



Isle of Wight Ambulance Service Quality Strategy



Contents

3- Introduction

5- improved learning from deaths

7- improved care for patients with dementia

8- out of hospital cardiac arrest

11- end of life care

13- suicide prevention

14-improved trauma management

Introduction

The Isle of Wight Ambulance Service is part of the only integrated acute, community, mental health and ambulance NHS Trust in the country. The Ambulance Service serves a population of 140,000 island residents plus visitors and received around 30,000 calls to 999 and 86,000 calls to 111 a year resulting in 24,000 ambulances being dispatched.

The Ambulance Service encompasses the Emergency Operations Centre (111 & 999); Front Line Operations; Emergency Planning, Response and Resilience; Patient Transport Services and Ambulance Commercial Training and Community First Responders.

The 111 service was inspected by the CQC separately to the rest of the ambulance service. 111 received a good overall, with the remainder of the Ambulance service achieving 'requires improvement' with a 'good' for safe, caring and responsive. The Patient Transport service received an 'outstanding' for caring.

The CQC results indicate that the service is safe and caring and has made significant improvements over the last two years. There is always more scope for improvement and enhancing the care that our patients receive.

Isle of Wight NHS Trust strategy.

In July 2020 the Trust launched its five year strategy, 'great people great place'. The aim of the strategy is to support partnership working to improve the health and wellbeing and join up health care services.

The vision of the organisation is for high quality, compassionate care that makes a difference to our island community and the IW Ambulance Service Quality Strategy reflects this.

What do we want / have to achieve

The Association of Chief Ambulance Officers (AACE) list a number of key strategies for UK ambulance services for the next 5 years, of these we have identified our local priorities as

- Out of hospital cardiac arrest outcomes
- Improved learning from deaths
- End of life care
- Dementia
- Suicide prevention
- Improving outcomes for trauma patients

Improved Learning from Deaths.

Ambulance Services are from 2020 required to participate and report on the national Learning from Deaths Framework. The aim of this is to identify problems with care so that common themes and trends can be seen and outcomes improved for patients.

The IW Ambulance Service already screens all deaths that occur under the care of the service and has well established processes for this. The service is also reporting to board, ahead of the schedule required by NHSI/E.

What we want to achieve?

We want to continue to review all deaths that occur under the care of the service and extend the review to all deaths that occur within 24hrs of admission.

We want to undertake a systematic judgment review (SJR) on all patients that meet the criteria at screening.

We want to undertake table top case record reviews of patient care and include feedback from families in this to help improve patients/ service user experiences as well as outcomes.

Report to Trust Board as per the required framework.

Why this is important to us?

This allows the service to learn and improve outcomes and experience for patients and families, highlight good practice, ensure openness and make changes to clinical practice where they are required.

How will we achieve this?

- Weekly mortality screening
- Monthly mortality reviews
- Undertaken SJR's as required.
- Quarterly table top reviews
- Monthly reporting to Mortality Review Group
- Quarterly Trust Board report
- Communicating learning lessons back to teams.

How will we know if we have achieved this?

- All deaths under the care of the Ambulance Service and patients who have died within 24hrs of admission by ambulance have a mortality screen.
- All patients who meet the criterial have an SJR
- Quarterly table top case note reviews
- Quarterly reporting to Trust Board.
- Participation in Mortality Review Group

Improved care for patients with dementia.

What we want to achieve?

Develop a workforce that is skilled and effective in the care of patients with dementia and delivers patient-centred care

Prevent admission to hospital of patients with dementia where ever possible by developing effective community pathways for these patients.

Why this is important to us?

The UK has an aging population and people are living longer with more complex conditions. The population demographics of the Isle of Wight show that the average age of admission to Emergency Departments is 7 years higher than the mean (65.2 yrs. mean 57) with much higher levels of deprivation across the community. Patients over 75 are also more likely to be admitted to hospital.

Dementia is one of the greatest challenges facing our aging society, and many patients with dementia will come in to contact with our services.

How will we achieve this?

- Engage and participate with the Trust Demetia Strategy
- All staff to undertake Trust dementia awareness training appropriate to their role.
- Engage with the Trust Dementia team.
- Work with community teams to develop new referral pathways to prevent the need to convey patients to hospital.

How will we know if we have achieved this?

Meeting Trust mandatory training compliance for dementia awareness training.

Demonstrable reduction in the number of patients living with dementia being conveyed to hospital following a 999 call.

Out of Hospital Cardiac Arrest

What we want to achieve?

Out-of-Hospital Cardiac Arrest (OHCA) is a significant public health issue in the United Kingdom. Every year there are nearly 40,000 OHCA where resuscitation is commenced or continued by paramedics. Typically, less than 10% of OHCA patients survive to hospital discharge. However, if cardiopulmonary resuscitation (CPR) and defibrillation are provided quickly, alongside an effective system of care, the chances of an OHCA patient being resuscitated and having good neurological recovery increases significantly.

