



Northern Ireland Ambulance Service  
Health and Social Care Trust

2021/2022

**NIAS**

**ANNUAL QUALITY  
REPORT**



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# Foreword

In presenting this Annual Quality Report for 2021-2022 I recognise that this has been a difficult year for everyone. At a time when our staff were experiencing their own fears and concerns, they have demonstrated remarkable courage and flexibility to support each other in order to provide compassionate care for our patients. I would therefore like to begin by expressing my personal gratitude to them all for their continued commitment and dedication in the face of such significant challenges and for the professional manner in which they have delivered our service.

The past year has presented so many challenges across the wider Health and Social Care system, with significant demands and different variants of COVID-19 amongst others. As a result, similar to ambulance services across the rest of the UK, one of the greatest challenges for the Northern Ireland Ambulance Service has been increased handover times at Emergency Departments across the region, which regrettably along with additional staff absences due to COVID, has led to delays in responding to calls within the community. We have been working in collaboration with our colleagues in other HSC Trusts and the Department of Health to mitigate the risk of harm to patients with an aim to deliver the highest quality compassionate care possible in these challenging circumstances. This is not a situation we expected to see and our staff have shown such resilience in adapting to these conditions as they continued to strive to provide safe and effective care. Our experiences during the COVID-19 pandemic had highlighted the critical importance of ensuring our colleagues were well supported, practically and emotionally. Our wellbeing services have provided more support for mental health and the delivery of the annual wellbeing calendar of events was adapted to a mainly online format. This year also seen the introduction of a number of welfare hubs at Emergency Departments to provide crews who were waiting with patients at hospitals with an opportunity to rest and get refreshments.

Over the past 12 months I am delighted to report that we have seen additional operational



staff join the service following the successful completion of a Foundation Degree in Science in Paramedic Practice, two Associate Ambulance Practitioner programmes for Emergency Medical Technicians and two Ambulance Care Attendant programmes. There have also been a number of other key appointments made to support our operational frontline staff and ultimately strengthen our workforce by integrating the care we provide through active research and development, ensuring promotion and maintenance of professional standards, embedding a quality improvement culture throughout the organisation and providing the information needed to enable us to continuously improve our service.

Throughout the year we have continued to develop mechanisms to learn about what matters to those who need our services. The Trust is committed to developing an open, honest and fair culture so that we can learn from complaints and Serious Adverse Incidents (SAIs) and take action to reduce the risk of recurrence. Care Opinion, the on line service user feedback system has greatly increased our ability to receive real time feedback and we welcome the many compliments received within the organisation which enable us to recognise and celebrate the high standards of care our staff deliver every day. We continually review the learning from all of these sources to identify what the public value about our service and where our care falls below the standards we

would aim to deliver.

Despite the constraints of the pandemic our education department supported by other members of staff with subject expertise have continued to deliver a range of courses throughout the year for all staff. COVID -19 restrictions required the department to introduce new ways of delivering their courses including remote learning and small group sessions.

I commend this report which reaffirms our organisational commitment to continuously improve and to provide a high quality responsive service to meet the needs of our patients and to support our staff during this period of recovery which no doubt will present continued challenges but also new opportunities.

*NIAS Chief Executive  
Michael Bloomfield*



## Introduction

Purpose and  
Activities of  
the Trust

# Introduction

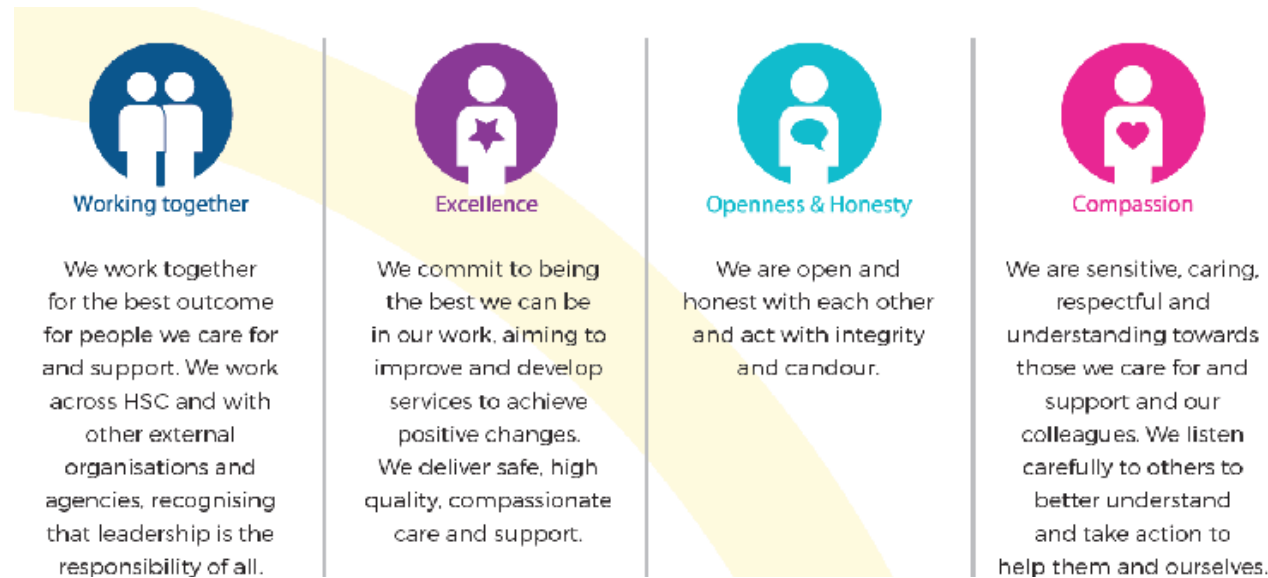
## Purpose and Activities of the Trust

### Our Mission is:

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

### Our Values:

We are committed to embedding the following shared HSC values in NIAS:



### Our Goals:

The four organisational goals set out in our Strategic Plan are that:



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

*Our staff will feel positive and proud to work for NIAS*

*Our stakeholders and partners will have confidence in us as a reliable provider at the centre of urgent and emergency care*

*Our communities will continue to value and trust us*

## COVID 19

From April 21 to March 22 COVID-19 continued to exert significant pressure on all Health and Social Care Services across Northern Ireland including NIAS.

During this period, the Infection Prevention and Control (IPC) Service within NIAS continued to provide expert guidance, support and advice to the organisation, to the region and nationally in respect of COVID-19. This was done by working in partnership collaboratively with regional and national groups such as the UK National Ambulance Infection Prevention and Control Group (NASIPCG), the NI Regional Personal Protective Equipment (PPE) Cell, the NI Regional IPC Cell and the NI IPC Lead Nurse Forum. The NIAS IPC Service worked hard to ensure that the voice of NIAS patients, staff and their loved ones was at all times heard and represented in these fora.

The NIAS IPC team additionally led on and contributed to significant work streams arising from various regional and national groups such as the regional PPE subgroup; the regional PPE supply chain cell; the regional IPC group; the HCAI and COVID-19 working group and the NASIPCG. These work streams included devising guidance for COVID-19 in terms of patients, staff, decontamination, personal protective equipment etc...

During this time the NIAS IPC team contributed to the development and procurement of a locally produced FFP3 respirator mask, this work secured supply of this mask for the HSC in NI and protected our staff directly from the virus. Appropriately, the team in the NI Business Support Organisation and Procurement and Logistic Services (BSO/ PaLS) have had national recognition and won a number of significant awards for their incredible work and vision in relation to this project.

Utilising a Gold, Silver, Bronze command model and the expertise of the NIAS IPC team, NIAS Testing team and the NIAS contact Tracing team, the NIAS ensured safe systems and processes of work for the organisation with patient and staff safety and welfare at its heart. These systems and processes were

operationalised and managed by various internal NIAS stakeholders including the Operational Huddle, the Surge Cell; the Senior Management Team; the PPE Cell and the Environmental and Vehicle Cleanliness (EVC) Team. Whilst incredibly challenging to deliver, by ensuring clear lines of accountability, responsibility and reporting the NIAS COVID-19 response during this period was targeted, appropriate and effective.

Within the organisation the NIAS Quality, Safety and Improvement (QSI) Directorate developed and was responsible for ensuring effective delivery of:

- COVID Testing Services
- Contact Tracing Services
- COVID-19 Vaccination programme

These services were stood up rapidly in response to service need as the pandemic unfolded and they continued to flex and adapt in an iterative fashion to meet the needs of the organisation. Staff supporting these functions were drawn from across the organisation and have been recognised within NIAS as at all times being prepared to go 'above and beyond' to ensure that our patients and our staff were safe.

The NIAS developed and cascaded bespoke communications in relation to COVID-19 for use within the service for example in relation to operational guidance and the early return to work process for staff with COVID-19/ for those who were close contacts of COVID-19 cases. Often this guidance had to be adapted for use in the Ambulance Service as it was developed nationally/ regionally with a typically more inpatient focus.

The NIAS IPC, EVC, Testing, Contact Tracing and Operational teams have provided leadership and input into the management of all COVID-19 outbreaks across the organisation, into the management of staff with COVID-19 and into the management of close contacts of COVID-19. Pro-active management of these elements enabled NIAS to continue with operational service delivery despite being significantly impacted at times by COVID-19 associated absence.



During this time the EVC team have worked closely with Operational teams to ensure that all NIAS vehicles, equipment and facilities are effectively and properly decontaminated in respect of COVID-19 and that routine cleanliness standards were maintained despite service delivery challenges arising because of the virus.

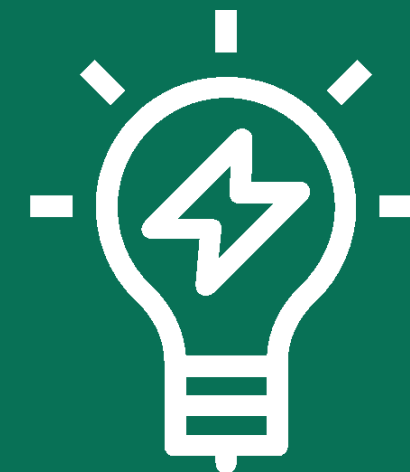
In summarising the NIAS approach to COVID-19 the key to our being able to safely deliver services and additional COVID-19 related services has been the willingness of our staff across all areas of our organisation to work collectively in this endeavour.

When we talk about our learning from COVID-19 there are many operational and procedural points where we have garnered learning but by far the biggest area of learning for us has been in relation to what can be achieved when working together towards a collective goal. COVID-19 has stretched HSC and NIAS to its limits but remarkably we are left with feeling of collective achievement and pride in ourselves, in our organisation and in the NHS generally.



# Theme 1

Transforming the Culture



# 1.1 Complaints and Compliments:

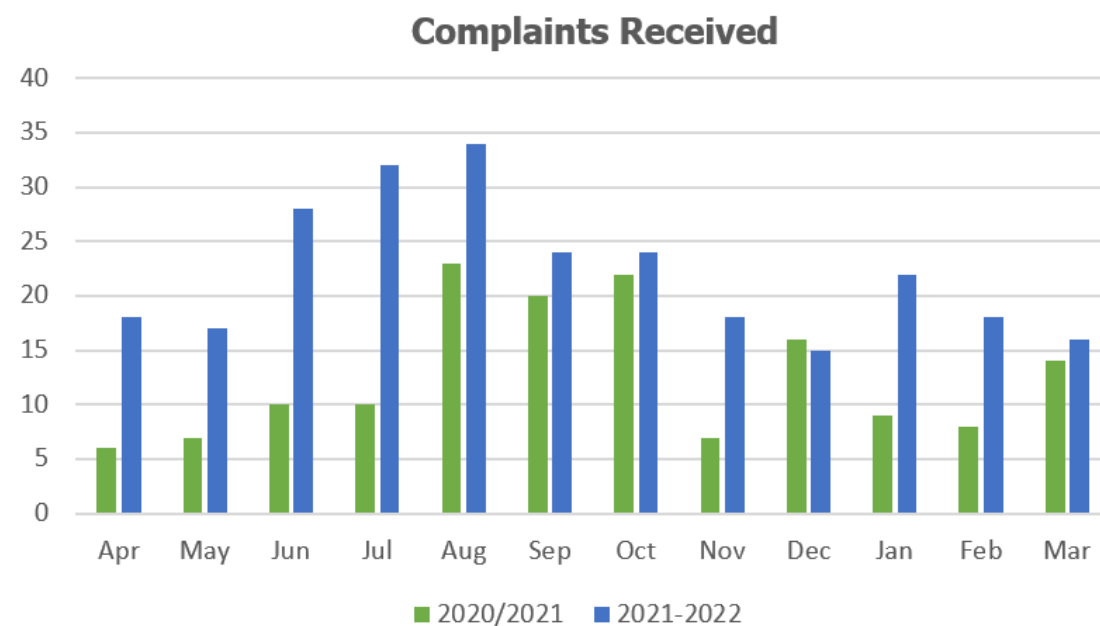
## Facts & Figures

### 2021/2022

- NIAS received 200,969 (13% decrease on previous year) emergency calls and attended 179,424 (3% increase) calls and completed 146,876 (11% increase) non-emergency journeys.
- 266 complaints were received (75% increase on previous year). This represents a complaint rate of 0.08% of all (326,300) emergency and non-emergency ambulance attendances.
- 97% of complaints were acknowledged within 2 working days (10% increase on previous year)
- 265 complaints were closed (93% increase on previous year)
- 17% of complaints were responded to within 20 working days (3% decrease on previous year)
- The top three issues of complaint were Transport, Late or Non-Arrival/Journey Time, Staff Attitude/Behaviour and Quality of Treatment & Care.
- 375 compliments were received (74% increase on previous year)

## Complaints this Year

During the past year (2021/2022), the Trust received **266** complaints, which is an increase of **75%** on the previous year's total of **152**. (Figure 1)



As shown in the figure 1, there is a contrast in complaints received during 21/22 from 20/21 for the months of June, July & August.

