The Regulation and
Quality Improvement
Authority

Review of Clinical and Social Care Governance
Arrangements in Health and Social Care
Trusts in Northern Ireland, 2008

Northern Ireland Ambulance Service Trust

informing and improving health and social care
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CONTENTS

APPENDICES

1   SETTING THE SCENE

1.1   The Role & Responsibilities of the Regulation & Quality Improvement Authority

The Regulation and Quality Improvement Authority (RQIA) is a non-departmental public body, established with powers granted under the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003. It is sponsored by the Department of Health, Social Services and Public Safety (DHSSPS), with overall responsibility for assessing and reporting on the availability and quality of health and social care services in Northern Ireland and encouraging improvements in the quality of those services.

The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 places a statutory duty of quality on Health and Personal Social Services (HPSS) organisations, and requires the RQIA to encourage continuous improvement in the quality of care and services throughout all sectors in Northern Ireland.

In order to fulfil its statutory responsibilities the RQIA has developed a planned three year programme of clinical and social care governance reviews of all HPSS organisations.

Clinical and Social Care Governance

Clinical and social care governance is described as a framework within which HPSS organisations can demonstrate their accountability for continuous improvement in the quality of services and for safeguarding high standards of care and treatment. Organisations must ensure that there are visible and rigorous structures, processes, roles and responsibilities in place to plan for, deliver, monitor and promote safety and quality improvements in the provision of health and social care.

1.2   Context for Review

Published in March 2006, The Q*uality Standards for Health and Social Care*, underpin the duty of quality on Health and Social Services Boards and Trusts. They complement standards and other guidelines already in use by organisations and give a measure against which organisations can assess themselves and demonstrate improvement.

The five quality themes on which the standards have been developed were identified through consultation with service users, carers and HPSS staff and through a review of standards developed elsewhere at local, national and international level.

The five quality themes are:

> ❖ Corporate Leadership and Accountability of Organisations
> ❖ Safe and Effective Care
> ❖ Accessible, Flexible and Responsive Services
> ❖ Promoting, Protecting and Improving Health and Social Well-being
> ❖ Effective Communication and Information

The 2007/2008 review has assessed the achievement of HPSS Organisations against three themes of the HPSS Quality Standards [2006]:

- ❖ Theme 3 - Accessible, Flexible and Responsive Services
- ❖ Theme 4 - Promoting, Protecting and Improving Health and Social Well-being
- ❖ Theme 5 - Effective Communication and Information

Within these three themes, a detailed review has been undertaken focusing on the following seven criteria, as it was deemed that these were a representative sample of service user/patient engagement.

Under Theme 3 "Accessible, Flexible and Responsive Services" criteria:

- ❖ 6.3.1 (a) The organisation has service planning processes which promote an equitable pattern of service provision or commissioning 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.
- ❖ 6.3.2 (a) The organisation ensures that all service users, carers and relatives are treated with dignity and respect and that their privacy is protected and promoted, including, where appropriate, the use of advocates and facilitators.
- ❖ 6.3.2 (b) The organisation has systems in place to ensure that service users, carers and relatives have the appropriate information to enable them to make informed decisions and choices about their treatment and care, or service provision.

Under Theme 4 " Promoting, Protecting and Improving Health and Social Well-being" criteria:

- ❖ 7.3 (a) The organisation has structures and processes in place to promote and implement effective partnership arrangements, to contribute to improvements in health and social well-being, and promote social inclusion and a reduction in inequalities.
- ❖ 7.3 (b) The organisation actively involves the services users and carers, the wider public, HPSS staff and the community and voluntary sectors, in the planning and development of local solutions to improve health and social well-being and to reduce inequalities.

Under Theme 5 "Effective Communication and Information" criteria:

- ❖ 8.3 (a) The organisation has active participation of service users and carers and the wider public. This includes feedback mechanisms appropriate to the needs of individual service users and the public.
- ❖ 8.3 (g) The organisation has effective training for staff on how to communicate with service users and carers and, where needed, the public and the media.

Organisations were asked to provide information regarding all thirty–eight criteria under the three Themes, and this formed part of the overall report by RQIA. However, unless through the analysis, or as part of the review process, there was an issue that needed to be

addressed, these other criteria were not subject to the same level of scrutiny as the seven noted above.

1.3   The Review Methodology

The RQIA operates within a value system that supports the belief that learning is at the heart of improvement. To ensure a clear focus on improvement, organisations need to have effective systems which can identify performance standards and support the learning necessary for improvement.

Committed to a culture of learning, the RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the HPSS Quality Standards. The distilled information from the self-assessment will be subjected to reality testing when review teams visit organisations.

This review was undertaken following a period of major transition for organisations further to the Review of Public Administration (RPA). The management structures within the new organisations, in the main, are now in place. The review team have taken account of these developments within this report.

In developing the methodology, consideration was given to review methodologies previously used by RQIA.

1.3.1   The Review Team

Review teams are multidisciplinary, and include both Health and Social Care professionals (Peer Reviewers) and members of the public (Lay Reviewers) who have undertaken training provided by the RQIA. Review teams are managed and supported by RQIA Project Managers and Project Administrators.

Lay Reviewers
Lay reviewers come from a range of backgrounds and from all over Northern Ireland. They play a vital role in review teams, bringing with them new insights and helping the team look at how things are done from a lay person's point of view.

Peer Reviewers
Peer reviewers work at a senior level in both clinical and non-clinical roles in the HPSS. They have a particular interest in the area of governance and a commitment to improving health and social care.

There is an identified leader for each review team who works closely with the RQIA Project Manager during the review to guide the team in its work and ensure that team members are in agreement about the assessment reached.

1.3.2 The Review Process

The review process has three key parts; local self-assessment (including completion of self declaration), pre-visit analysis and the validation visit by the review team.

1.3.3 Self-Assessment

Self-assessment is based on the Statutory Duty of Quality as enshrined in the legislation and the underpinning requirement for HSC organisations to self assess their progress against the quality standards for health and social care. Self-assessment as a technique is used widely in health and social care regulation, accreditation and licensing across the UK and internationally. The completed self-assessment proforma and evidence documents were submitted to the RQIA for analysis.

Article 34 of the HPSS (Quality Improvement and Regulation) (NI) Order 2003, places a statutory duty of quality on statutory organisations to: "put and keep in place arrangements for the purpose of monitoring and improving the health and personal social services that it provides to individuals; and the environment in which it provides them. In meeting this legislative responsibility, the Trust's Chair and Chief Executive signed a declaration confirming the accuracy of the self-assessment return to RQIA.

1.3.4 Pre-visit Analysis of Self-Assessment

On receipt of the completed self-assessment form, an analysis is made of the self-assessment information and evidence, and a pre-visit analysis report is produced which is sent to the review team, together with the self-assessment and any documentary evidence.

1.3.5 The Review Visit

The review team assessed the breadth and depth of the organisation's achievements against the standards by undertaking a site visit. At the start of the site visit, the review team met key personnel responsible for the service under review.

Reviewers then spoke with local stakeholders, including staff, patients, clients and carers about the services provided. Information was also be obtained by observation of the physical surroundings and by examining documentation such as policies and procedures.

After these meetings, the team assessed the performance of the organisation against the standards, based on the information gathered during both the self-assessment exercise, pre-visit analysis and the on-site visit.

The visit concluded with the team providing feedback on its findings to the organisation. This included specific examples of good practice drawn to the attention of the review team, together with an indication of any particular challenges.

1.3.6 The Report

The findings in this report are based both on the NIAT's self-declaration and written submission to RQIA, as well as observations made by, and views expressed to, the members of the review team during the validation visit to the Trust.

Following each review visit, the RQIA Project Manager, with input as appropriate, drafted a local report detailing the findings of the review team and recommendations for improvement.

This draft report was sent to the review team for comment, and then to the organisation to check for factual accuracy.

The overview report will be made available to the general public in hardcopy, the RQIA website and other formats on request.

2 SERVICES WITHIN THE TRUST

2.1 General Overview of Services

The Northern Ireland Ambulance Service (NIAS) was established on 1st April 1995. NIAS is not structurally affected by the changes to health service organisations identified under the Review of Public Administration and will continue to operate as a separate Trust providing ambulance care, treatment and transportation to the whole of Northern Ireland.

In 2007/08 the Trust had a budget of £46 million and employed 1040 staff. The Trust provides statutory ambulance services for a population of 1,736,000 across Northern Ireland's five health and social care trusts.

The NIAS maintains a presence across the province with 32 ambulance stations/substations, 2 Regional Medical Dispatch Centres (Emergency and Non-Emergency), a Regional Training Centre and a Headquarters with a fleet of 232 ambulances.

Patient transport journeys undertaken cover admissions, hospital outpatient appointments, discharges and inter hospital transfers and are broadly categorized under

- Emergency response to patients with sudden illness and injury;
- Non-Emergency Patient Care and Transportation.

In addition the NIAS also provides
- Specialised health transport services;
- Training and education of ambulance professionals;
- Planning for and co-ordination 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.

Non-Executive Directors are also represented on four Committees:

2.2 Places and People

Members of the Review Team visited the following areas of the NIAS: -

- Ambulance Headquarters and Emergency Ambulance Control - Belfast
- Newry Ambulance Station
- Whiteabbey Ambulance Station
- Altnagelvin Ambulance Station and patient Care Ambulance Control - Londonderry
- Lisburn Ambulance Station
- Larne Ambulance Station
- Bridge End Ambulance Station (Belfast)
- Ardoyne Ambulance Station (Belfast)

Across the ambulance services visited, the reviewers were impressed by the open and frank discussions with staff and by their enthusiasm, commitment and devotion to their work. The review team were struck by the pride staff showed in their work and the evident commitment they have to provide high quality, responsive services.

Generally the review team found good examples of effective working with community services, though the review team also noted that staff did not always recognise that these were an example of good working practice simply because they occurred on a regular day-to-day basis.

Within the stations visited, the review team noted the team work and value placed on each staff member's role. The review team commented specifically on the very strong corporate image presented by the NIAS and the very strong 'branding' potential of the service.

Staff at the ambulance stations visited spoke very positively about the degree of communication at a local level and would welcome more informal opportunities to speak with the Chief Executive and Senior Team of the NIAS.

The cleanliness of ambulances is of great concern to staff on the frontline given the time they have available to conduct such work and the need to ensure a proper standard of cleanliness. The review team was advised that this is an area being reviewed by the organisation.

Whilst not a focus of this review, the review team observed and noted that staff rest rooms in stations were generally in need of 'sprucing up'.

A major concern highlighted to the review team is the occasional delay in receiving goods and standard equipment for use on the ambulances, with staff of the NIAS often having to send repeat orders for basic essential items. The review team thought this a significant risk and one that the NIAS needs to urgently address in liaison with the Regional Supplies Service.

3 ACCESSIBLE, FLEXIBLE AND RESPONSIVE SERVICES

The DHSSPS Quality Standards cite Theme 3 as: "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. Each organisation strives to continuously improve on the services it provides and/or commissions."

There are a total of 13 criteria within this Standard and the Trust was asked to make a self assessment against these criteria under a Level of Achievement measure as illustrated in Table 3.

Code	Level of Achievement	Definition
1	Unlikely to be Achieved	The criterion is unlikely to ever be achieved. *(A reason must be stated clearly in the Trust response)*
2	Not Achieved	The criterion is likely to be achieved in full but after March 2008. For example, the Trust has only started to develop a policy and implementation will not take place until after March 2008.
3	Partially Achieved	Work has been progressing satisfactorily and the Trust is likely to have achieved the criterion by March 2008. For example, the Trust has developed a policy and will have completed implementation throughout the Trust by March 2008.
4	Substantially Achieved	A significant proportion of action has been completed to ensure the Trust performance is in line with the criterion. For example, a policy has been developed and implemented but a plan to ensure practice is fully embedded has not yet been put in place.
5	Fully Achieved	Action has been completed that ensures the Trust performance is fully in line with the criterion. For example, a policy has been developed, implemented, monitored and an ongoing programme is in place to review its effectiveness.

Chart reflecting the Trust's assessed level of achievement, incorporating 13 Criteria under the specific theme and detailing how many are at each level.

TABLE 3

Table 3 (a) illustrates how the Trust has self assessed it's performance against the criteria under the standard of 'Accessible, Flexible and Responsive Services'.

Table 3 (a)

Acessible, Flexible, Responsive Services

A horizontal bar chart titled "Acessible, Flexible, Responsive Services". The vertical axis is labelled "Level of Performance" with categories: Fully achieved, Substainally achieved, Partially achieved, Not achieved, Unlikely to be achieved. The horizontal axis is labelled "Number of criteria meeting Performance Level" ranging from 0 to 12. Bars: Fully achieved = 1, Substainally achieved = 11, Unlikely to be achieved = 1.

The Trust also provided narrative under the headings of:

- ❖ Corporate
- ❖ Operational
- ❖ Personal and Public Involvement

regarding each criterion to describe how it has achieved the stated Level of Achievement.

