



2019/20

**NIAS**

**ANNUAL QUALITY**

**REPORT**

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# Foreword

**Dear Shareholders,**

I am pleased to present the Northern Ireland Ambulance Service (NIAS) Annual Quality Report for 2019/20.

I am pleased to present the Northern Ireland Ambulance Service (NIAS) Annual Quality Report for 2019/20 and to share the innovative work of our dedicated staff who continue to display remarkable commitment and professionalism to improve the quality of the care and experience we provide to those who use our service. Never has that been more evident than during the unprecedented challenges of the last year during which our staff have repeatedly gone above and beyond to ensure the continued provision of high quality pre-hospital care.

I would like to pay tribute to every member of NIAS for their commitment to providing the high standard of compassionate care we would each wish for our loved ones. As well as our operational staff who provide direct patient care, often in the most challenging circumstances, and the staff in our Emergency and Non-emergency Control Rooms who are the first point of contact with those in need – providing a reassuring and comforting voice, this includes all of the staff who perform the essential support functions without who we would be unable to provide the service we do. Each one of them delivers a quality service every day of the year.

There was a time before Covid-19 and there will be a time after Covid-19. We will come through this stronger and more innovative in responding to whatever future challenges we face. Key to that will be the learning from the pandemic and this report reflects an element of that learning which will be further built on in the year ahead. I am confident that this experience will help us to better support our staff to further improve patient care in the future. Regardless of whatever challenges lie ahead, we must never stop striving to improve the safety, quality and patient experience of the services we provide. NIAS is strengthening our capacity to learn from times when we



do not deliver the standard of care we aspire to, and to encourage and support those who are best placed to identify where improvements can be made – our staff and service users.

We also need to continue to acknowledge and celebrate the excellent care our staff do provide. I am humbled and proud by the many compliments the Trust receives thanking our staff for the kindness and care provided to a family member, often at a sad and distressing time. These remind us of what is important to service users and we will continue to reinforce these values and embed them in our practices.

At the end of 2019/20 we published our Strategy to Transform 2020-2026 – *Caring Today, Planning for Tomorrow*. This sets out our plan to transform our service ‘to consistently show compassion, professionalism and respect to the patients we care for’. This Quality Report provides a snap shot of just some of the excellent work being done to achieve that aim and our commitment to continue to work with our service users, our partners and our staff to strive for further improvements.

**NIAS Chief Executive  
Michael Bloomfield**

A handwritten signature in black ink, appearing to be 'M Bloomfield', written in a cursive style.



# Theme 1

Transforming  
the Culture

# Theme 1

## Transforming the Culture

### Personal and Public Involvement



The Trust is committed to our duty to engage and involve service users in the development and delivery of the services we provide, using the principles of co-design and co-production. The end of this reporting period coincided with the onset of the COVID-19 pandemic, an event which not only radically altered how we deliver services, but also the way in which we engage with and involve service users. Despite these circumstances, the Trust remains determined to ensure that those who use our services and their representatives have an opportunity to influence and shape policy and service delivery decisions.

Our Personal and Public Involvement Strategy outlines our commitment to involving key stakeholders and their representatives in the development of our services. Service user engagement and involvement are mainstreamed into key policy development processes. The Trust continued to contribute to the regional Personal and Public Involvement agenda. Personal and Public Involvement awareness training is delivered at Corporate Induction every three months. Personal and Public Involvement is continually promoted to colleagues through the Health and Social Care Engage website for access to further support and resources.

The Trust continues to work with the other five Trusts to improve ambulance turnaround times and has participated in the Health and Social Care Board/Public Health Agency-led regional initiative supported by the Patient Safety Forum.

Following on from the successful consultation, engagement, and involvement exercise on the Introduction of the new Clinical Response Model, we held two PPI engagements at NIAS Headquarters in September 2019.

This gave opportunity for those stakeholders who participated in the consultation to join in further conversation to discuss the future of the strategy. In focus, we sought to establish important matters of concern in relation to how the Ambulance Service deliver care to patients and suggestions on elements of service delivery. It provided opportunity for NIAS to express the need for more involvement and as a regional service, views from citizens across N.I is paramount. We had 25 participants who attended over both days; individuals included representatives of the third sector, statutory partners,

political stakeholders, and individual service users of NIAS who had specific areas of interest. Given this, they all had the same intent to engage in conversation about something they felt passionately about.

Following engagements, we are working towards establishing a service user/stakeholder forum, one that promotes openness and transparency, involvement,

- Dignity and respect**  
Each person is treated with dignity and respect.
- Inclusivity, equity and diversity**  
The PPI process should facilitate the inclusion of all those who need to be involved and who chose to do so. It must be sensitive to the needs and abilities of each individual.
- Collaboration and partnership**  
The PPI process is based on collaboration and partnership working. Each person has a responsibility to build constructive relationships with others involved in the process.
- Transparency and openness**  
The PPI process should be open and transparent and each person has a responsibility to be open and honest in their interactions and relationships with others.

co-production, and collaborative working with the five Trusts. We are continuing to engage with service users from across N.I to form the group with further involvement planned for 21/22.

There was a third engagement scheduled for late February 2020, but was subsequently postponed due to the pandemic. This engagement was a follow-up to the discussion points raised from the previous two engagements and will be held in 2021, whereby a timely update on the progression of the Clinical Response Model will be provided. Areas of concern included people who resist calling 999 as they do not want to create a fuss when they really do need emergency assistance, service users really appreciate the work NIAS colleagues do and want to find a way that works best to express their appreciation and it was suggested that further work within communities to educate the public.

**NIAS STAKEHOLDER FORUM**

Effective communication channels  
User friendly feedback processes  
CRM implementation  
Co-production and service user engagement  
Patient Knowledge of NIAS

**Help us to improve our services**

We want to talk with carers, service users, health care professionals, community representatives: anyone within our communities who want to get involved in how NIAS delivers its services.  
Everyone is welcome.

**Thursday 27 February 2020 at 12:30pm - 4:00 pm**

**Rural Community Network  
38a Oldtown Street  
Cookstown  
BT80 8EF**

To register please email MR.Demi@nias.hscni.net by Friday 21 February 2020.

If you have any specific requirements regarding dietary or accessibility needs, please contact Demi McKay on 028 9040 0717 or the email above.

By: J.C. Community Network

The Trust takes into account the views of the public in relation to identifying and managing risks through, for example, the analysis of learning outcomes, complaints and untoward incident reports. Risk identification, assessment and management is also considered if it arises from stakeholder feedback provided during the broader policy development process, and referred to the relevant NIAS department.

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## Patient Experience

The Trust remains committed to complying with the Department of Health's standards for improving patient experience and enhancing the quality of care we deliver through continuous learning, changing practice where required. The Trust continues to implement the regional methodology on the patient and client experience standards. We continue to work with other Health and Social Care organisations to implement systems to assess patient and client experience, including undertaking surveys and gathering patient stories as part of the 10,000 More Voices project.

The Trust analysed patient experience information in conjunction with an analysis of complaints to identify areas for improvement. Where potential for improvement was identified, we took action through training, review of policies, and individual engagement with staff. Learning for improvement is not restricted to where things have gone wrong; the Trust has also endeavoured to learn from positive experiences, sharing best practice where appropriate.

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## Care Opinion

Care Opinion is a new online user feedback programme for all citizens who use the Health and Social Care Services of Northern Ireland. The programme is led by the Department of Health with the view to foster an open, patient-centered and learning culture across the health and social care services. The Trust actively participated as a member of the Care Opinion Programme Board and in the implementation agenda following ongoing involvement with key stakeholders.

NIAS will continue to build support internally by maintaining focus on quality improvement with Executive leads and Strategic and Operational responsibilities for Care Opinion. We are developing a training plan for all staff, and more specifically for the staff who will be responders. We will continue to seek and respond to feedback from service users, the public and other stakeholders. A monitoring review will be required and so we will develop a set of indicators to monitor and review in relation to the use of Care Opinion reporting systems.



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## 10,000 More Voices

10,000 More Voices is a regional project commissioned by the Public Health Agency to engage with and gather stories from patients, clients and staff so that improvements can be made to the delivery of care. Patient experience is recognised as a key element in the delivery of quality healthcare. The aim of the initiative is to enable patients and staff to contribute to improving care and help redesign services. The Public Health Agency is carrying out the 10,000 More Voices project across all Health and Social Care Trusts with the aim of introducing a more patient-focused approach to provision of services and shaping future healthcare.

We have gathered over 300 stories about patients' experiences of using our services. The responses cover all aspects of our service, including emergency 999 response, Patient Care Service and ambulance control. The vast majority of patient stories received so far have been positive. Each

patient story is analysed and areas of good practice and opportunities for learning are identified and shared.

The Trust will continue to collect patient stories and work with the PHA and service users on the evaluation of the stories in order to ensure that learning from 10,000 More Voices leads to improved services.



## HSC Values



Following a period of engagement in which staff and service users from all over the region got to #HaveYourSay, the new HSC Values were officially launched at NICON on 16th May 2019. Our Learning

and Development team worked with managers to raise awareness in all areas:

- Recruitment
- Training
- Development
- Corporate Teams
- Operations
- Transformation & Quality Improvement

## Collective Leadership

The Trust is committed to embedding collective and compassionate leadership at all levels as set out in the HSC Collective Leadership Strategy.

This year many of our leaders successfully completed leadership development programmes these included:

- Aspire
- Proteus
- Acumen
- Accelerated Management Programme
- HR Succession Planning
- Team-Based Working
- ILM Level 3 Award in Leadership and Management
- PG Diploma in Health and Social Care Management
- MSc Diploma in Business Improvement

This year, a total of 23 staff commenced and completed leadership development programmes.





## Leadership Conference 2019

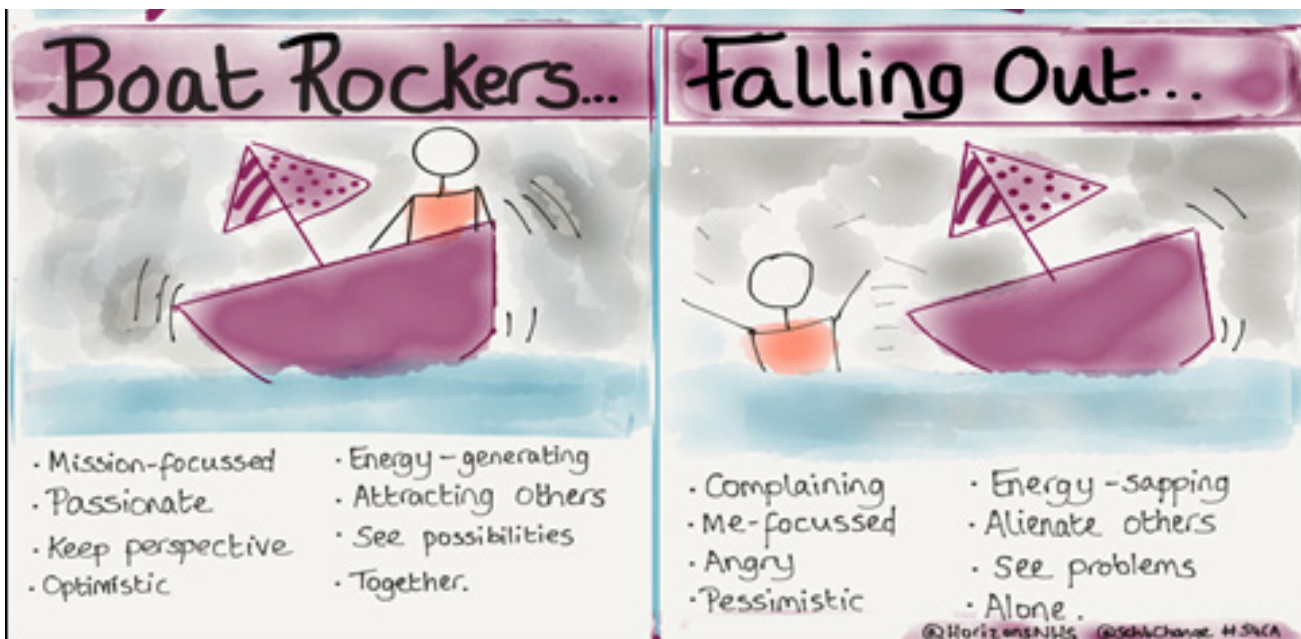
The Trust held its second annual Leadership Conference on Thursday 11 April 2019 in the Rosspark Hotel, Kells. Over 130 staff and guests attended which had as its theme 'The Engaged Leader'. Our speakers included NHS Horizons Helen Bevan and Yvonne Ormston CEO NEAS. Both delivered inspirational talks on how to create a positive organisational culture.

### Helen Bevan - NHS Horizons (Taking the Power to Influence and Make Change)

Our speaker of the day was the Lead Transformation Officer of NHS Horizons Helen Bevan. Helen joined us virtually from her office in Coventry via video link, which was an excellent example of how to engage with a large group of people across dispersed locations via modern technology. Helen opened our eyes to the fact that we are all able to make change and that in her experience 'new power' comes from a drive to improve and a shared vision among staff in any role.



Helen told us about the influencers within our organisations who are not always senior leaders but are those people whose voices are heard and opinions are valued. She told us to find those influencers and to not be afraid to rock the boat!



### Yvonne Ormston NEAS (Cultural Transformation in NEAS)

Our next speaker was the Chief Executive of the North East Ambulance Service (NEAS) Yvonne Ormston who joined us to deliver a session on Cultural Change. Yvonne gave a very honest and personal account of the challenges she faced over the years in NEAS and the actions she took to overcome these and to improve the organisational culture and critical performance and culture.





### Presentation of ILM Certificates:

At the conference we recognised the achievements of a group of Station Supervisors who completed our new leadership development programme. This programme was a combination of an Institute of Leadership and Management (ILM) Level 3 Award in Leadership and NIAS specific modules including: Attendance Management, KSF PDCR’s, Information Governance, Health & Safety and Complaint Handling.

The following staff achieved the award:

Jacqueline O’Hara, Trevor Anderson, Margot O’Rourke ,Eddie Kilgore Michael Henry, John Clarke, Pamela McCrory, Paul McManus,Shane Manley, Cecil King

To end the day we had our closing speaker Daryl

What type of leader do you aspire to be?  
How would you like to be led?



McKinley fly in from Scotland to remind us that we shouldn’t stress about silly things like the correct way to eat a kit-kat or the correct way to hang a loo roll!! Daryl highlighted through some group and individual activities involving polo mints and giant magic wands that our minds are creatures of habit and what is thought regularly will become reality, so if somebody asks how you are tell them you are FANTASTIC!

