Northern Ireland Ambulance Service
Health and Social Care Trust

# Northern Ireland Ambulance Service Health and Social Care Trust

# Annual Quality Report

For the year ended 31 March 2016

# Introduction

In 2011, the Department of Health, Social Services and Public Safety launched “Quality 2020: A 10-year Strategy to Protect and Improve Quality in Health and Social Care in Northern Ireland”.

The Strategy defines quality under three main headings:

- **Safety** - avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.
- **Effectiveness** - the degree to which each patient and client receives the right care (according to scientific knowledge and evidence-based assessment), at the right time, in the right place with the best outcome.
- **Patient and Client Focus** - all patients and clients are entitled to be treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The Strategy has identified five strategic goals to be achieved by 2020 that will turn the vision of being “recognised internationally, but especially by the people of Northern Ireland, as a leader for excellence in health and social care” into a reality.

The five strategic goals are:

1. **Transforming the Culture.**
2. **Strengthening the Workforce.**
3. **Measuring the Improvement.**
4. **Raising the Standards.**
5. **Integrating the Care.**

The Northern Ireland Ambulance Service  provides ambulance care, treatment and transportation services to a population of 1.8 million in Northern Ireland. Our staff are committed to the delivery of safe, high quality care to all who have need of our services, 24 hours a day, 365 days per year.

In our previous Quality Reports we provided information to allow an assessment to be made on where we were on our journey to improve quality in all we do. This current report enables you, the reader, to assess how we have built upon progress that had been made and how commitment and dedication of our staff continue to put the patients and clients front and centre of all we do.

The report will demonstrate activity undertaken, and progress made, under the five Strategic Goals listed above.

# Chief Executive's Foreword

As Interim Chief Executive of the Northern Ireland Ambulance Service, I am pleased to present the latest Annual Quality report on behalf of the Trust. The report details progress that has been made throughout 2015/16 in terms of our journey in the drive to protect and improve quality in Health and Social Care in Northern Ireland.

In last year's report we described 2014/15 as a "challenging one for NIAS, given the financial and operational constraints within which we function and, particularly, in the context of continued increasing demand for our services." This year has seen the challenges increase with demand continuing to rise. However, our staff continue to rise to the challenges presented to them and do all within their power to ensure that quality of care for patients, not only remains constant but, continues to improve as a result of training and enhanced working practices. I want to record a special word of gratitude to them for their efforts through what have been difficult times for them in terms of issues relating to job evaluation, meal breaks and late finishes. We are continuing to work towards resolutions to these issues and it is testament to the professionalism of the staff that they continue to put the patient care first in all they do.

We reported last year that we would be recruiting and training additional frontline staff and I am delighted to be in a position to report that we have delivered on that within year and recruited and trained 64 Ambulance Care Attendants and 65 Emergency Medical Technicians.

Throughout the year we have progressed the introduction of Appropriate Care Pathways to ensure that patients received the right treatment, in the right place and at the right time. We now have 10 pathways in place to deliver this quality improvement and they are highlighted within the body of the report.

We are rightly proud of high levels of clinical care provided by our staff and yet much of this goes unnoticed as our performance continues to be based on the speed of response to Category A (immediately life threatening calls). Once again this year we, regrettably, fell well short of our target of responding to 72.5% of Category A calls within 8 minutes. I am however in a position to report that within the timeframe of this report we had initiated conversations with commissioners in relation to the potential of undertaking a

“Capacity Review” of the Service to examine how we are currently delivering the Service and identify improvements that can be made to ensure full complement of crews at all times to ensure response in a more timely fashion. We will also continue to work with colleagues in HSC Trusts to ensure availability of crews to respond to calls.

I hope that the report reflects the commitment of all within the Northern Ireland Ambulance HSC Trust to the vision of Quality 2020 that our service will be “recognised internationally, but especially by the people of Northern Ireland, as a leader for excellence in health and social care”.

**Dr David McManus**
Chief Executive (Interim)
02 November 2016

# Transforming the Culture

**NIAS will seek to make achieving high quality the top priority at all levels within the organisation. This emphasis on high quality will improve the experience of all those who use and work in the ambulance service. It will also make our services safer for all.**

**Key to transforming culture is the willingness of the Senior team to lead from the front in motivating staff to embrace change. A clear strategic direction aimed at delivering a sustainable transformation must be communicated to staff to encourage an acceptance that changes in working practices are designed primarily to deliver higher quality care for patients.**

**NIAS recognises also that patients and their carers, or representatives, have a voice to be heard in determinations around levels of care to be expected from our service.**

**In relation to our staff we are keen that that we should afford them opportunities to voice their opinions and concerns; that we should listen to what they have to say and that they should be encouraged to become involved in decision making, problem solving and innovation at all levels.**

## Patient and Client Experience & PPI

NIAS continues to support the delivery of the Personal and Public Involvement, and Patient Client Experience, agendas. This includes working to mainstream PPI and PCE standards within the Trust's core work and policy development. NIAS continues to be represented and involved in strategic and operational work at a regional level to promote PPI and PCE. This regional work has included participation in the development of regional PPI initiatives to

ensure a collaborative approach across the HSC.

NIAS has reviewed systems for PCE analysis in order to mainstream the standards within core clinical practice. This includes reviewing systems of observations of clinical practice, to include continuous monitoring. NIAS has also developed its approach to include workshops and plans around mainstreaming Observations of Practice within both core clinical observation and as a pilot within the Quality Improvement programme.

A key priority of PPI work focused on the Transformation and Modernisation Programme, engaging with patients about Transforming Your Care and related Alternative Care Pathways. For example, service user workshops were held in Belfast and Derry during June 2015. Focus groups with service users were arranged in collaboration with Epilepsy Action and Age NI during February 2016. Public engagements took place at shopping centres in March 2016. Progress on implementing PPI is regularly considered by the NIAS Equality and PPI Steering Group.

## 10,000 VOICES

As at 31 March 2016, 277 patients had completed survey questionnaires. The majority of patient stories received so far have been positive. The Trust will continue to collect patient stories and work with the Public Health Agency and service users on evaluating stories in order to ensure learning from 10,000 Voices leads to improved services. Staff members will be trained in the use of Sense-Maker analysis software and this will be installed in NIAS to permit direct analysis of outcomes.

With the support of the PHA, further work will be undertaken to use 10,000 Voices as a learning and engagement tool for the Transformation and Modernisation Programme around Transforming Your Care and Alternative Care Pathways. For example, NIAS now has a referral pathway in place for patients in the community who have experienced a fall, and work will continue to access and analyse related patient stories.

## Environmental Award

NIAS took part in the 17th Annual Arena Network Environmental Benchmarking Survey. Organisations from 14 industry sectors including the top 200 companies and leading public sector organisations had been invited to participate. The Survey aims to ensure that environmental issues are on the Board agenda and measures the extent to which they are managing environmental issues. The ARENA Survey is Northern Ireland's only benchmark for environmental management, performance and reporting. The Survey helps organisations analyse gaps, measure progress, drive improvement and raise awareness of the environment as a strategic, competitive issue at board level. NIAS have participated in the Survey on several occasions and we have found that it supports our Controls Assurance Standard assessments and in the business of several groups and committees. NIAS were pleased to receive the Gold Award in recognition of the commitment to provide our services while seeking to protect and improve the environment around our patients and staff.


Certificate presented by David Gavaghan Chair Arena Network to George Anderson NIAS (centre), along with Ian Nuttall Arena Survey programme Manager (left).

## Fleet

NIAS's fleet replacement vehicles are compliant with Euro 6 standards. These emission standards set the acceptable limits of exhaust emissions on new vehicles. The standards are laid out in European Union Directives and have become increasingly stringent over the years. The latest stage, Euro-6, will be a mandatory requirement for all light commercials from September 2016, and will reduce Nitrogen dioxide by more than 55%. They control the harmful constituents of exhaust gases, namely nitrogen oxides (NOx), total hydrocarbon (THC), non-methane hydrocarbons (NMHC), carbon monoxide (CO) and particulate matter (PM). All our new A&E vehicles are compliant with Euro 6 and these means less carbon and other pollutants are produced by our fleet, which in total travels in excess of 7 million miles annually.

## BREEAM Excellent

BREEAM (Building Research Establishment Environmental Assessment Methodology), is a widely recognised sustainability assessment tool for new building construction and other projects. It challenges developers to make effective use of resources, focus on sustainable value and efficiency.

Assessments are carried out by independent, licensed assessors and certified on a scale of Pass, Good, Very Good, Excellent and Outstanding. NIAS's building was designed to achieve BREEAM Excellent in accordance with CPD Health Project policy. In achieving that rating the Ballymena Ambulance Station and Divisional Head Quarters design considered issues such as low impact design and carbon emissions reduction; design durability and resilience; adaption to climate change; and ecological value and biodiversity protection.

## EMD Award Scheme

We are the first UK ambulance to introduce an award scheme for our 999 call-takers. Awards are presented for accuracy of 999 call-taking, customer service, successful birth, and for calls that were associated with a life saved either from a cardiac arrest or other cause. There are strict criteria for these awards especially the baby born and  life savers. Thus awards are rare and are something we as a department are very proud of.

Since our QA processes were embedded, in addition to the significant number of staff attaining awards for 999 call-taking and Exemplary Customer Service we have had two Baby Born,(see picture), two  Cardiac Life Saver, and one Non-Cardiac Life Saver awards presented with a further two Life Saver awards being assessed.

From the previous paragraphs it is hopefully clear that when you call 999 and ask for the ambulance service you are getting through to a highly dedicated and professional team who will handle your emergency to the best of their ability and provide support for you as long as your call takes.

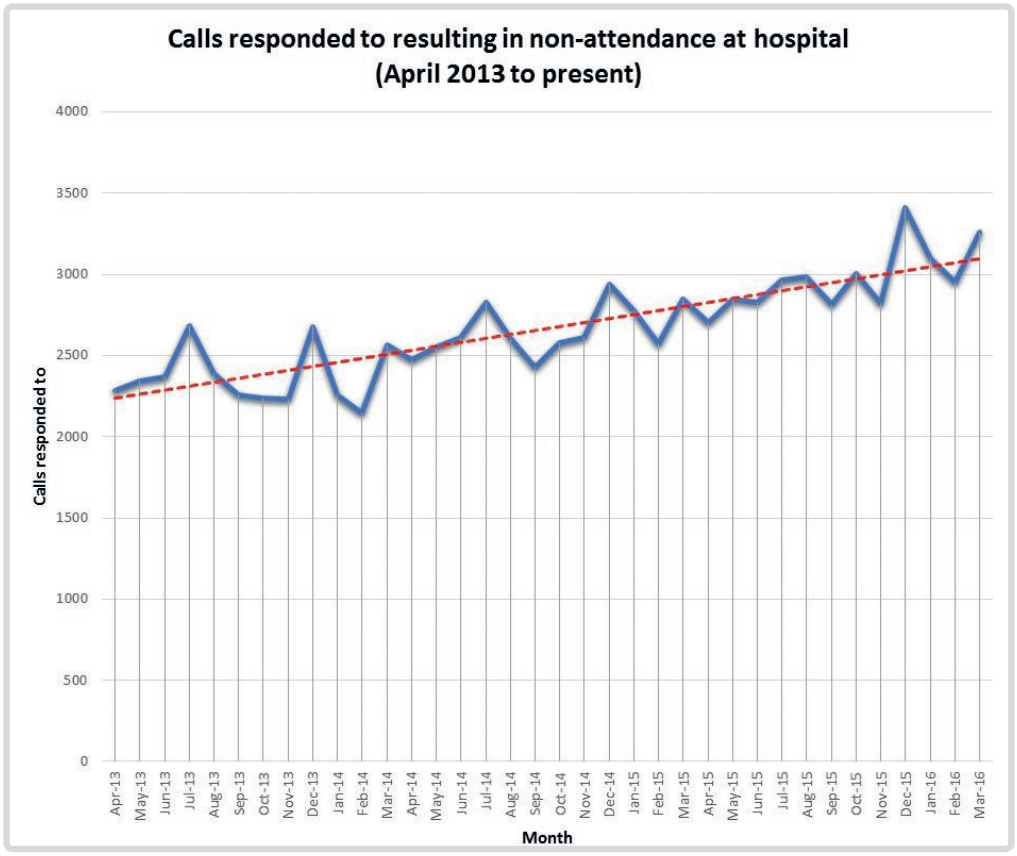

Kelly Ann McKee with her baby Born award – these awards are issued when the EMD takes a caller though the delivery of a baby and the EMDs performance on the call is said to be compliant with protocols.  This is no easy task given the difficulty of dealing with people who are potentially quite stressed on the phone, at the same time as remaining accurate and attentive to rules.

For 999 calls during July / August and to end of August 2016 the following awards have been attained:

| Type | Level | July & August 2016 | Total to Date |
|---|---|---|---|
| 999 High Compliance | Bronze | 1 | 23 |
| | Silver | 6 | 8 |
| Exemplary Customer Service | Bronze | 1 | 49 |
| | Silver | 4 | 44 |
| | Gold | 3 | 7 |
| Baby Born | | 1 | 4 |
| Cardiac Life Saver | | 0 | 2 |
| Non-Cardiac Life Saver | | 0 | 1 |

## Reduce Conveyance to Emergency Departments by NIAS by 10% by March 2016

At end of March 2016, in comparison to the same period in 13/14, an additional 7245 patients were not conveyed to hospital by NIAS following a 999 call, and an additional 1389 patients were safely conveyed to alternative destinations.