3.1 CRITERIA EXAMINED BY REVIEW TEAM

The RQIA selected three specific criteria within this Standard for review teams to examine and substantiate the Trust's submission. The findings in this section are based on the information provided by Trusts in their self-assessment submission and on observations made by, and views expressed to, the members of the review team during visits. Areas visited are listed in Appendix (iii) of this report.

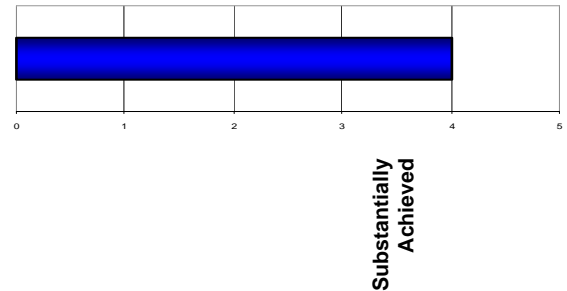The criteria in this section includes:

- ❖ 6.3.1 (a) - Service planning processes
- ❖ 6.3.2 (a) - Service user dignity, respect and privacy and the use of the advocates and facilitators
- ❖ 6.3.2 (b) - Service user information regarding treatment and care

3.1.1 Service Planning Processes

This sub-section relates to criterion 6.3.1(a)

DHSSPS Quality Standard Criterion - Self assessed score	
6.3.1 (a) The organisation has service planning processes which promote an equitable pattern of service provision or commissioning 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.	*(bar chart showing score of 4, labelled "Substantially Achieved", scale 0 to 5)*

As required by Circular HSS (PPM) 06/2006 the Northern Ireland Ambulance Service (NIAS) has outlined their service planning processes in their Trust Delivery Plan 2007/08. In addition to Ministerial priorities outlined in Priorities for Action 2007-08 the NI Ambulance Service has identified additional key challenges, specific to their service, to address or progress during the year. These key challenges incorporating Priority for Action (PfA) targets reflect the need to effectively manage the totality of the business and are outlined in priority order within the Trust Delivery Plan.

The NIAS has extracted immediate priorities and presented these to the DHSSPS and Health Commissioners as a costed proposal to deliver improved ambulance response. Funding has not been secured in the financial year 2007-08 to progress these proposals, and they currently form part of the submission for development funds potentially available from 2008 under the comprehensive spending review.

There is a high level summary of income and expenditure within the Trust Delivery Plan and reference is made to detailed financial proforma attached as an appendix stating these provide details of forecasted income and expenditure for 2007/08. The plan notes these have been prepared in conjunction with the four Boards and states they are recognised in Health and Well-being Investment Plans.

In relation to Investing for Health Strategy the Trust state they developed an education programme focusing on raising awareness within selected community groups; the aim is to role this out to all secondary and primary school children. Funding seems to be a limiting factor in the roll out of other planned initiatives.

The Trust Delivery Plan demonstrates a commitment to working across all sectors to ensure local communities are engaged in the planning and delivery of services. The Trust states its intention to continue to work with community representatives through Ambulance Liaison Groups to facilitate the representation of the public and user representation and provide access to key decision makers within NIAS. The Delivery Plan states that senior managers

will continue to attend meetings with public representatives such as Health Councils, Local Councils and specific interest Groups as a means of gauging the views of users and their representatives to inform policy development and implementation.

> **RECOMMENDATION 1:**
>
> The review team recommended that the NIAS is more pro-active in determining the nature and scope of engagement with other interest groups through, for example the development of Terms of Reference that will better clarify the role of the NIAS in these engagements.

The NIAS outlined their intention to continue to collate information on complaints and compliments and report publicly to Trust Board on these as a measure of user experience. In addition the Trust has said they will continue to engage in surveys of service user's experience.

> **EXAMPLE OF GOOD PRACTICE:** The review team were able to learn about the increased weekend service to renal patients in Altnagelvin Hospital which was a direct result of patient and provider engagement. The NIAS had shown responsiveness to an unmet need that did not demand high levels of additional resources.

The NIAS self assessment demonstrates a corporate partnership with commissioners and DHSSPS in the planning of ambulance services in Northern Ireland. Emphasis is placed on the target of an 8 minute or under response to emergency calls. A core value of the NIAS is 'accessibility' which states 'we will provide service based on clinical priority where it is needed, to those who need it, when they need it.'

At operational level weekly performance management meetings take place to monitor service delivery and ensure that resources are targeted to meet the demand from the local population.

> **RECOMMENDATION 2:**
>
> The review team were concerned that an increasing emphasis placed on meeting performance targets would affect the quality of service provided by the NIAS and recommended that this is kept under review by the senior management of the service to ensure a balance is maintained across these demands.

The NIAS Delivery Plan states that 'The Trust is committed to fostering an open and honest culture where people are prepared to challenge and be challenged about why and how they do things in the interest of their patients, staff, the Trust and the public.' The review team found evidence of a 'blame free' culture within the NIAS that allows staff to share lessons and concerns regarding aspects of service provision.

The Trust works with community representatives through Ambulance Liaison Groups to facilitate the representation of the public and user and provide access to key decision makers within NIAS. Senior managers attend meetings with public representatives such as Health

Councils, local Councils and specific interest groups as a means of gauging the views of users and their representatives to inform policy development and implementation.

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RECOMMENDATION 3:

The review team recommended that the NIAS makes better use of the compliments it receives to better promote the services that it provides. This should also be linked to better public relations information about what works well in the service and promote a better view about the strengths in the NIAS's service provision.
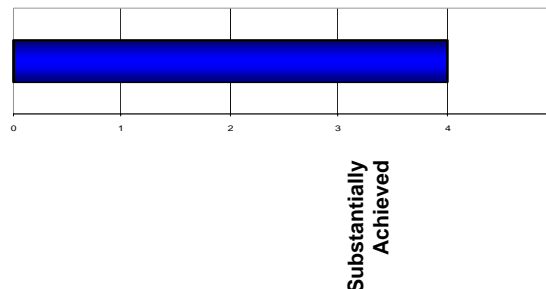
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The review team concluded that the NIAS self assessed score of substantially achieved was an accurate reflection of the Trust's level of achievement of this criterion.

3.1.2   Service User Dignity, Respect and Privacy and the Use of Advocates and Facilitators

This sub-section relates to criterion 6.3.2 (a)

DHSSPS Quality Standard Criterion - Self assessed score

6.3.2 (a) The organisation ensures that all service users, carers and relatives are treated with **dignity and respect and that their privacy is protected** and promoted, including, where appropriate, the use of advocates and facilitators.

Substantially Achieved

The completed proforma returned by the Trust stated that the Trust is committed to the provision of an ambulance service that is based on treating all people who come into contact with it with dignity and respect. These values underpin the training provided to all staff and are also incorporated under the Standards of Professional Conduct for Paramedics that are part of paramedic governance by the Health Professions Council (HPC), the national regulating body for paramedics. The proforma went on to state that operational staff are taught and encouraged to maintain the privacy and dignity of all patients, their relatives and other service users whist in the care of the ambulance service. The Trust also uses the review of complaints as a way to identify and address issues about the quality of service it provides.

Staff are advised of the importance and need for maintaining privacy and confidentially in relation to patient protection. All patient specific information is controlled by ambulance staff during inter hospital transfers and on discharge until handed over to the relevant health care professional or carer. Paramedics are professionally accountable to the HPC for their individual professional conduct.

Guidance to staff of the service is contained in the following publications
- ➢ National Ambulance Basic Training Manual
- ➢ National Ambulance Paramedic Training Manual
- ➢ Joint Royal Colleges Ambulance Liaison Committee Clinical Guidelines 2006.

EXAMPLE OF GOOD PRACTICE: In discussion with reviewers and in response to specific questions about dignity, respect and privacy all staff showed an in depth awareness of the Trust's policy as well as their own professional and ethical responsibilities. The review team specifically commended the Trust for the very active and evident awareness of staff, at every level, to ensure patient and service user dignity and privacy is as far as possible maintained at all times.

Use of Advocates and Facilitators

Given the nature of the services under review it was difficult for the team members to meet with any service users and therefore the comments in this section of the report are based wholly on the information provided by the Trust and discussions with NIAS staff.

The Northern Ireland Ambulance Service does not provide advocates and facilitators; however, it does provide a number of aids that can assist service users these include: -
- ➢ Multi-lingual Emergency Phrase Book
- ➢ Language Line a service which engages the use of a translator for non English speakers
- ➢ Text Phones are installed at the Regional Emergency Medical Dispatch Centre for use by members of the deaf community.

Discussion with ambulance crew members assured the review team that they were fully aware and had on occasions needed to access the services noted above, especially the multi-lingual phrasebook, which staff acknowledged had been a very good initiative. The language line service tends to be used more by ambulance control when managing calls, but they too have found benefit from the phrasebook.

In addition to the initiatives noted above, the organisation uses the following processes to ensure the service it provides does not unnecessarily disadvantage any service user or service user group: -
- ➢ The Formal Complaints Procedure monitored by the Board
- ➢ The Trusts engagement with members on the Health and Social Care Council in relation to issue raised through that forum
- ➢ Local action groups in relation specific patient groups, i.e. Disability Action, Diabetic Action.

The methodology used by the review team did not take account of a specific analysis of the Trust's complaints.
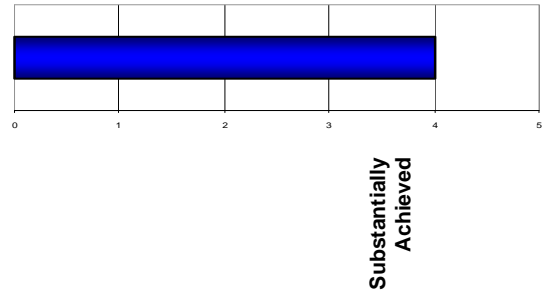
The review team concluded that the NIAS self assessed score of substantially achieved was an accurate reflection of the Trust's level of achievement of this criterion.

3.1.3 Service User information regarding Treatment and Care

This sub-section relates to criterion 6.3.2(b).

**DHSSPS Quality Standard Criterion -
Self assessed score**

6.3.2 (b) The organisation has systems in place to ensure that service users, carers and relatives have the appropriate information to enable them to make informed decisions and choices about their treatment and care, or service provision.

Substantially Achieved

Consent Process

The Trust written response described the action taken to ensure compliance with the regional guidelines on consent with the Trust participating in the Regional Consent Group. The NIAS Medical Director has highlighted the need for the development of regional guidelines in relation to consent in an emergency situation. The Trust also participates in the National Ambulance Group in relation to consent and complies with the Joint Royal Colleges Ambulance Liaison Committee guidelines in relation to informed consent.

EXAMPLE OF GOOD PRACTICE: The Trust has developed a Refusal of Treatment /Consent form which is completed by the attending ambulance practitioner when a patient refuses or withdraws consent for treatment or transport to medical care. Staff were again able to confidently discuss the use of this form and describe incidents when it has been used.

Training on Consent

All Emergency Medical Technicians and Patient Care Service staff are trained in relation to seeking consent prior to and during treatment of patients. The Patient Report Form, as seen by review team members, has a section that relates to consent and this is completed at every incident. New staff entering NIAS are trained in all issues regarding consent and this training is in line with the national training programme for ambulance staff.

Paramedic staff receive further training in consent that is directly linked to the National Clinical Guideline on consent and the service has trained all clinical staff in the above grades in consent.

EXAMPLE OF GOOD PRACTICE: The review team regarded the level of training and awareness of staff regarding issues of consent to be particularly noteworthy.

Enabling Service Users to Make Decisions and Choices

Staff training ensures that staff provide all information to patients to enable them to make informed decisions regarding the choices that may be available to them.

The review team concluded that the NIAS self assessed score of substantially achieved was an accurate reflection of the Trust's level of achievement of this criterion, with several examples noted of particularly good practice in this area.

3.2   CRITERIA EXAMINED THROUGH TRUST SELF-ASSESSMENT

This section reports on the information provided by Trusts in their self-assessment submission.
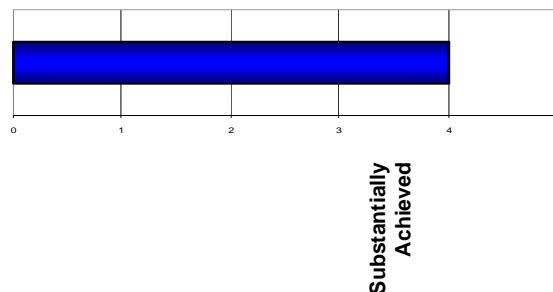
The criteria in this section includes:

- ❖ 6.3.1 (b), (c), (d) - Service Planning and Design
- ❖ 6.3.1 (e) - Standards for Commissioning of Services
- ❖ 6.3.1 (f) - Access to Services
- ❖ 6.3.2 (c) - Availability of Information in Alternative Formats
- ❖ 6.3.2 (d) - Service User Right to Choose for Themselves
- ❖ 6.3.2 (e) - Confidentiality of Service User Information
- ❖ 6.3.2 (f) - Minimising the Need to Repeat Information
- ❖ 6.3.2 (g) - Opportunity to Comment on Service Delivery

3.2.1 Service Planning and Design

This sub-section relates to criterion 6.3.1 (b), (c) and (d).

