The Regulation and Quality Improvement Authority

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

February 2011

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Contents

Executive Summary

This report presents the findings of a clinical and social care governance (CSCG) review of the Northern Ireland Ambulance Service Trust (NIAS) carried out by the Regulation and Quality Improvement Authority (RQIA). The methodology for the review included self-assessment and submission of evidence by NIAS against the five themes set out in Quality Standards for Health and Social Care (DHSSPS 2006). A validation visit to NIAS by an RQIA review team took place on 27 - 28 April 2010.

Standard 1: Corporate Leadership and Accountability

The review team found strong evidence of a corporate team approach in NIAS, with clear lines of accountability for governance to the NIAS Board through a recently formed assurance committee. In discussions with senior management the review team was impressed by their commitment and enthusiasm.

The review team considered that the establishment of clinical support officer posts and the development of clinical key performance indicators were important developments in ensuring effective clinical governance across the trust.

NIAS has developed effective interagency working with a range of organisations but the review team considered that there was potential for further collaboration between providers of unscheduled care.

The review team believed that a pilot of GP involvement in triage of calls to NIAS was a positive development. Discussions with frontline paramedic staff indicated that not all of them were fully aware of what the GP role involved. Staff considered that the availability of a GP within NIAS would assist them to provide advice to support clinical decision making when out on call.

Current arrangements require paramedics to transfer all patients to hospital, even those that could be successfully treated at home. Staff felt that potentially, discussion with a GP could prevent unnecessary transfers to hospital and improve operational efficiency. The review team also recommended that NIAS reviews its policy to consider if stay at home protocols could be introduced for specific clinical conditions.

In discussions with senior management, the review team found that NIAS is strongly committed to staff training. The review team recommends that NIAS should consider increasing availability of leadership training for senior officers.

The review team was informed that at present there is no formal process for appraisal within NIAS and highlighted this as an area for further development.

Standard 2: Safe and Effective Care

NIAS has processes in place for managing patient consent and in dealing with children and vulnerable adults. Processes for responding to cases of alleged abuse are also well established.

Patient report forms for recording clinical information were a useful aid for reviewing response to incidents, although the team was advised that forms are not always completed accurately.

NIAS has put measures in place to seek to ensure the safety of frontline staff. Frontline staff advised the review team that the counselling service following a traumatic incident could be made more accessible.

NIAS has an incident reporting mechanism which is well embedded in the organisation. However, frontline staff reported that feedback from incidents is not always getting back to them in a timely manner.

NIAS has put considerable effort into the development and implementation of its medicines management policy. The review team noted that the wording of the policy should be updated to reflect new controlled drugs legislation, including the role of the accountable officer. The review team recommends that NIAS should review its policies on the use of specific controlled drugs.

The use of clinical audit in NIAS is particularly strong, facilitated by the introduction of clinical support officers. The review team noted the effective use of post project evaluation within the organisation.

Standard 3: Accessible Flexible Responsive Services

NIAS service planning processes are designed to promote equity of service provision and there is a pragmatic approach for handling cross-border calls.

NIAS seeks to ensure that the views of service users are taken into account in the design of service provision.

Frontline staff advised the review team that their views were not always reflected when service provision arrangements are changed in NIAS. The review team considers that NIAS should review arrangements for staff consultation on service changes.

NIAS has effective and integrated information technology and information systems and the review team saw evidence of how efficiently the new version 12 of their Advanced Medical Priority Dispatch System had been installed.

The review team acknowledged the difficulties occurring with regard to waiting times at accident and emergency (A&E) and the difficulties being faced by the Patient Care Service (PCS). The review team supported the further review of PCS to maximise the use of non A&E ambulance resources to facilitate non-urgent hospital transfers and thus free up scarce A&E ambulance resources.

Standard 4: Promoting, Protecting and Improving Health and Social Well-Being

Significant work has been carried out by NIAS in partnership with The Royal National Institute for Deaf People (RNID) and Deaf Association of Northern Ireland (DANI), resulting in an emergency service for those who use text phone.

NIAS has also worked effectively with groups with particular religious and cultural needs.

NIAS has developed a number of joint protocols with the acute sector in relation to bringing patients with specific clinical needs to the most appropriate hospitals.

Standard 5: Effective Communication and Information

NIAS has provided training for staff on communicating effectively with the public, with particular emphasis on dealing with difficult situations and individuals.

NIAS has a complaints policy with good participation from senior staff who are willing to meet with service users in an attempt to resolve complaints. The review team considered that the customer service survey of previous complaints was a positive initiative. Feedback from frontline staff indicated that they do not always receive information about the outcome of specific complaints.

NIAS has a communications strategy which is being reviewed and should be available for distribution to staff by autumn/winter 2010. The review team considered that NIAS communicates effectively with outside organisations and stakeholders. Frontline staff advised the review team that internal communication could be improved and the review team has recommended that NIAS reviews its internal communication systems.

1.0 The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority (RQIA) is the independent health and social care regulatory body for Northern Ireland. In its work RQIA encourages continuous improvement in the quality of services, through a planned programme of inspections and reviews.

RQIA was established as a non departmental public body in 2005 under the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003. The vision of RQIA is to be a driving force for positive change in health and social care in Northern Ireland through four core activities:

- Improving Care: we encourage and promote improvements in the safety and quality of services through the regulation and review of health and social care
- Informing the Population: we publicly report on the safety, quality and availability of health and social care
- Safeguarding Rights: we act to protect the rights of all people using health and social care services
- Influencing Policy: we influence policy and standards in health and social care

The purpose of RQIA's clinical and social care governance reviews is to assess the arrangements in health and social care (HSC) organisations to deliver on the agreed standards for Northern Ireland; The Quality Standards for Health and Social Care, which were published in March 2006. The standards have five quality themes:

1. Corporate leadership and accountability of organisations
2. Safe and effective care
3. Accessible, flexible and responsive services
4. Promoting, protecting and improving health and social well-being
5. Effective communication and information

RQIA carried out two clinical and social care governance reviews of the Northern Ireland Ambulance Service Trust (NIAS) in 2007 and 2008. This review has been carried out as part of the planned RQIA review programme for 2009-12.

2.0 Context - The Northern Ireland Ambulance Service Trust

NIAS was established in 1995 and operates a single Northern Ireland wide ambulance trust, with operational divisions reflecting the areas covered by the four legacy health and social services boards. NIAS serves a population of approximately 1.7 million.