In order to improve systems of care and patient outcomes, it is essential to monitor performance, identify problems and successes and track progress. This can be achieved through a registry where all patients are enrolled to create a complete patient population.

Over the past five years UK Government have produced OHCA plans that highlighted the need for a UK OHCA registry that gives Ambulance Services the ability to benchmark themselves against the rest of the UK. A registry can drive a quality agenda and fosters a culture of excellence in performance.

The NHS Long Term Plan highlighted the need for a registry to enable effective mapping of out-of-hospital cardiac arrest (OHCA) incidence. The outputs of the registry help to direct community CPR training initiatives to areas where they are most needed, and to allow the tracking of survival rates and target unwarranted variation.

Currently, the Out-of-Hospital Cardiac Arrest Outcomes (OHCAO) registry receives data on OHCA that occur in England and Wales, and is working towards the inclusion of Northern Ireland. Scotland is developing an independent registry that will collaborate with OHCAO.

Over the last 12 months we have seen further improvements to cardiac arrest pathways in England. The 'Chain of Survival' drives the approach to out-of-hospital cardiac arrest, and forms the basis of the consensus guidance, 'Resuscitation to Recovery: A National Framework to improve the care of people with Out-of-Hospital Cardiac Arrest in England', which was published in March 2017.

Why this is important to us?

We want people to survive a cardiac arrest and have the same quality of life before the cardiac arrest.

How will we achieve this?

The Chain of Survival

- Early recognition: The Ambulance Response Programme (ARP) has raised the standards and expectations for a timely response for out-of-hospital cardiac arrest. The Isle of Wight Ambulance Service (IOWAS) operational model strives to deliver an effective ARP and part of this is to increase the number of Volunteer Community First Responders to assist with a timely community response.

- Early CPR: Together with the Resuscitation Council (UK), British Heart Foundation and other organisations, NHS Ambulance Services again trained over 200,000 people as part of the “Restart a Heart” initiative. Great work has also been undertaken by other organisations to promote immediate and effective CPR. Over the past seven years the Ambulance Training & Community Response Services (ATCoRS) have taught lifesaving skills to over 25,350 people and under the IOWAS Community engagement strategy will continue to support this initiative yearly.

- Early defibrillation: The British Heart Foundation (BHF) has joined forces with UK Ambulance Services, the NHS, Microsoft and Microsoft solutions provider to develop the National Defibrillator Network (NDN), ‘The Circuit’, to enable Ambulance Services and bystanders locate the nearest public access defibrillators. Over the past seven years the ATCoRS team have endlessly promoted Public Access Defibrillators (PAD) as part of their everyday teaching and have helped to raise the number of known PAD sites on the Isle of Wight from 17 to over 350. IOWAS will join the BHF’s NDN ‘The Circuit’ in March 2020.

- Advanced life support and post resuscitation care: Advanced life support will be part of the ambulance service mandatory training and will follow Resuscitation Council UK current guidelines. ‘Resuscitation to recovery’ called for the development of consistent care pathways to ensure that patients with a return of spontaneous circulation receive the best treatment after arrival in hospital. As an integrated Trust with one front door policy our OHCA receive a smooth transition from community to our Emergency Department resuscitation area.

How will we know if we have achieved this?

Outcomes from the OHCA registry, which provides quantitative data on all aspects of the chain of survival.

End of Life Care (EOLC)

What we want to achieve?

The IW Ambulance Service is often asked to attend patients who are at the end of their lives. As part of the Trust's and wider community response to caring for patients who are at the end of their life we want to be able to support patients to meet their wishes and avoid unnecessary transfers to hospital.

Why this is important to us?

It is important to us to support our patients and their families to meet their wishes surrounding their death.

How will we achieve this?

DNACPR (do not attempt cardio-pulmonary resuscitation)

- Further to a training package and probationary period IOWAS Community Practitioners will be able to complete DNACPR forms. Initially CPs documents will be valid for 72 hours pending GP ratification; there will be no need for ratification come the end of the probationary period.

Medication for EOLC patients

- IOWAS plan for a Standard Operational Procedure and Patient Group Directive are being developed to allow CP's to carry an end of life drugs box, (controlled in a similar way to morphine), initially to fulfil situations where permission to give has been completed but drugs have not yet arrived or, meds have been supplied but the Permission to Give has not yet reached the patient. Ultimately the aim is that the PGD will be extended to allow CPs to give Just In Case (JIC) medications to those occasional patients who are on an end of life pathway but have not been prescribed JIC medications and deteriorate rapidly overnight requiring urgent symptomatic relief.