The data shows an increase of 107% in complaints relating to the delay in providing ambulance assistance, and an increase of

44% in complaints relating to staff attitude and behaviour. These increases could be attributed to a number of factors including increased staff absences as a result of COVID, delayed hospital handovers due to system wide pressures, and an increase in demand NIAS is working closely with the Department

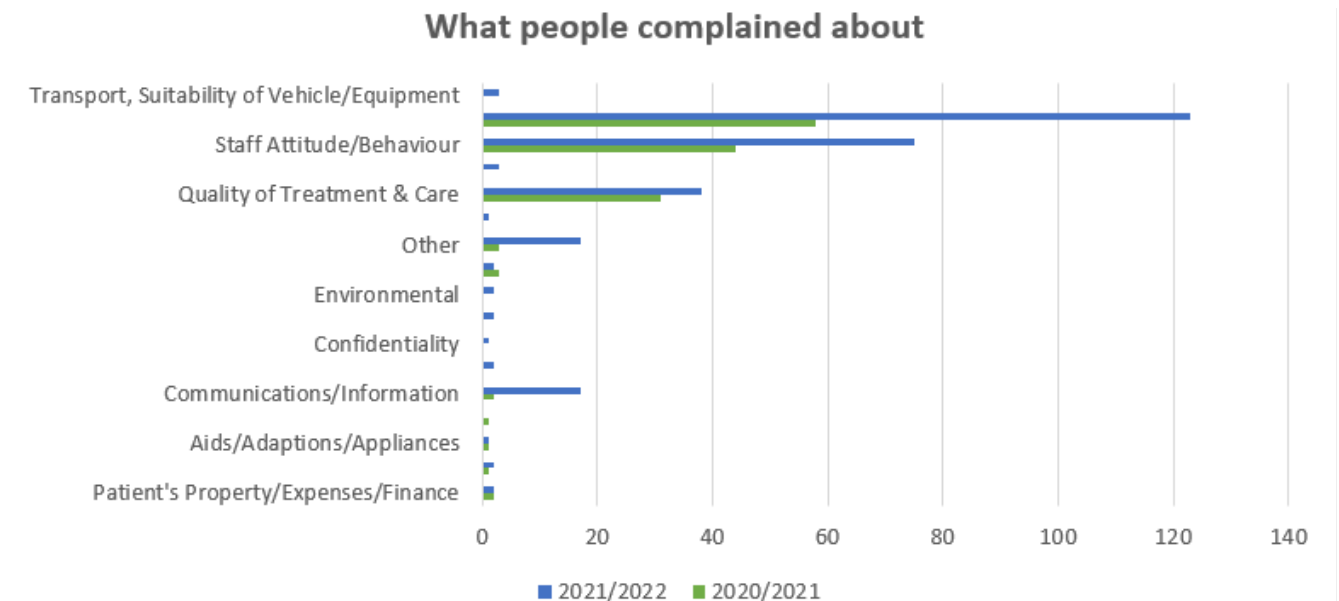
of Health to increase our available resources. We are also working with local Emergency Departments to try to ensure that our patients

can be handed over to hospital clinical teams as quickly as possible so that ambulances are able to respond to further emergencies.

## What people complained about:

The chart below shows the number of subjects (areas of concern) raised within the complaints received during 2021/2022. The increase in number of subjects is attributable to both the increase in number of complaints received and also improvement processes for capturing the complexity of cases where multiple concerns are raised within a single complaint.

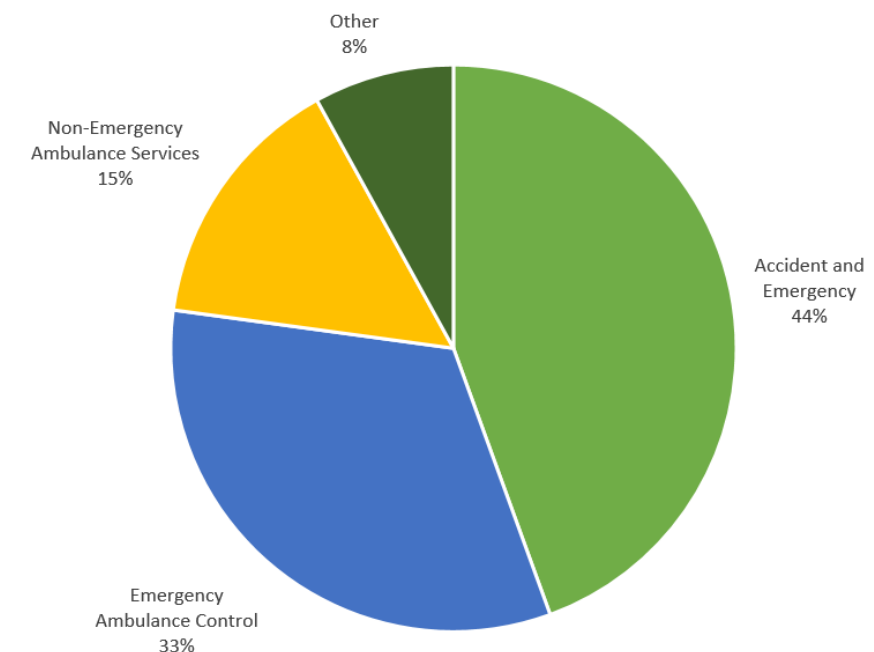
The top three subjects of complaint in the past year were: Transport, Delay & Non-Arrival/Journey Time (36%), Staff Attitude/Behaviour (28%) and Quality of Treatment & Care (22%).



## Service Area of Complaints:

This graph shows the breakdown, by service area, of the complaints received for 2021/2022.

Of the 266 complaints received by the Trust, 44% (72) related to Accident and Emergency services. 33% (53) related to Emergency Ambulance Control services, such as call handling and call categorisation. 15% (24) related to non-emergency ambulance services, used to transport patients to appointments and transfers between hospitals. The remaining 8% (13) related to other speciality services within the Trust.





## Timeliness of our Response to Complaints:

97% of all complaints were acknowledged within the target of 2 working days. This is an increase of 10% on the 2020/2021 total.

The table below details the timeliness of our response to complainants, whose complaints were received during 2021/2022.

Timeliness of Closed Complaints	Value
% of complaints closed within 20 working day target	17% (decrease of 3% on previous year)
% of complaints that took between 20 and 40 days to close	9%
% of complaints that took over 40 days to close	55%
<b>Timeliness of open cases</b>	
Average number of days cases open at 9 August 2022	187 working days
<b>Reopened Cases</b>	
% of closed cases reopened	2%

During 2021/2022, like our colleagues across Health and Social Care in Northern Ireland, NIAS faced an unprecedented challenge in the form of the coronavirus pandemic and the system wide pressures this created. As a result of these resourcing challenges, during the period 2021/2022, NIAS spent seven months at our highest Resource Escalation Action Plan (REAP) level, Level 4 – Extreme Pressure. In order to enable staff to focus on improving the operational response other non-operational work may be suspended during extreme pressures, this has impacted the investigation of complaints during this period, which has then contributed to delays in complaints response.

Whilst the number of complaints closed during 2021/2022 increased by 93% from the previous year (137 in 20/21 to 265 in 21/22) the percentage of these closed within 20 working days reduced by 3% to 17%. The challenges of investigating complaints during REAP 4 along with a backlog of complaints from the previous year, significantly impacted the timeliness of resolving these complaints.

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. However, we recognise the importance of maintaining 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 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 routinely offer to meet complainants where they are dissatisfied, as this allows the opportunity for more detailed discussions, face-to-face. We also advise complainants of the free confidential advice and advocacy support offered by the Patient Client Council.

## Ombudsman:

For those people who remained dissatisfied, they have the option to approach the Northern Ireland Public Services Ombudsman (Ombudsman) directly. In 2021/2022, no complaints were accepted by the Ombudsman for investigation. One other complaint, received by the Ombudsman prior to 1 April 2021 remains ongoing.

## Complaints Training:

The Trust provides comprehensive complaints handling training to a wide variety of management staff in the form of both online e-learning and supportive practical training sessions.

We currently employ 1543 staff within the Trust, all of whom are required to undertake mandatory training in Complaints Awareness every three years. To date, 76% of our staff have completed this course (662 staff in 19/20 & 396 staff in 20/21, & 119 in 21/22), all achieving a 100% pass rate.

The online course is an introduction to the issue of handling complaints and basic customer care. It is completed as part of a new staff member's induction process and as refresher training for existing staff on a 3-year rolling basis. More recently, the Trust have provided regular complaints awareness training for operational managers required to undertake complaint investigations that focuses on the practical 'how to' elements of the complaints procedure.





## Learning from Complaints:

We welcome complaints so that we can learn lessons and improve our services. We use this information to feed back to patients and staff on the changes and improvements made.

Complaints are discussed with the staff concerned and often the issues are brought to Trust meetings for discussion as to how services can be improved. The learning from complaints (and compliments) is also shared at the Trust's quarterly Learning Outcomes Review Group.

A number of improvements have been put in place over the year 2021/2022 following complaints. Here are some examples:

- Learning letter shared with our private ambulance providers in relation to the securing of equipment and completion of Patient Report Forms
- Clinical notice in relation to the management of patients who have ingested toxins
- Provision of bottled water for service users in ambulances
- Clinical notice in relation to the actions to take when making the decision to not take a patient to hospital
- Establishment of a Falls Improvement Group related specifically to response times and is guided by the AACE Falls Governance Framework – July 2021
- Medicine Memo to advise crews what they should do in the extreme circumstances where a patient's medication needs to be removed for their own safety.

All staff who have received staff attitude/behaviour complaints have undertaken reflections on their practice and where appropriate, received counselling and further training, in order to prevent any reoccurrence.



## 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 2021/2022, the Trust received 375 compliments, which is a 74% increase on the 216 received during 2020/2021. Some of this increase is attributable to the actions taken to improve the recording of compliments received across the Trust.

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

“I would like to sincerely thank the crew who came to my wife’s rescue this morning .They were professional, personable and reassuring to my wife who was in great pain. Five stars to all concerned.”

“My family had to make a 999 call to the Northern Ireland Ambulance Service as I was in a hypoglycaemic coma. I would like to express my sincere gratitude and thanks to the paramedic who arrived in an ambulance car very promptly. The care and professionalism which I received was very much appreciated by me and my family and thanks to him I have recovered.”

“We are so thankful to the paramedics, who attended my husband, when he took a heart attack. They blue-lighted him to hospital where the team were waiting on him. We were told that if he hadn’t been taken to hospital so quickly thanks to the rapid response and paramedics, the outcome would have been so different. Thank you from the bottom of our hearts to NIAS and the NHS who are so under pressure but did an amazing job in making sure my husband didn’t die. He has now been discharged from hospital and is recuperating well at home.”

“I want to share a very positive experience with NIAS. I am sure you get a lot of negative feedback, so wanted to share something good!

My wife is pregnant and has epilepsy. Today she had a 3-4 minute tonic clonic seizure. NIAS responded very quickly with a rapid response paramedic and an ambulance. The three guys were exemplary in how they acted.”

“I was in an RTC. An initial nasty experience made bearable by a very professional, skilled and caring crew. They were joined by another paramedic who assisted them and me in every way before going on to another call. I know a bit about how difficult their jobs are from my previous life. They deserve acknowledgement for what they do but so often its criticism in the press. Thanks very much for your help.”

“I would like to thank the two paramedics who attended a young girl who was choking. Without the assistance of these paramedics I believe she would not have survived. They were calm, professional and extremely competent in a very challenging situation. When they called for assistance this was unavailable and a call was also being made to attend for CPR at another location. I cannot imagine having to deal with stress and pressure of this nature daily and offer my heartfelt gratitude and admiration to these paramedics.”



# 1.2 Serious Adverse Incidents:

## Serious Adverse Incident Reviews

NIAS are dedicated to improving processes which identify any areas of learning & improvement within the service in order to continually grow and develop. It is essential that a proactive and effective incident recording, reporting and management process is implemented to ensure learning is identified. NIAS are continually developing our use of the Datix system to encourage all staff to report incidents with ease. NIAS actively encourages both the reporting of incidents and the open review of incidents with the staff involved, by promoting a just learning culture which is focussed on a consistent, fair, educational methodology, with a fair approach. It is an extremely vital process which enables us to capture, identify, address and share learning and can help to reduce risk and improve our service.

The definition of a Serious Adverse Incident (SAI) is **'Any event or circumstances that could have or did lead to harm, loss or damage to people, property, environment or reputation'** arising during the course of the business of a HSC organisation / Special Agency or commissioned service.

The SAI must also meet one or more of the SAI criteria as defined within the *Regional Procedure for the Reporting and Follow up of SAIs – November 2016* and are reviewed and reported to the Strategic Planning & Performance Group (SPPG) of the Department of Health.

Incidents are reviewed and learning is identified and shared at the NIAS Rapid Review Group (RRG). The RRG meets weekly and identifies any urgent learning from serious incidents for sharing across the Trust and/or regionally. Patients/service users and/or their families are advised when an incident relevant to them is to be reviewed as a SAI to ensure they are involved in the review as appropriate. This engagement remains a high priority and an area of continued focus for NIAS to ensure that service users and/or their families are actively involved in the review process and are frequently updated on the progress of the review.

