



**MINUTES OF THE SAFETY, QUALITY, PATIENT EXPERIENCE AND
PERFORMANCE COMMITTEE HELD AT 10AM ON THURSDAY
17 SEPTEMBER 2020 (VIA ZOOM DUE TO COVID-19)**

PRESENT: Mr D Ashford - Committee Chair
Mr T Haslett - Non Executive Director

IN

ATTENDANCE: Mr M Bloomfield - Chief Executive
Ms L Charlton - Director of Quality, Safety & Improvement
Ms M Lemon - Interim Director of Human Resources
Mr B McNeill - CRM Programme Director
Mr P Nicholson - Interim Director of Finance
Ms R O'Hara - Programme Director – Strategic Workforce Planning
Ms M Paterson - Director of Planning, Performance & Corporate Services
Dr N Ruddell - Medical Director
Ms R Byrne - Assistant Director of Operations
Ms K Keating - Risk Manager
Ms A Quirk - Boardroom Apprentice
Mrs C Mooney - Board Secretary
Ms R Finn - IPC Lead Nurse (for agenda item 10 only)
Ms E Boylan - SAI Lead (for agenda item 11 only)

APOLOGIES: Mr W Abraham - Non Executive Director
Mr R Sowney - Interim Director of Operations

1 Apologies & Opening Remarks

Apologies were noted from Mr Abraham and Mr Sowney.

The Chair welcomed Ms Anne Quirk who had recently joined the Trust as its Boardroom Apprentice. He congratulated Ms Byrne on her recent appointment as Director of Operations and said she would take up post on 1 October 2020.

The Chair referred to workshop held at the end of July to discuss the revised Committee structure and reminded the meeting that this Committee had been renamed as the Safety, Quality, Experience and Performance Committee. He referred to the Committee terms of reference and said that these had been amended to take account of the additional functional areas falling within the remit of the Committee. The Chair undertook to circulate these to members with a view to seeking approval at the November meeting.

2 Procedure

2.1 Declaration of Potential Conflicts of Interest

There were no declaration of conflicts of interest.

2.2 Quorum

The Chair confirmed the Committee as quorate.

2.3 Confidentiality of Information

The Chair emphasised the confidentiality of information.

3 Previous Minutes (AC17/9/20/01)

It was noted that the minutes of the previous meeting on 11 June 2020 had been approved by e-mail.

4 Matters Arising

4.1 Policy for the Reporting of Early Alerts to the Department of Health (AC11/6/20/03)

The Chair confirmed that the change to para 3.5, as suggested by the Committee, to make it clear that 'SMT is responsible for making staff aware...' while emphasising that staff were responsible for adhering to the policy had been made. He also

confirmed that a process was in place around ensuring NEDs were informed of Early Alerts.

The Chair alluded to a recent discussion he had had with the Trust Chair in relation to discussing Disability Action Plans at a Safety Committee. He said he and the Trust Chair had agreed that it would be more appropriate for this issue to be discussed at the newly established People, Finance & OD Committee.

5 Risk Management Progress Report including Corporate Risk Register (CRR) (AC17/9/20/02)

Introducing this agenda item, Ms Paterson advised that there were currently 18 corporate risks with 134 individual risks identified across the organisation.

She explained that each risk had been linked to the relevant workstream and key objectives as follows:

- Delivering Care
- Our Workforce
- Organisational Health
- Quality Improvement
- Digital Enablers
- Our Infrastructure
- Communication & Engagement

Ms Paterson indicated that all Directorates/service areas had a register of risks which were updated and reviewed monthly. She added that senior management worked with their teams to ensure effective controls were in place for their respective risks to be managed at a tolerable level with the management team determining whether the risk should be escalated onto the Corporate Risk Register.

Ms Paterson explained that lead Directors were responsible for ensuring that risks were regularly updated and advising the Trust's Risk Manager that the information contained in the Risk Register was accurate and kept up-to-date. She advised that lead Directors, or their nominated representatives, were also responsible in ensuring that any changes/updates to risk narrative arising from discussions at meetings were fed back to the Trust's Risk Manager in a timely manner.

