) found that 8 out of 10 patients whose handover is delayed beyond 60 minutes is likely to experience some level of harm[2]). There is also a significant risk to patients in the community who require an ambulance response when our resources are being held up at hospitals and unavailable to respond. Ultimately delays are impacting on the timely access to care and as a consequence, patients are coming to harm.

Recognising that this is a multi-factorial system issue, we are committed to working collaboratively with the other health and social care trusts with the goal of reducing the risk of harm to patients due to delays in handover. This will also reduce the hours lost waiting outside EDs so that ambulance clinicians are available to respond to those who have called 999.

> Goal: We will mitigate the risk of harm to patients through a system wide collaborative approach to reducing hospital handover times.

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[2] https://aace.org.uk/wp-content/uploads/2021/11/AACE-Delayed-hospital-handovers-Impact-assessment-of-patient-harm-FINAL-Nov-2021.pdf

Late Finishes & Rest periods

Delivering a 24/7 service means many frontline NIAS staff are required to work shift patterns. Working shifts can have many benefits for staff and our patients, however, during face-to-face engagement at emergency departments and through online surveys we heard that our staff continue to routinely miss rest periods and regularly are not able to finish work on time. NIAS recognises the welfare impact upon staff when this happens. We know that where this happens regularly that this can lead to poor morale and may even contribute to high levels of absenteeism.

Late finishes can also increase the risk to patients waiting on a NIAS response in the community by delaying crews starting time and by reducing resource availability the following day. This happens as staff who have had a delayed finish time are required to start their next shift later to ensure that there is an adequate rest window between their last and next shift, this is known as compensatory rest. As this is unpredictable in nature, the impact of this is very difficult to plan for on a shift-by-shift basis.

Several factors contribute to missed rest periods and late finishes including delayed handover times, design of shift patterns and available cover levels. By improving these issues, we believe we can reduce the frequency of missed meal breaks and late finishes.

Goal: We will reduce the frequency of delayed / missed rest periods and late finishes resulting in improved working conditions for our teams but ultimately enhancing patient care by having crews more readily available to respond.

Resuscitation/Cardiac Arrest

When a patient suffers a cardiac arrest in the community NIAS has the responsibility for the initial elements for in the chain of survival. Much of the focus when measuring the quality of our cardiac arrest response has been on response times which is recognised as being a small part of the overall chain of survival. In order to improve our community cardiac arrest survival rate, we are committing to ensuring we have a better understanding of patient outcomes for these events, and we are developing a QI project, using the Global Resuscitation Alliance 10 key measures to improve cardiac arrest survival.

The initial phase of this will focus on improving our access to cardiac arrest data which in turn will help us provide support to clinicians to optimise pre-hospital resuscitation through improved education and feedback, resulting in better outcomes for patients.

Goal: We will understand and Improve outcomes for patients who suffer out of hospital cardiac arrest.

Safeguarding vulnerable children, young people and adults

Improving how we safeguard children, young people and adults is an ongoing priority in NIAS. In recent years we have seen improvement through enhancing governance and assurance regarding all safeguarding incidents, through the appointment of a Head of Safeguarding and through the delivery of enhanced training. However, there continues to be challenges in this area including supporting patients to obtain the most appropriate level of support (safeguarding vs welfare). Consequently, lower threshold/welfare referrals are continuing to be made through emergency social work pathways, creating challenges for our staff and the social work teams.

We are committed to working collaboratively with Strategic Planning and Performance Group (SPPG), other HSCNI Trusts, the Police Service of Northern Ireland (PSNI) and the Fire Service to establish appropriate referral pathways for all levels of need whilst ensuring the referral process is easily accessible and streamlined to support the needs of our service.

Goal: We will develop appropriate pathways of care and improve referral mechanisms for patients at all levels of safeguarding need.

Infection prevention and control

Good infection prevention and control (IPC) practice is essential if we are to keep our patients and our staff safe from avoidable harm of this nature.

We recognise that to keep our patients and staff safe from acquired infections we must increase our compliance with IPC policies, procedures and guidelines.

