The Regulation and Quality Improvement Authority

An Independent Review of the Northern Ireland Ambulance Service

March 2016

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Assurance, Challenge and Improvement in Health and Social Care

The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority (RQIA) is the independent body responsible for regulating and inspecting the quality and availability of health and social care (HSC) services in Northern Ireland. RQIA's reviews aim to identify best practice, to highlight gaps or shortfalls in services requiring improvement and to protect the public interest. Our reviews are carried out by teams of independent assessors, who are either experienced practitioners or experts by experience. Our reports are submitted to the Minister for Health, Social Services and Public Safety, and are available on our website at **www.rqia.org.uk**.

RQIA is committed to conducting inspections and reviews and reporting on three key stakeholder outcomes:

- Is care safe?
- Is care effective?
- Is care compassionate?

These stakeholder outcomes are aligned with Quality 2020[1], and define how RQIA intends to demonstrate its effectiveness and impact as a regulator.

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RQIA wishes to thank everyone who facilitated this review through participating in interviews or in providing relevant information.

[1] Quality 2020 - A 10-Year Strategy to Protect and Improve Quality in Health and Social Care in Northern Ireland - http://www.dhsspsni.gov.uk/quality2020.pdf

Executive Summary

This review assessed the progress made by the Northern Ireland Ambulance Service (NIAS) in taking forward the 14 recommendations of the 2011 RQIA review of the Northern Ireland Ambulance Service (NIAS). This review has also considered progress in taking forward those recommendations relevant to NIAS, made in the 2014 RQIA review of unscheduled care.

RQIA found that that NIAS has actively taken forward the majority of the recommendations of the 2011 review. In particular, significant progress has been made in the development of a programme of clinical pathways and approaches to avoiding the need for patients to be transported to hospital emergency departments.

For 10 of the 14 recommendations made in the 2011 report, RQIA concluded that action has been completed, or significant progress made. In relation to the other four recommendations, RQIA recommended that NIAS continues to work to progress those areas for improvement which are under the direct responsibility of the organisation and which remain outstanding.

In relation to the 2014 RQIA report on unscheduled care, RQIA considered that progress had been made with regard to five recommendations relevant to NIAS.

RQIA found that NIAS has strengthened its escalation arrangements and has actively participated in the work of the Regional Unscheduled Care Task Group. NIAS continues to maintain its focus on service improvement in relation to meeting both predictable and unpredictable demand. NIAS has participated in several initiatives to improve access to timely assessment and care, and to improve patient outcomes and experience.

In addition, NIAS has worked in partnership with other organisations to take forward a programme of initiatives designed to improve the whole system in relation to unscheduled care.

RQIA recommends that NIAS continues to actively take forward its programme of initiatives to implement Transforming Your Care (TYC), designed to centre the work of the ambulance service on the needs of the patient. This includes the development of a clinical support desk to support the new models of care including ‘treat and leave’ and ‘treat and refer’.

During this review, RQIA found that NIAS was committed to developing the skills of staff, and recommends that NIAS progress education, training and workforce planning approaches that support the ongoing development of paramedic professionals and Emergency Medical Technicians.

RQIA assessed communication with frontline staff and recommend that NIAS continues to explore ways to make the senior team more accessible to staff and to enhance the visibility of leaders at all levels of the organisation. NIAS should also continue to explore all avenues available to help improve communication with staff

across the organisation including provision of feedback in relation to complaints and incidents.

During the review, RQIA found that for several key processes, there is a continued reliance on paper based systems. It is recommended that, in the future, NIAS is supported to significantly extend the use of information technology to facilitate all areas of its activity.

RQIA considered the performance management framework in which NIAS operates. This is heavily based on response time performance but does not look at patient outcomes or quality of services delivered. This leads to the risk that the range and scope of the significant improvement work underway could have limited recognition as a positive outcome of new investment. It is recommended that the HSCB, in partnership with NIAS develop a new performance framework which prioritises clinical outcomes ensuring that time based outcomes relate only to time critical calls.

In summary, the overall finding of this review is that NIAS has made significant progress in taking forward the recommendations of the 2011 review although there is still work to be completed in some areas. An active programme of initiatives has been put in place in respect of implementation of the vision set out in Transforming Your Care. These actions also include relevant recommendations of the 2014 RQIA review relating to unscheduled care.

Since the last strategic review of ambulance services in Northern Ireland, published in 2000[1], there have been very significant changes in how ambulance services are delivered with a growing recognition of the importance of the service in underpinning the delivery of new models of patient care. RQIA recommends that the DHSSPS gives consideration to the development of a new strategy for ambulance services in Northern Ireland to define the roles of the service in emergency and unscheduled care and as a key partner in the HSC system in Northern Ireland.

[1] Mapping the road to change. A strategic review of the Northern Ireland Ambulance Services, 2000.

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[2] http://www.rqia.org.uk/cms_resources/RQIA%20Review%20of%20NIAS%20Feb%2011.pdf
[3] http://www.rqia.org.uk/cms_resources/UnscheduledCare_Report_ISBN.pdf

1. Introduction and Background to the Review

In 2011, RQIA carried out a review of the clinical and social care governance arrangements within the Northern Ireland Ambulance Service (NIAS). The review made 14 recommendations for improvement. These included: the need for improved appraisal and training; the potential for the introduction of clinical protocols to enable some patients with specific conditions to stay at home after assessment and treatment by paramedic staff; and improved infection and prevention control arrangements. RQIA is now carrying out a follow up review of NIAS to assess progress with regards to implementation of the recommendations from the 2011 review (Figure 1 below).

Figure 1:

RQIA Clinical and Social Care Governance Review of the Northern Ireland Ambulance Service

Recommendation 1: The HSC Board, in its role as commissioner of unscheduled care, should review arrangements to ensu**re the effective integration of** emergency services including primary care out-of-hours, A&E, ambulance services, community nursing, social care and mental health crisis services.

Recommendation 2: NIAS should implement a formal process for appraisal across the organisation.

Recommendation 3: NIAS should review the potential for the introduction of clinical protocols to enable some patients with specific conditions to stay at home after assessment and treatment by paramedic staff to avoid unnecessary transfer to hospital.

Recommendation 4: NIAS should review the provision of opportunities for management and leadership training for senior officers.

Recommendation 5: NIAS should review its arrangements for updating policies and procedures.

Recommendation 6: NIAS should review the arrangements for staff to access counselling following traumatic incidents and to identify and overcome any barriers to staff using the service.

Recommendation 7: NIAS should revise its medicines policy for controlled drugs to reflect the role of the accountable officer.

Recommendation 8: NIAS should consider the appointment of an infection and prevention control (IPC) nurse or the development of a service level agreement for advice with an IPC team of another trust.

Recommendation 9: NIAS should re-emphasise to all staff that procedures outlined in the NIAS infection prevention and control policy should be followed at all times.

Recommendation 10: NIAS should consider establishing a clinical advisory committee to support the medical director and the clinical governance committee.

Recommendation 11: NIAS should review its approaches to consulting frontline staff when planning changes to the service.

Recommendation 12: NIAS, in partnership with other HSC organisations, should review the provision of patient care services (PCS) and consider approaches to ensure that requests for PCS are in line with agreed policy.

Recommendation 13: NIAS should review the effectiveness of the arrangements for communication between headquarters staff and frontline staff to inform the development of the revised internal communication strategy.

Recommendation 14: NIAS should carry out an audit of its arrangements for provision of feedback on incidents and complaints to staff.

In 2014, RQIA published the report of a Review of Arrangements for the Management and Coordination of Unscheduled Care in the Belfast HSC Trust and Related Regional Considerations. The review identified significant developments taking place across Health and Social (HSC) organisations to enhance flows of patients requiring unscheduled care. The report contained several recommendations relating to HSC organisations including NIAS. This review will also consider the ongoing progress in the implementation of these recommendations (Figure 2 below).

Figure 2:

RQIA Review of of Arrangements for Management and Coordination of Unscheduled Care in the Belfast HSC Trust and Related Regional Considerations: Recommendations Relevant to the NI Ambulance Service.

Recommendation 1: All HSC organisations should review their escalation arrangements for responding to periods of exceptional pressure for unscheduled care. Plans should set out arrangements for: creating additional capacity; bringing in additional staff; and contacting senior decision makers. The arrangements for coordination of responses within and across HSC organisations to exceptional periods of demand should also be reviewed.

Recommendation 2: Regional and trust plans for coordination and responding to predictable periods of increased demand should be reviewed. In particular, early planning should be instituted for the post-Christmas and New Year period, to better manage system flows, including improved scheduling of elective activity.

Recommendation 10: It is recommended that trusts, together with the other members of integrated care partnerships, examine arrangements for provision of direct access to hospital-based assessment and admission services for appropriate patients.

Recommendation 11: To support new models of provision, it is recommended that arrangements are reviewed to ensure that specialist clinical advice is available, by telephone, for ambulance staff. This is required to aid decision making to enable appropriate patients to stay at home, rather than take them to hospital, at time of first presentation.

Recommendation 12: The review team recommends that whole system planning is carried out to design systems to reflect the need for, and timing of non-emergency patient journeys to and from hospitals.

RQIA operates within a value system that supports the belief that learning is at the heart of improvement. To ensure a clear focus on improvement, organisations need to have effective systems which can identify performance standards and support the learning necessary for improvement. The review will operate within the principles which underpin the DHSSPS '*Quality Standards for Health and Social Care*' (2006). [4]

2. Terms of Reference

The terms of reference agreed by RQIA with the DHSSPS were to:

1. Evaluate the effectiveness of actions taken, by the Northern Ireland Ambulance Service (NIAS) and the Health & Social Care Board (HSCB), to implement the recommendations from the RQIA 2011 Clinical and Social Care Governance Review of the Northern Ireland Ambulance Service Trust[5] (February 2011).

2. Consider the progress made in respect of additional recommendations from the RQIA Review of of Arrangements for Management and Coordination of Unscheduled Care in the Belfast HSC Trust and Related Regional Considerations[6] (July 2014).

3. Report on the findings and outline the subsequent improvements in relation to NIAS services including the arrangements for the transfer of patients to and from hospital settings to their own home or to another facility.

[4] https://www.dhsspsni.gov.uk/sites/default/files/publications/dhssps/the-quality-standards-for-health-and-social-care.pdf
[5] http://www.rqia.org.uk/cms_resources/RQIA%20Review%20of%20NIAS%20Feb%2011.pdf
[6] http://www.rqia.org.uk/cms_resources/UnscheduledCare_Report_ISBN.pdf

3. Methodology

The methodology adopted for this review was designed to gather the views of staff responsible for the planning and commissioning of ambulance services, as well as staff responsible for delivering ambulance services across Northern Ireland.

