Northern Ireland Ambulance Service
Health and Social Care Trust

MINUTES OF THE ASSURANCE COMMITTEE HELD AT 10AM ON THURSDAY 11 JUNE 2020 (VIA ZOOM DUE TO COVID-19)

PRESENT:	Mr D Ashford	-	Committee Chair
	Mr W Abraham	-	Non Executive Director
	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
	Mr R Sowney	-	Interim Director of Operations
	Ms K Keating	-	Risk Manager
	Mrs C Mooney	-	Board Secretary
	Mr F Orr	-	Assistant Director, Education, Learning and Development (for agenda item 7 only)
	Ms R Finn	-	IPC Lead Nurse (for agenda item 8 only)

1 Apologies

No apologies were noted.

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 (AC11/6/20/01)

The minutes of the previous meeting on 27 May 2020 were approved on a proposal from Mr Haslett and seconded by Mr Abraham.

4 Matters Arising

4.1 Minutes from Working Groups

The Chair referred to the agenda for the meeting on 12 March 2020 and which had included minutes from various Trust Working Groups/Committees. He said that he would like to discuss the inclusion of such information in future Assurance Committee papers at the workshop to be arranged around the Committee structure.

5 Committee Terms of Reference (AC11/6/20/02)

The revised Committee Terms of Reference were approved on a proposal from Mr Haslett and seconded by Mr Abraham.

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

At the Chair's request, Dr Ruddell introduced this agenda item and explained that the reporting of Early Alerts was the system through which the DoH was notified of any issues which were likely to create significant public interest. He advised that the Policy incorporated

updated guidance received from the DoH around their expectations. Dr Ruddell also referred members to Appendix 1 of the policy which set out the criteria for reporting an incident as an Early Alert.

Mr Abraham referred to paragraph 3.5 of the policy which stated that 'Staff are responsible for making themselves aware of, and adhering to, the content of this policy…' and he suggested that it might be more effective to amend this to read 'SMT is responsible for making staff aware ...' but that staff were responsible for ensuring they adhered to the content of the policy. He was of the view that this was a less bureaucratic approach.

Dr Ruddell pointed out that dissemination of the policy was covered at paragraph 9 including making the policy available on the internet, intranet/SharePoint.

Mr Bloomfield agreed with Mr Abraham's suggestion and Ms Keating agreed to make the necessary changes.

Mr Haslett sought clarification as to what point issues were escalated to the DoH, in particular the Permanent Secretary.

Responding, Mr Bloomfield explained that the Early Alert process allowed the DoH to receive prompt and timely details of events which had the potential to create public interest. He explained that Trust officers met to determine if incidents met the criteria for Early Alerts and, if so, ensure that Early Alerts were submitted to the DoH. Mr Bloomfield cited the example of lengthy turnaround times currently being experienced and said that these were quite often reported to the DoH as Early Alerts.

Mr Haslett queried whether there was a paper follow-up as opposed to a telephone call.

Dr Ruddell referred to paragraph 4.2 of the policy which clarified the process by which the DoH was made aware of any issues. He added that the process followed was that a phone call to the Department is made in the first instance. This is then followed by the submission of a specific template which provided further detail, identifying the DoH representative with whom the initial contact had taken place. He said that there was a possibility that an Early Alert can also be identified as a SAI by the nature of the incident involved.

Mr Ashford queried the requirement that the Trust 'was required to notify the Department promptly (within 48 hours of the event) of any event which has occurred within Trust services…' which met the Early Alert criteria.

Dr Ruddell acknowledged that this was a particular challenge for the Trust and he explained that, in some instances, it could be some time before the Trust became aware of an event which had impacted on the outcome for a patient. He indicated that the requirement in respect of the 48-hour timeframe had been set by the DoH and said that the Trust was continually striving to adhere to this timeframe.

On a proposal from Mr Haslett and seconded by Mr Abraham, the Committee **APPROVED** the Policy for the Reporting of Early Alerts to the Department of Health.

7 **Education and Training Timeline (AC11/6/20/04)**

The Chair welcomed Mr Frank Orr, Assistant Director of HR, Education, Learning and Development, to the meeting.

Mr Orr advised Committee members that some of the education and training programme had been paused due to the pandemic and said that the situation remained fluid. He indicated that, following discussion at SMT, he was currently revising the overall plan.

Mr Orr described the plan in detail to members and explained that the plan covered training relating to paramedics, Associate Ambulance Practitioners (AAP), Ambulance Care Attendants (ACA) and qualified recruits.

