



Annual Quality Report

2023 - 2024



Working together



Excellence



Openness & Honesty



Compassion

Contents

Foreword by Chief Executive	01
NIAS Mission and Values	03
Goals	06
Facts and Figures	07
What is the Annual Quality Report	09



Theme 1: Transforming the Culture

Involvement and Co-production	12
Service User Feedback	17
Serious Adverse Incidents	27
Quality Improvement	34



Theme 2: Strengthening the Workforce

Clinical Education	37
Learning Management System (LMS)	43
Assistance to Study	48
Leadership development	50
Quality4U	52
Health and Wellbeing / Peer Support	53
Commander Training	57



Theme 3: Measuring the Improvement

Infection Prevention and Control	60
Environmental and Vehicle Cleanliness	66
Community Falls Response	69
Late Finishes Project	73



Theme 4: Raising the Standards

Complex Case Team	76
Emergency Ambulance Control Call Audit	78
Research and Development	81



Theme 5: Integrating the Care

Safeguarding	88
Urgent Care	91
Regional Electronic Ambulance Care Hub - Electronic Patient Care Records (ePCR)	93
Royal College of Nursing (RCN), Southern Regional College and NIAS Cadet Scheme	95
Hazardous Area Response Team (HART)	98

Foreword

On behalf of the Northern Ireland Ambulance Service (NIAS), I am pleased to share with you our Annual Quality Report for the year 2023 -2024.

As we reflect on the past year, it is with great pride that we present the 2023/24 Annual Quality Report for the Northern Ireland Ambulance Service (NIAS). This report serves as a testament to the unwavering commitment of our staff to delivering high-quality, patient-centred care, even in the face of unprecedented challenges.



During the past year we have launched a number of key strategies which will allow us to grow and transform the way in which we deliver our care and services. The Quality Strategy is central to our continuous improvement efforts, guiding us as we strive to meet the expectations of those who rely on our services. We have focused on key areas such as hospital handover delays, late finishes and patient and service user involvement, safeguarding and the quality assurance of our 999-call taking, to name but a few. Our commitment remains to patient safety, clinical effectiveness, and patient experience, ensuring that quality remains at the heart of everything we do.

A key achievement this year has been the appointment of our first Research Paramedic to our Research and Development Department which has been funded through the Northern Ireland Chest Heart and Stroke (NICHS) for an 18-month period. This pivotal addition emphasises our commitment to research and evidence-based practice.

In line with our Research and Development Strategy, we have continued to foster a culture in which we can build capacity and capability within the organisation. This will allow NIAS to contribute to the developing evidence base for prehospital care, which ultimately enhances patient outcomes and service efficiency.

Furthermore, the Involvement and Co-Production Strategy has been pivotal in shaping our services to better meet the needs of the communities we serve. We recognise that our patients and their families are at the centre of our care, and their voices are essential in guiding our service improvements. Through active engagement and collaboration, we have ensured that our strategies and policies reflect the real-life experiences of those who use our services. This approach has empowered us to create more inclusive, responsive, and effective care pathways.

As we move forward, we remain committed to our mission of delivering exceptional care to all who need it. The achievements highlighted in this report are a result of the dedication and hard work of our entire service, as well as the invaluable input from our partners, patients, and communities. We are confident that with continued focus on our quality, research, and involvement strategies, we will continue to improve the quality of care we provide to the community we serve.

Thank you for your ongoing support and trust in NIAS. Together, we will continue to drive positive change and ensure that our services remain a vital lifeline for those in need.

Michael Bloomfield
Chief Executive
Northern Ireland Ambulance Service





OUR MISSION

TO CONSISTENTLY SHOW
COMPASSION

PROFESSIONALISM

& RESPECT

TO THE PATIENTS WE CARE FOR.

OUR VALUES

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

WORKING TOGETHER

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



EXCELLENCE

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



OPENNESS AND HONESTY

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

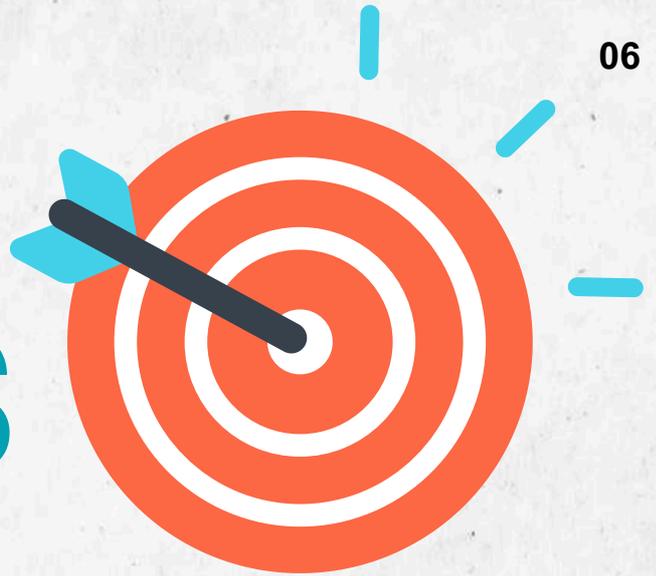


COMPASSION

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



OUR GOALS



OUR PATIENTS...

will feel professionally cared for; always with compassion and respect.

OUR STAFF...

will feel positive and proud to work for NIAS.

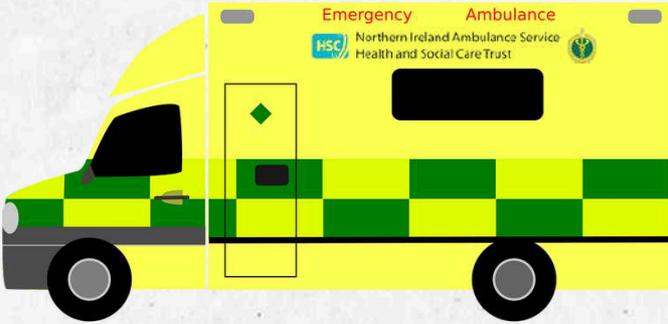
OUR STAKEHOLDERS AND PARTNERS...

will have confidence in us as a reliable provider at the centre of urgent and emergency care.

OUR COMMUNITIES...

will continue to value and trust us.

Facts and Figures In 2023/24:



CREWS DEPLOYED TO

172,868
INCIDENTS



230,503
CALLS ANSWERED



14,982

CATEGORY 1 CALLS

116,450

CATEGORY 2 CALLS

63,661

CATEGORY 3 CALLS



1,480 STAFF

333 VOLUNTEER
FIRST RESPONDERS

65 VOLUNTARY CAR
SERVICE DRIVERS

125,979 PATIENTS



CONVEYED TO HOSPITAL

43 RAPID RESPONSE / OFFICER
AMBULANCE CARS



116 DOUBLE CREWED
EMERGENCY
AMBULANCE VEHICLES



117 NON-EMERGENCY
AMBULANCE
VEHICLES



**NIAS HAS AN ANNUAL
BUDGET OF CIRCA £100M**

FIVE
OPERATING
DIVISIONS



59 AMBULANCE
STATIONS OR
DEPLOYMENT
POINTS

What is an Annual Quality Report?

The Annual Quality Report is a document which brings together a meaningful summary of all of the activities that have occurred within NIAS during a given financial year which have contributed to the quality of care and service that our patients have experienced and that our staff have delivered.

'Quality' can be a hard concept to define. The Department of Health, Social Services and Public Safety (DHSSPS, 2011) set out a vision for 'quality' for Health and Social Care (HSC) which is helpful to guide us in our understanding of this in their 'Quality 2020'.

This strategy is underpinned by 5 strategic goals. The strategic goals are:

1. Transforming the Culture -

This means creating a new and dynamic culture that is willing to embrace change, innovation and new thinking and which can contribute to a safer and more effective service. It requires strong leadership, widespread involvement and partnership-working by everyone.

2. Strengthening the Workforce -

Without doubt the people who work in health and social care (including volunteers and carers) are its greatest asset. It is vital therefore that every effort is made to equip them with the skills and knowledge they require, building on existing and emerging Human Resource strategies, to deliver the highest quality.



AMBULANCE

3.Measuring the Improvement -

The delivery of continuous improvement lies at the heart of any system that aspires to excellence, particularly in the rapidly changing world of health and social care. In order to confirm that improvement is taking place we will need more reliable and accurate means to measure, value and report on quality improvement and outcomes.

4.Raising the Standards -

The service requires a coherent framework of robust and meaningful standards against which performance can be assessed. These already exist in some parts, but much more needs to be done, particularly involving service users, carers and families in the development, monitoring and reviewing of standards.

5.Integrating the Care -

Northern Ireland offers excellent opportunities to provide fully integrated services because of the organisational structure that combines health and social care and the relatively small population that it serves. However, integrated care should cross all sectoral and professional boundaries to benefit patients, clients and families.



Theme 1: Transforming the Culture

Objective 1:

We will make achieving high quality the top priority at all levels in health and social care.

Objective 2:

We will promote and encourage partnerships between staff, patients, clients and carers to support decision making.

- **Involvement and Co Production**
- **Service User Feedback**
- **Serious Adverse Incidents**
- **Quality Improvement**



Involvement and Co-Production

NIAS is committed to developing its Patient Client Experience (PCE) and Personal and Public Involvement (PPI) processes and opportunities into a more comprehensive and cohesive Co-production model. NIAS launched its Involvement and Co-production Strategy in July 2023 during Co-Production Week. This strategy identifies how we will:

- Use lived experience data both to identify areas of excellence and to drive service improvement.
- Create partnership working opportunities which enable service users, carers, communities, and staff to influence decision making and goal setting.
- Empower service users, carers, communities, and staff to design solutions which enable better outcomes for those who use our services.
- Provide assurance on how the statutory duty to involve is being realised, ensuring our partners are central to all quality assurance processes.
- Measure the improved outcomes for staff, service users, carers and communities and share this learning across the Trust and with relevant stakeholders.



10,000 More Voices

NIAS in collaboration with the Public Health Agenda (PHA) launched a 10,000 More Voices project in June 2022 which sought to:

- Understand the lived experience of people who engage with NIAS during an urgent or emergency presentation
- Explore experience in relation to the pathways available through NIAS
- Identify good practice which should be enabled across the whole system
- Identify areas for improvement, embedding the principles of coproduction and informing actions which adopt quality improvement methodology.



141 COMPLETED STORIES — **CARE OPINION**
 — **10,000 MORE VOICES**
 — **COMPLAINTS**

141 completed stories were submitted up to the end of March 2023 we undertook a process of triangulating this data with other sources of learning including Complaints, Care Opinion and Incidents. This approach is the first example of the relationship between Care Opinion and 10,000 More Voices and will inform future work across the region.

Emerging Themes

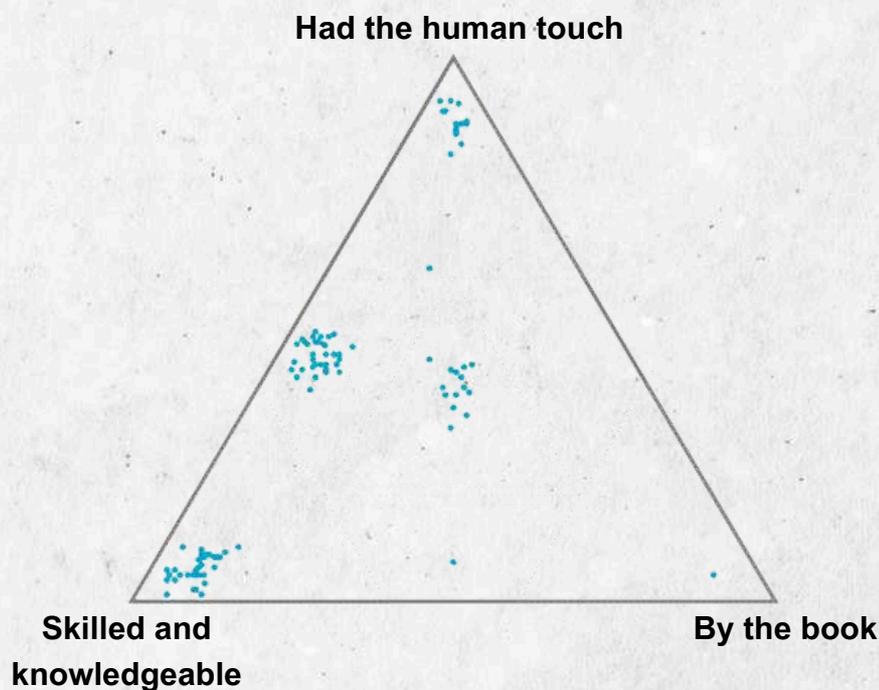
In line with the Sensemaker® methodology all returns from the 10,000 More Voices Project were tested against the context questions and demographic questions. Within the emerging themes for the story set, analysis of rate of experience indicated the strongest pattern formations giving insight into the mass sense.

The core themes included:

- Staff Approach
- Decisions about care
- Quality of care
- Quality of journey

With regards to the approach of NIAS staff, service users and carers described their experiences as follows:

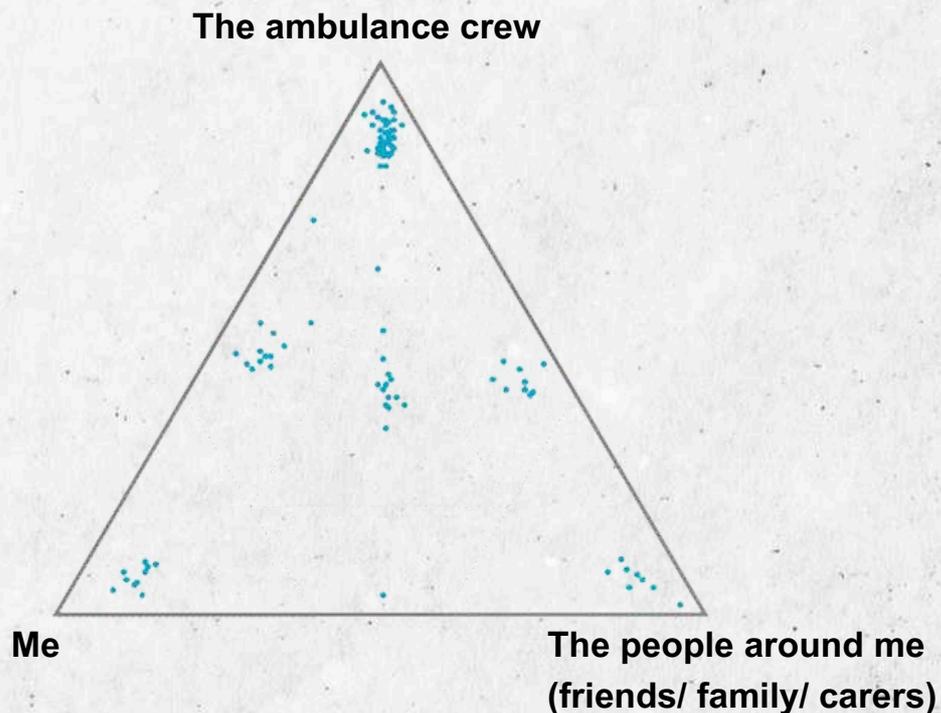
In my experience the approach of the ambulance crew is best described as...



“...I would say it was wonderful. When my husband with dementia and lung cancer left the house in the ambulance I reckoned it would be the last time I put my name and telephone number on a strip of paper in a book he was carrying - but not able to read! When he was outside Antrim Area the ambulance man must have found the piece of paper and rang me on his phone to allow me to speak to my husband. It was the kindest thing he did and meant so much...”

With regards to decisions about care, service users and carers described their experiences as follows:

In my experience the decisions about my care were made by...



Partner Voice Forum

NIAS was delighted to hold the first Partner Voice Forum in February 2024. This was one of our key actions identified in the Involvement and Co-production Strategy. This forum will support the embedding of PCE, PPI, Partnership Working and Co-Production into the ethos and practice of the organisation. Recruitment for the opportunity to join the forum was promoted via NIAS' social media platforms, the Engage website, the Patient Client Council and other key organisations, networks and partnerships across the public, community and voluntary sectors. 10 Service users and carers submitted an expression of interest and were successfully recruited.

Personal and Public
Involvement (PPI)  Involving you,
improving care

Join our Partner Voice Forum

The Northern Ireland Ambulance Service is inviting service users, carers and members of the public to express an interest in joining the Partner Voice Forum.

How members will make a difference?

Members will work in partnership with staff supporting the development and delivery of an organisation-wide approach to Experience, Co-production, Public and Personal Involvement (PPI) and partnership working across the Trust.

For further information please email neil.gillan@nias.hscni.net

 Northern Ireland Ambulance Service
Health and Social Care Trust

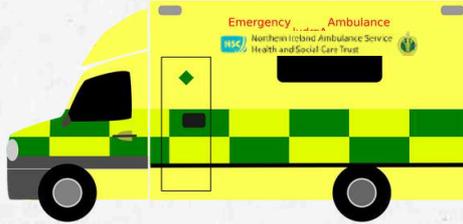


Service User Feedback

2023/24



230,503
EMERGENCY
CALLS RECEIVED
BY NIAS



172,868
INCIDENTS

153,571 NON-EMERGENCY
JOURNEYS



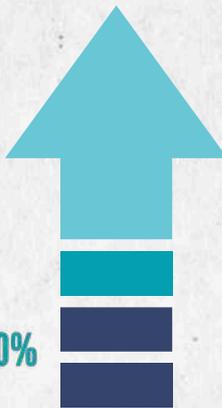
241 COMPLAINTS
WERE RECEIVED
232 COMPLAINTS
WERE CLOSED



99% OF COMPLAINTS
WERE ACKNOWLEDGED
WITHIN 2 WORKING DAYS.