# Strengthening the Workforce

**NIAS will provide the right education, training and support to deliver high quality service. No matter how good our systems and procedures are, they all rely on staff who are motivated, skilled and trained to deliver them. We must also consider future personal and public involvement in the design and implantation of these systems.**

**Our staff, in dealing with patients each and every day, are the public face of our organisation and act as ambassadors in all they do and say. The Trust recognises the importance of staff being trained to the highest levels of clinical expertise but also the necessity for staff to be trained in processes relating to error management and service-user interaction.**

## Enniskillen Station

Planning permission was granted for the replacement Enniskillen Station on the site of the former Erne Hospital. NIAS have decanted from their old premises which have been demolished and are in new modular accommodation adjacent to the development site. This will enable the replacement station to be completed with no disruption to ambulance services during construction.

## Fleet

The current business case facilitates the Trust's annual rolling fleet replacement programme. The Trust replaces around 20% of its fleet annually the fleet continues to adopt the latest technologies in safety such as Telemetry and CCTV and the vehicles' environment impact, with the latest A&E vehicles meeting Euro 6 emissions legislation.

The vehicle fleet and equipment continue to improve allowing the Trust to procure more user friendly equipment to assist with manual handling. Some examples of these are:

- Hydraulic stretcher trolleys reducing the need to lift patients
- Vehicle tail lifts allowing bariatric patient carrying capacity in A&E ambulances in addition to the existing capacity in PCS fleet. Thereby providing access to services for a greater range of patients.

During 2015/16 the annual fleet replacement cycle continued, a total of 23 A&E vehicles, 22 PCS and 13 cars were purchased for conversion within the year. In addition specialist vehicles were also purchased. A Mobile Command and Control was bought to replace the existing vehicle based in Londonderry and an additional specialist ambulance enhanced the paediatric/neonatal service. This represents an investment of £3.5m in fleet for 2015/16.

The A&E vehicles are Mercedes 519 Euro 6 which are all capable of carrying bariatric stretchers and patients, thus increasing the availability of vehicles suitable for the increasing number of bariatric cases requiring emergency care. Over 40% of A&E vehicles are now equipped with telemetry which allows remote monitoring of vehicle data and supports fleet management decisions with key data.

PCS vehicles were changed in configuration to focus on stretcher, single and double wheelchair PCS vehicles. Three distinct configurations will assist in matching vehicles to patient needs and the configurations of future vehicles will be reviewed annually to ensure best fit with demand.

Four off road 4x4 cars were purchased to maintain an off-road capability within the total of 13 cars that were purchased in 2015/16.

## Ballymena Station

NIAS had two major capital projects, one to provide a replacement ambulance station and a divisional headquarters in Ballymena and the second to replace the Enniskillen Ambulance Station. The Ambulance Station and Divisional Headquarters in Ballymena completed in Spring 2016. This facility is a landmark capital investment project for the Ambulance Service. Its striking presence on the Southern approach to the town ensures it will be a vital part of the community that it serves. Ballymena Ambulance Station was co-located on the Braid Valley Hospital site and due to redevelopment of that site the Ambulance Station had to be relocated. However NIAS will retain a presence on site to provide a deployment point, improving the Ambulance response from locations in the South and North of Ballymena.

The building is designed to the latest standards of energy efficiency by our Design Team and fully funded by the Northern Ireland Department of Health and Social Services and Public Safety. It was designed to meet BREEAM excellence which incorporates factors of environmental impact, energy efficiency and sustainability of the project.


## Automatic External Defibrillators AEDs

New AEDs were purchased to replace old units carried on PCS and support vehicles. Additional units were also acquired to be carried on Rapid response Vehicles RRVs. As RRVs are solo responders the AED is a more portable unit which allows the paramedic to take necessary equipment to the patient, quickly assess and deliver life-saving defibrillation if necessary.

## Tracked Carry Chairs

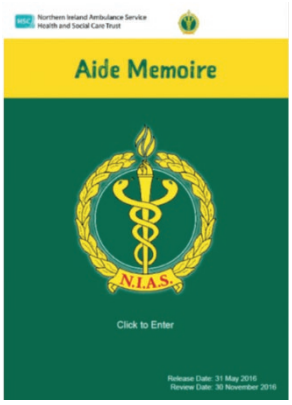

Improvements in patient and staff safety prompted the purchase of a tracked carry chair which can be used to reduce lifting of patients down stairs. The tracked chair uses friction to control the descent and only requires guiding by staff when removing patients from upper floors. It was purchased last year and has been fitted and included in training for A&E staff during 2015/16.

## Door Ramps

PCS staff commonly transport patients who travel with their own wheelchair. In many instances negotiating modern plastic door thresholds will require a lift to avoid damaging the door seals and the threshold itself. NIAS purchased and trained staff in the use of a simple foldable ramp that can be deployed to prevent damage to the door and avoid an unneccessary lift. The ramps are now carried on all PCS vehicles and can also be used to traverse single steps or kerbs.

## Directory of Services

A NIAS Directory of Services went live in Emergency Control on 2nd December, 2015 and contains details of all the services highlighted above, and is searchable by postcode, town or using maps. It also contains links to the clinical protocols so that information can be given out by EAC staff to operational staff who phone in to Control. EAC staff have been trained in use of the DOS and feedback has been positive. More services and information relevant to ambulance service delivery is being added at the request of staff.




An electronic Aide Memoire has been issued to staff with details of the new pathways.

## Control Room Staffing

NIAS operates two Control facilitesEmergency Ambulance Control (EAC) in Headquarters, Belfast and Non-Emergency Ambulance Control (NEAC) in Altnagelvin.

We have a workforce of 118 (88 EAC + 30 NEAC) whole time equivalents (WTE).

In EAC where Emergency, HCP and some non-emergency calls are managed, the key roles are Emerency Medical Dispatchers (EMD) who take the 999 calls and Control Officers who deploy and monitor ambulances.

In NEAC where non-emergency call demand is handled, we have a smaller team of 17 Control Room Assistants and 10 Control Officers who handle routine workload – outpatients, renal patient transport and inter hospital transfers etc.

## Regional Ambulance Training Centre

The Trust firmly believes that effective pre and post-qualification education, learning and ongoing development makes a major contribution to the provision of a committed, professional and competent workforce and, ultimately, to the delivery of safe and effective patient care. This is reflected in the NIAS annual Education, Learning & Development plan (ELDP) which is delivered by members of the Regional Ambulance Training Centre (RATC).

### Key Strategic Themes 2015-2016

- Ensure competence
- Promote clinical excellence
- Develop leadership capability
- Support organisational development
- Promote innovation
- Ensure effective prioritisation and equity of access
- Deliver excellence in education, learning & development

The above themes were met during what was a particularly challenging year for the RATC, with a high volume of activity.  The primary focus was on clinical priorities and stabilising the workforce, in particular the provision of core clinical and driver training programmes for external and internal recruitments and the delivery of a comprehensive post-qualification assessment, training and development programme for existing frontline operational staff.

The RATC team takes a professional and flexible approach to the delivery of the ELDP in order to respond to the changing needs of the service in light of any emerging local, regional or national developments, as the need arises. The plan reflects the RATC team's commitment to supporting the Trust in achieving its strategic aims by developing and maintaining the competence and capabilities of staff, both clinical and non-clinical, and empowering them to deliver optimum patient care and effective support services. It does this through the timely delivery of high quality education, learning and development interventions, which are responsive to the identified needs of staff, and through the promotion of lifelong learning principles within the workplace.

## Highlights 2015-16

64 New ACAs

65 New EMTs

Delivery of a two day post-qualification assessment, training and development programme for Paramedics and EMTs

Delivery of a one day post-qualification assessment, training and development programme for Ambulance Care Attendants

Health and Care Professions Council (HCPC) re-approved our paramedic programme through its annual approvals process

Successful annual external verification visit from Pearson / Edexcel

First Aid at Work initial and refresher training programmes for Control staff

Induction programme for newly recruited qualified Paramedics and EMTs

Delivery of a one day programme focusing on the Trust's new Appropriate Care Pathways for Paramedics and EMTs

Safetalk for Control staff

Moving People refresher training programme for clinical training team

A comprehensive induction programme for newly recruited Clinical Support Officers

The co-ordination and delivery of a number of Corporate Induction days

The development and distribution of an annual mandatory training workbook for all staff

Graduate Training Scheme introduction to NIAS

Foundation Year Doctors Generic Skills Training

Queen's University Medical Students Pre-Hospital Emergency Care and First Aid Courses

# Service Developments in 2015-16

## Demographic Funding

In July 2015 the HSCB confirmed the allocation of recurrent Demographic funding to support Emergency performance in South Eastern, Southern and Northern LCG areas where the achievement of the local Cat A response in 8 minutes or under has been particularly challenging.

This funding has resulted in an increase of 16,920 ambulance hours (*) which have been targeted at increasing local capacity to meet conveyancing needs and thereby releasing sought-after emergency resources to respond to life-threatening calls.

## Appointment of Additional Hospital Ambulance Liaison Officers

In November 2015 the HSCB confirmed the allocation of recurrent funding for four Hospital Ambulance Liaison Officers to be based at the Emergency Departments of the Royal Victoria Hospital, Antrim Area Hospital, Ulster Hospital and Craigavon Area hospital. NIAS had been operating this model on a temporary basis for the last 3 years.

The main purpose of the HALO is to co-ordinate ambulance resources at ED in association with hospital staff so as to reduce congestion, improve patient flow and pre-empt bottlenecks.

The HALO is key in improving ambulance turnaround times and facilitating patient flow across the HSC by providing timely and responsive discharges/hospital transfers.

## Workforce Stabilization Programme

Following an extensive and lengthy Workforce Stabilization programme, in 2015/16 NIAS has recruited 82 Emergency Medical Technicians (EMTs) of which 43 have now successfully completed their training and are fully qualified.

In addition, NIAS has a recruited 84 Ambulance Care Attendants (ACAs) of which 63 have now completed their training and are working across various ambulance locations in Northern Ireland. The remaining successful candidates are still undergoing training and are expected to be in post in 2016/17.

Furthermore in May 2015 NIAS also successfully recruited qualified emergency staff (7 EMTs and 6 Paramedics).

## Acute Service Changes

During the year NIAS has assisted in the implementation of a number of acute service changes instigated by other HSC Trusts which have led to improvements in the quality and accessibility of specific services to patients. These include the roll out of the pPCI (Primary Percutaneous Cardiac Intervention) to the Western sector of Northern Ireland and the increase to 24 hours 7 days a week availability of specialist transport for the Northern Ireland Surgical and Trauma Retrieval (NISTAR) service for children and neonates.

## Post Proficiency Training

Post-proficiency training contained sections on the Appropriate Care pathways in 15/16 with priorities agreed by Director of Operations and the Medical Director.

Members of the Clinical Training team have commenced a training programme delivered by South West Ambulance Service and University of West England in Patient Assessment and Clinical Reasoning.  This will reinforce skills and knowledge which will support the Clinical training team as they train and support operational staff in delivery of the new pathways.

# Measuring the Improvement

**NIAS will improve outcome measurement and report on progress for safety effectiveness and the patient/client experience. High quality service is underpinned by safety, effective treatment and a good experience of the care received. NIAS will continue to compile good baseline data to measure all of the above and we will make this information as accessible as possible.**

**NIAS recognises the importance of gathering data and statistics as a means to examine performance and identify areas of strength and, perhaps more importantly, to identify areas where improvements can be made.**

**The Trust gathers this information at all operational levels of the organisation, including administration, and a dedicated team of information analysts produce regular reports for scrutiny by all levels of management, up to, and including Trust Board. These reports indicate levels of performance across the Trust and, through complaints and compliments, the levels of satisfaction, or otherwise of service-users.**

**The Trust is aware that for the service user, the most important factor in their interaction with us, as a Service, is how we treat them and their relatives. We publish the same information that is available to Trust Board on our website and it is available for all to see, including plans to improve the delivery of service.**

**Information is shared with Trust Board in a number of forms and on a wide range of issue as detailed below;**

- **Report to Trust Board through Quality Assurance Committee,**
- **Trust board papers every 2 months,**
- **Report activity of number of groups through Assurance Committee**
  - **Health & Safety**
  - **Fire Compliance**
  - **Medical Equipment**
  - **Infection Prevention & Control**

- **Emergency Preparedness**
- **Business Continuity**
- **Information Governance,**

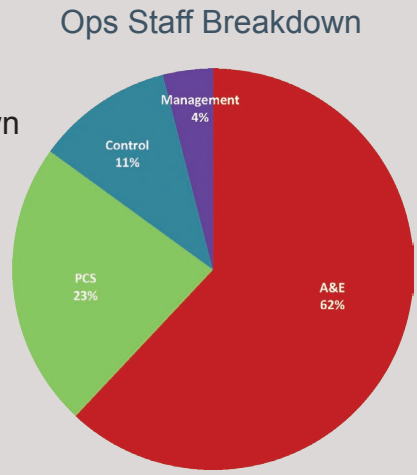
- **Recommendations from any reviews or inspections,**
- **There are a number of standing items, such as Assurance Framework, Controls Assurance Standards and Untoward Incidents.**

**Through the complaints and compliments process NIAS has a regular opportunity to assess each and improve working practices where appropriate.**

**NIAS operates the DHSSPS Complaints Policy and Procedure. Through this the Trust works to ensure a robust investigation of complaints received. Learning outcomes are an important element of the investigation of complaints and the Trust is committed to ensuring that learning is fed into quality improvement. Regular reports in respect of complaints are sent to the Trusts Senior Executive Management Team. Officers involved in undertaking complaints investigations have received Investigation Training.**

**Anonymised details of all complaints received are sent to Trust Board and placed on the Trust website.**

- Total NIAS Staff: 1274 wte
- OPS staff: 1160 wte (91% of NIAS), the breakdown of which can be seen in the chart to the right
- Estate: 36 Stations and 22 Deployment Points
- Fleet: 16 A&E, 106 PCS, 42 RRVs and 49 other vehicles
- 2 x Control Rooms: Non Emergency Ambulance Control in London/Derry and Emergency Control Room in Belfast




## Call Demand

Telephone calls are received via Automatic Call Distribution (ACD) which is a call handling system. We receive three types of telephone call; 999 calls; Healthcare Professionals (HCP) calls and Routine calls. When a telephone call arrives at our telephone switch the system delivers it automatically to the first available and suitable call-taker and the whole process occurs within 2 seconds.