## Serious Adverse Incidents (SAIs)

A Serious Adverse Incident (SAI) is 'an event which may have caused unexpected serious harm or death'. In accordance with the Health and Social Care Board (HSCB) SAI Procedure for Reporting and Follow up of Serious Adverse Incidents, during the period 2019/20, 37 SAIs were identified.

A breakdown of directorates is as follows:

Directorate / Functional Area	Total SAIs
Emergency Ambulance Control / Non-Emergency Ambulance Control	13
Operational Services	21
Medical Directorate / HEMS / HART	3

## Learning from Serious Adverse Incidents

The Trust recognises a high standard of incident management will ensure that lessons are learned and continual improvement is achieved, Serious Adverse Incidents (SAIs) are seen by the Trust as significant learning opportunities.

Each SAI is presented at the weekly Complaints and SAIs Rapid Review Group (Director level membership). Themes identified include workforce issues, misdiagnosis, and failure to act on or recognise deterioration. The quarterly Learning Outcomes Review Group examines the recommendations and accompanying action plan to ensure the learning from the SAI is reflected in the outcomes and disseminated internally to staff and/or shared regionally.

## Reporting and Management of Adverse Incidents

Learning from what goes wrong in healthcare is crucial to preventing future harm, but it requires a culture of openness and honesty to ensure staff, patients, families and carers feel supported to speak up in a constructive way.

The Trust recognises that within the volume of our work, adverse incidents will occasionally occur. These can result from many sources including human error and wider system failures, and can relate to both the provision of emergency care and its supporting activities. In February 2020 the Trust Senior Management Team (SMT) agreed and implemented a new Procedure for the Reporting and Management of Adverse Incidents. The purpose of this procedure is to raise the standard of incident management within NIAS.

In 19/20 the Trust seen 5055 incidents reported. The organisation is committed to an open, honest and just culture and reporting of adverse incidents is encouraged so that the organisation can learn from incidents and take actions including changes in practice to reduce the risk of recurrence. It also will ensure that staff learn and are supported in making changes to their practice, post incidents, as required. Staff are able to recognise incidents and reporting levels continue to increase; this is most welcome. The Risk Management Team uses the data in order to highlight specific areas to senior management in order to drive improvement. All levels of management continue to investigate incidents, with lessons learned shared locally, regionally and nationally as appropriate.

*The following incident types are being reported via DATIX:*

Financial Year	Total	Patient Safety/ IPC	Staff Incident	Service Disruption	Assets/ Vehicles	Information Governance	Third Party	Environmental
2018/19	4916	1018	2414	592	569	32	16	28
2019/20	5055	1175	1890	825	608	62	10	19

*Reoccurring incident themes are as follows:*

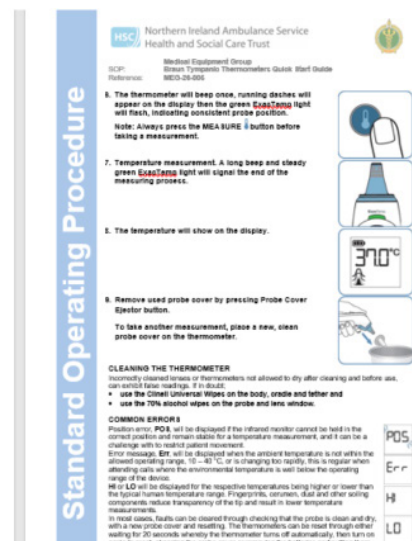
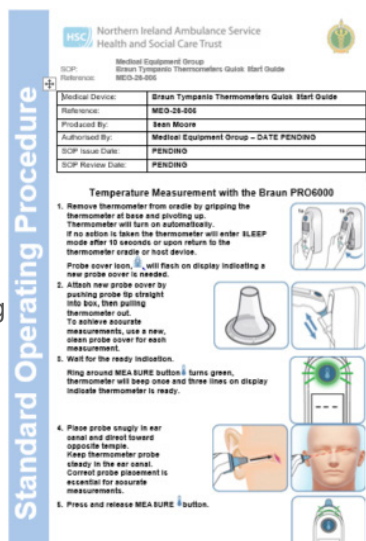
Financial Year	Total	Workload/ volume	Medical Devices/ Equipment	Violence & Aggression	Transport delayed
2018/19	4916	1297	374	453	130
2019/20	5055	1359	315	438	153

## Learning from key themes

### Medical Devices / Equipment

In March 2020 the Trust appointed a Medical Devices Lead. This new member of staff has brought renewed focus to the area of medical equipment and medical devices. A number of thematic analysis have been carried out including:

- Thermometers** – some thermometers have been giving incorrect temperature readings (in comparison to the equipment in use in emergency departments). Upon review, it was determined that there are a number of causes, for example, incorrect positioning, calibration and residue on the lens or in the path of the scan. With regards to debris on the lens, on a number of occasions, this was found to be cleaning residue. Some of the units were being cleaned with cleaners with chlorohexidine, which is not recommended in the cleaning and disinfection guidelines. Information was circulated setting out the recommended cleaning product and a standard operating procedure was developed.



- Carbon Monoxide (CO) Monitors** – the Trust noted a number of CO Monitors, alarming for no apparent reason. Following further investigation, it was determined that in some cases, excessive cleaning was contaminating the sensor. Whilst the units must be disinfected, it is important to ensure that no moisture from the wipes or fumes from wiped surfaces enters the sensor and that the gas monitors are wiped dry after cleaning. The sensor can also be affected by exhaust fumes, cleaning product residue, the chlorine from cleaning products and even the hydrogen from the charging batteries, either from the engine compartment through the air vents or from under the passenger seat, depending on the battery compartment location. Staff were reminded of the correct procedure.

Work is ongoing to review the Medical Equipment Policy (content includes purchase, management and disposal of all medical devices, equipment and supplies). It is the intention of the Trust to develop Standard Operating Procedure (SOP) for each medical device, covering its operation in an abridged form from the user manual, including cleaning and disinfection, service frequency, test and calibration frequency and end of life safe disposal. Work on asset tracking is also anticipated.

### Violence Prevention & Reduction

It is an unfortunate fact that, on a daily basis, NIAS staff are exposed to violence and aggression whilst saving lives and providing medical treatment / helping others. During this financial year (2019/20), physical assaults with weapons have increased. Twelve out of the 23 weapon incidents involved knives, i.e. around 50%.

Year	Total Assaults	Physical Assaults	Assaults With Weapons	Physical Assaults	
				PCS	A&E
2015/16	343	156	2%	3	152
2016/17	451	192	2%	8	171
2017/18	487	191	5%	13	161
2018/19	455	171	16%	2	160
2019/20	463	152	15%	7	145

**Physical Contact / Actual Assault** – over the past five years, NIAS staff have been physically assaulted with items including a knuckle-duster, syringe, sledgehammer, glass bottle, stones, ashtray, crowbar, desk fan, snooker cue and balls, O2 cylinder, bag of cement, tomahawk hatchet, cups, scissors, fire extinguisher, Stanley knife, razor blades, hammer etc.

The Trust has commenced a number of projects in order to address this significant and ever-increasing risk to staff from violence and aggression by members of the public.

**Violence Prevention & Reduction Strategy** – the Management of Aggression Working Group (reporting to the Health and Safety Committee) is developing a Violence Prevention and Reduction Strategy which aims to identify and respond to incidents better, so that staff feel that reporting is worthwhile. It will ensure that victims are central to the process, and ensure adequate support for those engaging with the criminal justice system. It will also aim to raise the public's awareness of the issues, along with the action that will be taken.



**Management of Aggression Policy –**

NIAS has in place a Management of Aggression Policy which sets out the following:

- The Trust promotes a pro-active approach to the management of aggression.
- The Trust believes that all acts of aggression towards its employees and contractors are unacceptable regardless of the reasons or form they may take.
- The Trust will take all reasonable steps to provide an environment that is safe and secure in order to protect the safety and security of its staff and to minimise the risk of aggression directed towards them.

**Management of Aggression Procedure –**

NIAS has in place a Management of Aggression Procedure which aims to:

- State the Trust's commitment towards staff, who, in the performance of their duties, are the victim of an attack or whose property is damaged as a result of an assault
- Set out how the Trust will deal with circumstances where staff may be at risk of aggression from patients, clients, members of the public or from other persons
- Outline the preventative measures which can be taken to reduce potentially aggressive situations and what should happen if they occur.

**Body Armour** – One of the first projects under the Violence Prevention and Reduction Programme is a Body Armour User Trial. The use of body armour is a complex area which has been considered by security specialists in the ambulance sector for some time. There are significant arguments both for and against the introduction of body armour and the decision to both purchase and equip staff with body armour must be made using evidence and risk data. A number of members of staff have recently expressed an interest in body armour and requested via senior management that the items be issued to staff. The risk assessment has been reviewed, an action plan created, and it was determined that a pilot should take place in the first instance. As one of the areas reporting high levels of aggression, Bridge Ambulance Station in Belfast Division agreed to be considered as the pilot site. The pilot is ongoing at this time.

**Body Worn Video** – The Trust is currently assessing the benefits of the purchase and implementation of overt Body Worn Video (BWV) including audio, within the Operations Directorate (patient-facing staff), that is capable of capturing both video and audio to act as a deterrent, and therefore reduce violence and aggression against staff.



**Never Events**

From April 2019 – March 2020 the Trust reported no incidents classified as never events for its services. Never Events are defined as serious incidents that are wholly preventable as guidance or safety recommendations that provide strong systemic protective barriers are already available at a national level and should have been implemented by all healthcare providers.

Each Never Event type has the potential to cause serious harm or death. However, serious harm or death is not required to have happened as a result of a specific incident occurrence for that incident to be categorised as a Never Event.

## NIAS Strategy to Transform: 2020 – 2026 – Caring Today, Planning for Tomorrow

Following the approval by the Health Minister, we launched our long-term Strategic Plan on 5 March 2020 - Caring Today, Planning for Tomorrow. Following initial work carried out in spring 2019, we carried out extensive engagement with staff during the summer with over 350 staff attending 13 engagement sessions across all divisions. The views of staff at those sessions about what's important to them and how we can improve our service for the benefit of patients have been reflected in the final Strategy document. Moving forward, the input of staff will be equally important as we implement the Strategy.

NIAS has a significant contribution to make to the HSC transformation programme set out in 'Health and Wellbeing 2026: Delivering Together'. Our new strategy describes how we plan to maximise that contribution and transform our service to deliver tangible benefits to patients and the wider community. It also gives a commitment to the development of our staff through clear career pathways and organisational development frameworks, with all staff feeling supported to achieve their full potential.





## Theme 2

Strengthening  
the workforce

# Theme 2

## Strengthening the workforce

### Clinical Education

The clinical education, learning and training undertaken by our clinicians is key to the high-quality care they deliver. In 2019 to 2020, clinical education was again to the fore, with a range of programmes delivered for various grades of staff, both in the non-emergency Patient Care Service (PCS) and for the Emergency Medical Technicians (EMTs) and Paramedics of our emergency tier. This education is underpinned by NIAS' own Clinical Education and Training Team, based at a centre in Belfast and regionally around the Divisions. The team is responsible for clinical support in practice, as well as the development and delivery of a number of core programmes.



*AAP 4 on completion of their taught element in May 2019.*



*Chief Executive Michael Bloomfield at FdSc graduation in December 19'*

### Core Programmes

An Ambulance Care Attendant (ACA) course, including a programme of non-emergency driving, is delivered for new PCS recruits, preparing them for their role. A Level 4 Associate Ambulance Practitioner Diploma, is undertaken by trainee EMTs. This diploma, awarded by FutureQuals, is an accredited qualification, subject to an internal and external Quality Assurance framework. The candidates also undertake a Level 3 Certificate in Emergency Ambulance Driving and after entering practice, fulfil a further period of development, building portfolios of competence. EMTs qualified via this AAP programme are eligible for application to the Paramedic Foundation Degree.



*CTOs at FdSc graduation in December 19'*



*AAP 5 on completion of their taught element in May 2019.*

### Foundation Degree in Paramedic Practice

As part of the ongoing transition of Paramedic training to Higher Education, 2019 saw the commencement of NIAS' first Foundation Degree in Science in Paramedic Practice (FdSc), delivered in partnership with and validated by Ulster University. The programme provides existing NIAS EMTs with the opportunity to further develop as ambulance clinicians and 39 students successfully graduated in December 2019. These FdSc graduates subsequently became registered Paramedics and took up operational Paramedic roles across Northern Ireland. A

second FdSc cohort for another 43 students commenced in January 2020.

Training Officers of our own Regional Education and Training Team deliver the majority of this course but are part of a joint faculty with University Lecturers. The programme adheres to normal University assessment and moderation type arrangements, including the use of external marking. A number of service user groups were involved with the curriculum design and content of the foundation degree.



*Paramedic Graduates Nigel Simpson and Lynsey Stewart receiving awards for special achievement at the graduation ceremony of the first NIAS Foundation Degree in Science in Paramedic Practice at Ulster University. Lynsey (7th from left) was awarded 'Top Student' for achieving the highest academic marks and Nigel (6th from left) won the 'Faculty Award', which is presented for best all-round performance on the programme.*



*Pictured at the graduation ceremony are (L to R); Michelle Lemon (Director of Human Resources), Peter Barbour (Workforce Policy Directorate, Dept. of Health), Professor Owen Barr (Ulster University), Jonny Noble (Clinical Training Manager, Paramedic Programme), Brian McNeil (Director of Operations), Frank Orr (Assistant Director, Education Learning & Development), Margaret Sowney (Faculty Partnership Manager Ulster University)*





## Impact of the Covid-19 Pandemic

The fourth quarter of 2019-20 saw the emergence and spread of the coronavirus pandemic and as with most walks of life, this had a significant impact on the delivery of clinical education. Special mitigation measures had to be put in place, including the segregation of cohorts to enable social distancing, moving elements of training online and the suspension of some programmes. Many of the education team were also re-deployed to various roles to aid with the Service-wide response to dealing with the pandemic.

## Other Partnership Programmes

In addition to the programmes delivered by the Trust's own education team, education partners provide a number of other clinical courses. Ulster University delivered two cohorts of a level 6 module in Patient Assessment and Clinical Decision Making for Paramedics. This module provides enhanced clinical knowledge to support the use of Appropriate Care Pathways and is aimed at the development of post-registration Paramedics. NIAS also continued its partnership with the Health & Social Care Clinical Education Centre, offering Continuing Professional Development (CPD) short courses to all NIAS staff. For accessibility, these courses were held in a range of venues across Northern Ireland and covered a range of 15 different topic areas. Examples of some of the courses included Sepsis & NEWS 2, Mental health awareness and Advanced cardiac rhythm interpretation.