RE-OPENED
COMPLAINTS
REMAINED
LOW AT **1%** OF TOTAL
COMPLAINTS
CLOSED

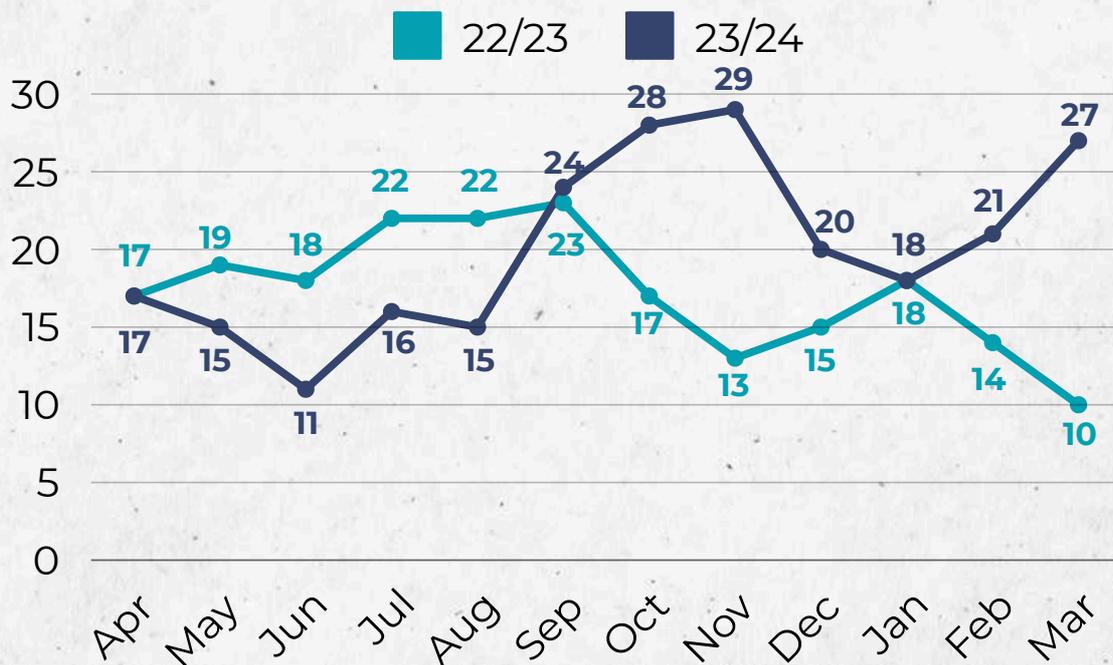
22%
COMPLAINTS
RESPONDED TO
WITHIN 21-40
WORKING DAYS
(INCREASED FROM 10%
DURING 2022/23)



44%
COMPLAINTS
RESPONDED TO
WITHIN 20 WORKING
DAYS.
(INCREASED FROM 36%
DURING 2022/23)

Number of Complaints Received

No. of complaints by month opened



241 complaints were received in 2023/24, in comparison to **208** in 2022/23. The increase was primarily related to delays and/or non-provision of non-emergency ambulances by NIAS's Patient Care Service (PCS).

The increase in complaints from October 2023 followed the re-introduction of multi-occupancy PCS journeys to increase the number of patient journeys we have provided transport for, which regrettably for a small group of patients in one division, this resulted in repeated delays and/or non-provision of non-emergency ambulances and repeated complaints.

What People Complained About

Complaints can be about more than one issue. This has resulted in a higher number of concerns (310) recorded compared to the number of complaints received (241).

What People Complained About



The most notable change seen was an increase in concerns regarding staff attitude and behaviour, such as poor communication in challenging situations or a lack of empathy shown, and concerns regarding a delay or non-provision of non-emergency ambulance transportation. Whilst there was a decrease in the number of concerns regarding the quality of care provided.

Openness & Honesty to our Service Users, Families and Carers

The Northern Ireland Ambulance Service Health and Social Care Trust is committed to improving the safety and quality of the care we deliver to the public. Open and honest communication is actively encouraged in the organisation.



Timeliness of our Response to Complaints

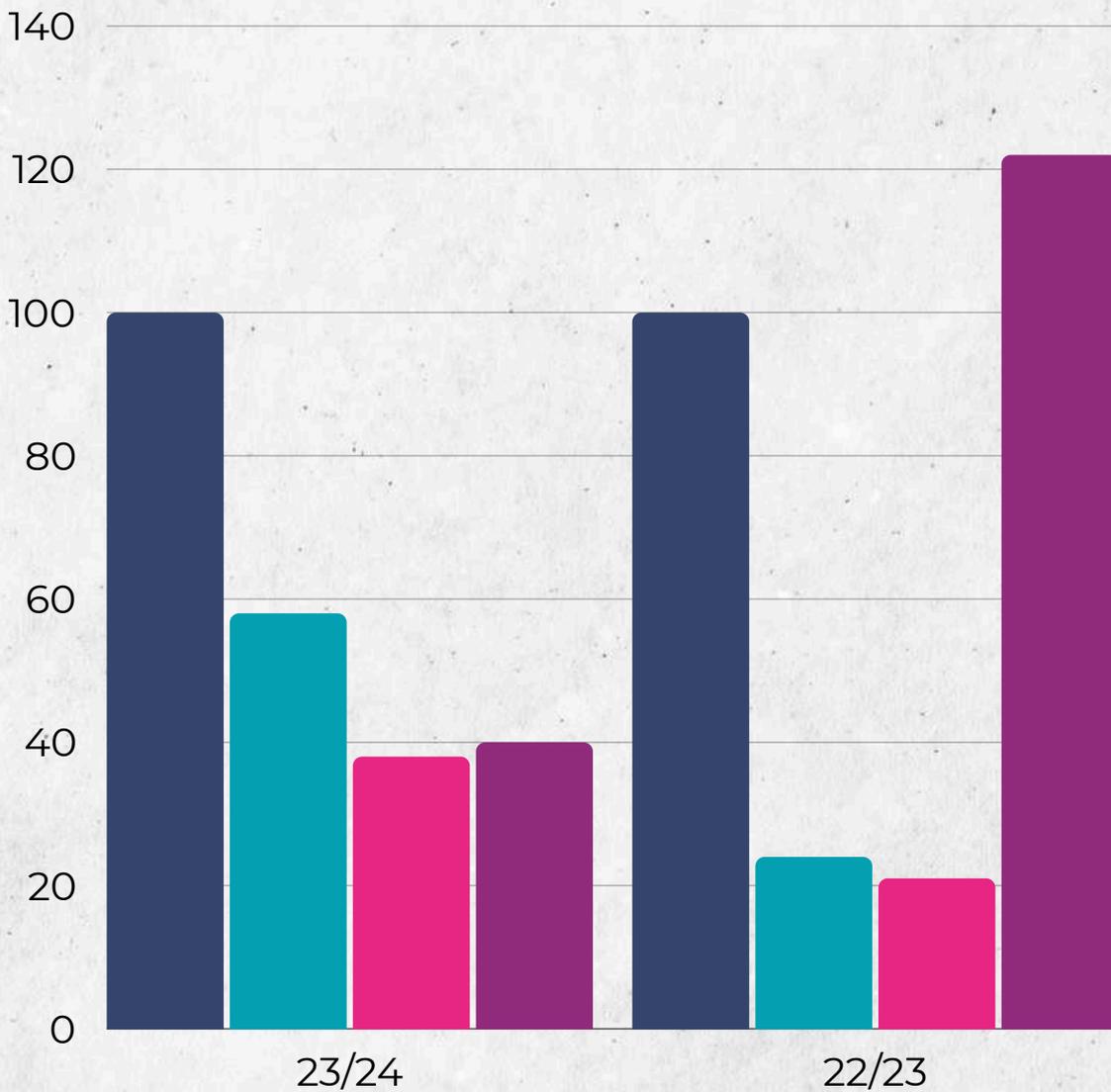
The chart below shows the timeliness of the complaints closed during 2023/24 compared to the previous year.

277 COMPLAINTS DURING 2022/23

232 COMPLAINTS DURING 2023/24

Timeliness of Closed Complaints

- <20 days
- 21-40 days
- 41-60 days
- Over 60 days



Like our counterparts throughout Health and Social Care in Northern Ireland, NIAS encountered system-wide pressures that posed challenges for promptly completing complaint investigations. **This was reflected by the escalation of our REAP for 10 weeks (REAP) Level 2 (moderate pressure) in either REAP Level 3 (major pressure) or Level 4 (extreme pressure).**

As our complaints are investigated by the same senior frontline staff who become heavily involved in responding to the REAP escalation plans, when they reach levels 3 and 4, this impacts the prioritisation of their work load to ensure operational capacity can remain at its

highest. During periods of REAP levels 3 and 4, it also made it challenging for operational crews to be stood down in order to assist with investigations.

Despite the significant and prolonged periods of major and extreme pressure, NIAS witnessed a notable reduction in the number of complaints responded to over 40 working days compared to the previous year.

The Trust remains dedicated to enhancing the quality of its complaints handling procedures and expediting the resolution of these complaints.



Feedback from Service Users and Staff

As the 2023/24 period drew to a close, an online survey was created with the support of NIAS's Patient Voice Forum. The survey aimed to gather feedback from service users regarding the Trust's complaints policy, as well as from staff involved, serving as an additional method for assessing the process's effectiveness.

Moving forward, these surveys will be distributed five weeks after the closure of complaints starting from April 2024. All feedback received will play a significant role in enhancing the service and its performance.

Learning from Complaints

We embrace complaints as valuable opportunities for learning and enhancing our services. When applicable, complaints are thoroughly discussed with the staff involved to gain a deeper understanding of the issues raised and to reflect on potential areas for improvement and best practices. Staff development is further supported by Divisional Training Officers and Clinical Support Officers, aimed at enhancing the quality of service delivery.

Throughout the 2023/24 period, a total of 117 recommendations were generated from complaint investigations, with 90 of these recommendations being implemented by the end of March 2024. Most of these recommendations have focused on providing additional counselling and/or training to support staff in their roles to prevent a recurrence of the issues raised.



Examples of counselling/further training recommended to support our staff include:

- Communication:
 - Managing confrontational situations.
 - Effective communication with service users' families.
 - Raising awareness of how comments, which may intend to be lighthearted, can cause offense.
- Ensuring the safety of equipment and service users' belongings during transportation
- Mobility assessments.
- Completion of accurate Patient Report Forms (PRF) these are the records that are completed by NIAS in relation to patient assessment and management which become part of a patients' medical records.
- Use of pressure stimuli to assess levels of consciousness

Additionally, various learning initiatives have been implemented during this period, including:

- Reminding all staff of the required driving standards when responding under emergency conditions.
- A memo to all Clinical Support Desk staff, emphasizing the importance of updating call notes to explain any delays between call acceptance and triage.
- Input on the development of an Information Marker policy based on lessons learned from complaints.
- Updating Standard Operating Procedures and providing guidance to Controllers in the Emergency Ambulance Control Room on allocating urgent calls requested by Healthcare Professionals.
- Updating the PRF policy to clarify documentation requirements when a patient cannot be located at the scene.
- Independent Ambulance Service smoking policy and driving policy updated to include the prohibition of using e-cigarettes.

Service Developments

- Development of service user feedback leaflets and small cards for staff to handout and posters for inside vehicles to improve access and information about how to submit their feedback.
- Improved access and information for service users wishing to submit their feedback via the website, which has seen an uplift in complaints being submitted via the web form from 3 complaints during the first half of the year, to 23 during the second half; whereas 28 compliments were submitted via the web form in the first half of the year compared to 80 during the second half, following the changes made.

Need assistance with providing your feedback?

The Patient and Client Council provides free and confidential advice on making a complaint. This can include help with writing letters, making telephone calls, and giving support at any meetings required to be attended.

Further information can be found at:
Online: www.patientclientcouncil.hscni.net
Freephone: 0800 917 0222

How do I provide anonymous feedback?



Care Opinion is an anonymous online feedback system used by all trusts within Northern Ireland. It is a very simple and easy to use platform and allows for a vast amount of learning to be achieved. The staff within NIAS highly value all feedback related to recent experiences of the service. This doesn't necessary have to be related to you, it can be a family member, relative or friend. The process of contacting to give feedback can be done in a number of methods:

-  **Online with text -**
www.careopinion.org.uk
-  **Online with Images -**
www.careopinion.org.uk
-  **Free post leaflet - write or draw**
-  **Freephone: 0800 122 3135**

The Northern Ireland Ambulance Service (NIAS), our volunteers and contracted service providers, all aim to provide the highest quality of services to our service users. If you've had a positive experience, we would like to hear about it.

We also accept that sometimes things do not go as they should. If your experience did not meet your expectations, we would like to hear about that too, so that we can learn and improve the quality of our services.

How do I provide feedback?

There are a number of ways you can contact our Service User Feedback Team.

Online: Scan this QR code to open our easy to use contact form and fill in all the details we need to find the service we provided.
Email: compliments@nias.hscni.net or complaints@nias.hscni.net
Telephone: 028 9040 0999
Post: Using the form attached

When providing feedback, it is important that you provide as much information as possible, including:

1. The date and location we attended,
2. How we should contact you,
3. The service and/or persons you are providing feedback about,
4. If dissatisfied with our service, what action you would like us to take.

What happens next?

If you have been dissatisfied with our service, your feedback will be acknowledged within 2 working days of receipt. We aim to respond to complaints within 20 working days. Some complaints may take longer to resolve than others. We will keep in touch if your complaint can't be responded to within 20 working days, and we explain why.

Please tear along perforated line to use attached feedback form.

HSC Northern Ireland Ambulance Service
Health and Social Care Trust 

Every experience matters!

If you have feedback about any of our services, we would like to hear from you.

Give us
your
Feedback

Compliments

Whilst the Trust recognises that we don't always get things right, each year the Trust receives hundreds of letters of appreciation and expressions of thanks to acknowledge the excellent services provided.

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

In 2023/2024, the Trust received 395 compliments. The chart below illustrates the themes captured within the compliments received.



Examples of Compliments Received

Each week a sample of the compliments received during the week are shared with all staff through the Daily Bulletin. Here are a few positive experiences shared by service users and/or their families:

Compliment 1:

"Recently because of an incident which happened in Craigavon, a paramedic attended my friend and in a very timely manner. The paramedic quickly assessed and took control of the situation. Their manner was professional, friendly and courteous to my friend and to me. Another crew came along to transfer my friend to hospital - both equally kind and efficient. They were then called away to another emergency in the building and my friend was transferred to hospital by another excellent efficient and knowledgeable team. My friend and I had great confidence in all of them. They really knew what they were doing. All of them are such an asset to the ambulance service in NI. Great role models. I'm in awe of how knowledgeable you are. Thank you so very much, you are amazing."

Compliment 2:

"I would just like to express my family's gratitude and appreciation for the care shown to my grandmother during a recent acute illness. My grandmother is 94 years old and had taken acutely unwell with norovirus and was unable to keep fluids down. The rapid response paramedic, along with a second year paramedic student, attended very promptly after being denied access to the GP all day. They administered IM Ondansetron for nausea and this allowed my grandmother to keep fluids down. They also arranged a non-urgent ambulance however due to the IM antiemetic my grandmother was well enough to stay at home. Less than 12 hours later she was back to her normal self. We are extremely grateful and relieved that she no longer required hospital especially during the current pressures on both the ambulance service and secondary care. Thank you again."

Compliment 3:

"A crew attended my parents' home when my father was very distressed and agitated requiring immediate transport to hospital accompanied by the PSNI. I followed and we then waited at the Emergency Department for approximately five hours in the ambulance until space became available. During that time, the crew treated my father with the upmost compassion and care. He was agitated and confused and they were extremely gentle and caring towards him. They supported me during this process and even brought Daddy tea and chocolate biscuits and toast! I cannot express my gratitude to these guys. They are an absolute credit to themselves and the Ambulance Service. I genuinely felt as if they cared about Daddy and his dignity in the midst of immense stress and noise of a busy ambulance bay and A&E department - they kept the environment as calm and peaceful as they possibly could and advocated for him with the varying staff and departments. Thank you!"

Serious Adverse Incidents

A Serious Adverse Incident is an incident where there was a risk of serious harm or actual serious harm to one or more service users, the public or to staff.' SAI's are reported to the Strategic Planning and Performance Group (SPPG).

NIAS remain dedicated to improving processes which identify any areas of learning & improvement within the service in order to continually grow and develop. NIAS are continually developing the Datix system to encourage all staff to report incidents with ease. NIAS actively encourages both the reporting of incidents and the open review of incidents with the staff involved.

This is an extremely vital process which enables us to capture, identify, address and share learning and can help to reduce risk and improve our service.

Patients/service users and/or their families and staff are advised when an incident relevant to them is to be reviewed as a SAI to ensure they are involved in the review as appropriate. This engagement remains a high priority and an area of renewed focus for NIAS to ensure that service users and/or their families and staff are actively involved in the review process and updated on the progress of the review in a timely manner.