During 2015-16 the EAC team handled telephone calls as per Table 1:

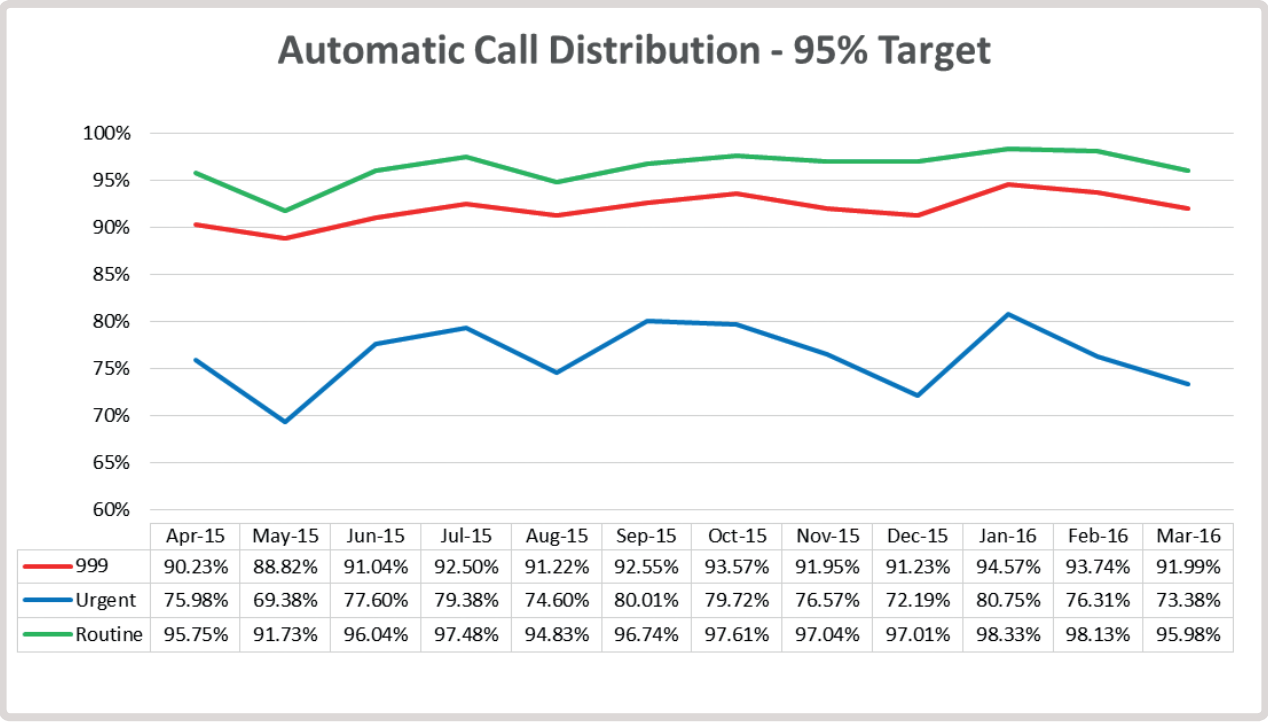
| Type of Phone Call | Number |
|---|---|
| 999 calls | 200,272 |
| Routine calls | 141,129 |
| Healthcare Professional calls | 40,315 |
| Outgoing calls | 323,607 |
| **Total** | **705,323** |

Table 1 – Calls handled by Emergency Ambulance Control

The figure for 999 calls represents a 2.8% increase in 999 calls over 2014/15

## 999 Call Answer Times

We aim to answer our telephone calls as quickly as possible and the system delay between the call arriving our telephone switch and distributed to an available call-taker with the appropriate skill set is 2 seconds. Call delays occur when there is no call-taker free when the call arrives. The target for 999 call answering is 95% within 2 seconds.




| | Apr-15 | May-15 | Jun-15 | Jul-15 | Aug-15 | Sep-15 | Oct-15 | Nov-15 | Dec-15 | Jan-16 | Feb-16 | Mar-16 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 999 | 90.23% | 88.82% | 91.04% | 92.50% | 91.22% | 92.55% | 93.57% | 91.95% | 91.23% | 94.57% | 93.74% | 91.99% |
| Urgent | 75.98% | 69.38% | 77.60% | 79.38% | 74.60% | 80.01% | 79.72% | 76.57% | 72.19% | 80.75% | 76.31% | 73.38% |
| Routine | 95.75% | 91.73% | 96.04% | 97.48% | 94.83% | 96.74% | 97.61% | 97.04% | 97.01% | 98.33% | 98.13% | 95.98% |

Table 2 - Graph showing performance against 2 second phone pick up

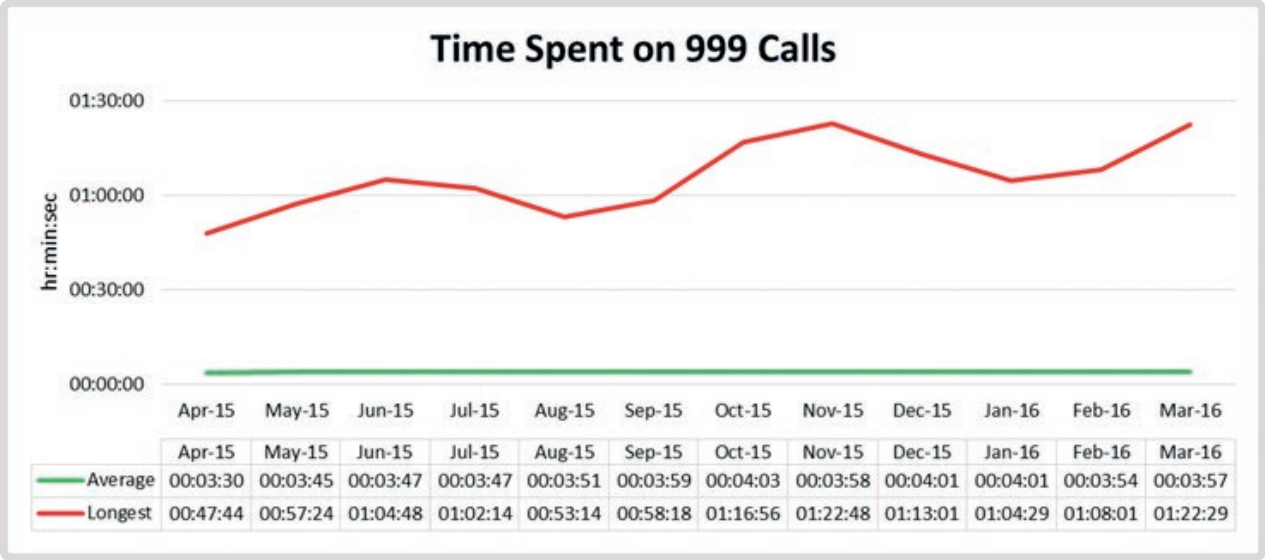
The graph shows routine calls being answered the quickest and this is because the ALL of our call-takers are available for this type of call i.e. we have EMDs who take 999 calls and can receive all other calls, HCP Call-takers who take HCP calls but not 999 calls and

some Routine call-takers who only take routine calls and are unable to take 999 or HCP calls.

## Time Spent On 999 Calls

Emergency Medical Dispatchers who take the 999 calls are required to remain on the line for certain health critical situations. The purpose of them remaining on the line is to provide support and advice to callers until one of our operational Ambulance resources is in attendance at the scene. Our EMDs have available to them a selection of advice on subjects ranging from detecting ineffective breathing to delivering Cardio Pulmonary Resuscitation (CPR), managing a choking patient to supporting callers in the process of childbirth.

The average telephone call time is around 4 minutes and the longest times can be in the region of an hour. The graph below demonstrates this. In some instances the EMD stays on the line to provide assistance and advice until an ambulance arrives – this accounts for the longer calls.




| | Apr-15 | May-15 | Jun-15 | Jul-15 | Aug-15 | Sep-15 | Oct-15 | Nov-15 | Dec-15 | Jan-16 | Feb-16 | Mar-16 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Average | 00:03:30 | 00:03:45 | 00:03:47 | 00:03:47 | 00:03:51 | 00:03:59 | 00:04:03 | 00:03:58 | 00:04:01 | 00:04:01 | 00:03:54 | 00:03:57 |
| Longest | 00:47:44 | 00:57:24 | 01:04:48 | 01:02:14 | 00:53:14 | 00:58:18 | 01:16:56 | 01:22:48 | 01:13:01 | 01:04:29 | 01:08:01 | 01:22:29 |

In terms of individual EMD work-load:

| Calls handled | Average No. of EMD | Days | Hours | No. of calls per hour per EMD | Average time per call |
|---|---|---|---|---|---|
| 705,323 | 8 | 365 | 8760 | 10 | 4 mins |

Table 2 – Average calls per EMD per Hour

## Advanced Medical Priority Dispatch System

The Medical Priority Dispatch System (MPDS) process starts with the EMD asking the caller a set of questions. These questions allow the EMDs to quickly evaluate the patient status and scene conditions and then categorise the call by chief complaint / incident type and set a determinant level i.e. identify the severity of the patients' condition in terms of minor through to Immediately Life Threatening. The protocols enable a trained and certified EMD to assist the caller in immediately helping the patient. MPDS also includes treatment sequence protocols covering cardiac arrest, choking, and childbirth. The MPDS codes allow emergency medical systems to determine the appropriate response mode (i.e. routine or "lights and sirens") and resources to be assigned.

## EAC Call Taking Statistics

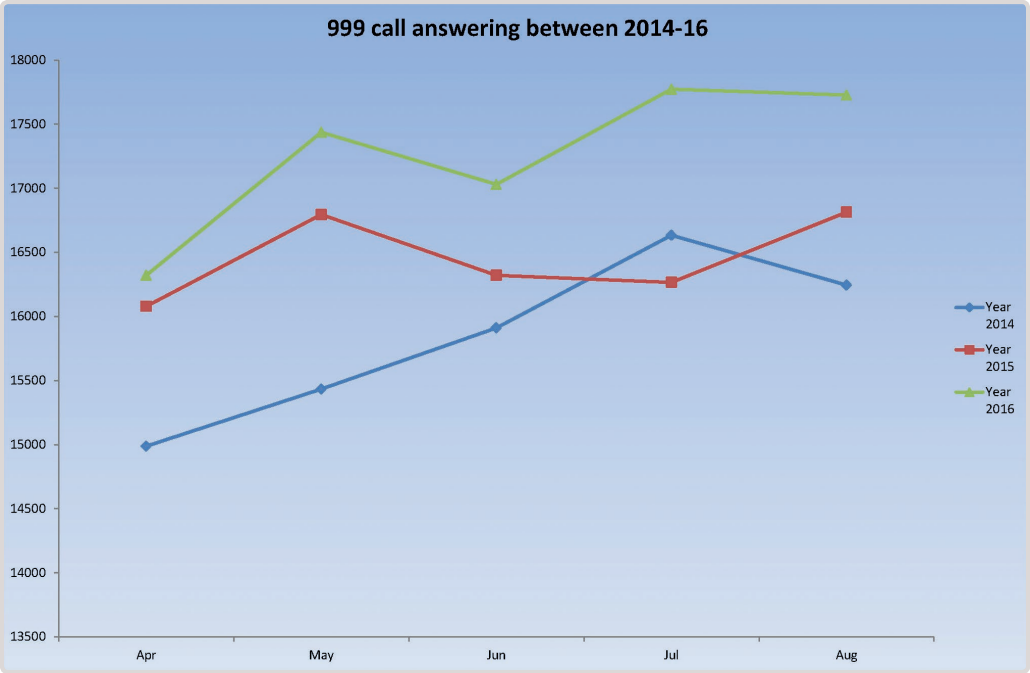
Emergency Ambulance Control has three designations of call covered by Automatic Call Distribution (ACD), Emergency, Routine and Urgent. Each staff member has a profile to reflect what type of call they receive.

Emergency calls are made via landline and Mobile phones and the facility for calling VOIP calls also exists. We also receive direct emergency calls from Police Fire and certain other agencies i.e. Airports. Routine calls can be made by hospital departments as well as staff and other healthcare professionals. Urgent calls have been re-profiled as HCP calls made primarily by GP's but also from other healthcare professionals.