DHSSPS Quality Standard Criterion - Self assessed score	
6.3.1 (b) The organisation integrates views of service users, carers and local communities, and front line staff into all stages of service planning, development, evaluation and review of health and social care services.	Substantially Achieved

In the response proforma the Trust referred to its liaison arrangements with Purchasers and Commissioners at Board and Departmental level and how policies are consulted on as appropriate, for example, transport and wheel chair users, involving action groups and community representative groups.

In addition the Trust has surveyed users of both its Patient Care Service (PCS) and colleagues in A&E departments to gather their views about the quality of service it provides.

EXAMPLE OF GOOD PRACTICE: The review team noted a significant level of public and community representative engagement at both headquarters and more notably local station level and suggested that this should receive greater recognition within the Trusts documented activity.

The review team particularly noted the work undertaken by staff in Derriaghy and Kilkeel to engage the local community in service initiatives.

Whilst acknowledging the difficulties there can be in engaging with service users the review team thought that at times the very tangible work of staff in such engagement was not wholly regarded for what it was.
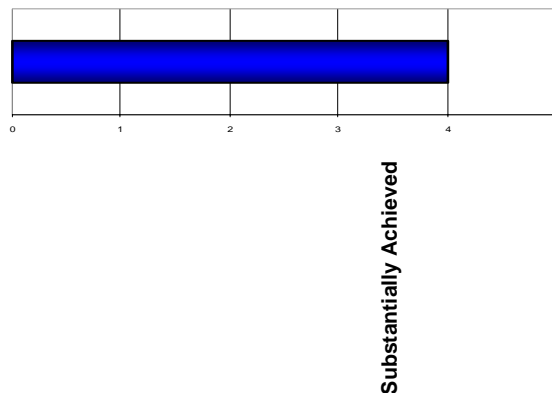
RECOMMENDATION 4:

The review team recommended that the NIAS develop a policy regarding service user engagement and also makes an effort to liaise with other service providers who have representative groups and who can be an already established source(s) of feedback to the service.

DHSSPS Quality Standard Criterion
- Self assessed score

6.3.1 (c) The organisation promotes service design and provision which incorporates and is informed by: -
- Information about the health and social well-being
   status of the local population and an assessment of
   likely future needs;
- Evidence of best practice and care, based on
   research findings, scientific knowledge, and
   evaluation of experience;
- Principles of inclusion, equality and the promotion of
   good relations;
- Risk assessment and an analysis of current service
   provision and outcomes in relation to meeting
   assessed needs;
- Current and /or pending legislative and regulatory
   requirements;
- Resource availability; and
- Opportunities for partnership working across the
   community, voluntary, private and statutory sectors.

The completed proforma returned by the Trust stated that the organisation uses information contained regional reports on the health and social well being of the population as the catalyst

to identify any changes in service provision and delivery. This information is used to identify any potential or actual risks to both the population and the Trust. Action plans are developed and bids for funding are submitted.
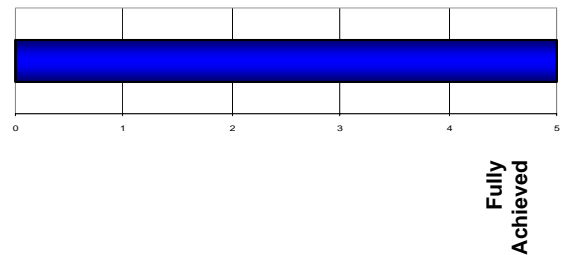
The Trust develops its practice by following the National Ambulance Guidance on Clinical Practise issued by the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) on which the Trust is represented.

JRCALC guidelines are issued to each member of the operational staff and all staff receive training in their responsibilities with regard to inclusion, equality and the promotion of good relations. Risk assessment of service provision is analysed through the Risk Management Committee and entered on the Trust Risk register. Any changes in legislation are reviewed by the appropriate Director and discussed at the General Management Committee and when appropriate at the Risk Management Committee.

> **EXAMPLE OF GOOD PRACTICE:** The review team found a consistently positive response when asking staff about the level of training they have received in equality awareness. Staff were very aware of their Code of Conduct, with a number referencing this specifically. This level of awareness was commended by the review team.

DHSSPS Quality Standard Criterion - Self assessed score	
6.3.1 (d) The organisation has service planning and decision-making processes across all service user groups, which take account of local and/or regional priorities.	Fully Achieved

The completed proforma returned by the Trust stated that the service is part of Emergency Services Investment Programme being taken forward jointly by Department Public Safety Unit and Strategic Investment Board to address infrastructure issues. This will include Fleet, Estate and Equipment, Medical and IT within the Trust.

The development of an 'Outline Business Case' involving all of the above parties has been consistent with the Trust's overall strategy, which was consulted on publicly.

The Trust will make changes in its fleet of vehicles following consultation with user groups and with estates services, area and local management especially where this involves the design of stations. In addition, the Trust is represented on a 'Service Organiser User Group', from Regional Supplies Service Contracting and the Purchasing Centre of Excellence.
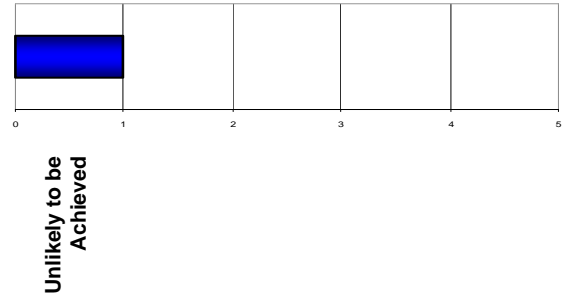
The review team found that despite the age and mileage of some vehicles the fleet was well maintained and serviced routinely.

3.2.2 Standards for Commissioning of Services

This sub-section relates to criterion 6.3.1(e)

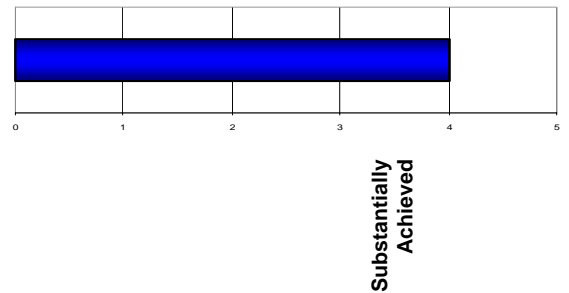| DHSSPS Quality Standard Criterion - Self assessed score	
6.3.1 (e) The organisation has standards for the commissioning of services which are readily understood and are available to the public.	**Unlikely to be Achieved** (score 1)

The Northern Ireland Ambulance Service does not commission any services.

3.2.3 Access to Services

This sub-section relates to criterion 6.3.1(f)

DHSSPS Quality Standard Criterion - Self assessed score	
6.3.1 (f) The organisation ensures that service users have access to its services within locally and/or regionally agreed timescales.	**Substantially Achieved** (score 4)

The completed proforma returned by the Trust identified that the provision of facilities to allow timely deployment of resources is a result of studies carried out by Professor Hindle in relation to the special distribution of stations and resources to meet agreed standards. The information also stated that the Trust complies with the Priorities For Action and Ministerial Targets for the provision of ambulance services. These targets stipulate that ambulance should be on scene within eight minutes 70% of the time currently. The Trust is also required to respond to 95% of Urgent calls within fifteen minutes of the time requested by the doctor/department.

In addition, the Trust convenes regular meetings with the Commissioning Group for Ambulance Services at which performance is a key issue. The Trust meets with the Service Delivery Unit on a two weekly basis and weekly performance meetings are held internally.

The CEO and Directors have meetings with Health and Social Care Councils throughout the province. Regular briefings are provided to both MLA's ,MP's and local council representatives in relation to specific enquires raised by their constituents.

The NIAS Trust Board has regular meetings across the region to which the public are invited and the minutes of the meetings are available on the service website.

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EXAMPLE OF GOOD PRACTICE: Just prior to the review taking place the NIAS had been subject to some very negative publicity regarding the falsification of information about response times and this was discussed with the Executive management team. The review team were assured that the matter had been properly managed and that once the information had come to light, speedy action was taken to ensure there would be no similar occurrence in the future.
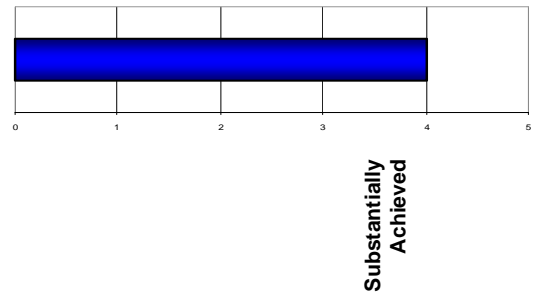
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3.2.4 Availability of Information in Alternative Formats

This sub-section relates to criterion 6.3.2 (c)

DHSSPS Quality Standard Criterion - Self assessed score

6.3.2 (c) The organisation ensures that information, where appropriate, is provided in a number of formats, which may include, large print, audio format on tape or compact disc, computer readable format, Braille, etc. and is:
- written in easy to understand, non-technical language;
- laid out simply and clearly;
- reproduced in a clear typeface;
- available on the internet; and
- in the preferred language of the reader, as necessary.

Substantially Achieved

The Trust response stated that the Annual Report is provided in a number of formats which can be accessed through the NIAS HQ. Trust Board minutes are available on the service website, as are copies of the annual report. Trust Board meetings have engaged the services of British Sign Language specialist.
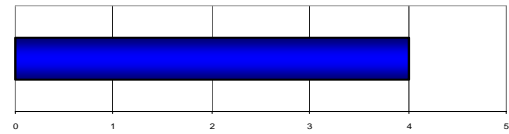
3.2.5 Service User Right to Choose for Themselves

This sub-section relates to criterion 6.3.2 (d)

DHSSPS Quality Standard Criterion
- Self assessed score

6.3.2 (d) The organisation ensures that information, where appropriate, is provided in a number of formats, which may include, large print, audio format on tape or compact disc, computer readable format, Braille, etc. and is:
- written in easy to understand, non-technical language;
- laid out simply and clearly;
- reproduced in a clear typeface;
- available on the internet; and
- in the preferred language of the reader, as necessary.

Substantially Achieved

In its response the Trust stated that through various training programmes, it encourages staff to be aware off and take cognisance of the needs and choices of the individual service user. Staff will manage risks in respect of each individual patient taking into account their views and choices even when this extends to a patient or service user declining treatment or transport. With this recorded and reported through the consent and refusal to consent process.
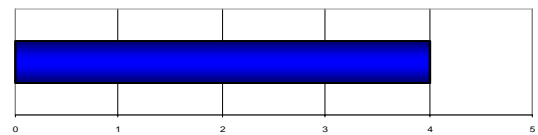
3.2.6 Confidentiality of Service User Information

This sub-section relates to criterion 6.3.2 (e)

DHSSPS Quality Standard Criterion
- Self assessed score

6.3.2 (e) The organisation ensures that individual service user information is used for the purpose for which it was collected, and that such information is treated confidentially.

Substantially Achieved

In the written response provided the Trust indicated that personal information about patients, clients and staff is essential to the prime task of developing personal care and treatment and providing a service. The Trust, in line with good practice guidance and legislation principles, has developed or is reviewing such policies which impact upon this including: -

- ➢ Data Protection and Confidentiality Policy,
- ➢ Records Management Strategy,

- ➢ Freedom of Information Procedure,
- ➢ Communication Policy,
- ➢ Password Policy,
- ➢ Security Policy.

Induction training to all new members of staff incorporates practical reinforcing of data protection handling and collecting/processing principles. All service user information is treated confidentially by all members of staff who handle it. Patient specific information is managed in line with the service policy on Completion of Patient Report Forms.

At an operational level, patient specific information is managed in line with service policy on completion of a Patient report form. The Clinical Audit Department ensures all information is recorded and stored and complies with the relevant aspects of the Data Protection Act. All patient specific information is removed from any data used in research. Clinical Audit information is password protected and accessed by specific personnel.
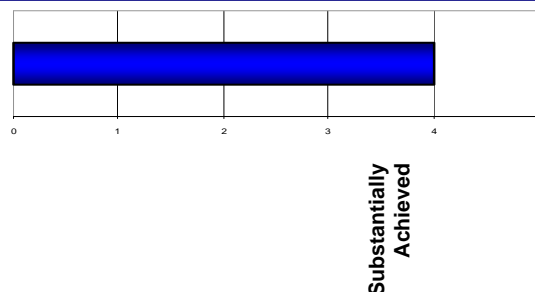
The information contained on the Patient report form when audited is then used to identify training needs and performance targets for either individual or a group of staff.

3.2.7   Minimising the Need to Repeat Information

This sub-section relates to criterion 6.3.2 (f)

DHSSPS Quality Standard Criterion - Self assessed score	
6.3.2 (f) The organisation promotes multi-disciplinary team work and integrated assessment processes, which minimise the need for service users and carers to repeat basic information to a range of staff.	Substantially Achieved

The NIAS was able to provide a specific example where it tries to minimise the need for patients to repeat basic information. Patient specific information is recorded by NIAS staff on a patient report form that is then given to the receiving hospital reducing the need for patient to restate personal information.