The methods used included:

1. A literature review was undertaken for reports on ambulance service best practice and recent documents produced on ambulance services in the UK and internationally.

2. A questionnaire, designed to gather initial pre-review information, was completed by the NI Ambulance Service. This was used by the review team to inform the later stages of the review process.

3. Meetings were held with a range of frontline staff in order to hear their views on the effectiveness of the actions taken in response to recommendations from previous reviews and the arrangements in place to take forward any outstanding recommendations.

   Interviews were held with frontline staff across each of the five operational divisions in Northern Ireland; this included staff from the Patient Care Services (PCS), ambulance technicians, paramedics and station officers.

   Their views have been presented throughout this report.

4. A further series of information gathering interviews were held with key staff responsible for the planning and commissioning of ambulance services. The purpose of these interviews was to evaluate the effectiveness of the actions taken, by the Northern Ireland Ambulance Service (NIAS) and the Health & Social Care Board (HSCB), in response to recommendations from previous reviews and the arrangements in place to take forward any outstanding recommendations.

   Each of the interviews used a semi-structured interview approach using a list of specific questions designed by the RQIA review team.

4. The Northern Ireland Ambulance Service HSC Trust

4.1 Roles and Responsibilities

The Northern Ireland Ambulance Service Health and Social Care Trust (NIAS) was established in 1995. The trust operates regionally across Northern Ireland.

NIAS directly employs over 1,100 staff working across 59 Ambulance Stations/Deployment points, two Ambulance Control Centres (emergency and non-emergency), a Regional Education and Training Centre and Corporate Headquarters. NIAS has a fleet of 313 ambulance vehicles[7].

NIAS provides both emergency response to patients with sudden illness and injury and non-emergency patient transportation.

When an emergency call is received, dispatchers will ask a series of questions to determine what response would be most appropriate for the situation. A categorisation system is used to do this and will place a call into life-threatening emergency or non-life-threatening emergency (or non-emergency) categories.

NIAS also provides non-emergency patient transport services across Northern Ireland. This enables patients, who are usually vulnerable and dependent, to attend hospital and treatment centre appointments. Transport may be required for patients:

- attending outpatient appointments
- requiring investigation or treatment
- being admitted to hospital
- being transferred between hospitals
- being discharged from hospital

Patient transport services are not available to everyone attending appointments; there must be a medical need for transport, which is confirmed by a physician.

In addition to routine transport services NIAS also provides:

- specialised health transport services
- education and training of ambulance professionals
- co-ordination of planning for major events and response to mass casualty incidents and disasters
- community engagement and education

[7] http://www.nias.hscni.net/download/Corporate/Reports/Quality%20Reports/2014%2010%2014%20NIAS%20Annual%20Quality%20Report%202013-14.pdf

4.2 Organisational Aims and Objectives

The strategic aim[8] of NIAS is to deliver a safe, high-quality ambulance service providing emergency and non-emergency clinical care and transportation, which is appropriate, accessible, timely and effective, and which achieves the best outcomes for patients.

NIAS has set out in its strategy that it will seek to engage with local communities and their representatives in addressing issues which affect their health, and to participate fully in the development and delivery of responsive integrated services.

The strategic objectives which underpin these aims are to:

- further develop the service delivery model for scheduled and unscheduled care and transportation to address rural issues and exploit partnership opportunities
- review and develop operational systems and processes to support the service delivery model and provide necessary assurances of appropriateness, accessibility, timeliness and effectiveness
- build and maintain a high-performing, appropriately skilled and educated workforce, suitably equipped and fit for the purpose of delivering safe, high-quality ambulance services
- promote and develop an open, transparent and just culture focussed on patients and patient safety
- establish and develop agreed outcome-based, clinical and non-clinical, quality indicators for patients to identify opportunities to improve outcomes for patients and pursue the resources and processes necessary to deliver better outcomes
- review existing resources and ensure resource utilisation is aligned with delivery of agreed outcome-based quality indicators for patients and high quality corporate governance, risk management and probity
- establish processes, built around Patient and Public Involvement (PPI) strategy, to enable effective communication and engagement with all communities and their representatives
- use those PPI processes to clarify the ambulance role, function and resource with the community and agencies responsible for setting policy and commissioning ambulance services, and test this against their perceived/assessed needs and expectations
- work with all stakeholders, in particular regional and local commissioners and other providers of health and social care services, to establish processes to enable and support full participation of the ambulance service in the development and delivery of responsive integrated health services.

[8] http://www.nias.hscni.net/download/Corporate/Reports/Annual%20Reports/Annual%20Report%202014-15%20(2).pdf

4.3 Current Challenges

In the submission to RQIA to inform this review, NIAS set out current challenges facing the service related to a significant growth in activity, especially emergency demand. This has come at a time of pressures on funding to the public sector, resulting in a reduction in available resources.

NIAS identified the following specific challenges:

- increased ambulance journey times due to a range of factors including;
    - centralisation of services such as primary percutaneous coronary intervention (pPCI) and stroke services
    - acute service reconfiguration including restricted hours of opening of emergency departments (ED) and limits on the services available at minor injury units
- increased reliance on private and voluntary ambulance service providers to meet service demands
- length of training for qualified paramedics and a national shortage of trained staff
- increased loss of ambulance production hours due to longer ambulance turnarounds at emergency departments and hospitals
- a major emphasis on the performance of the service being related to the speed of response, with insufficient emphasis on clinical outcomes
- unrealistic expectations among staff in primary and secondary care sectors about the timescales in which patients can be transported to or from services by NIAS
- inability to avail of advances in IT to support improved patient interventions, data collection and reporting
- continued difficult relations with employees and trade unions linked to uncertainty about Agenda for Change (AfC) banding evaluation outcomes and other national issues
- a requirement to move to shorter shifts in line with Health and Safety Executive recommendations which is not supported by staff or trade unions.

4.4 Activity and Performance

NIAS use advanced bespoke software systems to put calls into one of 3 categories based on the clinical/medical urgency of the call. It allows NIAS to prioritise calls to ensure those in need receive the appropriate response.

Emergency Medical Dispatchers ask a series of carefully structured questions so that 999 calls can be put into one of 3 categories, A, B or C. The response for each call will be appropriate to its category.

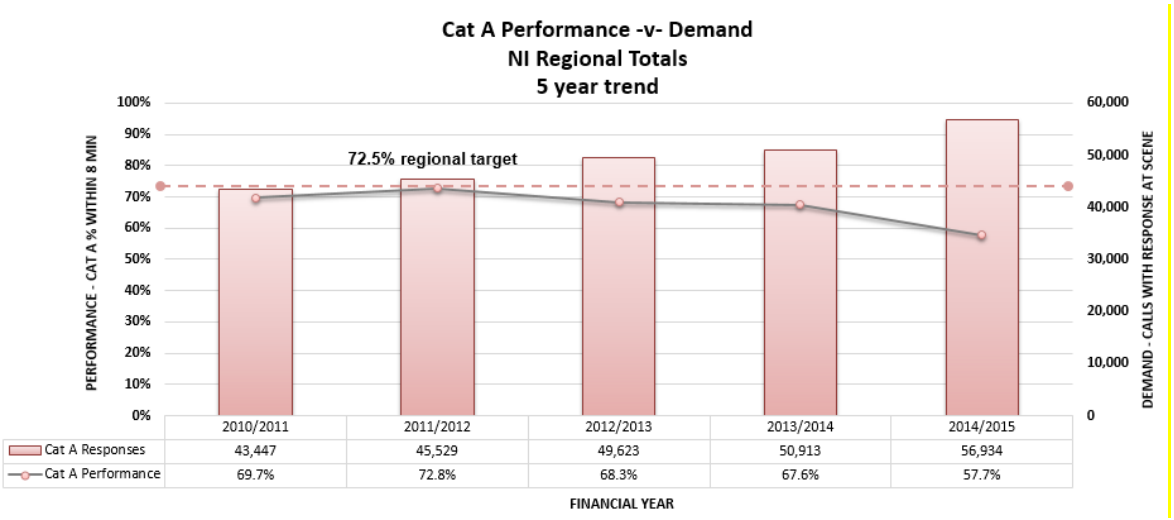
CATEGORY A (CAT A):	The most serious calls, including those that are Immediately Life Threatening (ILT)
CATEGORY B (CAT B):	Calls which may be serious, require a timely response but are not ILT

CATEGORY C (CAT C): Calls of a less time critical nature, but which may still be of a serious or complex nature.

Generally, over the past 12 months, there has been an overall reduction in activity across NIAS. However, there is increasing regional emergency activity with a 1.7% increase (approx. 8 extra emergency calls each day of the month). This follows the trend in the cumulative figures for emergency activity which has increased by 10.8% compared to the same timeframe as last year.

There has been a 3.8% reduction in non-urgent activity compared to last year. This follows the cumulative trend where activity has decreased by 6.4% compared to the same timeframe last year.

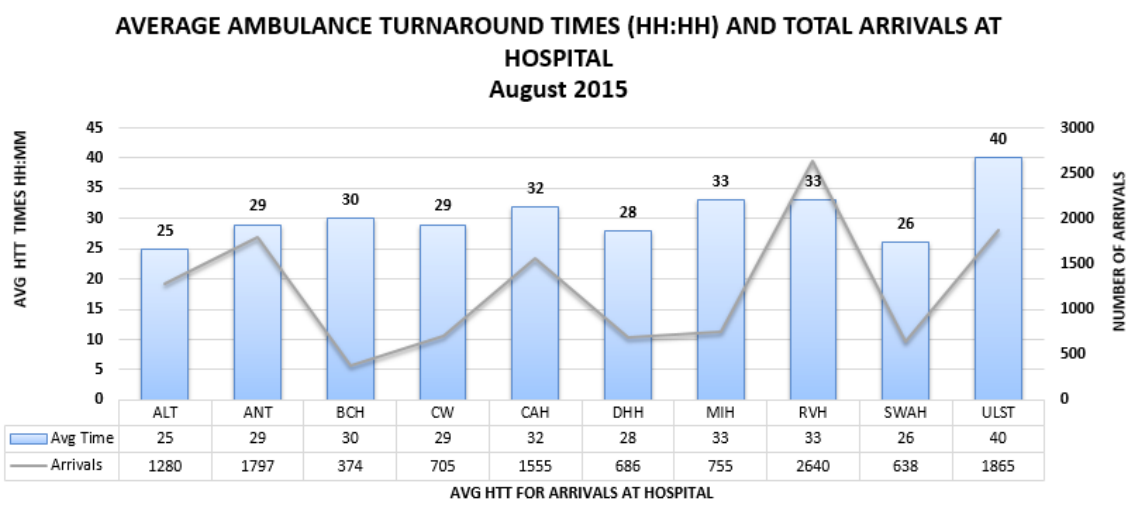
The chart below shows a 31% increase in CAT A demand over the past 5 years and a corresponding 12% decrease in CAT A performance. This clearly indicates a rise in CAT A demand in 2014/15 some of which was created by the changes to NIAS management of HCP calls. This issue remains relevant but to a much lesser degree and NIAS continues to reduce the number of HCP calls that are categorised as CAT A immediately life-threatening.