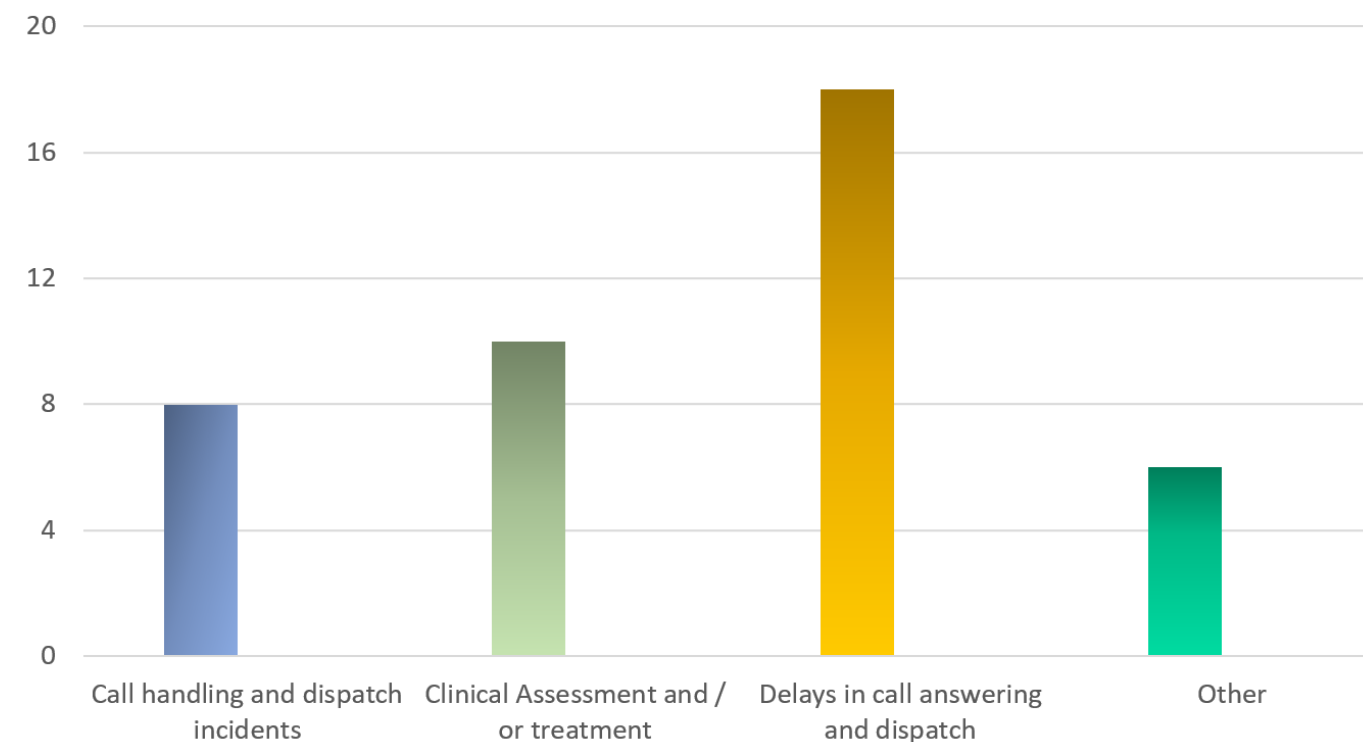
## Facts & Figures:

During 2021/2022, NIAS reviewed 159 potential serious adverse incidents at the weekly Rapid Review Group. This represents a 19% increase on the previous reporting period of 2020/2021. Increased reporting can reflect a positive reporting culture where there is a willingness to reflect when things go wrong and learn in an open and inclusive manner.

From the 159 cases reviewed, 30 incidents met the criteria for reporting to SPPG as Serious Adverse Incidents. This represents a 30% increase on the previous reporting period of 2020/2021. Although this increase can be attributed to the increase in reporting, it is also symbolic of the ongoing pressures within the service such as delayed ED turnaround, delayed response and ongoing resourcing issues.

The top five categories of incidents affecting patients and service users in 2021/2022 are reflected in Graph 1 below in comparison with 2020/2021 in Graph 2:

Incidents by NARSF Themes



Graph 1.\*NB – Some incidents may be categorised with more than one theme

## Training:

NIAS staff involved in the review of SAI's attended a 2 day SAI Master Class training programme provided by CLS Educate in June 2021. The training was very well received and provided a range of review tools and case studies to inform learning around review techniques. Further training has been scheduled for dates in 2022 which will focus on the review and reporting of Level 1 SAI reviews along with aspects of family and staff engagement. Consideration is also being given to the development of a bespoke training programme relating to NIAS specific issues.

## How the Organisation Learns:

The Trust seeks to learn continually from both good practices, which we wish to see replicated throughout the organisation, and from instances when the service & care we provide to our service users falls below the expected standard.

The Trust utilises the following systems for sharing learning from SAIs:-

- Learning is shared with the relevant local area where the incident occurred and with staff involved following completion of a SAI through their local line management.
- Learning is shared Trust wide (if appropriate) through the RRG . RRG is attended by representatives from all the service Directorates including the Directors who decide how best to share the learning which may include through specific forums/groups.
- It is the responsibility of the SPPG to share any regional learning from the final report across the region.
- Learning is also shared generally through a number of mediums including our Vital Signs Newsletter, Daily Bulletin, Learning Outcomes Group and Learning from Practice updates.



## Going Forward:

NIAS recognise the impact that Serious Adverse Incidents have on mental and physical wellbeing of service users and their families and the staff involved in incidents. NIAS is committed to embedding all aspects of the 'Just Culture', 'Being Open' and 'Supporting Staff' policies in all of our reviews to promote an open, honest, consistent and accountable approach to all SAI reviews.

Further training has been scheduled to enhance and develop the skills of staff participating in SAI reviews.

NIAS will continue to work with SPPG to improve timeframes around reporting.

NIAS will develop a dedicated SAI team who will receive enhanced training and support in the review of SAI's.



## SAI Training:

In June 2021, sixty eight members of staff attended a two day 'Investigation of Adverse Incidents Masterclass Programme'.

Staff attended from the Medical Directorate, Quality, Safety & Improvement Directorate, Regional Ambulance Clinical Training Centre, Operations, Helicopter Emergency Medical Service, Emergency and Non-Emergency Ambulance Control.

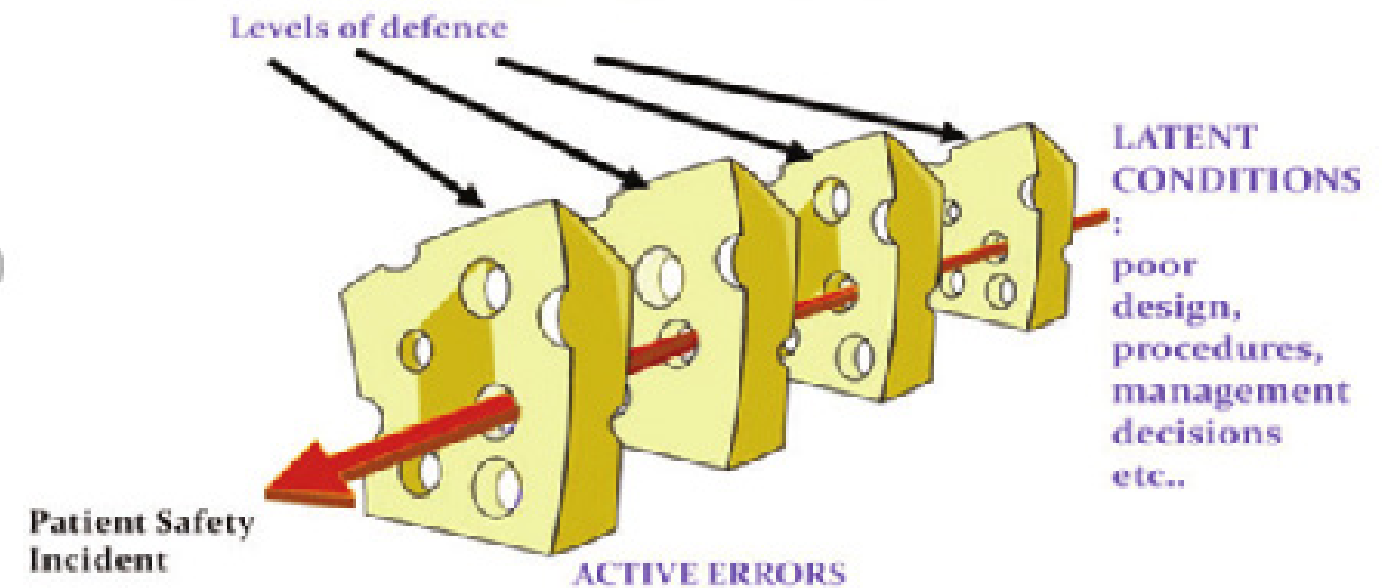
The course programme covered the following areas:

- Investigation Approach
- Initiating the Investigation
- The Investigation Team
- Preparing for Analysis
- Incident Chronology
- Fact Finding
- Interviewing Approach
- A Just Culture - Engaging and Supporting Staff
- Involving Patients/Service Users and their Families & Carers
- Causal Factors
- Contributory Factors
- Report Compilation
- Take Time to Evaluate
- Running Effective Incident Investigation Team Meetings

Our staff arrived enthusiastic and well prepared (having downloaded their apps and pre course materials). Staff reported that they sometimes felt that they were working alone on investigations and welcomed the 'team approach' advocated in this training.

Staff reported that they particularly enjoyed the session on causal factors, just culture and report writing. There was also some very positive feedback from the tutors - they really enjoyed delivering this course to NIAS.

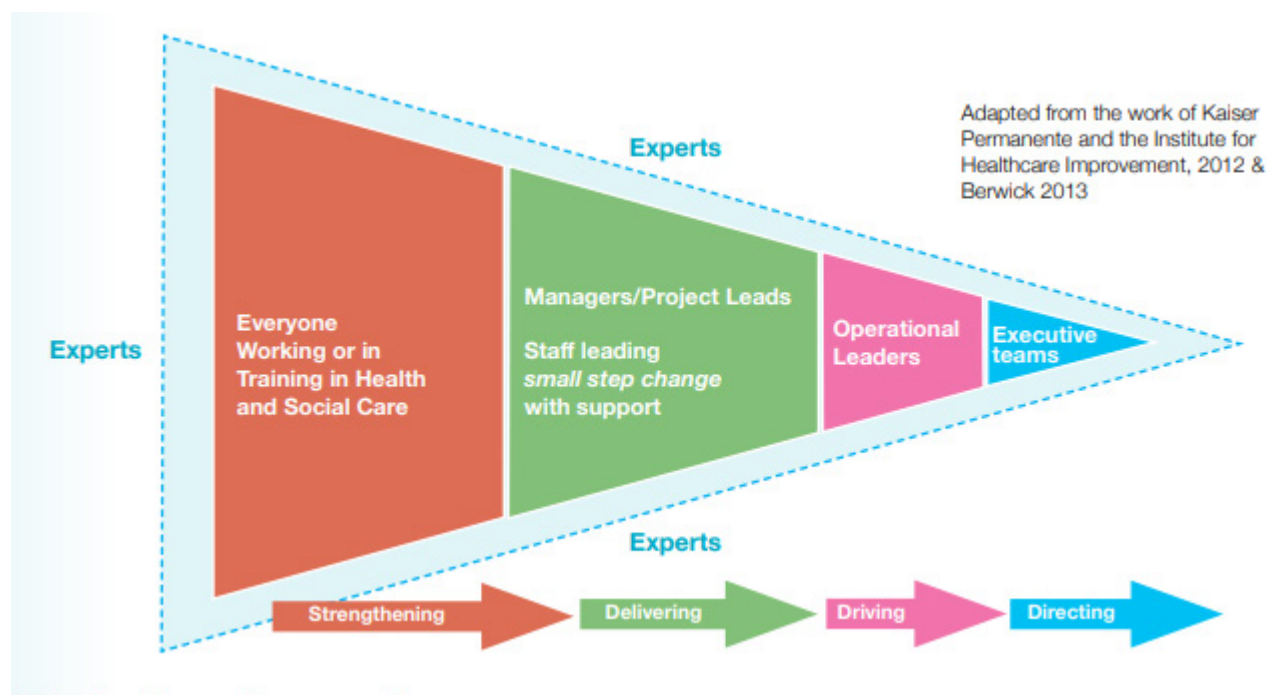
## Reason's Swiss cheese model





# 1.3 Quality Improvement:

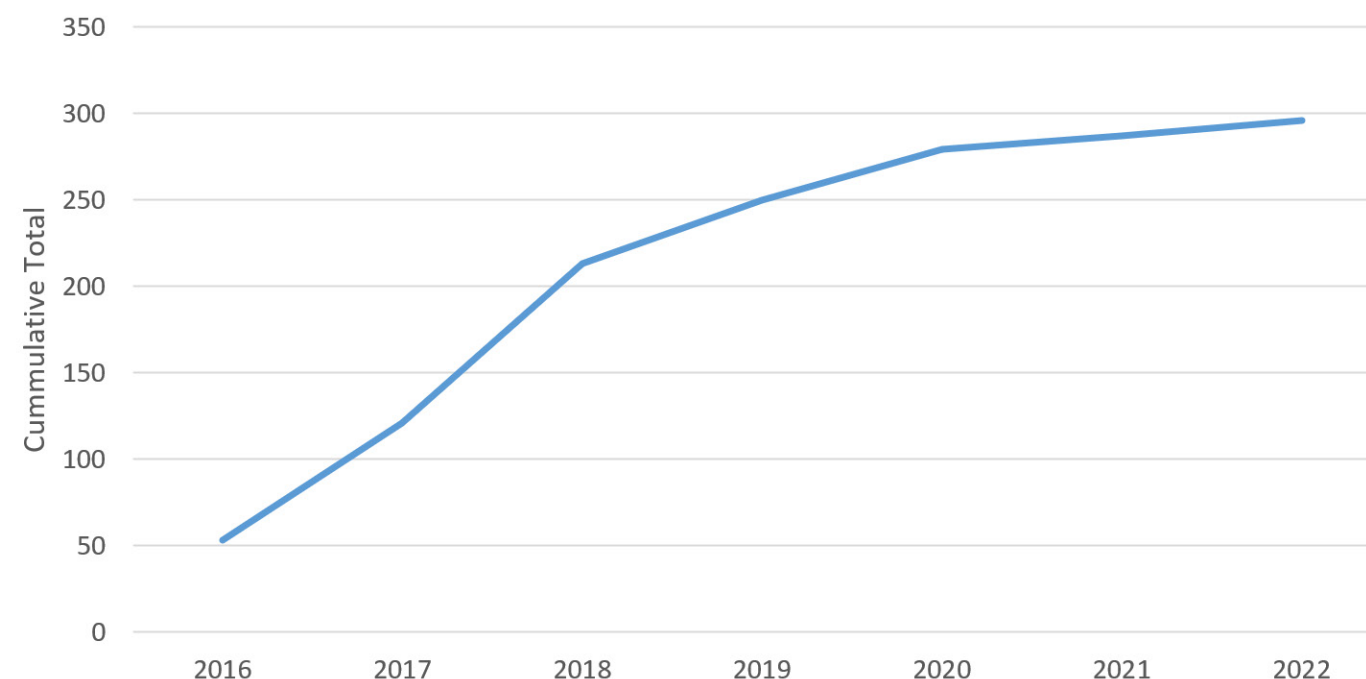
Quality improvement (QI) is one of the trusts priority areas for transformation. It is recognised as extremely important in our journey to continuously improve the quality and safety of the care we provide to our patients. Throughout 2021/22 we continued to utilise the Quality 2020 Attributes Framework to understand the skills, tools and resources required by our teams to deliver improvements within their areas and across the organisation, training opportunities have then been provided at each of the levels defined. The four levels of the framework are:



- Level 1 – Strengthening foundations for improvement
- Level 2 – Delivering improvement
- Level 3 – Driving improvement
- Level 4 – Directing improvement

QI Level	2021/22 participants	Total staff trained to date
Level 1 - Strengthening foundations for improvement	11	296
Level 2 - Delivering Improvement	2	24
Level 3 - Driving improvement	1	4
Level 4 - Directing Improvement	2	3

Q2020 - Level One Quality Attributes Framework



## Quality and Service Improvement Leads:

The Quality and Service Improvement Team has been developed to provide NIAS with the appropriate infrastructure to strengthen quality, improvement and innovation across the organisation. Key to this is providing clinicians, professionals and support staff with the knowledge and skills required to utilise QI Methods to improve how our service delivers care and ensuring care is safe, effective and always patient focused.