## Corporate Induction

This is our opportunity to welcome new staff to the Trust and ensure that they have all the information they need to enjoy their transition into life as a new employee of NIAS. It is a packed day at NIAS Headquarters with welcomes from our Chair, Chief Executive and leads of all departments. New staff are introduced to the Organisations many functions and are provided with important mandatory training information to ensure they are safe and protected in their new role.

This year was a busy year in which we welcomed 8 new groups of staff totalling 218 people. In March 2020 we had to quickly rethink how we could provide the Corporate Induction remotely due to the pandemic. As we already had access to our eLearning site and the CANVAS Platform, the decision was made to utilize these and provide the information for new staff here. The remote, blended learning approach has been a great success given the timeframe we had to develop it and we intend on making this available to new staff in the future along with their face-to-face welcome.

## e-Learning and Mandatory Training

Our overall mandatory training compliance figure rose from 22% in 2018 to 55% by the end of 2020. Our Learning and Development team, who manage the eLearning site where all our mandatory programmes



### Assistance to Study Procedure

Title:	Assistance to Study Procedure		
Author(s):	Seainin Watters – Senior Learning and Development Officer		
Ownership:	Senior Management Team		
Date of SEMT Approval	08/09/2020	Date of Trust Board Approval	TBC
Target Audience:	All NIAS Trust Employees		
Operational Date:	TBC	Review Date:	4 Yearly
Version No:	0.1	Supersedes:	N/A
Key Words	Assistance to Study Procedure		
Other Relevant Policies	Assistance to Study Policy Caring Today, Planning for Tomorrow-Our Strategy to Transform		

#### VERSION CONTROL

Date	Version	Author(s)	Comments
18/09/2020	0.1	Seainin Watters	Initial Draft

are hosted, worked in partnership with subject experts, providers and staff to improve the content, accessibility and engagement with these programmes. We are proud to say that more staff than ever are accessing the available eLearning programmes and the feedback is very positive.

## Assistance to Study

In October 2019 we launched our new Assistance to Study Policy. We have approved 21 successful applications from staff wishing to further their personal and professional development. Applications are for a wide range of programmes from Microsoft Excel to MSc in Business Improvement. Subsequently, a supporting Assistance to Study Procedure was released to underpin this Policy and provide further guidance and support to both applicants and managers wishing to apply for development support.

## Health and Wellbeing 2019-20

Evidence shows that staff wellbeing is correlated with patient safety and patient care. In 2019/20, the focus on staff wellbeing aimed to respond to what staff told us in the 2018 NIAS/Unison Health and Wellbeing Partnership survey.

## NIAS/UNISON Health and Wellbeing Partnership Survey Results

The Partnership focus is on staff job satisfaction, health and wellbeing, and interventions that involve actions to improve workplace relationships and respect; promote teamwork and better communications. The purpose of the 2018 survey was to gather baseline job satisfaction, employment, and mental health data. Survey results were reflected in the 2019/20 NIAS corporate objective to engage with staff, identify priority areas for health and wellbeing and support staff in developing strategies and action plans to deliver on these.

## Health and Wellbeing

In April 2019 NIAS employed a member of staff to work directly on health & wellbeing issues and to support the

## Actions and outcomes

work of the partnership. One of the first actions was the development and implementation of an engagement and communications plan for health and wellbeing to profile workstreams within the Trust. This included health and wellbeing updates and input to NIAS news. In addition, the development and distribution of Information, Support and Opportunities pen drives, z-cards and water bottles to 1300 staff. NIAS collaborated with PHA to promote 5 steps to wellbeing across communication channels.

Across the year, we profiled health and wellbeing through an annual wellbeing calendar of events in line with regional wellbeing days. This included the circulation of a stress test and supporting NIAS information and services during stress awareness month.



In June the Action Cancer 'Big Bus' visited HQ and all divisions across NI. This was followed by activity during Men's Health Week to increase awareness of preventable health problems, support healthier lifestyle choices, and encourage the early detection and treatment of health difficulties. We outreached to our staff at A and E to make use of blood pressure test and information. We collaborated with the Men's health network to provide 400 man manuals to every station across the network and headquarters.

## STOPTOBER

During Stoptober, Cancer Focus visited the Control room identified as an area of demand. A support group was set up to include weekly support. At the end of the course, 30% of the participants had quit smoking and subsequent evaluation showed this was maintained at 10%.



## Women's Development Forum

The need for a revitalised Women's Development Forum was a key issue identified through the survey process and in discussions with staff. At its June meeting held in HQ Belfast, a number of sub-groups were established to

develop a work programme on issues including mental and physical health; stress; women's development; caring responsibilities; menopause; and domestic violence. At the September meeting of the Forum, the Trust Chairperson attended and a decision was taken to develop a return to work process for those staff suffering from cancer.

The forum organised a successful International Women's Day event with the theme of resilience. Hosted by the Trust Chairperson the event was attended by 46 staff from across the organisation.



## Partnership theme of workplace relationships

The partnership theme of workplace relationships was piloted at Altnagelvin with four workshops to agree training for staff and improve relationships. With support from the UNISON Education, management and staff agreed CPD courses including Suicide Awareness, Setting your Goals, Safe Talk, Emotional Health, and Building Resilience. This started with Difficult Conversations training involving eight staff. NIAS also signed up to the Mental Health Charter and profiled this commitment across the organisation.

## Mental Health Week

Mental Health and Wellbeing was highlighted as a commitment from the senior team and Chief Executive. This was shared in a message raising awareness during Mental Health week. The Chief Executive encouraged staff to take up internal support including peer support and employee assistance.



## World Suicide Prevention Day

The month between Suicide Prevention Day on 10 September and World Mental Health Day on 10 October was another opportunity to encourage action and conversations about mental health. Nine Staff in Ballymena Station attended a raising **“Suicide Prevention Awareness”** workshop in Ballymena on World Suicide Prevention Day 10 September. This workshop was provided with funding from the Public Health Agency as part of the Protect Life Strategy. During this time, we also promoted the online **“Towards Zero Suicide”** Level 1 awareness. Staff attending the Women’s Forum September meeting took the opportunity to promote and complete the training. Participants developed existing skills and knowledge of suicide prevention and supporting each other in the workplace.



## World Mental Health Day



Staff in the Omagh Area were keen to raise awareness of issues relating to Post Traumatic Stress Disorder and highlight what support services are available to staff. World Mental Health Day was an opportune time to do this and so a Mental Health Event was planned. Local services, volunteers and NIAS projects supported the event by exhibiting on the night. This included service providers such as the Inspire Team, Cancer Focus and **“Drink Well Age Well”** project. The NIAS Women’s Forum and NIAS Peer Support were promoted and NIAS staff were on hand to answer queries and raise awareness of the Datix system. Local service providers were also represented such as Omagh Men’s Shed and Omagh Library. One of the service providers commented ‘It has been brilliant for me to be able to meet NIAS staff and let people know what we can do to help at this fantastic event. At TASC we are keen to support people in NIAS and work together to develop the service we provide in this area.’



A survey of over 100 people who attended the event revealed that they had made new connections with the exhibitors and in some cases, they had reconnected with each other. Staff also shared that they had learned a lot from the speaker Shauna McElvoy (Queens University) supported by Stephen Donnelly (Western Health and Social Care Trust)-Regional Trauma Network. NIAS also launched the Association of Ambulance Chief Executives Mental Health Charter. The Charter is a commitment by AACE to prioritise mental health and wellbeing.



## “Time to Talk”

Mental health was on the agenda again on “**Time to Talk**” day in Feb 2020. All team managers were sent the resources to support conversations. At HQ this was led by the Health and Wellbeing team. During the day, a myths and facts exercise was undertaken at the Station Officers meeting and at lunchtime, everyone was invited to the board room for activities and space to talk.

The health and wellbeing project has engaged over 100 of our students about stress, resilience and promoting the Peer Support programme. NIAS also worked with the PSNI and NIFRS to focus on bereavement with the support of CRUSE Bereavement’s “**You**” behind the Uniform programme. Specialist training was designed to help emergency staff support assist colleagues or grieving families. Ten staff from each organisation joined at the Radar training site to complete the training and update their knowledge of the challenges and issues facing bereaved people. Evaluation of the training showed that all the participants considered this training as relevant to their role supporting staff. Respondents had also gained knowledge and felt more confident in their ability to speak with others following the workshops.

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## Health Champion Training

Two staff completed ‘**Health**

**Champion**’ training with Health Matters and have been working with staff to develop health and wellbeing action plans across three areas of NIAS. Health Matters provided two workshops

on nutrition and Cancer Focus provided an information stand in control that led to a support group for staff trying to quit. Staff at the Bridge station also planned and enjoyed a 6-week yoga programme at the local Skanios centre. The classes launched with a one-off free taster through Business in the Community. Business in the Community also supported a mindfulness workshop for staff at Headquarters. Staff in the Western Area had the opportunity to try out climbing at Foyle Arena after a staff member at Altnagelvin, passionate about the benefits of climbing organised a taster session. One of the people who attended the taster session commented *‘I recently attended a climbing, wall taster session kindly arranged*



*by Emma through the Health and Wellbeing project. I just wanted to let you know I thought it was a great experience. It served as a good social time for staff to gather and interact outside of work, was great fun and very enjoyable. I personally found it helpful for stress-busting and also good exercise”.*

## HSC Healthier Workplace Network

Regionally, NIAS has been an active member of the HSC Healthier Workplace Network striving to meet the objective of the HSC Workforce Strategy (2016): “By 2021, health and social care is a fulfilling and rewarding place to work and train, and our people feel valued and supported.” To this end, NIAS has signed up to the Healthier Workplaces Charter. Nationally NIAS is a member of the National Wellbeing Ambulance Sector group including three work-streams agreed, including mental health. As we neared the end of March 2020, our focus nationally and locally was supporting staff to manage the impact of the pandemic. We contributed to the HSC Framework for the psychological wellbeing of staff and began to enhance our existing support to help staff through this challenging time.

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## SICKNESS ABSENCE

Throughout Reporting Year 2019/20 the findings and recommendations of the Association of Ambulance Chief Executives (AACE) associates in their Review of Attendance Management within NIAS were accepted and a Good Attendance Programme structure was developed to implement the recommendations. Appointments were made (July-Nov 2019), including HR Manager, temporary Programme Administrator and temporary Senior HR Advisers (x5) appointed to each Division alongside existing Senior HR Adviser (EAC/NEAC), to support operational managers in managing attendance. Temporary funding was secured to support this pilot until 31 March 2020.

The Trust is committed to supporting the health and wellbeing of its staff and reducing sickness absence levels.

Significant work has begun to support this, including: -

- Introduction of a revised, action focused, approach to the management of absence including management of unsustainable and unacceptable absence
- Review of Occupational Health arrangements
- Provision of psychological support services for all staff
- Revised health and wellbeing approach.
- Policy Review & Development and Best Practice approach
- Review of Sickness Absence Metrics

## Peer Support

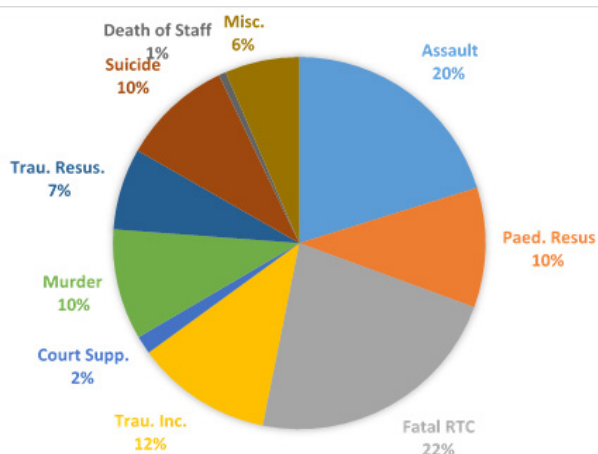
From 01 April 2019 – 30 June 2019 Peer Support was still a pilot within South Division, EAC and HEMS, undertaken by the original seven Peer Support volunteers (PSVs) who were trained in October 2018. When notified of an incident, the volunteers would liaise to decide who would organise and facilitate a Peer Support debrief for the staff involved. This would be done entirely in the PSVs' own time.

In March 2019 Peer Support provided x3 debriefs for 30 staff following the Greenvale Hotel incident in Cookstown. From this, it became evident that there existed a service-wide need for Peer Support. In June 2019 a case was presented to the Senior Management Team which outlined the need for Peer Support to expand and be rolled out within all Divisions and Departments of NIAS. To facilitate this, it became evident that it would require the secondment of two Peer Support Volunteers to work full-time on the rollout and coordination. SMT agreed to this proposal and on 1 August Emma Hallissey (CSO, South Division) and Ruth Leonard (EMD, EAC) began their secondment.



DATA – Statistics were only produced from 01/08/2019 when Peer Support was being worked on full-time.

### **PEER SUPPORT STATISTICS BY NATURE OF INCIDENT FOR WHICH STAFF SUPPORT WAS PROVIDED FROM 01/08/2019 TO 31/03/2020 (634 staff contacts)**



The above chart shows, by nature of incident for which staff support was provided, the percentages of the 634 staff members contacted. These clearly define the

categories within the Peer Support Model which are likely to cause the highest incidence of trauma to individuals and provide the firm guidelines for contact by the Peer Support coordinators.

## Peer Support Debriefs

From 01/04/2019 to 31/03/2020 we facilitated 40 Peer Support Debriefs (PSD). These were comprised of both group and individual debriefs of 1-3 hours duration. Amongst others, a clear advantage of having two Peer Support co-ordinators is the ability to collate information from the immediate source, and hence contact staff in a timely manner – within 36-72 hours post-incident (sooner if there is cause for concern).



## Other work-streams

- Organising/facilitating PSDs (as above) logistically very time-consuming.
- Daily contacts of staff - may take hours of phone time according to staff's individual needs.
- Liaising with outside agencies (PSNI, NIFIRS etc.) on a collaborative approach to training.
- Keeping up to date with administration (considering General Data Protection Regulation in this confidential role).
- Making appropriate referrals to Inspire following PSDs.
- Continuing contact with staff who have accessed Peer Support.
- Liaising with Health and Wellbeing team to maintain 'joined-up thinking' on expanding role of peer support.
- In March 2020, the beginning of the COVID pandemic impacted greatly on Peer Support, the welfare calls to all staff affected by COVID began.
- Education sessions with the new ACA and AAP courses.

## Successes and contribution to Service Users 2019-20

Peer Support has provided all staff with a much-needed support and welfare model. Paramount to this is the fact that it is a staff-led initiative which gives it credibility amongst operational and Control staff. At its core is the

confidential nature in which, as it evolved over the year staff began to trust and look to as a successful intervention. The mere number of testimonials from staff who have accessed Peer Support and since reported its benefits is evidence in itself of the success of the project.