4.5 Ambulance Turnaround Times

The table below shows the average ambulance turnaround time at the respective hospitals. The agreed national standard and the NIAS Indicator of performance consider ambulance turnaround times of 30 minutes or less as 'in standard'.

As can be seen, the number of ambulance arrivals at the hospitals clearly affects the overall length of ambulance turnaround time, especially at very busy Emergency Departments such as the Royal Victoria Hospital (RVH) and the Ulster Hospital (UHD).



In August 2015, 48.2% of all ambulance turnaround times were in standard (i.e. completed within 30 minutes) compared to 54.8% in August 2014.

There was little variance in the proportion of lengthy ambulance turnaround times (greater than 1 hour) across the main EDs regionally in August 2015 (4.4%) when compared to the same time last year (4.3%).

Overall, the total loss of production hours due to turnaround times for NIAS has increased by 5.1% compared to same time last year, with an additional 221 hours lost during August 2015 compared to same time last year.

This loss of NIAS ambulance production hours equates to 6.1 ambulances lost each day of August, compared to 5.8 ambulances lost in August 2014. Of the 6.1 ambulances 1.4 were lost at the RVH and 1.4 at the UHD.

4.6 Actions for Improvement

A Performance Improvement Plan for 2015/6 has been completed by NIAS and shared with the HSC Board. This has been developed with a prioritised list of actions specifically to address improving CAT A performance.

The plan distributes actions across four key objectives:

- increasing response capacity
- improving tactical deployment of resources
- improving timeliness of response in key elements of the call timeline
- addressing staff issues

In addition, a recruitment programme to stabilise the workforce is ongoing.

5. Findings in respect of recommendations from the RQIA 2011 Clinical and Social Care Governance Review of the Northern Ireland Ambulance Service Trust[9] (February 2011)

To assess progress with each of the recommendations of the 2011 Review, RQIA considered the evidence submitted by NIAS in response to a self-assessment exercise, together with information provided at focus groups, and through discussions with NIAS managers.

RQIA recognises that there have been significant changes since the publication of the 2011 report, including the publication of Transforming Your Care: A Review of Health and Social Care in Northern Ireland (December 2011)[10], which has impacted on the areas for improvement, identified in the original recommendations.

5.1 RQIA Report (February 2011) Recommendation 1:

The HSC Board, in its role as commissioner of unscheduled care, should review arrangements to ensure the effective integration of emergency services including primary care out-of-hours, A&E, ambulance services, community nursing, social care and mental health crisis services.

The review team noted that this recommendation preceded the introduction of Transforming Your Care (TYC) and the establishment of the Department of Health, Social Services and Public Safety (DHSSPS) Unscheduled Care Task Group to take forward the recommendations of the RQIA review of unscheduled care services in the Belfast Trust.

Several improvement initiatives are being progressed as part of Transforming Your Care (TYC) through a number of regional work streams. These include putting in place alternatives to emergency department (ED) attendances.

The Unscheduled Care Task Group has taken forward a range of work streams with inputs from across HSC organisations including NIAS. Work streams include:

- escalation
- patient flow
- respiratory services
- diagnostics
- out of hospital care
- care of frail older people

Work streams are at various stages in their work but all report regularly to a Regional Coordinating Group on progress.

[9] http://www.rqia.org.uk/cms_resources/RQIA%20Review%20of%20NIAS%20Feb%2011.pdf
[10] http://www.transformingyourcare.hscni.net/wp-content/uploads/2012/10/Transforming-Your-Care-Review-of-HSC-in-NI.pdf

RQIA was advised that the Performance Management and Service Improvement Directorate (PMSID) of the HSC Board has set up a Service Improvement Engagement Group involving a number of senior NIAS managers. This group meets quarterly and provides context to current performance. In addition it identifies and prioritises regional approaches to improve NIAS performance with commissioner support.

In the pre review questionnaire NIAS informed RQIA that they meet with the Commissioner, other HSC trusts, the Public Health Agency (PHA), Primary Care , GP Out of Hours services and other key stakeholders regarding the integration of unscheduled care.

In discussions with staff and managers at NIAS, RQIA was advised that there have been important developments towards putting in place more integrated models of service. Examples include the development of a regional dashboard, setting out the up to date position with regard to pressures on unscheduled care across the system; and the establishment of the posts of Hospital Ambulance Liaison Officers (HALOs). There are continuing challenges with local variations in practices and service delivery, for example in the models of minor injury units in place.

Since the 2011 review RQIA concluded that there has been significant progress made in developing more integrated models of care. There is a need to ensure that this momentum for improvement continues to be sustained across HSC organisations.

5.2 RQIA Report (February 2011) Recommendation 2

NIAS should implement a formal process for appraisal across the organisation.

In July 2013 NIAS implemented the Knowledge and Skills Framework (KSF). In association with this, the trust developed a process of Personal Development and Contribution Reviews (PDCR) for all staff and a related monitoring system through the Trust Board. Implementation was limited during 2014/15 due to operational pressures. However the trust has a plan to fully implement this process during 2015/16.

Staff confirmed that, since the original roll out in 2013, they have not received regular appraisals.

Managers highlighted difficulties in securing the time required to conduct appraisals for a large number of staff, across a wide geographical area, and on differing shift patterns. These problems were compounded by a decrease in the number of paramedic supervisors which has almost halved. This was recorded as a risk for operations on the trust risk register.

NIAS advised that they are planning to amend the rotating shift pattern for paramedic supervisors to include two days off the road each week, to provide them with the opportunity to complete appraisals and other essential administrative and operational tasks required of first line managers.

The lack of appraisal means there are potentially missed opportunities to identify training and development needs. Analysis of the information gleaned at appraisal can be used to identify emerging training needs, with plans put in place to address generic needs. However RQIA was informed that NIAS is generally unable to provide bespoke training for individual members of staff.

Staff advised that access to training is often limited to specific staff groups who require enhanced training; for example, Rapid Response Vehicle (RRV) staff can avail of rescue-related training courses that are role-specific, e.g. confined space rescue, working at heights, etc. as part of their role within the NIAS Hazardous Area Response Team (HART).

Emergency Medical Technicians (EMTs) stated that they would be interested in accessing certain aspects of additional training which are currently only available to paramedic staff. They consider this would be useful as part of their personal development. While they would not be able to use certain procedures, they considered that, with training, they would be more confident when assisting their paramedic colleagues.

Staff indicated that the lack of a clear pathway for career progression was a barrier to maintaining a strong focus on personal and professional development.

Some staff suggested that it would be useful if there could be a more proactive approach through the Human Resources section at NIAS to share information related to supervision, appraisal, training and development.

Managers advised the review team that staff training currently has a significant focus on governance issues due to the statutory obligation to provide training in this area.

As part of Agenda for Change, staff must have a performance review and it is the responsibility of the trust to provide this. The provision of appraisal needs to be developed into a sustainable system with the clear aim that all staff receive an annual appraisal.

RQIA concluded that in relation to this recommendation, an appraisal system has been developed by NIAS but further work is required to implement this on a sustained basis.

5.3 RQIA Report (February 2011) Recommendation 3

NIAS should review the potential for the introduction of clinical protocols to enable some patients with specific conditions to stay at home after assessment and treatment by paramedic staff to avoid unnecessary transfer to hospital.

Since the 2011 review RQIA was advised that there has been significant progress in relation to this recommendation. This is being actively taken forward through a programme of initiatives in partnership with other HSC organisations.

A dedicated improvement team within NIAS has been established to take forward this programme of work to further the objectives of Transforming Your Care.

A treat and leave protocol regarding hypoglycaemia (2012/13), and a treat and a refer protocol for 'falls' in elderly patients (2013/14), have been introduced. Work is ongoing in relation to a number of other condition specific protocols. This work links to the development of national guidance, as included in the Joint Royal Colleges Ambulance Liaison Committee Clinical Guidelines, revised in 2013.

The primary focus of the ambulance service for preserving life, patient assessment and first line treatment is now changing to include:

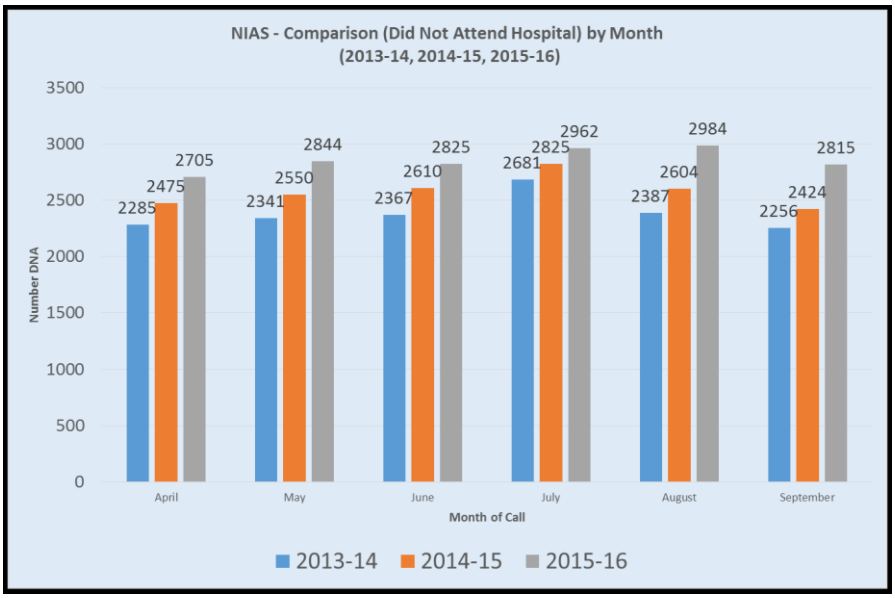
- appropriate referral to specialist services
- appropriate referral to primary care
- assessment, face to face or by telephone, with no transfer to ED required.