He indicated that, as well as pausing training, it had been necessary to cancel all hospital and third-person observation placements. Mr Orr advised that students had been released to return to work on the frontline to assist in the response to the pandemic. He indicated that the Trust had hoped to be in a position to resume training in June and this had been done with AAP programmes. However Ulster University had been reluctant to recommence face-to-face programmes in June, meaning that the paramedic programme would face a longer delay before resumption. Mr Orr said that the Trust had worked with the University to carry out a risk assessment

and identify mitigations/actions with a view to allowing the paramedic course to resume in September.

Mr Orr indicated that the changes in the timelines for the various courses would result in a number of finishing times being pushed back. He cited the example of students on the paramedic course and said that these students would now not graduate until February 2021. Mr Orr cautioned that the timelines identified could change further, dependent on whether there was a resurgence of Covid-19 in the autumn.

Mr Orr took members through the timeline associated with the various courses and indicated that, as a result of Covid-19, arrangements had now been put in place to allow students complete some coursework online.

He explained that, due to the postponement of training, it had been thought that the Trust may have to reduce the number of paramedic courses available. However, he said, consideration was now being given to reducing the number of Emergency Medical Technician (EMT/AAP) courses to facilitate the paramedic training. Mr Orr acknowledged that the period September-December 2020 would be demanding in terms of the numbers of training courses ongoing to attempt to catch up. He indicated that there were 42 EMT students on this course and it was hoped that these students would then graduate in February 2021, thus allowing recruitment for an EMT bridging course in November with a further paramedic course due to commence in February.

With regard to the Associate Ambulance Practitioner (AAP) courses, Mr Orr advised that it had initially been necessary to suspend two of these programmes which had been running concurrently and had involved 38 students. He added that the Training Team had put in place arrangements for distance learning and virtual learning platforms. Mr Orr advised that students were now working in small groups whilst adhering to social distancing requirements with the necessary PPE measures in place and should complete their course in mid-July. However, he said, these students were still required to complete 750 hours practice within the workplace and build up a portfolio of evidence before being deemed to be fully qualified.

Mr Orr pointed out that further AAP courses, originally scheduled to commence in May, would now commence in August and run to January 2020. He added that the intention would then be to follow up with a further two courses.

With regard to the Ambulance Care Attendant (ACA) course, Mr Orr advised that this course was currently underway with a further course planned for November. He added that there was a possibility of running a further course towards the end of the fiscal year.

Referring to qualified recruits, Mr Orr explained that these individuals were already qualified paramedics and EMTs joining NIAS from elsewhere. He indicated that it was necessary for these individuals to undertake a two-week familiarisation course in relation to NIAS protocols and equipment.

The Chair thanked Mr Orr for his detailed presentation and invited any comments/questions from members.

The Chair sought clarification on whether there were any issues from a statutory training, health and safety perspective for example, which, due to the pandemic, it had not been possible to complete.

Mr Orr acknowledged that the revised Training Plan which he was currently writing referred to such issues. He advised that the Training Team worked closely with Ms S Watters, Senior Learning and Development Officer, in relation to mandatory training. Mr Orr said that, due to Covid-19, Ms Watters had advised all staff that the timeframe for completion of mandatory training had been extended to the end of June. He added that there had been an increase on compliance since last year.

Mr Orr indicated that, until now, time had been allowed within post-proficiency training, to facilitate staff to undertake mandatory training. However he said that there had been a move towards encouraging e-learning so as not to use valuable classroom time.

Mr Orr commented that, last year, elements of IPC training had been included to ensure concerns raised by RQIA had been addressed. He added that, in the current year, new equipment had been procured to allow ACAs undertake further patient observations, for example taking temperatures, and the focus had

shifted to ensure ACAs undertook the necessary training associated with this equipment.

Mr Orr acknowledged that there had been an impact on the amount of time Clinical Support Officers (CSOs) had been able to spend face-to-face with crews and the Training Team was exploring various alternatives. He added that, as a result of secondments, CSOs had not been able to appraise as many of the clinical performance indicators as had been planned. However he said that this position would improve as more CSOs took up posts during the summer months.

Mr Nicholson referred to the complexity of the training programme and the numerous elements within the programme. He commended the significant work undertaken by Mr Orr and the Training Team in addressing the many changes which had come about as a result of Covid-19. However he said that it would be important to bear in mind the complexities which arose as a result of training being delayed from one financial year to another.

Mr Abraham commended Mr Orr and his team on their work to date and their efforts to ensure that education and training resumed and more importantly caught up on the time which had been lost due to the pandemic. He said that the plan before the Committee represented the significant disruption to the overall Education and Training Plan and to those students involved. Mr Abraham indicated that, from his perspective as a Non Executive Director, it would be important that the move to the professionalisation of the service continued and he was of the view that this would contribute to the change in organisational culture. He said that, while not a question for today's meeting, he would be interested in how the Trust plans to train future leaders.