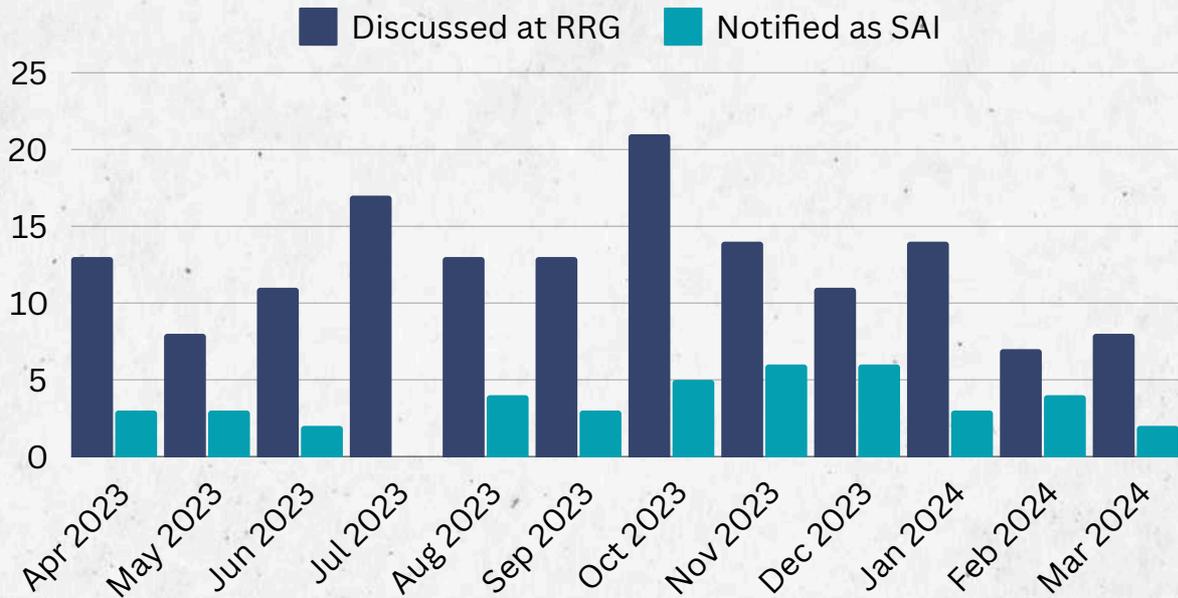
During 2023/2024, NIAS reviewed 155 potential serious adverse incidents at the weekly Rapid Review Group (RRG). This was a 15% increase in incidents reviewed on the previous reporting period of 2022/2023. This increase in reporting can reflect a positive reporting culture, however, may also be reflective of the ongoing regional pressures and the challenges these present. The RRG meets weekly to review incidents that have occurred within NIAS to assess whether they meet the regional criteria for SAI notification. This is a multi professional group comprised of senior staff with expertise in different areas such as:



- The call handling, triaging and management process
- Operational Ambulance Service Delivery
- Paramedicine
- Nursing
- Medicine
- Healthcare risk and governance.

This group reviews incidents with a view to understanding whether the incident meets the regional criteria for SAI notification and to determine what the next steps should be. The group works in line with the Northern Ireland regional SAI policy and supports organisations to identify learning and to take action where learning is identified.

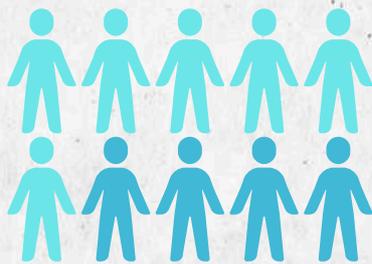
From the 155 cases reviewed, 48 have been notified as Serious Adverse Incidents to SPPG, with 4 incidents being de-escalated to bring the total to 44. This represents a 10% increase on the previous reporting period of 2022/2023. Of the 44 SAI's confirmed in this period, 33 have been related to a delayed NIAS response.



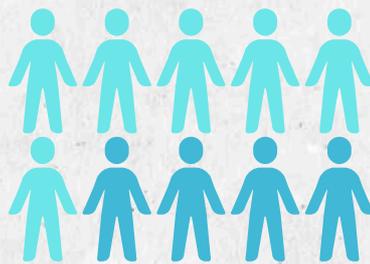
A review of data shows that there is a pattern of occurrence of SAI's, with an increase seen over the autumn and winter months. From January to March 2024, there has been a decrease in the number of incidents notified as SAI's. This is similar to the same period of 2023.

The top 3 categories of incidents affecting patients and service users in 2023/2024 are reflected below:

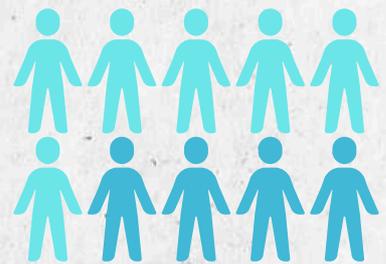
NARSF Themes of SAI Notified 2023/24



19 CALL HANDLING AND DISPATCH TICKETS



10 CLINICAL ASSESMENT AND/ OR TREATMENT ON SCENE INCIDENTS



35 DELAYS IN CALL ANSWERING AND DISPATCH

*NB – Some incidents may be categorised with more than one theme

Serious Adverse Incidents are themed using National Ambulance Risk & Safety Forum (NARSF) themes. This allows NIAS to participate in UK benchmarking against every other UK Ambulance service and we are currently engaged with this group to ensure standard technical definitions are being applied and receive annual comparisons across numerous criteria.

How the Organisation Learns

NIAS staff learn continually from everything they do, using their own knowledge & experience in conjunction with cross departmental collaboration to improve their performance. They seek to learn continually from both good practices, which we endeavour to see replicated throughout the organisation, and from instances when the service & care we provide to our service users falls below standard.

We strive to circulate and embed learning following a SAI review, which is essential to reduce the risk of re-occurrence and to ensure shared lessons are incorporated in practice and maximise the safety and quality of care provided.





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

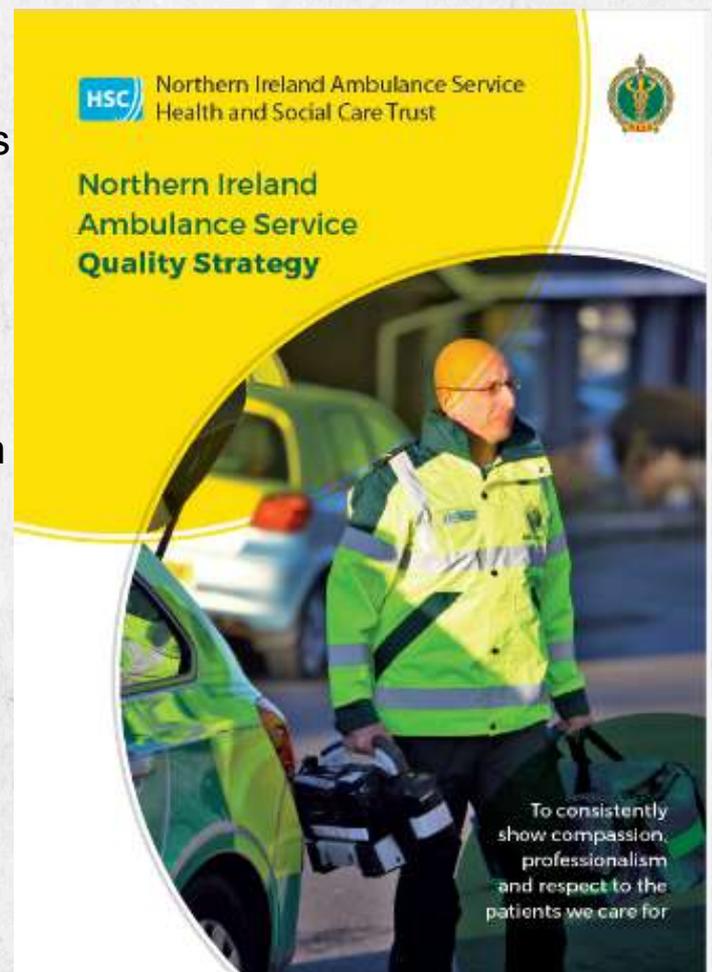
- Learning is shared with the relevant local area where the incident occurred and with staff involved following completion of a SAI through their local line management.
- Learning is shared Trust wide (if appropriate) through the Rapid Review Group (RRG).
- It is the responsibility of the SPPG to share any regional learning from the final report across the region.
- Learning is also shared generally through a range of media including our Vital Signs Newsletter, Daily Bulletin, Learning Outcomes Group, Education & Learning Development Group and Learning from Practice updates.

Quality Improvement (QI)

The development of a NIAS Quality Strategy and a QI implementation plan has not only provided a road map for increasing capability and capacity for QI across the organisation, but sets out the steps to creating an environment for change and developing an improvement culture. The Quality and Service Improvement leads facilitated a number of working groups for other directorates focusing on ‘process mapping’ of their systems. These were particularly useful and allowed for a better understanding of the systems and identification of areas for improvement. Staff engagement remains one of our key actions to build relationships, creating conditions for change and hear what matters to staff.

Quality Strategy

In June 2023 the first quality strategy for NIAS was approved by Trust board and was formally launched during World Quality week in November 2023. The strategy and was developed through a series of service user and staff engagements identified 17 areas of focus. These key quality priorities are grouped under the headings of Safe, Effective, Compassionate, Responsive and Well Led [Care]. It reaffirms our commitment to improvement and our determination to get things right for our patients and workforce. A project leads group was convened to support the leads with their strategic implementation development of their projects.



World Quality Week

World Quality Week is celebrated annually in November. As part of celebrations for World Quality Week we formally launched our Quality Strategy, published our Annual Quality Report and introduced informal QI clinics (Curry night).

Adopting a similar initiative from across other HSCNI trusts NIAS hosted its first 'Curry' night to coincide with World Quality Week in November. This was hosted in Ballymena and staff were invited from across the whole organisation to attend this informal event to discuss what mattered to them and any improvement ideas that they might have. After a short introduction to some of the tools used for improvement, there was a short interactive exercise followed by a curry supper. Although the numbers were small the discussion was invaluable, and staff were supportive of future planned events.





Theme 2: Strengthening the Workforce

Objective 3:

We will provide the right education, training and support to deliver high quality service.

Objective 4:

We will develop leadership skills at all levels and empower staff to take decisions and make changes.

- **Clinical Education**
- **Learning Management System (LMS)**
- **Assistance to Study**
- **Leadership development**
- **Quality4U**
- **Health and Wellbeing / PEER Support**
- **Commander Training**

Clinical Education

Associate Ambulance Practitioner (AAP) programme

Cohort 15 of the AAP Programme was delivered between October 2023 and March 2024, with 18 Student AAPs now completing their required 750 placement hours operationally in divisions across the organisation. These placements allow students to attain competency and sign-off in practice. Cohort 16, consisting of 23 students, commenced their course with us at NIAS HQ in May 2024, which they will complete in November 2024. . In the past AAPs were referred to as Emergency Medical Technicians (EMTs).



Paramedic Education

NIAS is continuing its partnership with Ulster University through involvement in the support of paramedic students from academic programmes through provision of practice-based learning opportunities within our PCS, A&E, RRV and EAC tiers. In November 2023, Karen Seddon-Muldoon joined us as our Practice Education Lead with responsibility for BSc student placement management within NIAS.



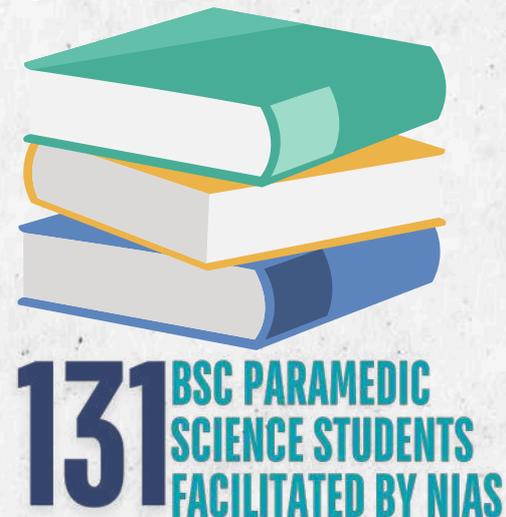
Practice Education

Practice based learning within NIAS, offers numerous benefits for the BSc Paramedic Science students, by providing a crucial bridge between theoretical knowledge and real-world application. We support the students transition from understanding the fundamentals of medical care in a classroom setting to applying them in real-life situations. NIAS provides the students with the opportunity to learn from seasoned professionals, develop their critical thinking and decision-making skills, and most importantly, to observe how they can make a difference in people's lives at their most vulnerable moments.



Our Achievements in 2023 - 2024

- **Practice-Based Learning Hours:** In 2023-2024, NIAS delivered 170 practice-based learning hours to the Ulster University BSc students (80) between May 2023 and June 2024.
- **Expanded Placements:** For the first time we are now providing practice-based placements to all three years of the Ulster University BSc Paramedic Science programme.
- **First-Year Support:** We provide first year students with a one hour stand-down during their first emergency vehicle placement, enabling their mentors to introduce them to their station, get to know them a little and settle some nerves before attending their first call.
- **In-House Education Course:** We have developed an in-house Practice Education course enabling us to progress our frontline paramedics by providing them with the skills and knowledge to become effective preceptors.



- **Open Forum:** This forum also provides a safe space to openly discuss the challenges faced by staff within an evolving organisational culture and the positive lessons we can learn moving forward.

- **Educator and Supervisor Growth:** We now have 310 Paramedic Practice Educators (PEd's) and 40 active Patient Care Services (PCS) Supervisors with 10 advancing to become Advanced Ambulance Practitioners (AAP's)/ Emergency Medical Technicians (EMT's).
- **Learning Experience Guide:** We introduced the first NIAS Practice-Based Learning Experience guide for all students starting out on their careers as paramedics.
- **Feedback Partnership:** Through partnership working, Ulster University provides us with feedback from the students after each Practice-based Learning (PBL) block, enabling us to monitor the quality of the service we provide.
- **Collaboration with with the College of Paramedics (CoP):** We continue to work closely with the CoP to contribute to and help develop Practice Education within our profession, ensuring we share our experiences and learn from our colleagues in other ambulance services.



Induction of Qualified Staff:

NIAS held a recruitment trawl earlier this year which resulted in 15 new staff joining NIAS. These were a mixed-skill grade of:

3 QUALIFIED
EMTS/AAPS

8 QUALIFIED
PARAMEDICS

3 NEWLY QUALIFIED
PARAMEDICS (NQPS)

They undertook a 3-week clinical induction programme to prepare for operational roles within NIAS.

Continuing Clinical Education (CCE) - 'Out of Hospital Cardiac Arrest Masterclass':

As part of a wider programme of improvement, the Clinical Education team, in collaboration with NIAS Clinical Service Improvement leads, Community Resuscitation team and Research lead, developed the syllabus for an 'Out of Hospital Cardiac Arrest Masterclass' which was delivered to 866 operational staff. There are plans to have a Day 2 in 2024-2025 to reinforce the progress made. Staff completed surveys of their CCE day they attended, and feedback has been very encouraging.

Continual Professional Development (CPD):

Lorraine McAteer, Clinical Support Officer (CSO), has successfully attained an MSc in Developing Practice in Healthcare. Lorraine, and is now in the process of working towards a PhD.

NIAS also supported five clinical education team members on a Postgraduate Certificate in Education for Healthcare Professionals, and two further members on a Postgraduate Certificate in Collective Leadership via Ulster University.



Recruitment:

We have welcomed three new Faculty members to our Clinical Education Dept this year – Mark Anderson and Jacqueline Franklin who have taken up Clinical Training Officer posts in Clinical Education and Sean Kelly as Clinical Education Manager, all of whom have previously held CSO roles.





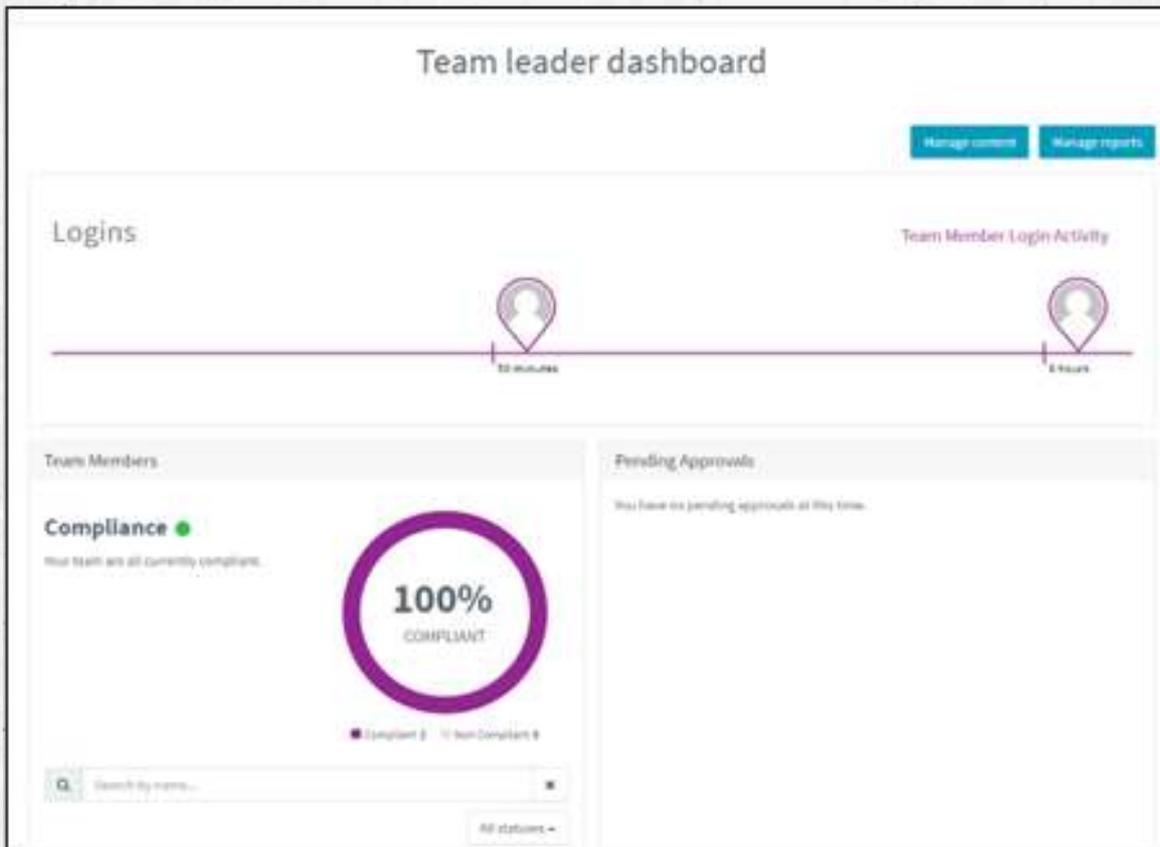
Regional Learning Management System (LMS)

The new Regional Learning Management System (LMS) LearnHSCNI went live across the Trust in May 2023. This was a huge piece of work led by the Learning and Organisational Development Team, which allows us to be proactive in contributing to the delivery of Health & Social Care in Northern Ireland through a modern and engaging approach to learning. LearnHSCNI is a robust learning platform which provides the ability to record all learning in one place, is accessible anytime from any device, is fostering a positive engagement culture, as staff can manage their learning around patient care and service user duties.