There are now 9 new care pathways in place including:

- Diabetes
- Rapid response vehicle referral pathways
- Frail and elderly services
- Falls
- Out of hours palliative care
- Minor injuries units
- Acute medical assessment units
- Stroke
- Cardiac

A current project is taking place to develop a directory of services with the aim of consolidating all of the names and descriptions of services, which can be used as an alternative to the ED.

The impact of this programme of development work can be seen in the numbers of patients who receive a response from NIAS to an emergency call, but who do not subsequently attend hospital (shown in the figure below).



A programme of future work is planned in the following areas:

- Palliative care
- Frequent caller
- Clinical support desk
- Asthma
- Nursing home pathways
- Alcohol related problems
- Next steps for cardiac and stroke

RQIA concluded that there has been significant progress in relation to this recommendation with plans in place for a programme of ongoing development.

5.4 RQIA Report (February 2011) Recommendation 4

NIAS should review the provision of opportunities for management and leadership training for senior officers.

NIAS informed RQIA that, since the last review, a leadership development programme has been delivered.

In addition, an internal management development programme has been developed to be taken forward through implementation of the trust's annual education, learning & development plans.

A number of elements of this training plan were not delivered in 2014/15 due to other pressures including a vacancy in the Senior Learning and Development Officer post. The trust has now appointed a Senior Learning and Development Officer and this work programme will be taken forward during 2015/16.

During discussions with staff, paramedics advised RQIA that generally they wanted to remain working on the frontline and felt that a move into a management role would be detrimental. They felt that some management roles, particularly those based in headquarters, are limited and even when staff are interested there isn't a natural career pathway or progression into such roles.

Patient Care Services (PCS) staff advised that there are internal trawl opportunities available for them to become Emergency Medical Technicians (EMT); however there were no opportunities to compete for Paramedic posts at the time of the review, as there was a full complement of staff at this grade.

Staff advised that there were limited opportunities to participate in management development type courses. While NIAS may agree to facilitate attendance at such courses, funding had been suspended, meaning individual members of staff are required to fund their own place on courses.

The NIAS management team discussed training opportunities with the review team. While management do understand the frustration of staff in not having opportunities to undertake personal development courses, they are encouraged by

the fact that staff are demonstrating a desire to do so. However, NIAS indicated that they have to be pragmatic about what training can be offered within the resources available. Essential training relevant to staff's current roles had to be prioritised.

NIAS currently provides all frontline staff with annual post proficiency training, organised by Clinical Support Officers. At present, the majority of this training is focused on hands on skills; for example, training in the use of new equipment or techniques.

RQIA recognises that it is not always the responsibility of an organisation to provide a specific programme of training which an individual member of staff may wish to undertake. RQIA would support a continued focus being placed on the development of NIAS staff across all levels of the organisation, and in particular for EMT staff.

RQIA concluded that the recommendation in relation to leadership development has been progressed since the 2011 report. A wider development programme for staff has been designed. This had not been fully progressed in the absence of a key post. NIAS advised that the Senior Learning and Development Officer is now in post, and this work would be taken forward.

During discussions between members of the review team and NIAS, potential options were discussed for opportunities for leaders in NIAS to participate in wider interagency initiatives for leadership development across the UK, such as the Scottish Quality and Safety Fellowship Programme.

The review team recommended that NIAS should continue to strengthen its engagement with other ambulance services to share learning and best practice and to raise awareness of the improvement initiatives being progressed by NIAS.

5.5 RQIA Report (February 2011) Recommendation 5

NIAS should review its arrangements for updating policies and procedures.

NIAS advised that draft guidance for policy development and review had been presented to the Senior Team and the Trust Board in 2013. Full guidance on the development and review of policies and procedures was implemented with effect from November 2014.

The review team confirmed that this recommendation has been completed. Guidance on the development and review of policies and procedures was implemented in November 2014. It is suggested that NIAS reviews the new arrangements, at an appropriate time, to ensure that they are working effectively.

5.6 RQIA Report (February 2011) Recommendation 6

NIAS should review the arrangements for staff to access counselling following traumatic incidents and to identify and overcome any barriers to staff using the service.

NIAS advised that support for staff is provided, on request, by managers who are available on call and who can be deployed by emergency ambulance control to specific incidents as required; e.g. assaults on staff.

NIAS has also arranged for access to Carecall to be available for all staff. This organisation operates independently of NIAS to provide confidential counselling services for staff. Carecall can give staff free, confidential and immediate one-to-one support using a free phone number. Lines are open 24 hours a day, 365 days a year, and 'face to face' follow up can be arranged if appropriate.

Staff have access to occupational health services, provided through the Belfast Health and Social Care Trust, who can refer on to clinical psychology for advice and support if required.

Frontline staff described a good network of support in existence at each ambulance station. Crews tend to work out of a single station and do not rotate. This means they develop close working relationships and there is a sense of comradeship. Crews tend to work closely together and described becoming 'tuned in' with their colleagues' behaviours and feelings. Often a colleague will identify that their partner is under stress and will offer both emotional and practical support when appropriate.

It was noted that thresholds in relation to trauma are high for NIAS staff given the nature of their day to day job. However, staff did describe that, when they are involved in a particularly traumatic situation, additional support is provided by their Station Officers or on call managers, who are available to be contacted out of hours if required.

All staff confirmed that they can access the confidential counselling service via Carecall and that they are actively encouraged to use the service by their managers. However, some staff reported that they felt more comfortable discussing stressful situations or incidents with colleagues, who are able to understand the levels of trauma that they deal with on a daily basis.

Crews confirmed that if they are involved in a particularly traumatic incident or an assault, they can request a period of downtime to allow them to recover from that situation. The period of time granted can vary, dependent on the severity of the incident.

NIAS has advised that arrangements for staff to access counselling services are currently under review as part of a wider review of stress management and the management of mental health issues. It is planned to complete this review in 2015/16.

The review team concluded that action to take forward this recommendation has been completed and that the arrangements to support staff are being kept under review.

5.7 RQIA Report (February 2011) Recommendation 7

NIAS should revise its medicines policy for controlled drugs to reflect the role of the Accountable Officer.

NIAS informed RQIA that its medicines policy and associated procedures had been reviewed and revised, in August 2015, to reflect the role of the Accountable Officer. A copy of the revised policy was shared with the review team. The policy and procedures will be subject to further review in August 2017.

Frontline staff advised RQIA that they were aware of the policy and procedures for the management of controlled drugs. They explained the procedures for signing packs in and out, including specific procedures for the paramedic pack. They described the procedures to be followed when drugs are administered, including sign off by the paramedic and, where possible, another witness, usually the Emergency Medical Technician.

Staff confirmed that all documentation relating to the management of basic, paramedic and pain packs are routinely checked and that any discrepancies are dealt with, as appropriate, by the station officer.

Staff did indicate that the daily checking procedure at the start of each shift is time consuming; they often come into work early to allow the appropriate checks to be carried out, prior to the commencement of the shift. They also advised that similar problems exist at the end of shifts. Crews may have already had a late finish. This is exacerbated by the end of day checks which still need to be completed, often in staff's own time.

Management did recognise the increased workload for staff as a result of these checks. However the system is a consequence of strict legislation in Northern Ireland in relation to the management of controlled drugs. The system implemented by NIAS has been recognised as a very robust system and compliance is excellent. It was noted that the system is designed to protect staff as much as the organisation. The system ensures there is a robust paper trail which can be used to track allocation and usage, identifying discrepancies if they occur. NIAS advised that everything is accounted for at each step in the process.

The review team confirmed that this recommendation has been completed.

5.8 RQIA Report (February 2011) Recommendation 8

NIAS should consider the appointment of an infection and prevention control (IPC) nurse or the development of a service level agreement for advice with an IPC team of another trust.

NIAS advised that they now have an agreement in place with the Public Health Agency (PHA) to provide expert advice on a sessional basis. The PHA has nominated a specific public health consultant and an IPC lead nurse to link with NIAS in regard to IPC. In addition, NIAS also has an arrangement with the South Eastern HSC Trust to obtain formal advice from a consultant in infection control.

NIAS confirmed that while they would welcome the appointment of a dedicated IPC nurse, they do not have the funding available at present to take this forward.

NIAS has established an IPC group that meets on a regular basis and reports to the Trust Board through the Assurance Committee. NIAS advised that the system for IPC is designed to cascade from Board level to the frontline level, equivalent to Board to Ward approaches in hospitals.

RQIA concluded that NIAS has taken forward this recommendation and put arrangements in place to ensure that IPC advice is available to the trust. It is recommended that the possible appointment of an IPC nurse is kept under review, as potential funding becomes available.

5.9 RQIA Report (February 2011) Recommendation 9

NIAS should re-emphasise to all staff that procedures outlined in the NIAS infection prevention and control policy should be followed at all times.

The trust's Infection Prevention and Control Policy and Procedures document outlines staff roles and responsibilities and the procedure for routine transfer of patients with an infection, including outbreak management.

Staff are provided with information on IPC practices as part of training and through notices placed within stations. The identification of risk is included in staff training. Clinical Support Officers (CSOs) are responsible for cascade training, observing staff practice and ensuring adherence to correct IPC procedures. They also undertake audits in relation to IPC. CSOs have recently completed a further hand hygiene audit which showed a significant improvement on previous results.

It was noted that IPC is included as a key component in staff appraisals. As highlighted above, in relation to Recommendation 2, the appraisal policy has not been fully implemented due to workload pressures.

Frontline staff confirmed that they are aware of the policy and procedures for Infection Prevention and Control. However they described some difficulties with compliance with aspects of the policy.

As it is not always possible to identify people who may spread infection to others, the policy and procedures for Infection Prevention and Control state that universal precautions to prevent the spread of infection must be followed at all times.

Staff reported that Infection control can be difficult to maintain at the point of delivery of care, particularly when dealing with multiple casualties. There can also be difficulties in maintaining infection control procedures in unhygienic environments. Staff often operate equipment in unclean areas, and they themselves may be required to change their clothing during a shift if they become contaminated. Managers recognise the difficulties voiced by staff.

A recent RQIA announced inspection[11] of infection prevention and control arrangements at NIAS recommended that staff responsibility for IPC is outlined in all job descriptions and that staff appraisals should be carried out annually.

NIAS advised that since that inspection, the NIAS Infection Prevention and Control policy and procedures have been reviewed, revised and reissued to all staff.

Staff emphasised to RQIA that there are issues relating to maintaining the cleanliness of ambulance vehicles. All crew members have an individual responsibility to keep the ambulance clean and thus reduce the risk of cross infection to themselves, their colleagues and patients. Cleaning is currently undertaken by crew members who are expected to participate in frequent and routine cleaning activities.