The trust is one of six health and social care (HSC) trusts and operates regionally across Northern Ireland. There is a single Regional Emergency Medical Dispatch Centre (REMDC), responsible for prioritising and dispatching responses to emergency 999 calls. This is based at ambulance headquarters in Knockbracken Healthcare Park, Belfast. A Regional Non-emergency Medical Dispatch Centre (RNEMDC) at Altnagelvin, Londonderry, controls NIAS's non-emergency Patient Care Service (PCS).

NIAS has an operational area of approximately 5,600 square miles. It has a fleet of over 300 vehicles (accident and emergency ambulances, rapid response, PCS and auxiliary vehicles) and employs over 1,100 staff, about 900 of whom provide emergency and non-emergency care. There are 35 ambulance stations and 22 deployment points distributed throughout Northern Ireland. The service deals with 365,000 contacts per year. Of these, 116,000 are emergency 999 calls and approximately one-third of these are life-threatening calls, for which 75% should be provided with a response within eight minutes. There has been an 80 per cent increase in 999 calls over the past 10 years.

NIAS provides the following services:

- emergency response to patients with sudden illness and injury
- non-emergency patient care and transportation including hospital admissions, outpatient appointments, discharges and inter-hospital transfers
- specialised health transport services
- training and education of ambulance professionals
- planning for, and coordination of, major events, mass casualty incidents and disasters
- support for community based first responder services
- stand-by at special events
- community education
- out-of-hospital care research

The PCS is the non-emergency tier of NIAS, providing non-emergency patient transport services across Northern Ireland. Forming an integral part of NIAS, PCS allows patients with a medical need to access outpatient and other services at NHS hospitals. Many of these patients are vulnerable and are dependant upon PCS for their transport needs. The PCS employs over 200 staff operating with over 110 vehicles from

35 ambulance stations and other deployment points throughout Northern Ireland.

NIAS has identified a number of specific challenges for the future:

- meeting expectations safely and within budget and taking account of future financial restraints
- providing not only a quick response, but one that is safe and appropriate
- shifting the focus of staff and public from the perception of the ambulance service as one that only transports people to hospital, to a service that provides measurable clinical benefits of rapid and effective pre-hospital response and intervention
- managing demand and offering alternative care pathways
- the need for an evidence base for service decisions and effective performance assessment

In common with all parts of the health service in Northern Ireland, NIAS must continue to provide a safe and effective service within the financial constraints that are likely to be present in the future. It will also have to devise appropriate methods of measuring patient outcomes to demonstrate the value of the service provided.

3.0 Review Methodology

The methodology agreed for this review had three stages:

1. Completion by NIAS of a self-assessment questionnaire prepared by RQIA to reflect the five themes in The Quality Standards for Health and Social Care. NIAS also provided relevant evidence to support the self-assessment against the standards.

2. Validation visits by members of the review team to NIAS on 27 and 28 April 2010 which included:

   - meetings with NIAS senior management, operational staff and training staff
   - visits to the main emergency control room at Knockbracken and the non-emergency dispatch centre at Altnagelvin
   - visits to ambulance stations in Craigavon, Broadway (Belfast) and Altnagelvin
   - observation of an operational emergency shift

   Practices in relation to infection control, medicines management, management reporting arrangements and dissemination and communication of information were considered during the review process.

3. Preparation of a report on the findings of the review team based on:

   - evidence submitted by NIAS and completed self-assessment questionnaires
   - discussions with senior managers and operational staff of NIAS
   - observations made by the members of the review team during validation visits

The members of the review team are grateful to the management and staff of NIAS for their courtesy and facilitation of the review process.

4.0 Membership of the review team

Name	Title	Organisation
Dr David Stewart	Medical Director and Director of Service Improvement	RQIA
Dr George Crooks	Medical Director	Scottish Ambulance Service
Mr Paul Gowens	Head of Paramedic Services	Scottish Ambulance Service
Mrs Elizabeth Colgan	Head of Programme, Hygiene Team	RQIA
Mrs Judith Taylor	Pharmacy Inspector	RQIA
Mr Hall Graham	Head of Primary Care, Clinical and Social Care Governance	RQIA
Miss Elizabeth Duffin	Lay Representative	N/A
Dr Mary McClean	Project Manager	RQIA

5.0 Findings

Standard 1: Corporate Leadership and Accountability

Standard statement:

The organisation is responsible and accountable for assuring the quality of services that it commissions and provides to both the public and its staff. Integral to this is effective leadership and clear lines of professional and organisational accountability.

1.1 The organisation has a coherent and integrated organisational and governance strategy, appropriate to the needs, size and complexity of the organisation with clear leadership, through lines of professional and corporate accountability.

NIAS has good organisational structures and processes in place to deliver effective governance. There was clear evidence of a corporate team approach and clear lines of accountability across the organisation.

At the time of the review, the governance structure included audit, risk management and clinical governance committees. NIAS advised that following an internal review of the committee structure reporting to the trust board, the clinical governance committee will be restructured to become part of a new assurance committee.

Through the clinical governance committee, issues of clinical governance and quality assurance are brought to the attention of the NIAS Board by way of formal reports. NIAS has recently reviewed its incident reporting arrangements and encourages all members of staff to report incidents which can then be considered by the clinical governance committee.

1.2 The organisation has structures and processes to support, review and action its governance arrangements including, for example, corporate, financial, clinical and social care, information and research governance.

NIAS's clinical governance committee has been established with clear terms of reference and robust reporting arrangements to the trust board. Clinical governance and quality assurance issues are also delegated through line management structures to area service managers and station officers.

NIAS has a risk register that is reviewed monthly by the Chief Executive, Medical Director and Assistant Medical Director. Local line managers identify risks that are passed to divisional level and then, if necessary, to the NIAS board.

NIAS had recently appointed 18 clinical support officers (CSOs). The CSOs are seen by NIAS as being integral to the team, providing wide and varied support and carrying out an essential mentoring role to support and assess

students in practice placements. They have a role in facilitating continuing professional development of post-qualified staff. They also carry out audits e.g. in relation to stroke, asthma, chest pain, epilepsy and infection control and are involved in observational assessments, observing practice as it happens and providing real time feedback.

The review team agreed that the CSO posts are of particular benefit in supporting the organisation and commended NIAS on the effective utilisation of these appointments.

1.3 The organisation has processes in place to develop, prioritise, deliver and review the organisation's aims and objectives.

NIAS has developed a five-year strategic plan which informs the development of its annual delivery plans. Objectives are set for individual directors on an annual basis and directors provide performance reports to the NIAS Board in relation to the achievement of their objectives.