Phase one of the implementation project has been successfully completed; All staff have active user accounts, all learning histories have been successfully migrated and all core Statutory and Mandatory eLearning training is accessible. Phase two will see the expansion of training programmes available to staff to include face to face training delivered by NIAS.

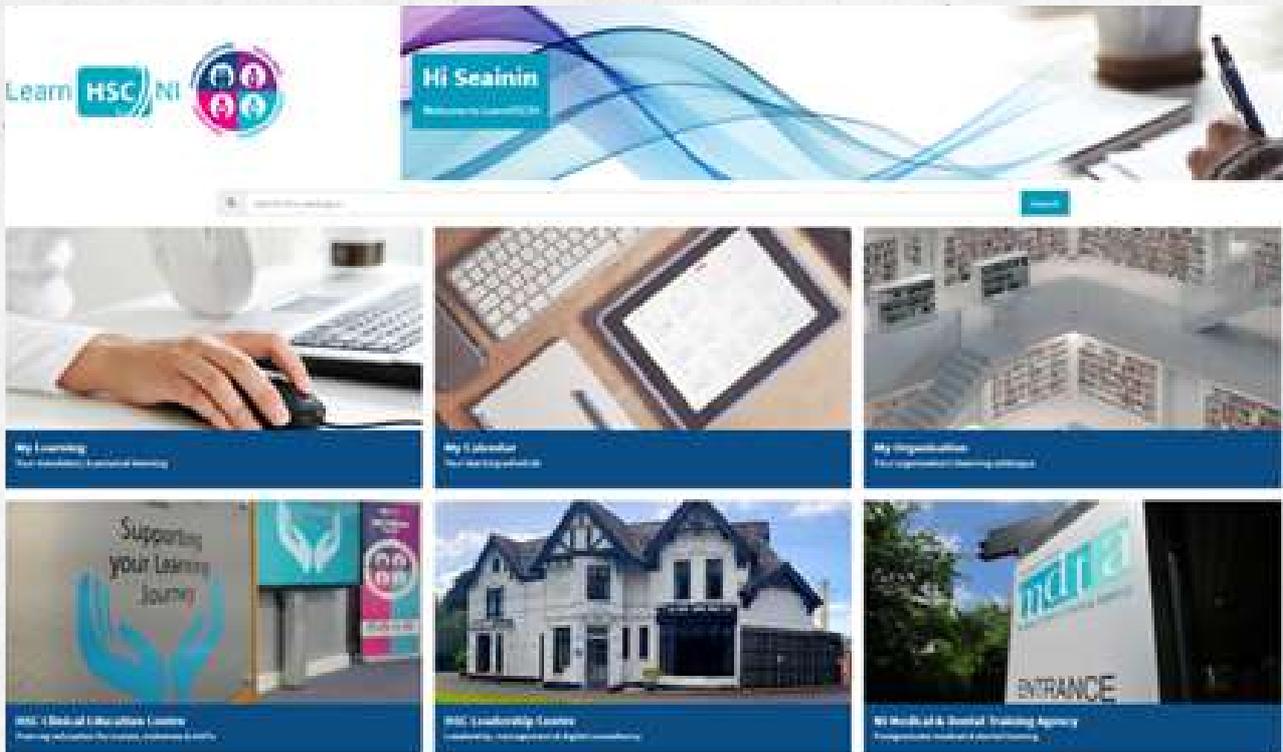
Team Leader Dashboard

The team leader dashboard allows managers to see their team's compliance. Managers can check which programmes their team members have enrolled on, how much time the team have spent learning and track previous learning history with this function.



Enhanced User Experience

LMS is a modern and engaging platform, which is mobile friendly, accessible anytime, anywhere and accommodates diverse learning styles and schedules. The platform supports eLearning, classroom based training and blended learning without the need for multiple log-in credentials.



Increased Standardisation

Shared learning content and activities across all HSC organisations will support completion passporting, alignment of learner journeys and removing unnecessary repetition of training freeing up time for direct patient care.

Improved Learning Visibility:

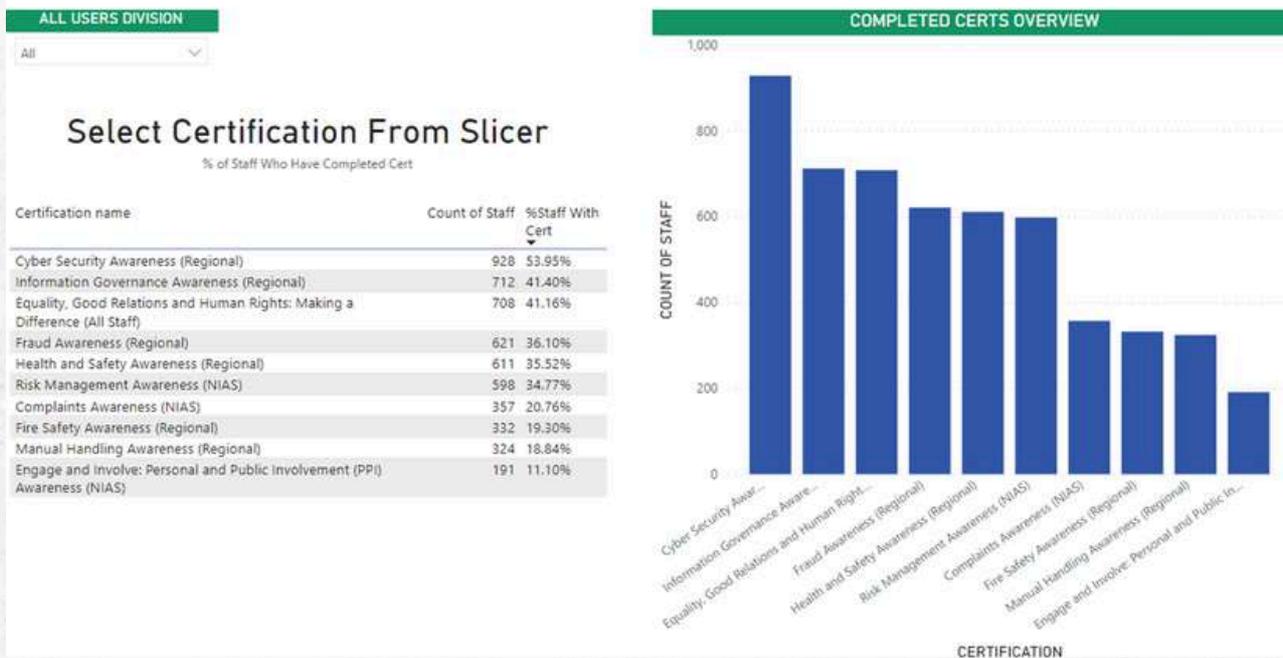
A clear view of mandatory and optional training is now available to learners and their managers. Self-management of learning is enhanced by proactive notifications of enrolments, certification expiry and a calendar of upcoming and attended training.

Since the LMS was launched there has been steady increase in the numbers of staff accessing the system and feedback from staff is that the LMS is much more user friendly and accessible.



Improved Compliance and Reporting

The NIAS Learning and OD Team in partnership with the Data Analytics team have developed a Training Dashboard which allows NIAS an ‘at a glance’ look at how we are performing overall with mandatory training compliance. The dashboard has options to break the figures down per directorate, division, location, and role, allowing us to identify and target areas where compliance is low.



Assistance to Study Programme

The Trust recognises the essential role of staff in achieving its corporate objectives. Learning and development is critical to equip staff with the knowledge and skills required to deliver these objectives and provide the best possible service to patients and service users.



This programme aims to provide a mechanism to support staff in the delivery of the Trust's Corporate Themes: -

- Our patients will feel professionally cared for, always with compassion and respect
- Our staff will feel positive and proud to work for NIAS
- Our stakeholders and partners will have confidence in us as a reliable provider at the centre of urgent and emergency care
- Our communities will continue to value and trust us

Our Assistance to Study Programme continues to be a success: In 2023-24 a total of 43 staff were successful in their applications for further development. These development opportunities included conferences, workshops, training, and further education. A total of £37,103 was funded for personal and professional development.

Below is a list of all learning initiatives attended this year:

- European Resuscitation Council Conference 2023
- NASAG June 2023
- Welsh Ambulance Service Safeguarding Conference 20 June 2023
- NICON
- Interview Skills band 7 and under
- Women in Leadership
- BSc Paramedic Practice Development
- The security institute diploma in security management
- PGCERT paramedic Practice Development
- MSC Advance Top up
- Infection Prevention and control
- 3rd International Seminar on Public Health Research in Palliative Care
- 'Having difficult conversations' course
- BSc Hons Paramedic Practice (Top up)
- Master of Arts - Clinical Education
- RDF24 - NHS R&D Forum Annual Conference
- Bereavement, Grief and Loss
- Interview Skills
- UK GDPR Practitioner Certificate
- BSc Hons Paramedic Practice Development
- Frequent Caller National Network – April Meeting 2024
- UK Major Haemorrhage Conference
- Ambulance Q 24
- PRINCE2 FOUNDATION TRAINING AND EXAM
- Microsoft Azure AI-900 AI Fundamentals Training and Exam
- Having important conversations
- SQL Introduction/SQL Intermediate/SQL Advanced

As part of 'measuring the successes of this investment an evaluation piece will be completed in 2024/25.

Leadership Development

The Learning and Development team continue to support the Trusts commitment to embedding collective and compassionate leadership at all levels.

Emergency Medical Dispatch Team Leader Development Programme:

In September 2023 we supported the EAC  SURESKILLS manager to develop a five day programme in partnership with SureSkills for Emergency Medical Dispatch (EMD) Supervisors. This programme of practical and interactive workshops along with 1-1 coaching sessions enabled the new NIAS EMD Supervisors to gain the required understanding of the knowledge, skills and positive behaviours required to be an effective and supportive frontline team lead.



We continue to support staff development via funded courses through our service level agreement with the Leadership Centre, these courses included:

- Post Graduate Diploma in HSC Management
- Masters in Business Improvement
- Aspire
- Proteus
- Interview Skills
- Having Difficult Conversations

We have fully utilised all of the available capacity of our Service Level Agreement (SLA) or a total of:

- 29.68 Consultancy days
- 35 Management Development places

New Modernised in-Person Corporate Welcome & Onboarding



In March of 2020 due to the pandemic. We established a remote, online Corporate Welcome. It was always the intention to bring this back to an in-person event and we are happy to say that we achieved this in 2024. The Learning and Organisational Development Team arranged a Process Mapping session with key persons involved in the onboarding of new staff. This was an extremely useful exercise in which we were able to map out the journey of a new start staff member from recruitment right through to their arrival on the first day.

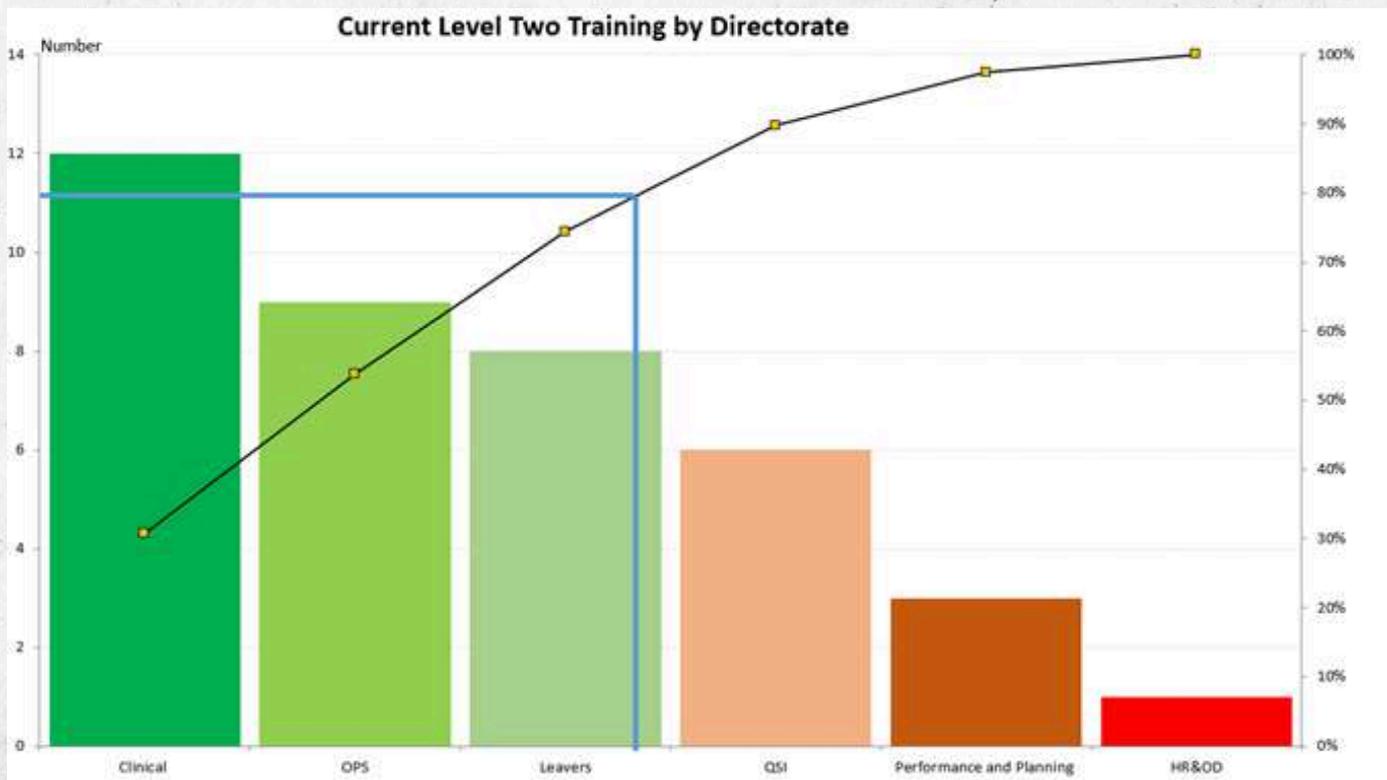
Understanding what communications were sent, when they were sent and who was involved gave a great insight into where the process could be streamlined and how we could make it a more engaging smoother process for staff. We have a new format for the 1-Day in person Corporate Welcome and will roll this out in 2024/25.

Quality4U

Developing our capability and capacity for QI remains a priority and we were delighted to support a further six staff to graduate from the Quality4U programme facilitated by Southeastern Trust. We had two projects receiving awards in Best Poster and Best Project categories.



We have also been able to support a further 10 staff on the Quality4U level two programme this year. It is anticipated that NIAS will move towards the provision of an in-house programme from next year onwards.



Health and Wellbeing

Compassionate Leadership

Improving staff access to support and creating and embedding a culture of health and wellbeing across the organisation continues to be central to efforts towards the corporate aim 'NIAS is the Employer of choice'. 98% of the actions in the 23/24 NIAS Healthy People, Healthy Place Strategy implementation plan have been completed.

One of the significant milestones reached in the organisational commitment to improve staff access to support and prevent harm is the permanent appointment to four Health, Wellbeing and Peer Support roles. The peer-to-peer roles are among the first across ambulance services and Health and Social Care trusts. The roles include providing Critical Incident Stress Management (CISM) support for staff and the continued development of our CISM peer support network.

The capacity and effectiveness of the CISM volunteer network has been enhanced this year with 20 more colleagues from ambulance control and on the road emergency response completing CISM training. The training was enhanced this year with SafeTALK, health champion training and compassion focused approaches to create a Trauma Compassionate Peer Response (CPR) programme.