It is recognised that responses to emergency or urgent calls should never be delayed as a result of a vehicle being washed or cleaned. Crews are expected to use their judgment in determining the most appropriate time to attend to vehicle and equipment cleaning, in order to avoid any disruption to the vehicles deployment.

In addition to routine cleaning, all ambulance interiors and exteriors should be subject to a comprehensive clean at least every week. Ambulance Control should be contacted with a request to stand the appropriate vehicle down for cleaning. If this is granted, cleaning should be performed, with the vehicle being available for active duty no more than two hours (emergency vehicles) or one hour (PCS) later. Cleaning is recorded on the intranet based cleaning matrix.

If ambulance control does not grant permission to stand down for cleaning, an alternative time/location should be agreed. If cleaning still has not occurred by the end of that shift, then this should be recorded on the cleaning matrix, along with the name of the duty controller, and an incident form (UIR1) should be submitted.

Ambulances are on a weekly cleaning schedule; however staff voiced a range of concerns in relation to the challenges faced in balancing cleaning with service readiness. Some staff indicated that it can be three weeks between complete vehicle cleaning.

Where an ambulance has become contaminated with blood or body fluid, cleaning must be undertaken by the crew on completion of the call. Ambulance control will usually agree to stand down the vehicle to allow this to take place. In the event of major contamination, crews do have access to specialist cleaning services.

Even when downtime is granted, crews reported that two hours does not allow for thorough cleaning. There is a general view among staff that all vehicles should be subject to regular and routine cleaning using specialist cleaning services.

Some staff described the ‘make ready’ system used by some other ambulance services in Great Britain. This is a service contracted from an external company which will take a vehicle at the end of each shift, clean the vehicle, check all the

[11] http://www.rqia.org.uk/cms_resources/NIAS%20Gov%20Report%20for%20Publishing.pdf

mechanical equipment and restock it with all the necessary disposable equipment and drug packs. This means that when staff commence duty, they just sign out a clean and fully equipped ambulance. Staff did indicate that, currently, most vehicles are running on a 24/7 basis, manned by different shifts, making the practicalities of a make ready service difficult; however, they did feel it was an option to be explored.

The review team concluded that the recommendation has been completed.

However, having considered the issues raised by staff and managers in relation to the cleaning of ambulances, RQIA would suggest that access to alternative cleaning solutions are kept under review in the future.

5.10 RQIA Report (February 2011) Recommendation 10

NIAS should consider establishing a clinical advisory committee to support the Medical Director and the Clinical Governance Committee.

The review team was advised that this recommendation has been superseded by the appointment of a NIAS Medical Director and Assistant Medical Director to carry out this function via regular engagement with their clinical colleagues.

The Director and Assistant Director are members of a range of national and regional groups and networks including:

- National Ambulance Service Medical Directors Group
- NHS Clinical Pathway Group
- National Hazardous Area Response Teams (HART) Clinical Sub Group
- Regional Medical Leaders Forum

For some specific issues there are several working groups that NIAS take part in to develop specific strategies and approaches. NIAS is confident that it can access advice using the mechanisms in place, as required.

NIAS suggested that as paramedicine continues to evolve, establishment of a paramedic advisory committee may be beneficial to the service.

RQIA concluded that there are systems in place for NIAS to access clinical advice when required to support the roles of the Medical Director, the Assistant Medical Director and the Clinical Governance Committee.

5.11 RQIA Report (February 2011) Recommendation 11

NIAS should review its approaches to consulting frontline staff when planning changes to the service.

NIAS advised that a communications strategy is in place for 2010 – 2015. The strategy aims to inform NIAS staff and other key stakeholders about a range of issues, including corporate issues and procedural or protocol developments.

Internally the communications strategy provides a framework to enable all members of the trust to communicate effectively with each other, taking cognisance of the communications principles outlined in the strategy.

The strategy aims to create an environment where information flows freely, both within and from the organisation, in a timely and relevant manner.

When developing operational polices, all HSC trusts have duties and obligations under equality laws to ensure they provide equality of opportunity to those people within the nine specified equality categories[12]. All polices should therefore be subject to an Equality Impact Assessment (EQIA). If a policy shows a possible 'adverse impact' on any group, the trust must consider how this might be reduced. This would include how an alternative policy might lessen this effect and serve to promote equality of opportunity and good relations. NIAS has an Equality Steering Group to ensure compliance with their legislative requirements.

With regard to industrial relations, NIAS advised that they have the necessary structures and mechanisms for consultation with staff, thus ensuring compliance with legislative requirements.

NIAS advised of opportunities for staff to share their personal views with management. In May 2015 NIAS undertook a survey of staff views as part of their contribution to a collaborative HSC response to consultation on the Donaldson Report, The Right Time, The Right Place: An expert examination of the application of health and social care governance arrangements for ensuring the quality of care provision in Northern Ireland (December 2014)[13]. A total of 121 staff members responded to the survey and the results were incorporated into a regional HSC response to the consultation.

NIAS described a specific Engagement and Communications Plan in place for a Transformation and Modernisation Programme, including the launch of new alternative care pathways. This includes significant engagement with frontline staff through focus groups, feedback systems and newsletter.

RQIA considered that, while there are some areas of communication with staff that still require improvement, the approaches used for the Transformation and Modernisation Programme provided a sound basis from which to proceed.

5.12 RQIA Report (February 2011) Recommendation 12

NIAS, in partnership with other HSC organisations, should review the provision of patient care services (PCS) and consider approaches to ensure that requests for PCS are in line with agreed policy.

RQIA was advised that NIAS is continuing to engage with the HSC Board as Commissioner, with regard to the eligibility criteria for PCS patients.

[12] http://www.equalityni.org/Employers-Service-Providers/Public-Authorities/Section75/Section-75/Screening
[13] http://www.dhsspsni.gov.uk/donaldsonreport270115.pdf

Frontline staff raised concerns around the appropriateness of some of the calls initiated by healthcare professionals. They reported that they would often turn up to transport a routine patient to find that the patient is too unstable for them to transport, or did not necessarily require assisted transport. Some calls were considered to be inappropriate, especially when the request for the ambulance was made following a telephone call from the patient, a relative or nursing home staff, where the patient had not been assessed personally by a healthcare professional.

NIAS recognises that a review of the eligibility criteria and booking systems for the PCS would be beneficial and see it as critical and essential for the future. The PCS is there to support the emergency transport but it has been compromised in its ability to provide an emergency response service. RQIA felt it was essential, in the longer term, to review and define the future role of NIAS in relation to routine patient transport services.

RQIA confirmed that it was a shared objective of both the Commissioner and NIAS to develop and consult on clear eligibility criteria for PCS services. When these are agreed, the proposals will need to be discussed with the Department of Health, Social Services and Public Safety, which currently has policy responsibility for the transport strategy for health and social care services.

RQIA concluded that there has been discussion about how to progress this recommendation and that there is a continuing impetus to explore a review of the eligibility criteria for patient care services.

5.13 RQIA Report (February 2011) Recommendation 13

NIAS should review the effectiveness of the arrangements for communication between headquarters staff and frontline staff to inform the development of the revised internal communication strategy.

In response to the specific recommendation around the effectiveness of the arrangements for communication between headquarters staff and frontline staff, NIAS told us that focus groups and engagement with staff had taken place and a strategy and related action plan for 2010 - 2015 has been developed.

Two Executive Directors have, as one of their objectives for 2015/16, been tasked with the development of improved processes for feedback of performance to staff at area/station and on an individual level.

The review team explored communication with frontline staff. During the RQIA engagement exercise, staff told us that, in general, communication from NIAS headquarters tends to be via email. This can result in a delay for staff working shifts in accessing information. Staff did say they can always access information eventually.

Several staff reported that there is little opportunity to feedback suggestions and ideas for improvement to senior management at trust headquarters. They felt best placed to identify simple solutions to problems, but are never asked to do so.

In discussions with the review team, managers advised that they had recognised that staff in headquarters could do more to improve communication with frontline staff. Managers have sought to be more visible to staff and are conducting a series of station visits to help address this.

In addition, NIAS has introduced a programme of visits linked to Trust Board meetings. All Board meetings are now preceded by a station visit. The purpose of these visits is to give staff an opportunity to feedback any issues or concerns to management. In turn, it is beneficial for the membership of the Trust Board to hear issues directly from staff, to help them understand what it is like to deliver a frontline service. On some occasions staff have come in early or stay late to meet with Trust Board members, but on other occasions attendance has been low.

The review team noted progress in relation to this recommendation. However, they would encourage NIAS to continue to explore all avenues available to help improve communication with staff across the organisation.

5.14 RQIA Report (February 2011) Recommendation 14

NIAS should carry out an audit of its arrangements for provision of feedback on incidents and complaints to staff.

Complaints

The NIAS complaints policy[14] states that the organisation is strongly committed to a listening, acting, improving approach to service user feedback that is honest and thorough. NIAS seeks to ensure that any concerns raised, complaints or enquiries are handled courteously, with sensitivity and without delay.

Managers are responsible for: seeking resolution of complaints raised at service level; for supporting, advising and assisting staff to resolve and put right the issues; for contributing to the investigation of complaints and enquiries; and for making sure the response addresses all of the issues raised. In relation to learning, managers are responsible for identifying learning and developing action plans to prevent the problem reoccurring, introducing service improvements and making sure that all relevant information is disseminated throughout the trust.

Senior management recognised that feedback did not always happen and the trust has been seeking to address this. The complaints procedure has been revised to state that[15] on completion of the investigation, the investigating officer should provide feedback to the staff involved in the complaint, to advise them of outcome and recommendations of the investigation, and to highlight any lessons learned.

14 http://www.nias.hscni.net/download/Published%20Info/Policies%20and%20Procedures/Complaints%20Policy%202015.pdf

15 http://www.nias.hscni.net/download/Published%20Info/Policies%20and%20Procedures/Complaints%20Procedure%202014.pdf

Currently, complaint response letters are anonymised and shared with the investigating officer to ensure that resolution is fed back to staff. It was recognised that this does not always happen.

Managers advised that it can be difficult for an investigating officer to coordinate feedback to staff who are working on varying shift patterns. It is recognised that there is still more work to be done to improve this.

In the main, staff described that when they had been personally involved in an incident or complaint, they did receive support and advice from their station officer. However, they felt that support from other parts of the organisation, including the investigating officer, is limited.