The Chief Executive and individual directors meet on a monthly basis to review and update performance against objectives and develop specific action plans if required. NIAS is developing a suite of clinical key performance indicators (KPIs) for areas such as stroke, myocardial infarction, cardiac arrest, chest pain and diabetes.

The review team considered that NIAS has a clear and coherent long-term strategy in place that will help with delivering the organisation's aims and objectives. The review team welcomed the innovative approach to the establishment of clinical KPIs.

1.4 The organisation has systems in place to ensure compliance with relevant legislative requirements.

NIAS uses weekly operational performance meetings to assess the operational effectiveness and quality of its service. Clinical audit reports provide information on the quality of care. An untoward incident reporting procedure is used by staff to identify specific issues regarding quality assurance. These issues are reported to the clinical governance committee and the NIAS Board through the committee structure. The monitoring of complaints also provides a vehicle for identifying shortfalls in the quality of service. Analysis of complaints has resulted in reviews of activities and amendments to policies and procedures.

1.5 The organisation ensures effective systems are in place to discharge, monitor and report on its responsibilities in relation to (a) delegated statutory functions and in relation to (b) inter-agency working.

NIAS has weekly performance management meetings to review the quality of services and this information is then shared with area service managers and divisional officers.

Area service managers and divisional officers hold regular meetings with colleagues in the Northern Ireland Fire and Rescue Service (NIFRS), Police Service of Northern Ireland (PSNI), the UK Border Agency, and Coastguard in relation to general and specific interagency working.

NIAS has a memorandum of understanding (MOU) with the St John Ambulance service for provision of support services by St John to NIAS. This service is used primarily at holiday periods such as Christmas or New Year but only for non-emergency calls. NIAS advised the review team that St John ambulances are never deployed as an emergency 999 response service. The process is risk-assessed and governed through control managers who monitor the team to ensure that the service is used appropriately.

The review team explored the particular challenges posed for ambulance staff involved in the transfer of patients to mental health units when detention orders are used. NIAS staff previously had support from the PSNI but this no longer happens. In discussion with paramedics this was not seen to be a particular problem. Paramedics have access to A&E staff for telephone support, and in addition, approved social workers provide training for staff in dealing with mental health issues.

NIAS operational staff advised the review team that there could be better links established with out-of-hours (OOH) nursing and GP out-of-hours services as well as with social services. Staff reported that an OOH service can generate inappropriate requests for the emergency ambulance service if a patient cannot attend an out-of-hours centre by any other means.

The review team considered that NIAS has effective inter-agency working arrangements in place in certain areas, but that there is potential to enhance cooperation and linkages between HSC providers in the area of unscheduled care. NIAS could act as a catalyst for change, improving communication with all key players. This would provide opportunities to refine patient pathways, better manage service demand, reduce hospital attendances and improve the quality of care for patients.

1.6 The organisation has in place appraisal and supervision systems for staff which support continuous professional development and lifelong learning, facilitates professional and regulatory requirements, and informs the organisation's training, education and workforce development.

At the time of the review, NIAS had no formal appraisal process in place. Senior management is aware of the need to introduce appraisal and currently some informal appraisal does take place. This is a work in progress and it is linked with the knowledge and skills framework (KSF) of Agenda for Change (AfC).

The NIAS has supported a number of paramedic supervisors to undertake the mentoring in clinical practice module at The Queen's University of

Belfast to enable them to undertake formal supervision and also provide support for staff within each division.

The review team considered that NIAS should establish a formal system of appraisal for all staff.

1.7 The organisation has a training plan and training programmes, appropriately funded, to meet identified training and development needs which enable the organisation to comply with its statutory obligations.

Training requirements in NIAS are set out in an annual training plan. Every area within the training plan is reported to the NIAS Board and specific reports are directed to the clinical governance committee. The training plan also links into the workforce plan and informs recruitment.

Electronic training records are kept for each member of staff, containing details of all continuing professional development and core training undertaken each year. A review of attendance at training is undertaken at the end of each training year, which highlights any outstanding mandatory staff training.

Ambulance care attendants receive mandatory training in records management and maintaining good relations with patients. Communications training is a major element of all ambulance training programmes.

A medical equipment group ensures that any training needs for new equipment/changes in protocols are highlighted and factored into the training plan. Some frontline staff advised the review team that there had been occasions when they had not been notified of the implementation of new protocols, or they had been on leave when new regimes had been implemented.

In Northern Ireland the operational policy is that paramedics bring all patients to hospital. In other parts of the UK ambulance services have clinical protocols to enable some patients with defined clinical conditions to remain at home after assessment and treatment by paramedics. A number of paramedics advised the review team that they would welcome the introduction of such protocols in Northern Ireland for agreed specific conditions. They felt this would enable them to utilise the knowledge and skills they had received during training to help reduce the pressure on the service, by reducing unnecessary transfers to hospital. The review team recommends that NIAS reviews its policy to consider if stay at home protocols could be introduced for specific clinical conditions.

The review team considered that there was strong interest in training at both board and senior management level. Following discussions with staff, the review team felt that it would be useful for NIAS to explore the provision of additional opportunities for management and/or leadership training for senior officers.

1.8 The organisation has a workforce strategy in place, as appropriate, that ensures clarity about structure, function, roles and responsibilities and ensures workforce development to meet current and future service needs in line with Departmental policy and the availability of resources.

NIAS has established a workforce planning steering group and developed a human resources strategic plan for the period 2006 -10. The steering group meets quarterly to monitor and predict workforce dynamics and match the supply of staff to service demands.

Reviewers were advised that in the western division, no paramedic station supervisors have been recruited within the last two years and out of a total of 14 posts, eight are vacant Frontline staff in this area reported that there are numerous staff vacancies but that there are people currently in training to fill these. The review team recommended that, where possible, funded vacancies should be filled.

1.9 The organisation has sound human resource policies and systems in place to ensure appropriate workforce planning, skill mix, recruitment, induction, training and development opportunities for staff to undertake the roles and responsibilities required by their job, including compliance with:

- **Departmental policy and guidance;**
- **Professional and other codes of practice; and**
- **Employment legislation.**

The NIAS human resources (HR) strategic plan includes a goal to improve organisational performance and effectiveness and a key action is to ensure that there are clear and up-to-date HR policies, procedures and guidance. A number of the policies provided to RQIA were due to be updated.

