

Working Together to Prevent Suicide in the Ambulance Service: Implementation Self-Audit Tool

November 2021



Office for Health
Improvement
& Disparities



ASSOCIATION OF
AMBULANCE
CHIEF EXECUTIVES



THE
AMBULANCE
STAFF
CHARITY



Health Education England

Introduction



The publication ***Prevention of Suicide in the Ambulance Sector: What We Know***, presents a range of evidence to support the increased risk of suicide in the ambulance sector, particularly male paramedics when compared to the general population. This tool is designed to help integrate the accompanying ***Working Together to Prevent Suicide in the Ambulance Service: A National Consensus Statement for England*** into your trust and the ambulance sector.

As set out in the ***Working Together to Prevent Suicide in the Ambulance Service: Self-Audit Tool*** document, action to prevent suicide in the ambulance service should encapsulate the six priority areas; universal prevention supportive culture, preparing the future workforce, enhanced support for early career paramedics and frontline staff, targeted prevention, postvention and family support.

Aims of this self-audit tool

This brief tool is designed to aid ambulance services to implement the recommendations of the Working Together consensus statement and self-audit tool. It can be used to:

- **Reflect** on current provision of staff health and wellbeing supports
- **Prioritise** areas for action over the short and medium term
- **Identify** barriers and facilitators to making the changes suggested in the Working Together documents
- **Review** progress and feed into a Plan-Do-Study-Act evaluation cycle.



Information about this self-audit tool

- The type of questions used in this tool may be different to those that you've used previously.
- This tool is adapted from the NoMAD Implementation Measures developed by: Finch, T.L., Girling, M., May, C.R., Mair, F.S., Murray, E., Treweek, S., Steen, I.N., McColl, E.M., Dickinson, C., Rapley, T. (2015). NoMad: Implementation measure based on Normalization Process Theory. [Measurement instrument]. Retrieved from <http://www.normalizationprocess.org>.
- This tool focuses on an oft-neglected area for intervention toolkits – tailoring to specific contexts and reflecting on strategies to support implementation (Thoele et al 2020 Implementation Science Communications <https://doi.org/10.1186/s43058-020-00081-x>)
- It is designed to be used alongside and complement other tools and toolkits for workplace health such as ***Developing and Evaluating Workplace Health Interventions***.
- This tool is designed to help you both reflect on your progress and to help you identify what may help or hinder the changes you need to make.

How to use this self-audit tool

- This tool is intended to be used in a formative and reflective way, internally and with the capability for you to share practice and learning across the ambulance sector.
- The questions in this tool ask you to reflect on how you will integrate these changes into current ways of working, and the collective and operational actions required.
- The tool is available as an interactive PDF to download and complete electronically, or the document can be printed and completed manually.
- You may wish to complete this as part of a small team or their nominees including: People & Culture/HR Leads, Wellbeing Leads, Mental Health and Wellbeing Leads, Communications Managers, Education Leads, staff and trade union representatives.
- Please answer all statements from the perspectives of your roles in the ambulance sector. Depending on your role responsibilities, some statements may be more relevant than others.

The tool is in four parts.

- Part A asks some brief questions about you and your role.
- Part B contains a checklist of key priority areas for you to assess your current work and progress against.
- Part C contains a space for you to evaluate your progress towards actioning your priority areas of the checklist.
- Part D provides some implementation tips and an action planning template.



Part B:

Checklist of priority areas from *Working Together to Prevent Suicide in the Ambulance Service: Self-Audit Tool*

Use this checklist to assess the work that your organisation has: (1) already acted on and are happy with the progress, (2) have started to take action and will set as a short or mid-term priority, (3) not started doing yet or made a little progress and is a long-term priority. You can then use areas with a score of (2) to prioritise for implementation using the rest of this tool. You may wish to consider focusing on short or mid-term priority areas when you use this document now and reviewing your progress towards the long-term priority areas at a later date by re-doing this tool (e.g., in 12 months).