The review team was also able, whilst visiting the ambulance control centre, to observe how initial information given by ambulance control is confirmed by the attending ambulance crews and vice-versa, with information from ambulance crews always confirmed by control staff.

With specific relevance to diabetic care services, the NIAS use Accucheck Glucometers, which were provided by a pharmaceutical company that trained NIAS training staff and Station Officers in the use of this equipment. This training was then cascaded to all operational staff. The meters are checked on a monthly basis by Ulster Hospital, Dundonald,
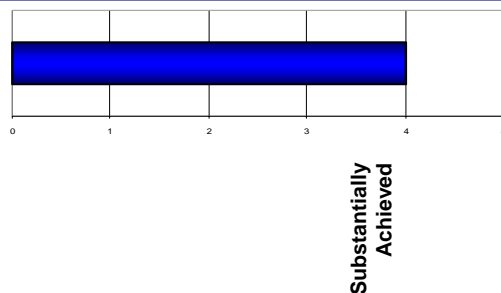
Bio-Chemistry Department. The training package was jointly developed by ambulance and nursing tutors.

3.2.8 Opportunity to Comment on Service Delivery

This sub-section relates to criterion 6.3.2 (g)

DHSSPS Quality Standard Criterion - Self assessed score	
6.3.2 (g) The organisation provides the opportunity for service users and carers to provide comment on service delivery.	

Through the use of Ambulance Liaison Groups, NIAS receives feedback from service users on a regular basis. These groups are attended by the local Area Service Manager and their management team. Area Service Managers also engage with the local Health and Social Services Council to receive feedback on service delivery.

Area Service Managers meet with local groups such as the Ambulance Liaison Groups and Local Council Representatives regarding both individual cases and wider community issues. Complaints management also allows the opportunity for stakeholders to comment on service provision.

Members of the general public are engaged through Quality Surveys and on an individual basis regarding specific issues by the Area Management Team as and when necessary.

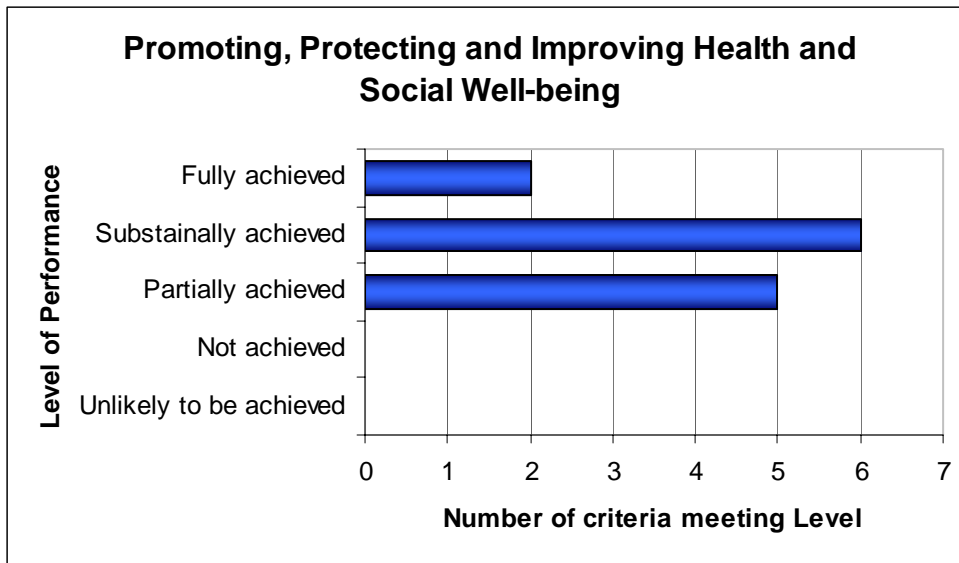# 4 PROMOTING, PROTECTING AND IMPROVING HEALTH AND SOCIAL WELL-BEING

The DHSSPS Quality Standards cite Theme 4 as: "The HPSS works in partnership with service users and carers, the wider public and with local and regional organisations to promote, protect and improve health and social wellbeing, and to tackle inequalities within and between geographic areas, socio-economic and minority groups, taking account of equality and human rights legislation."

There are a total of 13 criteria within this Theme and the Trust was asked to make a self assessment against these criteria under a Level of Achievement measure as illustrated in Table 4(a).

Code	Level of Achievement	Definition
1	Unlikely to be Achieved	The criterion is unlikely to ever be achieved. *(A reason must be stated clearly in the Trust response)*
2	Not Achieved	The criterion is likely to be achieved in full but after March 2008. For example, the Trust has only started to develop a policy and implementation will not take place until after March 2008.
3	Partially Achieved	Work has been progressing satisfactorily and the Trust is likely to have achieved the criterion by March 2008. For example, the Trust has developed a policy and will have completed implementation throughout the Trust by March 2008.
4	Substantially Achieved	A significant proportion of action has been completed to ensure the Trust performance is in line with the criterion. For example, a policy has been developed and implemented but a plan to ensure practice is fully embedded has not yet been put in place.
5	Fully Achieved	Action has been completed that ensures the Trust performance is fully in line with the criterion. For example, a policy has been developed, implemented, monitored and an ongoing programme is in place to review its effectiveness.

Table 4 (a) illustrates how the Trust has assessed it's own performance against the criteria under the standard of 'Promoting, Protecting and Improving Health and Social Well-Being'.

Table 4 (a)

Promoting, Protecting and Improving Health and Social Well-being

The Trust also provided narrative, regarding each criterion, to describe how it has achieved the stated Level of Achievement under the headings: -

- ❖ Corporate
- ❖ Operational
- ❖ Personal and Public Involvement

4.1 CRITERIA EXAMINED BY REVIEW TEAM

The RQIA selected two specific criteria within this Standard for review teams to examine and substantiate the Trust's submission. The findings in this section are based on the information provided by Trusts in their self-assessment submission and on observations made by, and views expressed to, the members of the review team during visits.
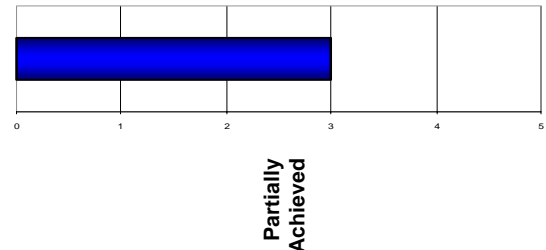
The criteria in this section includes:

- ❖ 7.3 (a) - Trust Partnership Arrangements in Place
- ❖ 7.3 (b) - Personal and Public Involvement.

4.1.1 Trust Partnership Arrangements in Place

This sub-section relates to criterion 7.3 (a).

DHSSPS Quality Standard Criterion - Self assessed score	
7.3 (a) The organisation has structures and processes in place to promote and implement effective partnership arrangements, to contribute to improvements in health and social well-being, and promote social inclusion and a reduction in inequalities.	Partially Achieved

In the written submission the NIAS stated that they are represented on the Equality and Human Rights steering group which involves Health and Social Care organisations working collaboratively to implement a regional strategy to promote equality of opportunity and good relations. The NIAS Equality Steering Group monitors implementation of Equality Scheme initiatives and NIAS meets on a regular basis with the Commissioning Group for Ambulance Services to report on activity, receive feedback on performance and to address new issues in relation to the provision of ambulance service for the population of Northern Ireland.

The submission also stated that equality screening processes take account of the need to promote equality of opportunity. In July 2006 NIAS engaged in a public consultation of a Resource Deployment Plan. This outlined the methodology for the identification and prioritisation of locations for the deployment of ambulance services. The consultation provided an opportunity for respondents to identify any potential equality implications in relation to the proposals and the subsequent screening exercise took account of this response in addition to considering relevant census data on the demographics of the populations in identified locations.

The Trust, through its Community Education programme, visits schools and youth clubs in an effort to engage young people in the local community.

EXAMPLE OF GOOD PRACTICE: The review team were impressed by the willingness and desire on the part of staff to work on current and to develop new liaison with colleagues working across the spectrum of health and social care services. This has helped others better understand the role and function of the service and how integral it can be to the provision of an holistic health and social care service.

Ambulance staff met by the team did express some concerns regarding the use of their service by GP colleagues and the team thought some work was needed to clarify the circumstances in which GP's would request an ambulance service.

RECOMMENDATION 5:

The review team recommended that there needed to be more work undertaken with GP services to ensure a more efficient and targeted ambulance service was provided.

Partnerships Contributing to Health and Social Well-Being

NIAS has not been subject to structural reconfiguration through RPA but NIAS continues to work closely with the newly formed Trusts to maintain continuity of provision of ambulance services.

In the returned submission the NIAS stated that it aims to maintain and improve the current level of service delivery in line with Departmental guidelines to meet the changing provision of Acute Service across the province.

The review team found strong evidence of working relationships with voluntary ambulance and complementary emergency services, for example the Fire Service. A recent development has seen the integration of emergency services within a number of deployment points and this is regarded as a more efficient use of resources and enabling a better integration and co-ordination of a wider emergency response.

RECOMMENDATION 6:

The review team recommended that within shared deployment points there needs to be greater integration of NIAS staff, especially when these staff are joining colleagues from the fire service at what were traditionally solely fire stations.

The NIAS would routinely support colleagues in the Republic of Ireland's ambulance service, especially in response to major incidents along the Border areas of Donegal and Fermanagh. This is a reciprocal arrangement with the service from the Republic of Ireland occasionally assisting the NIAS if resources are stretched.
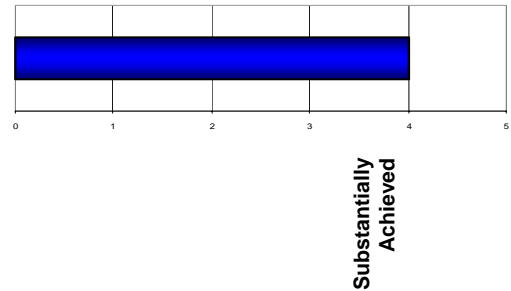
The review team concluded that the NIAS self assessed score of partially achieved was an accurate reflection of the Trust's level of achievement of this criterion. Improving working relationships with GP services and greater integration across shared deployment points will help the service move towards a more substantially achieved position.

4.1. 2 Personal and Public Involvement

This sub-section relates to criterion 7.3 (b).

DHSSPS Quality Standard Criterion - Self assessed score

7.3 (b) The organisation actively involves the services users and carers, the wider public, HPSS staff and the community and voluntary sectors, in the planning and development of local solutions to improve health and social well-being and to reduce inequalities.

Substantially Achieved

The Trust stated that its Area Managers continue to engage a wide variety of groups across the community to ensure that the provision of ambulance services is applicable to the needs of the communities served.

Area Service Managers meet on a regular basis with the Local Ambulance Liaison groups. Service managers also maintain links with the General Practitioners Doctor on Call teams in order to develop appropriate care pathways for the community.

Consultation on the Trust's Resource Development Plan included direct engagement with local representatives and the wider public in respect of NIAS methodology and the system of prioritising locations with regard to ambulance provision.

Station Officers meet with individual patients in order to assess their needs and how best the ambulance service can meet their needs. This is particularly evident in the care and management of bariatric patients and the 'Dalriada Urgent Care Service' pilot and the identification of new deployment points that made response times more equitable.

RECOMMENDATION 7:

The review team recommended the need for a more concerted effort and resourcing of NIAS staff to become more involved in community engagement schemes.

Responsibility for implementing the Guidance

In the written response the NIAS stated that the Trust Board holds regular open meetings, the minutes of which can be obtained directly or through the service website. Meetings are also regularly held with local Ministers and Members of the Local Assembly who are acting in the best interests of the public in relation to the service we provide. There are both formal and informal processes for responding to complaints and other issues brought to our attention by members of the public.

The review team were not convinced that the Trust has substantially achieved this criterion and a partially achieved level of achievement may be a more realistic overall assessment.