All new operational staff are required to attend an induction programme at the commencement of employment. Training on NIAS policies and procedures is included and evaluation forms are completed by staff, which are then used to inform future training content.

NIAS recognises that there is a need for a more joined up service involving cooperation from other parts of the emergency care service, ensuring suitable follow-up of patients. A pilot project involving GPs assisting with triage of calls will be evaluated to determine if this model of provision allows for more flexibility in the system, ensuring that ambulances are not dispatched inappropriately. In discussions with frontline staff it was clear that they supported the GP triage pilot and welcomed the potential for the doctors to be a resource to aid clinical decision making.

The review team considered that all policies should be regularly reviewed and updated. Reviewers welcomed the GP triage pilot and felt that this

should be evaluated as soon as possible, exploring methods of maximising the benefit of clinical support across NIAS.

Recommendations

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

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

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

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

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

Standard 2: Safe and Effective Care

Standard statement:

Safe and effective care is provided by the health and personal social services (HPSS) to those service users who require treatment and care. Treatment or services, which have been shown not to be of benefit, following evaluation, should not be provided or commissioned by the HPSS.

2.1 The organisation has properly maintained systems, policies and procedures in place, which are subject to regular audit and review to ensure effective and efficient procedures for obtaining (verbal) consent for examination, treatment and/or care.

NIAS advised the review team that the process for obtaining consent is detailed in the Joint Royal Colleges' Ambulance Liaison Committee (JRCALC) clinical practice guidelines which are provided to each ambulance paramedic.

NIAS has addressed the issue of consent through specific teaching sessions and in ambulance training courses provided to emergency medical technicians and ambulance care assistants. Consent is monitored through clinical audit by means of refusal of consent returns. This issue has also been the subject of a specific teaching session on post proficiency training.

The review team noted that although NIAS did not have a specific policy on consent, this issue was sufficiently dealt with through JRCALC guidelines and specific training provided for staff.

2.2 The organisation has policies and procedures in place to identify and protect children, young people and vulnerable adults from harm and to promote and safeguard their rights in general.

NIAS has nominated its Medical Director as the child protection officer for the trust. All staff are trained in child protection and vulnerable adults awareness, as part of mandatory training. NIAS also has a child and vulnerable adults policy and training is based on the JRCALC clinical practice guidelines (ethical issues) and the national ambulance service basic training manual.

The review team commended NIAS for training provided in this area and also for the assurances given in relation to safeguards for the protection of children and vulnerable adults when NIAS works with other organisations.

2.3 The organisation promotes effective interagency working in relation to raising awareness of the risks associated with abuse, including domestic violence and in the promotion of effective interagency response.

Members of staff who have concerns regarding domestic violence raise these concerns through REMDC which contacts the duty director. Issues are followed up by the Medical Director or Assistant Medical Director.

Staff complete an untoward incident report and record details on a patient report form. They also provide a verbal report to senior nursing and medical staff at the receiving department in hospital. In serious incidents front line staff will seek PSNI intervention.

2.4 The organisation has properly maintained systems, policies and procedures in place, which are subject to regular audit and review to ensure accurate, timely and consistent recording of care given or services provided and associated outcomes.

Interventional procedures such as intubation, cannulation, drug administration or defibrillation are all recorded on a patient report form which is then electronically scanned to populate a clinical audit database. This information gives regular updates on how staff are performing against optimum levels of treatment and agreed targets. The information gathered is used to generate reports, which are used to measure the performance of NIAS.

All interventions are individually scrutinised on a pre-defined basis to ensure high quality safe practice and compliance with clinical governance policy. Any anomalies or inconsistent data identified through audit are addressed as appropriate. Audits are performed to prevent misuse, malpractice or negligence and ensure compliance with JRCALC and internal policies.

The review team was informed by frontline staff that forms may not always be completed accurately in relation to treatment provided for patients. This was considered to be an area that required further attention.

2.5 The organisation has properly maintained systems, policies and procedures in place, which are subject to regular audit and review to ensure protection of health, welfare and safety of staff.

The trust has a health and safety policy. All clinical staff attend care and responsibility training which is continuously reinforced and the effectiveness of this training is assessed by clinical support officers. Violent incidents against staff have decreased, which is taken as an indication that training is working. Reviewers were advised by frontline staff that it was a common occurrence for them to be subject to verbal

and/or physical attacks, particularly during holiday periods and at major events such as Halloween or New Year celebrations.

NIAS ensures that individual ambulance staff who have been involved in difficult incidents have access to support and counselling. A mobile phone has been added to each vehicle as a security measure. Currently a three-day training course on dealing with difficult situations is available. A five-day training course to include the use of restraint is being considered. NIAS encourages the use of reflective practice following incidents.

Following incidents, staff have access to a counselling service. In discussions with review team members, staff valued this service, but felt it could be more accessible. The review team considered that it would be useful for NIAS to review the counselling service and to identify and overcome any barriers which are leading to the perception that it is not readily accessible.

2.6 The organisation has properly maintained systems, policies and procedures in place, which are subject to regular audit and review to ensure awareness raising and staff knowledge of reporting arrangements for adverse incidents and near misses, and whistle-blowing arrangements when poor performance and/or unsafe practice in examination, treatment or care comes to light.

The review team was informed that NIAS has policies in place relating to untoward incidents, risk management and whistle-blowing. Incidents and near misses are reported using a single untoward incident reporting form.

All incidents are recorded on a central database and an assurance framework has been developed with the objectives of linking risks to performance and focusing the attention of the NIAS board on the major risks to the organisation. The untoward incident procedure is used by staff to identify specific issues and these are reported to the clinical governance committee and the NIAS Board.

The review team recognised that the incident reporting system is now well embedded. However, feedback from incidents was not always given to frontline staff. The review team recommends that the arrangements for feedback are reviewed.

NIAS is considering the introduction of a monthly bulletin for circulation to all staff. The review team welcomes this initiative to improve learning from incidents, across the organisation.

2.7 The organisation has properly maintained systems, policies and procedures in place, which are subject to regular audit and review to ensure safe practice in the selection, procurement, prescription, supply, dispensing, storage and administration of medicines across the spectrum of care and support provided, which complies with current medicines legislation.

A comprehensive policy and procedure document for the management of all medicines within NIAS was issued in November 2009. This policy has been developed in conjunction with the DHSSPS and the Home Office to ensure compliance with all legislation surrounding the supply, storage and administration of drugs in both the prescription only medicines (POM) and controlled drug (CD) categories.