Trainees have supported colleagues post incident and 73% of participants completed the post debrief evaluation. 72% of respondents attended a group debrief and 27% attended a one to one debrief. Mirroring outcomes in previous years 100% of respondents agreed that attending the post incident psychological de brief had supported them to remain in work or return to work. Also 100% of respondents agreed or strongly agreed that the facilitators were sensitive and non-judgemental, that support information was relevant to needs and they were aware of how to access support in the future. When asked how the service may be improved, evaluations suggested a desire for additional, more immediate 'peer support' in the emergency control room and 'more staff trained in station'. These suggestions have been central to the continued development of the service.



Promoting compassionate approaches continued this year through a range of psychoeducation and wellbeing programmes that build on talking therapeutic approaches. 173 colleagues benefitted from monthly psychoeducation and resilience workshops. All participants reported being more aware of support available, increased agency and more likely to use access support. For NIAS colleagues who accessed Inspire services and used counselling interventions, 86% demonstrated clinically reliable, statistically significant change and improvement according to pre and post measures of levels of distress. Outcome assessment of counselling interventions shows a notably positive impact on staff wellbeing by significantly reducing levels of distress and maintaining wellbeing.

Blossoms at Larne Lough

HORTICULTURAL + NATURE-BASED THERAPY

All participants on three horticulture therapy-based programs (at Blossoms Larne) experienced marked improvement according to the Short Warwick Edinburgh Mental Wellbeing and the CORE-10 level of psychological distress scale.





“I feel like I am able to focus on self-care, manage stress, feel less overwhelmed by life/work/health problems. I love the feeling of calm I get throughout my time at Blossoms.”

Outcomes from participation in water and forest-based wellbeing sessions have mirrored research on the benefits of blue and green space including improved mood and reduced impact of stress.

“This health and wellbeing day was well organised; it was obvious that research as carried out in to where and who would provide the service that day. It is not something I would normally take part in but after attending the day I feel it was of great benefit to my health and wellbeing and would recommend ‘Forest is for rest’ to my colleagues”



Commander Training

During 2023 the NIAS Emergency Planning Resilience and Response (EPRR) Department collaborated with the London Ambulance Service (LAS) to develop a training and education programme for NIAS Commanders. From the outset, this programme was tailored to meet the needs of NIAS, with invaluable advice, guidance, and mentorship from LAS.



Between June 2023 and March 2024, a total of 48 Commanders were trained across 5 courses. As these courses progressed, NIAS EPRR established their ability to deliver the programme independent of LAS, while still maintaining this crucial relationship and a peer review function. This occurred whilst also strengthening links with the National Ambulance Resilience Unit (NARU) Command training team.

While feedback from the course has been positive, more importantly a number of these Commanders have since dealt with significant incidents, including declared major incidents, and have described feeling better prepared and equipped to take on their role as a Commander.

As those Commanders who have attended the course are aware, retention and maintenance of knowledge and skills is crucial, with Commanders being expected to undertake Continuous Professional Development (including reflective practice) and revalidate the course every 3 years.





Theme 3: Measuring Improvement



Objective 5:

We will improve outcome measurement and report on progress for safety effectiveness and the patient/client experience.

Objective 6:

We will promote the use of accredited improvement techniques and ensure that there is sufficient capacity and capability within the HSC to use them effectively.

- **Infection Prevention and Control**
- **Environmental and Vehicle Cleanliness**
- **Community Falls response**
- **Late finishes project**

Infection, Prevention and Control

Hand Hygiene and Use of Personal Protective Equipment (PPE) Audit Key Performance Indicators (KPI) and process

The aim of the Infection Prevention and Control team (IPCT) is to prevent avoidable healthcare associated infections, by ensuring that care is delivered in a safe and effective manner according to evidence based policy, education and advice. Audit is an important tool used by the IPCT to measure compliance with agreed KPIs. Audit provides insight into causes of noncompliance, allowing the team to support staff to overcome these.

There are two central KPIs within NIAS in relation to IPC; hand hygiene (HH) and use of Personal Protective Equipment (PPE). The KPI for both these activities is set at 90%.

Auditing of HH and PPE is undertaken monthly in the seven larger emergency departments regionally to represent divisions within NIAS.

It is important to acknowledge that ED performance levels do not just represent the performance of crews from that Division. Crews may frequent various EDs, for example crews from North Division may convey to the Mater Hospital; crews from Southeast may convey to the RVH and vice versa depending on the needs of the patients and needs of the service.

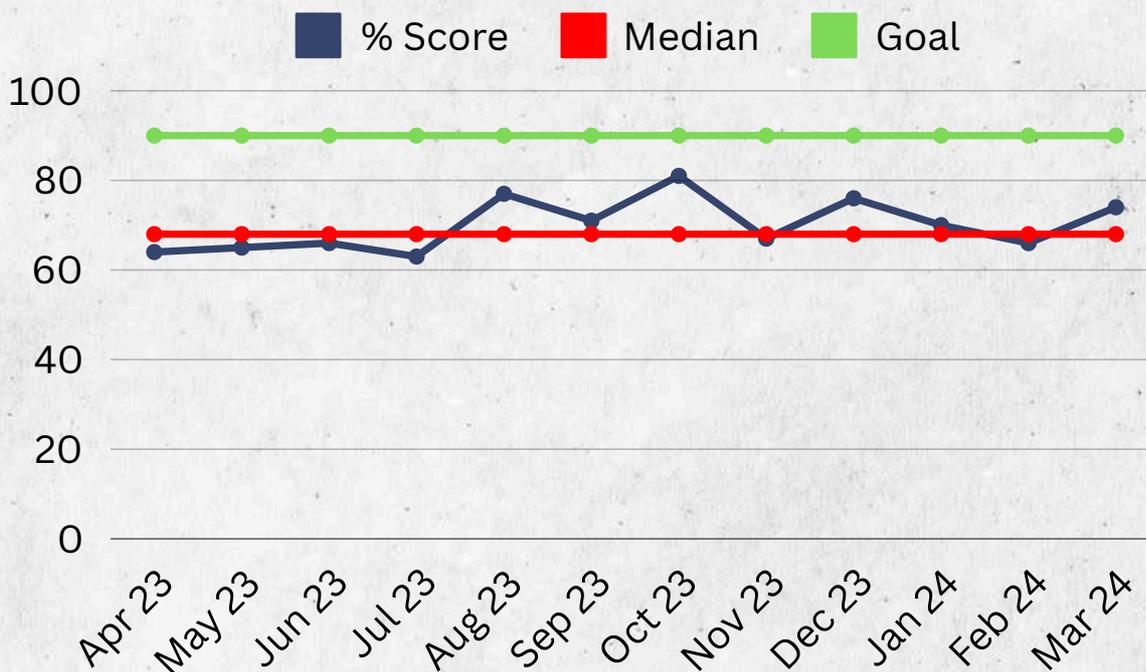


The audits are completed on the DocWorks audit platform and reports sent to the relevant division once an audit is completed. This is a digital auditing platform which allows the IPCT to record their observations of HH and PPE in real time. All of the observations are then able to be stored and collated into reports and action plans.. All results are compiled into a monthly report which is shared across divisions, and with senior managers for learning.

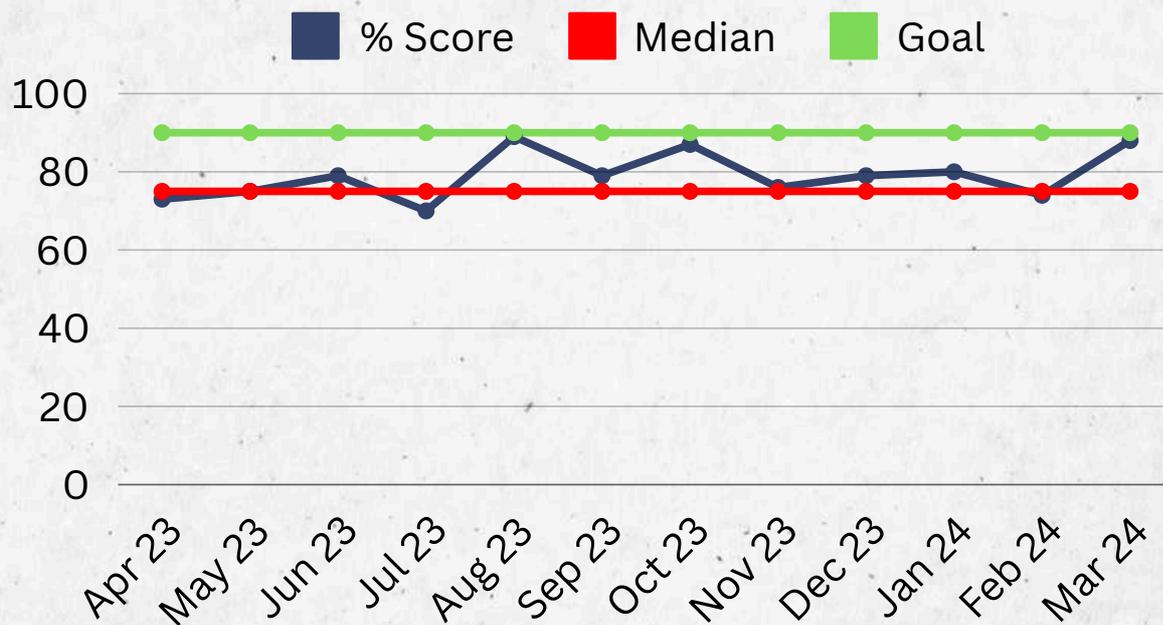
The bi-monthly IPC/EVC group meeting provides an opportunity for all areas to discuss the result of these audits and how performance can be improved, any learning is shared in this forum and actions taken forward. Safety, Quality, Experience and Performance Committee (SQEP) is fully briefed on performance against the KPIs and actions to drive improvement.

Performance against KPI 1 April 2023 – 31 March 2024

NIAS overall % compliance Hand Hygiene Audit 1st April 2023 - 31st March 2024



Regional % compliance PPE Audit 1st April 2023 - 31st March 2024



Audit Themes

Areas of good practice

- When staff undertake hand hygiene, they have demonstrated good technique with the seven steps
- Staff have demonstrated good knowledge of how and when to perform hand hygiene.
- Staff have demonstrated their ability to risk assess the level of PPE required when providing care i.e. if a patient had a suspected or known infection or when there was a risk of exposure to body fluids.

Areas for improvement

- There was an overuse of gloves by staff with staff continuing to wear the same gloves while touching the ambulance/hospital environment, their uniforms and equipment. This prevented staff from completing appropriate Hand Hygiene (according to the WHO 5 moments) and the contaminated gloves could then become a potential risk to both staff and patients.
- Not being bare below the elbow when undertaking HH and during patient care (mainly wrist watches and long sleeves)

Action taken in response to results

- This learning was shared through the IPC and EVC group to engage all members of the Multidisciplinary team to drive improvement through strong leadership.
- Face to face engagement with staff at both the Emergency Departments and Stations, around the issues identified with respectful challenge by the IPC team.
- Area managers are provided with any non-compliant staff members details to identify trends and to allow for appropriate follow up.
- Promotion and engagement with World Hand Hygiene Day. World Hygiene Day takes place every year on 4th May, NIAS used this opportunity to promote and refocus on the importance of HH.
- Educational information including newsletters and staff leaflets were prepared and shared widely in the Trust.
- A Quality Improvement project was undertaken with the Southeast division at the Ulster Hospital to improve compliance with glove wearing to improve HH compliance. After receiving feedback from staff on the reasons they use gloves, bespoke resources and education was created and results monitored. Project will run to May 2024 after which time it will be evaluated and expanded to the other divisions.



Other auditing activities

The IPC team in this period have re-commenced RQIA style environmental cleanliness audits in stations. This audit programme aims to have an RQIA style audit completed in every ambulance station as a minimum once every two years. The RQIA style audit used is that created by the independent regulator, so NIAS is auditing to the same standard. The tool evaluates 5 main areas:

- 1.General Environment
- 2.Patient Linen
- 3.Waste and Sharps
- 4.Patient Equipment
- 5.Hygiene Factors
- 6.Hygiene Practices

The audit is unannounced and carried out on the Docworks platform. Once completed this is shared with the station officer and areas manager, an action plan of improvement areas created which is followed by the station officer and appropriate others such as estates or fleet management.

An established escalation process is in place based on the audit result. The majority of audits undertaken have been compliant scoring 85% and above and where areas are found to be non-compliant or partial compliant the area is supported by the multidisciplinary team to drive improvement.



Development of a bespoke NIAS IPC Resource

A major accomplishment this year was the development of the IPC resource. This web-based resource provides NIAS specific advice for frontline staff based on the Northern Ireland Regional IPC manual and National IPC manual for England. It has been designed to be assessable from any mobile phone or tablet and is has also been made available to NIAS staff through APPs that are used for clinical guidelines by all Paramedics, AAPs and Ambulance Care Attendants. The resource provides an A-Z of organisms and how to manage them in an ambulance setting so IPC advice is available 24/7 at the point of care. Feedback on the resource has been hugely positive from NIAS staff. Following discussion with national ambulance colleagues other national services are keen to take replicate this resource in similar formats for their own teams.

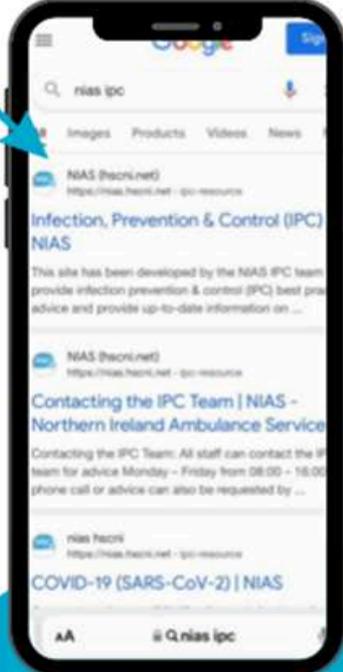
As the resource is now established in the organisation in the next year, we hope to expand the service it provides and include more short form education staff can access during down time.

HOW TO ACCESS NIAS IPC STAFF RESOURCES

The IPC Resource is used to provide support and information for staff anywhere and at any time about potentially harmful microorganisms, IPC requirements including PPE, cleaning requirements and if staff need followed up by Occupational Health.

-  Search 'NIAS IPC' and click the top link that appears
-  JRCalc access under:
Guidelines – NIAS Operational –
NIAS IPC Microorganism Guidance
-  Sharepoint access via quick links
on the homepage
-  Visit the NIAS website:
www.nias.hscni.net/other/ipc-resource

Scan the QR code below

The smartphone screen shows search results for 'nias ipc'. The top result is 'NIAS (hscni.net) Infection, Prevention & Control (IPC) NIAS'. Below it is 'Contacting the IPC Team | NIAS - Northern Ireland Ambulance Service'. At the bottom, there is a section for 'COVID-19 (SARS-CoV-2) | NIAS'.

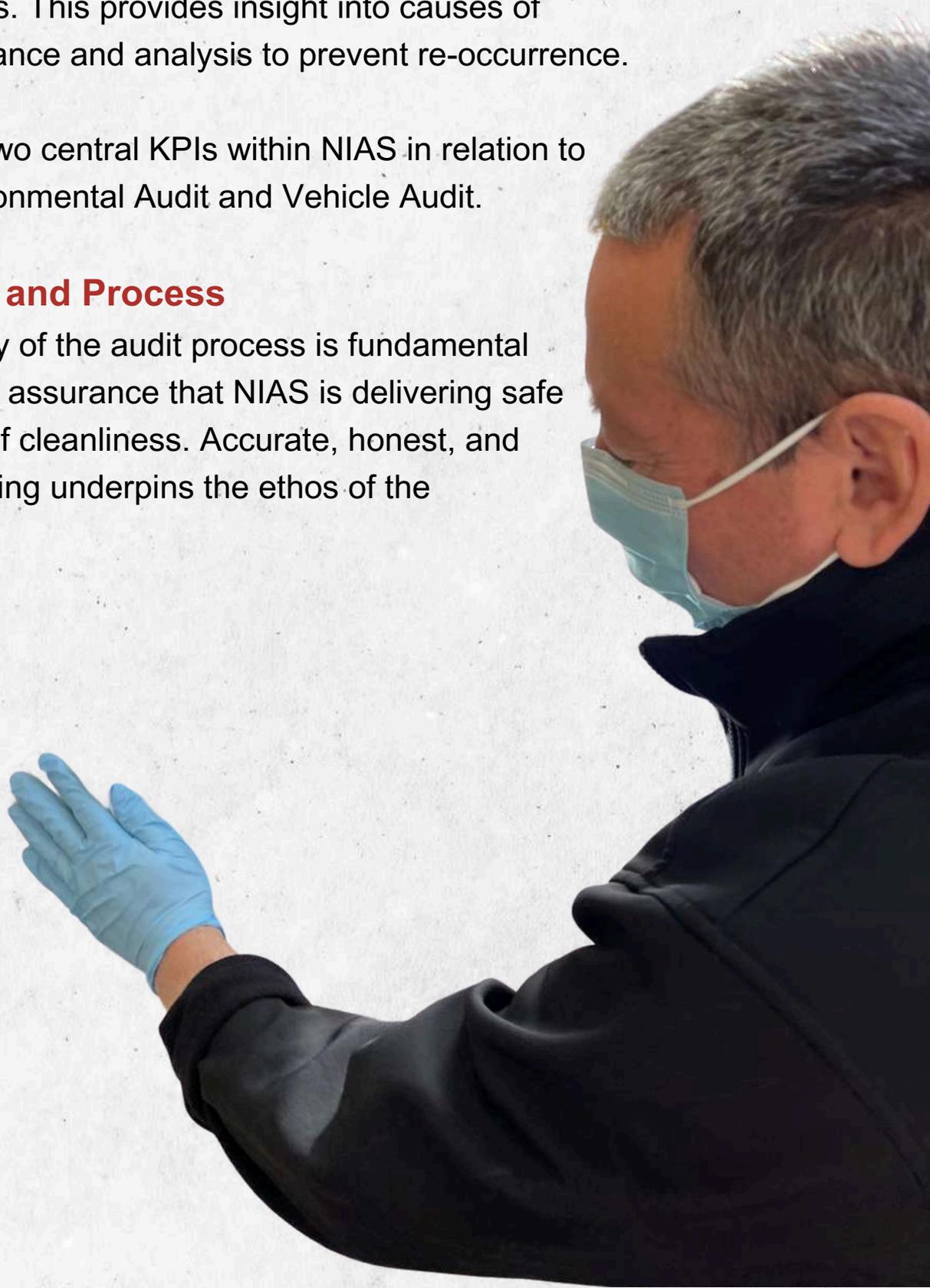
Environmental & Vehicle Cleanliness

The Environmental & Vehicle Cleanliness Team (EVC Team) aims to prevent the spread of avoidable healthcare associated infections in the pre-hospital setting by ensuring that cleanliness standards are met throughout the NIAS estate and fleet. Audit is an important tool used by the EVC team to measure compliance with the agreed KPIs. This provides insight into causes of non-compliance and analysis to prevent re-occurrence.