The appointment of two Quality and Service Improvement Leads who will be responsible for driving NIAS' QI agenda, aims to will increase the capacity and capability of the service to integrate QI methodology across the Trust.

Steps in establishing the QI team and its service will be require the development and integration of:-

- NIAS Quality and Safety Strategy.
- Opportunities for QI training through the development of formal NIAS training programme.
- Mentoring staff and providing shorter bespoke training sessions.
- QI expertise on key projects.

## Conor McCracken:

Conor qualified as a Social Worker in Leeds in 2015 and has held roles in Child Protection, Adult Learning Disability and Children's Residential Care. He had a previous 6 month spell at NIAS as a Graduate Management Trainee and is excited to return within this new role. Prior to completing the HSCNI Graduate Trainee Scheme Conor completed his Post Graduate Diploma in Business Improvement whilst on the Graduate Management Trainee Scheme. This course provided the opportunity to learn and utilise improvement methodologies to support the identification and exploration of problems and opportunities with the aim of implementing change across organisational and professional boundaries. Conor is looking forward to sharing ideas in this role.



Conor is particularly looking forward to engaging and working with teams from across NIAS to identify and deliver improvements for patients and staff.

## Seán Maguire:

Seán joined the ambulance service in 1990. Throughout his career he qualified as a paramedic and became a Clinical Training Officer in the Regional Ambulance Training Centre. Over the last 20 years working in the training and education department of NIAS. Seán has been involved in the review and development of vocational and academic education programmes within NIAS and has worked closely with various stakeholders, awarding organisations and professional bodies for the approval and recertification of their programmes.

Most recently in his role of Acting Clinical Training Manager he had responsibility for paramedic education and development.

As part of the response to the COVID pandemic, Seán was involved with the establishment and management of the NIAS Covid testing team. It was through this work, and with the support of others within the team, that he was introduced to the formal processes that underpin quality improvement. This piqued his interest and he enrolled and successfully completed his Level Two Leading in Safety, Quality & Experience Programme with South Eastern Health and Social Care Trust.

Seán is keen to engage with staff at all levels in order to appreciate the daily challenges they encounter and to identify areas for improvement

# 1.4 Human Resources and Organisational Development (HR & OD):

In April 2021, Human Resources and Organisational Development (HR&OD) facilitated a number of feedback sessions regarding the priorities for 'Improving the NIAS workplace'. These sessions allowed staff to share, in a safe space, what really matters to them and where we should focus our efforts first in order to improve our culture.

**YOU'RE INVITED**

MAKE TIME FOR WHAT MATTERS

Please come along and help us develop our next steps based on the recent findings from the Staff Survey, UNISON/NIAS survey, Cultural Assessment and the Covid Lessons Learned

We want your input for improving the NIAS workplace with a focus on the physical and Mental Health and Wellbeing of our staff and our Organisational Culture Programme

**Please join us at one of the following dates**

Thursday 15 April 2pm - 3pm  
Wednesday 21 April 10am - 11am  
Saturday 24 April 11am - 12pm  
Wednesday 28 April 10am - 11am and 7pm - 8pm

Register at [consultation@nias.hscni.net](mailto:consultation@nias.hscni.net)

The feedback sessions were welcomed and proved successful. There was an obvious appetite for positive change, some of which it was noted had already begun within NIAS; particularly our Peer Support Programme which was mentioned throughout. Colleagues spoke about the importance of displayed behaviours and positive interactions with each other based on compassion and respect. Below were the top three challenges identified during these sessions as being a priority for improving the culture of NIAS:



The feedback sessions were welcomed and proved successful. There was an obvious appetite for positive change, some of which it was noted had already begun within NIAS; particularly our Peer Support Programme which was mentioned throughout. Colleagues spoke about the importance of displayed behaviours and positive interactions with each other based on compassion and respect. Below were the top three challenges identified during these sessions as being a priority for improving the culture of NIAS:



1. Increased Leadership/Management Training
2. Emphasis on improving Values and Behaviours
3. Further Education and Training

All of this feedback has been invaluable in supporting the development of our Culture and People Strategy. This Strategy has been informed by our people and who will continue to be key stakeholders in its development.

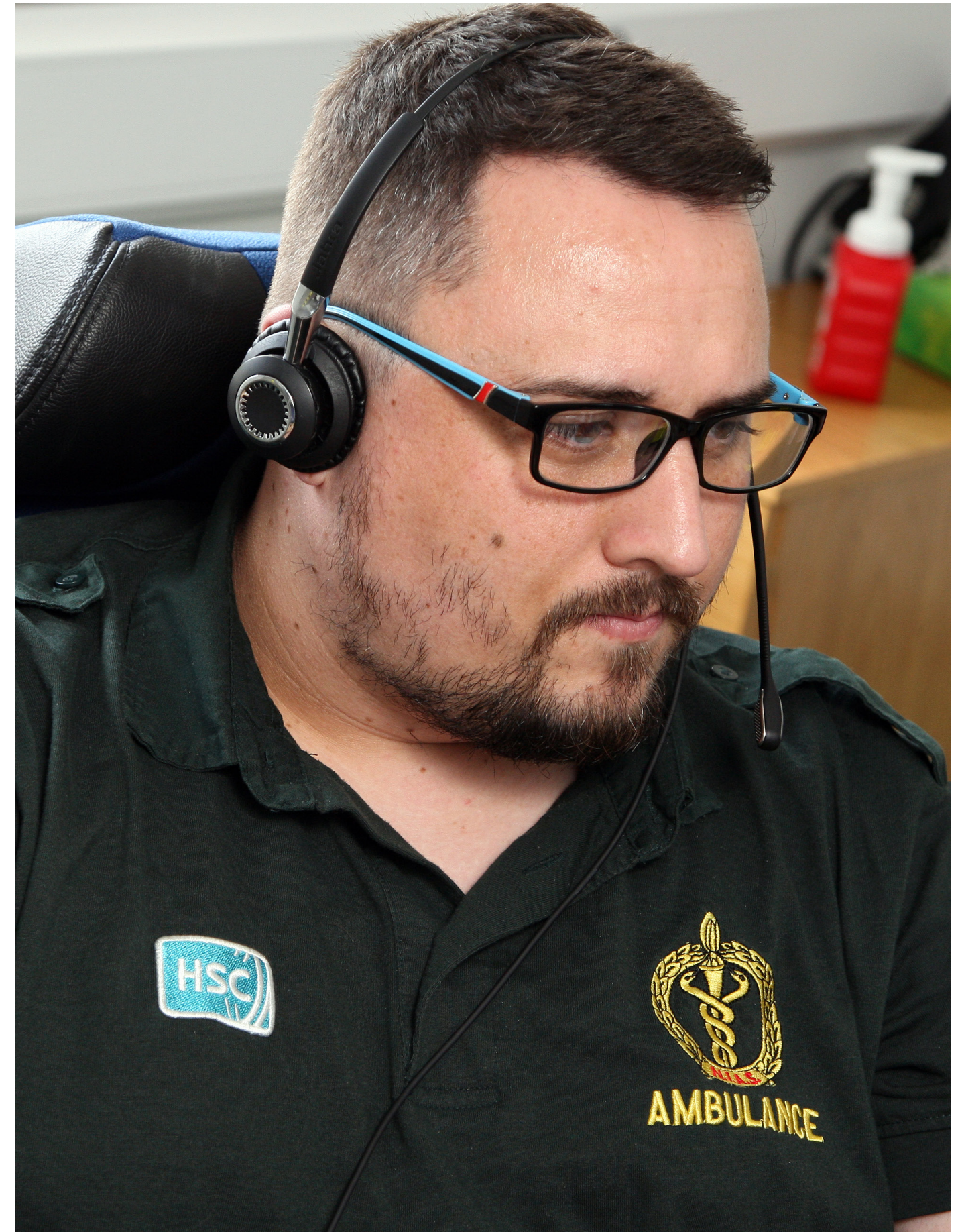
Our HR & OD Team have in partnership with the HSC Leadership Centre developed a Leadership Development Programme for middle managers aimed at improving skills and knowledge in the following areas:

- Provide skills and knowledge for participants to develop their leadership and management capacity and capability
- Increase self-awareness of participants and their leadership style
- Provide support and challenge for participants to develop as individuals and as a network of managers who can work within and across the organisation
- Utilise coaching and mentoring as support and development tools

It is anticipated that the first cohort for this programme will commence in the autumn of 2022.



The HR & OD team attended the launch of the regional HSC Collective Leadership Community of Practice in June 2021. This is a community where the various HSC share good practice in all things leadership. Many connections were made that day and NIAS has benefited greatly from the support and guidance of regional colleagues who have themselves already embarked on their journeys of embedding collective and compassionate leadership.

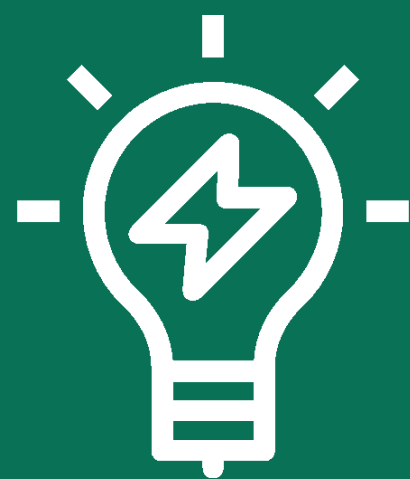






## Theme 2

Strengthening the  
Workforce



## 2.1 Regional Ambulance Training

### Centre(RATC):

#### Foundation degree in Science (FdSc) in Paramedic Practice:

Cohort three of the FdSc commenced at the end of March 2021. 46 Staff were registered for the programme. Despite the challenges of Covid and operational demands throughout the year the course faculty delivered all modules and the course concluded in February 2022. Graduation ceremonies have been postponed until later in the year when cohorts two and three will be invited to celebrate their achievements.

#### Associate Ambulance Practitioners (AAP):

The 12th cohort of AAP students completed their course at the end of April 2021. Ulster University (UU) at Magee proved to be a valuable resource for our students and training staff over a number of courses. However with the returning university students imminent, the AAP course relocated to the campus at Coleraine. AAP 13 was delivered in year with 23 students successfully completing the course. Students at the Coleraine campus were able to interact with other students attending university and share in their experience. The availability and accessibility to third level on site resources such as library services played a vital role in their development. This immersion in 'university' life highlighted the potential opportunities that future education and development could have on shaping their future careers.

#### Ambulance Care Assistants (ACA):

ACA cohorts 17 & 18 were delivered by RATC staff at the Ramada Inn Belfast due to other course commitments and accommodation restrictions at RATC. 40 newly recruited students were introduced to the recently launched ambulance specific course from FuturQuals in which they would be awarded a Level 3 Certificate in Ambulance Patient Care: Non Urgent Care Services.



ACA 17





ACA 18

## Clinical Education Days:

Approximately 785 operational staff from both tiers of the service attended the clinical education days throughout the year. The main focus of these was to familiarise staff with the new electronic Regional Electronic Care Hub and clinical review, including National Early Warning Scores. The introduction of REACH devices throughout the service provided an opportunity for 23 staff to access the train the trainer programme. This provided a structured approach to the delivery and familiarisation of the devices across the operational users.

## Post Graduate Certificate in Education for Healthcare Professionals:

Development of the education and training team continues with the staff attending and completing postgraduate courses at UU.

## Level 6 Principles of Learning & Teaching for Clinical Practice:

This module was delivered by UU and 13 staff attended and were awarded their Level 6 Principles of Learning & Teaching for Clinical Practice.



*Terry O Neill with his PG Cert in Education for Healthcare Professionals from UU*

## Certificate in Assessing Vocational Achievement (CAVA):

FuturQuals, which is the awarding body for the clinical courses provided at RATC, requires assessors of their programmes to have attained a CAVA or equivalent qualification. This provides a standardised approach to assessment within programmes and also increases the governance and reliability of the quality assurance provision internally and externally. A number of cohorts of staff (15) from within RATC and divisional training teams registered and completed CAVA.

## Patient Assessment and Clinical Decision Making module (PACDM):

UU continue to support NIAS in the development of clinical staff through bespoke modules of learning. The PACDM has been well attended over recent years with an additional five paramedics attending. PACDM provides additional learning and skills in patient assessment which will in turn enhance clinical decision making.