Incidents

NIAS described a paper based system for the submission and analysis of untoward incident report forms (UIR1). All forms are recorded onto the Datix system and are categorised into distinct categories. This system allows for trend analysis of the incidents and these are then reviewed by the relevant committees.

There was a feeling among staff that, when a member of the public raises an issue or concern, they are afforded an investigation and response, but when frontline staff raise similar issues, they are not given the same response. Reponses relating to routine concerns are not normally fed back to staff.

When untoward incidents are reported on very specific situations, there will often be contact with the person reporting asking for more information regarding the incident; however, staff said that they rarely get any direct feedback on resolution. The only information they can access is the generic information published in annual reports.

NIAS commended staff for their openness and honesty in reporting of incidents. They welcomed incident reporting and do strive to share any learning. Normally learning points are issued in the form of a written memo and then reinforced either via centralised training programmes or through Clinical Support Officers (CSO's). The aim is to share learning using all appropriate routes.

NIAS advised that they recognise the frustrations of staff who do not receive individual feedback on untoward incidents reported. With the current volume of incidents and the paper based system, there is no capacity to respond to each individual incident. It was felt that perhaps the introduction of an electronic incident reporting system may make it easier to feedback to staff on an individual level.

Management will seek to close the loop on incidents by monitoring trends to ensure the same issues are not reoccurring.

In relation to public involvement in incident investigation, it was confirmed that if an untoward incident becomes a serious adverse incident then the member of the public involved will be advised of the incident.

NIAS recognised that there is more work to be done to improve feedback on both complaints and incidents.

NIAS advised that the incident reporting policy and procedures are being reviewed, to strengthen the feedback mechanisms in place.

A workshop was held in September 2015 to review the current complaints processes, with the objective of strengthening feedback mechanisms in place.

The review team concluded that there has been limited progress in relation to implementing this recommendation but that there is ongoing work to take it forward.

6. Findings in respect of recommendations of additional recommendations from the RQIA Review of Arrangements for Management and Coordination of Unscheduled Care in the Belfast HSC Trust and Related Regional Considerations[16] (July 2014)

6.1 RQIA Report (July 2014) Recommendation 1

All HSC organisations should review their escalation arrangements for responding to periods of exceptional pressure for unscheduled care. Plans should set out arrangements for: creating additional capacity; bringing in additional staff; and contacting senior decision makers. The arrangements for coordination of responses within and across HSC organisations to exceptional periods of demand should also be reviewed.

NIAS advised RQIA of a number of processes to monitor, manage and review escalation plans at times of pressure. These include:

- the Major Incident Plan
- the Business Continuity Plan
- the Operational REAP procedure, which is based on the business continuity plans adopted during recent periods of industrial action. This is currently being reviewed to standardise the triggers and actions required across operational departments
- a voluntary and private ambulance services tender (including agreed identification of need and allocation of additional resources)
- on-call arrangements for both officers and senior on call outside of office hours

NIAS has also reviewed its response to industrial action during 2014/15 and again in 2015/16.

NIAS has introduced specific policies and procedures to support the maximisation of available resources at times of pressure. Examples include an Inclement Weather Procedure and Frontline Bank Policy and Procedure.

NIAS compiles a summary of key information to be shared among specific personnel during times of pressure (including extended public holidays, or public health incidents).

In 2014, the DHSSPS Unscheduled Care Task Group was established: to take forward the recommendations of the RQIA review of unscheduled care services in the Belfast Trust; to address the associated regional recommendations and to consider the outcomes of the Royal College of Nursing and College of Emergency Medicine summits into unscheduled care. NIAS has been a key stakeholder in this process.

[16] http://www.rqia.org.uk/cms_resources/UnscheduledCare_Report_ISBN.pdf

The work of the Task Group was through two mechanisms, time limited work streams and trust implementation plans. The work streams established included:

- escalation
- patient flow
- respiratory services
- diagnostics
- out of hospital care
- care of frail older people

RQIA concluded that NIAS has taken forward work to strengthen its escalation arrangements and has actively participated in the work of the regional Unscheduled Care Task Group. Following the mainstreaming of the Task Group's work in autumn 2015 through the establishment of the Unscheduled Care Regional Managed Clinical Network and associated structures, NIAS continues to participate in the regional agenda to further improve unscheduled care.

It was noted that the unscheduled care system still remains under significant pressure, despite the work undertaken, due to increasing demand.

6.2 RQIA Report (July 2014) Recommendation 2

Regional and trust plans for coordination and responding to predictable periods of increased demand should be reviewed. In particular, early planning should be instituted for the post-Christmas and New Year period, to better manage system flows, including improved scheduling of elective activity.

As outlined above, NIAS advised that it has a number of processes in place to monitor, manage and review its escalation plans at times of pressure, including predictable periods. NIAS participates in relevant regional groups and in initiatives with individual providers to improve coordination and escalation arrangements.

RQIA was advised of a number of initiatives designed to enhance the ability of the service to respond to a wide range of service demands.

It was noted that NIAS has worked with trade union colleagues in reviewing its attendance management policies and procedures to develop alternative proposals for the allocation of both rostered leave and casual leave.

From June 2015, NIAS has been piloting a 10% casual leave procedure to facilitate staff availing of short notice requests for casual leave.

NIAS has undertaken a large programme of recruitment and training, both internally and externally, of emergency and non-emergency front line staff, including up to 92 posts for Emergency Medical Technicians, and over 80 Ambulance Care Attendants (ACA's).

Additional paramedics have been recruited to support ongoing acute service changes such as:

- the restricted opening hours at certain EDs
- centralisation of regional acute services
- the introduction of new pathways such as pPCI

NIAS has been working with HSC trust representatives to reduce the need for patients to attend emergency departments. This is in keeping with the TYC objective to improve and increase the level of health interventions available for patients at or close to their own homes. To this end, 6 new regional alternative care pathways have been introduced since 2014.

CAT A emergency calls include those classified as immediately life threatening and they should be responded to within eight minutes. NIAS has secured recurrent funding from the commissioner to address a recognised demographic imbalance within the Northern, Southern and South Eastern divisions. This will be translated into additional emergency hours which will support the achievement of the CAT A target in these areas. This recurrent funding should also provide improved response times to other emergency calls, whilst supporting the regional patient flow.

NIAS has also secured funding for Hospital Ambulance Liaison Officers (HALOs) who focus on reducing the level of lost NIAS production hours through lengthy hospital ambulance turnaround times.

HALOS are located in main emergency departments. HALOs work to ensure that:

- patients are handed over to ED staff within the agreed target period
- vehicles are ready for the next call within the agreed target time
- late notifications for discharge/inter-hospital requests from hospitals are facilitated
- and to provide a NIAS resource at EDs to enhance local collaboration between NIAS and hospital staff

RQIA concluded that NIAS has an ongoing focus on service improvement in relation to meeting both predictable and unpredictable demand, both internally and with partner organisations.

6.3 RQIA Report (July 2014) Recommendation 10

It is recommended that trusts, together with the other members of integrated care partnerships, examine arrangements for provision of direct access to hospital-based assessment and admission services for appropriate patients.

As highlighted above, NIAS advised that they have appointed a Transforming Your Care team. The team engages with all trusts for the identification and development of alternative care pathways, such as direct referrals to minor injuries units, home management of hypoglycaemia, in addition to primary percutaneous coronary

intervention (pPCI) and a stroke management pathway that had been previously introduced.

NIAS, in partnership with other organisations has also developed pathways for the direct referral of frail elderly patients to Medical Assessment Units, such as Belfast Direct at the Belfast City Hospital and in the Northern and Southern HSC Trusts.

The aims of these initiatives are to improve access for patients to timely assessment and care, and to improve patient outcomes and experience. The initiatives will also aim to reduce lengthy ambulance turnaround times at hospital and thus improve service effectiveness and efficiency.

6.4 RQIA Report (July 2014) Recommendation 11

To support new models of provision, it is recommended that arrangements are reviewed to ensure that specialist clinical advice is available, by telephone, for ambulance staff. This is required to aid decision making to enable appropriate patients to stay at home, rather than take them to hospital, at time of first presentation.

NIAS advised that they are actively engaging with the other HSC trusts to develop protocols including:

- treat and leave protocols
- treat and refer protocols

In addition, work is ongoing in relation to the development and implementation of a Hear and Treat protocol designed to hear, assess and then decide whether to refer onwards, provide advice or to convey the patient to hospital.

Currently there is provision of GP triage and support in emergency control. This desk provides cover from 8am – midnight. It is staffed by a general practitioner who considers CAT C calls.

Proposals for a pilot of a clinical support desk in emergency ambulance control have been developed and agreed by the Transformation and Modernisation Board. This had been planned to be implemented in July 2015. However this was postponed to 2016 due to delays in the job evaluation process, the procurement of decision software and integration with GP out of hours services.

When established, the clinical support desk will:

- deal with a wide range of non-life threatening conditions
- provide a call back service for Cat C calls
- refer to appropriate alternatives other than A&E
- provide clinical advice and support to crews

RQIA considered that this was an excellent development, while acknowledging the frustration the delay in putting this in place has caused for all those involved.

NIAS advised that they strongly support the vision for a clinical support desk. They have put a contingency plan in place, to enhance the GP support desk, from December 2015 to March 2016 to coincide with anticipated winter pressures.

The enhanced GP service will provide a call back service for CAT C calls, with the aim of referring patients to alternative care pathways rather than an ED. The GP will also provide clinical support to crews to assist with the implementation of treat and leave protocols. The timescale for call back is likely to be within 20 minutes.

To support the new treat and leave initiative, NIAS is introducing a directory of services, due to go live in December 2015. This is a web based database that will list all of the alternative care pathways available across Northern Ireland. Access to this will be available to all ambulance control staff. This information is web based but there are plans to develop an app that will be available for all staff in due course.

The review team was advised that there had been extensive public consultation on the entire modernisation programme and the Hear and Treat proposals were part of this. Generally all stakeholder organisations, including those who represent the public, were receptive to the proposals for Hear and Treat. They did, however, stress the importance of communicating this to the wider public. NIAS recognise that public awareness is critical and there is a PR campaign planned to coincide with the roll out of the new initiative.

NIAS emphasised that these new protocols were not designed to keep people out of the system but to appropriately direct them within the system. The potential to refer appropriate patients to primary care services, rather than taking them to hospitals, is being considered and will be subject to further discussion with relevant organisations.

6.5 RQIA Report (July 2014) Recommendation 12

The review team recommends that whole system planning is carried out to design systems to reflect the need for, and timing of non-emergency patient journeys to and from hospitals.