4.2 CRITERIA EXAMINED THROUGH TRUST SELF-ASSESSMENT

This section reports on the information provided by Trusts in their self-assessment submission.
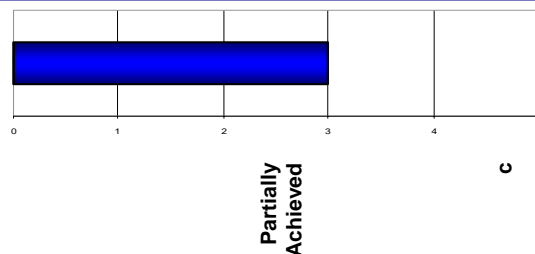
The criteria in this section includes:

- ❖ 7.3 (c) - Human Rights
- ❖ 7.3 (d) - Equality Screening with Section 75
- ❖ 7.3 (e) - Responsibility and Ownership with regard to Health
- ❖ 7.3 (f) - Arrangements in Place for Collection, Collation, Development and Use of Health and Social Care Information
- ❖ 7.3 (g) - Major Incident and Emergency Planning Policy and Procedures
- ❖ 7.3 (h) - Environmental Health Policies and Procedures
- ❖ 7.3 (i) - Chronic Disease Management Programmes
- ❖ 7.3 (j) - Healthier, Safer, Family Friendly Workforce
- ❖ 7.3 (k) - Screening and Immunisation Programmes
- ❖ 7.3 (l) - Public Health and Social Care Reports in the Development of Priorities, Planning and Delivery of Services
- ❖ 7.3 (m) - Use of Volunteers

4.2.1 Human Rights

This sub-section relates to criterion 7.3 (c)

DHSSPS Quality Standard Criterion - Self assessed score
7.3 (c) The organisation is committed to human rights, as identified in human rights legislation and United Nations Conventions, and to other Government policies aimed at tackling poverty, social need and the promotion of social inclusion.

NIAS is represented on the DHSSPS Equality and Human Rights Steering Group which aims to ensure a collaborative approach to the implementation of human rights within health. Human Rights are also considered by the NIAS Equality Steering Group.

The NIAS Equality screening template now includes a section on human rights prompting policy makers to consider the potential human rights implications of proposed policies.
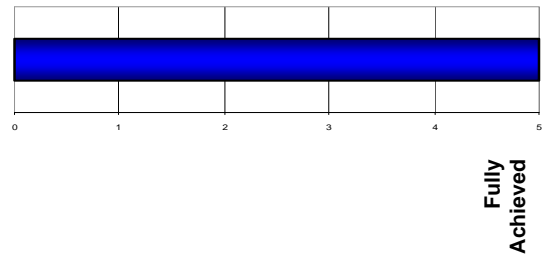
In 2007 DHSSPS conducted an audit of potential human rights risks within health. NIAS issued a communication to all staff at this time providing an opportunity to contribute to this work and identify any potential human rights risks within their own work. These will help inform the development of a Human Rights Conference in relation to health at which, NIAS will be represented.

4.2.2 Equality Screening with Section 75

This sub-section relates to criterion 7.3 (d)

DHSSPS Quality Standard Criterion - Self assessed score	
7.3 (d) The organisation actively pursues equality screening and, where appropriate, equality impact assessment in compliance with section 75 of the Northern Ireland Act 1998.	 0 1 2 3 4 5 **Fully Achieved**

The NIAS Equality Steering Group monitors implementation of Equality Schemes and considers matters relevant to equality screening and Equality Impact Assessment. NIAS provides an annual progress report to the Equality Commission in relation to implementation of Section 75 including screening and EQIA.
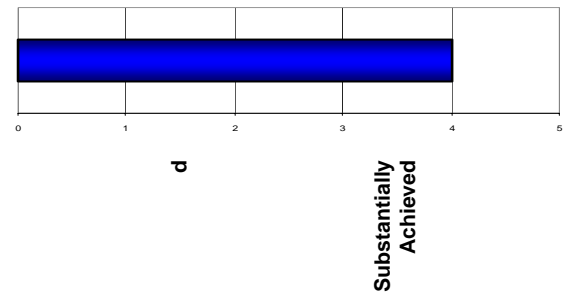
NIAS is represented on DHSSPS Equality and Human Rights Steering Group which is in the process of developing a regional approach to policy screening and relevant training for managers in this regard.

NIAS Managers Resource Pack provides guidance to managers on policy screening and the Equality Manager provides direct support to managers engaged in the screening process. In addition, the NIAS engages with the relevant stakeholders in respect of equality implications of policies e.g. Wheelchair Policy, Resource Deployment Plan and Disability Action Plan.

EXAMPLE OF GOOD PRACTICE: The review team were again impressed by the awareness of staff regarding equality principles and practice and the capacity of the service to provide for members of various ethnic communities, especially when language could be a barrier.

4.2.3 Responsibility and Ownership with regard to Health

7.3 (e) The organisation promotes ownership by service users, carers and communities to enable service users and the public to take responsibility for their own health, care and social well-being, and to participate as concerned citizens in promoting the health and social well-being of others.

Substantially Achieved

NIAS supports and enables users accessing the 999 system to take responsibility for their own health and that of others by providing immediate appropriate on-line telephone advise including life-saving intervention such as CPR.
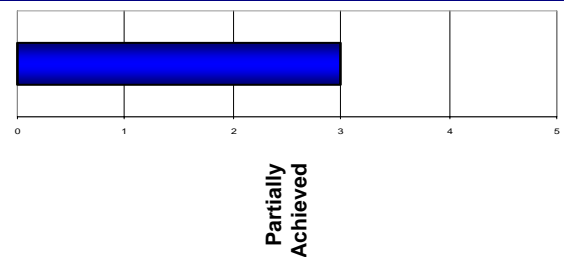
Put simply, the NIAS promotes health through the direct action, under protocol-driven direction, by trained ambulance personnel to intervene in life-threatening emergency situations.

4.2.4 Arrangements in Place for Collection, Collation, Development and Use of Health and Social Care Information

This sub-section relates to criterion 7.3 (f)

DHSSPS Quality Standard Criterion
- Self assessed score

7.3 (f) The organisation collects, collates, develops and uses health and social care information to assess current and future needs of local populations, taking account of health and social well-being inequalities.

Partially Achieved

NIAS uses incident data including time, date, location and the clinical assessment of incidents to inform resource deployment decisions at both strategic and operational level which helps to match supply with demand and optimise patient clinical outcomes.

The NIAS implements regular clinical audits based on available patient report form data. Information is electronically captured to enable readily available and useful information to be passed to staff members. Clinical audit is used to identify trends and issues where service performance needs addressed and the level of performance in a specific area of the province can be addressed if appropriate.

The information from the patient report form means that various groups can be identified based for example on gender or age profile and this information can then be used to inform national audit programmes such as the Cardiac Arrest Audit. In turn, this information is then used to improve regional and local services.
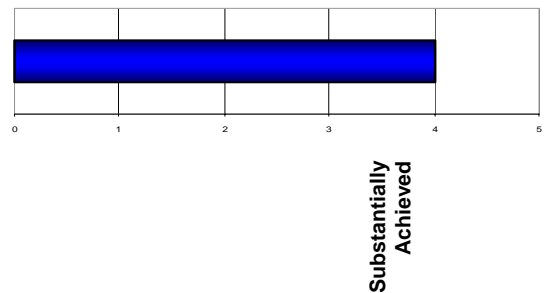
The NIAS conducted screening on it's Resource Deployment Plan and looked at demographics of locations for proposed ambulance locations and considered consultation responses in respect of the Plan's proposals. Further engagement in respect of Resource Deployment Plan included a public meeting, meeting with local councils and other representatives.

4.2.5 Major Incident and Emergency Planning Policy

This sub-section relates to criterion 7.3 (g)

DHSSPS Quality Standard Criterion - Self assessed score	
7.3 (g) The organisation has effective and efficient emergency planning processes and co-ordinated response action plans in place, as appropriate, to deal with major incidents or emergency situations and their aftermath. The planning processes and action plans are compliant with Departmental guidance.	Substantially Achieved

The NIAS has detailed plans that conform to the guidelines as laid out in the circular issued by the Department regarding the management of major incidents and emergency situations and their aftermath.

DHSSPSNI list eight 'C's criteria which NIAS use to assess the extent of compliance regarding emergency incident preparedness.

NIAS has a full time Emergency Planning department staffed by an Emergency Planning Officer and two assistant Emergency Planning Officers. The information provided stated that the NIAS has advanced procedures for dealing with infectious patients with specific conditions such as SARS, Small Pox, Avian Flu through Emergency Planning and Resilience Forums.
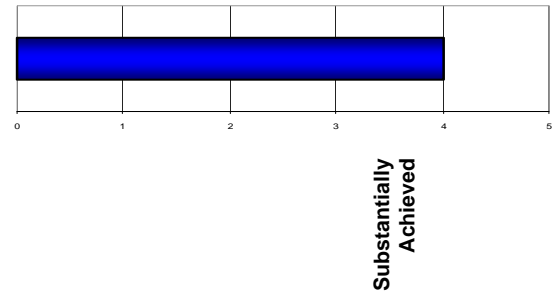
In conjunction with other agencies NIAS regularly practises its response to potential and actual major incidents. NIAS has been involved in a substantial number of exercises throughout the year that have practised various elements of NIAS response. NIAS has developed an ambulance specific response to the management of pandemics.

4.2.6 Environmental Health Policies and Procedures

This sub-section relates to criterion 7.3 (h)

DHSSPS Quality Standard Criterion - Self assessed score

7.3 (h) The organisation has processes to engage with other organisations to reduce local environmental health hazards, as appropriate.

Substantially Achieved

NIAS operates an ambulance service for the treatment and transport of patients requiring emergency and urgent admission to hospital and non-emergency transport and care assistance for patients with pre-planned attendances for health service facilities. NIAS provides a medical service to patients based at the location at the time of the call and in the ambulance, for environmental health issues NIAS would generate clinical waste which is normally disposed of in line with our Clinical Waste policy.

The information from the Trust stated that the NIAS adheres to Controls Assurance Standards current guidelines for clinical practice, infection control and regional waste policies and procedures.

4.2.7 Chronic Disease Management Programmes

This sub-section relates to criterion 7.3 (i)

DHSSPS Quality Standard Criterion - Self assessed score

7.3 (i) The organisation has evidence-based chronic disease management programmes and health promotion programmes and, as appropriate, community development programmes, which take account of local and regional priorities and objectives.

Partially Achieved

The NIAS manage acute exacerbations of a range of chronic conditions in accordance with evidence based UK ambulance service national clinical guidelines.

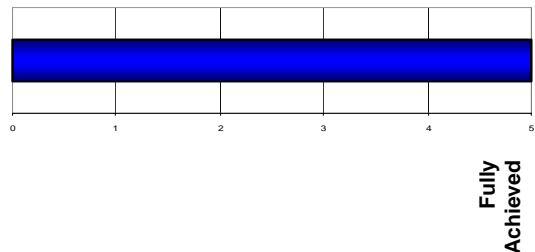NIAS are directly involved in the routine monitoring of such conditions. NIAS has been involved in discussions with a number of external agencies in order to develop alternative pathways which would permit referral of patients to specialist disease management teams rather than transporting to an Accident and Emergency department.

4.2.8 Healthier, Safer, Family Friendly Workforce

This sub-section relates to criterion 7.3 (j)

DHSSPS Quality Standard Criterion
- Self assessed score

7.3 (j) The organisation has systems to promote a healthier, safer, and "family friendly" workforce by providing advice, training, support and, as appropriate, services to support staff.

0   1   2   3   4   5

Fully Achieved

NIAS has thirteen Work/Life Balance Policies currently available to all staff. Uptake of the policies is very healthy and managed by local management. The Policies have been in operation for at least six years. At their introduction into the Trust, managers were trained on their application at a one day workshop.

The Trust also offers staff a confidential support service through the Staff Care Service.

The Trust has in place a Health & Safety Policy and promotes safety in the workplace by regularly providing updates for staff in relation to equipment etc.

In respect of flexible working the Trust has several policies in place – 10/11 month Working, School Term Working, Career Break Scheme, Part-time Working, Job Share Policy and Flexi Scheme.
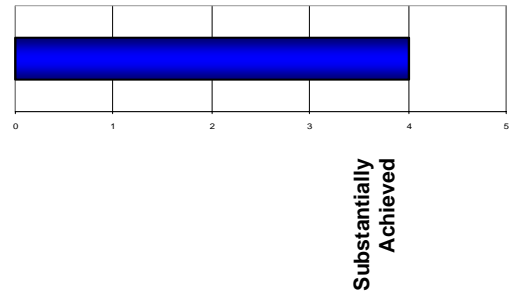
4.2.9 Screening and Immunisation Programmes

This sub-section relates to criterion 7.3 (k)

DHSSPS Quality Standard Criterion - Self assessed score	
7.3 (k) The organisation has quality assured screening and immunisation programmes in place, as appropriate, and promotes active uptake among service users, carers and the public.	Substantially Achieved

NIAS operates a policy in conjunction with Occupational Health which ensures all new operational staff (emergency & non-emergency) are vaccinated for Hepatitis B. A screening programme is carried out by Occupational Health to ensure follow up booster injections are given.

The Trust also has an annual flu vaccination programme for its staff in place.