Continuing, Ms Paterson reminded the meeting that the role of Board and Committees was to scrutinise risks, comment and satisfy themselves on the adequacy of management actions and the control measures being implemented.

She commented that, while the Trust Risk Register was received and reviewed at Trust Board, Board Committees, and Senior Management Team, the Trust Board had identified the assuring Committee for new risks as the Safety, Quality, Experience & Performance Committee.

The Chair said that he had found the tables showing the ownership of Directorate/service area helpful.

Ms Paterson advised that four risks had been de-escalated/closed and she referred to two risks in particular. She indicated that, while the IPC risk had been de-escalated from the Corporate Risk Register, it remained on the Directorate register. The risk relating to Financial Stability for 2019/20 had been closed by SMT. However she pointed out that this would be a potential risk for 2020/21 and would be included again on the Corporate Risk Register.

Mr Haslett acknowledged that the purpose of ensuring the necessary mitigations were in place was to reduce the severity of risks. However he said he could not recall risks with such high severity in the past. Mr Haslett referred in particular to the inability of the Trust to deliver and increase commissioned hours and he sought clarification in relation to this.

Mr Bloomfield acknowledged that the commissioned hours were inadequate and said that the work being done by Mr McNeill around CRM focussed on increasing commissioned hours. He indicated that the Trust was challenged to deliver the existing level of funded activity due to absence, including Covid-19 related absences.

Mr Bloomfield reminded the meeting that the Trust currently had a number of vacancies for various reasons. He advised that work was being progressed to actively recruit and train staff. Mr Bloomfield said that there had been a reliance on overtime for many years. However he added that this was increasingly unsustainable as staff wanted and needed to have a break. He cited the experience of the Belfast Division where there had been lower cover

over the last number of weeks and said that some staff were reluctant to work overtime as they were aware that it would be a particularly busy shift. Mr Bloomfield acknowledged that this very much represented the day-to-day challenges of managing operations.

Mr Bloomfield said that it was hoped that, should approval be received for CRM resources, it would then be possible to increase commissioned hours.

Mr Haslett acknowledged the number of elements which were intrinsically linked. He referred in particular to EU Exit and said that he had been surprised to note that this had been attributed a risk rating of 8. He queried whether this rating might increase as the final date for effective EU Exit drew closer.

Dr Ruddell acknowledged that there had recently been an increase in activity in the work being led by the DoH. He advised that the Trust had undertaken an exercise to review the work previously carried out in relation to EU Exit preparedness and he said that this work remained applicable. Dr Ruddell said that the issues previously highlighted around cross border travel for staff had also not changed. He pointed out that responsibility for the supply of consumables rested with the DoH.

The Chair noted that cyber security remained an extreme risk and he referred to the risk around CSD staffing levels which had recently been added.

Responding, Dr Ruddell advised that, during the early onset of the pandemic, additional staff were recruited. However he said a number of staffing changes had since taken place and a further recruitment drive was currently underway. He added that he did expect the CSD numbers to increase in the short-term and he acknowledged the pressures on CSD staff.

Responding to the Chair's query on cyber security, Ms Paterson advised that an update would be provided to the October In Committee Trust Board meeting. She said that the extreme risk attributed to cyber security was reflected across the HSC and she described the work being taken forward on a regional basis.

The Committee **APPROVED** the Risk Management Progress Report, including the Corporate Risk Register.

6 **Regional AHP Professional Assurance Framework – introductory overview**

By way of a presentation, Ms Charlton described the key points of the Regional AHP Professional Assurance Framework

Mr Bloomfield reminded the meeting that the Framework was particularly relevant to the Trust as all paramedics were now AHPs and registered with the HCPC.

Ms Charlton advised that the Framework document of 2011 articulated the processes around roles, responsibilities and existing structures and also recognised the accountability of the Trust to the DoH in this regard.

The Chair suggested that the AHP Professional Assurance Framework would complement the Trust's Assurance Framework.