NIAS has introduced 11 new Intermediate Care Vehicles (ICVs) to support the emergency ambulance resource. These non-emergency vehicles are staffed by two Ambulance Care Attendants (ACA's). They can effectively and efficiently transport non-emergency patients (such as those referred by Healthcare Professional, and low acuity patients) to and from hospital, thereby freeing up the emergency ambulances for patients categorised at higher levels of need, such as CAT A and B calls.

In addition, NIAS has developed and introduced a new Urgent Care Desk within Ambulance Control which focuses, in particular, on the use of ICV resources.

NIAS has researched alternatives to current operational structures and has concluded that a review of supply and demand needs to be carried out which will enable NIAS to progress to new ways of delivering the service. These include measures such as changing shift patterns and increasing available resources by

overlapping at pressure times (such as shift changing times). NIAS has also recently completed a European tender for the ad hoc use of non-emergency subcontracted ambulance services at times of pressure.

The proposal to carry out an independent 'supply vs demand' review is supported, in principle, by the HSC Board. RQIA was advised that the arrangements to establish the review were under discussion.

Staff working within the Belfast area were asked about the effectiveness of improvement initiatives, linked to the delivery of unscheduled care services. Crews identified continued problems with the handover of patients at Emergency Departments (EDs).

In relation to logistical arrangements, staff advised that the reduction in the number of ambulance bays at the new emergency department at the Royal Victoria Hospital makes handover and turnaround more difficult for crews. Once a patient is handed over, the crews are not able to remain at the ED while they clean their vehicles, meaning they have to do this at another location, and sometimes at the roadside.

Delays in the flow of patients through EDs can result in delayed handover of patients. Staff advised that while crews can move a patient into a corridor, they cannot leave the patient until responsibility is transferred to ED staff.

Most large EDs have Hospital Ambulance Liaison Officers (HALO's) covering busy periods. The HALO's can negotiate the movement of patients into the department, however the final decision to accept a patient and release the ambulance crew lies with the hospital staff.

Once handover has completed, ambulance crews are required to record the time of the handover and any reasons for this being delayed.

Ambulance crews in Belfast advised that they are not provided with any information relating to the current waiting times in each ED. They tend to make decisions on where to take patients based on their medical condition. For example, they will take patients with suspected fractures to the Royal Victoria Hospital rather than the Mater Infirmorum Hospital. The only time they would be aware of pressures within particular EDs would be if a formal divert is put in place.

Staff perceived that the option of direct admission of elderly patients to Belfast City Hospital had a limited positive impact on the delivery of ambulance services. Direct admission was recognised to be undoubtedly better for the patient involved and facilitated other hospitals within the Belfast Trust. Ambulance crews advised that the handover of the patient at BCH is normally quicker; this is not always the case as the unit is often very busy.

Proposals to transport non-emergency patients, referred by HCPs, earlier in the day had not really transpired. Ambulance crews indicated that they are still busier in the afternoons than in the mornings.

Staff indicated that while they are required to take the patient to the closest suitable hospital, patient and relative choice is often a major factor in deciding which hospital they are taken to.

Staff suggested that perhaps a set of stricter rules, stipulating which hospital a patient should be taken to, based on geographical area, may help to assist in the achievement of shorter journey times.

RQIA concluded that there have been a series of initiatives across organisations to enhance the improvement of the entire system in relation to unscheduled care. The outcomes of these have not yet been formally evaluated to determine their effectiveness.

7. Staff Issues

Throughout the course of this review staff shared their experiences with RQIA in relation to their day to day working. These experiences have been reflected throughout the report in relevant sections.

Staff raised three particular issues which they stated were significantly impacting on morale within the organisation. These were:

- agreement on agenda for change banding
- missed meal breaks/rest periods
- proposed changes to shift patterns

RQIA was advised that all EMTs and paramedics are currently being remunerated at Band 4 and 5 levels while the job evaluation process is underway. Finalised bandings have not yet been agreed and a final decision on this by an independent review panel is still awaited. A number of staff felt that this interim banding is low in relation to the duties they undertake. Staff felt that, over time, paramedic duties have become much more complex, with the introduction of new care pathways and treat and leave protocols.

NIAS managers confirmed the current position with regard to Agenda for Change banding. However they stressed that resolution of this issue is outside of their control. Decisions on banding are developed through a partnership process. NIAS advised that they have fully engaged in this process but that the banding decision has now progressed to independent review by the regional quality assurance body for Agenda for Change.

NIAS has indicated that they seek regular updates on the banding position and that this issue is routinely raised with the DHSSPS at accountability review meetings, but there has not been any recent progress to report.

Staff indicated that they do have concerns about the general increase in demand on the service and the increased number and complexity of calls that they are required to deal with. They advised that this often results in staff being unable to take the breaks which they are contractually entitled to.

Staff who work 12 hour shifts are entitled to two half hour breaks. Crews recognise that, throughout the course of a meal break, they remain on call. However they indicated that getting a timely break is becoming more difficult, and many meal breaks are late.

Staff considered that they should be provided with adequate break times to allow them to return to base, wash their hands and to eat a hot meal if they wish to, they felt that it is unrealistic to expect staff to eat ‘on the go’. NIAS indicated to the review team that they recognised this issue and have reviewed the current situation. Two recent audits have indicated that there is a higher level of meal break compliance than staff perceive. Managers recognise that meal breaks are often taken later than usual. NIAS advised that staff are paid during their meal breaks. If meal breaks are interrupted or if they are required to be taken away

from base, providing certain criteria are met as set out within AfC, an enhancement is paid to staff. NIAS advised that it is the only HSC organisation that does this.

NIAS has recently reissued guidelines on stand down periods which state that crews should only be turned out while on stand down if it is absolutely necessary; and only to respond to a CAT A call.

NIAS recognise that this issue needs to be addressed and is currently considering a number of options to maximise crew availability within the current shift pattern. While NIAS appreciates that crews want to be able to take their meal breaks at base, it is often difficult to achieve this.

One possible solution would be for crews to agree to take their meal breaks at alternative locations, away from base. This issue is currently a priority for NIAS management, who have indicated that they will need to reach agreement with staff on alternative arrangements to resolve the problem.

Staff reported that they do like the current shift pattern as it allows for working days to be complemented with adequate downtime. This pattern of working has been in place for almost 20 years. Staff advised that they traditionally worked their home arrangements around this which has been very beneficial for them in relation to their work life balance.

With regard to the issues identified by staff, RQIA acknowledged the concerns raised and the impact that these are having on staff morale. While management has a responsibility to keep staff informed in relation to work undertaken in each of these areas, RQIA recognised that some of the issues cannot be solved by NIAS management alone, as some issues are outside their direct control.

To ensure the future sustainability of the service, NIAS management and staff will need to work collaboratively to ensure that NIAS remains an organisation that can deliver against its stated objectives.

8. Conclusions & Recommendations

The aim of this review was to assess the progress made in taking forward the 14 recommendations of the 2011 RQIA review of the Northern Ireland Ambulance Service (NIAS). This review has also considered progress in taking forward recommendations relevant to NIAS, made in the 2014 RQIA review of unscheduled care.

RQIA found that NIAS has actively taken forward the majority of the recommendations of the 2011 review. In particular, significant progress has been made in the development of a programme of clinical pathways and approaches to avoiding the need for suitable patients to be transported to hospital emergency departments.

For 10 of the 14 recommendations made in the 2011 report, RQIA concluded that action has been completed, or significant progress made.

In relation to the other four recommendations, RQIA found that:

- NIAS has developed an appraisal system for staff but further work is required to implement this on a sustained basis.
- NIAS has taken forward action in relation to leadership development but that there has been a delay in implementing a wider development programme for staff.
- NIAS has taken part in discussions with the Health and Social Care Board in relation to the future provision of patient care services. There is a continuing requirement to develop revised eligibility criteria for these services.
- There is work in progress to improve feedback to staff from complaints and incidents; however, this is yet to be fully implemented.

RQIA recommends that NIAS continues to progress the outstanding areas for improvement, which are under the direct responsibility of the organisation.

RQIA was advised that NIAS recognises the benefits to be gained from the establishment of eligibility criteria for patient care services, which they regard as critical and essential for the future. RQIA confirmed a shared objective of both HSCB and NIAS is to develop and consult on clear eligibility criteria for patient care services. Discussions have taken place as to how to progress this objective.

RQIA recommends that the process to establish clearly defined eligibly criteria for patient care services is taken forward as a priority.

In relation to the 2014 RQIA report on unscheduled care, RQIA considered progress with regard to five recommendations relevant to NIAS.

RQIA found that:

- NIAS has strengthened its escalation arrangements and has actively participated in the work of the Regional Unscheduled Care Task Group.
- NIAS has an ongoing focus on service improvement in relation to meeting both predictable and unpredictable demand.
- NIAS has participated in initiatives with HSC trusts to improve access to timely assessment and care, and to improve patient outcomes and experience.
- NIAS has worked in partnership with other organisations to take forward a programme of initiatives including 'treat and leave' and 'treat and refer' protocols. Work is also taking place to implement a clinical support desk.
- NIAS has participated in a series of initiatives designed to improve the whole system in relation to unscheduled care.

RQIA recommends that NIAS continues to actively take forward its programme of initiatives to implement Transforming Your Care. These are designed to centre the work of the ambulance service around the needs of the patient at every point, and to access the services most appropriate to meeting those needs. The development of a clinical support desk will be a key initiative to support the new models of care including 'treat and leave' and 'treat and refer'.

During this review, RQIA found that NIAS was committed to developing the skills of staff but that progress in this area had been constrained by the level of resources available and a vacancy in a key post.

RQIA recommends that NIAS progresses education, training and workforce planning approaches that support the ongoing development of Paramedic professionals and Emergency Medical Technicians.

In relation to Emergency Medical Technicians, RQIA recommends that NIAS reviews training arrangements to ensure that they can reach their full potential and work to their full scope of practice within the EMT role. This would include extending the capability of EMT's within their scope of practice to include, for example, the utilisation of some of the appropriate care pathways.

RQIA explored communication with frontline staff. While opportunities have been provided for staff to feedback to management on issues or concerns, RQIA concluded that further work would be helpful to ensure that the senior team is visible and accessible to staff.

RQIA recommends that NIAS continues to explore ways to make the senior team more accessible to staff and to enhance the visibility of leaders to staff at all levels of the organisation. This includes the visibility of station officers who are in charge of more than one station.

RQIA also recommends that NIAS continues to explore all avenues available to help improve communication with staff across the organisation, including feedback in relation to complaints and incidents.