NIAS informed the review team that it is in the process of reorganising the provision of pharmacy across the organisation. All emergency drug packs have been updated and new practices are being introduced.

The use of morphine for pain relief, to replace tramadol is being introduced. The review team welcomed this initiative which is in line with the approach being adopted by other ambulance services in the UK, and will provide consistency of approach and evidence based best practice for patients.

NIAS is currently engaged in a regional project to develop a common systems approach for the transportation and handover of patients' own medications and the review team supported active involvement in this project.

Specific patient group directions (PGDs) have been developed by NIAS in conjunction with local pharmacy representatives and hospital consultants for a small number of drugs not yet covered by the guidelines. The review team was informed that some PGDs were out of date and felt this was an area that required further attention.

The Medical Director is the accountable officer under controlled drugs regulations and is responsible for the safe and secure management of controlled drugs (CDs), in line with misuse of drugs legislation.

The Medical Director, as accountable officer, attends the local intelligence network (LIN) and has been recently involved in completing policies and procedures on providing, obtaining and using controlled drugs, a process which has involved the DHSSPS and the Home Office. Not all staff were aware of changes to controlled drugs legislation.

Reviewers noted that the medicines policy had not been updated to reflect the role of the accountable officer. The review team recommended that this take place and that staff are advised of the role of the accountable officer.

2.8 The organisation has properly maintained systems, policies and procedures in place, which are subject to regular audit and review to ensure risk assessment and risk management in relation to the acquisition and maintenance of medical devices and equipment and aids and appliances across the spectrum of care and support provided.

The management of medical devices and equipment is overseen by the NIAS medical equipment group in line with medical devices and equipment policy. This group manages the full evaluation, specification, procurement and supply of all medical equipment and devices.

The stores department checks and issues all equipment and devices in conjunction with the Business Services Organisation (BSO) and this process is subject to a specific controls assurance standard.

The review team was satisfied that risk issues related to equipment are well developed and that NIAS is not simply capturing information but actively managing this area.

2.9 The organisation has properly maintained systems, policies and procedures in place, which are subject to regular audit and review to ensure promotion of general hygiene standards, and prevention, control and reduction in the incidence of healthcare acquired infection and other communicable diseases.

NIAS has an infection prevention and control (IPC) policy which was issued to staff in 2009. IPC is an agenda item at board meetings. The Medical Director has overall responsibility for IPC, while the Assistant Medical Director is responsible for day-to-day management.

IPC training occurs on induction and is also part of annual mandatory training. A number of initiatives have been introduced by the NIAS which include observational audits for some IPC practices such as hand hygiene, personal protective equipment (PPE), aseptic non-touch technique (ANTT) and weekly vehicle cleaning.

In the pre-hospital environment there are challenges in complying with hand hygiene and ANTT particularly in airway management, as rapid response vehicles may make up to six consecutive calls. Soap-based wipes are used to remove any soiling, and hands are then decontaminated using sanitising gels. These measures on a continuing basis are not a substitute for washing soiled hands with soap and water. However, NIAS is aware of this problem and is working towards a solution. Other issues noted by reviewers related to the incorrect use of PPE - particularly gloves, compliance with the regional dress code policy and the frequency of uniform changes. Discussion with ambulance personnel indicated that uniforms are not changed on a daily basis.

The review team visited ambulance stations in Broadway (Belfast) and Craigavon. At Broadway, the area was generally clean, neat and tidy. Some general cleaning issues were identified. In the toilets and the dirty utility area, there was incorrect use of equipment, and National Patient Safety Agency (NPSA) colour coding for cleaning equipment was not being complied with.

In Craigavon, the facilities in the ambulance station are in need of refurbishment, especially the toilets, bathrooms and kitchen areas. The station would benefit from a space realisation review as many of the areas were very cluttered and inappropriate and excess storage was observed.

The store housing sterile equipment was tidy, though more attention to areas such as cleaning shelves is required. Reviewers noted that paramedic grab bags were soiled and damaged and issues regarding sharps management were observed.

In the ambulance stations visited, reviewers found that ambulance vehicles were clean, neat and tidy and the weekly two hour clean, although difficult to arrange at times, is obviously effective.

Discussion with ambulance personnel highlighted that NIAS has no formal mechanism in place for obtaining IPC advice. The review team believe that NIAS should consider either the appointment of an IPC nurse or the development of a service level agreement with an IPC team of another trust.

NIAS has identified the CSOs as infection prevention and control champions but in order to fulfil this role effectively, enhanced training is required. NIAS has plans to implement the Saving Lives high impact care bundles for peripheral intravenous lines.

NIAS was considered by the review team to have made good progress towards implementation of its IPC policy, however, there are ongoing difficulties with putting the policy into practice.

2.10 The organisation has properly maintained systems, policies and procedures in place, which are subject to regular audit and review to ensure appropriate decontamination of reusable medical devices.

NIAS uses single use medical devices and provides single use in line filters for reusable items of equipment. In support of JRCALC guidelines for the prevention and control of infection and staff protection, NIAS issued a memo to staff for the introduction of single patient use resuscitation equipment e.g. bag valve and masks, facemasks and laryngoscope blades.

During the station visits misuse of sterile items was observed by reviewers such as in the exposure of laryngoscope blades in grab bags. In relation to the use of sterile items, the review team considered that there was a need to re-emphasise to frontline staff that procedures outlined in the NIAS infection prevention and control policy should be followed at all times.

2.11 The organisation has properly maintained systems, policies and procedures in place, which are subject to regular audit and review to ensure safe and effective handling, transport and disposal of waste, recognising the need to promote the safety of service users and carers, staff and the wider public, and to protect the environment.

The disposal of waste is carried out in line with the regional and NIAS waste policies. Staff have been trained in the segregation, packaging and disposal of all waste, including clinical waste. Transportation of waste is carried out by a regional contractor. The review team was advised that there have been no issues reported regarding NIAS waste management.

2.12 The organisation has properly maintained systems, policies and procedures in place, which are subject to regular audit and review to ensure interventional procedures and/or any new methods undertaken by staff are supported by evidence of safety and efficacy.

NIAS has systems in place for reporting any safety issues to line management. Staff are required to use the untoward incident reporting procedure to report safety issues they identify. Issues are reviewed by the training department, and if necessary the Medical Director, and remedial action taken or further instruction given. Any new operational methods are subject to a formal teaching and assessment process carried out by the regional ambulance training centre.