A national IPC survey across the UK ambulance sector in 2022, commissioned by AACE, has provided many learning points that we can build on to improve IPC practice and compliance.

In particular we have identified the need to improve compliance performance with the Bare Below the Elbows (BBE) policy and Hand Hygiene practice.

We will monitor and improve IPC practice through comprehensive audit processes and a revised education programme for staff across all clinical roles.

Goal: We will implement recommendations made from the national IPC survey to improve IPC compliance behaviour and practice.

Compassionate:

"All patients and clients are treated with dignity and respect and are fully involved in decisions affecting their treatment, care and support."

1. To proactively seek feedback and input from our patients, carers and communities.

2. To consistently, compassionately and with dignity, involve patients, families and staff in SAI reviews and complaints processes..

3. To work in partnership with our patients, carers, communities and voluntary organisations in the design and development of our services, using the principles of co-production to drive sustainable and measurable service improvement.

Personal and public involvement

Personal and Public Involvement (PPI) is a central component of the quality agenda, which aims to improve HSC provision and the individual experiences of those who use these services in NI.

Recognising the importance of PPI we will strengthen our involvement processes and opportunities through the development of a more comprehensive co-production model to ensure we are taking the views of our patients into account in all that we do.

We will proactively seek feedback and input from our patients, carers and communities and use this to ensure we provide a responsive service to meet their needs.

Goal: We will develop a proactive PPI strategy and implementation plan that facilitates engagement.

Serious adverse incidents reviews and learning

The often-traumatic nature of SAIs can have a massive impact on patients, families and staff, consequently we must ensure that everyone involved in the review process is supported and that any learning is utilised to prevent reoccurrence of incidents.

Performance and compliance in meeting regionally agreed timescales for completion of SAI reviews and related recommendations has been suboptimal with many SAIs going significantly beyond expected completion dates and recommendations not being fully implemented. This has the potential to have a further detrimental impact on the families and staff involved in this process.

We will aim to improve the timeliness, effectiveness and manner of our engagement with patients and families whilst ensuring that any staff involved are regularly updated and have sight of any review prior to completion.

Goal: We will use a person-centred approach to embed openness, honesty and compassion in our SAI review processes promoting a fair and open culture.

Complex case team

The NIAS Complex Case Team (CCT) has been widely recognised for their exemplary work in identifying and supporting patients who contact our service on a frequent basis.

Frequent callers often present with social isolation, substance addictions, mental health conditions or other unmet medical and social needs. Through the service provided by the CCT we have been able to ensure patients within this group get appropriate support from a wide range of statutory and voluntary services.
.
We will continue to work collaboratively with other HSCNI Trusts, voluntary and charitable sector and other statutory services to improve outcomes for frequent callers. We will also look a new innovative way of supporting this group of patients by working in partnership with the Red Cross who can provide appropriate support for higher intensity callers where required.. This in turn will reduce the demand on NIAS, freeing up resources to for patients requiring urgent and emergency responses.

Goal: By working in collaboration with the wider system we will improve patient experience and outcomes by developing appropriate care pathways while reducing demand on the 999 system.

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Effective:

"Care, treatment and support achieves good outcomes, helps maintain quality of life and is based on the best available evidence."

1. To ensure our clinical strategy and care provision is evidence based and delivers the intended outcomes for our patients.

2. To utilise innovative methods, including digital technology, to enhance care delivery and improve outcomes for our patients.

3. To support staff to do their role effectively through provision of appropriate resources and training.

Research and Development

A well-developed research and development (R&D) function has a critical role in any organisation but is particularly important for the development of best evidence upon which to advance our health and care and upon which to base our clinical decisions.

We will develop a culture of R&D excellence by engaging an active workforce in high quality research that will be disseminated at local and national levels, with an aim to improve the quality of care provided to patients.

Goal: We will enhance R&D capacity and capability.

Medicines Storage and Tracking

The Medicines Regulatory Group and Internal Audit have identified the need for NIAS to have digital medicines pack tracking systems across all stations which will provide greater information on the location of medicines packs which contain controlled drugs, and provide assurance with respect to appropriate usage.