### Emergency Call Activity

Over the past three years we have seen an increase in the amount of Emergency calls being handled by EAC staff and the following table illustrates the overall numbers involved

| Month | Year 2014 | Year 2015 | Year 2016 |
|---|---|---|---|
| Apr | 14988 | 16079 | 16321 |
| May | 15433 | 16795 | 17437 |
| Jun | 15911 | 16321 | 17030 |
| Jul | 16633 | 16266 | 17773 |
| Aug | 16244 | 16814 | 17728 |




## The Percentage Difference in "999" Call Activity from 2015/16

| Month | 2016 999 Calls | 999 calls % Difference Monthly | 2015 999 Calls | 999 calls % Difference Yearly |
|---|---|---|---|---|
| Apr | 16321 | | 16079 | 1.51% |
| May | 17437 | 6.84% | 16795 | 3.82% |
| Jun | 17030 | -2.33% | 16321 | 4.34% |
| Jul | 17773 | 4.36% | 16266 | 9.26% |
| Aug | 17728 | -0.25% | 16814 | 5.44% |

When a "999" call is placed the first thing staff as the caller to do is to verify the number they are calling from. For a variety of reasons our call takers have to ring callers back which add to the total amount of outgoing calls placed each month. On top of this welfare calls are made for HCP calls when the time limit is within thirty minutes of the requested pick up time.

## Call Answering Performance

The consequences of increased call volumes coupled with additional pressures felt by the organisation can be seen in the following information.

Emergency calls should be answered in the two second threshold 95% of the time each month. We have been consistently hitting over 90% each month but with call takers having to stay on the line longer to provide lifesaving advice or pre-arrival medical

instructions before operational crews attend, the 95% has become harder to achieve.

| | Call Answering Performance | | |
|---|---|---|---|
| Month 2016 | Call Answering Emerg | Call Answering Routine | Call Answering Urgent |
| April | 92.24 | 96.78 | 74.58 |
| May | 91.10 | 96.98 | 73.17 |
| June | 89.33 | 95.04 | 70.68 |
| July | 92.34 | 96.38 | 71.18 |
| August | 89.12 | 94.77 | 71.97 |

The managers in EAC continually monitor call activity and can adjust profiles of staff to answer particular calls. The priority is always answering Emergency calls and Underachievement on Urgent call answering can be attributed to staffing levels and having all staff on Emergency call taking duties for set periods of time.

The average time taken by a caller for a “999” call has remained constant between 3:30 and 4:00 minutes each month over the past three years. The longest time has steadily increased in line with reductions in operational Ambulances being available.

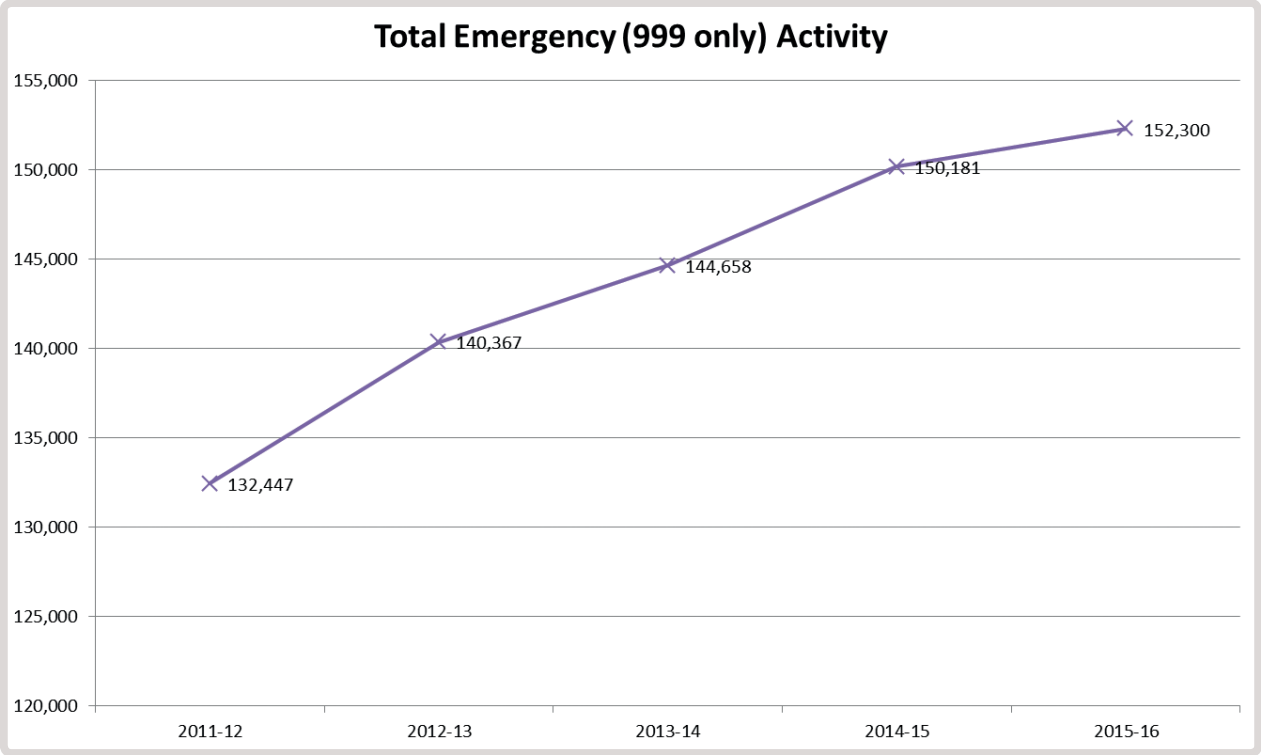
| | 2014-15 | | 2015-16 | |
|---|---|---|---|---|
| Month | Average time 999 call | Longest time 999 call | Average time 999 call | Longest time 999 call |
| Apr | 00:03:32 | 00:42:08 | 00:03:30 | 00:47:44 |
| May | 00:03:33 | 00:49:13 | 00:03:45 | 00:57:24 |
| Jun | 00:03:32 | 00:56:26 | 00:03:47 | 01:04:48 |
| Jul | 00:03:29 | 01:16:27 | 00:03:47 | 01:02:14 |
| Aug | 00:03:36 | 00:54:52 | 00:03:51 | 00:53:14 |
| Sep | 00:03:29 | 01:12:11 | 00:03:59 | 00:58:18 |
| Oct | 00:03:35 | 01:17:04 | 00:04:03 | 01:16:56 |
| Nov | 00:03:38 | 00:58:53 | 00:03:58 | 01:22:48 |
| Dec | 00:03:40 | 00:59:30 | 00:04:01 | 01:13:01 |
| Jan | 00:03:41 | 00:53:19 | 00:04:01 | 01:04:29 |
| Feb | 00:03:42 | 00:58:00 | 00:04:03 | 02:19:12 |
| Mar | 00:03:45 | 00:59:01 | 00:03:57 | 01:22:29 |

During the 2015 / 16 year we embedded a dedicated Call-taking Quality Improvement

Team within the department.  NIAS is committed to reviewing a percentage of 999 calls in line with annual call volume.

## Demand In 2015/16

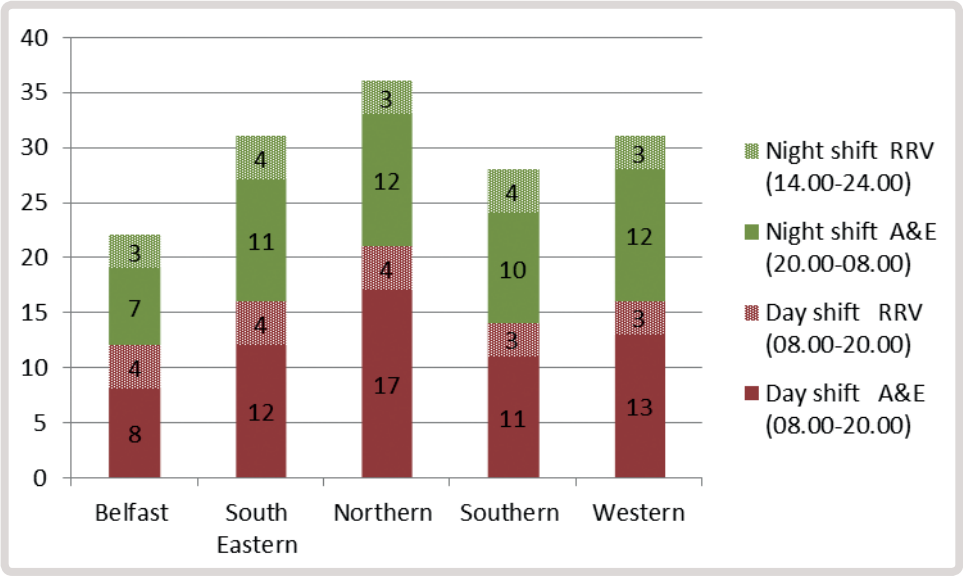
- Total NIAS Demand: 403,524
  - Average number of calls per day: 1103
  - The NIFRS annual demand is just over 40,000 calls
- Total Emergency Demand (999 + Urgent calls): 202,325
  - Average Demand (999 + Urgent) calls per day: 553
- Total Emergency Demand (999 only): 152,300
  - Average 999-only calls per day: 416




- Total Cat A (Life threatening calls) Demand: 56,256
  - Average calls received per day: 154
  - Cat A calls proportion of all 999 calls: 37%
- Total Non-Emergency Demand: 201,199
  - Average calls per day per day: 558

## Resources

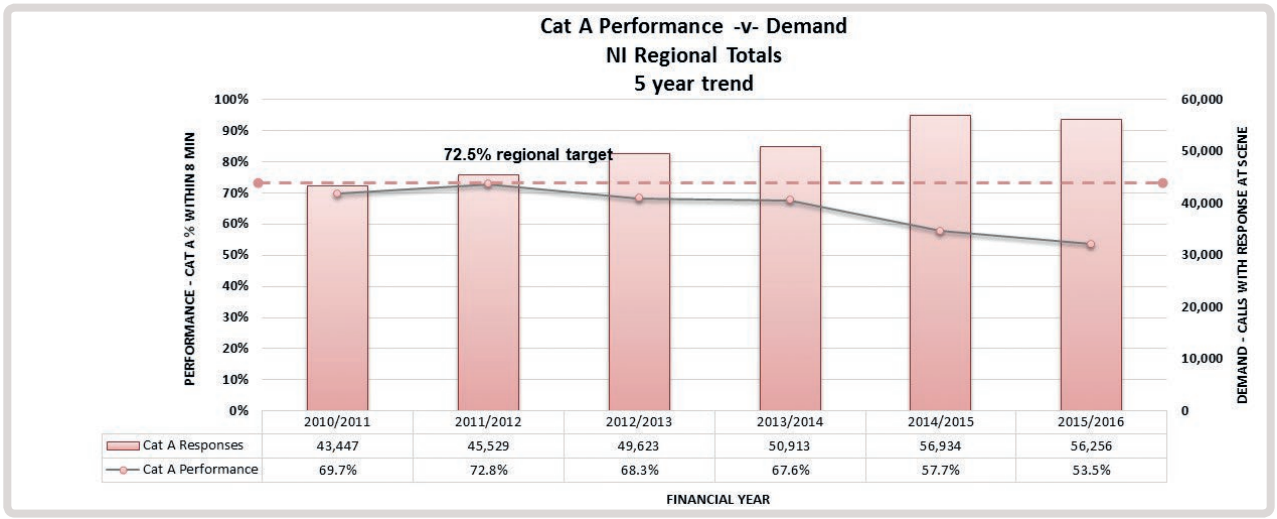
The table below shows the daily spread of Emergency Ambulances and Rapid Response Vehicles (RRVs) across the five HSC Trust areas.




- Between 8am and 8pm (Dayshift) there are a total of 61 emergency ambulances as well as 18 RRVs.
- Between 8pm and 8am (Nightshift) there are a total of 52 emergency ambulances as well as 17 RRVs. RRVs complete their shift at midnight.
- Based on the average number of emergency responses (999 and Urgent calls) per day mentioned earlier (553 calls per day), this equates to each emergency ambulance responding and/or conveying between 9-11 patients per day across the region.

## Performance

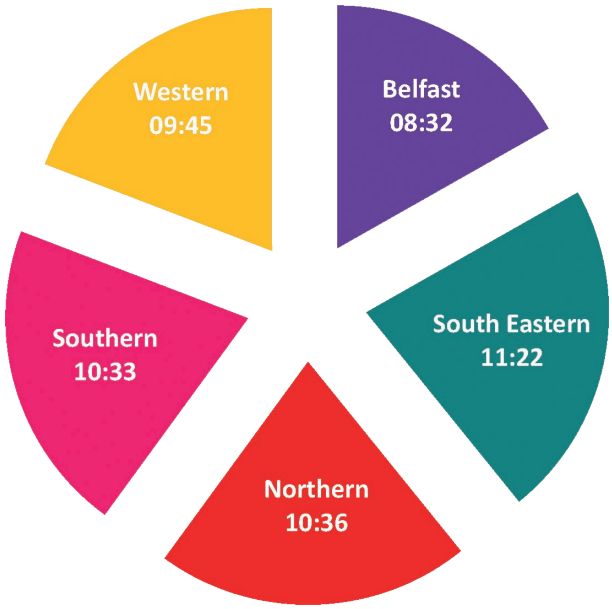
### (i) Response



- The chart above shows a 30% increase in Category A demand over the past 5 years and a corresponding 16.2% decrease in Category A performance. This equates to an increase of 35 Cat A calls every day since 2011.
- The drop in Cat A response performance is equivalent to approximately two Cat A calls not being achieved within the 8 mins target each day when compared to the previous year.

Over 72.5% of all Category A responses were responded to in less than 12 minutes.