Reviewers noted an inconsistency in approach on use of endotracheal tubes and whether or not these should be pre-cut. In addition, staff reported, at times, having to work with new protocols and drugs with little notification. The review team considered that NIAS should review arrangements to ensure that staff are fully trained before the implementation of new procedures and protocols.

2.13 The organisation promotes an open and fair culture, rather than one of blame and shame, to encourage the timely reporting and learning from adverse incidents and near misses.

NIAS has made significant progress in promoting an open and fair culture, rather than one of blame and shame. Senior managers have encouraged operational staff to report all incidents, but particularly

patient safety incidents which are reviewed by the Medical Director, Assistant Medical Director and Risk Manager.

Staff are encouraged to see the untoward incident reporting procedure as being of benefit to them. Staff advised that they are aware of the incident reporting arrangements and are comfortable with reporting patient safety incidents.

2.14 The organisation promotes the implementation of evidence based practice through use of recognised standards and guidelines including guidance from the Department, or other guidance e.g. NICE, SCIE and the National Patient Safety Agency (NPSA).

Risk alerts, notifications and guidance are reviewed by the Medical Director, Assistant Medical Director and Risk Manager who circulate these through the line management structure, seeking confirmation that the issue has been addressed and that all staff have been informed.

NIAS applies the JRCALC clinical guidelines (2006). This guidance is advisory and has been developed to assist healthcare professionals, together with patients, to make decisions about the management of the patient's health. It is intended to support the decision making process and is not a substitute for sound clinical judgement.

Reviewers found that NIAS predominately used the guidelines as laid out within JRCALC, without developing any extended guidelines. Some guidelines such as those relating to oxygen use have only partially been adopted by NIAS as they have not been universally agreed. The review team considers that the approach adopted to use of JRCALC guidelines may limit the ability of NIAS to fully utilise the skills of its trained paramedic staff.

The Medical Director of NIAS provides clinical advice to the NIAS board on proposed service changes and developments in service delivery. At present there is no source of independent clinical advice available to the Medical Director and the clinical governance committee to assist in developing, modifying and validating emerging JRCALC guidelines or developing local patient pathways. The review team recommends that NIAS considers establishing a formal clinical advisory committee to support the medical director in his role, which would also further support partnership working and collaboration.

2.15 The organisation has systems in place to prioritise, conduct and act upon the findings of audits and to disseminate learning across the service.

NIAS has undertaken benchmarking against other UK ambulance services and against standards recommended by the former Healthcare Commission. NIAS contributes to national audits of cardiac arrest, trauma and myocardial infarction.

An example of improvement through re-auditing was given in relation to asthma. An initial audit showed that although ambulance staff managed the care of patients with asthma well, they were not using equipment to record peak flow rates. These are necessary to ensure that an appropriate referral is made, either to a specialist respiratory clinic or to a GP. A re-audit showed that equipment is now in use with full compliance by staff. Other areas which have benefitted from the audit process include post recovery of diabetic patients and recording of aspirin details.

The review team considered that the use of clinical audit to review and improve care was a particular strength of NIAS.

2.16 The organisation provides regular reports to the organisation's executive and non-executive board directors on governance arrangements and continuous improvement in the organisation.

Reports and action plans are reviewed by the relevant committee, either risk management, audit or clinical governance and presented to the NIAS Board. The committee will monitor any action plan to confirm ongoing activity and receive confirmation on actions being completed which will, in turn, be reported to the NIAS board.

NIAS advised that there is a rigorous process in place for evaluation of new initiatives. One example provided to the review team was the evaluation of the benefits of an automated vehicle location system. This had been put in place following the development of a business plan, with public engagement in rural areas and working through community networks.

The review team noted that post project evaluations of new initiatives included consideration of both clinical effectiveness and cost effectiveness.

Recommendations

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

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

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

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

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

Standard 3: Accessible, Flexible and Responsive Services

Standard statement:

Services are sustainable, and are flexibly designed to best meet the needs of the local population. These services are delivered in a responsive way, which is sensitive to individual's assessed needs and preferences and takes account of the availability of resources.

3.1 The organisation has service planning processes which promote an equitable pattern of service provision based on assessed need having regard to the particular needs of different localities and people, the availability of resources, and local and regional priorities and objectives.

NIAS undertakes reviews of historical incident data to build a patient centred deployment plan that guides allocation of available resources, on a real time basis.

The government target for UK ambulance services is to reach 75 per cent of category A calls (immediately life threatening) in eight minutes and 95 per cent of category B calls (urgent but not thought to be immediately life threatening) in 19 minutes.

NIAS allocates resources according to need, but priority is given to category A patients. Performance against targets is reported to the NIAS board, HSC Board and DHSSPS on a daily/ weekly basis. The NIAS director of operations holds weekly performance review meetings with operational managers to monitor 999 demand, service capability and performance.

NIAS has specific protocols covering transport of patients to other parts of the UK and land based transport is coordinated with other areas of transport as required. NIAS has a memorandum of understanding with the ambulance service in the Republic of Ireland, which enables joint working if there is an incident close to the border.

NIAS advised the review team that cross-border acute hospital links were put in place without consultation with NIAS, which has led to unexpected pressures for the ambulance service. In such cases the service deals with the patient first and then addresses any issues with protocol afterwards.

The review team considered that NIAS planning processes were designed to promote an equitable pattern of service delivery and that NIAS had taken a pragmatic approach to cross-border cooperation.

3.2 The organisation integrates the views of service users, carers and local communities, and frontline staff into all stages of service planning, development, evaluation and review.

NIAS undertakes consultation exercises in respect of key planning decisions involving changes to service delivery. Examples given to the review team included the introduction of a clinician to triage category C calls and the reconfiguration of frontline services. This involved a formal consultation process including meetings with councils, individuals, statutory bodies and local communities. A survey of patients who had accessed the service has been undertaken to determine to what extent it meets patients' needs.

In addition to formal consultation, NIAS has ongoing informal engagement with a wide range of stakeholders including other HSC organisations, public representatives and statutory bodies. A representative from the Patient and Client Council (PCC) now attends NIAS Board meetings.

NIAS is engaging with the PCC with regard to implementation of the patient and public involvement (PPI) agenda and exploring opportunities for partnership working to better obtain and learn from patient/service user feedback. NIAS has implemented the Patient and Client Experience Standards (respect, attitude, behaviour, communication, and privacy and dignity), and is working to monitor compliance with the standards in service delivery.