Goal: We will introduce a digital medicines pack tracking system.

Patient Care Service

The NIAS Patient Care Service (PCS) plays a dynamic role in the care, management and transportation of patients to and from healthcare facilities, for scheduled appointments, who do not require the interventions of a paramedic or emergency medical technician (EMT). In recent times the PCS service has been critical in supporting the workload of both the non-emergency and emergency function completing over 70,000 journeys in 2022/23.

Following the recommendations of our recent review of PCS and workshops held with a variety of stakeholders during 2021, the SMT has prioritised the implementation of a PCS QI programme supported by the NIAS transformation team.

The key objectives for the programme are to deliver sustained improvements in the effectiveness and efficiency of PCS and contribute to timely patient flow within the wider health system.

Goal: We will improve the overall experience of patients who use the Patient Care Service.

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Responsive:
"Services are organised to meet the needs of our population."

1. To work collaboratively with partner HSCNI organisations and other ambulance services to identify service developments to improve our performance in line with national standards.

2. To adhere to an 'Open'" and 'Just Culture' ensuring we are able to be responsive the concerns of patients who are unhappy with our service.

3. To deliver a service which provides the right care, with the right resource, in the right place and at the right time.

Community Falls response

Recognising the impact of falls on the entire health service, AACE published the 'Falls Response Governance Framework for NHS Ambulance Trusts' which outlines how we can improve our safe and effective response to falls in the community.

Using this framework we will continue to develop our understanding of how, working with partner providers, we can enhance our falls response and we will explore a variety of alternative responses to improve the experience and outcomes for patients who have fallen.

Goal: We will improve response times, and patient outcomes for patients over 65 with the chief complaint of a fall.

Patient Care Pathways

As the capability of service clinicians has developed, so has the range of response models and referral pathways available to NIAS clinicians. These can be utilised following face-to-face assessment and from clinician-led additional telephone triage. NIAS has an existing suite of pathway options, we will continue to develop and improve these pathways working with the clinicians who use them daily to understand the success and challenges.

We aim to continue the development of new and existing Patient Care Pathways (PCPs) that offer the most clinically appropriate care and avoid unnecessary Emergency Department attendance. This will include working with the other HSC Trusts to open up direct referral access to more services that NIAS clinicians can utilise, but also ensuring pathways are utilised effectively and safely, where indicated. Ultimately, this will mean our patients are put on the right care pathway, the first time, leading to improved patient experience and clinical outcomes.

Goal: We will improve our understanding of how we compare to other ambulance services in utilising patient care pathways and then improve against this baseline.

Complaints

The Service User Feedback Team continues to promote a culture where all concerns and complaints are received positively, investigated promptly and thoroughly, responded to sympathetically and that actions are taken to prevent recurrence when services provided have fallen below acceptable standards. Such learning is key to achieving excellence in pre-hospital care and improving the experience of those who use our services.

Throughout 2022-23 we will undertake a review of our Complaints Procedure with a focus on improving the timeliness of our complaint resolutions whilst maintaining our high standards of investigation. As part of this review, we will benchmark Complaints Procedure standards against other HSC Trusts and ambulance services across the UK & Ireland and seek feedback from service users and staff to improve the team's services and performance.

Goal: We will improve satisfaction with our response to complaints.

Emergency Ambulance Control

Demand on our emergency ambulance control is incredibly high with the team dealing with over 260,000 emergency 999 calls 22/23. The high volume of calls leads to many challenges which are reflected in our serious incident and complaints data we can identify occasions when patients have a poor experience. Consequently, we need to have systems in place which allow us to have confidence in the care and customer service our patients are being provided with from Emergency Ambulance Control (EAC).

We aim to do this through the audit and quality assurance (QA) of a random selection of emergency calls, with the expectation of completing a percentage of overall call volume to maintain our international academy of emergency medical dispatch accreditation.
There are also nationally recognised standards which must be met to maintain accreditation.

In 2021/2022 several challenges presented which limited the team's ability to appropriately QA the expected number of calls and compliance in-line with standards was also below what is expected.