The knowledge that with the existence of Peer Support, managers have somewhere to which they can refer their staff, and display compassionate leadership by doing so is a great step forward.

Peer Support was able to access and provide more appropriate signposting via Inspire referrals more relevant to the trauma to which NIAS staff are exposed. This included the High-Intensity Trauma Therapy (HITT).

The Peer Support Debriefs as a forum for all staff to share a common traumatic experience in a confidential space has served to 'bridge the gap' between Control and operational staff and undoubtedly improve staff relations.

The start of the journey to achieving ICISF affiliation and accreditation for NIAS through the Critical Incident Stress Management (CISM) course began in February 2020. This will have a major impact on implications for staff welfare going forward.

All the above has significant impact on the service user. The 'knock on' effect of staff who are aware they can access a proven model of robust psychological support undoubtedly provides a degree of comfort, and thus they are more resilient in the workplace. The service user is being treated by staff who may have more compassion having been through a peer support intervention. Staff feel that NIAS, by supporting peer support is more committed to looking after their mental health. This, along with physical well being means they are better able to come to work and deliver a high level of care.

## Staff achievements/awards

The year began with the Trust Board recognising the achievements of those staff who were the recipients of our first annual staff awards. The six winners were invited to HQ to meet with Directors and non-Executive Directors and were also joined by Glenn O'Rourke, who had recently been honoured at the Ambulance Leadership Forum Annual Conference where he was announced as the UK Exceptional Paramedic.



## Appraisal

NIAS, in our Strategy to Transform: 2020-2026, communicates our vision for our workforce and commits us to providing:-

***“Meaningful & constructive feedback through structured appraisal and development conversations so that staff feel valued and included in the organisation’s vision. Success will be celebrated and poor performance will be managed constructively.”***

The Priority Actions for Year One have committed us to implement:-

***“A new approach to personal development reviews to inspire and motivate staff to be the best that they can be and to provide the best possible care to patients.”***

## Flu Vaccination Programme

In relation to the Flu Vaccination of frontline staff, Northern Ireland Ambulance Service did not underestimate the considerable challenges faced in 2020 in coping with winter pressures alongside the Covid-19 Pandemic. However, robust plans were put in place to achieve the highest possible uptake.

The campaign was launched with the vaccination of the Trust's senior team, communicated to staff with key messages from the Chief Executive sign-posting staff to information on the Flu Vaccination programme.

A communication strategy and plan was in place in a bid to build on previous year's successes whilst incorporating key elements that were previously effective such as the Flu Bug branding, liveried Flu Vehicles and Flu Adverts on Patient Care vehicles, all of which spread the message to HSC staff and members of the public.



Accessibility and flexibility were key elements in the trust's plans and an increased uptake was achieved by the use of Peer Vaccinators spread across the trust, operating in locations and at times to specifically suit the 24/7 nature of the role of frontline staff. Clinics were available in all ambulance properties across Northern Ireland with additional mobile clinics available in hospital car parks, training facilities and outside emergency departments.

There were considerable challenges in relation to social distancing, infection control measures and the requirement for additional PPE, all within a potentially shorter window of opportunity. However, adequate measures were in place to ensure every opportunity was optimised to vaccinate frontline staff.





The percentage uptake of seasonal flu vaccination of NIAS frontline staff has increased year on year since 2017 and by the end of December 2020, 77.03% of frontline of NIAS frontline staff had received their vaccination, just above the CMO's target of 75%.

With Inter-trust co-operation and the use of mobile Flu Vehicles NIAS Peer Vaccinators were in a position to assist other Trusts to deliver vaccinations at remote or harder to reach locations. Collaboration and a coordinated approach between Flu Leads assisted other trust's to increase the average rate of uptake amongst frontline HSCWs and private healthcare providers throughout Northern Ireland.





## Theme 3

Measuring the  
improvements

# Theme 3

## Measuring the improvements

### New Directorate, 'Quality, Safety and Improvement (QSI)'

2019 seen the appointment of a new Director post within NIAS. The Director of Quality Safety and Improvement was appointed in November 19 and the Directorate priorities focus on patient safety, patient experience, quality improvement, partnership working, real-time user feedback, co-production, safeguarding, environmental cleanliness and Infection, Prevention and Control (IPC).

### Quality Improvement

NIAS celebrated World Quality Day on 14 November 2019, with a celebration of a wide range of quality initiatives within the Trust including: Continuous Improvement of Hygiene, Cleanliness and IPC highlighting the valuable contribution of our vehicle cleansing operatives; the Nursing Home Triage Too; the Mental Health Multi-Agency Triage team; the Meal Break and Rest Period Project; Hand Hygiene Awareness; and the use of a Palliative Care booking module in NEAC to support terminal patients who need transport urgently.



*NIAS Chair, Nicole Lappin and NIAS Chief Executive, Michael Bloomfield supporting World Quality Day #WQD19*



*Staff at NIAS HQ supporting World Quality Day #WQD19*





**WORLD QUALITY DAY 2019**



*Assistant Director of Operations John Wright and Non Emergency Ambulance Services Manager Malcolm Stewart acknowledge staff contributions to Quality Improvement work in Palliative Care on World Quality Day at Altnagelvin Non Emergency Control. #WQD19 #integratingthecare*



**WORLD QUALITY DAY 2019**



*Raising awareness of the meal break/rest period Quality Improvement project led by staff in Newtownards and Newcastle Ambulance Station. #WQD19 #strengtheningtheworkforce*

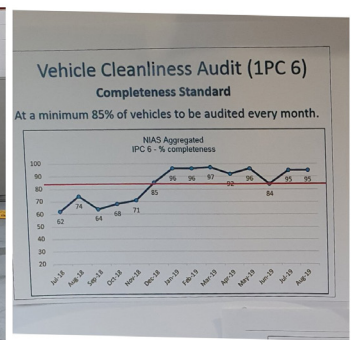


**WORLD QUALITY DAY 2019**

**WORLD QUALITY DAY 2019**



*The Hand Hygiene Awareness Group at the Craigavon Ambulance Station demonstrating good hand hygiene technique 'transforming the culture' on World Quality Day. #WQD19*

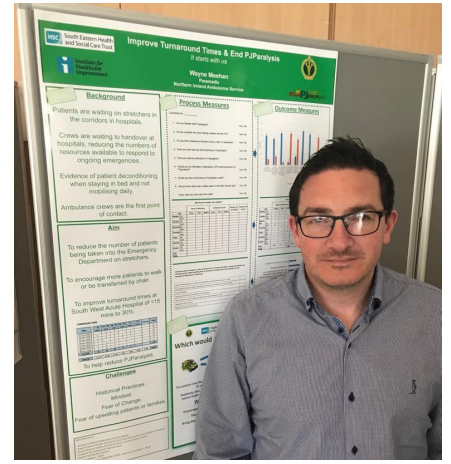
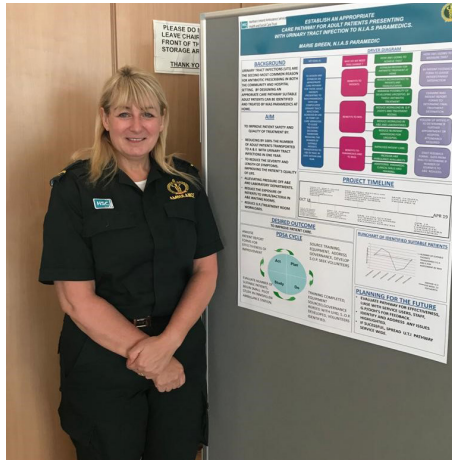
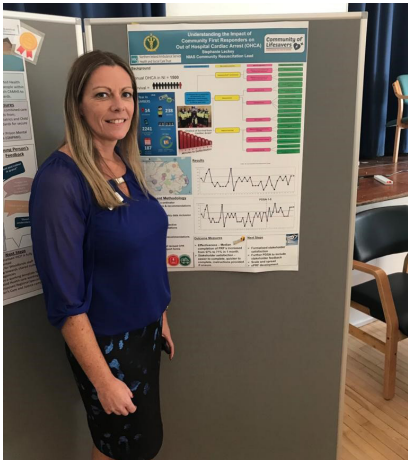


*The vehicle cleaning team have been showcasing their quality improvement work under the Q2020 strategic goal 'Measuring the Improvement'. #WQD19*

## Safety, Quality and Experience Projects

There are a range of successes to highlight in terms of the Trust's Quality Improvement work.

In line with the Trust strategy for building Quality Improvement capability and capacity, fourteen staff commenced the SQE Quality Improvement Programme this year delivered by the South Eastern Trust. This has resulted in a comprehensive range of projects led by participants including operational staff delivering direct patient care, as well as staff from our Emergency and Non-Emergency Ambulance Control, and support functions.

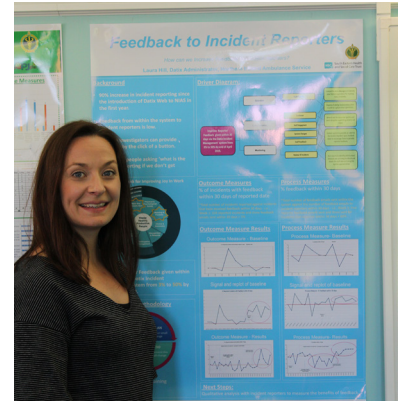


There were a range of quality improvement projects, including :

- Understanding the impact of Community First Responders
- Improve Turnaround times and end PJPanalysis
- Feedback to Incident Reporters
- Establish an appropriate Care Pathway for adult patients presenting with Urinary Tract Infection to NIAS Paramedics.

The Quality Improvement work of the Incident Reporting team reached the finalist stage in their category.

Throughout the year NIAS continues to provide leadership to the Ambulance Q programme and promote opportunities for national collaboration on Improvement with other Ambulance services.



## Category 1 Improvement Group

Our new Clinical Response Model (CRM) came into operation in November 2019 and defines how we deliver our core services for Urgent & Emergency Care (UEC). It focuses on achieving optimal outcomes for patients by providing the right response based on the clinical need for every 999 call.

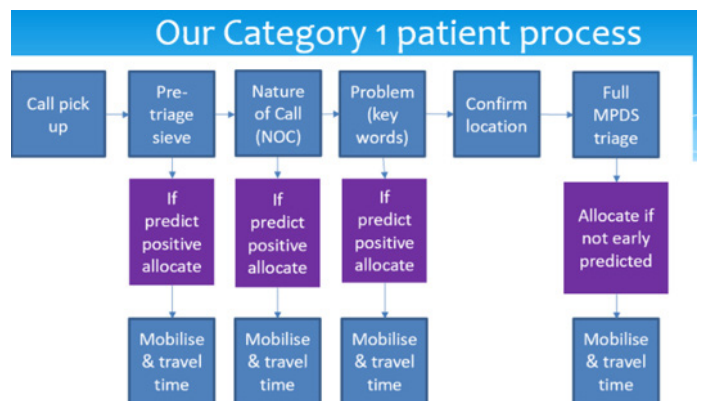
Category 1 calls are when a patient's condition has been identified as potentially life-threatening, such as Cardiac Arrest, and require the quickest possible response. As part of the introduction of the CRM, the Category 1 Improvement Group was established and comprises staff from across the organisation who meet regularly to review performance data and monitor the patient journey from when we receive a 999 call. The Group works together to identify areas of best practice and where improvements can be made to help improve our response times to patients.

A number of improvement actions have commenced during the year 2019/20 to include:

- Improving the time taken to answer 999 calls to achieve a target of 90% of 999 calls answered within 5 secs
- Improving the Pre-Triage Capture rate to quickly identify potential CAT1 calls

- Improving the time taken to dispatch ambulances to CAT1 calls
- Setting up a process to review all CAT1 calls that receive a response outside of the 8min target response time and identify any learning actions
- Providing staff training and education regarding call handling & dispatch processes.

The Group will continue to meet on an ongoing basis with the confidence that improvements in the CAT1 process will be further evident in 2020/21 and beyond.

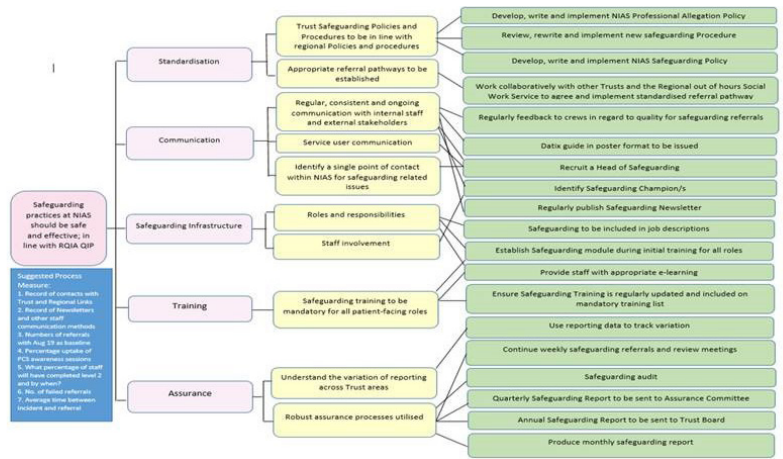


# Safeguarding

A Safeguarding Improvement Group have utilised Quality Improvement methodology to take forward improvements required to strengthen our Safeguarding arrangements within the Trust.

NIAS has in place a Safeguarding Quality Improvement Plan (QIP). In order to demonstrate improvement in the area, a number of actions have been identified and an action log developed. The importance of raising awareness regarding reporting of safeguarding concerns has been recognised and relevant staff communications developed as a result.

Safeguarding referral feedback to staff is provided and there is an opportunity to offer staff assurance that the referral has reached its destination and it has been considered. Additionally, it enables the Trust to understand the effectiveness of the Safeguarding training delivered.



# Improving Hygiene, Cleanliness and IPC

The provision of a clean and safe healthcare environment is a key priority for all healthcare providers. It is one of the key elements for effective Infection Prevention and Control (IPC) and promotes staff and patient confidence whilst demonstrates the existence of a positive safety culture within an organisation.

# RQIA Improvement Notices

In 2019 the RQIA made a decision to remove three previously issued Improvement Notices relating to infection prevention and control. This decision followed a series of inspections and monitoring visits at the end of 2018 during which they found significant progress and improvement in infection prevention and control across a range of practices including those within stations and vehicles.

The Senior Management Team within NIAS were continually impressed with the behaviours shown by staff as they have endeavoured to improve the position in the context of the many competing demands which come with the delivery of an emergency service, this observation was also noted by the RQIA inspectors during their feedback when they commended the attitude and approach of the staff that they had engaged with during the inspections and monitoring visits.