A number of frontline paramedic staff advised the review team that they felt that their views were not fully considered when service changes were being made. These staff thought that senior staff were not fully aware of the challenges facing staff on the ground, in meeting increasing demands within available resources.

The review team was advised that NIAS is currently reviewing its fleet mix. In essence, this will increase the ratio of rapid response vehicles (RRVs) to ambulances. The review team considers that this change will need to be monitored closely to ensure that it achieves both a reduction in response times and an increase in the quality of patient care. All patients will still be required to be transported to hospital unless paramedic staff have access to alternative care pathways and can operate to the extent of their training or indeed benefit from extended training. If all patients continue to be transported to hospital, a subsequent reduction in availability of patient carrying vehicles is likely to result in longer on scene and total call times, with a poorer patient experience.

The review team considered that NIAS had robustly engaged with services users in the planning and delivery of services. The review team recommend that NIAS reviews its approaches to consulting frontline staff when planning changes to the service.

3.3 The organisation has service planning and decision making processes which take account of local and/or regional priorities.

NIAS has a major incident plan with comprehensive command and control procedures. The plan is regularly tested and reviewed.

In 2004 the Ambulance Service Association (ASA) and the Department of Health (DH) asked the ASA civil contingencies committee to look into the feasibility of ambulance personnel joining other emergency personnel to work within the inner cordon (also known as the hot zone) of a major hazardous incident. This resulted in the formation of hazardous area response teams (HART). HART teams are used differently in Northern Ireland compared to the rest of the UK. In Northern Ireland NIAS has developed a HART light system where there is a cohort of trained staff who are trained to respond if there is a major incident but are mostly used on normal duty shifts.

The review team considers that the approach taken by NIAS to the development of the HART light system is a good example of making efficient use of resources.

3.4 The organisation ensures that service users have access to its services within locally and/or agreed timescales.

Emergency callers across Northern Ireland who dial 999 have calls managed by a single control centre which deals with all 999 calls on a chronological basis, without delay or geographical bias. All 999 calls to NIAS are subjected to clinical triage to determine clinical priority. The ambulance response is based on the assessed clinical priority.

All calls are colour coded:

- red - life threatening
- amber - need to respond
- green - may not need attendance

Logging of times is automated. Every child is treated as a category A call and the service places a major emphasis on achieving an effective response to category A calls.

NIAS uses an advanced medical priority dispatch system (AMPDS), (with Version 12.00 having been newly installed), within their control room at ambulance headquarters to deliver a response to all patients, but giving priority to category A callers.

Every four hours, hospitals update NIAS on A&E waiting times so ambulances can be directed to bypass particular hospitals if the wait is too long. When visiting Craigavon ambulance station, reviewers were advised of delays experienced by ambulance staff due to lengthy turn

around times. The average turn around time should be thirty minutes but ambulance staff are frequently having to wait with patients for 1-2 hours.

On talking to frontline staff it was suggested to reviewers that the situation would be helped by having dedicated vehicles to do non-urgent hospital transfers which would free up A&E ambulances.

A previous regional review of non-urgent patient transport had concluded that need had to be determined by a clinician, but the review team found that frequently this does not happen. NIAS staff consider that it is often difficult to refuse a booking if clinical need has not been determined as this can create difficulties for patients.

NIAS has met with commissioners in HSC trusts to propose a review of the patient care service (PCS), with objectives being to examine commissioning arrangements and to devise ways to further contribute to the whole patient experience. It was thought that PCS should support A&E and the wider healthcare family. Currently, priority for PCS services is given to end of life and cardiac patients.

The review team supports the further review of patient care services which is necessary to maximise the use of non A&E resources and to ensure that requests for PCS are in line with agreed policy.

Recommendations

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

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

Standard 4: Promoting, Protecting and Improving Health and Social Well-being

Standard statement:

The HPSS works in partnership with service users and carers, the wider public and local and regional organisations to promote, protect and improve health and social wellbeing, to tackle inequalities within and between geographic areas, socio-economic and minority groups, taking account of equality and human rights legislation.

4.1 Patients, and with their consent, carers, are provided with a range of information about their condition, treatment options, outcomes, risks, side effects and rights on an ongoing basis.

NIAS participates in a regional accessible formats group to look at production of accessible information across the HSC which involves engagement with service users. NIAS also has the Language Line system available for those who do not have English as a first language.

Patients have the option to refuse consent for treatment and NIAS has systems in place for patients and their families to report any complaints or compliments.

4.2 Referral guidance is available to enable admission and/or transfer within or between healthcare providers and other agencies. This guidance is monitored and fed back at regular intervals to those referring.

NIAS has worked with acute hospitals to develop a number of specific joint protocols to facilitate transfer between healthcare providers. These protocols advise ambulance staff on the most appropriate hospital for provision of care for patients.

Protocols have been developed for chest and head injuries in the Greater Belfast area. There are paediatric protocols to ensure that children are brought to appropriate hospitals and a number of surgical protocols are also in place. NIAS staff meet with consultants from relevant disciplines to agree and review these protocols.

There is no specific guidance for ambulance staff when transferring patients between nursing home/residential care facilities and hospital.

NIAS has good formal and informal links with GP out-of-hours services. NIAS is represented on the management committees of four of the five services and on the regional out-of-hours group. Frontline ambulance staff advised that some patients referred from the out-of-hours service could have travelled to hospital without using ambulance resources. The review team considers that it would be useful for all providers of

unscheduled care to review arrangements to ensure a seamless service for patients.

4.3 The organisation actively pursues equality screening and, where appropriate, equality impact assessment in compliance with section 75 of the Northern Ireland Act 1998.

NIAS has an ongoing process to ensure all policies are equality screened prior to approval by the NIAS Board and an annual progress report is presented to the Equality Commission. NIAS is represented on the DHSSPS equality and human rights steering group and related work streams to implement Section 75 duties within HSC.

NIAS has engaged with stakeholders including RNID and DANI in relation to access to emergency services for those who are deaf. This has resulted in the development of an emergency text service, RNID type talk, which provides emergency service access for those who use text phone. NIAS is also currently engaging with the Royal National Institute for Blind People (RNIB) and Guide Dogs for the Blind Association.

NIAS has produced emergency multilingual phrase books for those who do not have English as a first language and is currently working with the regional interpreting service to develop and review interpreting service provision.

The review team commends the work that had already been done by NIAS to develop access to services for people with sensory difficulties and those for whom English is not a first language.

4.4 Systems are in place to identify, assess and respond to the needs of groups and individuals within the population, who have particular needs or preferences.