Ms Charlton confirmed that this would be the case and explained that it would be important for the Committee to have a clear understanding that the Trust would be required to complete a biannual assurance template. She indicated that Mr Neil Sinclair, recently appointed as Assistant Clinical Director of Paramedicine, would also act as the Trust's lead AHP and would work closely with the PHA to provide assurance.

Ms Charlton noted that the Framework had a review date of December 2017 and would be updated to take account of paramedics now having AHP status. She added that a further significant development within the PHA would be the appointment of an AHP Consultant and she said that this individual would work closely with the Trust in the area of professional assurance, accountability and professional development.

Mr Bloomfield welcomed the Framework and said that it represented a further step in increasing the professionalisation of the paramedic profession. He indicated that the accreditation of paramedics as AHPs back in August 2018 had been much welcomed by staff and put paramedics on an equal footing with other AHP colleagues. He said that Framework applied more rigour

to the profession and that, over time, it would contribute significantly to the improvement of the quality and safety aspects of services.

Ms Charlton indicated that being afforded the status of AHP would also offer potential opportunities to staff, for example the ability to access regional education commissioning budgets and she said PHA colleagues were working with Dr Ruddell's Directorate to progress this. However she said that the Committee should be cognisant of the fact that AHP status also meant that NIAS staff could also apply for other posts across the region and the potential implications that this could have for workforce planning. Ms Charlton believed that it would be important for the Trust to examine how it might attract staff to remain with the Trust and was of the view that this was very much linked to the work being taken forward by Ms Lemon.

Ms Charlton explained that populating the template would identify and set out the work to be taken forward by the Trust. She added that, while the Trust's relationship with the PHA would be a supportive one, the PHA would also be expecting to see clear improvements around the arrangements in place within the Trust.

The Chair welcomed the Framework and said it would be important to take this into account when considering the Risk Register. He added that it would also be important to ensure the Framework dovetailed with the Trust Assurance Framework in moving forward.

Agreeing with the Chair's points, Ms Charlton advised that elements of the Trust's Assurance Framework would be reflected on the template. She acknowledged that, while there may appear to be duplication of information between the Assurance Framework and the template, there would be not be any duplication of work.

The Chair agreed that this would be key as work was taken forward to progress the Assurance Framework.

The Committee **NOTED** the Regional AHP Professional Assurance Framework as presented by Ms Charlton.

7 **SAI FIT Testing – verbal update**

Ms Charlton updated the Committee in relation to a regional SAI review in relation to FIT testing. She advised that the Trust carried out almost all its own FIT testing internally and said that it had come to light that two tests had been undertaken by an external provider when a testing machine had not been calibrated to the required UK standards. Ms Charlton explained that the staff members had been informed and most importantly no harm had come to them. She added that the staff members had been retested using the correct protocol. However, as a result, the Trust undertook a validation and audit exercise of all FIT tests to provide assurance.

Ms Charlton acknowledged that this exercise had been a significant piece of work and she commended all involved. She advised that, despite the fact that the Trust had small numbers, there would be regional learning from this.

Mr Bloomfield welcomed the fact that NIAS numbers had been low and said that learning from this event would be crucial.

Ms Charlton commended the cross-Directorate approach and said that Standard Operating Procedure developed by NIAS had been shared regionally with other Trusts adopting elements of the procedure used by NIAS. She said that, while this was to be welcomed, there was further work to be undertaken. Ms Charlton advised that risks remained around the supply of FFP3 masks and she believed it was likely that further rounds of FIT testing would be necessary. She alluded to the efforts made by all involved in ensuring crews were available for FIT testing and said that the staff hours involved could be significant.

The Chair sought clarification on the differences between the UK protocol and the incorrect protocol that had been used. He also referred to previous personal experience and said that it had proved difficult to identify masks for individuals with particularly small faces. He asked whether this had been the Trust's experience.

Responding, Ms Charlton acknowledged that the PHA had alluded to the low risk posed by the use of the incorrect protocol. She acknowledged that, whilst there had been a small number of challenges fitting masks to individuals who had particularly small faces, a number of challenges had been posed by facial hair which

interfered with the seal of the mask and she also described the potential of heavy make-up also interfering with the fitting of the masks.