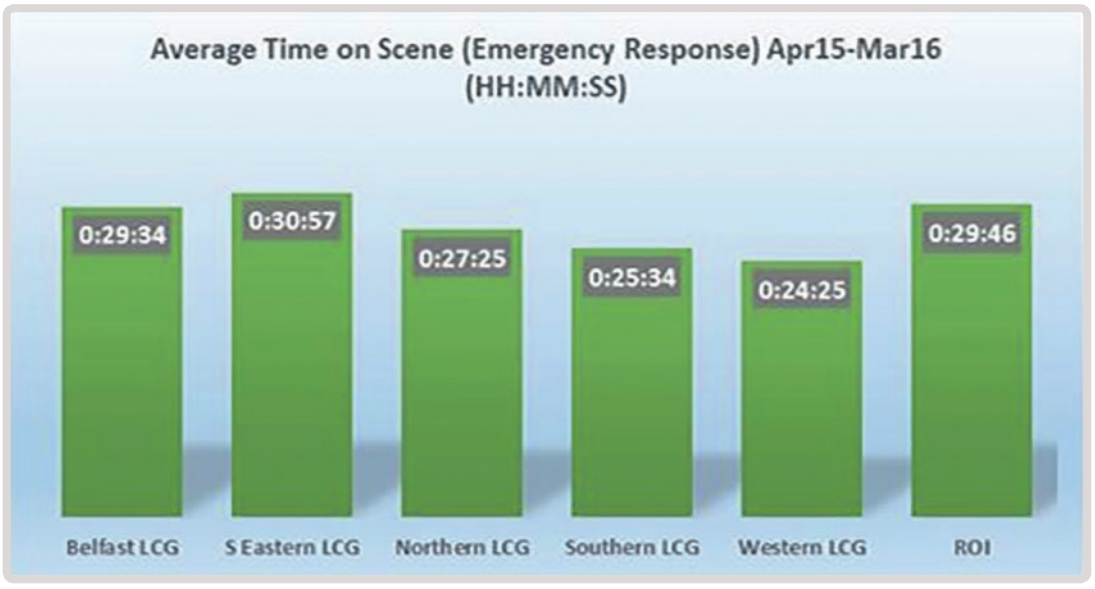
The average regional Category A call was responded to 10 minutes and 17 seconds.




- The graph above shows the average response by HSC Trust area.

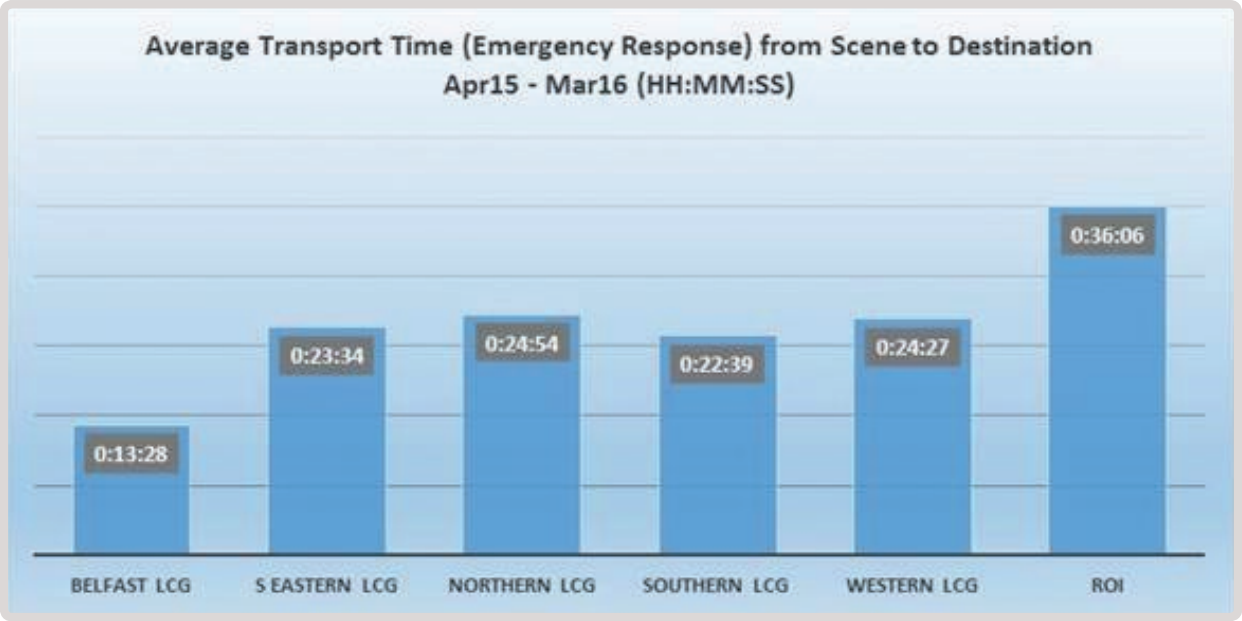
**(ii) On Scene**

- The picture below shows the average time spent by the Paramedic and EMT when on scene and assessing the patient's needs before deciding on the most appropriate destination based on the clinical condition of the patient.
- As can be seen the regional on scene average is just under 30 minutes



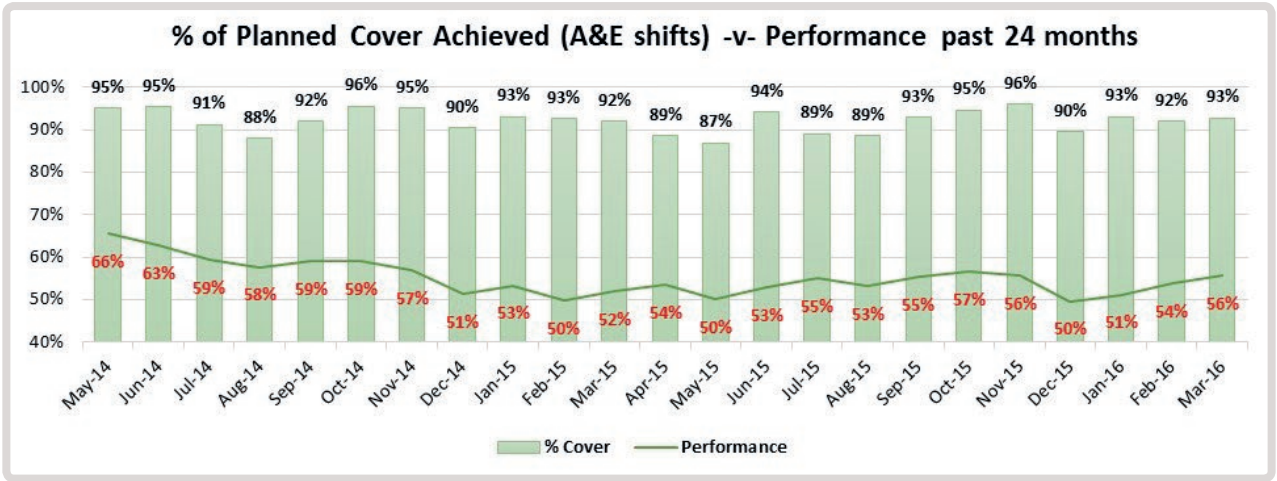
**(iii)Transportation**

- The picture below shows the average time required by the Paramedic and EMT when transporting the patient to hospital or other healthcare facility.
- As can be seen the regional transportation average varies considerably between urban and rural areas.



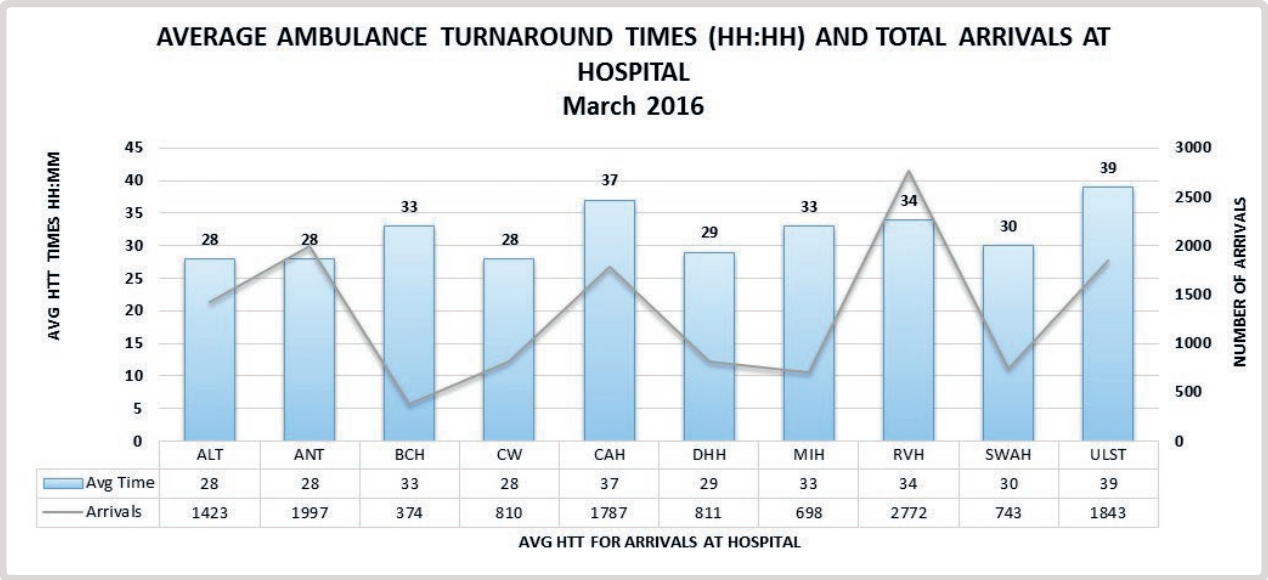

## Planned V Actual Cover

The chart below shows compliance in planned production hours compared to the actual production hours produced. The figures include core hours and any additional extra hours required (to support non-recurrently funded services and additional ad hoc pressures at local level such as bank holidays, public events, etc.).



- As can be seen from the chart the compliance with the planned production hours is in the upper quartile with an average of 90%
- The chart also highlights how the trends in cover compliance approximates the trends in Cat A performance.
- The reduced cover levels are exacerbated by higher levels of annual leave during the seasonal holiday periods (Summer, Christmas, etc) and by short notice leave (i.e. less than 24 hrs notice).

## Ambulance Turnaround Times

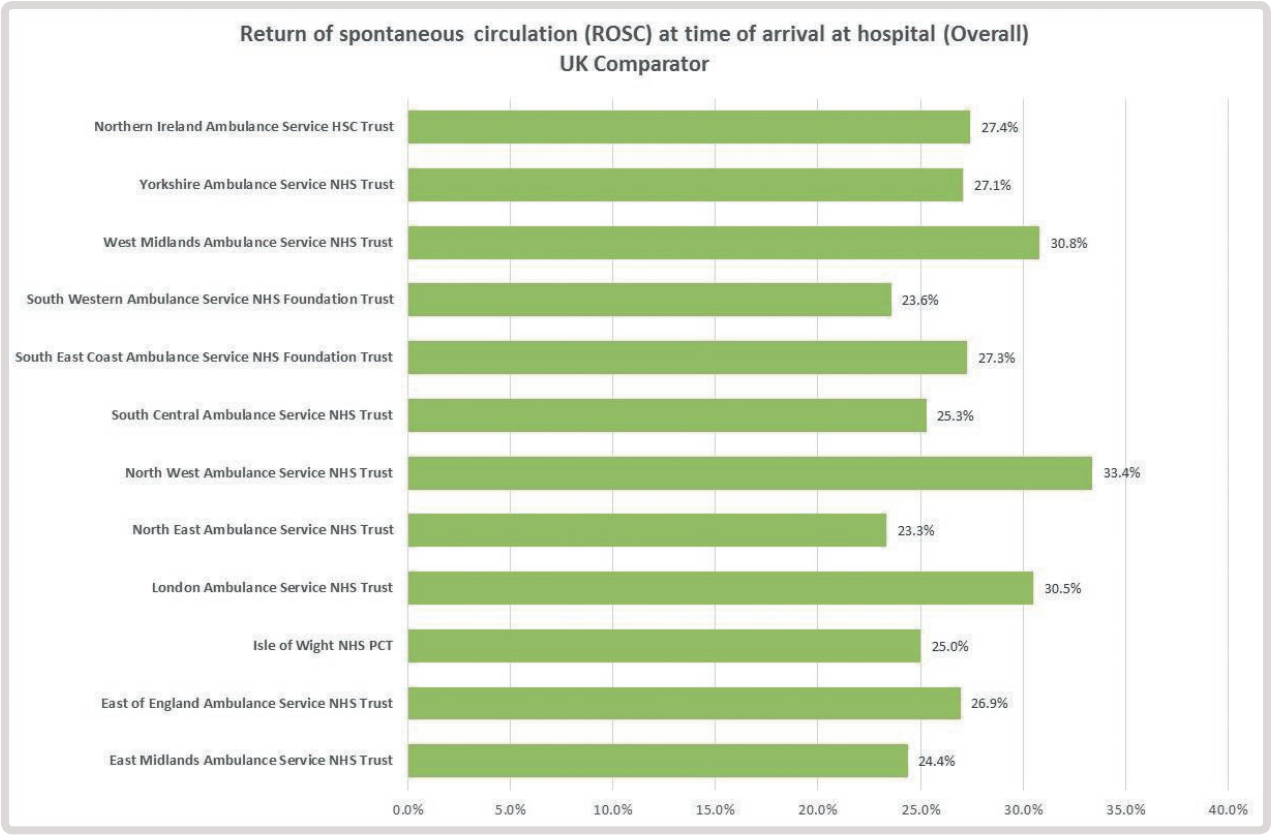



- In 2015/16 there were just under 150,000 NIAS attendances at ED in 2015/16 (approximately 410 per day)
- Ambulance Turnaround times continue to be a challenge for NIAS. Congestion at ED impact on ambulance crews being able to hand patients over in a timely manner to ED and hospital staff for care and treatments as well as delaying the time available to make the ambulance ready for the next call.
- National standards monitored by the Commissioners consider all ambulance turnaround times exceeding 30 minutes as being out of standard. In 2015/16 67.3% of all ambulance attendances at hospital resulted in ambulance turnaround times above 30 minutes. This is equivalent to the loss of 6.2 ambulances each day.
- NIAS has been working closely with hospital staff to facilitate timely patient flows across the Emergency Departments so as to improve NIAS availability for response to incoming ambulance calls.