Key Priority Areas	(1) Have taken action and are happy with progress	(2) Have started to take action and will set as a short or mid-term priority	(3) Not started doing yet and is a long-term priority
1. Prevention supportive culture: Trust level review and leadership			
1A) Existing Trust level mental health and wellbeing policy is reviewed to ensure it adequately supports delivery against the National Consensus commitments.			
1B) Trust level interventions and service offerings to improve staff mental health and wellbeing are all robustly evaluated, using standard indicators where available.			
1C) The Trust has a director-level lead for mental wellbeing and suicide prevention, with responsibility for overseeing implementation of its improvement plan.			

Key Priority Areas	(1) Have taken action and are happy with progress	(2) Have started to take action and will set as a short or mid-term priority	(3) Not started doing yet and is a long-term priority
2. Prevention supportive culture: normalising mental health at work			
2A) The Trust uses awareness raising and proactive communications to normalise and de-stigmatise mental illness, trauma and mental health stressors and about accessing help.			
2B) All staff with line management responsibility, regardless of seniority or length of service, are appropriately trained and supported to respond to the mental health and wellbeing needs of their teams, be that directly or by signposting to support services.			
2C) A model of professional supervision should be followed for all patient/public facing staff.			
2D) People who may need support (e.g., mental wellbeing check-up, supervision, mentoring, peer support) are proactively identified.			
2E) Strategies are in place to minimise the impact of shift work on sleep and fatigue and effectively manage work life balance.			

Key Priority Areas	(1) Have taken action and are happy with progress	(2) Have started to take action and will set as a short or mid-term priority	(3) Not started doing yet and is a long-term priority
3. Preparing the future workforce			
3A) In pre-qualification placement-based training, prepare students to understand mental illness, trauma and impacts on wellbeing, to appreciate and normalise the natural response to mental health stressors and develop coping strategies, through reflective practice, supervision, and other appropriate means.			
4. Enhanced support			
4A) The Trust provides extra mental health and wellbeing support, such as through preceptorship and ongoing peer support, for as long as individually deemed necessary.			
4B) The Trust provides signposting to support for staff who leave the service or retire.			
5. Targeted prevention			
5A) The Trust reviews occupational health provision, and access to mental health support services (e.g., debt advice, addiction support, counselling) to provide assurance that staff can confidentially access evidence-based support in a timely way.			
5B) The Trust provides proactive support for those at increased risk e.g., known mental illness or who have made previous attempt at suicide.			

Key Priority Areas	(1) Have taken action and are happy with progress	(2) Have started to take action and will set as a short or mid-term priority	(3) Not started doing yet and is a long-term priority
6. Postvention			
6A) The Trust provides team or individual psychological support following attendance at a serious incident involving a colleague or death of a colleague including attendance at a suicide or suicide attempt			
6B) The Trust implements a postvention strategy (SAMARITANS GUIDANCE LINK) ensuring support is also offered to all staff in the organisation			
7. Family support			
7A) The Trust recognises the role of family and friends in supporting staff and provides information to educate about the mental health stressors of the ambulance sector work. Informal events are set up to enable families and friends for information provision and networking (TASC GUIDANCE LINK)			
7B) The Trust extends the support provided to staff to family members, recognising the potential secondary trauma that they experience			

Part C:

Copy and paste the priority areas you identified in Part B into this section. There are two sets of statements (a-d and e-h), so you will need to copy and paste twice as shown with the Example. These eight statements ask you to reflect on how you will integrate these changes into current ways of working, and the collective and operational actions required.

For each area of the key priorities, please indicate your experience (on a scale of 1-5) of the statements at the top of the table. If you're unsure or don't know the answer, we suggest scoring 3. Where you score 3, 4 or 5 feel free to note down what action/s you think need to be taken next.

1-strongly agree, 2-agree, 3-neither agree or disagree, 4-disagree, 5-strongly disagree.