The invaluable contribution of our ambulance cleaning operatives and supervisors was acknowledged as being key in achieving and maintaining high standards of cleanliness within our vehicles and in ensuring that our clinical staff could dedicate their time and expertise

to the delivery of safe and effective clinical care and services. The findings of the RQIA inspections were testament to the commitment and determination of all staff throughout the organisation who had individually and collectively made considerable efforts to progress the improvements necessary in infection prevention control. The Trust recognise the need to ensure the same level of commitment and focus to ensure the sustainability of improvements made to date. As an organisation we are committed to the continued development of systems and processes to support infection prevention and control.

Whilst the RQIA recognised the progress made relating to staff training and competency-based assessment, it was determined that further work was required and subsequently one Trust-wide Improvement Notice related to the requirement for an IPC Training Strategy was issued to ensure robust staff training for IPC is delivered and assured across the organisation.

Through the continued commitment of our staff and partnership working with RQIA the improvements, this important aspect of our service will be sustained and embedded.

## IPC and EVC business case

2019 - 20 represented a time of continued change within NIAS in relation to Infection Prevention and Control (IPC) and Environmental and Vehicle Cleanliness (EVC). During this period a business case was approved and awarded for the development and implementation of an IPC and EVC infrastructure and operational model. This infrastructure and operational model must provide an IPC and EVC that ensures that NIAS complies with statutory obligations, best practice and governance and assurance requirements, whilst improving hygiene and cleanliness, and ultimately reducing the risk of Healthcare-Associated Infections (HCAIs) within the organisation.

## Audit

In order to strengthen corporate governance and assurance, an online audit platform was implemented during this period. We are grateful to all staff for their support with the implementation of an electronic audit system that provides an overview of practices of hygiene, cleanliness and IPC across the organisation. Moving forward this will allow us collectively to identify areas of best practices to share along with areas for improvement and crucially to support staff in making changes required.

## Environmental/Station Cleanliness:

During the reporting period, audits of NIAS Stations and Deployment points were undertaken by NIAS Station Officers or Supervisors. These audits were undertaken monthly and were based on the question set utilised by RQIA to monitor environmental cleanliness. Audit scores varied across the service but they enabled the identification of areas where issues with cleaning were occurring. Through these audits, it has become apparent that there are challenges presented by some of the NIAS estate that impacts environmental cleanliness. Issues include older buildings, shared tenancies and rented provision. Work within NIAS is being progressed in relation to an Estates Strategy and Clinical Response Model which will address these issues. It is recognised however that high standards of Environmental Cleanliness must be achieved in spite of these challenges and continued improvement of and investment in Estates continues across the service. During the incoming financial year 20/21 it is anticipated that NIAS will recruit to Senior Posts to provide leadership in relation to and manage the delivery of a bespoke NIAS Environmental and Vehicle Cleanliness Service.

## Vehicle Cleanliness

A regular schedule of ambulance vehicle deep cleans has been carried out throughout the year by our newly appointed vehicle cleansing operatives. Our standard of 85% of vehicles being audited for cleanliness has been largely met during this time. Common themes identified in relation to non-compliance included exteriors of vehicles and vehicle floors not being clean. It was, however, accepted that where this occurred, that it was usually associated with periods of bad weather.

## Hand Hygiene

The standard of 90% compliance had been mostly achieved during the reporting period, although further work was recognised as being required around defining and undertaking the number of observations that would provide effective assurance. Hand hygiene observations were, during this period, being carried out by Clinical Support Officers (CSO) as they accompanied crew members to observe clinical practices. This provided an opportunity to give contemporaneous feedback, offer support and advice in relation to areas for improvement and also identify areas of good practice. It was however recognised that whilst assurance is provided through this mode of audit that there was room here for the 'Hawthorne' effect to exert bias on the audit outcome both positively and/or negatively and it is felt that other methods of less intrusive independent audit should also be explored.



## Sluice Replacement Program

Within NIAS, following the initial RQIA inspections in 2017/18, it was identified that there was a requirement to review the provision of Clinical and/ or Domestic Sluice provision across the organisation. Scoping was undertaken and it was determined that sluice facilities required to be upgraded, replaced or newly provided at 33 locations. Work on this program began in 2018 and by year-end of March 2020, facilities at 16 locations had been brought up to the required standard. Work will continue on this program during 20/21.



## Complaints & Compliments

The Trust aims to promote a culture where all concerns and complaints are received positively, investigated promptly and thoroughly and responded to sympathetically and that actions are taken to prevent recurrence when services provided have fallen below acceptable standards.

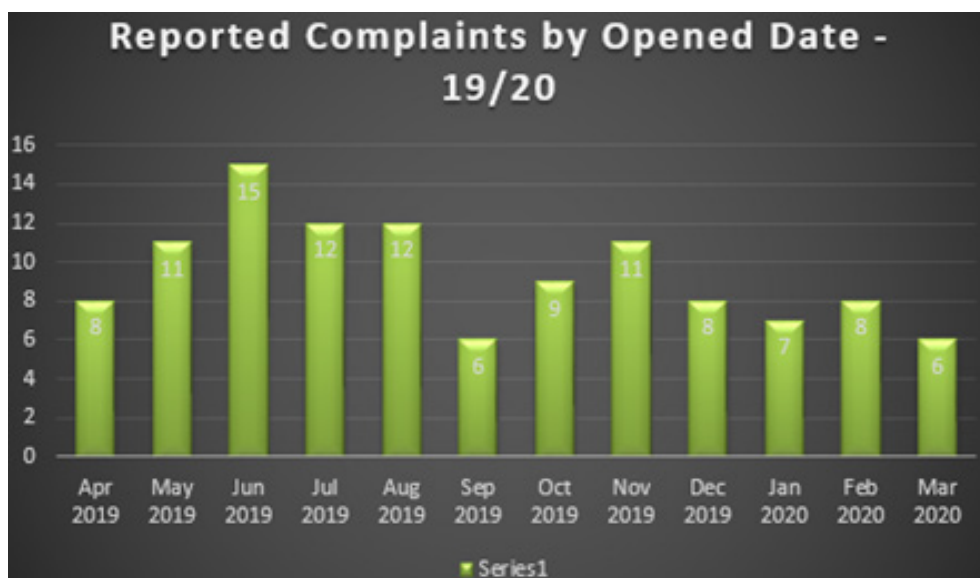
In addition to welcoming and valuing complaints as well as the resultant learning, the Trust values all compliments and is developing processes to promote learning from the positive feedback received to further enhance our performance, the patient experience and the quality of services we provide.

## Facts & Figures in the year 2019/2020

- NIAS received 212,154 emergency calls and attended 180,072 calls and completed 190,204 non-emergency journeys
- 114 complaints were received
- 79% of complaints were acknowledged within 2 working days
- 25% of complaints were responded to within 20 working days
- The top 3 issues of complaint were Transport, Late or Non-Arrival/Journey Time, Staff Attitude/Behaviour and Quality of Treatment & Care.
- 174 Compliments were received

## Complaints this Year

During the past year (2019/2020), the Trust received 114 complaints, which is a decrease of 9.5% on the previous year's 126.

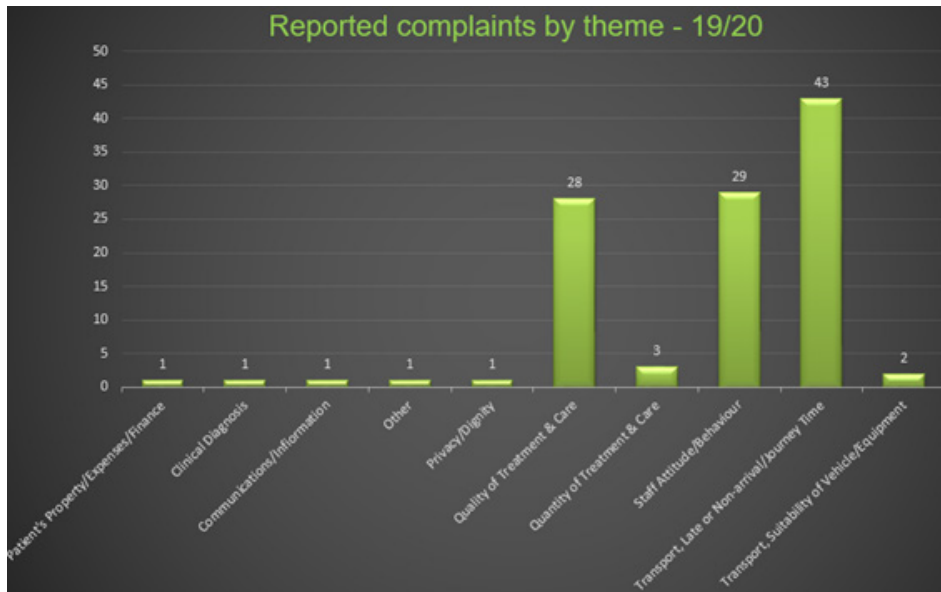




## What people complained about

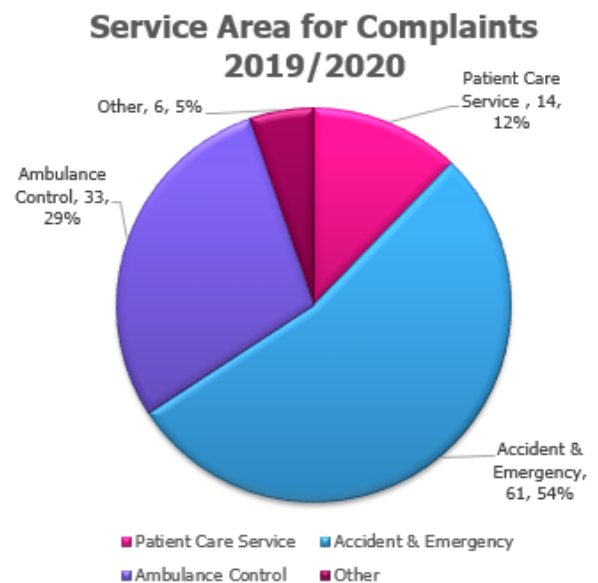
The chart below shows the number of issues identified within complaints by subject for the past year (2019/2020), the data reflects that one complaint can have more than one issue.

The top three subjects of complaint in the past year were: Transport, Delay & Non-Arrival/Journey Time (38%), Staff Attitude/Behaviour (25%) and Quality of Treatment & Care (25%).



## Area of Complaints

This graph shows the breakdown by directorates of formal complaints for 2019/2020. Of the 114 complaints received by the Trust, 29% (33) related to the Ambulance Control (Emergency & Non-Emergency Ambulance Control). 54% (61) related to the frontline Accident & Emergency Service and 12% (14) related to our Patient Care Service. The remaining 5% accounted for other areas including our Private & Voluntary Ambulance Service partners.



	Total Number	Percentage
Acknowledged <2 Days	90	79%
Response < 20 Days	28	25%

## Response Times to Complaints

79% of all complaints were acknowledged within the target of 2 working days.

25% of all complaints were responded to within the target of 20 working days

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 whilst ensuring there is an emphasis on the quality of the responses and ensuring resolution for the complainants, relevant to the issues raised.

## If people are dissatisfied

Sometimes people are not always happy with the outcome of the investigation into their complaint. We encourage people to let us know if they are unhappy, and we consider other options to attempt to resolve their concerns. We also routinely offer to meet complainants, as this allows the opportunity for more detailed discussions, face-to-face.

## Ombudsman

For those people who remained dissatisfied, they had the option to approach the Northern Ireland Public Services Ombudsman (Ombudsman) directly. In 2019/2020, there were 3 complainants who approached the Ombudsman for investigation of their complaint.

## Complaints Training

The trust delivered comprehensive complaints handling training throughout 2019/2020 to a wide variety of management staff.

Our staff who undertake the Investigating Officer role attended a training programme tailored around the handling and recording of complaints & compliments within the reporting period.

The course focused on discussing and developing effective complaint letter writing skills through a combination of group discussion and practical, supported exercises. The aim of the course was for managers to leave the day with the techniques and the confidence to respond effectively and efficiently to complaints through letters.

They also received training in the use of our online complaints/compliments Datix system. This system is used to log all of our complaints & compliments and allows us to easily track and process them.

## Learning from Complaints

Where appropriate action plans are developed and followed. We use this information to feedback to patients and staff on the changes and improvements made.

Complaints are discussed with the staff concerned and learning is brought to staff meetings for discussion as to how services can be improved.

A number of improvements have been put in place over the year 2019/2020 following complaints. Here are some examples:

- Service Users received a tour of our Emergency Control centre with a view to gaining additional knowledge and understanding around our triage and call-taking processes.
- A Clinical Newsletter was issued to all staff detailing recent operational and clinical updates. These included:
- The new Aspirin Diagnostic tool used by medical dispatchers in our control centre
- The Sepsis trigger tool to aid early diagnosis of possible sepsis

- The management of burns and the use of Clingfilm
- IPC visits to our private & voluntary ambulance service partners
- All staff who have received staff attitude/behaviour complaints have undertaken reflective practices and where appropriate, received counselling and further training, in order to prevent any reoccurrence.

## New Developments 2019/20

In August 2019, NIAS developed new Concerns, Complaints and Compliments, Policy and Procedure documents.



<b>Title:</b>	<b>Concerns, Complaints &amp; Compliments Policy</b>		
<b>Author:</b>	Linda Rafferty, Programme Manager		
<b>Ownership:</b>	Michael Bloomfield, Chief Executive		
<b>Date of SMT Approval:</b>	16/07/2019	<b>Date of Trust Board Approval:</b>	01/08/2019
<b>Operational Date:</b>	08/08/2019	<b>Review Date:</b>	08/08/2020
<b>Version No:</b>	V3.0	<b>Supersedes:</b>	V2.0
<b>Key Words:</b>	Concern, Complaint, Compliment, Investigation, Learning, Shared Learning		
<b>Other Relevant Policies:</b>	<ul style="list-style-type: none"> <li>• DoH Guidance in Relation to the Health and Social Care Complaints Procedure 01 April 2019</li> <li>• The HSC Complaints Procedure Directions 01 April 2009</li> <li>• Parliamentary and Health Service Ombudsman's Principles of Good Complaint Handling and Good Administration February 2009</li> <li>• NIAS Risk Management Policy and Procedure</li> <li>• NIAS Learning Outcomes Review Group Terms of Reference September 2018</li> </ul>		

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**NIAS also updated its website to include a user-friendly Feedback portal. This allows service users to provide details of concerns, complaints or compliments with one click.**



## Compliments

Whilst the Trust recognises that sometimes things go wrong, each year the Trust receives hundreds of letters of appreciation and expressions of thanks to acknowledge the excellent services provided.