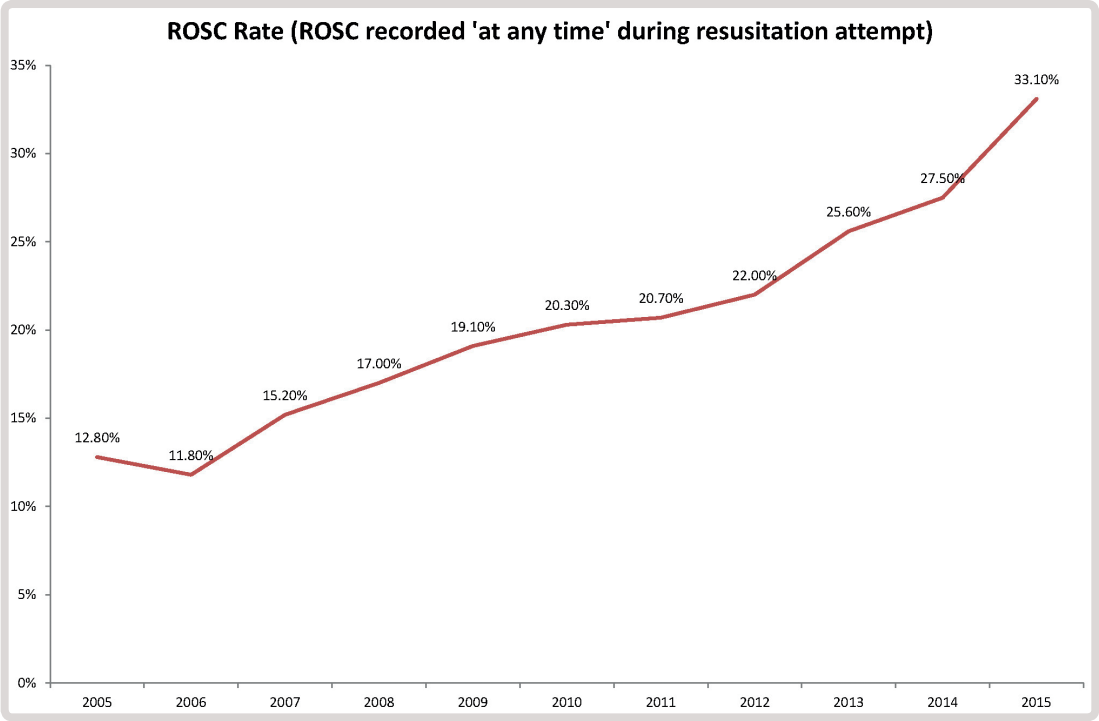
## Return of Spontaneous Circulation (ROSC)

A Key Performance Indicator used by all Ambulance Services in the UK is the percentage of patients who suffer an out of hospital cardiac arrest, who then have return of spontaneous circulation (ROSC) on arrival at hospital. This information indicated the outcome of pre-hospital response and intervention. Where cardiac arrest is witnessed, CPR is performed followed by defibrillation.

These patients are known as the Utstein comparator group as they have the greatest chance of survival.

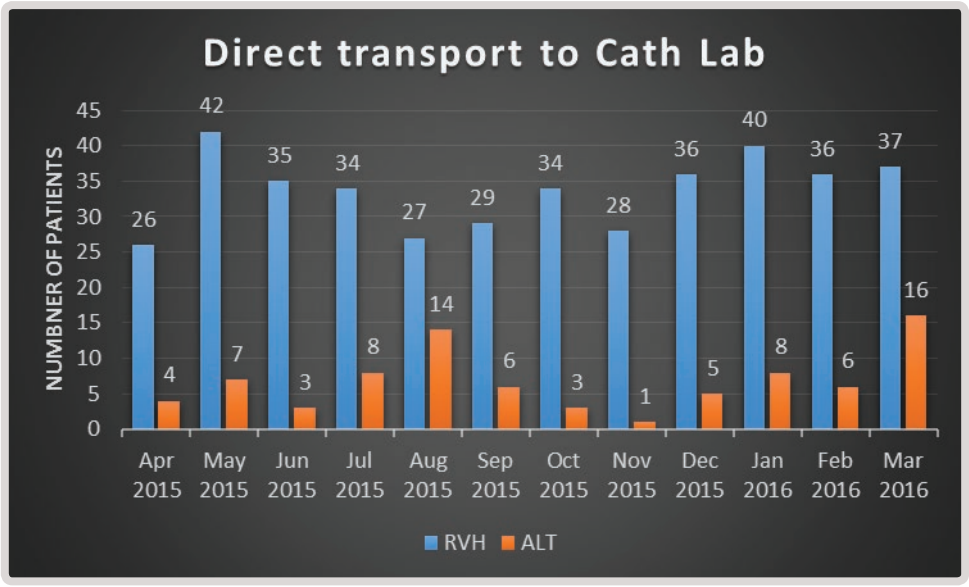



As can be seen in the graph below, NIAS performance has improved significantly year on year in this regard, with a 20% rise in successful 'at any time return of spontaneous circulation (ROSC)' occurrences over the 10 year period from 1 January 2005 to 31 December 2015.




## Cath Lab

There are currently two Cath labs in Northern Ireland at the Royal Victoria Hospital (RVH) and at Altnagelvin Area Hospital (ALT). The following charts provide detail about the patients being transported directly to the Cath Lab.

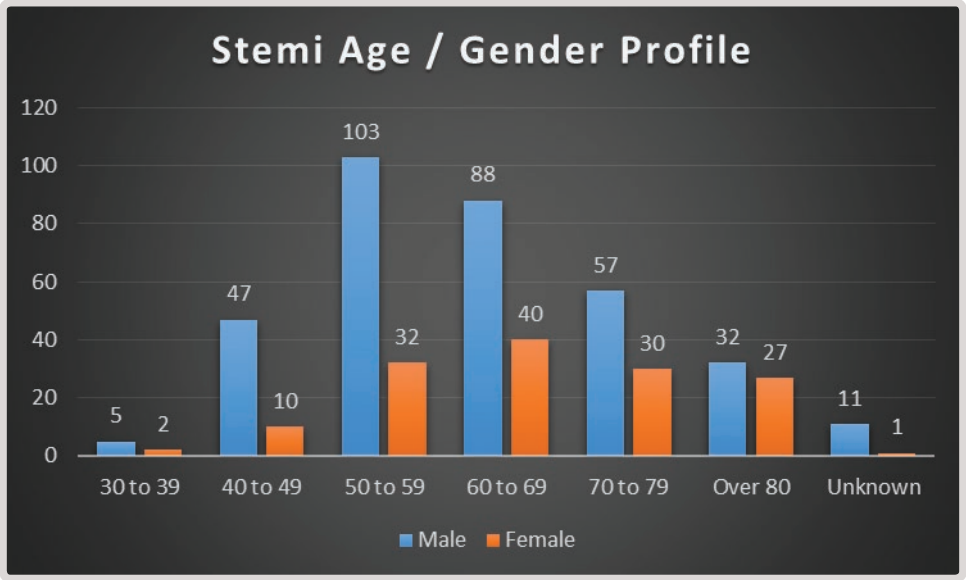



The chart above shows the number of direct transfers where NIAS has identified the need for a patient to go to a Cath Lab directly.

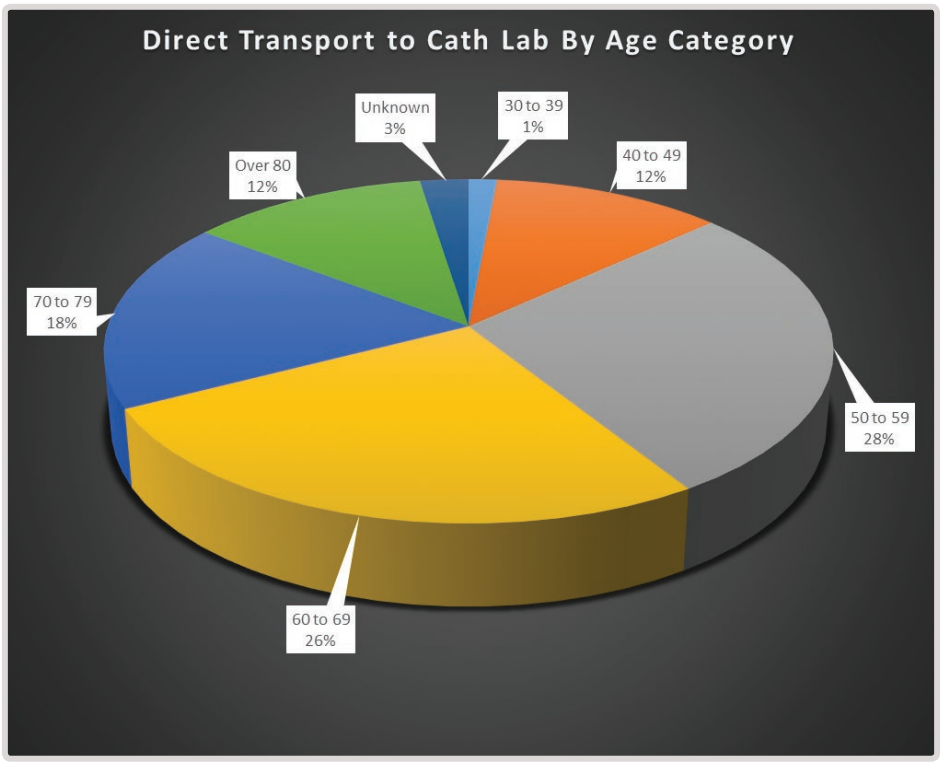
- NIAS Responded to 188302 incidents in the 2015/16 financial year.
- 404 attendances to the RVH Cath Lab for 2015/16 (0.2 % of all emergency

responses)

- 81 attendances for the Altnagelvin Cath Lab for 2015/16 (0.04% of all emergency responses)
- Average of 33.6 responses per month for the RVH Cath Lab
- Average of 6.8 responses per month for the ALT Cath Lab




- 71% of attendances at a Cath Lab for males and 29% for Females
- Most STEMI patients fall in the 50 – 59 age range ( 28 %) with the next most common age range being 60 to 69 (26%)



- Minimum recorded age for direct STEMI transport is 33
- Maximum recorded age is 96
- Average age for attendance 64
- Most common age for attendance at a Cath Lab is also 64.

Of calls that are directly admitted to a Cath Lab:

**09 mins 31 secs**

**Average Response Time for Cat A calls**

**29 mins 05 secs**

**Average Time at Scene**

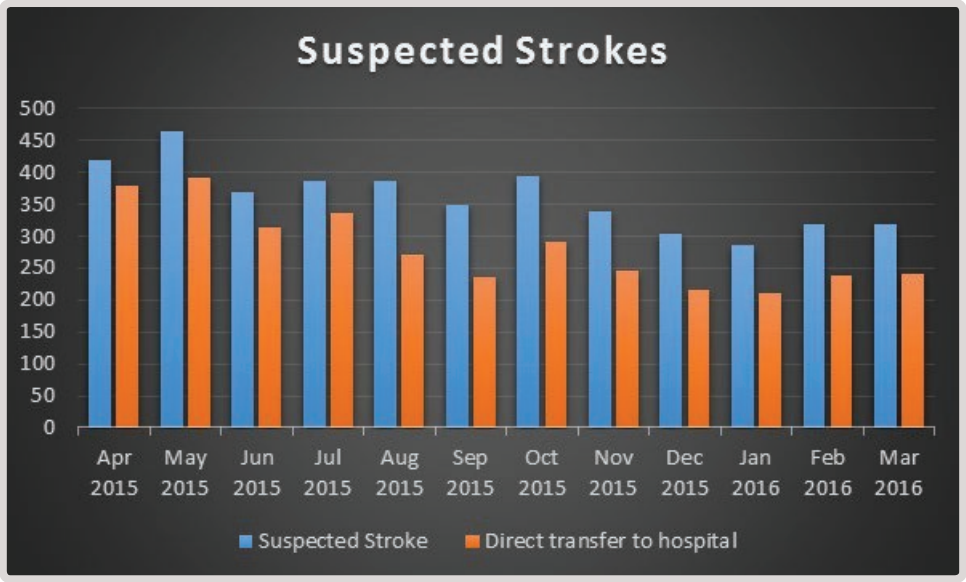
**24 mins 10 secs**

**Average Drive Time**

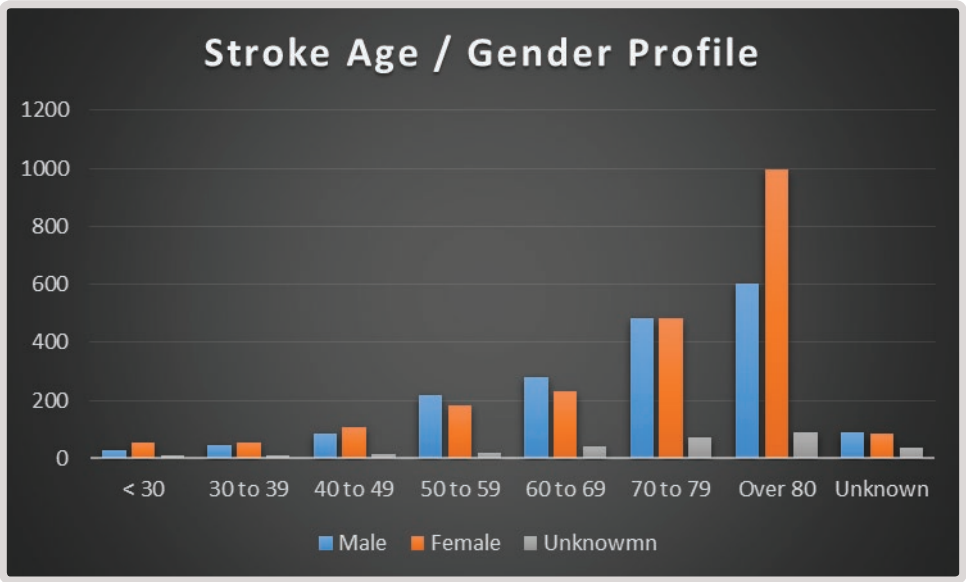
**1hr 22 mins 07 secs**

**Average Time for Repatriation from Appointment Time**

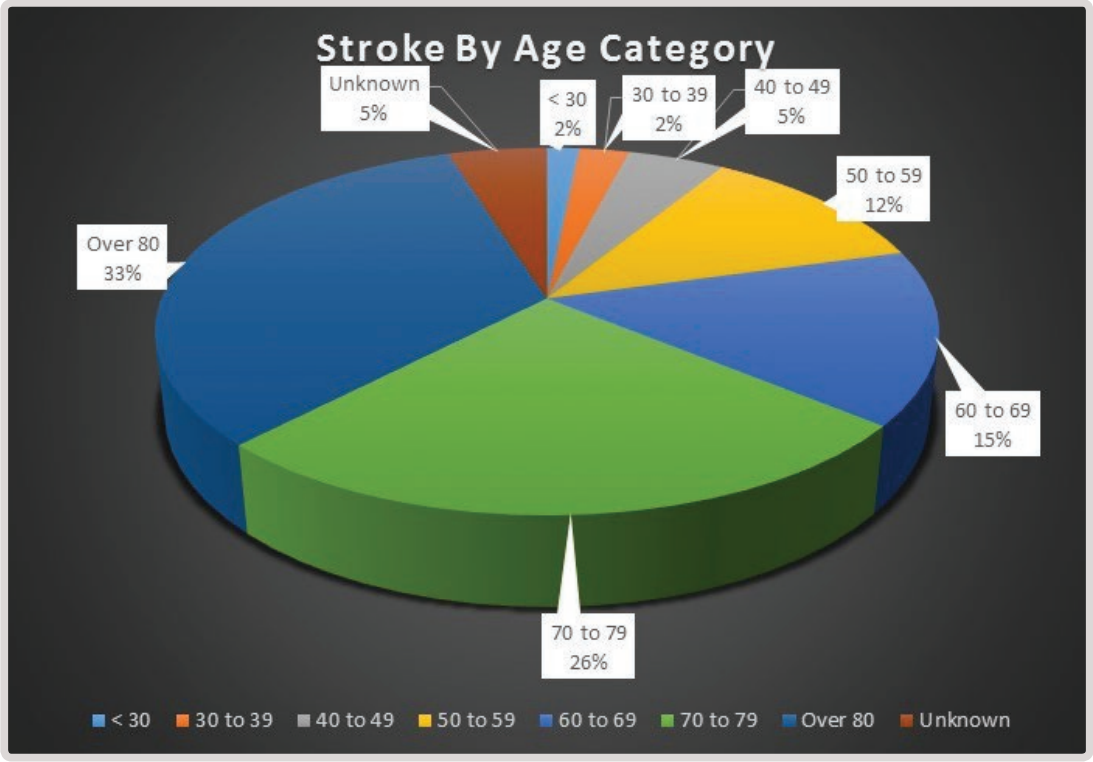
## Stroke




- During the financial year 2015/16 we attended 4339 suspected stroke incidents (2.3% of all emergency responses)
- Of these 4339 incidents we transferred 3374 to hospital (77.8%)
- Average of 361.6 suspected stroke incidents per month




- 51 % of suspected stroke attendances were for females, with males making up 42% and there is no record for the remaining 7% of attendances.
- The most common age range for strokes are over 80, with the next most common age range being 70 – 79. (39% and 24% respectively).




- Minimum recorded age for suspected stroke is 19
- Maximum recorded age is 99
- Average age for attendance for a suspected stroke is 72
- Most common age for attendance for a suspected stroke is 76

# Raising the Standards

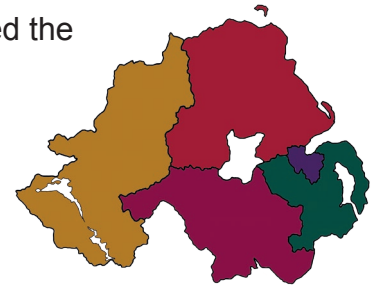
**NIAS will establish a framework of clear evidence-based standards and best practice guidance. These standards will be authoritative and concise, aimed at achieving high quality in the most cost effective way.**

**NIAS is cognisant of the importance of engaging with service-users in a meaningful way to ensure their voice is heard in in matters relating to current delivery of services and, perhaps more importantly, in how we plan to deliver our service in the future. We are aware that our view on what is best for the patient may, at times, be from the wrong perspective and while we may believe that we do things in the best interest of the patient, we realise that, in the process of developing any new processes or procedures, the views of those who will be most impacted by any such change should be paramount and incorporated into the process as an integral part.**

## Delivering Excellence in ELD

The RATC's Clinical Training Officers and Clinical Support Officers continue to make a significant contribution to the quality agenda by continuing to meet professional and regulatory body requiremnets, clinical supervision of frontline staff, the clinical governance agenda, and not least the Trust's new Quality Improvement Programme.

NIAS participates in a number of key national and regional groups to share best practice and transfer of learning. A key component of 2015-16 entailed the participation in national Task & Finish groups with a remit to develop new, regulated national ambulance training qualifications.




### Level 2 Award in Ambulance Driving

This 1 week qualification will be suitable for developing newly recruited Ambulance Care Attendants in Ambulance Driving.

### Level 3 Certificate in Emergency Response Ambulance Driving

This 3 week qualification, along with the above Level 2 Award, will be suitable for developing newly recruited Trainee Emergency Medical Technicians (TEMTs) in Emergency Response Ambulance Driving.

### Level 4 Diploma for Associate Ambulance Practitioners

The Level 4 Diploma for Associate Ambulance Practitioners (L4DAAP) will be suitable for developing newly recruited Trainee EMTs to undertake the full range of duties of a qualified EMT and will take circa one year to complete.

## The Future of Control

Above and beyond the basic functions of ambulance command & control we are preparing for the future and developing a range of innovative and exciting services.

During 2015/16 we have broadened out the range of calls which our in-house GPs can triage and provide advice for.  We are developing a clinical support desk that will include these GPs and in future may involve paramedics and other healthcare professionals in the provision of 'hear & treat' services to our callers.

We have responded to the requirements of Transforming Your Care and service modernisation by installing a NIAS Directory of Services which enables our paramedics to call into the Control room and seek advice on the alternative options available for their patients in whichever part of NI they are calling from e.g. there are new care pathways through district nursing or palliative care or care of the elderly and falls teams – all these services are described in the Directory of Services which assists the crews on the ground in their decision making.

We are supporting the wider healthcare service by facilitating alternative care pathways and by monitoring and taking action when we see pressures developing in acute hospital sites. We have a dashboard of key elements to patient flow and are able to work with the other five HSC Trusts to respond when demand is high in specific units. We comply with the Regional Unscheduled Care Escalation Guidance and redirect patients between hospitals to try and ensure service users get the best possible opportunity for timely treatment.

Given the critical nature of our services, we are working all the time to improve our resilience in the face of system failure. We have a 'buddy' system in place which enables the Scottish Ambulance Service to take our 999 calls for us. We will soon have a system in place which will enable calls Scotland has taken for us to be electronically passed to us via our Command & Control system. This will significantly improve on the existing contingency plans which focus on mobile telephony. Further developments similar to this have the potential to result in a virtual call-taking environment with seamless contingency between service control rooms. This is very exciting and there is much potential for further collaborations – for example with Republic Of Ireland and also with our colleagues in Northern Ireland Fire & Rescue service.

During the winter months we utilised extra funding to engage other service providers such as Voluntary and Private ambulance services for non-emergency calls which increased our capacity to discharge patients and to transport more people to hospital in a shorter timeframe.

With recent announcements from the DHSSPS in relation to the Community Resuscitation Strategy and the development of a Helicopter Emergency Medical Service (HEMS) we are already visualising plans to provide a trauma management control desk, a Community First Response control desk and further enhancement of the clinical support desk. The Control & Communication team will rise to the challenges the future holds.

## Emergency Control Quality Assurance Process

During the 2015 / 16 year we embedded a dedicated Call-taking Quality Improvement Team within the department. This team comprises the Control Training & Quality Assurance Officer with overall responsibility for training within EAC and NEAC, Quality Assurance / Quality Improvement and control systems, two call-take Quality Assurance Auditors (known as Q) who audit 999 calls and contribute significantly to EMD training and development and an administrative assistant to maintain the comprehensive records required for accreditation, training records and support the general functions of the team

including system housekeeping.

NIAS is committed to reviewing a percentage of 999 calls in line with annual call volume. For 2015-16 this equates to approximately 2.71% of 999 calls or approximately 60 calls per week. Calls are measured across seven areas including customer service and final coding to ensure the highest standards of patient care are provided.

There has been consistent QA in progress since September 2014 with full audit volume met since April 2015. Feedback from the auditors on the randomly selected calls is now available for EMDs the following day ensuring minimum delay in recognising professional competency and identifying any areas for improvement / risk. The overall trend has seen a reduction in deviations across all areas. This minimises risk and waste in terms of response and increases the quality of standardised patient care. NIAS now exceeds IAED standards for ACE in six of the seven areas of protocol compliance and progress in the remaining area is steadily improving which is a result of the efforts of the Quality Improvement team and to the hard work of the EMDs.

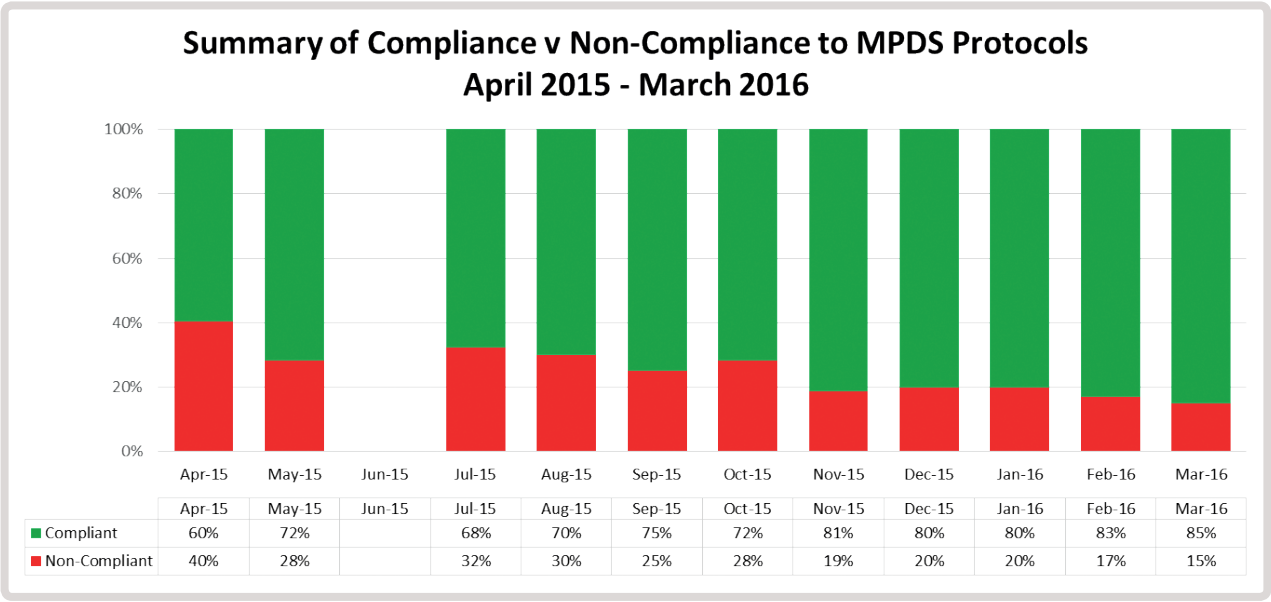
Some of our recorded KPIs demonstrate our progress towards very high levels of call-take:

| Protocol Standards | Partial Compliance | Low Compliance | Non-Compliant |
|---|---|---|---|
| Standard - % less than | 10% | 10% | 7% |
| Achieved March 2016 | 6% | 6% | 15% |

| Protocol Deviations | Major | Moderate | Minor |
|---|---|---|---|
| Standard - % less than | 3% | 3% | 3% |
| Achieved March 2016 | 1.02% | 2.29% | 2.66% |

| Prioritisation Variation | Over-Prioritised | Under-Prioritised |
|---|---|---|
| Standard - % less than | 5% | 5% |
| Achieved March 2016 | 0.40% | 1.60% |