Ms Charlton stressed the importance of staff ensuring they, their families and patients were protected by ensuring they were properly fitted to the correct mask.

Dr Ruddell advised that, for those members of staff for whom it had proved impossible to fit masks, alternatives were available in terms of a hood apparatus for example.

The Committee **NOTED** the update provided by Ms Charlton in relation to the SAI FIT Testing.

8 **Controlled Drug Licences (AC17/9/20/03)**

Dr Ruddell explained that, every three years, there was a regional renewal of Controlled Drug Licences which permitted the Trust to retain and administer controlled drugs. He advised that the range of drugs available had been extended as well as permitting EMTs to administer certain drugs, for example to those suffering from overdoses. Dr Ruddell also indicated that the range of Controlled Drugs available to the HEMS had also been extended.

Dr Ruddell indicated that EMTs were required to undertake an online training package before being permitted to administer drugs and they could only administer drugs if they were crewed with a paramedic.

The Committee **NOTED** the Controlled Drug Licences.

9 **Clinical Performance Indicators (AC17/9/20/04)**

Dr Ruddell said that he had expressed concern at a previous meeting in relation to the small number of audits being carried out in the context of Covid-19. He indicated that the sample before the meeting focussed on Acute Coronary Syndrome (ACS); Cardiac Arrest; Falls; Hypoglycaemia and Stroke with only two PRFs having been audited in respect of ACS.

Dr Ruddell reminded the meeting that such indicators were useful in terms of identifying trends for the Trust and he welcomed the fact

that the numbers of audits had increased in June/July. He said he very much hoped that, with the recent intake of new Clinical Safety Officers, audits would continue to improve to make the results more meaningful and provide information on the quality of care across the service. Dr Ruddell indicated that the introduction of electronic PRF would also assist in this regard.

The Committee **NOTED** the Clinical Performance Indicators.

10 **Infection Prevention Control – Key Performance Indicators – verbal update**

The Chair explained that, in the context of the recent outbreak at the Craigavon station, he had agreed with Ms Charlton that she would provide an update to the Committee today and that the IPC KPIs would be discussed at the November meeting.

Ms Ruth Finn, IPC Lead Nurse, joined the meeting for this agenda item.

Ms Charlton said that she thought it would be important for members to receive an update given the recent outbreak at Craigavon and the potential risk in terms of the impact on service delivery. She reminded the meeting that the Trust had submitted an Early Alert to the DoH given the potential for media interest.

Ms Finn gave an overview of the current position and outlined the processes followed when a member of staff tested positive. She also explained the definition of an 'outbreak', ie two individuals tested within the same period of time and within the same physicality.

Mr Bloomfield explained that it had been thought prudent to submit an Early Alert to the DoH given the potential for the outbreak at Craigavon Station to be incorrectly linked with the outbreak at Craigavon Hospital.

Ms Charlton said that, whilst it was important for all HSC staff to have downtime following what had been a pressurised number of months, it was also necessary to remind staff of their roles and responsibilities inside and outside of the working environment. To this end, she said, the DoH planned to issue regional correspondence to all HSC staff promoting a public health message.

Ms Charlton acknowledged that the Trust Board and SMT also had a responsibility to ensure that the working environment was conducive to social distancing and the necessary measures put in place. She acknowledged the challenges associated with this, for example the challenges at meal breaks in staff preparing food in small kitchens. Ms Charlton said that the Trust had worked hard to ensure risk assessments were carried out across the NIAS estate. She added that staff were now required to wear masks in the vehicle cabs and this meant that staff were effectively wearing masks throughout their entire shift.

Ms Charlton indicated that, at the outbreak meetings, it had been decided to adopt a proactive approach in terms of encouraging staff to adhere to the protective measures put in place and to avoid risk to patients and service delivery.

Mr Bloomfield said that he would like to take this opportunity to thank Ms Charlton for managing the outbreak so effectively. He alluded to the fact that Ms Finn only joined the Trust in November last year to strengthen the IPC response and commended her on providing such an enhanced level of advice and support to staff during the pandemic.

The Chair echoed these comments and thanked Ms Charlton and Ms Finn for their update.