We are proud of our staff and ensure that positive feedback is shared and celebrated. Our staff certainly appreciate feedback from their patients and clients and knowing when things go well.

In 2019 /2020, the Trust received 174 compliments.

Here are some examples of the wonderful praise we have received.

**“The crew had a cheerful and pleasant approach whilst remaining professional. Unsung heroes and heroines of our day”**

**“They attended to my mum with such dignity, care and compassion. I have never come across two nicer men in all my life. An absolute credit to the NIAS.”**

**“Thank you to the paramedics who took my mum to hospital, for acting as fast as they did and for essentially helping to save her life.”**

**“A huge thank you for your kindness & compassion”**

**“We are truly blessed to have people such as yourselves dedicated to looking after others”**

**“The crew were friendly, calming, professional and efficient. They conducted their medical assessment with care and diligence. I felt safe and secure which was comforting after the fall.”**

**“We were particularly touched by the exceptionally caring and compassionate manner in which you both dealt with my ill mum and anxious father. Mum wasn’t just seen as a patient but recognised by you as a much-loved person at the heart of our family.”**

**“The call handler who took my call stayed with me and told me what to do.**

**You do an amazing job in helping people to remain calm and reassured which is hard to do over the phone.”**



# Theme 4

Raising the  
standards

# Theme 4

## Raising the standards

### CRM

On 11 November 2019 NIAS changed how 999 calls are prioritised and managed. Our Emergency Call takers began using a new call-taking protocol (Code Set) which is similar to that used in the rest of the UK. The introduction of the code set is part of a wider transformation programme for NIAS in implementing a new ambulance “Clinical Response Model” (CRM) for Northern Ireland.

The CRM focuses on achieving optimal outcomes for patients by:

- Identifying the sickest quickest
- Getting to the sickest quickest
- Sending the right resource first time
- Providing the best care

NIAS last met the Department of Health (DoH) Priorities for Action (Pfa) response time target for Category A “**immediately life-threatening calls**” (72.5% in 8 mins or less) in 2011. Since then there has been a downturn in performance each year and consequently significant clinical risks from lengthening patient waiting times for ambulance response to emergency calls.

Ambulances are dispatched in response to 999 emergency calls based on the clinical need of the patient. The calls are prioritised according to the seriousness of the patient’s condition which will be assigned to one of 4 call categories (Table 1).

### CRM Call categories and Response Targets

	Type of call	Response target	Response target	% of total 999 calls	
		Mean*	90th Percentile**	% of patients	Examples: Patient Type (Conditions in these categories include)
Category 1	Immediately life-threatening	8 min	15 min	4.90%	Not breathing; unconscious with noisy breathing; fitting; unconscious due to diabetic issues; suffering severe allergic reaction with difficulty breathing.
C1T Indicator		18 min	30 min		
Category 2	Potentially serious	18 min	40 min	34.50%	Not alert with abdominal or chest pain; unconscious with effective breathing; patient experiencing stroke symptoms; dangerous haemorrhage
Category 3	Urgent Problem		120 min	28.80%	Psychiatric patients who are not alert; a patient who has given birth with no complications; a conscious overdose patient with abnormal breathing; a patient who has had a fit but is no longer twitching and is breathing normally
Category 4	Less Urgent Problem		180 min	23.90%	Large animal attack if the patient is alert; female with abdominal pain who fainted or nearly fainted; a patient who injured their foot when they fell last night.

Category 1 calls are the most critical and early activation of ambulance resources to Category 1 incidents has the potential to realise significant benefits for all patients. Calls in Categories 2, 3, and 4, whilst they may still be urgent in nature, do not require the same response as Category 1. Our aim is to match appropriate ambulance resources to the needs of the patient within evidence-based response times.

## The CRM Programme performance to date

Identifying the sickest patients as quickly as possible is the key objective of the new CRM. The implementation of the new call-taking processes (Nov 2019) has enabled NIAS to better identify and prioritise response to life-threatening Category 1 calls. To date, performance with

existing resources is still below expected standards, (Table 2). However, the new CRM is proving much safer in terms of a better response to immediately life-threatening calls and it is more efficient in terms of how demand for C2, C3 and C4 calls are managed compared with the previous service delivery model.

Category	Standard	Performance Mins: secs	No. of Incidents with a Response
Category 1 – Mean	8 minutes	11:14	3,893
Category 1 – 90th Percentile	15 minutes	21 : 28	
Category 2 – Mean	18 minutes	22 : 43	33,495
Category 2 – 90th Percentile	40 minutes	46 : 14	
Category 3 – 90th Percentile	120 minutes	131 mins	18,182
Category 4 – 90th Percentile	180 minutes	203 mins	2,550

## Table 2: CRM Performance, November 2019 – March 2020

Although NIAS has commenced this transformation programme by introducing a new code set and changing how calls are prioritised, it will be unable to achieve the new response targets associated with the new model and fully realise its benefits for patients, staff and the system as a whole unless there is an investment programme to increase the levels of ambulances available for deployment and associated staff, support services and capital infrastructure.

## Emergency Medical Dispatcher Award Scheme

NIAS continues to maintain a high standard of 999 call-taking, reflecting our status as an Accredited Centre of Excellence from the International Academies of Emergency Dispatch. NIAS is one of a small number of ambulance services in the UK & Ireland to obtain this status and it is a tribute to the hard work and dedication of the entire Ambulance Control team and specifically our Emergency Medical Dispatchers (EMD). This Accreditation is due for renewal in June 2020 and we continue to exceed the required performance standards for successful re-certification.

Staff recognition awards are held to acknowledge staff who maintain persistently high standards in 999 call-taking and those who display exemplary skill and compassion, particularly during challenging emergency situations.

Awards are presented on a regular basis for overall High Compliance with protocols and for demonstrating exemplary customer service. Other awards are for Baby Born, Cardiac Life Saver & Non-Cardiac Life Saver. Below are the level and number of awards attained by EMDs for the year 2019-20 and the previous year:

Award type	Type	2018-19	2019-20
High Compliance	Certificate	14	8
	25 calls (bronze)	5	9
	50 calls (silver)	10	7
	100 calls (gold)	7	4
	250 calls	3	5
Exemplary	Certificate	17	9
Customer Service	25 calls (bronze)	10	11
	50 calls (silver)	2	11
	100 calls (gold)	6	6
	500 calls	0	0
Baby Born	Boy	7	6
-Talking a caller through delivering a baby	Girl	3	7
Life Saver	Cardiac	9	2
- Successfully coaching a caller to provide CPR	Non-Cardiac	5	1



## Dispatcher of the Year

This year saw the International Academies of Emergency Dispatch hold both the Ireland Dispatcher of the Year award in Dublin, April 2019, and the UK Dispatcher of the Year award in Edinburgh in October 2019. Following on from Nikki McAuley's success as UK Dispatcher of the Year in 2018, NIAS was once again strongly represented with shortlisted finalists at both awards.

In Dublin, Emma Campbell, Sean Cooke, Michelle Foster, Michelle Martin and Lorraine Welsh attended the Navigator Conference and Awards as five of ten NIAS shortlisted nominees for Ireland Dispatcher of the Year. In Edinburgh, Sarah Brunton and Lynsey Perry represented their colleagues at the UK Navigator as shortlisted finalists from a total of six NIAS nominees.

While the sixteen nominees across both awards deserve recognition for their achievements, it would be remiss not to acknowledge our other Ambulance Control Staff who consistently achieve high standards of call compliance and provide excellent patient care to an ever-increasing number of patients contacting 999.

NIAS staff have now been represented as shortlisted finalists for the Dispatcher of the Year award at every Navigator Conference since the beginning of 2017, with a winning EMD at both the Ireland and UK awards during this time. We are rightly proud of these achievements and for the high quality of patient care being delivered.

## Training Standards

The quality of the patient care delivered by our EMDs is a reflection of the hard work of all Emergency Ambulance Control staff but also of the support of the Control Training and Quality Improvement Unit which provides training and quality assurance for the EAC.

This year the standard of the training delivered to EAC staff was recognised by the International Academies of Emergency Medical Dispatch with two of our Control Training and Quality Assurance Officers invited to attend the US Navigator Conference in Orlando Florida in April 2020 to represent NIAS. Hannah Maxwell and Jonny McMullan were both selected to deliver presentations as part of the conference with Jonny also invited to lead as instructor and facilitator for the EMD Mentor certification course.

This is a confirmation of the high-quality training provided to our EMDs and was further evidenced with Hannah's nomination for, and acceptance on, the EMD-Q Quality Assurance Auditor Instructor course. This will qualify Hannah as a National Instructor for the Quality Assurance of 999 calls and is a recognition of her skill and expertise in this area. We are proud that the quality of patient care we deliver from our EAC is supported by a high-quality training and audit team recognised on the international stage.

## PCS Improvement Programme

The Patient Care Service (PCS) is a very significant part of our work providing around 200,000 patient journeys each year. The PCS is known as the Non-Emergency



Patient Transport Service (NEPTS) in other parts of the UK. It is a service highly valued by our patients and is an important part of our role as an ambulance service. Health and Social Care Trusts across NI rely on NIAS PCS to bring patients to their clinics who would otherwise find healthcare very difficult to access.

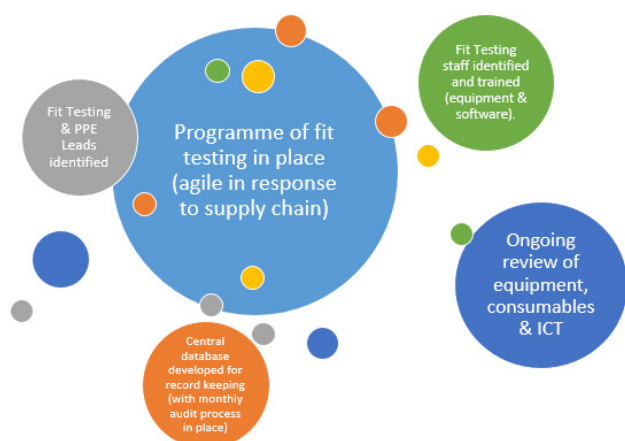
In 2019 the Chief Executive commissioned an Internal Audit report on the PCS to gain some independent analysis of the Service. This report produced a number of high-priority recommendations which NIAS needed to consider when identifying what improvements could be made to the PCS service. Staff engagement sessions also raised a number of interesting insights into current practices and challenges facing the PCS and the non-emergency ambulance control (NEAC).

In November 2019 John Wright, Assistant Director of Operations (Communications and Control), was asked to review the PCS and to create an Improvement Programme including frontline PCS and the NEAC.

Initially, John worked to establish the scope of the programme and the support required to take the work forward.

towards the end of the reporting period the programme was rolling out initial engagement activity which incorporated a wide range of stakeholders. The small PCS review team was anticipating an ambitious fact-finding drive across NEAC and the PCS Operations teams as well as wider stakeholders. Although the Covid-19 Pandemic was evolving around that time, it was still hoped that a detailed review of all aspects of PCS would enable the delivery of a report in December 2020 with recommendations for consideration and an implementation plan for improvements.

## Fit Testing Programme (FFP3 Masks)



A key element in protecting staff and patients as required by the Health and Safety at Work (NI) Order 1978, and the Personal Protective Equipment at Work Regulations (NI) 1993, is the appropriate use, including information, instruction and training of Personal Protective Equipment (PPE) particularly, Respiratory Protective Equipment (RPE) for aerosol-generating procedures (AGP's) and/or in other environments such as commercial premises, dust-filled environments, or the generation of Man-Made Mineral Fibres (MMMFs) through the cutting of vehicles to extract casualties.

At the beginning of the pandemic, NIAS has adhered to regional/national/PHA guidance regarding levels of PPE for patient care and treatment in differing contexts. With regards to level 3 PPE, NIAS used and continues to use FFP3 masks, and for the small number of staff who fail fit testing, powered hoods are provided. FFP3 masks require initial fit testing as described under the PPE Regulations above for each member of staff to ensure the particular mask in use provides the appropriate level of protection when performing an AGP. A summary of the NIAS fit testing programme is as follows:

- **Resources** – The Clinical Training Manager initially led on Fit Testing for the Trust and a number of clinical staff were identified and carried out fit testing duties at the beginning of the Pandemic.

- **Competency of Fit Testers** – A number of Fit Testers were trained in 2018 and in response to the pandemic, further Fit Testing Training was delivered in February 2020. A review of the content of 'Competent Fit Test Operator Training' took place in order to ensure that it covered the Competent Fit Test Operator criteria set out in Health and Safety Executive protocol.
- **Equipment and consumables** – To carry out Quantitative Respirator Fit Testing the Trust purchased five TSI Model 8030 PortaCount® Pro, Respirator Fit Testers and dedicated laptops which adhere to the seven fit test exercises per Health and Safety Executive requirements (INDG479).
- **Fit Testing** – A programme of fit testing was put in place for staff who are identified as having a requirement for RPE. This included ensuring arrangements to identify and test members of staff who were unavailable due to illness/shielding/leave/self-isolating etc., those who were undergoing training (usually tested as part of the course, at the location at which the training is being carried out) and the likes of bank staff to ensure that all persons reporting for duty are tested.



- **Responding to PPE supply chain issues** – The Director of Finance and the Stores & Procurement Manager regularly liaised with BSO PaLS and the Department of Health in order to inform the Fit Testing Strategy.
- **Staff engagement** – Trade Union colleagues were regularly involved in the development of risk assessments. There were regular communications to staff regarding health and safety, legal requirements, product availability, PPE updates via newsletters, video messaging regarding the use of masks, WhatsApp communications, Memos from the Medical Director, incident reporting advice etc.
- **Recordkeeping** – All information from the TSI Model 8030 PortaCount® Pro, Respirator Fit Tester is collated and stored centrally in NIAS Headquarters by the Information Department as recommended by HSE document INDG479 – Guidance on Respiratory Protective Equipment (RPE) Fit Testing. Each TSI Model 8030 PortaCount® Pro, Respirator Fit Tester has its own dedicated laptop, which automatically connects to HSC WIFI, either on station or via a NIAS vehicle or any HSCNI Trust premises. The software for the TSI Model 8030 PortaCount® Pro, Respirator Fit Tester is permanently set to the recommended HSE protocol to reduce user error. Each fit test



includes exactly the same information across all divisions to help standardise the collated information. Completed fit tests are automatically downloaded to the central database in NIAS Headquarters without user intervention.

- **Assurance & oversight** – Under the direction of the Director of Quality, Safety and Improvement, the Risk Management Team is overseeing all arrangements for the fit testing of staff. With regards to governance, fit testing is a permanent agenda item on the weekly NIAS PPE Cell (established March 2020, chaired by the Finance Director).