## Human Resources and Organisational Development:

NIAS' assistance to study programme continues to be a success and is further strengthened this year by the establishment of a review and selection panel. This panel is made up of senior team members across Directorates and brings equity and fairness to the process. 33 staff were successful in securing funding to embark upon further education and development courses through our assistance to study programme:

- Masters of Research (MRes) in Health Science - University of Stirling
- Infection Prevention Society Annual Conference (Virtually)
- Datix Group Training (3 days online)
- Mental Health First Aid Course
- BSc Hons Pre-Hospital Emergency Care
- BSc Paramedic Studies
- MSc Health Promotion and Public Health
- 13th ANTT National Conference - Virtual Online
- ATI - Certificate Accounting Technicians
- Strategic Workforce Planning Seminar - On Line
- Medicines Management - Ulster University
- BSc (Hons) Paramedic Practice Development (top up)
- BSc (Hons) Paramedic Practice Top Up
- BSc (Hons) Paramedic Practice Development
- Diploma in Immediate Medical Care (DIMC)
- PRINCE 2 Foundation

**In total this year we provided £58,777.00 in funding to support staff with further studies.**

NIAS has continued to support the ongoing development of staff through the HSC Leadership Centre. 50 staff completed a range of programmes. These courses included:

- Acumen
- Aspire
- Aspiring Directors Succession Planning Programme
- Creating and Delivering Virtual Learning with Zoom
- Excel – Advanced
- Excel - Data Analysis
- Excel - Displaying Data in Dashboards
- Excel – Intermediate & Excel Introduction
- Excel - Pivot Table Essentials
- Interview Skills Band 7 and below
- Interview Skills Band 8A+
- Interview Skills for NIAS



## Creating and Delivering Virtual Learning with Zoom:

*'I attended this training during Covid, it was delivered virtually and was a good size of group, allowing for open questions with keeping to time'.*

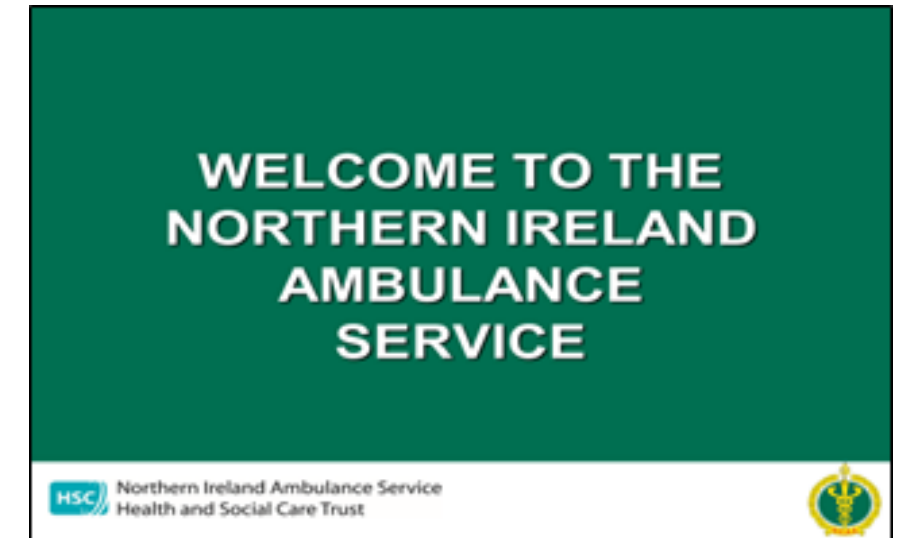
*The trainer was very thorough in her delivery of this training and took good care to address any burning questions I had, if it could have been better addressed offline she also offered this. I would recommend this course to colleagues. '*

## Interview Skills for NIAS:

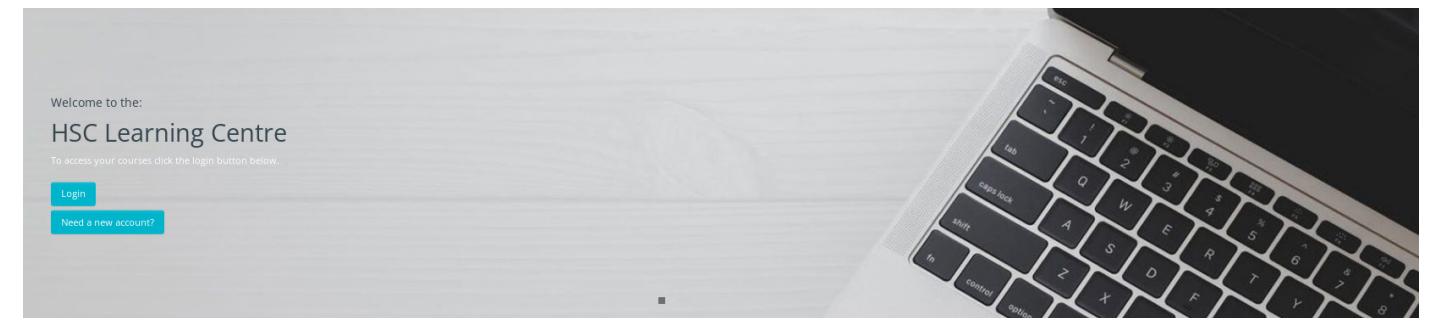
*'We looked at various examples of Job Descriptions and Person specifications to help prepare for an interview. I found this particularly helpful and felt confident in my ability to prepare for interview'.*

## Corporate Induction:

Since April 2021, we have welcomed 131 new staff members via our virtual Corporate Induction.



## e-Learning and Mandatory Training:



The Learning and Development team manage the eLearning site where all mandatory programmes are hosted. They continue to support subject experts in developing new engaging programmes to meet the statutory duties of the Trust. The team are also part of a regional project looking at options for a new HSC Learning Management System (LMS). This system is intended to improve the learner experience by being more accessible, user friendly, and intuitive. It will also allow managers to see at a glance where team members are on their learning journey and assign relevant training activities to individuals and teams. Instead of having fragmented platforms, systems, apps and formats for training within organisations this will be our one stop shop for all learning activities. One example of the many E-learning programmes that are in place in NIAS is Infection Prevention and Control.

Within in NIAS there are 2 levels of IPC e-Learning. Level 1 is focused for staff who work within NIAS but who do not provide patient care whilst level 2 is for staff who work within NIAS but who do provide patient care. For example an office based 'Personal Assistant' would undertake Level 1 and a clinical facing ACA, AHP or Paramedic would undertake Level 2. The service KPI standard for IPC Level 1 E-Learning

**KPI – Standard, 100% of all Non-Clinical Staff to undertake Level 1 IPC E-learning once every 3 years**



Roll out of this program began in Jan 2018. From 1st of Jan 2018 to the 31st of March 2022, 981 staff have undertaken IPC Level 1 E-learning within NIAS. There are currently 469 staff in NIAS who this training would apply to. A number of NIAS staff repeated this training during 20/21 and 21/22 prior to their programmed date to repeat this. When this was explored with staff they advised that they felt it would be a helpful update in terms of knowing what to do in relation to IPC during the COVID-19 Pandemic.

Year	Number of staff
Jan 2018 to March 2019	125
April 2019 to March 2020	122
April 2020 to March 2021	326
April 2021 to March 2022	408
Total	981

IPC Level 2 E-Learning

## KPI – Standard, 100% of all Clinical Staff to undertake Level 2 IPC E-learning once every 2 years

Roll out of this program began in May 2019. From May 2019 to 31st of March 2022, 1,007 staff have undertaken IPC Level 2 E-learning within NIAS. There are currently 1083 staff in NIAS who this training would apply to.

Year	Number of Staff
May 2019 to March 2020	603
April 2020 to March 2021	248
April 21 to March 2022	156
Total	1,007

New NIAS ANTT E-Learning Launched April 2021

## KPI – Standard, 100% of all Clinical Staff to undertake Level 2 IPC E-learning once every 2 years

Roll out of this program began in April 2021. From April 2021 to 31st of March 2022, 572 staff have undertaken ANTT E-learning within NIAS. There are currently 781 staff in NIAS who this training would apply to

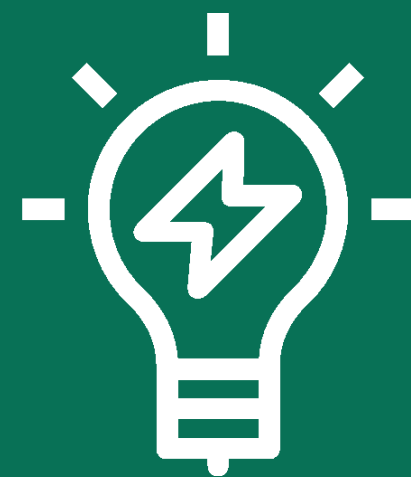
Year	Number of Staff
1st of April 2021 to 31st of March 2022	572
Total	572

It should be noted that measuring e-learning compliance against the associated KPI is very challenging. As a result, during 2022, the NIAS IPC team are planning to work with the NIAS Senior Education and Development Officer and the Information Governance Team to develop a dashboard where line managers can review team and individual performance in relation to e-learning.



## Theme 3

### Measuring the Improvements



## 3.1 Our Improvement Journey: The Patients Voice

In addition to learning at a service level from individual stories, mechanisms have also been established to ensure stories are heard and learning engaged with at every level of the organisation, including within the Senior Management Team. The following

example offers insight into the proactive and creative approach adopted by NIAS to share stories and embed OUFs into the culture of the organisation and to learn from the key messages shared.

### Triangulation of Learning:

Throughout 21/22 NIAS have developed mechanisms to triangulate learning from a variety of sources, including Care Opinion, to inform the development of the Quality and Safety Strategy, and as part of the wider strategy “Caring today, planning for tomorrow – Our Strategy to Transform 2022- 2026”. Adopting the question “what matters to service user and carers” the Care Opinion stories have supported the development of person-centred key themes within the strategy to further improve the experiences of services users, families and carers engaging with NIAS. This approach is further enhanced through a deeper dive using the 10000 More Voices model, working in collaboration with the Regional PCE team (PHA). This project supports further insight into experiences with NIAS in relation to communication, staff approach, PCE standards, timeliness and information sharing.

This project is the first example of the relationship between Care Opinion and 10,000 More Voices and will inform future work across the region. Through triangulation of learning with complaints, incidents and other feedback mechanism the organisation engages with Care Opinion stories to both evaluate the current experience and inform actions to progress the change, developing a continuous loop to involve people in the work going forward.



Care Opinion was formally launched across Health & Social Care Service in Northern Ireland (HSCNI) on 03 August 2020. The Trust is delighted to report that in the period 2021 – 2022 NIAS received 170 stories via the online portal. The word clouds below not only reflect the value our patients and service users place upon the service and care they received but highlight areas for improvement.



## 3.2 Hand Sanitiser Quality Improvement Project

Discussion with operational staff in relation to the wearing of individual issue personal sanitiser in combination with monthly HH and PPE audit results identified that NIAS staff had concerns that the current individual issue hand sanitiser product used by operational staff may not be the best product for pre-hospital use.

consumables including hand sanitiser. Though they cannot influence the brand of sanitiser that will be provided they will ensure that a robust specification for personal hand sanitiser suitable for use in the prehospital environment will be developed and included on this framework.

Members of the IPCT conducted a quality improvement project to identify the preferred hand sanitiser product for operational staff use. Staff from two ambulance stations were invited to trial three hand sanitiser products and provide qualitative and quantitative feedback on each product via an online survey. At the end of the final survey, staff ranked the products in order of preference and identified a gel hand sanitiser as their favourite, followed by the existing foam product and bespoke pouch. The findings will be published via an internal communication to tie in with World Hand Hygiene Day 2022. The preferred product or combination of products will be rolled out across NIAS with the aim of improving staff satisfaction, improving compliance and improving staff and patient safety.

The NIAS IPC Lead and Stores Manager are inputting into the development of a regional contract and framework for Hand Hygiene



## 3.3 Falls Improvement Group

The National Institute for Health and Care Excellence (NICE) define a fall as “an unintentional or unexpected loss of balance resulting in coming to rest on the floor, the ground, or an object below knee level” (NICE, 2013). If an individual lies on the floor for more than one hour following a fall this should be considered as a long lie (Fleming and Brayne, 2008).

patients, NIAS and the entire health service, the NIAS Falls Response Improvement Group was established with the aim of improving our response to patients who have fallen in the community. It was agreed during the initial meeting of this group that this work would be guided utilising the Ambulance Association of Chief Executives (AAACE) “Falls Response Governance Framework for NHS Ambulance Trusts”.

In July 2021, recognising the impact of falls on

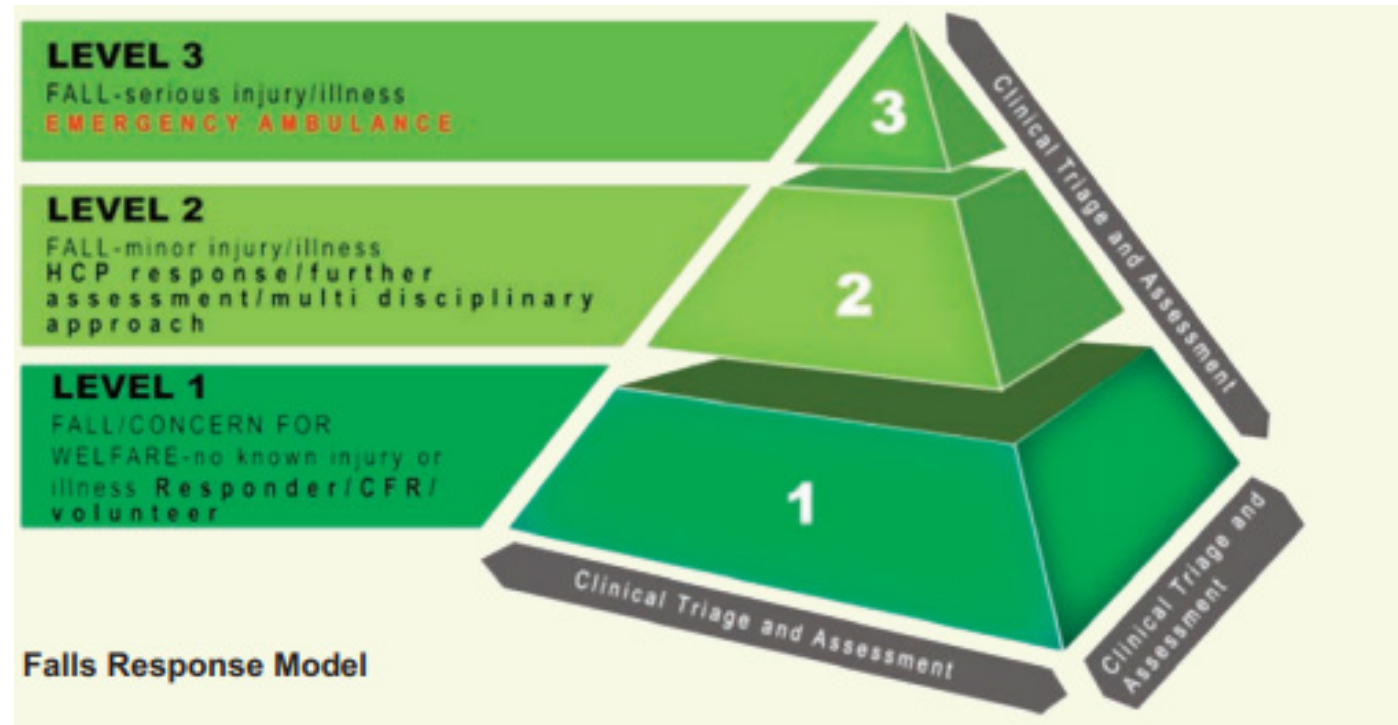


The Ambulance Falls Response Model describes 3 broad levels based on patient need:

**Level 1:** Fall/Concern for Welfare- no known injury

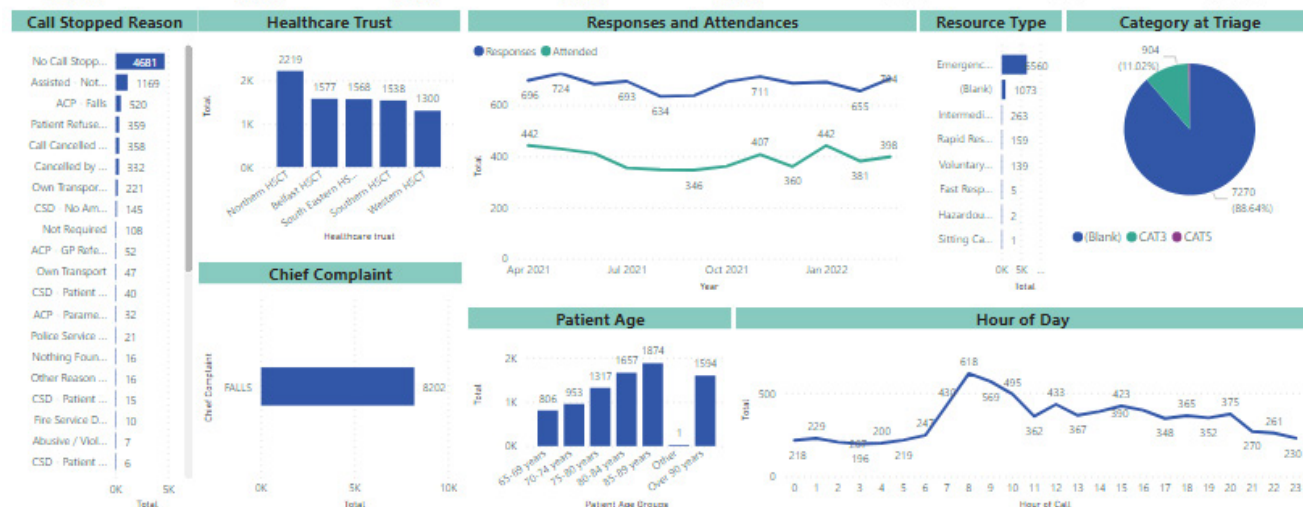
**Level 2:** Fall- minor injury/illness

**Level 3:** Fall- serious injury



The initial phase of this project focused on developing robust sources of information to allow the improvement group to understand the extent of the challenge. This was achieved through the development of Business Insight (BI) Dashboards which provide a visual representation of all patients over 65 who call 999 with the chief complaint of a fall whilst also displaying performance metric e.g. response times, conveyance figures. Additionally the group have identified a range of change ideas, mainly focusing on how to provide an alternative response to less acute falls using Quality Improvement tools and methodology.

Throughout 22/23 the Falls Response Improvement will operationalise a number of change ideas which have been developed.



# 3.4 Quality Improvement

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, 13 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.

The range of projects undertaken was wide and included included:

- Improving student confidence with NIAS online learning
- Category 3 emergency calls improvement
- Covid 19 point of care testing

### Covid 19 Point of Care Testing for NIAS Staff and Households

Sean Maguire, Covid Testing Lead

**Background**  
The Covid 19 Pandemic created unprecedented demands upon global healthcare with overwhelming effects.

**NIAS responded to this in many ways and a 'Point of Care testing' service was set up to provide testing for staff and household members who were symptomatic of Covid 19.**

**It was a new untested model of delivery and the service had no staff, systems or processes in place.**

**NIAS have 1325 whole time equivalent staff across the region.**

**Point of Care testing was to manage and return staff to work in a safe and effective manner.**

**Aim**  
To test 70% of NIAS staff within 24 hours of onset of symptoms of Covid 19 by 31 December 2020

**Challenges Encountered**

- Unsure of the minimum dataset required
- Difficulties in communication
- Availability of staff trained to triage
- Redeployment of staff
- Covid case definitions symptom updates
- Too many steps in process
- Managing own job in addition to redeployment to CTT
- Covid Testing Team requiring isolation
- Geographical location of symptomatic staff

**Outcome Measures:**

- Number of calls triaged
- Data collection forms
- Number of staff requiring test identified
- Covid Testing Team staffing levels
- Number of appointments
- Number of swabs completed

**Improvement Methodology**  
PDSA Cycles:  
1. Out of Hours triage  
2. Data collection form review  
3. Expanded symptom application

**Next Steps**  
Provide regular updates to staff on symptoms across all variants of concern  
Service user satisfaction survey  
Monitor other processes within the service provision and explore PDSA cycles to see if any additional QI changes can be made

### Improving student confidence with NIAS online learning

**Background**  
50% of students indicated in a previous survey their lack of satisfaction and confidence when learning online

**Student responses from survey**  
When asked how they felt about online learning

**Challenges**

- Only 50% of students feel confident in completing online learning
- Main issue with online learning is preference for face-to-face teaching
- Concerns over the difficulty of interacting with others on course
- Pressure on students to learn online due to Covid restrictions

**Aim**  
By August 2021 student levels of confidence with online learning for the Level 4 Diploma will be increased to 70%

**Covid**  
Majority of NIAS courses are now delivered online - due to Covid restrictions

**Survey**  
Pareto chart student feelings about online learning

**Breakdown of student responses in their lack of confidence with online courses**

**Online course**  
Course page views increased with...  
• Workshops  
• Online modules  
• Exams  
• Independent study  
Engagement with course needs to be more balanced

**Improvement change ideas**

- Student workshops
- Student super-user
- Tutor workshops
- Student surveys and evaluation
- Personalised user guides to software

**Next Steps**

- Schedule frequent workshops for tutors and students
- Regular surveys to understand development of student confidence
- Implement onto other courses - foundation degree, Level 3 AAP etc.

### Category 3 Emergency Calls Improvement Project

Simon Fell

**Background**

- The Clinical Response Model (CRM) advocates sending the most appropriate response to the sickest patient, however resourcing is not at the level recommended in the demand capacity review (2017-19)
- A combination of these factors has caused a delayed response to patients in call category 3 which has created a clinical risk for the service

**Aim**  
Improve by 20% the response time in Belfast, to calls in the category 3 group, by 31<sup>st</sup> March 2021

**Results**  
Response times to this patient group improved by a mean average of 171 minutes, displaying a 54% improvement

**Call Response Times**  
Astronomical event  
Introduction of new shift pattern  
Shifts in run following change

**Call Volume and Response Times**  
Before the shift  
After the shift

**Driver Diagram**

**Improvement Methodology**  
Plan Do Act Study

**Plan**  
• Engage with all stakeholders to ensure buy-in to the project  
• Agree a common vision for the project

**Do**  
• Create a plan to test the project  
• Engage with all stakeholders to ensure buy-in to the project

**Act**  
• Design patterns and evidence based on findings  
• Create a plan to test the project  
• Engage with all stakeholders to ensure buy-in to the project

**Study**  
• Collect data to find a baseline  
• Create a plan to test the project  
• Engage with all stakeholders to ensure buy-in to the project

**Next Steps**

- Further staff engagement to develop this shift model.
- Clinical staff development to support them in this role.
- Development of a similar shift pattern for A&E staff.
- Engagement with senior management to role this model out across the service.

**This Word Cloud**  
represents responses from ICV and control staff to a survey regarding the personal impact of this change.

**Process measures:**

- Daily cover level analysis
- Interrogation of BI dashboard

**Outcome measures:**

- Have we achieved our aim?
- How has this impacted staff?

**Balance Measures:**

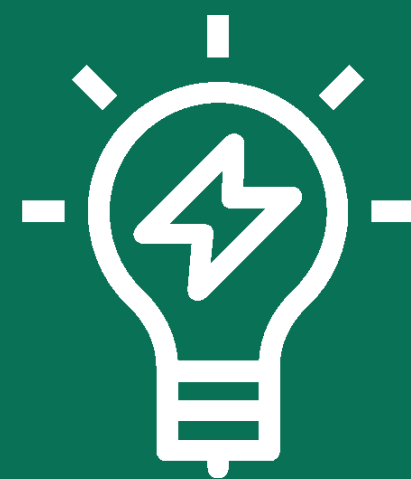
- Impact on BAU
- Potential increase in adverse events
- Increased workload for Clinical Support Desk (CSD)





## Theme 4

### Raising the Standards



## 4.1 Clinical Response Model

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

Type of Call	Response Target (Mean)	Response Target (90th Centile)
Category 1	8 min	15 min
Category 2	18 min	30 min
Category 3		40 min
Category 4		120 min

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).

### 2021/22 CRM Performance:

Total 999 Calls		200969	
Call Response Times*	A&E Emergency Responses	179421	
	A&E Routine Responses	4143	
	NEAC Journeys	146884	
Total Conveyances to Hospital		136877	
Call Response Times	Cat1	Mean	00:11:14
		90th Centile	00:22:08
	Cat2	Mean	00:36:30
		90th Centile	01:20:43
	Cat3	90th Centile	03:41:48
	Cat4	90th Centile	04:35:11

EAC Responses	IAS	17101
	ICV	27260
NEAC Journeys	IAS	54661
	PCS	44236
	VCS	48127

## 4.2 Professional Practice

Ambulance service provision has undergone enormous development in recent years with the profession now synonymous with front line and out of hospital care. Paramedics across the UK are recognised as a first contact registered practitioner who works within the wider urgent and emergency care setting. We play a pivotal role in the provision of healthcare and our practice intersects health and social care, public health and public safety and as such are quite rightly well regarded by healthcare colleagues and the public.

Professionalism is considered a driver of quality and defines what is expected from us and what it means to be professional. Broadly it encompasses several key concepts i.e., motivation to deliver a service, adhering to an ethical code of practice, striving for excellence and a commitment to empower others.

NIAS adopts a reflective approach to learning whilst supporting our clinicians. We aim to destigmatise error and promote an open culture of excellence. All incidents however minor can be used to promote learning for the individual and the Trust. Culture is changed and learning promoted by responding to all clinical practice

concerns. Early supportive interventions provide the best opportunity that is positive for the individual, service and patient care.

With experience as a Clinical Support Officer and following several years as Training Officer and Paramedic Education Lead, from January 2022 I have taken up the role as Head of Professional Practice. This position is to support a broad range of development initiatives within the Trust and to establish and embed a framework and culture of clinical practice excellence.

**Jonny Noble – Head of Professional Practice**



## 4.3 FIT testing

Respirator masks are required to safely manage patients with some high consequence infectious diseases, airborne pathogens and when undertaking some procedures known as Aerosol Generating Procedures (AGPs) where a patient has or is suspected of having COVID-19.

During the COVID-19 pandemic it was essential to ensure that NIAS staff had access to and could safely use Respirator masks. In order to know if a Respirator Mask fits a person properly it must be tested when being worn by the staff member. This process is known as fit testing. During fit testing a machine known as 'Portacount' machine is utilised to quantitatively assess the quality of the fit of the mask for the staff member. This is a critical step in ensuring staff safety. During the fit testing process the staff member is shown how to safely put on and take off the mask and how to check the fit of the mask every time one is worn.

A total of **1485** individuals have been fit tested

### 2021/2022

373 individuals were *successfully* fit tested to one or more FFP3 mask types in 2021/2022.

Of these 373 individuals:

- **156** were successfully fit tested to the 3M 1863+ mask
- **334** were successfully fit tested to the Denpro DPL01 mask

for Respirator Masks via the NIAS fit testing programme since January 2020. This total is made up of NIAS staff, agency staff, bank staff, students and visitors.

Various mask types have been fit tested and used since January 2020, however, following a streamlining of mask types, the only two mask types currently being used are:

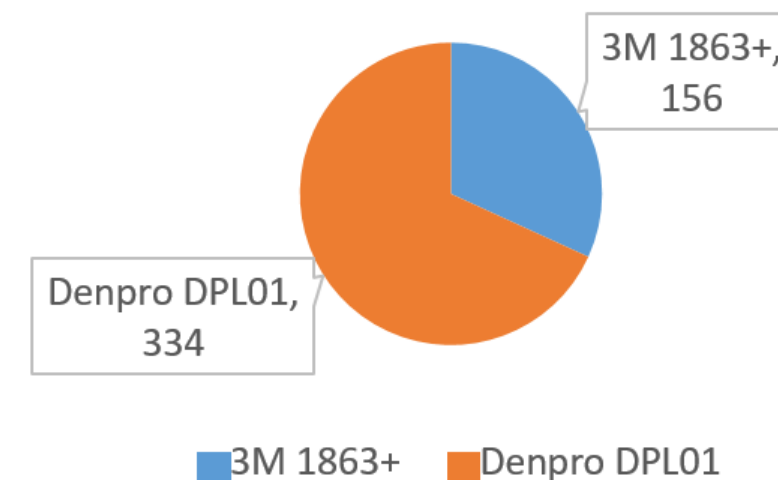
- 3M 1863+
- Denpro DPL01

Individuals are fit tested to both FFP3 mask types and may pass on one, both or none of the above.

Where individuals have failed fit tests on both of the above masks then they have been issued with 3M Versaflo or 3M Jupiter Respirator Hood systems.

The total number of staff currently issued a respirator hood is **54**.

Number of individuals Successfully Fit Tested per Mask Type





# 4.4 Infection Prevention & Control – KPI auditing, monitoring

Within the NIAS it is recognised that improvement is only possible where there is data to support it.

Auditing and monitoring of practices and assessment of same against benchmarks such as evidence based Key Performance Indicators

## Hand Hygiene

Hand hygiene (HH) auditing is carried out monthly by the IPCT at 7 major Emergency Departments (EDs) within NI, with the KPI set at 90% compliance. Operational NIAS staff are monitored on their compliance with the NIAS 'Hand Hygiene Policy', the World Health Organisation (WHO) '5 Moments of Hand Hygiene' (2009) and the '7 Step Technique'. This is also an excellent opportunity for the IPCT to support and advise operational staff on any HH related queries they may have.

The audits are completed on the DocWorks audit platform and reports are compiled monthly with results shared at the IPC/EVC group and the Safety, Quality, Experience and Performance Committee (SQEP). Area managers are provided with the staff members details where non-compliance is observed during an audit. This is also added to the DocWorks audit report under 'comments'.

It is important to acknowledge that ED performance levels do not just represent the performance of crews from the Division that the ED is located in as crews from other Divisions may frequent various EDs, for example crews from North Division may convey to the Mater Hospital, from South East may convey to the RVH and vice versa.