Share My Care-Mountbatten

- Share My Care is an initiative that was developed by Mountbatten for patients with a chronic illness that is likely to be life limiting within the next 5 years. The patient receives an initial consultation, normally by home visit, and they then have access to the full range of clinical, respite, emotional and spiritual outpatient services plus refer to specialist teams for specific conditions as well as Advanced Care Planning. CPs see a number of patient's referral can be made via the Mountbatten website, professionals menu and is easy to complete.

An integrated approach to EOLC

- The Isle of Wight NHS Trust End of Life Care group hold monthly meetings which will be attended by CPs or a clinical IOWAS representative. This is where IOWAS will report the monthly number of Share My Care referrals.

How will we know if we have achieved this?

- DNACPR process will be in place for use by the CP team and they will all be trained in its use
- EOLC drugs available and PGD's signed off and current.
- Representation at 10 of 12 End of Life Care Group Meetings

Suicide Prevention

What we want to achieve?

We want to be key stakeholders in the Island Suicide Prevention Strategy as part of an island wide mental health plan.

Ambulance staff work in a highly stressful environment and we want to continue to support staff to maintain their health and wellbeing. This links with the services staff engagement strategy.

Why this is important to us?

The Association of Chief Ambulance Executives (AACE) commissioned a study in to rates of suicide amongst ambulance service staff (ref 2). It found that the risk of suicide amongst male paramedics was 75% higher than the national average. Because of this higher risk of suicide the service wants to continue to ensure the mental health and wellbeing of its staff.

How will we achieve this?

Training for staff in identifying and responding to a colleague in distress by ensure staff have access to TRiM practitioners and mental health first aiders

All shift managers, senior managers, clinical support officers and mental health first aiders will undertake the Zero Suicide Alliance suicide awareness training.

Promote Zero Suicide Alliance suicide awareness training to all staff, and support staff to undertake this.

Promote Occupational Health employee assistance programme and ensure all staff have an annual wellbeing check.

Participate in the island suicide prevention programme.

Improved Trauma Management

What we want to achieve?

Trauma remains a leading cause of death in the UK. The relative isolation of the island and the need for both primary and secondary transfer to tertiary centre trauma units means that our front line Paramedics need to retain their trauma management skills and may be asked to perform procedures undertaken by specialist paramedics in other services.

Why this is important to us?

The impact of major trauma on the patient, family the wider population and the economy is huge. In England and Wales trauma causes 16,000 deaths a year with economic losses to Clinical Commissioning Groups estimated at £1.53 billion (ref 1). Coupled with the significant impact major trauma has on those involved, their loved ones and the community, prevention of major trauma and improving outcomes has a positive impact on patients, families and the health and wider economy.

How will we achieve this?

- Medical Lead for Ambulance.

The engagement of a medical lead for the Ambulance Service will contribute to the training of staff in the pre-hospital management of major trauma, helping to improve outcomes for patients.

- Participation in Trust Trauma Group

The key objectives of the IW NHS Trust Trauma Group are:

- To engage all those involved in the provision of delivering trauma care to injured adults and children and to produce improvements in care.
- Improving the way the NHS Isle of Wight manages major trauma.
- To establish policies and position statements on optimal trauma management, including prevention of injury and care of the trauma patients.
- To integrate Trust trauma care into regional trauma networks as a Trauma Unit

- Increase off island transfer options

Trauma by-pass of our local trauma unit is often required to get patients to a tertiary centre if they are time critical. In some scenarios it is difficult to access cross Solent transfers quickly. The IW Ambulance Service will continue to work with cross Solent travel partners to increase travel options.

- Improve Paramedic trauma care skills.

The service does not have advanced Paramedic or local HEMS cars/ BASICS doctors. Training in the form of moulages and internal training sessions will be put in place to up skill Paramedics and re-inforce their current skills

- Learning from events

A large amount of major trauma is a multi-agency event, where ambulance staff are a key part of the patients care but may be working with air-ambulance teams, the Fire and Rescue Service etc. Debrief at the time or shortly after an incident is important for staff and should be encouraged.

Post event learning will take place in a safe open environment where the service and relevant partners can participate and improvements, with a non-blame culture, can be identified. Patient and family feedback will also be sought.

How will we know if we have achieved this?

- Engage medical lead for the IW Ambulance Service
- Representation at all Trust Trauma Group meetings
- Trauma training for Paramedics
- Learning events

References:

McHale P, Hungerford D, Taylor-Robinson D, Lawrence T, Astles T, Morton B. *Socioeconomic status and 30-day mortality after minor and major trauma: A retrospective analysis of the Trauma Audit and Research Network (TARN) dataset for England*. Published: December 31, 2018. Available at <https://doi.org/10.1371/journal.pone.0210226>

Hird K, Bell F, Mars B, James C, Gunnell D. 2019. *An investigation into suicide amongst ambulance service staff*. *Emergency Medicine Journal* 2019;36:e3