## Sources of Independent Assurance

NIAS obtains Independent Assurance from the following sources:

- Internal Audit;
- Business Services Organisation (BSO);
- Regulation and Quality Improvement Authority (RQIA); and
- External Audit.

The Trust also relies on other significant assurance functions, both internal and external to the organisation, and considers the implications of any relevant findings for the governance of the organisation. These may include, but will not be limited to, any reports issued by the Comptroller and Auditor General or Public Accounts Committee, reviews by DoH commissioned bodies, the Medicines Regulatory Group and other professional and regulatory bodies with responsibility for the performance of staff or functions (e.g. Joint Royal Colleges Ambulance Liaison Committee (JRCALC), Health and Care Professions Council (HCPC), Royal Colleges and other accreditation bodies).

## Clinical Support Desk

The NIAS CSD has been in operation since 2nd October 2017. The CSD is staffed primarily by NIAS paramedics who have undertaken additional clinical training to provide “hear and treat” services to 999 callers.

The team provides specialist clinical triage to 999 calls which have been assessed as low acuity or not immediately life-threatening and if appropriate refer patients to other healthcare services rather than requiring an ambulance response or attendance at an Emergency Department (ED). While the team have multiple aims and objectives, their primary objective is to ensure patient safety by providing an appropriate response in order that the patient receives the right care at the right place at the right time.

The team assesses patients remotely and is able to prevent unnecessary ED admissions and hospital stays. The patient outcomes include referrals to a range of appropriate care pathways. The CSD provides a Regional Service meeting the needs of patients in all geographic

locations regardless of socio-economic background or Section 75 status thereby helping to overcome the health equality concerns highlighted in ‘Health and Wellbeing 2026’ and ‘Review of Urgent and Emergency Care 2018’.

## Peer Review of Clinical Support Desk undertaken by Advanced Life Support Group (ALSG)

In March 2019 NIAS commissioned a review of the Clinical Support Desk (CSD) to be undertaken by Advanced Life Support Group (ALSG). The review looked at a number of key areas including structure and governance, Recruitment and training, Audits and Governance, Current and future initiatives and Observations and recommendations for improvement.

The report concluded that the **“Clinical Support Desk has been in operation for less than 2 years, however has quickly established itself as a vital function of the Emergency Ambulance Control. The CSD team has put a tremendous amount of effort into establishing not only the core functions but looking ahead at initiatives to improve the quality of care for patients and improve system pressures on the Ambulance Service”**.

Recommendations from the review included:

- Move to a 24/7 cover
- Review and increase the types of calls suitable for CSD review
- Scope potential to include mental health clinicians to the CSD role
- Embed clinical support and management structure
- Standardise Audit and Governance procedures
- Include role for CSD into the Demand Management Plan
- Consider floor walking/clinical oversight role
- Review Safeguarding reporting processes

As part of the Trust’s Transformation programme an associated Demand and Capacity Review exercise was undertaken on behalf of NIAS by ‘Operational Research in Health’ (ORH) in December 2019. This identified a need to introduce 24/7 availability of Clinicians into Emergency Ambulance Control to enhance patient safety and service delivery especially in times of high demand, which are increasingly common. A 24/7 CSD is also essential to implement a Demand Management Plan (DMP) within EAC to deal with demand surges and enhance patient safety. A DMP is best practice within UK Ambulance Control/Operations Centres.

Throughout 2019/20 the role of the CSD continued to develop and improve the delivery of patient care especially to those patients who contacted 999 and after clinical assessment were deemed suitable to be provided with telephone advice or referred to community-based health services and therefore not requiring the attendance of an ambulance.



# Theme 5

Integrating  
the care

# Theme 5

## Integrating the care

### Complex Case Team

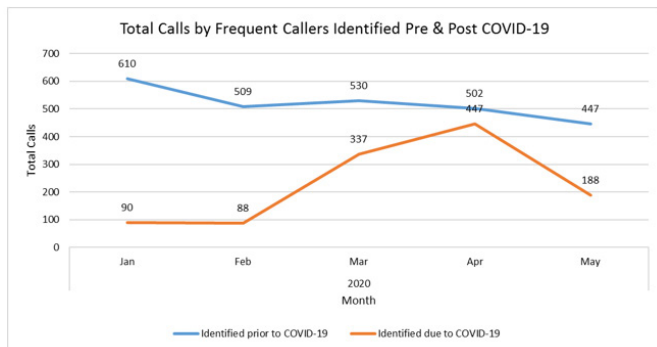
Throughout this reporting period, the Complex Case Team have continued to address the issues and challenges presented by 'Frequent Callers' (FCs) and 'Potential Frequent Callers' (PFCs) to the NIAS.

A FC is defined as anyone over the age of 18 who calls '999' five or more times in one month or twelve or more times over three consecutive months. A PFC is anyone over the age of 18 who calls '999' over nine times over three consecutive months (but has not met the FC Criteria).

The number of service users identified as FCs has continued to increase over the reporting period, with an acute and exponential increase during the beginning of the first and second Covid 19 surges. As of March 2021, the Team have identified 600 FCs throughout NI, which is a stark increase from last year's report with the cohort continuing to grow with new service users recognized on a near-daily basis.

response to the ever-changing demands that FCs and PFCs are putting on the NIAS. Until relatively recently, NIAS were rarely included in MDTs and Positive Action Plan meetings. Over the reporting period of 2019/2020, the Complex Case Team have continued to build on the interagency and multi-disciplinary approach to service users health and social care management plans through active participation in meetings arranged by all Health & Social Care Trusts and even the coordinating and chairing our own MDTs.

In March 2020, the Complex Case Team were successful at the Northern Ireland Health and Social Care Quality Improvement Awards, winning the 'Integrating Care Across Boundaries' category and the 'Overall Winner' for Quality Improvement across all 6 Health Trust in Northern Ireland.

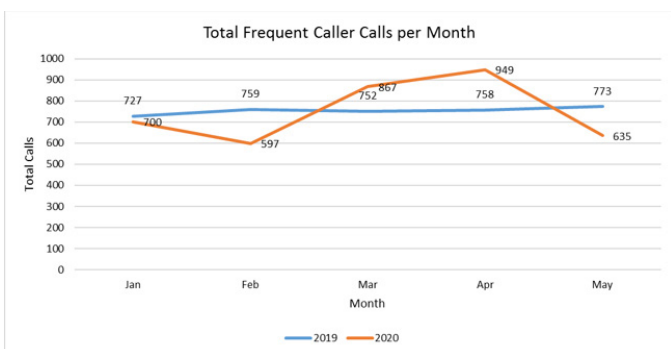


Claire, Ian, Hannah (NIAS Data Analyst) and Aidan

Aidan, Claire and Ian completed the 'Leading in Safety, Quality and Experience Programme' lead by the South Eastern Health and Social Care Trust with a project aimed at reducing the number of 999 calls received from PFCs via mass letter distribution. The project was a success, both in achieving our objective and completing the programme.

The management of PFCs via mass letter distribution has continued to be reviewed, revised and evolved to include a bespoke 'PFC Flyer' that is posted along with a letter to newly identified PFCs throughout NI. The flyer contains information and support services for PFCs to access the support and assistance that they require to meet their health and social care needs. The flyer contains a 'QR code' that brings the recipient to a short animation video that highlights the other services that are available in their local areas. This animation is available on the NIAS Facebook and Twitter pages since publication and has been viewed thousands of times.

Our work has also gained international attention as the



This proliferation of newly identified FCs and PFCs, coupled with a reduction in face-to-face assessments and meetings lead the Complex Case Team to adapt their approach to frequent caller management via telephone assessment, mass letter distribution, and virtual multi-disciplinary team meetings (MDTs).

Despite the challenges of Covid 19, the Complex Case Team have continued to develop and innovate in

Complex Case Team submitted a poster and an abstract to the College of Paramedics' International Education Conference 2021. The submission was accepted and will be presented by Aidan followed by a 'questions and answers' session on Wednesday 14th April. The conference is being jointly hosted by the UK College of Paramedics, the Australasian College of Paramedics and the Paramedic Association of Canada and will provide a fantastic opportunity to showcase the work that the NIAS

Complex Case Team are doing at an international forum. The Information Department have developed a Frequent Caller Dashboard that automatically updates at midnight every night and will help in the identification and management of new and existing FCs and PFCs, reducing the impact on the NIAS and ensuring that their health and social care needs will be actioned in a timely manner.

## HEMS

After many false dawns, 2020 finally saw the Helipad at RVH become operational on 18 February. In the run-up to the date, HEMS crews undertook test flights and landings directly onto the Helipad on the Critical Care Building on the RVH site.



Among the guests to witness the first landing was Minister of Health, Robin Swann, MLA. In recognising the significance of the day, he said; "This is a momentous day for patients in Northern Ireland and it has been a privilege to witness the first test flight landing of the Helicopter Emergency Medical Service (HEMS) this morning. HEMS greatly benefits people with life-changing injuries, whose lives are at risk following significant trauma, by bringing skilled clinicians to the scene to deliver advanced critical care and rapidly transporting the patient to the regional trauma centre for ongoing emergency care."

Since the opening of the helipad, patients have benefitted on an almost daily basis from the, almost 25 minutes, reduction in patient travelling time. There can be little doubt that lives have been saved by this development.

The HEMS team are constantly developing the range of interventions they can bring to patients who are in need. Apart from the opening of the Helipad, 2020 also saw HEMS beginning to carry blood on board the helicopter and rapid response vehicle. This major clinical development enhances the pre-hospital critical care provided to the appropriate patients who are seriously injured at a scene. Administering pre-hospital blood at the roadside, farm, industrial site or anywhere outside of hospital can make a significant difference to those who have suffered major blood loss

or are bleeding to death. Prior to this, patients in these circumstances would have received fluid instead of blood. This significant development followed a year of planning with Belfast Blood Bank, the Northern Ireland Blood Transfusion Service, and the Haemovigilance Service. A massive thank you to The Henry Surtees Foundation for their funding towards this and to everyone who donates blood!

It was important to establish a set of guidelines for the use of pre-hospital blood transfusion of red blood cells (RBCs). These were:

- RBCs should be taken on all primary missions
- Emergency RBCs are a precious resource and should only be transfused when clinically indicated.
- Only one patient should receive RBC transfusion on any given HEMS mission.
- RBC transfusion is not a replacement for haemorrhage control measures such as pressure, splinting and elevation, permissive hypotension and maintenance of thermoregulation.
- The judicious use of intravenous fluids is also essential to avoid dilutional coagulopathy.
- RBCs are provided by the Royal Victoria Hospital (RVH) Blood Bank in specialised, temperature-monitored HEMS transport boxes which are replaced at regular intervals.



HEMs continue to support our Emergency Crews by bringing advanced clinical skills to the patients as they strive to save lives, brains and limbs. HEMS is delivered in partnership with Air Ambulance Northern Ireland, a local based charity dedicated to providing the funding required to provide the helicopter and pilot. They rely heavily on charitable donations from the public, but, as you can imagine, their activities have been severely curtailed by the restrictions imposed as a result of Covid. Their team continues to work very hard in the background. You could do worse than visit their website at [www.airambulancenai.org](http://www.airambulancenai.org) to see how you can support them.

## 148th Open

In July 2019 the 148th Open Championship, one of golf's four 'Majors' and one of the biggest sporting events in the world, was held at Royal Portrush Golf Club in Northern Ireland.

This event was three years in the planning and NIAS was an integral part of the multi-agency support that this event required. Many groups and sub-groups including Medical, Traffic and Transport and Safety and Security had NIAS representation as well as Gold and Silver command and a contingency exercise planning group.



The 148th Open was delivered by the Royal and Ancient Golf Club of St. Andrews (The R&A) supported by Tourism NI, Causeway Coast and Glens Council and a host of other public bodies.

NIAS was pleased to have been selected as their Ambulance provider.

The tournament ran from Sunday the 14 July 2019 until Sunday 21 of July, with Monday held as a contingency, should weather disrupt play.

Over 100 of the best golfers in the world, including our home hopefuls and many other major champions, tackled the historic links which had undergone significant improvement to enable Portrush to host the tournament. Irishman Shane Lowry proudly lifted the claret jug on the 18th green on Sunday afternoon.



The medical support to the tournament was multi-faceted and was led by Dr. Christopher Nevill, the R&A's Chief Medical Officer, along with R&A Doctors and Nurses

supported by locally recruited doctors and nurses who staffed the on-site medical centre and two remote medical posts.

NIAS provided Officers, Paramedics and A&E crews working a flexible shift pattern to cover the course from gates open to the final putt. The MAC (Multi-Agency Command) sat adjacent to the course and from there the NIAS Silver Commanders, Ruth McNamara and Gareth Tumelty, managed the NIAS operation, on and off course. They were supported by a Communications Officer and a Tactical Advisor.

Two Station Officers managed the on-course resources which were a mixture of A&E crews with stretcher capable golf buggies and solo paramedics in buggies providing a roving response. HART provided an Incident Response Unit to deal with any access issues on the challenging terrain at the eastern end of the course.



The tournament has been hailed as a huge success with over 200,000 people attending.

NIAS staff were kept busy and dealt with a significant number of casualties. Injuries ranged from sprains and strains caused by slips and falls to potential Sepsis, Anaphylaxis and Pulmonary Emboli. Many patients were treated and discharged at the scene which reduced the impact on the local healthcare system. The more seriously ill patients were transported to hospital, with the final patient to be transported having to be moved during the mass exit of spectators on the final day.

I am indebted to the North Division Management Team, The Resource Management Centre and the Officers, Paramedics and EMTs from across Northern Ireland who worked at the event and made it such a huge success. You never know when you could be called upon to save a life



## MATT

In 2019/2020 Northern Ireland Ambulance Service (NIAS) continues to support the delivery of the Multi-Agency Triage Team (MATT) Initiative. It is a service made up of Mental Health Professionals working alongside dedicated Police Officers and Paramedics in a Mobile Community Unit (Ambulance). Led by the South Eastern Health & Social Care Trust it enables the PSNI, NIAS and South-Eastern & Belfast HSC Trusts Mental Health Professionals to work collaboratively, to ensure an individual receives the most appropriate care possible when concerns about their mental wellbeing are reported to PSNI and NIAS. The initiative has already demonstrated an effective new way of multi-agency working delivered in partnership by four key service agencies SEHSCT, BHSCT, PSNI & NIAS with the aim of better addressing the needs of people/families in crisis and of building relationships and transference of knowledge and skills across all sectors.

MATT supports individuals and their families through mental health crisis. Delivers safe, effective, high-quality client-focused care to those in mental health crisis in a timely manner to ensure the safety of vulnerable people. It responds to people with mental health problems, aged 18 and over, who have accessed the 999 system. The calls are assessed and after initial telephone contact, the team can respond to both public and domestic addresses if de-escalation is not appropriate over the phone.