Key priority areas	a) Staff at all levels have a shared understanding of purpose	b) The potential value, benefits and importance are easily demonstrated for staff	c) Key people who drive this forward and get others involved have been identified	d) This can be easily integrated into existing ways of working
<p>EXAMPLE</p> <p>7A) The Trust recognises the role of family and friends in supporting staff and provides information to educate about the mental health stressors of the ambulance sector work. Informal events are set up to enable families and friends for information provision and networking</p>	<p>3</p> <p>Staff opinions on family guidance unknown, need to consult staff</p>	<p>1</p> <p>Guidance is clear on value to staff and Trust</p>	<p>4</p> <p>Wellbeing team, but who else?</p>	<p>3</p> <p>Need to plan who/ what/ when, comms</p>
	<p>1 2 3 4 5</p>	<p>1 2 3 4 5</p>	<p>1 2 3 4 5</p>	<p>1 2 3 4 5</p>

For each area of the key priorities, please indicate your experience (on a scale of 1-5) of the statements at the top of the table. If you're unsure or don't know the answer, we suggest scoring 3. Where you score 3, 4 or 5 feel free to note down what action/s you think need to be taken next.

1-strongly agree, 2-agree, 3-neither agree or disagree, 4-disagree, 5-strongly disagree.

	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

For each area of the key priorities, please indicate your experience (on a scale of 1-5) of the statements at the top of the table. If you're unsure or don't know the answer, we suggest scoring 3. Where you score 3, 4 or 5 feel free to note down what action/s you think need to be taken next.

1-strongly agree, 2-agree, 3-neither agree or disagree, 4-disagree, 5-strongly disagree.

Key priority areas	e) Sufficient training is available to support implementation	f) Sufficient resources are available to support implementation	g) Management at all levels adequately support this	h) Staff at all levels adequately support this as worthwhile
<p>EXAMPLE Cont. 7A) The Trust recognises the role of family and friends in supporting staff and provides information to educate about the mental health stressors of the ambulance sector work. Informal events are set up to enable families and friends for information provision and networking</p>	<p>4 Training needs need to be defined</p>	<p>4 Resourcing as yet unknown</p>	<p>1 Good buy-in at all levels</p>	<p>3 Further consultation needed as some reservations identified</p>
	<p>1 2 3 4 5</p>	<p>1 2 3 4 5</p>	<p>1 2 3 4 5</p>	<p>1 2 3 4 5</p>
	<p>1 2 3 4 5</p>	<p>1 2 3 4 5</p>	<p>1 2 3 4 5</p>	<p>1 2 3 4 5</p>

For each area of the key priorities, please indicate your experience (on a scale of 1-5) of the statements at the top of the table. If you're unsure or don't know the answer, we suggest scoring 3. Where you score 3, 4 or 5 feel free to note down what action/s you think need to be taken next.

1-strongly agree, 2-agree, 3-neither agree or disagree, 4-disagree, 5-strongly disagree.

	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

Part D

Implementation tips and action planning template

You have selected the priority actions your Trust would like to focus on, and considered eight factors that may help or hinder the implementation of these actions.

Part D provides some brief tips on how to address these factors, to help make implementation a success. Use the Action Planning Template on page 15 to plan how you will tackle these factors. You may find it useful to repeat the tool after 12 months as part of a Plan-Do-Study-Act evaluation cycle, to capture how identified barriers have been addressed and **Working Together** recommendations implemented.

Staff at all levels have a shared understanding of purpose

- A shared vision of the purpose of undertaking the changes suggested in the **Working Together** recommendations is crucial to success.
- Co-development of an implementation plan, by involving as diverse and representative an implementation group as possible (including in the completion of this tool), can ensure sustainable buy-in from staff at all levels and in all roles within your organisation.

The potential value, benefits and importance are easily demonstrated for staff

- A clearly communicated evaluation and monitoring plan can minimise the sometimes cynical reaction of front-line staff that this is yet another review and no real change will be realised.
- Distinguishing between short- and longer-term goals helps set realistic expectations about what changes may be apparent soon and what is going to take a year or more of implementation effort. The **Suggested Reading** list below includes a link to a repository for implementation outcome measures, which can provide motivating interim evidence that change is happening and in the right direction.