The main areas of non-compliance identified through HH audit are:

- not wearing personal issue hand sanitiser
- not being bare below the elbow

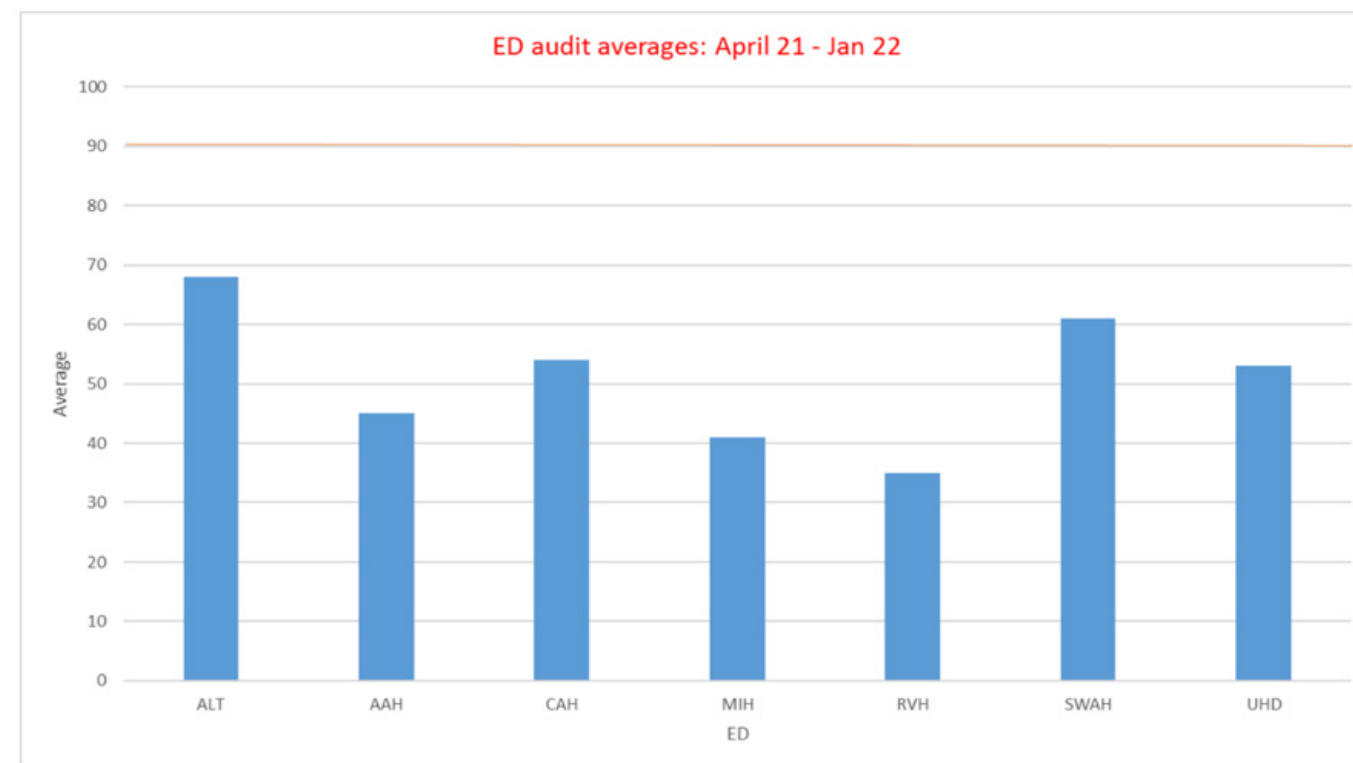
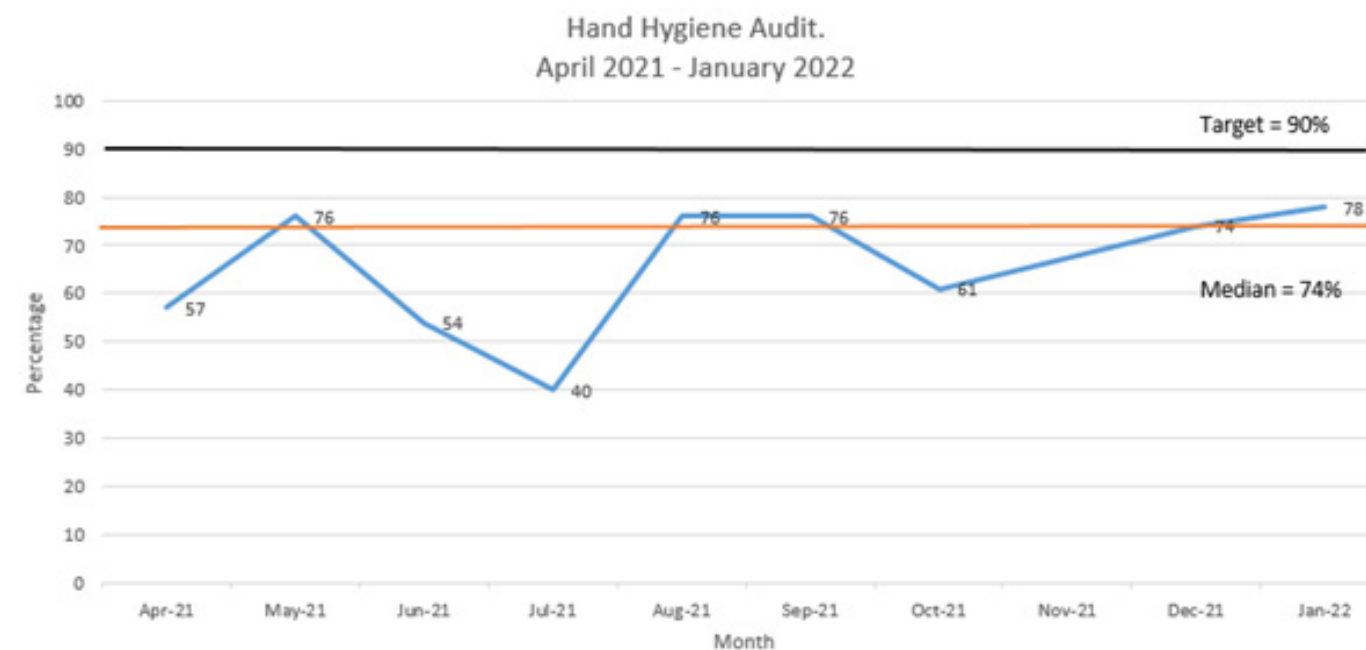
Good practice has been noted in relation to HH technique when it is undertaken, with most staff audited compliant with this element.

The following graphs show the Trust average

ensures that this improvement remains foremost on the agendas of all NIAS staff. One area where auditing of practice against an agreed KPI has been embedded is in relation to Infection Prevention and Control (IPC), specifically in relation to Hand Hygiene (HH) and Personal Protective Equipment (PPE).



for compliance from April 2021 to January 2022. Audits were not able to be completed for February or March 2022 due to staffing pressures associated with the pandemic.



From this graph it is clear that Trust wide performance in relation to HH is below the KPI of 90%. A number of actions have been taken by the IPCT and the IPC and EVC Group to date in relation to HH audits including:

- Face to face engagement with staff at EDs around identified issues, with respectful challenge and education by the IPCT
- Provision of staff member details to Area

Manager where non-compliance was observed for identification of trends and addressing of same where issues arise

- NIAS bespoke HH leaflet developed and shared with staff
- NIAS 'Hand Hygiene Policy' developed and shared (Summer 2021)
- Checking of stock levels in stations where staff have reported there not being hand sanitiser available - where this has been

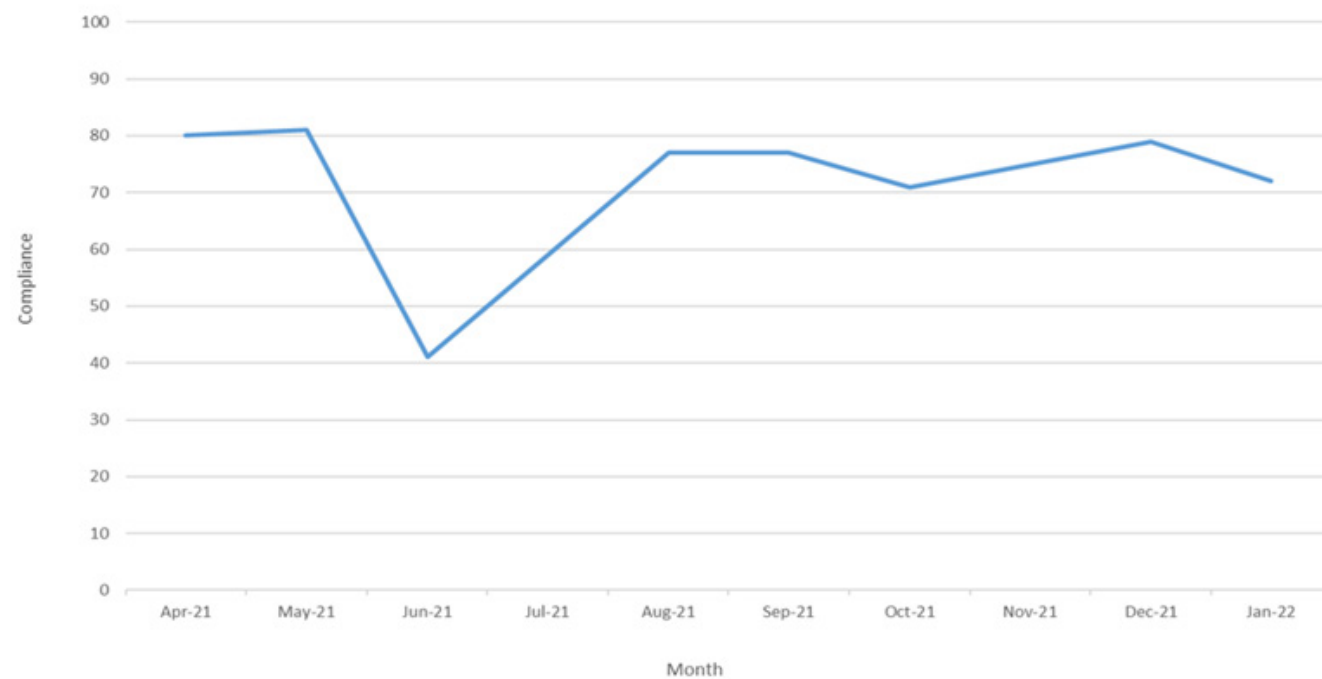
checked on each occasion sanitiser was available

- On-going engagement at EDs
- Consideration of the provision of a fob watch with the first issue of NIAS uniform - thereafter responsibility of staff member to provide own
- Modification of NIAS uniform policy to ensure congruence with HH policy and vice versa - it was noted that the uniform policy had not been updated to reflect the HH policy requirements and this is currently being progressed.

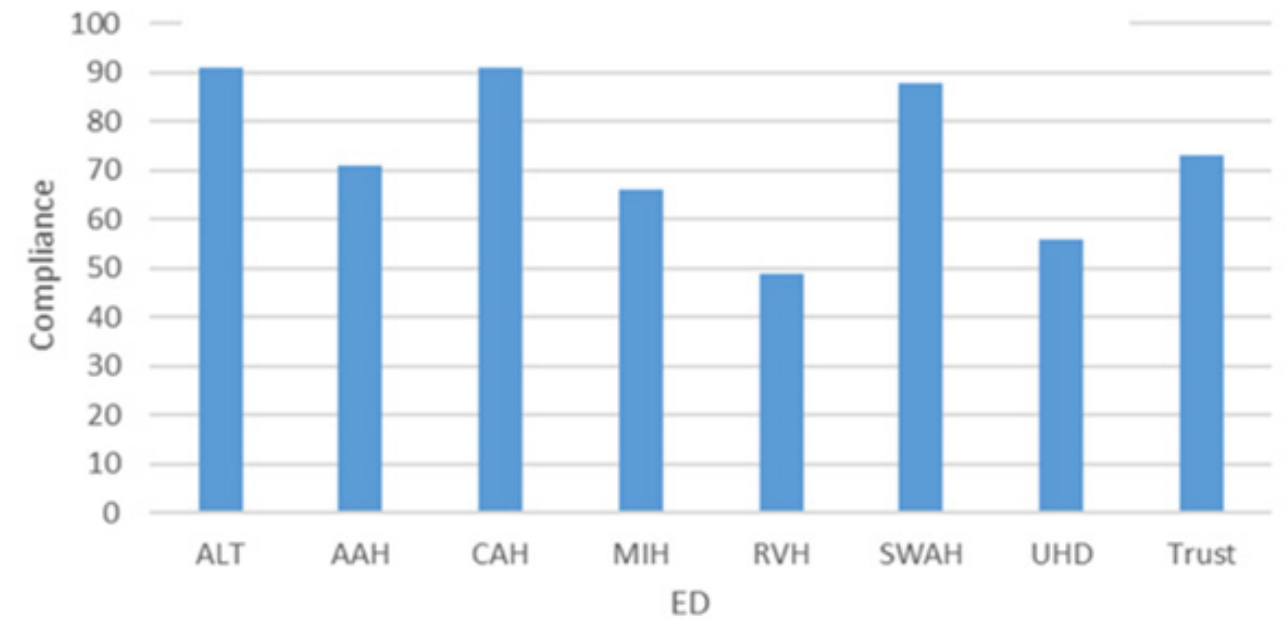
**PPE:**

Operational staff are also audited on whether they are wearing the appropriate PPE. At the moment, there is no set KPI for compliance but an internal audit has identified that this is a requirement going forward. During 2022 and 2023 a KPI of 90% will therefore, following approvals through NIAS IPC & EVC group and SQEP Committee, also be set in relation to PPE compliance, there will be a two year period to achieve this with an interim year one target of 70%.

PPE Trust: April 2021 - January 2022



PPE Compliance 2021 - 2022



Trust wide performance in relation to PPE has at times reached the interim KPI of 70%, however this has not been consistent with an obvious dip in performance in June 2021 related to very warm weather. A number of actions have been taken by the IPCT and the IPC and EVC Group to date in relation to PPE audits including, (some are similar to those taken in respect of HH):

- Face to face engagement with staff at EDs around identified issues, with respectful challenge and education by the IPCT

- Provision of staff member details to Area Manager where non-compliance was observed for identification of trends and addressing of same where issues arise
- Stocking of NIAS vehicles with two different weights of apron, at staff request, to encourage wearing of same
- Checking of stock levels in stations where staff have reported there not being aprons available, where this was undertaken there have always been supplies of stock available.