During the review, RQIA found that for several key processes, there is a continued reliance on paper based systems. RQIA recommends that NIAS is supported to significantly extend the use of information technology to support all areas of its activity. This would include the introduction of electronic medicines management systems, Electronic Patient Report Forms (EPRF's), paramedic access to electronic guidance, access to the Electronic Care Record (ECR) for patients and improvements in the Datix system including web based reporting.

RQIA considered the performance management framework in which NIAS operates. This is heavily based on CAT A performance, but does not look at patient outcomes and quality of service delivered. For example, while there has been recent investment of additional demographic funding, the only associated performance outcome expected is an increase in the achievement of the CAT A target. This leads to the risk that the range and scope of the significant improvement work already underway could have limited recognition as a positive outcome of new investment.

RQIA recommends that HSCB, in partnership with NIAS, develops a new performance framework which prioritises clinical outcomes and ensures that time based outcomes relate only to time critical calls.

The overall conclusion of this review is that NIAS has made significant progress in taking forward the recommendations of the 2011 review, although there is still work to be taken forward in some areas. An active programme of initiatives has been put in place in respect of implementation of the vision set out in Transforming Your Care. These actions are also taking forward relevant recommendations of the 2014 RQIA review relating to unscheduled care.

The last strategic review of ambulance services in Northern Ireland was published in 2000. [17] That review led to a programme of reorganisation and development of services. Since that time, there have been very significant changes in how ambulance services are delivered with a growing recognition of the importance of the services in underpinning the delivery of new models of patient care.

RQIA recommends that the DHSSPS gives consideration to the development of a new strategy for ambulance services in Northern Ireland to define the roles of the service in emergency and unscheduled care and as a key partner in the HSC system in Northern Ireland. This strategy should seek to maximise the future capability of the workforce.

[17] Mapping the road to change. A strategic review of the Northern Ireland Ambulance Services, 2000.

9. Summary of RQIA Recommendations

The recommendations have been prioritised in relation to the timescales in which they should be implemented, following the publication of the report.

Priority 1 - completed within 6 months of publication of report
Priority 2 - completed within 12 months of publication of report
Priority 3 - completed within 18 months of publication of report

RQIA Recommendation 1: RQIA recommends that the process to develop revised eligibility criteria for patient care services is taken forward immediately and that proposed changes are discussed with the DHSSPS. **Priority 2**

RQIA Recommendation 2: RQIA recommends that NIAS continues to actively take forward its plans to develop a clinical support desk to support the new models of care including 'treat and leave' and 'treat and refer'. **Priority 1**

RQIA Recommendation 3: In relation to paramedics, RQIA recommends that NIAS progresses education, training and workforce planning approaches that support the ongoing development of paramedic professionals and Emergency Medical Technicians. **Priority 3**

RQIA Recommendation 4: In relation to emergency medical technicians, RQIA recommends that NIAS reviews training arrangements to ensure that they can reach their full potential and work to their full scope of practice within the EMT role. This would include extending the capability of EMT's within their scope of practice to include, for example, the utilisation of some of the appropriate care pathways. **Priority 3**

RQIA Recommendation 5: RQIA recommends that NIAS continues to explore ways to make the senior team more accessible to staff and to enhance the visibility of leaders to staff at all levels of the organisation. This includes the visibility of station officers who are in charge of more than one station. **Priority 2**

RQIA Recommendation 6: RQIA recommends that NIAS continues to explore all avenues available to help improve communication with staff across the organisation including feedback in relation to complaints and incidents. **Priority 1**

RQIA Recommendation 7: RQIA recommends that NIAS is supported to significantly extend the use of information technology to support all areas of its activity. **Priority 3**

RQIA Recommendation 8: RQIA recommends that HSCB, in partnership with NIAS develops a new performance framework which prioritises clinical outcomes and ensure that time based outcomes relate only to time critical calls. **Priority 2**

RQIA Recommendation 9: RQIA recommends that the DHSSPS give consideration to the development of a new strategy for ambulance services in Northern Ireland to define the roles of the service in emergency and unscheduled care and as a key partner in the HSC system in Northern Ireland. **Priority 3**

Appendix 1: RQIA Published Reviews

Review	Published
Review of the Lessons Arising from the Death of Mrs Janine Murtagh	October 2005
RQIA Governance Review of the Northern Ireland Breast Screening Programme	March 2006
Cherry Lodge Children's Home: Independent Review into Safe and Effective Respite Care for Children and Young People with Disabilities	September 2007
Review of Clinical and Social Care Governance Arrangements in Health and Personal Social Services Organisations in Northern Ireland	February 2008
Review of Assessment and Management of Risk in Adult Mental Health Services in Health and Social Care Trusts in Northern Ireland	March 2008
Reducing the Risk of Hyponatraemia When Administering Intravenous Infusions to Children	April 2008
Clostridium Difficile – RQIA Independent Review, Protecting Patients – Reducing Risks	June 2008
Review of The "Safeguards in Place for Children And Vulnerable Adults in Mental Health and Learning Disability Hospitals" in HSC Trust	June 2008
Review of the Outbreak of Clostridium Difficile in the Northern Health and Social Care Trust	August 2008
Review of General Practitioner Appraisal Arrangements in Northern Ireland	September 2008
Review of Consultant Medical Appraisal Across Health and Social Care Trusts	September 2008
Review of Actions Taken on Recommendations From a Critical Incident Review within Maternity Services, Altnagelvin Hospital, Western Health and Social Care Trust	October 2008
Review of Intravenous Sedation in General Dental Practice	May 2009

Review	Published
Blood Safety Review	February 2010
Review of Intrapartum Care	May 2010
Follow-Up Review: Reducing the Risk of Hyponatraemia When Administering Intravenous Infusions to Children	July 2010
Review of General Practitioner Out-of-Hours Services	September 2010
RQIA Independent Review of the McDermott Brothers' Case	November 2010
Review of Health and Social Care Trust Readiness for Medical Revalidation	December 2010
Follow-Up Review of Intravenous Sedation in General Dental Practice	December 2010
Clinical and Social Care Governance Review of the Northern Ireland Ambulance Service Trust	February 2011
RQIA Independent Review of Child and Adolescent Mental Health Services (CAMHS) in Northern Ireland	February 2011
A Report on the Inspection of the Care Pathways of a Select Group of Young People who Met the Criteria for Secure Accommodation in Northern Ireland	March 2011
An Independent Review of Reporting Arrangements for Radiological Investigations – Phase One	March 2011
Review of Child Protection Arrangements in Northern Ireland	July 2011
Review of Sensory Support Services	September 2011
Care Management in respect of Implementation of the Northern Ireland Single Assessment Tool (NISAT)	October 2011
Revalidation in Primary Care Services	December 2011
Review of the Implementation of the Protocol for the Joint Investigation of Alleged and Suspected Cases of Abuse of Vulnerable Adults	February 2012
RQIA Independent Review of Pseudomonas - Interim Report	March 2012
RQIA Independent Review of Pseudomonas - Final Report	May 2012
An Independent Review of Reporting Arrangements for Radiological Investigations – Phase Two	May 2012
Mixed Gender Accommodation in Hospitals	August 2012

Review	Published
Independent Review of the Western Health and Social Care Trust Safeguarding Arrangements for Ralphs Close Residential Care Home	October 2012
Review of the Implementation of Promoting Quality Care (PQC) Good Practice Guidance on the Assessment and Management of Risk in Mental Health and Learning Disability Services	October 2012
Review of the Northern Ireland Single Assessment Tool - Stage Two	November 2012
Review of the Implementation of the Cardiovascular Disease Service Framework	November 2012
RQIA Baseline Assessment of the Care of Children Under 18 Admitted to Adult Wards In Northern Ireland	December 2012
Safeguarding of Children and Vulnerable Adults in Mental Health and Learning Disability Hospitals in Northern Ireland, Overview Report	February 2013
Independent Review of the Governance Arrangements of the Northern Ireland Guardian Ad Litem Agency	March 2013
Independent Review of the Management of Controlled Drug Use in Trust Hospitals	June 2013
Review of Acute Hospitals at Night and Weekends	July 2013
National Institute for Health and Care Excellence Guidance: Baseline Review of the Implementation Process in Health and Social Care Organisations	July 2013
A Baseline Assessment and Review of Community Services for Adults with a Learning Disability	August 2013
A Baseline Assessment and Review of Community Services for Children with a Disability	August 2013
Review of Specialist Sexual Health Services in Northern Ireland	October 2013
Review of Statutory Fostering Services	December 2013
Respiratory Service Framework	March 2014
Review of the Implementation of NICE Clinical Guideline 42: Dementia	June 2014
Overview of Service Users' Finances in Residential Settings	June 2014
Review of Effective Management of Practice in Theatre Settings across Northern Ireland	June 2014
Independent Review of Arrangements for Management and Coordination of Unscheduled Care in the Belfast Health and Social Care Trust and Related	July 2014

Review	Published
Regional Considerations	
Review of the Actions Taken in Relation to Concerns Raised about the Care Delivered at Cherry Tree House	July 2014
Review of Actions Taken in Response to the Health and Social Care Board Report Respite Support (December 2010) and of the Development of Future Respite Care/Short Break Provision in Northern Ireland	August 2014
Child Sexual Exploitation in Northern Ireland - Report of the Independent Inquiry	November 2014
Discharge Arrangements from Acute Hospital	November 2014
Review of the Implementation of the Dental Hospital Inquiry Action Plan 2011	December 2014
Review of Stroke Services in Northern Ireland	December 2014
Review of the Implementation of GAIN Guidelines on Caring for People with a Learning Disability in General Hospital Settings	December 2014
Baseline Assessment of Access to Services by Disadvantaged Groups in Northern Ireland (Scoping Paper)	December 2014
Review of the Care of Older People in Acute Hospitals	March 2015
RQIA Quality Assurance of the Review of Handling of all Serious Adverse Incidents Reported between January 2009 and December 2013	December 2014
Review of the Diabetic Retinopathy Screening Programme	May 2015
Review of Risk Assessment and Management in Addiction Services	June 2015
Review of Medicines Optimisation in Primary Care	July 2015
Review of Brain Injury Services in Northern Ireland	September 2015
Review of the HSC Trusts' Arrangements for the Registration and Inspection of Early Years Services	December 2015
Review of Eating Disorder Services in Northern	December 2015
Review of Advocacy Services for Children and Adults in Northern Ireland	January 2016
RQIA Review of the Implementation of the Palliative and End of Life Care Strategy (March 2010)	January 2016
Review of Community Respiratory in Northern Ireland	February 2016

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