4.2.10 Public Health and Social Care Reports in the Development of Priorities, Planning and Delivery of Services

This sub-section relates to criterion 7.3 (l)

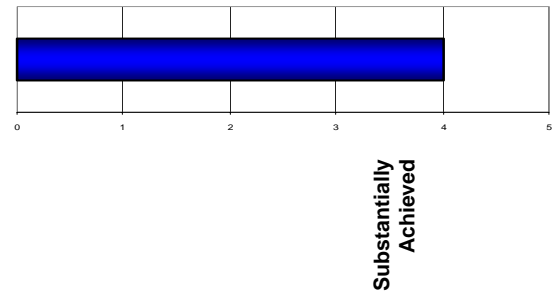| DHSSPS Quality Standard Criterion - Self assessed score	
7.3 (l) The organisation uses annual public health and social care reports in the development of priorities and planning the provision and delivery of services.	Partially Achieved

Such priorities and provision are agreed in conjunction with the Commissioning Group for Ambulance Services in light of public and social care reports relevant to each individual Trust

4.2.11 Use of Volunteers

This sub-section relates to criterion 7.3 (m)

DHSSPS Quality Standard Criterion - Self assessed score	
7.3 (m) The organisation provides opportunities for the use of volunteers, as appropriate.	**Substantially Achieved** (score 4)

The NIAS have a Memorandum of Understanding (MOU) with three Voluntary ambulance services, St John Ambulance, the British Red Cross and the Order of Malta to provide assistance during Major Incidents. When large scale events are taking place in Belfast arrangements are in place to use the voluntary ambulance services within the area of the event to respond to emergency calls. NIAS also facilitate, support and have MOU's with a number of voluntary Community First Responder schemes across the province.

NIAS provide the voluntary ambulance services with two pagers per organisation. These pagers are automatically activated through the MPDS paging module. During the planning phase for an event a list of contact numbers is generated for the Voluntary Aid Societies that is held in Regional Emergency Medical Despatch Centre to facilitate call out of the voluntary ambulance services.

The Trust also engages a number of Volunteer Drivers who assist in the transportation of patients for routine care, for example, diabetic patients for renal dialysis.

During times of high activity (for example New Year's Eve) St John Ambulance has provided assistance to the NIAS. There are also a number of 'First Responder Schemes' across the Province who can be activated by NIAS to respond to local emergencies whilst an ambulance is travelling to the scene. However, the review team found that the relationship with the First Responder service was somewhat ambivalent and unclear and recommended that this is clarified to either fully support or reshape the working relationship between this service and the NIAS.

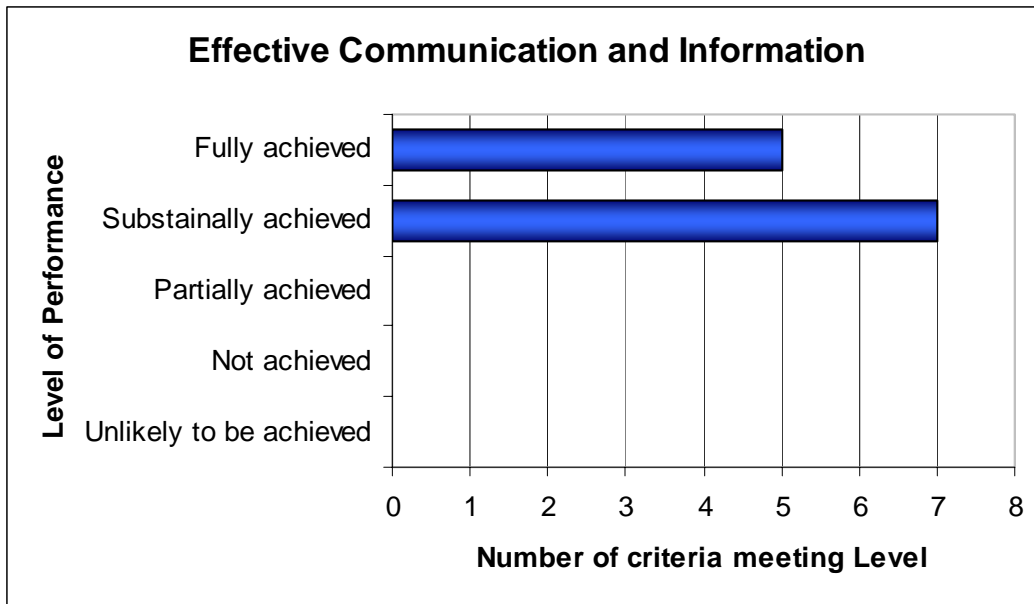| Recommendation 8: |
|---|
| **The review team recommended that the working relationship between the NIAS and First Responder service is better determined.** |

5 EFFECTIVE COMMUNICATION AND INFORMATION

The DHSSPS Quality Standards cite Theme 5 as: "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."

There are a total of 12 criteria within this Theme and the Trust was asked to make a self assessment against these criteria under a Level of Achievement measure as illustrated in Table 5 (a).

Code	Level of Achievement	Definition
1	Unlikely to be Achieved	The criterion is unlikely to ever be achieved. *(A reason must be stated clearly in the Trust response)*
2	Not Achieved	The criterion is likely to be achieved in full but after March 2008. For example, the Trust has only started to develop a policy and implementation will not take place until after March 2008.
3	Partially Achieved	Work has been progressing satisfactorily and the Trust is likely to have achieved the criterion by March 2008. For example, the Trust has developed a policy and will have completed implementation throughout the Trust by March 2008.
4	Substantially Achieved	A significant proportion of action has been completed to ensure the Trust performance is in line with the criterion. For example, a policy has been developed and implemented but a plan to ensure practice is fully embedded has not yet been put in place.
5	Fully Achieved	Action has been completed that ensures the Trust performance is fully in line with the criterion. For example, a policy has been developed, implemented, monitored and an ongoing programme is in place to review its effectiveness.

Table 5 (a) illustrates how the Trust has assessed it's own performance against the criteria under the standard of 'Effective Communication and Information'.

TABLE 5 (a)

Effective Communication and Information

A horizontal bar chart titled "Effective Communication and Information". The y-axis is labelled "Level of Performance" with categories from top to bottom: Fully achieved, Substainally achieved, Partially achieved, Not achieved, Unlikely to be achieved. The x-axis is labelled "Number of criteria meeting Level" ranging from 0 to 8. "Fully achieved" shows a bar reaching 5. "Substainally achieved" shows a bar reaching 7.

The Trust also provided narrative, regarding each criterion, to describe how it has achieved the stated Level of Achievement under the headings: -

❖ Corporate
❖ Operational
❖ Personal and Public Involvement

regarding each criterion to describe how it has achieved the stated Level of Achievement.

5.1 CRITERIA EXAMINED BY REVIEW TEAM

The RQIA selected two specific criteria within this Standard for review teams to examine and substantiate the Trust's submission. The findings in this section are based on the information provided by Trusts in their self-assessment submission and on observations made by, and views expressed to, the members of the review team during visits. Areas visited are listed in Appendix (iii) of this report.

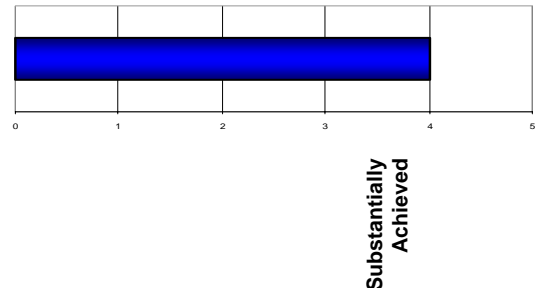The criteria in this section includes:

❖ 8.3 (a) - Participation of Service Users and Carers and the Public
❖ 8.3 (g) - Effective Training in Communication.

5.1.1 Participation of Service Users, Carers and the Public

This sub-section relates to criterion 8.3 (a).

DHSSPS Quality Standard Criterion - Self assessed score	
8.3 (a) The organisation has **active participation** of service users and carers and the wider public. This includes feedback mechanisms appropriate to the needs of individual service users and the public.	*Bar chart showing score of 4 on a scale of 0 to 5, labelled "Substantially Achieved"*

The Trust reported that on a regional level NIAS engages with the Health and Social Care Councils to gain feedback on service provision from service user representatives. Reference was also made to liaison with various patient representative groups such as Disability Awareness who provided comments and views on behalf of wheelchair users on the Service's wheelchair policy and procedures.

At an operational and local level, Area Service Managers actively liaise with local service users through the local Ambulance Liaison Groups.

The NIAS obtains the views of service users and carers on the quality of services provided through regular meetings with the Health and Social Care Councils, meeting with Ambulance Liaison Groups, the analysis of complaints and an analysis of questions from patient representatives, Members of Parliament and Members of the Local Assembly.

> **EXAMPLE OF GOOD PRACTICE:** The review team found that learning from complaints by service users is used to improve practice within the Trust. Complaints are analysed and learning outcomes identified. These are translated into learning/ training inputs and communicated to staff through line managers and incorporated into service training programmes.

The review team found that there is horizontal engagement with professionals and there is input from other health professions when services are being reconfigured. Reviewers felt that generally the NIAS don't lead on user engagement however, they do participate in groups were they can engage with service users around specific issues.

Ambulance liaison groups meet regularly with divisional officer or station officer level and there are other liaison groups within hospitals to look at matters arising and to resolve any problems. One divisional officer did indicate that he would sit on a number of committees (e.g. unscheduled pathways) and that these groups include involvement from outside representatives (patient reps, Trust, Healthcare Council etc.). A station officer, based at a

station on a hospital site, indicated that in any free time he would walk over to the hospital to check everything was going well and that this provided an opportunity for directly addressing any immediate problems arising.

Direct contact with public is ad hoc and at local level mainly by crews on the ground. There is evidence of much engagement with the local public, but this is not via formal arrangements – it relies on the goodwill and availability of staff. Staff engage with their local communities in a proactive way and would seem to be willing to expand this. HQ should consider the knowledge of local staff on the ground and harness their involvement on local groups – the review team thought that this could be a channel that could be utilized to facilitate more active user involvement and engagement.

RECOMMENDATION 9:

The review team recommended that the NIAS could do more to engage and receive feedback from members of the public, though did acknowledge this can be difficult.

NIAS do carry out primary school visits and explain the service they provide, that they are there to help, and also to request that people don't attack crews, don't make hoax calls etc. Crews will also do summer schemes as this is often when the problem increases. Such involvement by crews is arranged primarily by schools making an initial contact with the Trust and is not proactively promoted by the NIAS themselves.

RECOMMENDATION 10:

The review team recognised the benefits of addressing anti-social behaviour towards ambulance services but also thought that the service needs to target the correct groups for receiving this information based on the profile of those more likely to attack crews or make hoax calls.

EXAMPLE OF GOOD PRACTICE: A major success for patient involvement was work in the Kilkeel area to look at service provision in an area with no out of hours doctor. The NIAS sat on a committee (healthcare professional, SHSSB and patient/public from local community) looking to work together to provide better services. This involved mediation between all parties along with strong community input. The outcome was the provision of doctor out of hours sessions in Kilkeel health centre. There was also significant investment into a new ambulance station in Kilkeel.

The review team noted the willingness of the service to engage with other HSC professionals in the planning and reconfiguration of services and comments made by staff, would suggest that since restructuring under RPA, this has increased noticeably.

RECOMMENDATION 11:

The review team recommended that the Chief Executive of the NIAS continues to promote the role and involvement of the NIAS with other Health and Social Care stakeholders to ensure that any impact on the service or the benefit of engaging
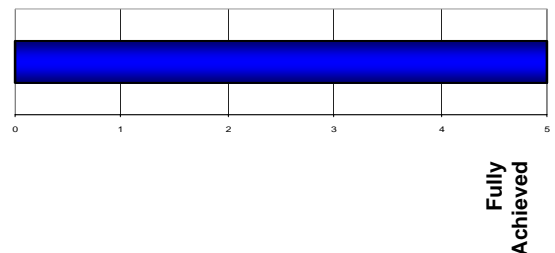
The review team were not convinced that the Trust has substantially achieved this criterion and a partially achieved level of achievement may be a more realistic overall assessment. The review team thought that whilst there were examples of good practice in this area the recommendations made reflect significant work needed on the part of the Trust to achieve a higher level of attainment of this criterion.

5.1.2 Effective Training in Communication

This sub-section relates to criterion 8.3 (g).

DHSSPS Quality Standard Criterion - Self assessed score

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

Fully Achieved

Information from the Trust stated that the NIAS has developed a Corporate Communications Policy that has been ratified by Trust Board and the General Management Committee. NIAS has adopted the Multi-lingual Emergency Phrase Booklet and this resource is issued to all operational ambulance staff as an aid to communicating with non English speakers in emergency situations.

EXAMPLE OF GOOD PRACTICE: From discussions with staff it was apparent that this has proved to be a very useful addition to them with staff able to describe situations where the phrase book had been very useful.

The Trust has trained a number of senior managers in Media Management and the Trust has a number of full time Communications Officers.

In addition reviewers were advised that communication skills training is a major element of all ambulance training programmes and is incorporated in the practical skills assessment undertaken by all ambulance staff.

The Regional Ambulance Training Centre has developed links with a number of national bodies representing patients with special communication needs, for example The Royal National Institute for the Deaf. Through these links trainers from such organisations have delivered training to NIAS staff enabling them to communicate better with these groups of service users.

The review team found that staff had identified a training gap in dealing with particular situations such as sudden death of psychiatric patients. There is a clear willingness by staff to undertake such training however; it does not appear to be routinely offered. The review team found that such skills come with experience but often new crew are faced with situations they may not feel they have been adequately prepared for.