NIAS makes available materials such as the Ambulance Service Association (ASA) community handbook outlining particular religious and cultural information which may be relevant, and the ASA emergency multilingual phrase book.

NIAS includes specific training in relation to patients with special needs during both basic and post proficiency training. Staff receive training from approved social workers in relation to the management of patients with mental health needs.

Standard 5: Effective Communication and Information

Standard statement:

The HPSS communicates and manages information effectively, to meet the needs of the public, service users and carers, the organisation and its staff, partner organisations and other agencies.

5.1 There are policies developed in partnership with other agencies that guide, monitor and improve the way that staff communicate and engage with each other and with patients, carers and the public.

NIAS has an internal communications strategy which aims to support, inform and engage staff to improve communication throughout the organisation. The strategy encourages feedback and comment from staff at all levels. The objectives are to develop the communication skills of managers and staff throughout NIAS.

The communications strategy is currently under review with a revised strategy being developed for the period up to 2015. The revised strategy is planned to be available by autumn/winter 2010.

Frontline staff did advise the review team of some examples where they considered internal communication could have been improved. For example, some operational staff advised that they felt it would have been useful to be aware of the recent update to the control system. Staff noted that they had not always received feedback following reporting of complaints or incidents. Staff in local stations indicated that they would welcome more visits from senior management to enhance communication. The review team considered that these issues could be usefully addressed during the current review of NIAS's internal communication strategy.

5.2 The organisation has effective training for staff on how to communicate with service users and carers and, where needed, the public and the media.

NIAS staff frequently deal with difficult and, on occasions, dangerous situations. During training, staff are taught the importance of good communication skills and how to put these into practice in scenario-based training. They are taught to recognise dangerous situations and individuals, apply de-escalation techniques and if all else fails they will use break away techniques to remove themselves from the situation.

NIAS provides all front line accident and emergency staff with three days of training on dealing with difficult situations, leading to a Business and Technology Education Council (BTEC) award. A two-day module is provided to patient care service staff.

Reviewers were informed that two years ago NIAS had achieved a national training award and were satisfied that NIAS provides adequate training for staff on how to communicate effectively with the public.

5.3 The organisation has an effective and integrated information technology and information systems which support and enhance the quality and safety of care and provision of services.

NIAS has invested in both information technology (IT) and staff to support the delivery of its functions. The review team considered that this investment is having major benefits for NIAS in delivering services to the population. At the time of the review visit NIAS was in the process of carrying out an upgrade to its control room system and the review team noted that this was achieved smoothly.

NIAS uses a software system called System Centre Operations Manager (SCOM) which acts as an agent to monitor the operational systems event logs and report any specific events or alerts. The SCOM server application maintains a database that includes a history of events for evaluation and review by the technical team.

5.4 The organisation has an effective complaints and representation procedure and feedback arrangements, which is made available to service users, carers and staff and which is used to inform and improve care, treatment and service delivery.

Complaints are dealt with in line with the NIAS complaints policy and procedure, which is based on DHSSPS guidance for handling complaints. Complaints are reported at each NIAS board meeting and are also reported to the HSC Board regional complaints group on a monthly basis.

NIAS has recently commenced a customer service survey of the management of complaints to evaluate the effectiveness of its complaints procedure.

NIAS is currently developing a formal process for the review of serious complaints to ensure that lessons are learnt from these. Learning outcomes from complaints are shared with local management to ensure that corrective measures are put in place, to reduce the potential for recurrence of issues leading to complaints. NIAS plans to establish mechanisms for the monitoring of implementation of learning outcomes from complaints following an internal review of NIAS governance arrangements.

The Chief Executive and the Medical Director often meet with complainants and families to seek to bring about resolution of complaints.

During 2008-09 the NIAS received 78 formal complaints. More than half of all formal complaints received (54 per cent) related to the delay in the arrival of an ambulance or the non-arrival of non-emergency transport. One third of all complaints received were in relation to the behaviour or attitude of staff. Nine per cent of complaints concerned the quality of treatment provided by staff and the remainder (four per cent) were classed as other.

The review team considered that NIAS has a robust system in place for dealing with complaints which includes senior staff involvement in the process.

5.5 The organisation systems and processes are in place to ensure that urgent communications safety alerts and notices, standards and good practice guidance are made available in a timely manner to staff and partner organisations; these are monitored to ensure effectiveness.

Safety alerts, notices and good practice guidelines are reviewed by the Medical Director, Assistant Medical Director and Risk Manager who then cascade them through the line management structure. Confirmation is sought that the issue has been addressed and that all relevant staff have been informed.

In circumstances where product recall is involved the process will be supported by the central stores department. Such matters are then reported to medical equipment group and clinical governance committee.

Recommendations

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

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

6.0 Conclusions

The review team has found clear evidence that NIAS has established effective clinical governance arrangements to deliver safe ambulance services to the population of Northern Ireland.

The review team found a well integrated and strongly supportive management team with good leadership and a very dedicated workforce at all levels from senior management to frontline staff.

The review team commends NIAS on having established effective audit processes that have led to improvements in the way in which major clinical conditions are managed. The review team also welcomes developments in clinical support provided to assist frontline staff, in the form of clinical support officers and the GP triage system.

Incident reporting is taken seriously and there is good evidence that this is well embedded within the service and used to improve delivery of patient care, for example in the management of medicines. The review team has recommended that NIAS reviews its feedback arrangements to staff.

NIAS works collaboratively with other emergency services and has a very positive and pragmatic approach in dealing with cross-border transfers and calls. Effective working practices and joint protocols were in evidence in relation to head and chest injuries and the transport of children and surgical patients to appropriate hospitals.

NIAS has invested in integrated information technology and has conducted a customer service survey of patient complaints which has provided very useful feedback to the service.

NIAS works collaboratively with other HSC organisations but the review team considered there is potential for the range of organisations that provide unscheduled care to examine how services can be more closely integrated.

The review team found that frontline staff thought that communication with senior management staff could be improved, for example, when new service changes are being planned. NIAS is currently reviewing its internal communications strategy.

A particular challenge facing ambulance services is to assess the level of risk which can be accepted, in setting policies which enable trained paramedic staff to leave patients who have been assessed and treated, at home rather than transporting them to hospital. The review team has recommended that NIAS considers the potential for introducing selected clinical protocols to allow some patients to remain at home and thus free up scarce ambulance and hospital resources.

7.0 Summary of Recommendations

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

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

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

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

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

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

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

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

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

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

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

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

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

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