There are two central KPIs within NIAS in relation to EVC; Environmental Audit and Vehicle Audit.

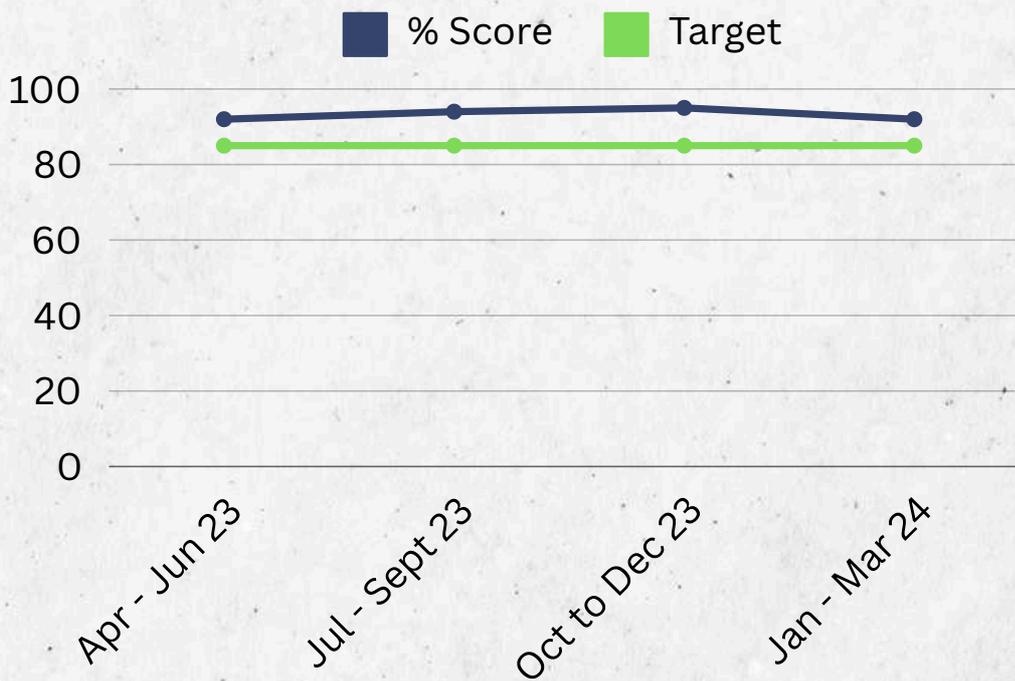
KPI Audit and Process

The integrity of the audit process is fundamental to providing assurance that NIAS is delivering safe standards of cleanliness. Accurate, honest, and open reporting underpins the ethos of the standards.



Environmental auditing is undertaken across NIAS estate on a quarterly basis, the frequency is in line with the National Standards of Healthcare Cleanliness (2021), and the compliance rate for the audit is 85%. The chart below shows performance against these KPI's.

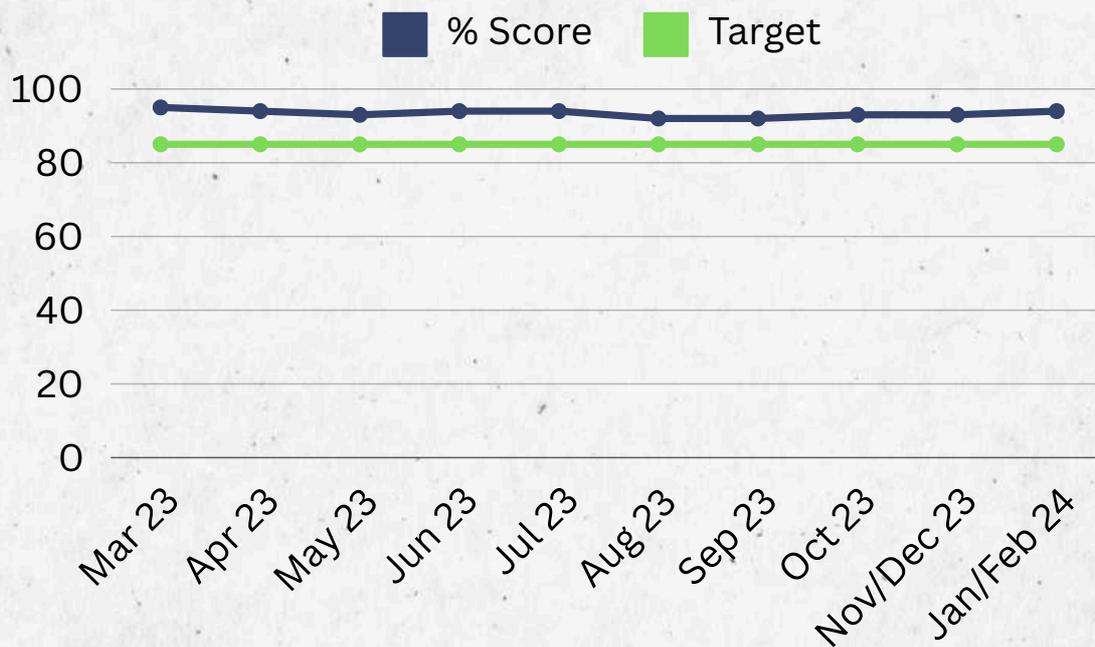
Environmental Compliance Audit April 23 - March 24



The chart demonstrates that the trust has met the KPI of 85% compliance with environmental audit for the year April 2023- March 2024.

Vehicle auditing is undertaken across NIAS fleet on a bi-monthly basis, the frequency is in line with the National Standards of Healthcare Cleanliness for Ambulances April (2023). The compliance rate for the audit is 85%. The following chart shows performance against these KPI's.

Whole Trust - Vehicle Audit Compliance April 2023 - March 2024



The chart demonstrates that the trust has met the KPI of 85% compliance with Vehicle Audit for the year April 2023- March 2024. Given the positive performance in relation to Vehicle Audit, the trust aligned with the standards to reduce audit frequency from monthly to bi-monthly in November 2023, which was to be monitored until May 2024.

The audits are completed on DocWorks audit platform and reports are visible via a Dashboard. The results are shared at the IPC/EVC group and the Safety, Quality, Experience and Performance Committee (SQEP). All non-compliances are logged, photographs taken, and reported to the relevant department for remedial action where it is required. Using this process themes and trends are identified, enabling pro-active management of same and supporting improvement in relation to our services.

Community Falls Response

A fall is defined as an event which causes a person to, unintentionally, come to rest on the ground or lower level. Reducing falls and associated injuries is important for maintaining health, wellbeing and independence amongst

older people (23% of 999 calls received are for patients aged over 75). Falls can become recurrent and result in injuries including head injuries and hip fractures. A fall can also lead to pain, distress, loss of confidence and lost independence.



It is recognised that not all falls can be prevented without unacceptable restrictions to patients' independence, dignity and privacy, there is evidence to suggest that appropriate assessment and intervention could reduce falls by up to 30%. In 2023 NIAS responded to 14,952 falls calls. 68% of these were for patients over the age of 65 and 25% were not conveyed to ED.

NIAS is working to promote falls prevention, support community resilience and provide appropriate responses to falls to avoid further harm. This work is in collaboration with external stakeholders. NIAS is engaged in development of a NI Model for Falls Prevention through the Safer Mobility Task and Finish Group facilitated by the Public Health Agency. We also continues to support ongoing project work in the development of the Enhancing Clinical Care Framework (ECCF) in Northern Ireland Post Falls Guidance for Care Homes and is working closely with the Northern Health and Social Care Trust Falls Steering Group.



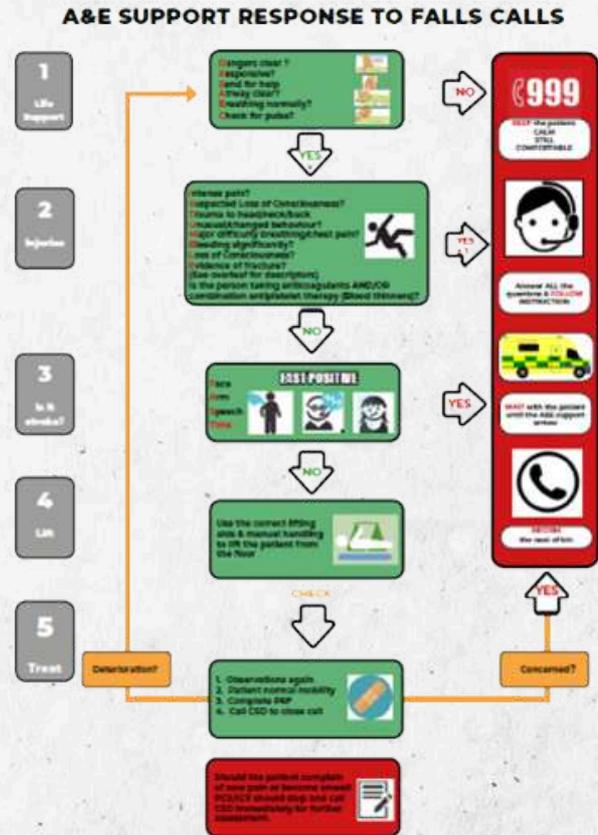
Rapid Response Vehicle Pilot

RRV typically are smaller vehicles used by ambulance services to reach patients as soon as possible. Usually there is only one Clinician in a RRV and they are often followed by a bigger ambulance for additional support or to help to move a patient to another place for care, for example a hospital.

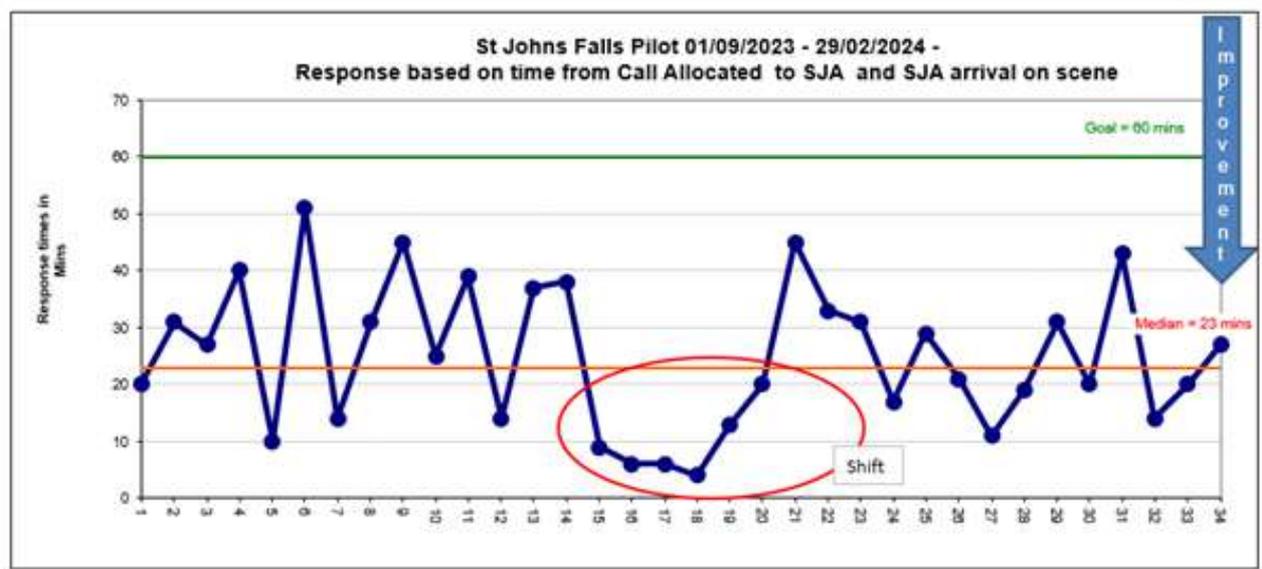
As part of a pilot NIAS RRVs have been responding to patients that have fallen. Staff have had , refresher training included on the fall's referral process and training in the use of a specialized lifting chair – the Raizer lifting chair. This equipment will allow staff to assist patients who have fallen and are uninjured to get off the ground, with a potential to discharge them on scene, thereby reducing the number of people who need to go to an Emergency Department (ED). .

St John Ambulance Falls Response Pilot

St John Ambulance (StJA) and NIAS worked together to develop a pilot scheme whereby a dedicated StJA falls resource would be allocated and respond to patients that had sustained a 'non injury' fall and/or required a welfare support response following contact via 999. StJA Responders were trained to record clinical observations to include conscious level, heart rate, oxygen saturations, blood pressure and respiratory rate. Training was also provided on the i-Stumble falls assessment tool and the use of the Raizer chair. The project had a 'soft launch' in August 2023 to ensure all process and systems were to facilitate the allocation and dispatch to calls.



The pilot was operational between September 2023 and the end of February 2024 in the greater Belfast and Southeastern area. During this period the StJA resource was able to respond to allocated calls within the target time of 60 minutes.

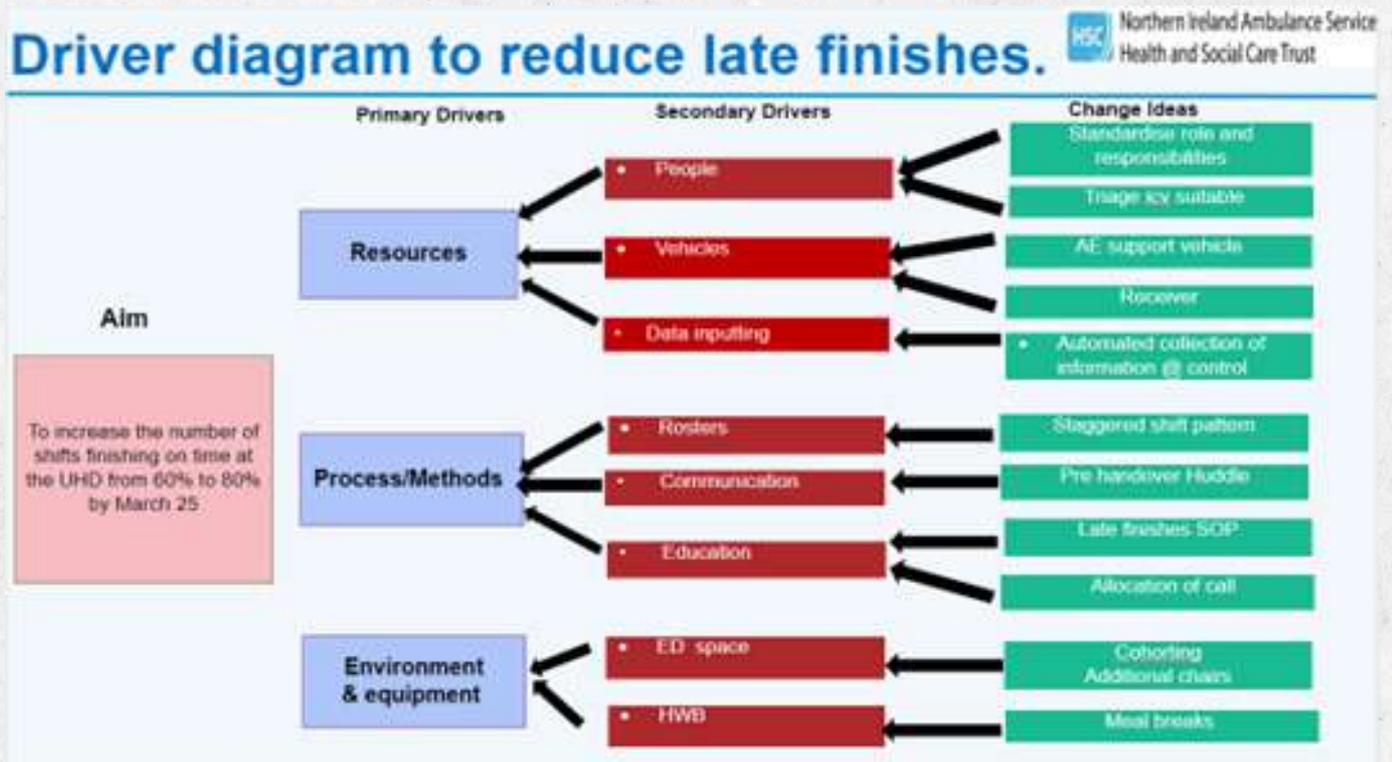


The main challenges identified during this pilot were the low numbers of suitable calls, within the catchment area during the period the StJA resource was available and also the availability of cover for the resource. St John Ambulance is a voluntary organisation, and we would like to extend our thanks to all involved in the project. Whilst the project is currently paused, we look forward to seeking out new solutions to enhancing our response to falls and working with St John Ambulance on future projects.