Key people who drive this forward and get others involved have been identified

- Develop an internal communication plan to engage the people who will be implementing the identified changes. This will include wellbeing support staff, mental health leads, and staff with line management responsibilities.
- Ensure a diverse and inclusive approach has been taken to address any existing inequalities in access to, and benefits from, health and wellbeing supports in your service. Be alert to actions that may unintentionally widen inequalities (unintended consequences).

This can be easily integrated into existing ways of working

- Organisational behaviour change can be challenging where it represents a significant deviation from usual practice. This tool helps guide an understanding of organisational readiness to change.
- Actions which are perceived as small steps, or closely aligned to existing practices, can be quick implementation wins.

Sufficient training is available to support implementation

- Draw on in-house clinical and evaluation expertise across your workforce, beyond your human resources and wellbeing teams, to ensure staff enacting the required organisational change feel supported.
- Consider the learning opportunity for staff, particularly leaders, in delivery and evaluation of staff wellbeing approaches using implementation science frameworks.

Sufficient resources are available to support implementation

- There is unprecedented investment in staff wellbeing within the NHS but this is not always felt or visible on the ground.
- Consider personnel and financial resources needed for effective embedding of organisational change, beyond the discrete investment in individual programmes.

Management at all levels adequately support this

- Senior leadership enthusiasm for staff wellbeing is not always replicated through all layers of management.
- Identifying and supporting champions for change at all layers of management can promote an effective action and implementation plan.

Staff at all levels adequately support this as worthwhile

- Much of the change in the **Working Together** documents will positively affect staff at all levels, whether or not they are direct recipients of individual wellbeing interventions.
- Including this in your communications plan can reassure staff and promote a sense of being valued by the organisation.



Action planning template

This action planning template may help you plan specific tasks to implement priority areas into your organisation in the short or mid-term. As part of your review process, you may wish to return to this document and review your progress against the long-term priority areas too.

Priority area	Strengths	What are we not so good at?	Action and resources required	Who by?	Time scale	Review arrangements

Thank you for using this tool.

The tool was developed by University of East Anglia in collaboration with Yorkshire Ambulance NHS Trust, Lincoln University, and Edge Hill University. The tool development group would welcome any feedback or questions. Please contact the writing team: Dr Bryony Porter and Professor Kristy Sanderson, University of East Anglia/NIHR ARC East of England (Kristy.sanderson@uea.ac.uk)

References and suggested further reading

Finch, T.L., Girling, M., May, C.R., Mair, F.S., Murray, E., Treweek, S., Steen, I.N., McColl, E.M., Dickinson, C., Rapley, T. (2015). NoMad: Implementation measure based on Normalization Process Theory. [Measurement instrument]. Retrieved from <http://www.normalizationprocess.org>

Finch TL, Girling M, May CR, Mair FS, Murray E, Treweek S, et al. Improving the normalization of complex interventions: part 2 - validation of the NoMAD instrument for assessing implementation work based on normalization process theory. BMC Med Res Meth. 2018;18:135.

May CR, Cummings A, Girling M, Bracher M, Mair FS, May CM, et al. Using Normalization Process Theory in feasibility studies and process evaluations of complex healthcare interventions: a systematic review. Implementation Science. 2018;13:80.

Murray E, Treweek S, Pope C, MacFarlane A, Ballini L, Dowrick C, et al. Normalisation process theory: a framework for developing, evaluating and implementing complex interventions. BMC Medicine. 2010;8:63.

Northumbria Healthcare NHS Foundation Trust and RAND Europe. [Developing and Evaluating Workplace Health Evaluations](#). 2020.

Thoele K, Ferren M, Moffat L, Keen A, Newhouse R. Development and use of a toolkit to facilitate implementation of an evidence-based intervention: a descriptive case study. Implementation Science Communications, 1:86(2020) <https://doi.org/10.1186/s43058-020-00081-x>

If you are interested in implementation science and want to do more reading a repository of tools and resources to measure implementation outcomes can be found here: <https://implementationoutcomerepository.org/>