This has now improved but it is recognised that we must continue to enhance our capability in this area to ensure continuous improvement is prioritised in EAC.

Goal: We will innovate to enhance our capacity to QA 999 calls which will improve the safety and quality of our service.

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Well Led:

"The leadership, management and governance of the organisation encourages learning and innovation, promotes an open and fair culture."

1. To provide our workforce with the skills and knowledge to identify and test change.

2. To optimise access to improvement data and appropriate tools to support the measurement and analysis of outcomes

3. To promote innovations and embed collective and compassionate leadership across our organisation.

Quality improvement

In the 'NIAS Strategy to Transform' we committed to introducing a robust QI methodology and to increase our QI capabilities. This was to support the improvement of outcomes for patients and staff in an evidence-based, controlled, and measurable way. Within this strategy we are reaffirming this commitment by providing clear measurable milestones.

We recognise that as well as improving and growing our QI culture we must begin to utilise the untapped QI potential that exists in the organisation. This will be done by gaining commitment from all directorates to enable and empower staff who are trained in QI with opportunities to utilise their skills and champion the delivery of key quality and safety projects.

Goal: We will increase, and make better use of, QI capacity and capability across NIAS.

Organisational Culture and Leadership

It has been identified, through a range of surveys and staff engagement sessions, that only 32% of NIAS employees would recommend NIAS as a great place to work with concerns being raised about quality and innovation, lack of empowerment, 'siloed' working and a lack of compassionate leadership.

The NIAS Cultural Leadership Charter has been developed with the goal of improving organisational health and contributing to workforce health. Key themes include embedding compassionate and collective leadership and openness including celebrating successes and learning from feedback and mistakes.

Goal: We will embed compassionate and collective leadership across the organisation making NIAS a great place to work.

Appendix 1
Strategy outcome metrics

Safe:
"To avoid and prevent harm to patients and clients."

- Work in collaboration with the other HSCNI Trusts and partner organisations to ensure patients are able to get timely access to services, and experience smooth transfers of care.

- Take a whole systems view on how we learn from incidents and complaints and to ensure staff are treated fairly through the implementation of a 'Just culture'.

- Ensure our staff work, and our patients are cared for, in a safe environment.

Supporting Project	Key Actions	What we are trying to achieve
Hospital handover delays / Timely Access to Care: We will mitigate the risk of harm to patients through a system wide collaborative approach to reducing hospital handover times.	• Implement and monitor systems which enable accurate analysis of time between patient handover at hospital and ambulance availability. • Provide weekly reports to system stakeholders, including other Health Trusts and SPPG, which highlight the number of delayed handovers and lost operational hours. • Monitor and enhance the utilisation of regular observations and NEWS2 while patients await hospital handover. • Implement and monitor the regionally agreed standard operating procedure for the escalation of the deteriorating patient. • Increase utilisation of the electronic patient record system.	Increase the timeliness of response to calls following patient handover. Demonstrate the effect of delayed handovers and extended turnaround times on our ability to respond to calls. Improve the early detection of patient deterioration while awaiting hospital handover. Reduce the number of serious adverse incidents in which patients come to harm when waiting on hospital handover. Automation of observations and NEWS2 calculations to improve patient safety.
Late Finishes & Rest periods: We will reduce the frequency of delayed / missed rest periods and late finishes resulting in improved working conditions for our	• Agree and implement late finishes SOP, ensure that same is co-produced/ designed with NIAS frontline and control room staff. • Agreed and implement rest period SOP, ensure that same is co-produced/ designed with NIAS frontline and control room staff.	Ensure crews finish on time Reduce the time taken to hand patients over at ED Reduce time lost through compensatory rest Improve staff safety and wellbeing