Ms Finn withdrew from the meeting.

11 **SAI/Incidents – Learning Outcomes and Position**

The Chair welcomed Ms Emma Boylan, SAI Lead, to the meeting.

Ms Charlton emphasised that the focus of SAIs was on learning from and reviewing incidents rather than investigating. She acknowledged that there had been a significant increase in the number of SAIs being reported to the HSCB.

She advised that Ms Keating, Risk Manager, was also very much involved in this area of work in terms of raising awareness throughout the organisation with over 60 members of staff now trained.

Ms Charlton reminded the Committee that, in 2018/19, Internal Audit had identified material gaps in the process for managing SAIs, particularly in relation to the timeliness of the process for reporting and investigation. She explained that, in a subsequent audit in 2019/20, Internal Audit had noted that, while the process for managing SAIs, and in particular the timeliness of the process, had improved, further work was still required

Ms Charlton acknowledged that the Trust was still not reporting a number of incidents on Datix within the agreed timeframes and it was taking considerable time to determine whether those incidents reported on Datix met the definition of SAI for reporting to HSCB. She added that there was also delays in submitting reports as part of the SAI investigation/review process.

Ms Charlton outlined a number of key actions which had been taken, including:

- The appointment of a Director of Quality, Safety & Improvement (November 2019);
- The appointment of a SAI Lead (January 2020);
- Support from the HSC Leadership Centre – Mr Francis Rice and Mr Bryce McMurray (February 2020);
- Support from Divisional frontline staff (June 2020)

Ms Charlton stressed the need to change the culture throughout the organisation and ensure that SAIs were viewed, not as punitive, but as a mechanism to learn and improve the service for others. She acknowledged the importance of frontline staff being involved in the SAI process and acknowledged the value of Ms Boylan's appointment to SAI lead alongside the expertise and experiences of Mr Rice and Mr McMurray which had proved invaluable in the family engagement element of the overall SAI work.

Ms Charlton referred to the renewed focus on SAIs and alluded to the establishment of the Rapid Review Group which met on a weekly basis to consider both SAIs and complaints.

Ms Boylan identified the themes emanating from SAIs – Operations and Control. She advised that recent benchmarking within Control around audit outcomes in relation to accreditation had been positive. Ms Charlton undertook to bring the findings to a future

meeting of the Committee to demonstrate the learning that had been gained.

Ms Boylan explained that a pilot had been established whereby those staff involved in a SAI were provided with an opportunity to debrief. She said that, in some instances, this involved listening to the call taking and acknowledged that this practice was new to the organisation's culture. Ms Boylan stressed the need to ensure that this was carried out sensitively so as to ensure that the debrief was not viewed as a punitive measure but to show that learning could be identified. She said that, while feedback from staff within Control had generally been positive, it should be acknowledged that there were also staff who had found the experience difficult. Ms Boylan emphasised the importance of striking the right balance and believed that the Trust should be striving to demonstrate to families that it had learned from those occasions when it had not provided the optimum services.

Mr Haslett welcomed this update. He said that he had been involved in some elements of the SAI work and appreciated its complexity.

The Chair welcomed the progress which had been made and thanked Ms Charlton and Ms Boylan for their comprehensive update.

Ms Charlton said that she would like to take this opportunity to acknowledge the significant contributions made by Dr Ruddell and Ms Keating.

The Chair thanked Ms Boylan for her attendance and she withdrew from the meeting.

12 **Complaints – Learning Outcomes and Position**

Ms Charlton advised that a recent BSO Internal Audit had confirmed that there had been an improvement in relation to the Trust's management of complaints. She indicated that more complaints had been received in August 2020 than had been received in the same month in the previous two years.

Ms Charlton said that through the weekly Rapid Review Group meeting, it had been possible to identify a number of emerging

trends, eg complaints relating to Covid-19 and issues relating to staff in uniform not wearing masks; complaints relating to delayed responses; complaints relating to individuals being asked to walk to the ambulance when family members believed that this was not appropriate. Ms Charlton added that these trends would be closely monitored and reminded the meeting that SMT had oversight of complaints through the presentation of a weekly report to the SMT meeting.