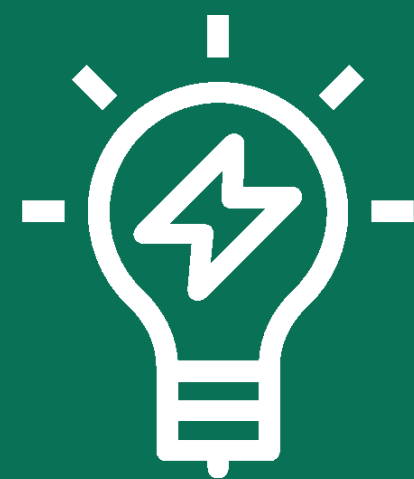






## Theme 5

### Integrating the Care



## 5.1 Research and Development

As the only NHS prehospital care provider in Northern Ireland, NIAS will play a key role in the delivery and development of prehospital research agendas. We want to realise our research potential in order to improve the quality of care we provide for our patients. In order to achieve this, we need to develop a highly skilled and knowledgeable workforce to deliver innovative research, within a culture that supports research excellence throughout the Trust.

In February 2022, Julia Wolfe was appointed as the Research and Development manager for NIAS. Currently she is studying Masters in Research (MRes) with the University of Stirling. She has represented NIAS at local, regional and national forums over the past few years and will continue to do so as part of her new role. In her short time in post she has engaged with external stakeholders and other national ambulance services enabling NIAS to participate in research projects such as:



- The Cessation study with East of England Ambulance Service Trust (EEAST)
- PRE-FEEL REAL study with University of Leeds
- HSC Workforce project with Ulster University (UU)
- Clinical Decision Making (CDM) Traumatic Brain Injury (TBI) study with South East Coast Ambulance Service (SECAMB)
- Traumatic Brain Injury Study with Manchester University
- CATNAPS with University of East Anglia
- Stroke Covid Study with University College Cork



## 5.2 Helicopter Emergency Medical Service

The Helicopter Emergency Medical Service (HEMS) is delivered through a partnership between NIAS and the Air Ambulance Northern Ireland (AANI) charity. The service is led by an Operational Lead with a team of 8 HEMS Paramedics as well as a Clinical Lead working with a team of 15 consultants from across five Health and Social Care Trusts. HEMS currently operates 7 days a week for 12 hours per day. From the operational base in Maze Long Kesh site, the helicopter



can reach anywhere in Northern Ireland in approximately 25 minutes.

HEMS brings an advanced level of pre-hospital critical care to the seriously ill and injured patient anywhere in the province, and transports them to the most appropriate hospital for their specific condition. For patients affected by serious trauma and illness, delivery of pre-hospital critical care can save life, brain and limb. The main ethos of the service is to bring the HEMS Doctor and HEMS Paramedic, along with the lifesaving equipment including pre-

hospital blood, rapidly to the patient.

April 2021 – March 2022: 737 missions

The deployment of the Helicopter (HM23), in the period 1 April 2021 to 31 March 2022, has accounted for 531 (72%) of the 737 missions responded to, while the Rapid Response Vehicle (Delta 7) has accounted for 199 missions (27%).

HEMS is also a valuable resource where our students get the opportunity to learn and develop their skills alongside them under simulated conditions.



## 5.3 Complex Case Team

In the period April 1st - 31st March NIAS Complex Case Team Participated in the International Paramedic Education Conference. The Virtual 7-day Conference was jointly hosted by the UK College of Paramedics, the Australasian College of Paramedics and the Paramedic Association of Canada and provided a fantastic opportunity to showcase some of the unique and innovative work that the NIAS Complex Case Team are doing to an international audience. The work and research that the Complex Case Team has undertaken around Potential Frequent Caller management was presented under the theme of 'Research in Paramedic Education'. This visual infographic formed one of 55 submissions, the visual infographics poster was exhibited and the chairperson screened the NIAS animation video to the Conference.

Delegates were invited to ask questions and, from the positive feedback, our work was favourably received. This work was also presented at the International Paramedic Research Conference, the Conference ran continuously over a 24 hour period and was joint hosted by the UK College of Paramedics, The Australasian College of Paramedicine and the Pre-hospital Care Research Forum at the

UCLA Centre for Pre-hospital Care, USA. In this period Aidan McDonnell from the team was elected as a Vice-Chair of the UK Frequent Caller National Network (FreCaNN). FreCaNN is a subgroup of the Association of Ambulance Chief Executives (AACES), operating under the 'Urgent and Emergency Care Group'.

The group's objectives include Identifying and developing management strategies for frequent callers, Utilising evidence based practice to improve the quality of care delivered to frequent callers, Providing information and advice on emerging legislation, policy and guidance and Contributing to research and development being undertaken on the topic of frequent callers and developing a research base to support the continual improvement of the design and delivery of ambulance service responses for frequent callers.

At the end of this period the team were pleased to receive confirmation of NHS Charities funding which they had applied for to support a Collaborative Project with British Red Cross in the Belfast and South East areas. This project will support the needs of vulnerable Service Users in the area who have complex unmet needs.

## 5.4 Health and Wellbeing - Supporting Our Staff

As challenges persist across healthcare delivery it has never been more important to prioritise the health and wellbeing of our people. In working towards meeting the organisational aims of making NIAS the employer of choice and providing the best patient and service user care, efforts to support staff have been driven by the knowledge that staff wellbeing is correlated directly with patient care and safety.

Our mission includes showing compassion to the patients we care for. As an organisation we consistently see, hear and read evidence of this care in practice. One aim of staff health and

wellbeing efforts is to ensure that colleagues experience the same care and compassion in the workplace that means 'we thrive together'.

In March 2022 AACE and the College of Paramedics introduced the Mental Health Continuum for the ambulance service sector. From thriving to crisis the continuum can be used to describe and measure different states of wellbeing. Mental health changes frequently with the joys and challenges of life.

Working and in particular work in ambulance services can have a positive impact on



mental health and add purpose to life. It is also evidenced however that working in the ambulance service sector increases the risk of developing psychological injury. As in physical health and safety research and practice is challenging the perception that psychological injury is an inevitable outcome and part of the role. In the last year efforts have increased in sourcing and providing evidenced based treatment and recovery options and a focus on prevention.

## Enhanced psychological support

Across the time span of this report the NIAS Peer Support team made 2603 contacts with colleagues. The largest proportion of the contacts was in response to traumatic incidents and a high proportion of the contacts (21%) was as a result of staff experience assaults.

Whilst continuing to support staff with wellbeing calls and responding to incidents the peer support team has developed Critical Incident Stress Management (CISM) support across NIAS. To expand on the existing continuum of care post incident 11 colleagues have been trained in CISM. The training ensures that following an incident colleagues are able to recognize common psychological and behavioral reactions of someone in crisis. Colleagues who completed the course have developed on existing understanding and practice a model of psychological crisis intervention. Interventions such as this continues the momentum to work towards NIAS being a trauma informed organisation that

The HSC Covid-19 Wellbeing Survey report stated that at all research time points in year one of the pandemic (November 2020-August 2021) rates of moderate-to-severe depression, anxiety, PTSD and insomnia remained high amongst NIAS staff. Across these areas rates were either similar or higher amongst NIAS staff compared to other HSCNI staff. (HSC Covid-19 Wellbeing Survey, NIAS Supplementary Report, October 2021).

supports staff, volunteers, retirees and friends and family of colleagues.

The wellbeing and attendance management teams worked with EAC colleagues to identify main areas of concern and possible supports. One initiative delivered the installation of a 'well-hub' pod accessible for EAC colleagues. The outcomes and feedback has been positive with staff reporting the value of having a safe space to break for some rest or respite before, during or after shifts. A suggestion post-box has being included in the refurbishment of the control room environment in headquarters as a channel for staff feedback to management on any issues in EAC. Hardcopy resource packs were provided to all EAC colleagues to coincide with World Mental Health Day, including psychological, emotional and practical support options, alongside positive wellbeing advice, for anyone struggling or stressed, either personally or professionally.



## Ensuring physical safety/support

Support hubs continued operation across the trust sites to provide easy access to food and water and to enable staff to have some time to rehydrate, rest and re-energise. In autumn 35 NIAS colleagues undertook a virtual Couch to 5K programme supported by the NIAS wellbeing team and a coach from Athletics NI. One third of participants completed a 5K at the end of the programme with others continuing training towards the goal. Participants reported increases in both physical and psychological health as a result of taking part in the training programme. Staff also completed Walk Leader

training with Belfast trust and aim the lead walks for NIAS colleagues supported by Physical Activity leads in their local health trust area.

In working towards one of the key objectives of the NIAS/Unison Health and Wellbeing Partnership of supporting improvements in physical and mental health a keeping active guide was developed and promoted. The guide includes corporate discounts across council leisure facilities, support to get active and links to the NHS free 'Doing our Bit' fitness platform.



The NIAS/UNISON Health & Wellbeing partnership is pleased to present this keeping active guide, including corporate rates for local council gym membership. This will help working towards one of the key objectives of the partnership, which is to improve physical and mental health; support and strengthen personal health resources & practices.

The Smoking Cessation Team at the Western Health and Social Care Trust (WHSCCT) joined stations to offer support to NIAS colleagues wanting to turn October into "Stoptober" by making a quit attempt. The team provided behavioural support as well as nicotine replacement therapy. Michelle Scott, WHSCCT Smoking Cessation Coordinator, visited Altnagelvin Station to introduce NIAS colleagues in the Western Area to the support available to anyone considering making a quit attempt.





**Western Trust Specialist Smoking Cessation nurse visits NIAS Altnagelvin Station: “Make this October your Stoptober”.**

## Fatigue, sleep and stress

In response to concerns about the impact of late finishes on colleagues the NIAS Fatigue working group reformed and began by commissioning Manchester Stress Institute to develop a sleep and fatigue webinar.

Whilst organisational factors were considered as part of 'late finishes pilot' the interactive webinar was designed to inspire individual staff towards better sleep, recovery & performance. It includes the psychology of sleep and a focus on shift work and the impact on circadian rhythm. The webinar, which can be accessed on the NIAS SharePoint, also includes mental health podcasts covering Full Body Relaxation Technique, Meditation to Let Go of Worry & Catastrophic Thinking and Box Breath Techniques to help reduce anxiety. It contains wellbeing information on anti-Stress nutrition and healthy protein foods and musculoskeletal health.



## Providing accessible and accurate information and training

The 2021-22 annual wellbeing calendar of events continued to be mainly delivered online ensuring colleague safety. The wellbeing team continued to collaborate across teams to identify existing and emerging issues facing staff and provided quality assured, accurate information and support across NIAS communication platforms.

NIAS worked with other health trusts to hold a Men's health event for all staff as part of Men's

health week. NIAS staff interested in learning more about men's mental health and how to support men completed MANifest training with the Men's Health Network and the Western Trust. Evaluation of the evidenced based training showed that staff who participated had an increased knowledge and awareness of issues impacting on men's mental health and were confident in applying knowledge gained in both working and personal life.

# MENOPAUSE cafe



Menopause was the focus for engagement across International Women's Day in 2022. NIAS colleagues attended the first NIAS Menopause Café to share experiences. The Equality Team working with the wellbeing team are continuing exploration of the issue and how this applies to supporting people in the workplace.

The 2021 annual mental health campaign theme was 'Holding on to Hope in a Changing World'. As in previous campaigns NIAS wellbeing team worked with the other health trusts and the Public Health Agency to develop

**As part of mental health week** NIAS offered SafeTALK training to the HR team. SafeTALK supports trainees to be suicide alert. It prepares anyone over the age of 15 to identify persons with thoughts of suicide and connecting them to suicide first aid resources.

12 staff across NIAS also completed ASIST training. ASIST supports participants to recognize when someone may have thoughts of suicide and how to work with them to create a plan that will support their immediate safety. The NIAS training team commissioned SafeTALK train the trainer programme for

the regional 5 week campaign from Suicide Prevention day to World Mental Health week. The aim was to deliver a campaign to encourage everyone to hold on to hope, to nurture our mental wellbeing and to raise awareness of the local and national services that are available to help and support when needed.

The campaign was launched by Professor Siobhan O'Neill Mental Health Champion for Northern Ireland on World Suicide Prevention Day with the public urged to take the 'Hope quiz'.

The total number of visits to the interactive campaign pack and the hope quiz combined was **5,636**. Analysis of data highlighted that managing stress and challenging negative thoughts were the most visited parts of the campaign platform. The campaign was also an opportunity in NIAS to promote emergency service specific resources and to highlight mental health awareness SafeTALK and ASIST training opportunities for staff.



CSO's and wellbeing team members in March 2022. This group can now deliver SafeTALK training to teams and will be offered to new staff.



# Building Partnerships and Connections

In November representatives from the NIAS Peer Support team joined Prince William and 200 leaders from police, fire, ambulance and other emergency services at The Royal Foundation Emergency Services Mental Health Symposium. The Blue Light Together project, which prioritised mental health support for emergency service workers in the United Kingdom was launched at the event. NIAS has joined other emergency services in committing to the mental health of workers with the Mental Health at Work Commitment as part of this collaboration. Going forward we will work together with the aim to help colleagues, volunteers, retirees and their friends and families access the right kind of mental health support.



## NIAS/UNISON Health and Wellbeing Partnership

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.

Representatives from the partnership and NIAS health and wellbeing continued to meet during the year to process actions based on the feedback from staff engagement workshops. The feedback from the workshops in April 2021 helped to prioritise actions in the health and wellbeing strategy and organisational culture charter to be launched in 2022.



## Regional Workforce Wellbeing Network

As a group of HSC staff working together, supporting and performing difficult jobs and delivering crucial and life-impacting services, the need to look after ourselves, and each other has become increasingly obvious and was never so important. Over the last year NIAS worked as part of the Regional Workforce Wellbeing Network and the HSC Healthier Workplaces Network, to develop A Recovery Toolkit for staff. The network is currently working together to develop resources in to a Regional HSC Staff Wellbeing Resource website. This will include emergency services resources. NIAS will continue to collaborate in Network to support and enable conversations regarding needs across teams and organisations, both in the current situation, and also create opportunities to have conversations and make changes regarding staff wellbeing.

In 2022/23 supporting staff experiencing or at risk of experiencing issues such as moral distress or emotional and physical burnout will be a priority. Whilst efforts to support staff to maintain or develop physical and psychological health remain high priorities the year ahead will see a renewed focus on organisational factors. As we grow our understanding of workplace health and the impact of the pandemic on people and our system future interventions and support will consider the influence of teams, leaders and managers and the impact of organisational culture on health and wellbeing outcomes.