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Supporting Project	Key Actions	What we are trying to achieve
teams but ultimately enhancing patient care by having crews more readily available to respond.	● Explore alternative shift patterns, ensure that same is co-produced/ designed with NIAS frontline and control room staff. ● Improve frequency and duration of handover delays. ● Undertake pre and post intervention NIAS Staff surveys regarding the impact of missed rest periods, late handovers and protracted delays at ED depts.	.
Resuscitation / Cardiac Arrest: We will understand and Improve outcomes for patients who suffer out of hospital cardiac arrest.	● Implement the Resuscitation Academy 10 steps for improving survival from cardiac arrest. ● Review of cardiac arrest data to further understand patient outcomes following pre-hospital cardiac arrest.	Improve survival rates for people who suffer pre-hospital cardiac arrest. Audit 95% of cardiac arrest PRFs per month.
Safeguarding vulnerable children, young people and adults: We will develop appropriate pathways of care and improve referral mechanisms for patients at all levels of safeguarding need.	● Agree and implement a regional welfare pathway. ● Deliver face to face safeguarding training to NIAS operational staff. ● Develop a safeguarding referral module on the electronic patient record form.	Ensure adults in need have access to appropriate support. Improve staff understanding of safeguarding, what to look out for and how to make appropriate referrals. Make it easier for staff to make safeguarding referrals.
Infection Prevention & Control: We will implement recommendations made from the national IPC survey to improve IPC compliance behaviour and practice.	● Staff within the NIAS will receive high quality education in relation to Infection Prevention and Control. ● IPC practices of NIAS staff will be regularly audited and assessed against best practice standards for IPC. ● IPC policies within the NIAS will be aligned with the National Ambulance Service IPC Group policy which is currently being developed. ● A Board Assurance Framework (BAF) will be drawn up and implemented for the NIAS using the National Health Service IPC BAF. ● A bespoke IPC resource will be developed for the NIAS which will take account of the 24/7 nature of a mobile workforce and which will be tailored to meet the needs of NIAS operational staff.	Improve compliance with the Hand Hygiene policy including being BBE.Improved compliance in HH audits conducted by the IPC team. Review feedback from staff regarding the benefits of the IPC resource and establish if has increased staff support and knowledge.

Compassionate:

"All patients and clients are treated with dignity and respect and are fully involved in decisions affecting their treatment, care and support."

- To proactively seek feedback and input from our patients, carers and communities.

- To consistently, compassionately and with dignity, involve patients, families and staff in SAI reviews and complaints processes..

- To work in partnership with our patients, carers, communities and voluntary organisations in the design and development of our services, using the principles of co-production to drive sustainable and measurable service improvement.

Supporting Project	Key Actions	What we are trying to achieve
Patient and service user involvement: We will develop a proactive PPI strategy and implementation plan that facilitates engagement.	• Develop an Experience, Co-production, Partnership Working and PPI Strategy and implementation plan. • Further embedding Care Opinion, the 10,000 More Voices project and bespoke service surveys into culture and practice. • Establish a NIAS patient group.	Describe how we will involve the public and our staff in making decisions which will affect the delivery of care. Increase opportunities and awareness of how to share experiences with the service. Ensure the patient voice is heard in all pieces of improvement work.
Serious Adverse Incidents: We will use a person-centred approach to embed openness, honesty and compassion in our SAI review processes promoting a fair and open culture.	• Deliver bespoke training to operational managers in regard to completing reviews. • Continue to develop dashboards to enable better tracking of recommendations.	Ensure staff have the appropriate knowledge and skills to complete a thorough and effective review. Ensure patients and families are effectively included in the review process. Provide assurance recommendations have been actioned and recorded.
Complex Case Team: By working in collaboration with the wider system we will improve patient experience and outcomes by developing appropriate care pathways while reducing demand on the 999 system.	• Continue to work in collaboration with partners agencies to support patients with complex needs.	Provide patients with access to alternative services to suit their individual needs.

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Effective:

"Care, treatment and support achieves good outcomes, helps maintain quality of life and is based on the best available evidence."

- To ensure our clinical strategy and care provision is evidence based and delivers the intended outcomes for our patients.

- To utilise innovative methods, including digital technology, to enhance care delivery and improve outcomes for our patients.

- To support staff to do their role effectively through provision of appropriate resources and training.