Continuing, Ms Charlton indicated that the cumulative number of complaints remaining open totalled 117 and she assured the Committee that there was a plan in place to address the complaint backlog. Ms Charlton advised that there was still a number of complaints outstanding from 2018 and 2019 and acknowledged that the challenge for those managing this area of work was the cumulative backlog of complaints. She said that consideration was being given as to how best this might be managed and suggested that it would also be important to consider how best to manage PCS complaints within the PCS review group. Ms Charlton indicated that arrangements were also in place to ensure complaints were investigated by another Division and not the Division in which the complaint had taken place.

Ms Charlton referred to the backlog of complaints, particularly those dating from 2018, and said that consideration should be given to individual contexts to determine whether a response to these complaints at this very late stage would be appropriate.

Ms Charlton said that she hoped members would see a demonstrable improvement in complaints by the November meeting.

The Chair emphasised the importance of complaints and said he welcome an update on the learning that had been derived from complaints. He was of the view that, while the position around SAls was improving, it appeared that complaints were not and he sought Ms Charlton's view on a potential solution.

In response, Ms Charlton acknowledged that, when a complaint was old, it became more difficult to respond to and engage with the complainants when, in some cases, one or two years had passed. She stressed that this did not mean that such complaints did not matter to the Trust and she emphasised the importance of the

circumstances behind each complaint. However, emphasising that no individual should wait such a long time for a response to a complaint, Ms Charlton suggested that, in such cases, it might be easier to engage with the complainant by phone and explain the position.

Ms Charlton said that further work was required around streamlining processes and pathways. She acknowledged that in the context of Covid-19, and the backlog of both SAIs and complaints, staff were understandably feeling under pressure to respond in a timely manner.

Mr Bloomfield said that members would recall the unacceptable Internal Audit finding which led to an extraordinary meeting of the Committee. He assured members that the Trust was examining the arrangements and resources currently in place to ensure the focus remained on learning from both complaints and SAIs in order to improve services going forward.

The Chair thanked Ms Charlton for her update and said he looked forward to receiving an update at the November meeting.

13 **Date of next meeting**

The next meeting of the Safety Committee will take place on Thursday 19 November 2020 at 10am (arrangements to be confirmed).

14 **Any Other Business**

(i) Disability Action Plan

Ms Lemon referred to reporting around the above issue. She reminded the meeting that the Disability Discrimination Act required public authorities to promote positive attitudes towards disabled people and encourage participation by disabled people in public life and said that public authorities were also required to submit Disability Action Plans to the Equality Commission showing how they proposed to fulfil the disability duties relating to their functions.

Ms Lemon said that the Action Plan would identify to what extent the Trust had delivered on this; identify any outstanding actions and how they might roll forward. She indicated that a specific query had

been raised in relation to deaf awareness training. Ms Lemon explained that a report had been provided to the Trust Board last year as part of the overall annual progress report which had advised that, while this training had been partially implemented, some elements of the training would be rolled forward to the following year. She pointed out that this would now be picked up in subsequent plans. Ms Lemon said that she would look at how the Trust reported inequalities as well as a number of other HR issues appropriately through to the newly established People, OD and Finance Committee under the chairmanship of Mr Dennison.

(ii) Clinical Adviser to the Safety Committee

The Chair advised that, going forward, Mr Sowney would provide clinical advice to the Committee.

THIS BEING ALL THE BUSINESS, THE CHAIR DECLARED THE MEETING CLOSED AT 12.25PM.

SIGNED:



DATE:

19 November 2020

ACTION - SAFETY COMMITTEE – 17 SEPTEMBER 2020

		INDIVIDUAL ACTIONING	UPDATE
1	ToR to be circulated to members with view to approving at November meeting	CM	e-mail sent 17/9/20
2	Outcome of benchmarked audit findings in relation to accreditation in Control to be shared with Committee	LC	e-mail sent 13/11/20
3	Complaints report – update on learning derived from complaints to be provided	LC	Listed on agenda 19/11/20 mtg