Late Finishes Improvement work

NIAS recognises the system wide pressures facing the entire HSCNI. As a result, the ability to handover patients, in a timely manner, at EDs has led to increasingly long delays and the queueing of ambulances. A knock-on effect of these delays has been an increase in late finishes and compensatory rest experienced by our staff in NIAS. NIAS acknowledges the impact that late finishes are having on staff and also the disruption to service delivery. This was an area of concern which staff also identified through our ED engagement sessions to inform the development of our Quality Strategy.

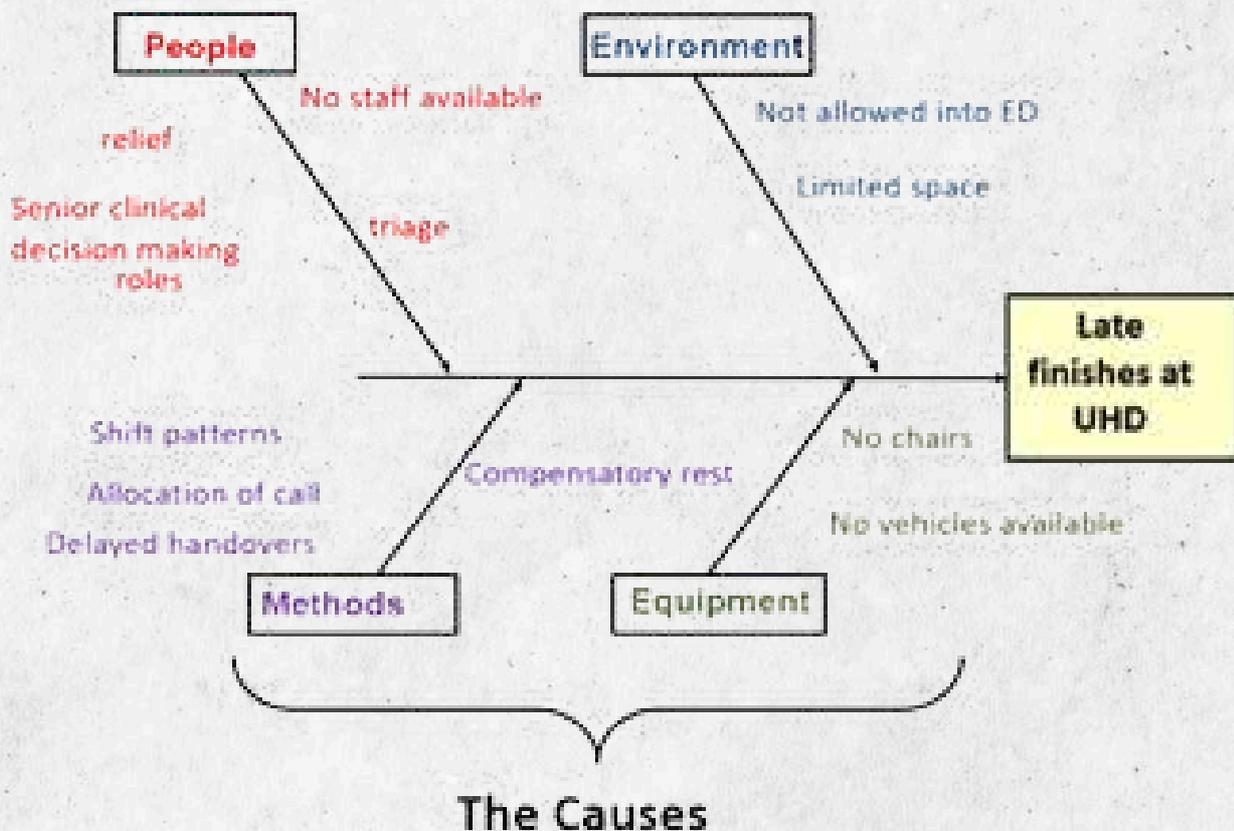
A regional late finish project group has been established since Oct 2023 to identify and test change ideas which will bring about improvements resulting in the reduction of late finishes, compensatory rest periods and improving our staff welfare. This project team is made up a range of operational and non-operational staff groups.



The focus of the group is aimed at testing change ideas in one area to evaluate the impact which can then if successful be scaled up and spread across the system. The South eastern division was identified as the area in which we would introduce our tests of change. The overall aim is to increase the number of shifts finishing on time at the Ulster Hospital, Dundonald by 20% by March 25.

The trial of a new staff rota was identified as our largest test of change which will impact and address late finishes. Staff within the trial area have been given an opportunity to share their views on the changes through a staff survey and roadshows.

Cause and Effect Diagram





Theme 4: Raising the Standards



Objective 7:

We will establish a framework of clear evidence-based standards and best practice guidance.

Objective 8:

We will establish dynamic partnerships between service users, commissioners and providers to develop, monitor and review standards.

- **Complex Case Team**
- **Emergency Ambulance Control Call Audit**
- **Research and Development**

Complex Case Team

The NIAS Emergency Ambulance Control receives more than 20,000 emergency calls per year from a group of service users who seek assistance on a frequent basis. The NIAS Complex Case Team (CCT) seeks to address the needs of these Frequent Service Users (FSUs) and the subsequent impact this cohort has on service provision. The CCT engages with FSUs, establishes appropriate care pathways with statutory and voluntary organisations, utilising a multidisciplinary approach, with many benefits for patients and stakeholders. In this last year we have seen increases in 999 call volume, callers meeting the criteria and interventions performed.

FSU Engagement

This year the Complex Case Officers (CCOs) engaged in 1723 interventions in contrast to the 869 in 2022/23.

Call Volume

There was an increase in 999 calls, however, this included a notable rise in the number of callers meeting the criteria (5 calls a month, or 12 calls in a 3-month period), with 1349 new FSUs have been identified between June 2023 and March 2024. Additionally, 814 FSUs made a total of 14,820 emergency calls.

However, the introduction of Management plans has resulted in a reduction in ambulance responses and Emergency Department attendances with many calls being resolved within the Control room. A sample of the top 20 callers identified, out of 3645 emergency calls made, 81% were 'call only', 11% were 'response only' and only 8% were 'conveyed to ED'.

Correspondence with FSUs

After reviewing feedback from complaints received, we reviewed and amended the content of letters that are sent to 'potential FSUs and FSUs about appropriate use of the 999 system. We did this in response to this feedback and to try to avoid confusion and misinterpretation by those who receive these letters.. As a result of these amendments, we have not received any further complaints but have received one compliment from the family member of a FSU.

High Intensity User Project

In 2023 we were awarded monies from NHS Charities to fund a High Intensity User Project in collaboration with the British Red Cross (BRC) - this was a bespoke service to offer support to those with Complex needs in the Belfast & Southeast Trust areas. Data was collated and analysed. The findings were based on 48 patients who were supported during the pilot: As a result of the programme, emergency calls decreased by 55.2% with a decrease in ambulance response by 66.6% and conveyancing to ED reduced by 61.1% , for this cohort of patients.

Learning Events

The CCT attend quarterly Frequent Caller National Network meetings (FreCaNN). to share ideas, learning, and to develop 'Best Practice' between all UK, Ireland, and multi-international ambulance providers.

An article was published in the NIAS newsletter ' Vital Signs' to promote the role of the Complex case team and their management of FSU to all NIAS staff.

Emergency Ambulance Control

Call taking Quality Assurance (QA) Artificial intelligence (AI)

NIAS have been exploring the availability of AI training packages that might provide, QA support and 999 call taking enhancements this work will be taken forward over the coming year and is an exciting development which could support service improvement and delivery.

New QA Roles

Improving our audit capacity and the resources within the team has been a focus since April 2022 when we sought approval for an additional auditor and support from the audit team in the National Ambulance Service (NAS). Both were actioned and allowed us to rebuild our audit capacity and maintain a steady volume of case reviews consistently.



At the beginning of 2023, all Emergency Medical Dispatchers (MD) supervisors completed an accredited Quality Assurance Course and became certified auditors. The long-term goal is that these staff members will receive further local audit training, sign off and provide regular audit support and contingency for staff sickness or leave.

In March 2023 recruitment was completed for control training and quality assurance officers and two staff were successful in their application and began working within this role.. Both are providing cover for focused or enhanced audit to protect random audit volume

Some challenges presented around staffing within the audit team as this can have a knock-on effect to the EAC team. Having a smaller team not only reduces our capacity a day-to-day basis but reduces our ability to maintained required standards when even one staff member is off. This has led to a drop in our audit volume on occasion over the past year.



Learning from QA

QA learning trends are reviewed on a monthly basis and the Quality Improvement Unit (QIU) meeting is held during the first week of each month. The team work hard to ensure that audits undertaken are utilised in a cycle of continuous improvement with learning being shared and improvement actions being taken. The team also support other key learning for across the organization such the Rapid Review Group (RRG).

Measuring Quality

Quality assurance through random case reviews are undertaken on a planned and routine basis throughout the service with where 999 calls being reviewed against internationally recognised standards which identify the standard or care provided on each call reviewed and which build an overall picture of the care provided throughout the month.

NIAS have achieved and maintained accreditation through the 'Accredited Centre of Excellence standard' of care throughout 2023/24

Below are our compliance figures for February-April 2024 months:

Target	 ACE Standard	Feb-24		Mar-24		Apr-24	
		%	No of cases	%	No of cases	%	No of cases
	High Compliance	54	171	55	171	59	209
	Compliant	32	101	31	97	27	95
10%	Partial Compliance	5	17	4	13	4	14
10%	Low Compliance	3	8	2	6	4	14
7%	Non-Compliance	7	21	7	23	6	21
		100	318	100	310	100	353

Research and Development



Prehospital research is defined as research that is carried out “in clinical settings located between primary care and acute services” (Siriwardena et al., 2010). It is not as well established in Northern Ireland as it is in other parts of the United Kingdom (UK), nor as it is within hospital settings across the province. As such, the Northern Ireland Ambulance Service (NIAS) will play a key role in the delivery and development of prehospital research agendas across NI.

Research is a fundamental function of health and social care and research activities are essential components in improving clinical care. Research and Development (R&D) is key to informing the evidence-based practice that is required to preserve wellbeing, prevent deterioration and promote the recovery of the people who access our services (Health Research Authority, 2017).



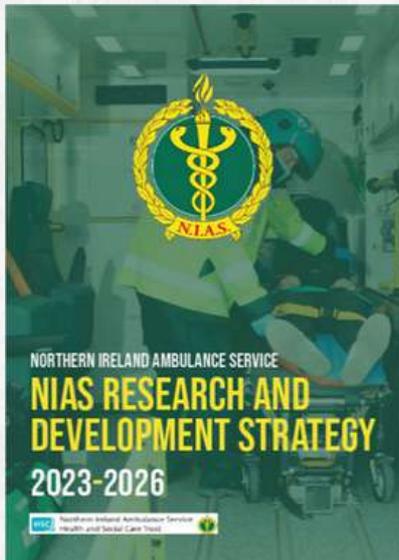
**Health Research
Authority**

Excellence in healthcare can only be achieved if a commitment to applying research findings to clinical practice is made and if policies and procedures are underpinned by these good quality findings (Health Research Authority, 2017).

Studies have shown that when organisations and clinicians are actively involved in research, their healthcare performance improves “even when that has not been the primary aim of the research” (Boaz et al., 2015).

Research and Development Strategy

The first NIAS R&D Strategy was approved and launched by the NIAS in 2023.



INTRODUCTION

Prehospital research is defined as research that is carried out "in clinical settings located between primary care and acute services" (Stewardson et al., 2010). It is not as well established in Northern Ireland as it is in other parts of the United Kingdom (UK), nor as it is within hospital settings across the province. As such, the Northern Ireland Ambulance Service (NIAS) will play a key role in the delivery and development of prehospital research agendas across NI.

This strategy supports the mission and values of NIAS by ensuring that the provision of safe, effective patient-focused care and services are underpinned by knowledge founded on high quality research, in order to improve health and well-being.

Research is a fundamental function of health and social care and research activities are essential components in improving clinical care. Research and Development (R&D) is key to informing the evidence-based practice that is required to preserve wellbeing, prevent deterioration and promote the recovery of the people who access our services (Health Research Authority, 2017).

Excellence in healthcare can only be achieved if a commitment to applying research findings to clinical practice is made and if policies and procedures are underpinned by these good quality findings (Health Research Authority, 2017).

Beginning of Research in NIAS

- May 2021: NIAS represented at College of Paramedics (COP) Research and Development Advisory Committee (RDAC)
- January 2023: NIAS represented at the Research Governance Operational Subgroup (RGOS)
- July 2023: Memorandum of Understanding signed between SHOCT R&D Office and NIAS
- February 2023: Research funding provided by HSC R&D Division
- July 2023: NIAS represented at the National Ambulance Research Steering Group (NARSIG)
- February 2023: R&D Manager appointed

R&D VISION

Studies have shown that when organisations and clinicians are actively involved in research, their healthcare performance improves 'even when that has not been the primary aim of the research' (Boaz et al., 2015).

Our vision is to realise the research potential of NIAS in order to improve the quality of care we provide for our patients.

As a Trust, we want to develop opportunities for staff to become involved in research and motivate staff to identify areas where our service could be improved. We want to upskill our workforce in order to build research capacity and put systems and infrastructure in place to increase our research activity and output.

This strategy aims to provide a framework outlining the governance arrangements for research in NIAS, internal and external collaboration opportunities and a three year plan for potential projects, publications and further developments. The forward view of this strategy involves building upon the research capacity and capability of the Trust and then implementing this research capacity building within a culture of excellence.

R&D MISSION

Our mission is to develop a highly skilled and knowledgeable workforce to deliver innovative research, within a culture that supports research excellence throughout the Trust, in order to improve the quality of care we deliver.

The mission statement in the Strategy to Transform: 2020-2026 describes how NIAS aims to consistently show compassion,

Research Paramedic

NIAS' first Research Paramedic was appointed in October 2023 and is funded by Northern Ireland Chest Heart and Stroke (NICHHS) for an 18-month period.



Public and Personal Involvement

The Research Public Involvement Committee (RPIC) was established in February 2023 and met for the first time in April 23 with a schedule of meetings at least six times a year. This group is comprised of service users, carers and members of the public. An official launch event for the group was held in NIAS headquarters on 10th October 2023.



Training

The R&D department were able to provide fully funded memberships to The Resus Room's Cardiac Arrest Masterclass online course. These were offered to NIAS staff, with 21 individuals from a range of job roles signing up. Seven of the Helicopter Emergency Medical Service (HEMS) paramedics were funded to access The Resus Room's Sedation course and a member of the R&D team was able to access the Critical Appraisal Lowdown online course.

Research Studies

The tables below reflect the ongoing involvement with research projects and those completed.

Ongoing Activity

Name of project	Title	Organisation	Recruitment numbers / Research Impact
Stroke Covid Study	The impact of the Covid-19 pandemic on prehospital emergency care for stroke/transient ischaemic attack (TIAs) and implications for future policy and service delivery	University College Cork	Ongoing
HEMS Major Agricultural Trauma Project	Agricultural Major Trauma HEMS Calls in Northern Ireland: A Review	NIAS / BHSC	Ongoing

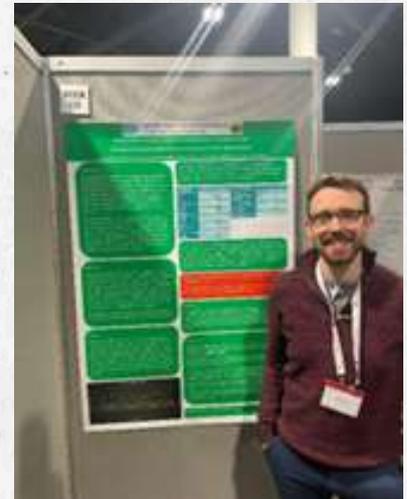
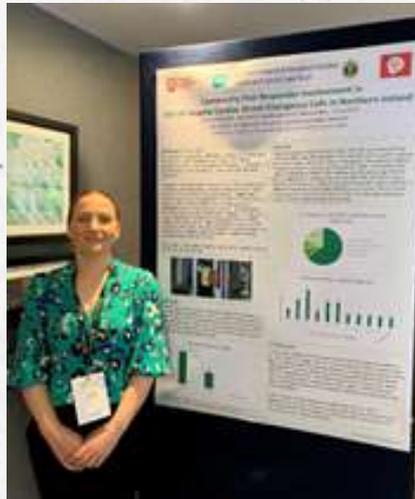
Name of project	Title	Organisation	Recruitment numbers / Research Impact
Complex Case: Frequent Caller Study	Primary Associated Factors of Frequent Callers who phone the Northern Ireland Ambulance service	NIAS staff	Ongoing
STEMI Mixed Methods Study	A mixed-methods sequential explanatory design to identify factors influencing 999 call-to-door time in ST segment elevation myocardial infarction patients for primary percutaneous coronary intervention in the pre-hospital setting	NIAS staff	Ongoing
NICHS funded OHCA Study	Out of Hospital Cardiac Arrest (OHCA) in Northern Ireland (NI): a five-year review	Queen's University Belfast (QUB)	Ongoing

Completed Activity

Name of project	Title	Organisation	Recruitment numbers / Research Impact
Pathways Qualitative Study	Paramedic perceptions of barriers and facilitators to the utilisation of ambulance service appropriate care pathways in Northern Ireland: a qualitative study	NIAS	11 semi-structured interviews Submitted to journal for publication
CATNAPS Study	Co-producing an ambulance trust national fatigue risk management system for improved staff and patient safety	NIHR Portfolio Study University of East Anglia University of Hertfordshire	3 participants recruited £1048 earned in accruals
HEMS Mental Health Study	Mental health and well-being of Helicopter Emergency Medical Service (HEMS) clinical teams: survey of current provision in UK HEMS	Anglia Ruskin University	100% recruitment (1 participant)

Conference attendance

The R&D department have attended and funded the attendance at regional and national conferences. They have also submitted a number of poster presentations at these too.