Supporting Project	Key Actions	What are we trying to achieve
Research and development: We will enhance R&D capacity and capability.	• Implementation of the research and development strategy. • Developing a range of options for NIAS staff to access training, including research-based workshops, continuous professional development (CPD) events and advice clinics for academic study or research project ideas.	Increase the capacity and capability for research within NIAS. To ensure quality of care through delivery evidence-based practice.
Medicines safety: We will introduce a digital medicines pack tracking system.	• Roll out of digital medicines tracking system.	Improve medicines safety and security.
Patient care service: We will improve the overall experience of patients who use the Patient Care Service.	• Improve vehicle allocation process. • Increase opportunities for patient/service user feedback.	Increase the availability of non-emergency ambulances to respond to calls. Understand if patients/service users are satisfied with the service we deliver.
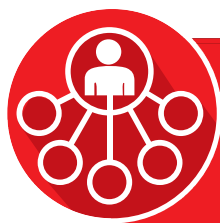
Responsive:
"Services are organised to meet the needs of our population."

- To work collaboratively with partner HSCNI organisations and other ambulance services to identify service developments to improve our performance in line with national standards.

- To adhere to an 'Open'" and 'Just Culture' ensuring we are able to be responsive the concerns of patients who are unhappy with our service.

- To deliver a service which provides the right care, with the right resource, in the right place and at the right time.

Supporting Project	Key Actions	What are we trying to achieve
Community falls response: We will improve response times, and patient outcomes for patients over 65 with the chief complaint of a fall.	• Deliver and evaluate new models for responding to patients who have fallen. • Enhance the utilisation of care pathways for patients who have fallen.	Improve the timeliness of our response to patients who have fallen. Reduction in complaints regarding patients who have fallen. Ensure patients receive the right care in the right place and avoid ED attendances where possible.
Patient Care Pathways: We will improve our understanding of how we compare to other ambulance services in utilising patient care pathways and then improve against this baseline.	• Review and update of appropriate care pathways. • Benchmark against other ambulance services. • Introduce pathways module on e-PCR system.	Ensure patients are referred to the appropriate service when emergency care is not required. Understand how we compare with other ambulance service. Make the referral process easier for operational staff. Increase safe and appropriate see and treat figures High care bundle compliance once re-introduced Improve the referral process by making it easy to access and efficient for our operational staff.

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Supporting Project	Key Actions	What we are trying to achieve
Complaints: We will improve satisfaction with our response when patients have had a poor experience.	● Review and update the Complaints Policy & Procedures. ● Review how the mechanisms for reporting concerns, compliments and complaints are received and implement improvements (Website and Public Information leaflet). ● Seek feedback from staff to improve the service user feedback process.	Raise awareness and understanding of the complaints process internally. Improve information and access for service users who wish to share their experience. Support staff through the complaints process.
999 call taking quality assurance: We will innovate to enhance our capacity to QA 999 calls which will improve the safety and quality of our service.	● Explore introducing artificial intelligence into the QA process. ● Develop further QA roles to increase capacity of the team. ● Share learning identified through the quality assurance process.	Increase the overall number of 999 calls which go through the quality assurance process. Ensure quality assurance against agreed standards. Improve the quality of 999 call taking.

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● To provide our workforce with the skills and knowledge to identify and test change.

● To optimise access to improvement data and appropriate tools to support the measurement and analysis of outcomes

● To promote innovations and embed collective and compassionate leadership across our organisation.

Supporting Project	Key Actions	What are we trying to achieve
Quality Improvement: We will increase, and make better use of, QI capacity and capability across NIAS.	● Develop and implement a quality improvement plan. ● Develop an internal quality improvement education programme.	Promote awareness and understanding of QI culture and methodology. Increase capacity and capability for improvement.
Organisational Culture and Leadership: We will embed compassionate and collective leadership across the organisation making NIAS a great place to work.	● Implementation of the Cultural Leadership Charter and communication plan. ● Implement a compassionate leadership programme. ● Review pathways to access peer support and wellbeing.	To make NIAS a better place to work for all staff. Support managers to lead with compassion and kindness. Improve staff access to support when they are going through a challenging time.

Notes

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