> **RECOMMENDATION 12:**
>
> **The review team recommended more focussed communication training for staff in engaging with service users and their carers in particularly challenging and difficult situations.**

Whilst all training is centralised on two sites, it was thought by staff of the service that if training was provided at local level it would be more accessible to staff and may be easier to provide.

Station and divisional officers met by the review team confirmed they have access to media training however, some suggested it needed to be updated.

The review team concluded that the NIAS self assessed score of fully achieved was an accurate reflection of the Trust's level of achievement of this criterion.

5.2   CRITERIA EXAMINED THROUGH TRUST SELF-ASSESSMENT

This section reports on the information provided by Trusts in their self-assessment submission.
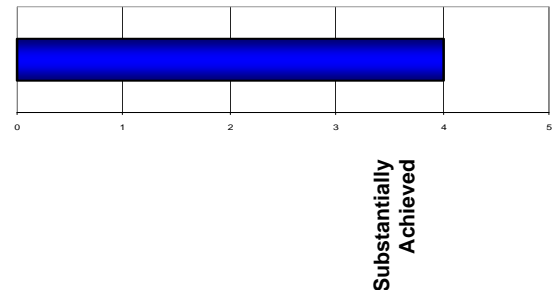
The criteria in this section includes:

- ❖ 8.3 (b) - Information and Communication Strategy
- ❖ 8.3 (c) - IT and Information Systems
- ❖ 8.3 (d) - Urgent Communications, Safety Alerts and Notices, Standards and Good Practice Guidance
- ❖ 8.3 (e) - Communication Principles
- ❖ 8.3 (f) - Information Principles
- ❖ 8.3 (h) - Records Management
- ❖ 8.3 (i) - Protecting Information
- ❖ 8.3 (j) - Consent Procedures
- ❖ 8.3 (k) - Complaints and Representation Procedures
- ❖ 8.3 (l) - Published Information

5.2.1 Information and Communication Strategy

This sub-section relates to criterion 8.3 (b).

DHSSPS Quality Standard Criterion - Self assessed score	
8.3 (b) The organisation has an effective information strategy and communication strategy, appropriate to the needs of the public, service users and carers, staff and the size, functions and complexity of the organisation.	**Substantially Achieved**

The Trust has developed individual IT and Communications policies to ensure effective dissemination of information to audiences both internal and external to the organisation. The Trust has recently revised its Internet site on which corporate information is posted and items considered newsworthy are also posted and archived. The Trust publishes an Annual report detailing its activity and performance in the fields of operations and finance. The Trust makes regular use of an e-mail system for notifying staff of information relevant to them.

The Trust has in place an IT notice board on which items can be posted as an internal Intranet system is developed further.

The Trust has in place an internal communications policy which identifies the roles and responsibilities for communications within the Trust and the methods by which communication will be undertaken, including written, oral and technological methods.

The Trust makes use of: -
1. Meetings
2. Email
3. Staff memos
4. Staff newsletter
5. Notice boards
6. Manuals
7. Attitude Survey.

The Trust does not currently have a strategy in place relating to user involvement. It is however acutely aware of its responsibilities under Equality Legislation and has proactively consulted with stakeholders in relation to a number of issues relating to changes or improvements in service provision.
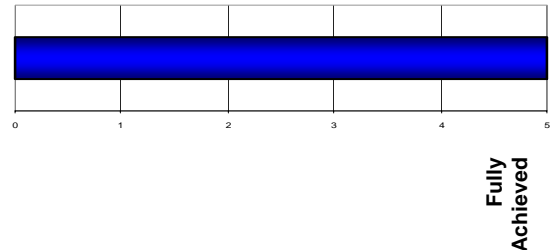
Additionally NIAS has in place a Community Education Programme which is delivered to schools and youth groups throughout the province and also responds frequently to requests from service user groups for attendance at meetings regarding operational matters.

5.2.2 IT and Information Systems

This sub-section relates to criterion 8.3 (c).

DHSSPS Quality Standard Criterion - Self assessed score	
8.3 (c) 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.	Fully Achieved

NIAS has implemented extensive information systems for recording all emergency calls and incidents. As a result of every incident a patient report form (PRF) is generated by the responding crew. The patient report form is a highly detailed document that has been designed 'in house'. The PRF is digitally scanned and stored for retrieval as and when required.

This audit system enables extensive clinical audits to be undertaken on intervention carried out by ambulance crews.

EXAMPLE OF GOOD PRACTICE: The review team thought this system to be very good and that it contributed significantly to high quality assurance and clinical governance in NIAS.

The Regional Emergency Medical Dispatch Centre uses bespoke software packages to record 999 call activity, patient details, call categorisation and the NIAS use an Assisted Medical Priority Despatch System (AMPDS).

Records are also maintained of routine activity provided by the service, for example outpatient calls and patient transfers.

A 'Datix' system is used to log, track and record a variety of issues such as Untoward Incidents and Risks that need to be recorded on the organisation's divisional and corporate Risk Registers.

The service also uses 'Response' which a bespoke software system designed to log, track and record complaints received by the Trust.
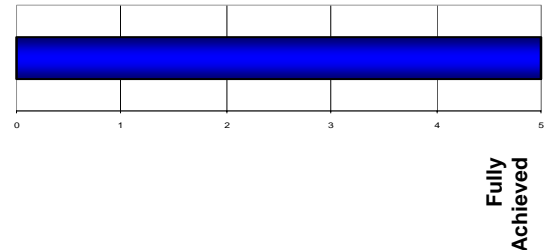
EXAMPLE OF GOOD PRACTICE: The review team were impressed by the high level of sophisticated and improving information technology systems that the NIAS uses to assist it in meeting its operational requirements.

5.2.3 Urgent Communications, Safety Alerts and Notices, Standards and Good Practice Guidance

This sub-section relates to criterion 8.3 (d).

DHSSPS Quality Standard Criterion - Self assessed score	
8.3 (d) The organisation has systems and processes in place to ensure that urgent communications, safety alerts and notices, standards and good practice guidance are made available in a timely manner to relevant staff and partner organisations; these are monitored to ensure effectiveness.	Fully Achieved

Information from the service stated that the systems in use by NIAS comply with the guidance issued by the Northern Ireland Adverse Incident Centre. With effect from the 1st January 2008 NIAS signed up to and is using the Safety Alerts Broadcasting System (SABS) as described in the framework, for discharging the respective roles and responsibilities of the DHSSSPS Accounting Officer, in the case of the NIAS, this is the Chief Executive.

Alerts received through the SABS system is highlighted to three officers in the Trust, the Medical Director, Clinical Training Manager and the Risk Manager. Issues requiring action are dealt with by the Medical Director in the first instance or in his absence the Clinical Training Manager and Risk Manager who ensure information is passed to the relevant staff and any action taken.
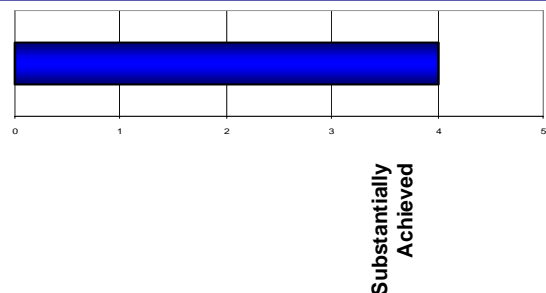
5.2.4 Communication Principles

This sub-section relates to criterion 8.3 (e).

DHSSPS Quality Standard Criterion - Self assessed score	
8.3 (e) The organisation has clear communication principles for staff and service users, which include: ❖ openness and honesty ❖ use of appropriate language and diversity in methods of communication ❖ sensitivity and understanding ❖ effective listening; and ❖ provision of feedback	Substantially Achieved

Information provided by the Trust stated that NIAS has set principles of communication within the context of supporting, informing and engaging staff to improve communications throughout the Trust in order that NIAS can achieve its business objectives.

At an operational level managers and staff have access to suitable communications facilities and systems. These systems are secure and facilitate the confidentiality of information whether patient specific or staff member specific.

Information sharing is facilitated with other HPSS departments and organisations taking into account legislative principles for example Data Protection, Freedom of Information and 3rd Party Access agreements.

> **RECOMMENDATION 13:**
>
> **The review team found that the communication and dissemination of information to staff that are not office based needs to be improved.**
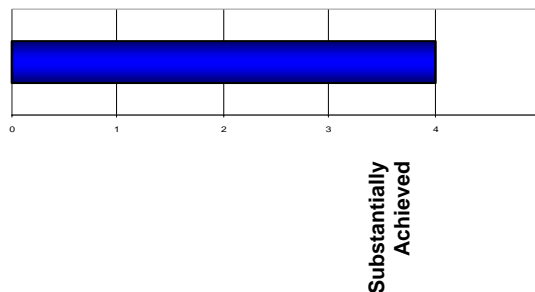
5.2.5 Information Principles

This sub-section relates to criterion 8.3 (f)

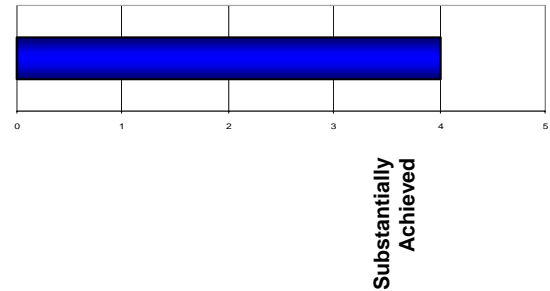| DHSSPS Quality Standard Criterion - Self assessed score |
|---|
| 8.3 (f) The organisation has clear information principles for staff and service users, which include:
❖ person-centred information;
❖ integration of systems
❖ delivery of management information from operational systems
❖ security and confidentiality of information; and
❖ sharing of information across the HPSS, as appropriate |

Information sharing is facilitated with other HPSS departments and organisations taking into account legislative principles for example Data Protection, Freedom of Information and third party access agreements.

5.2.6 Records Management

This sub-section relates to criterion 8.3 (h)

DHSSPS Quality Standard Criterion - Self assessed score

8.3 (h) The organisation has effective records management policies and procedures covering access and the completion, use, storage, retrieval and safe disposal of records, which it monitors to assure compliance and takes account of Freedom of Information legislation.

Substantially Achieved

NIAS has specific polices for the management of specific documents, for example, there is a policy and procedure for the completion and management of Patient Report Forms (PRF) . Documents are held on the server in password protected directories access to which is limited to the relevant directorate.

The organisation has a number of effective records' management systems which are managed in line with best practice. A human resource management system (HRMS) is used within the Human Resource department to manage personnel related records.
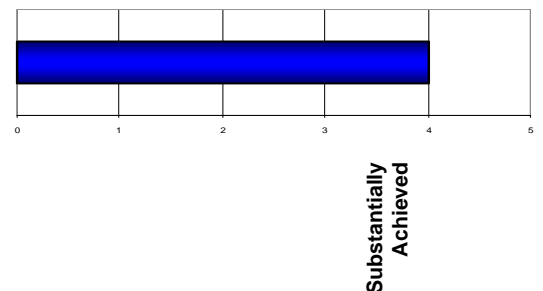
The Regional Ambulance Service Training Centre uses an 'Ultimate Aertex' training record system that is crossed referenced to a file management system.

5.2.7 Protecting Information

This sub-section relates to criterion 8.3 (i).

DHSSPS Quality Standard Criterion - Self assessed score

8.3 (i) The organisation has procedures for protection of service user and carer information which include the timely sharing of information with other professionals, teams and partner organisations as appropriate, to ensure safe and effective provision of care, treatment and services, e.g. in relation to the protection of children or vulnerable adults, and the safe and efficient discharge of individuals from hospital care.

Substantially Achieved

The service reported that the policy and procedures in place throughout the NIAS have been created with the appropriate level of detail to ensure staff members are complying with 'best practise' in completing legally binding patient documentation. Clinical audits are conducted to identify abnormalities in standards of patient care. These are investigated, if appropriate, and remedial action taken when necessary.
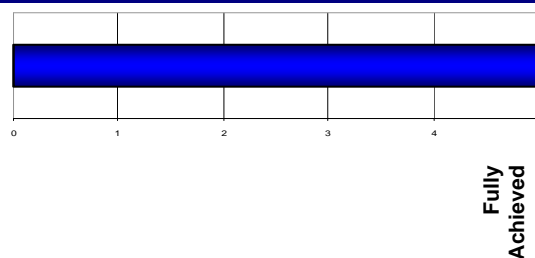
Completed Patient Report forms are passed to medical/ nursing staff at the receiving hospital/ department when a patient is transferred and copies of these are sent to the Clinical Audit department for recording, evaluating and secure storage.

5.2.8 Consent Procedures

This sub-section relates to criterion 8.3 (j).

DHSSPS Quality Standard Criterion - Self assessed score	
8.3 (j) The organisation has effective and efficient procedures for obtaining valid consent for examination, treatment and/or care.	0 1 2 3 4 5 **Fully Achieved**

NIAS have implemented the National Clinical Guideline on consent issued by the Joint Royal Colleges Ambulance Liaison Committee (JRCALC). This is taught on all ambulance clinical courses. The NIAS has been advised by the Regional Consent Group to continue to use the JRCALC guidelines in relation to consent issues.