Publications

NIA's staff have been contributing to building the evidence base in relation to pre hospital medicine with the publication of studies in journals.

- O'Neill, R., Topping, A., Monaghan, D., O' Rorke, G., Hay, P., McLaughlin, R., Mitchell, H., McFetridge, L. and Wolfe, J. (2023) Prehospital anaesthesia by a helicopter emergency medicine service: a review. *Journal of Paramedic Practice* 15(7), pp.280-284.
- Burton, E., Willis, D., Boseley, E., Deasy, C., Franklin, M., Garrison, D., Henderson, C., Hutchinson, H., Kearney, P.M., Krammel, M., Lloyd, A., Loudon, W., Quinn, R., Masterson, S., McCarthy, V., Merwick, Á., O'Donnell, C., Overton, J., Van de Pas, H., Wolfe, J.H., Zavadsky, M., Crosbie-Staunton, K. and Buckley, C.M. (2023) International Comparison of Ambulance Times Terminology and Definitions: A Benchmarking Study. *Annals of Emergency Dispatch & Response* 11(1), pp.12–17.



Theme 5: Integrating the Care



Objective 9:

We will develop integrated pathways of care for individuals.

Objective 10:

We will make better use of multidisciplinary team working and shared opportunities for learning and development in the HSC and with external partners.

- **Safeguarding**
- **Urgent Care**
- **Regional Electronic Ambulance Care Hub -
electronic Patient Care Records (ePCR)**
- **Royal College of Nursing (RCN) Southern
Regional College (SRC) and NIAS Cadet
Scheme**
- **Hazardous Area Response Team (HART)**



Safeguarding

The Northern Ireland Ambulance Service (NIAS), in collaboration with the Health and Social Care (HSC) Trust and facilitated by the Strategic Planning and Performance Group (SPPG), participated in a working group aimed at improving the referral process for service users needing welfare support services. In 2023, NIAS requested an external peer review of its safeguarding service. This review recommended changes to the referral pathway to simplify the process for both NIAS staff and recipients of referrals within the HSC Trust.

To test the effectiveness of these changes, NIAS piloted a referral pathway with the Connected Community Hub service in Belfast Health and Social Care Trust. This pilot started in April 2023 and ran until September 2023. Most significantly the pathway removed the requirement for phone calls to social work services when there was no immediate emergency, and this task was followed up the next working day by care navigators in NIAS.



Safeguarding Referrals

During the period April 2023-September 2023 there was a 6% increase in referrals for Belfast patients. Staff interviewed at Emergency Departments reported positively on the changed pathway for welfare referrals.

The change in a welfare pathway was expanded to all areas of the service in September 2023 with the changes communicated to staff and partner agencies both in person at Emergency Departments and via pathway changes on via the Clinical Guidelines App (JRCALC) and staff bulletins.

Targeted Safeguarding training for operational staff was delivered in person in October and November 2023 with a specific emphasis on RRV paramedics. This training was expanded in 2024 to include a plan to train all patient facing staff to level 3 safeguarding over the coming 3 years.

There has been a 19% increase in safeguarding referrals over the past year (2023-24). The targeted training of Rapid Response Vehicle (RRV) operational staff in October to November 2023 demonstrated a 133% increase in safeguarding referrals from RRV staff compared to the previous reporting period. The pathway was first introduced in Belfast in April 2023 and then expanded to all areas of the service in September 2023. There was a notable increase in Belfast from September 2023 to March 2024 (42% increase on the previous reporting period), likely due to additional communications and engagement with staff during this period.

Challenges were experienced in changes to the reporting of safeguarding referrals on the REACH digital pathway. Referral pathways for safeguarding require an email alert for follow-up by safeguarding navigators. This required additional testing to ensure it was safe and fit for purpose, so REACH as a referral pathway for safeguarding was not used in this reporting period.

A photograph showing the back of a person wearing a dark grey or black short-sleeved uniform shirt. The word "AMBULANCE" is printed in large, bold, yellow capital letters across the upper back. The person is standing in what appears to be a hospital or clinical setting, with a blurred background showing a metal trolley and a yellow safety line on the floor.

AMBULANCE

Urgent Care

During the 23/24 period the NIAS Urgent Care team underwent a number of changes as it sought to improve the strategic aim of ensuring the most appropriate pathway for each patient's need was identified as early as possible in the 999-call cycle.

In November 2023 the Clinical Support Desk was moved, for a trial period, under the Urgent Care Team within the Clinical Directorate. This was following a pilot where a higher number of patients were managed more appropriately for their healthcare needs at the point of their 999 call, whether that be through referral or discharge with self-care advice. The team reshaped to a more clinically lead model and was rebranded as the Integrated Clinical Hub to reflect the team's growth. This has saw an increase in 'Hear & Treat' since the changes were implemented.



Work also continued in collaboration with the Clinical Education Department supporting NIAS clinicians to make referral and



discharge decisions when attending patients face to face. This followed on from the extensive work of reestablishing access to pathways for NIAS and the development of up-to-date governance, clinical guidelines, and a digital pathway directory. Planning was undertaken to design a full day of education and development for NIAS clinicians on these subjects aiming to support safe 'See & Treat' outcomes for 999 callers.

Further work to support NIAS clinicians in their 'See & Treat' decision making and referrals is approaching completion with testing of digital referrals from the staff digital tablets used on the front line by the clinicians at the patient's side. This work is hoped to be completed in 2024 with full roll out of the digital platform so as to remove the need for NIAS clinicians to do this via telephone calls and duplicate work. Work also continues to ensure NIAS has direct access to as many of the relevant pathways within the wider HSC network with early engagement already underway around more direct access units.

REACH - Electronic Patient Care Records (ePCR)

REACH programme's primary purpose is to drive forward the technologies that will better connect our clinicians, connect our patients and support quality and safe patient care through the implementation and use of electronic Patient Care Records (ePCR).

The revision of NIAS's Policy for the Completion of Patient Records and the installation of high-performance tablets to every emergency response vehicle has now embedded ePCR as the primary format for recording and sharing patient care records.

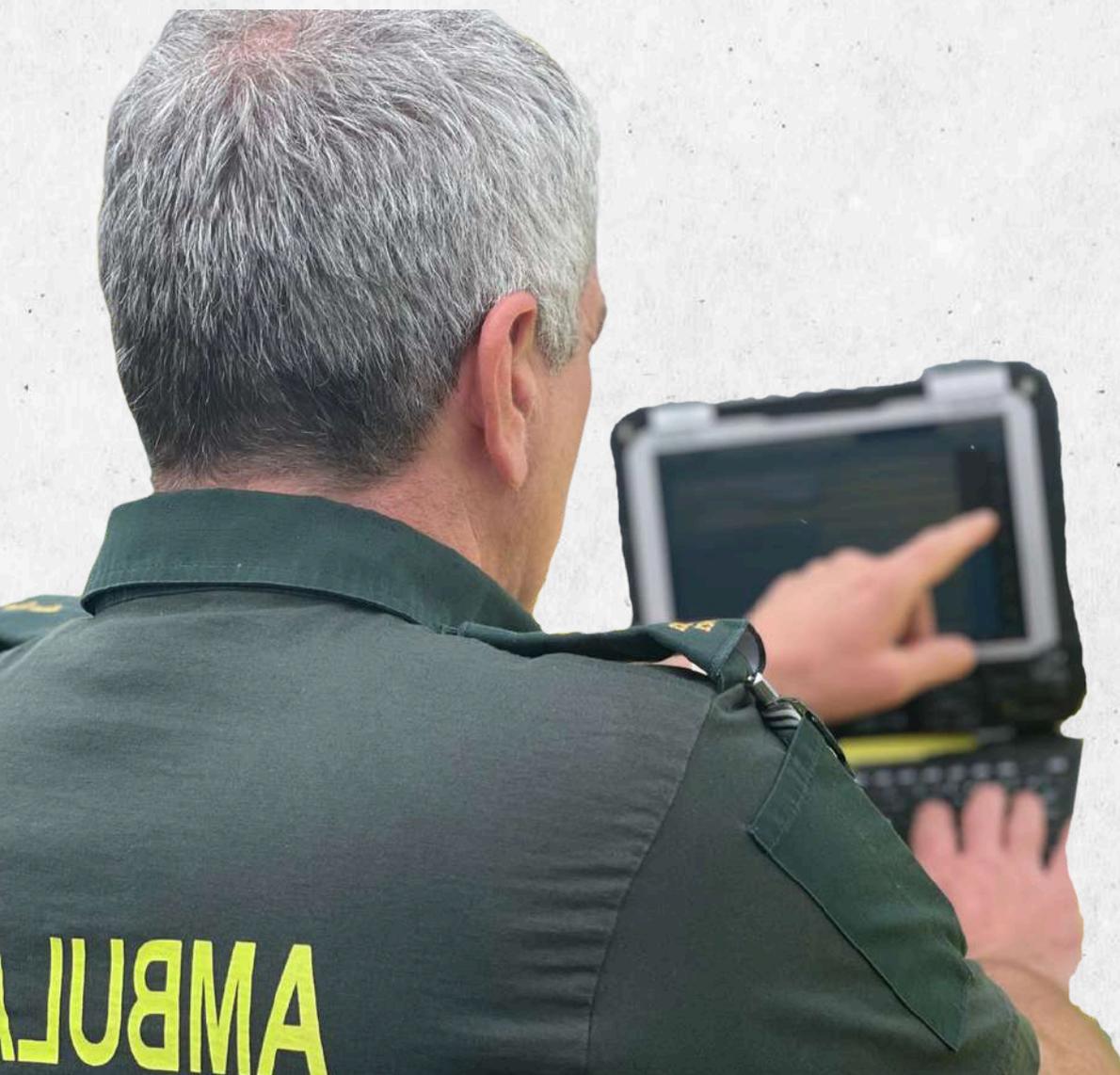
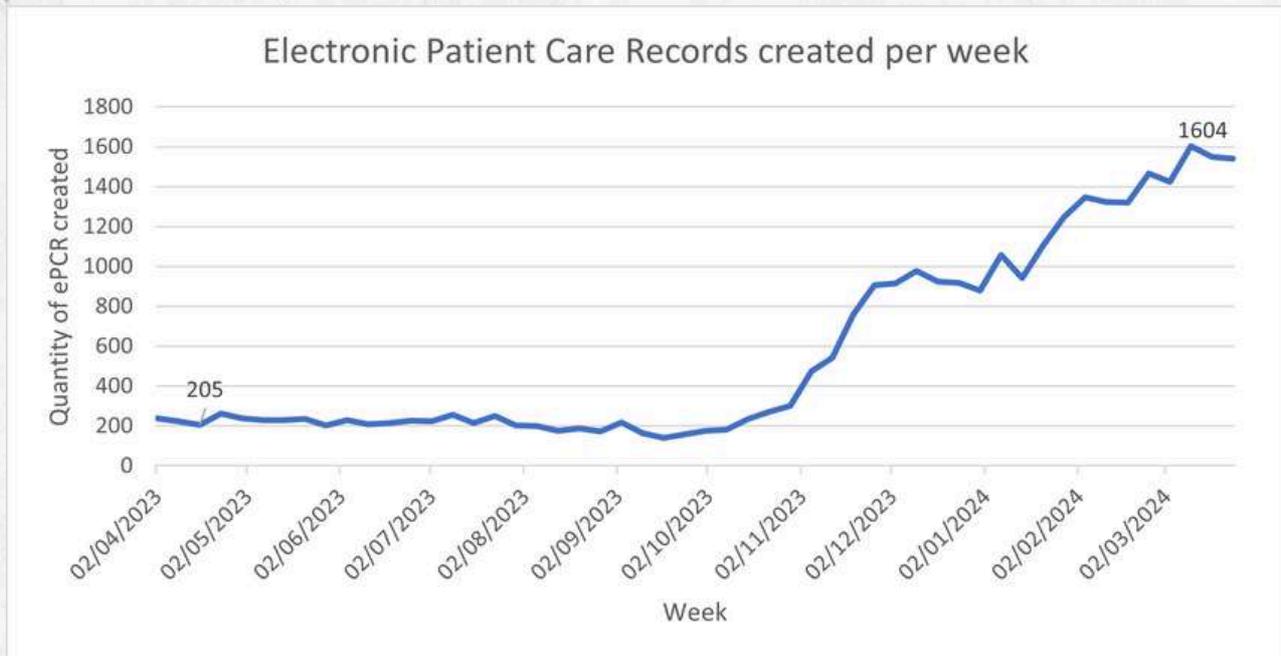


Figure 1 illustrates the increase of creating electronic patient care records using MobiMed during 2023-2024.



At present 14 acute hospital units are now users of the MobiMed system. This enables hospital clinicians to access patient information, condition, vital signs including ECG and NIAS treatment in real-time to support the triage and continuity of patient care.

From November 2023, MobiMed integrated with “Encompass” in SEHSCT and for the first time NIAS care reports are uploaded to the new patient digital medical records

on EpicCare enabling our care reports to inform the continuity of patient care by other Health Care Professionals.

The electronic patient data recorded through ePCR is enabling NIAS Clinical Leads to create analytical products to inform research and development, clinical audit, clinical practice improvement and staff development.

Royal College of Nursing (RCN) Southern Regional College and NIAS Cadet Scheme



In the Spring of 2023, NIAS was approached by the Royal College of Nursing with the idea of introducing the Prince of Wales Nursing Cadet Scheme to Northern Ireland. Conversations turned into meetings, meetings turned into plans and in October 2023 we welcomed our first cohort of Nursing Cadets to NIAS Headquarters for the scheme launch and the first day of classroom learning.



The first cohort of 22 students were recruited from the Southern Regional College. They completed 40 hours of learning via a mix of online and classroom-based modules delivered by the RCN, SRC and members of the NIAS Learning and OD Team and the Clinical Education Team. Students also completed 20 hours of placement here at NIAS.

Their placement activities included:

Emergency Ambulance Control visit – small groups were shown the NIAS control room and observed functions such as call handling, clinical support desk, HEMS despatch desk and ambulance controllers.



HEMS – presentation and simulation demonstrations of HEMS (Helicopter Emergency Medical Service) capabilities and equipment.



Observational placement with Patient Care Services crew - responding to a variety of non-urgent incidents and observing care provided by NIAS PCS staff.

HART - presentation and simulation demonstrations of HART (Hazardous Area Response Team) capabilities and equipment

The scheme finished up with the last day of learning and a celebration event on Saturday 27th April 2024 at the SRC's Banbridge Campus. Students were congratulated and presented with their certificates and alumni pins by the Lord Lieutenant of County Down, Mr Gawn Rowan-Hamilton.



Thanks to the success of the first cohort in 2023, the RCN aims to have further cohorts in Northern Ireland in the future. When asked if the scheme has made an impact on their career aspirations, more than half the students indicated that they are now strongly considering a career in the ambulance service.

Feedback from the cadets has been positive and a selection have been shared below:

"Learning information that I can implement in my part-time job as a care assistant and in my daily life."

"The scheme has been amazing, and I hope to see others get the same experience. I've learnt so much from the sessions and developed an understanding of how health and social care functions."

"The scheme has also made me step out of my comfort zone and I feel a lot more confident in myself now. Thank you so much for the experience."

"Genuinely learned a lot and the whole experience was fun and insightful without the feel of a classroom and strict learning environment. Best way to learn I think."

Hazardous Area Response Team (HART)

NIAS Hazardous Area Response Team (HART) provide a specialist response capability and enhanced resilience and a safe system of work to NIAS. During the 2023/2024 the following was provided by HART , Specialist response including Safe working at height, CBRN/HAZMAT response, confined space working, remote mountain rescue and water operations as well as providing clinical support at over 370 calls, such as cardiac arrests and road traffic collisions.

Alongside our core HART response and intense training schedule, HART also provided specialist cover at VIP visits such as President Bidens' visit to Northern Ireland and the Good Friday Anniversary functions.



HART provided enhanced resilience to our partner agencies in the fire service, police service and the coastguard service during various rescues and specialist operations, utilising our ability to provide paramedic level care within the HOT zone/inner cordon. Ongoing MTA (Marauding Terrorist Attack) training has ensured that NIAS Specialist responders are up to date with current procedures and skills are maintained.



Two new HART Paramedics began specialist HART training in July to further enhance our HART capability. Throughout the year HART hosted a variety of new staff for familiarisation sessions at HART base, including new EMDs, AAPs and student Paramedics. This ensures that new NIAS staff are aware of HART capabilities and the skills we can bring to an incident.