## Nursing and Residential Triage (NaRT)

By providing a system of partnership working and informal sharing with key stakeholders, such as Care Homes, the Nursing and Residential Triage (NaRT) Tool aims to:

- Reduce the number of residents being admitted to inpatient care especially those who use the emergency ambulance service frequently.
- Support Nursing and Residential Home staff to make the correct decision if calling for clinical assistance
- Increase the numbers of patients accessing appropriate care pathways away from emergency departments e.g. community respiratory teams or falls teams
- Enhance the quality of care for patients with non-time-critical presentations
- Reduce the amount of inappropriate 999 calls; whilst supporting appropriate utilisation of emergency services.

The Nursing and Residential Home Triage Tool (NaRT) is based on the Manchester Triage Group's Manchester Triage System (MTS). MTS is an internationally used system for triaging patients, based on patient presentation NOT diagnosis; the system is reductive to ensure the safety of patients and is reliable and consistent. Developed by two Paramedics in collaboration with Manchester Triage Group and Advanced Life Support Group. The aim is to support Care Home staff with their clinical decision-making with the potential to reduced inappropriate Emergency Department admissions for those living in Care Homes is to More appropriate care can often be provided within the patient's normal surroundings and by health professionals known to them.

Northern Ireland Ambulance Service (NIAS ) responds to 24,000 999 calls a year to Care Homes and the Nursing & Residential Triage Tool (NaRT)tested in Care Homes in some areas of England resulted in a 40% reduction in ED admissions. This is achieved by multi-disciplinary teamwork between HSC and the independent care sector, the assessment of residents by care home staff and signposts to the most appropriate healthcare provision.

South Eastern Health and Social Care Trust

### Nursing and Residential Triage Pilot

*Will the introduction of the pilot reduce inappropriate ED admissions?*

Chris Clarke, Clinical Service Improvement Lead, Northern Ireland Ambulance Service

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**Background**

- One in seven people aged 85 years of age and above, reside in a nursing home or residential care home.
- More appropriate care can often be provided within the patient's normal surroundings and by health professionals known to them.
- Northern Ireland Ambulance Service responds to 24,000 999 calls a year to Care Homes.
- A Nursing & Residential Triage Tool (NaRT) tested in Care Homes in some areas of England with 40% reduction in ED admissions reported.
- This is achieved by multi-disciplinary teamwork between HSC and the independent care sector, the assessment of residents by care home staff and signposts to the most appropriate healthcare provision.

**Results**

**Aim**

To support Care Home staff with their clinical decision making with the potential to reduce inappropriate Emergency Department admissions for those living in Care Homes.

**Outcome Measures**

Analysis of the data of the 999 calls across all four Care Homes identified an average of 25.9% reduction in the number of 999 calls. This was validated by a 25.2% reduction in attendance and non-conveyance.

**Outcome**

The pilot of the NaRT had a significant impact on 999 calls to Care Homes. It was appropriate as the patient required Emergency Department Admission.

**Unexpected Outcome**

Possible financial saving of 1.69 million a year to NIAS (Based upon 5k calls x 1 hour £272) and an increase in Ambulance availability.

Empowerment of staff to make an informed decision and supports improved quality of care and outcomes for patients.

**Improvement Methodology**

Plan

Do

Study

Act

**Plan** – Using existing data for NIAS 999 responses to care homes a list was created and the NaRT pilot was introduced into those homes at the top five from that list. To ensure a broad spectrum, 3 Nursing Homes, 1 Residential Home was selected across 2 Trust areas (1 Home decline based upon their policy).

**Do** - NIAS conducted the initial training within the homes and supported staff throughout the pilot.

**Study** - The governance was management by the Advance Life Support Group (ALSG) with the home internally auditing the forms for QI.

**Act** - NIAS also supported the collection of completed anonymised forms and monitored 999 activity.

**Next Steps**

- Further data analysis from ED Data to support the outcome measures.
- Approval and agreement across the Care Home sector regionally.



# Theme 6

Learning from  
COVID-19

# Theme 6

## Learning from COVID-19

### Background

In January 2020, NIAS became aware of the outbreak of a novel virus in China, and, as a result, the Emergency Planning Department began to review our Influenza plan and business continuity arrangements.

On 31st January in line with the Infectious Diseases Plan, an Incident Management Team (IMT) was established and tasked with the sufficient deployment of the Trusts' resources and effective management of NIAS's response to COVID-19. A corporate move towards developing departmental surge plans was initiated. In addition, NIAS started a service-wide initiative to fit test all staff for masks, setting up a team of testers whilst engaging with our own internal store's department and Business Services Organisation to secure essential PPE supplies.

Intelligence and Information was gathered from the HSCB, National Ambulance Resilience Unit (NARU), the Public Health Agency and Public Health England to inform NIAS's approach and to ensure that our clinical and operational responses were in keeping with National best practice.

On 11th March 2020, Coronavirus was declared a Global Pandemic by the World Health Organization. Northern Ireland had no deaths at this time as a result of the virus but numbers of confirmed cases within the province were on the rise.

On 11th March 2020, once initial scoping was complete and surge planning had commenced, the Chief Executive implemented a command and control structure to effectively manage NIAS's response.

### Methodology

It is recognised that the recovery phase, following the initial response to the COVID-19 pandemic, has provided NIAS with a unique learning opportunity. A Learning From COVID-19 Framework was developed by the Transformation Manager under the leadership of the Director of Safety, Quality and Improvement. The framework, drawing on harvesting tools from IHI and tools being developed in parallel by other HSC Trusts, had the ambition to extensively engage with staff from across the organisation, in all areas, to learn what went well and what could be improved. It was approved by SMT and Trust Board. The key objectives of the Learning Framework are:

- *Preparedness for subsequent waves or resurgence of COVID-19*
- *Learning which might influence recovery*
- *Learning which might encourage sustainability of innovative practice*
- *Learning for the organisation in terms of communications and decision-making.*

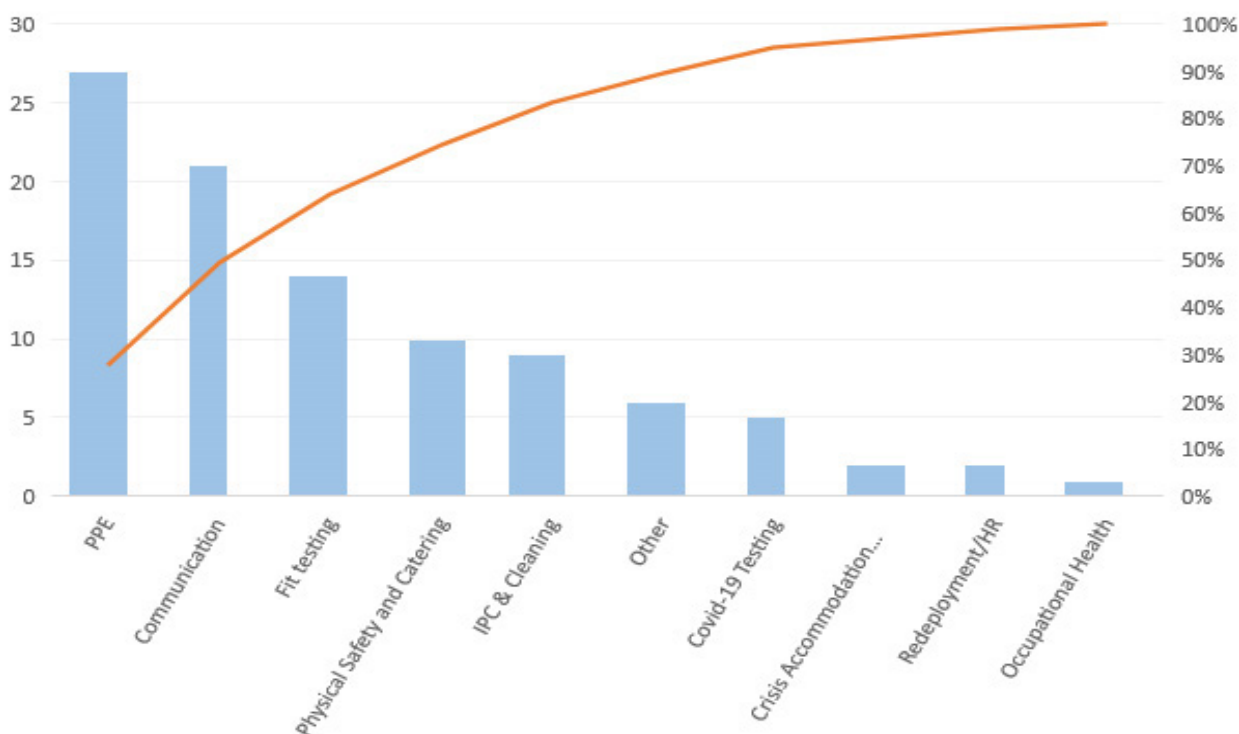
The feedback gathered has subsequently informed any recommendations included. A range of approaches were taken to target feedback in all of the areas outlined above, including:

- *Engaging with NIAS Operational staff at a variety of Emergency Departments*
- *Completion of Learning Tools at Station Level*
- *The NIAS/Unison Partnership and the Leadership Centre holding 5 focus groups to offer staff the opportunity to tell their story*
- *Issuing learning tools to Directorate Leads and Cell leads*
- *1:1 Interviews with Chief Executive, Directors and Assistant Directors*
- *1:1 Interviews with Cell Leads and Directorate Leads*
- *Group Zoom call with Area Managers*
- *1:1 Discussions with Station Officers*
- *1:1 Discussions with members of staff from Emergency Ambulance Control*
- *1:1 Discussions with Staff side leads*
- *1:1s with staff from a variety of team including Non-Emergency Ambulance Control, RMC*
- *The analysis of the information from the engagement was carried out by a Graduate Management Trainee seconded to NIAS. Through this extensive range of interviews, group sessions, conversations and completed written tools along with the NIAS/Union Partnership focus groups over 180 staff have been directly engaged with.*
- *Learning has been rich and has included a wide range of issues both in regard to what worked well and where we can improve. Ultimately, it was recognised by the vast majority who engaged that COVID-19 was a completely unknown disease and that NIAS and the whole of HSCNI had to learn and react quickly to an ever-changing landscape.*



Feedback from frontline staff was a very important element of this exercise. The challenges discussed by frontline crews were themed and put into a Pareto Chart to identify our main areas for improvement.

Pareto chart showing Covid-19 response challenges identified by Frontline Crews



## National Learning

NIAS is involved in meetings and learning opportunities with other ambulance services via the Ambulance Association of

Who we spoke to:	What worked well:	Challenges experienced by staff:	How we can improve:
<b>EAC &amp; NEAC staff</b>  <b>A&amp;E and PCS Crews:</b> RVH 23.07.20 ANTRIM 30.07.20 ULSTER 31.07.20 CRAIGAVON 13.08.20 ALTNAGELVIN 17.08.20  <b>CSD CLEANING OPERATIVES DIRECTORATE REPS DIRECTORS STAFFSIDE REPS</b>	<b>PPE:</b> <ul style="list-style-type: none"> <li>Levels of PPE at Station level were good</li> <li>PPE Cell ensured issues were addressed quickly</li> <li>Simplified process for ordering PPE</li> </ul> <b>Staff Communication:</b> <ul style="list-style-type: none"> <li>Significant growth in membership of what's app group</li> </ul> <b>FIT Testing:</b> <ul style="list-style-type: none"> <li>All staff who engaged had been FIT Tested</li> <li>Mobility of Fit Testing team worked well</li> </ul> <b>IPC and Cleaning</b> <ul style="list-style-type: none"> <li>Cleaning crews were "phenomenal" and greatly appreciated</li> </ul> <b>Covid-19 Testing</b> <ul style="list-style-type: none"> <li>Wide availability of testing slots and quick access to results</li> <li>Direct contact with Testing teams clinicians was reassuring</li> </ul> <b>Operations</b> <ul style="list-style-type: none"> <li>Set-up of Site 5 completely quickly and provided much needed contingency plan for EAC</li> <li>Frontline staff provided each other with support throughout this challenging period</li> <li>Halos provided essential support to crews and help crew navigate challenges at local Eds.</li> <li>Food supply helped relieve a an everyday stress for crews and this was appreciated</li> <li>PCS Crews who engaged enjoyed working A&amp;E support and A&amp;E crews valued this</li> <li>Redeployed staff trained quickly to work on CSD Desk</li> </ul>	<b>PPE:</b> <ul style="list-style-type: none"> <li>Concerns were raised about expiry dates being refreshed on FFP3 masks</li> <li>Frontline staff indicated that certain items of PPE were not suitable for use in pre-hospital care</li> </ul> <b>Staff Communication:</b> <ul style="list-style-type: none"> <li>We heard that it was difficult for crews to stay up to date with guidance which was ever changing</li> <li>At times the vast amount of information provided was overwhelming</li> </ul> <b>FR Testing:</b> <ul style="list-style-type: none"> <li>Staff had not been Fit Tested for a significant period of time</li> </ul> <b>Covid-19 Testing:</b> <ul style="list-style-type: none"> <li>Staff raised concerns that they were not updated when crewmates or other colleagues received a positive swab</li> </ul> <b>Operations:</b> <ul style="list-style-type: none"> <li>EAC staff were frustrated that the published data did not reflect their whole workload during the first phase of the Covid response</li> <li>Crews indicated that there was a lack of appropriate changing and showering facilities</li> </ul>	<ul style="list-style-type: none"> <li>Open &amp; honest communication about issues which may impact our staff</li> <li>Endeavour to identify standardised items of PPE for NIAS staff</li> <li>Continue to issue Operational Guidance Summary document</li> <li>Consideration to be given to a Covid specific What's App group</li> <li>Longer term investment in cleaning crews to be explored</li> <li>Regular scheduled FIT Testing for all patient facing roles</li> <li>SOP for Fit testing to be circulated</li> <li>Ensure NIAS track and trace policies are widely distributed and enforced</li> <li>In the event of a second surge provision of food should be considered</li> <li>Consideration to be given to further enhancing showering and cleaning facilities across all stations</li> </ul>

Chief Executives (AACE) and about to engage in shared learning processes with the National Ambulance Service (NAS) of Ireland. One page from the AACE learning document has been prepared and is attached in Appendix B to illustrate some of the shared learning across UK Ambulance services. The response to the COVID-19 pandemic has, without question, been a challenging time for staff and for NIAS as an organisation. The safety of our service users and our staff has been the primary concern throughout this response and this is why the structures and supports included in this report were developed.



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