At an operational level, consent to treatment and intervention or the withholding of such consent, is noted on the Patient Report form.
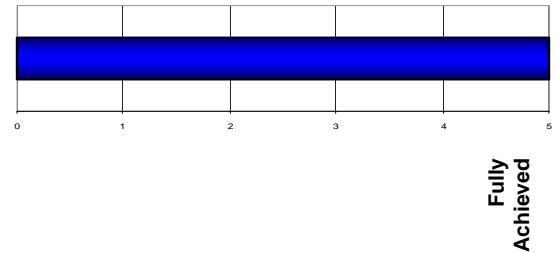
In addition, should a patient refuse or withdraw consent this information is recorder on a Refuse Consent/Treatment form that is completed by the ambulance practitioner and signed by the patient. The patient is provided with two copies of the form detailing the actions taken by the service. It also includes advice on actions to be taken should the patient's condition deteriorate.

5.2.9 Complaints and Representation procedures

This sub-section relates to criterion 8.3 (k).

DHSSPS Quality Standard Criterion - Self assessed score
8.3 (k) 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.

The NIAS has a well established complaints policy and procedure. The procedure incorporates full investigation and reporting processes following which feedback is provided to the complainant. Lessons learnt from any complaint analysis, inform amendments to procedures and care systems used by operational staff.

All complaints are investigated within a specific timeframe and compliance with this forms part of the regular reports made to Trust Board and the General Management Executive.

Directors and senior managers of the Trust have on occasions visited complainants in an effort to resolve their complaints following full and exacting investigations.

All staff met by the review team were knowledgeable of the service's complaints procedures. There is an emphasis on direct local engagement with the complainant in the resolution process even though all complaints are formally dealt with at head office.

EXAMPLE OF GOOD PRACTICE: The review team thought that one of the strengths of the service was the dissemination of compliments to staff via headquarters and a letter of thanks to individual staff about whom the compliment was received, from the Chief Executive. The review team thought this something that other HSC services could learn from.

Information is regularly shared by Divisional officers who are in regular contact by telephone and meet regularly with the Director of Operations to share problems and solutions. Outcomes of discussions are brought back to station officers and then local staff are briefed on outcomes. The Director of Operations could elevate issues to the Chief Executive as required. One Divisional Officer would make routine station visits when not busy and have an informal chat with staff, and regarded this is a good way to find out what is happening on the ground.

Other staff met by the review team, found sharing information to be generally informal but if they did have a specific issue, such as a training issue, this could be raised with the training

team. Dissemination by email is difficult due to access to terminals as the nature of the work is not always desk based. It was noted by the review team that staff thought it would be beneficial to talk as a group to share experiences and good practice.
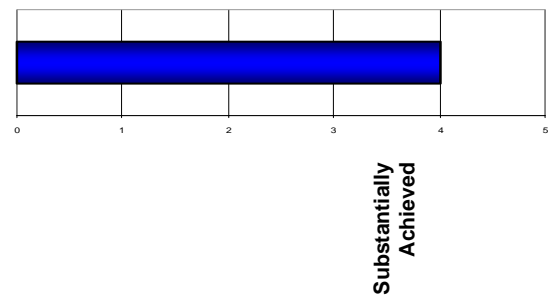
It may be that the NIAS could link into the user engagement work that other trusts carry out and include itself in those in order to gain feedback.

5.2.10 Published Information

This sub-section relates to criterion 8.3 (l).

DHSSPS Quality Standard Criterion - Self assessed score	
8.3 (l) The organisation has a range of published up-to-date information about services, conditions, treatment, care and support options available, and how to access them both in and out of service hours, which are subject to regular audit and review.	Substantially Achieved

The NIAS operates a twenty four hour, seven day a week emergency service responding to the needs of the community across the province through the British Telecom 999 systems, which is accessed by both the general public and by other health care professionals. The services provided are detailed on the service web site and in the annual report that is available to the public.

The standards of service provided are subject to departmental and Commissioners' audit. The standards are reviewed against a national guideline that stipulates the required level of compliance. This compliance standard forms part Trust Board reports and are included in the Annual Report. They are also available to the public through the Health and Social Services Councils.

6. SUMMARY OF KEY RECOMMENDATIONS

Summary of Key Recommendations within the Theme of Accessible, Flexible and Responsive Services

Recommendation 1: The review team recommended that the NIAS is more pro-active in determining the nature and scope of engagement with other interest groups through, for example, the development of Terms of Reference that will better clarify the role of the NIAS in these engagements. (Section 3.1.1)

Recommendation 2: The review team were concerned that an increasing emphasis placed on meeting performance targets would affect the quality of service provided by the NIAS and recommended that this is kept under review by the senior management of the service to ensure a balance is maintained across these demands. (Section 3.1.1)

Recommendation 3: The review team recommended that the NIAS makes better use of the compliments it receives to better promote the services that it provides. This should also be linked to better public relations information about what works well in the service and promote a better view about the strengths in the NIAS's service provision. (Section 3.1.1)

Recommendation 4: The review team recommended that the NIAS develop a policy regarding service user engagement and also makes an effort to liaise with other service providers who have representative groups, who can be an already established source(s) of feedback to the service. (Section 3.2.1)

Summary of Key Recommendations within the Theme of Promoting, Protecting and Improving Health and Social Well-Being

Recommendation 5: The review team recommended that there needed to be more work undertaken with GP services to ensure a more efficient ambulance service was provided. (Section 4.1.1)

Recommendation 6: The review team recommended that within shared deployment points there needs to be greater integration of NIAS staff, especially when these staff are joining colleagues from the fire service at what were traditionally solely fire stations. (Section 4.1.1)

Recommendation 7: The review team recommended the need for a more concerted effort and resourcing of NIAS staff to become more involved in community engagement schemes. (Section 4.1.2)

Recommendation 8: The review team recommended that the working relationship between the NIAS and First Responder service is better determined. (Section 4.2.11)

Summary of Key Recommendations within the Theme of Effective Communication and Information

Recommendation 9: The review team recommended that the NIAS could do more to engage and receive feedback from members of the public, though did acknowledge this can be difficult. (Section 5.1.2)

Recommendation 10: The review team recognised the benefits of addressing anti-social behaviour towards ambulance services but also thought that the service needs to target the correct groups for receiving this information based on the profile of those more likely to attack crews or make hoax calls. (Section 5.1.2)

Recommendation 11: The review team recommended that the Chief Executive of the NIAS continues to promote the role and involvement of the NIAS with other Health and Social Care stakeholders to ensure that any impact on the service or the benefit of engaging the service in the discussions are highlighted before decisions on changing the configuration of services are made. (Section 5.1.2)

Recommendation 12: The review team recommended more focussed communication training for staff in engaging with service users and their carers in particularly challenging and difficult situations. (Section 5.1.3)

Recommendation 13: The review team found that the communication and dissemination of information to staff that are not office based needs to be improved. (Section 5.2.4)

APPENDICES

(i) Trust Signatory

HSC Trust

Version 9.0

Section 5 - Declaration of Self Assessment

Regulation and Quality Improvement Authority
Clinical and Social Care Governance Review of Health and Social Care Trusts (2007/2008)

Name of Trust	Northern Ireland Ambulance Service
Address	Ambulance Headquarters , Site 30, Knockbracken Health Care Park, Saintfield Road Belfast. BT 8 8SG
Chief Executive's Name	Mr L McIvor
Chief Executive's Contact Details (Telephone and Email)	028 90 400999 Chief.executive@niamb.co.uk
Chairperson's Name	Mr D Smyth
Chairperson's Contact Details (Telephone and Email)	028 90 400999
Date Self Assessment Form was Completed	

In accordance with Article 34 of The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, I confirm that the information provided in this pro-forma and the accompanying evidence is a true reflection of the Clinical and Social Care Governance arrangements in this Trust.

| Signature of Chief Executive: | Date: 5ᵗʰ Feb.2008 | Signature of Chairperson | Date: 5ᵗʰ Feb 2008, |

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(ii) Review Team Membership

Lay/Peer Reviewer	Name	Trust/Board/Agency
Peer Reviewer & Team Leader	Ian Gillan	NI Regional Medical Physics Agency
Peer Reviewer	Roshea Trew	Northern Health & Social Care Trust
Peer Reviewer	Elizabeth Owen	Northern Health & Social Services Board
Peer Reviewer	John Rafferty	Southern Health & Social Services Trust
Lay Reviewer	Peter Murray	N/A
Lay Reviewer	Liam Rodgers	N/A
Project Manager	John Black	RQIA
Project Manager	Helen Hamilton	RQIA
Project Administrator	Tony Hanna	RQIA

(iii) Sites and Facilities Visited

Members of the Review Team visited the following areas of the NIAS: -

- Ambulance Headquarters and Emergency Ambulance Control - Belfast
- Newry Ambulance Station
- Whiteabbey Ambulance Station
- Altnagelvin Ambulance Station and Patient Care Ambulance Control - Londonderry
- Lisburn Ambulance Station
- Larne Ambulance Station
- Bridge End Ambulance Station (Belfast)
- Ardoyne Ambulance Station (Belfast)

Whilst visits were scheduled to Magherafelt and Banbridge stations these did not take place as there were no staff available at the stations when the review team members were due to be there. This was not wholly unexpected, given the unknown situations to which crew members need to urgently respond.

(iv) Glossary of Terms and Abbreviations

Accident
Any unexpected or unforeseen occurrence, especially one that results in injury or damage

Accountability
The state of being answerable for one's decisions and actions. Accountability cannot be delegated.

Adverse clinical incident
An incident, accident or occurrence, relating to clinical systems or procedures which results in harm, or an injury, or near miss to a patient or member of staff.

Audit
The process of setting or adopting standards and measuring performance against those standards with the aim of identifying both good and bad practice and implementing changes to achieve unmet standards.

Bad News
Any information which adversely and seriously affects an individual's view of his or her future or in situations where there is either a feeling of no hope, a threat to a person's mental or physical well-being, risk of upsetting an established lifestyle, or where a message is given which conveys to an individual fewer choices in his or her life. Bad news situations can include disease recurrence, spread of disease, or failure of treatment to affect disease progression, the presence of irreversible side effects, results of genetic tests, or raising the issue of palliative care and resuscitation.

Clinical record
The record of all aspects of the patient's treatment, otherwise known as the patients notes.

Consultant
Medical or dental practitioner who works independently without supervision.

COSHH
Acronym for the control of substances hazards to health legislation.

Dedicated
Specific identified services, facilities, equipment and staff to the meet the needs of particular groups of patients such as children.

DHSSPS
Acronym for Department of Health Social Services and Public Safety.

Evidence-based (care / practices)
An approach to decision making where a health professional uses the best evidence available, in consultation with patients and other health care professionals to decide upon the option which suits each patient best.

General Medical Council (GMC)
The UK regulatory body that is responsible for registration, education, practice and conduct of doctors.

Holistic care
Care that meets social, psychological, emotional and physical and spiritual needs.

Manual handling
Any transportation of a load by picking up, setting down, pushing, pulling, carrying or moving thereof, by hand or bodily force.

Multi-professional
A combination of several professions working towards a common aim.

Nursing and Midwifery Council (NMC)
The UK regulatory body that is responsible for registration, education, practice and conduct of nurses and midwives.

NIAIC
Acronym for the Northern Ireland Adverse Incident Centre

Organisational structure
A graphical representation of the structure of the organisation including areas of responsibility, relationships and formal lines of communication and accountability.

Patient survey
Seeking the views of patients through responses to pre-prepared questions and carried out through interview or self-completion questionnaires.

PECS
The Pre-employment Consultancy Service (PECS) helps organisations make the right choices when appointing staff or volunteers through the checking of applicants for posts where it is particularly important to exclude unsuitable people.

Policy
An operational statement of intent in a given situation.

Procedure
The steps taken to fulfill a policy.

Professional staff
Includes all medical, nursing and allied health professional staff.

Records
Information held in all media e.g. paper, video, photographic or electronic.

Risk management

A systematic approach to the management of risk, to reduce loss of life, financial loss, loss of staff availability, staff and patient safety, loss of availability of buildings or equipment, or loss of reputation.

SHOT

Acronym for Serious Hazards of Transfusion, which is a organisation that collates information provided on a voluntary basis.

Symptom control
The management of any/all symptoms a patient may experience in order to promote comfort and enhance the quality of life. Symptom control is much more than simply pain relief, although this is an important feature of symptom control.

Treatment and Care Plan
A document, which details the care and treatment that a patient receives and identifies who delivers the care and treatment.

Valid consent
The legal principle by which a patient is informed about the nature, purpose and likely effects of any treatment proposed before being asked to consent to accepting it.

Whistle-blowing

The disclosure by an employee (or professional) of confidential information which relates to some danger, fraud or other illegal or unethical conduct connected with the workplace, be it of the employer or of his fellow employees.

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