Table 5 – Some Key Performance Indicators for our Call-taking team

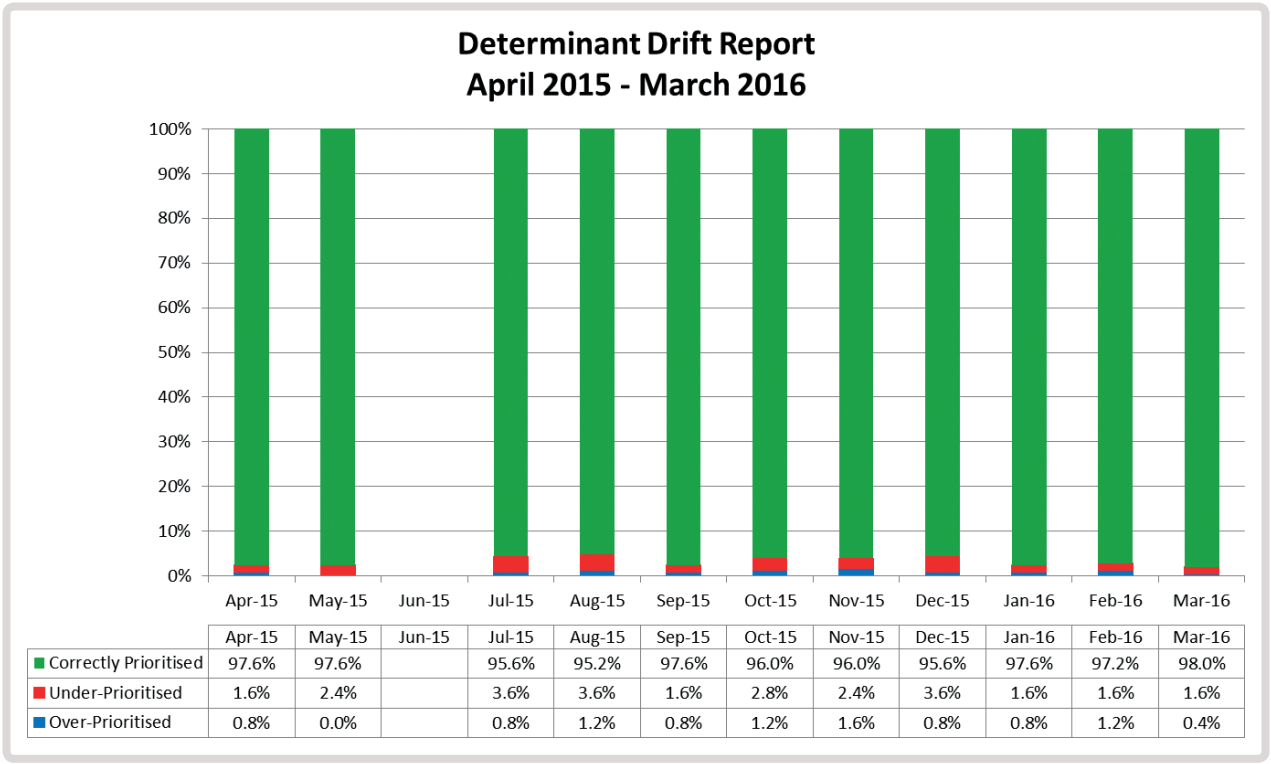



| | Apr-15 | May-15 | Jun-15 | Jul-15 | Aug-15 | Sep-15 | Oct-15 | Nov-15 | Dec-15 | Jan-16 | Feb-16 | Mar-16 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Compliant | 60% | 72% | | 68% | 70% | 75% | 72% | 81% | 80% | 80% | 83% | 85% |
| Non-Compliant | 40% | 28% | | 32% | 30% | 25% | 28% | 19% | 20% | 20% | 17% | 15% |

Table 6 – Chart showing steady improvement in compliance to protocols

Data from June 2015 are not available as the International Academies undertook the analysis during that month – the results are retained by that organisation and discounted in relation to accreditation.

The monthly Determinant Drift report indicates whether the audited calls have been over or under prioritised. The required standard for ACE is no more than 5% of calls audited being either “under” or “over” prioritised.  NIAS has consistently been well within this target.

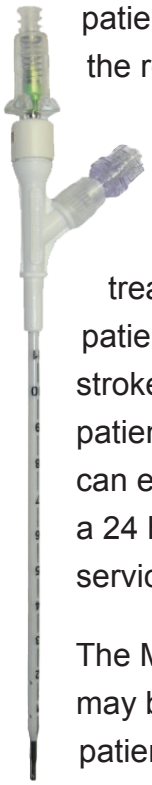



| | Apr-15 | May-15 | Jun-15 | Jul-15 | Aug-15 | Sep-15 | Oct-15 | Nov-15 | Dec-15 | Jan-16 | Feb-16 | Mar-16 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Correctly Prioritised | 97.6% | 97.6% | | 95.6% | 95.2% | 97.6% | 96.0% | 96.0% | 95.6% | 97.6% | 97.2% | 98.0% |
| Under-Prioritised | 1.6% | 2.4% | | 3.6% | 3.6% | 1.6% | 2.8% | 2.4% | 3.6% | 1.6% | 1.6% | 1.6% |
| Over-Prioritised | 0.8% | 0.0% | | 0.8% | 1.2% | 0.8% | 1.2% | 1.6% | 0.8% | 0.8% | 1.2% | 0.4% |

Table 7 – Chart showing steady achievement in accuracy of coding

## Clinical

The Primary PCI Service has been expanded to offer rapid treatment to a wider range of patients suffering different types of heart attacks, with NIAS staff being updated on the recognition and referral of patients suffering from damage to rearmost part of the heart.



NIAS is engaging with a pilot project that will see some patients with acute stroke being transferred directly to a centre that can offer intra-arterial treatment and the potential for physical removal of clots from the arteries of a patient's brain. We continue to develop our ability to assess the symptoms of a stroke during a 999 call by asking the caller to carry out simple physical tests on a patient. By identifying those patients most likely to be suffering an acute stroke we can ensure that they are prioritised and transferred directly to a hospital offering a 24 hour stroke treatment service. In future this may form the basis of a regional service similar to that available for heart attack victims.

The Medical Equipment Group constantly reviews new emergency equipment that may be of benefit in treating patients, and has recently introduced new devices for the management of patients with life-threatening chest injuries. We are currently rolling out smaller and lighter automatic defibrillators across officer and non-emergency vehicles and in response to feedback from crews we have sourced a new electronic thermometer that works more effectively in cold conditions.


The comprehensive treatment of patients with conditions such as cardiac arrest, hypoglycaemia, asthma, epilepsy, falls, stroke and myocardial infarction is under constant review with feedback being provided to crews by our tier of Clinical Support Officers.

The Infection Prevention and Control Group reviews regularly the level of personal protective equipment available to frontline staff in order to both reduce the risk of healthcare acquired infections and to protect staff, particularly with the potential for outbreaks of emerging diseases such as Middle East Respiratory Syndrome (MERS) and local issues

with multidrug resistant bacteria such as Carbapenemase Resistant Enterobacteriacae (CPE). We continue to work with the RQIA to ensure our practice is in line with the approaches used in hospitals with the aim of further reducing the rate of Healthcare Acquired Infection.

NIAS is participating in a regional review of the process for reporting serious adverse incidents (SAIs) whereby issues of patient safety can be highlighted regionally to ensure that learning is taken onboard across the whole of the health service.

We are delighted that following a public consultation, NIAS has been commissioned by the Department of Health to introduce a HEMS service for the Northern Ireland and are working hard with both the DHSSPSNI and the Nominated Charity Partner – Air Ambulance Northern Ireland – to ensure that this is done so in a fashion that provides the best sustainable service to all of the people of Northern Ireland. We are continuing to work with both the Maritime Coastguard Agency and the PSNI Air Support Unit who frequently facilitate the helicopter transport of patients from the scene of an incident directly to definitive care.


NIAS is forging more and more links with our partner agencies to provide appropriate alternatives to simply bringing all patients to an Emergency Department. Emergency Crews, with support from our regional Emergency Ambulance Control Centre, can arrange for patients to be assessed or reviewed by community healthcare teams, or to be admitted directly to the specialist hospital units that can most effectively treat their condition.

## Emergency Planning

Key staff are training in working as part of the Joint Emergency Service Interoperability Programme JESIP which promotes effective communication at unfolding emergencies. NIAS has introduced a secure stockpile of emergency drug packs for immediate deployment in the event of dealing with a major incident involving mass casualties. We have also commissioned a new mobile control vehicle which can be used to offer oversight and command of a serious incident.

# Integrating the Care

**NIAS will work with colleagues throughout Health and Social care to develop integrated pathways of care for individuals to facilitate seamless movement across all professional bodies and sectors of care, thereby contributing significantly to the raising of quality of care and outcomes experienced by patients, clients and their families.**

**NIAS continues to strive for clinical excellence in all we do and as part of the process to achieve this goal it is important that all training undertaken is of the highest standard and takes account of the many providers of excellence both within and outwith the Ambulance Service and Health and Social Care networks.**

**Always mindful of the needs of service-users, NIAS has sought and will continue to seek opportunities to unearth best practice, from whichever sector, which can be utilised in the most cost effective manner for the benefit of the service user.**

## Institute of Healthcare Management Regional Quality and Excellence Award

NIAS were delighted to have been shortlisted as finalists in the Institute for Healthcare Management Regional Quality and Excellence Award 2015. Entered into the award in January 2016 by Sarah Williamson, Transformation and Organisational Change Programme Manager, and following a three stage interview process, Frank Rafferty, John Wright and Michelle Lemon represented NIAS at the awards in Riddell Hall. The theme of these awards was “working together to improve outcomes”. The eventual winners were Belfast Trust Transplant Team but NIAS were commended very highly for our work in developing appropriate care pathways; collaborative work with other HSC organisations and reducing conveyances to Emergency Departments.

## Advancing Healthcare Awards

Also in January, Andrew Moore and Ciaran McKenna attended the Advancing Healthcare Awards NI in the Europa Hotel. NIAS were entered in the “New approaches to health and well-being, working with communities section” for their collaborative work with the Southern, Northern and South Eastern Trusts in the development of a Falls care

pathway. From 80 applications the team were shortlisted to the final 3 in their category and received recognition of the value of this new pathway for patients and the excellent collaborative working the pathway demonstrates.


## Appropriate Care Pathways

As part of the NIAS Transformation and Modernisation there are now 10 new Appropriate Care pathways in place. These new response models provide access to a range of new services to offer alternatives to the Emergency Department through treatment in the community or offering an alternative destination. They are available in a range of Trust areas across Northern Ireland and NIAS continues to work in partnership across Health and Social Care to make the pathways consistent regionally.

These new pathways include some of the following:

- Patients with Diabetes or COPD who meet certain referral criteria can be referred to the Diabetes Specialist Nursing Team or Respiratory Team for follow up.
- Patients over 65 who have suffered a fall without injury may also be referred to a local Falls Team for follow up assessment and if required may refer them to other members of the clinical Multidisciplinary team.
- Patients with Palliative care needs may now be referred for follow up by a Community Nurse or a Marie Curie nurse.
- Elderly patients with medical issues may be either conveyed to a specialist unit or

referred to one of the new Acute/Enhanced Care at Home services.

- Patients with a minor injury may be either referred to a Minor Injury Unit. This may involve the patient using an alternative means of transport to an ambulance.
- There are also new pathways for patients with Cardiac issues, Epilepsy, patients who have consumed excess Alcohol and patients whose needs could be met by a Community Nurse.

Patient feedback has been very positive about these new pathways and a robust evaluation of the project is planned for 16/17.

| **TYC Alternative Care Pathways (Call Stopped, Non-Conveyance) * Apr 2015 – Mar 2016** | |
|---|---|
| Diabetes Treat and Leave / Refer | 205 |
| Falls Referral | 464 |
| Southern Trust Acute Care at Home Team | 30 |
| Palliative Care | 27 |
| Epilepsy | 14 |
| Respiratory | 11 |
| Community Nursing | 16 |
| GP Referral ** | 241 |
| Own Transport to ED ** | 224 |
| **Total** | **1232** |

| | **Reduction in Conveyance cf Apr 2013-March 2014** | **Alternative Destination** |
|---|---|---|
| Reduced conveyances | 7245 | |
| BCH Direct (Paramedic Referrals only) | | 503 |
| Cath Labs | | 439 *(Altnagelvin data still outstanding) |
| Type 3 Hospitals and Minor Injury Units | | 324 |
| Antrim Area Medical Assessment Unit | | 119 |
| Alcohol Recovery Centre | | 17 |
| **Total** | **7245** | **1402** |
| **TOTAL** | **8647** | |

## Pharmacy

Under the guidance of the Medical Equipment Group, we are continuing to expand the range of different emergency drugs available on our emergency ambulances allowing frontline staff to treat a wider range of medical conditions. Our pharmacy arrangements are under regular review by the Department of Health who carry out spot inspections on all of our facilities to assess both security and governance arrangements

## NEAC

The NEAC team works tirelessly to maximise our response to the many renal patients who regularly travel across the province and to the patients accessing oncology and other services.  The NEAC team monitors and manages our Voluntary Car Service which provides a virtually personalised transport option for many of our low dependency but highly regular patients.

Call-takers in NEAC in Altnagelvin handled 165,000 phone calls in 2015 / 16 on top of many thousands of email and fax bookings.

As 2015 / 16 closed we were putting the finishing touches to our web based non-emergency booking system which will hopefully provide a simplified easy-to-use and more flexible tool for booking ambulances and should benefit patients and Trusts who utilise our services.