The Chair said that he very much endorsed the views expressed by Mr Abraham.

Mr Bloomfield agreed with the points which had been made and said that the work undertaken by the Training Team should not be underestimated in terms of ensuring the programme was back on track whilst taking social distancing requirements into consideration. He said that he would also like to acknowledge the flexibility shown by the students involved. Mr Bloomfield suggested that, while it might have been easier to continue with the suspension of the

training programme in the face of the uncertainties around a further wave of Covid-19, the determination shown by the Training Team to resume training and progress students' education should be highlighted.

Continuing, Mr Bloomfield said that the Trust faced additional operational pressures as services returned to normal as the numbers of calls and patients requiring ambulance services increased. He added that staff would also require leave in the coming months and said that there had been collaborative work between Training and Operations in this regard.

Mr Bloomfield referred to Mr Abraham's comment in relation to training for future leaders and indicated that this was integral and key to the work currently being taken forward within the Education and Training Plan in terms of the continuing professionalisation of the workforce. He cited the example of a Leadership Development Programme provided by the Royal College of Nursing for frontline managers which had been put in place by Mr Sowney. Mr Bloomfield said that, while he welcomed such programmes, he acknowledged that further work was required in this regard.

Mr Haslett echoed the comments made by colleagues in relation to the work being undertaken by the Training Team and he commended Mr Orr on his summation of a complex training timeline.

Mr Haslett referred to the CRM and noted that this was dependent on increased numbers of trained paramedics. He sought further clarification on how the suspension/resumption of the training programme might impact on this as well as the impact on the availability of funding.

Mr Bloomfield indicated that there were also linkages to the work being progressed by Ms O'Hara in relation to strategic workforce planning.

Mr McNeill said that, for the purposes of the business case, the Trust had identified the number of staff to be trained as set out within the ORH report. He added that this also included the backfill to support that. Mr McNeill acknowledged that, if the training plan, as presented by Mr Orr, came to fruition over the five-year period, it would deliver on the numbers required for the CRM programme.

However he further acknowledged that it would not cover the totality of what the Trust required and that there would continue to be vacancies as a consequence of staff leaving the organisation.

Mr Orr reminded the meeting that, where courses were suspended, staff had been redeployed to frontline duties, including many of the training team who had taken on various roles to help deal with the pandemic. He added that he had been in discussions with DoH colleagues in relation to leadership training and said that the Trust had been offered a number of places on a professional leadership programme for AHPs. Mr Orr advised that he would be working with the new Assistant Director of Paramedicine to help progress this when he took up post.

Continuing, Mr Orr said that he very much recognised the impact on students and acknowledged that, having to stand down students from courses, undoubtedly had a significant impact. He said that the Training Team faced further challenges in terms of the number of courses which would have to be progressed concurrently as well as accommodation challenges as a result of implementing social distancing requirements.

The Committee **NOTED** the Education and Training Timeline 2020-21.

The Chair thanked Mr Orr for his attendance and he withdrew from the meeting.

8 **Infection Prevention Control – Key Performance Indicators**

The Chair welcomed Ms Ruth Finn, IPC Lead Nurse, to the meeting for discussion on this agenda item.

By way of introduction, Ms Charlton explained that the Trust was required to share IPC KPIs with the Assurance Committee and said that she would be keen to see this as a standing agenda item.

She said that vehicle deep cleaning compliance with the Trust standard of two deep cleans per vehicle per month had ranged between 84% and 95% from October 2019 and advised the group that there had been variance between Divisions due to geographical challenges.

Ms Charlton advised of the recruitment of additional cleansing operatives at the outset of Covid-19. She said that, with the appointment of these additional staff, it had been possible to locate cleansing operatives at EDs to undertake vehicle cleaning as crews handed over patients at EDs.

Ms Charlton referred to the requirement for 85% of vehicles to be audited every month and said this requirement was used by other ambulance services in the UK. She advised that the Trust had exceeded the compliance rate during the summer months of 2019 and, since October 2019 had achieved 84-90%, except for March when compliance had reduced to 63% as, due to Covid-19, it had been decided to stand down vehicle audits in March/April with a view to reinstating these in May.

In relation to the vehicle cleanliness audit, Ms Charlton referred to the compliance standard of 90%. She advised that, while the focus was understandably on cleanliness and IPC risks, it was also about the public's 'confidence' in the service, ie whether there were marks on the interior/exterior of the vehicle. Ms Charlton identified the percentage OF vehicles achieving this compliance whilst referring to the main areas of improvement being the cleanliness of the floors and exterior of the vehicles.

She acknowledged that maintaining the exterior cleanliness of vehicles was extremely challenging during the winter months and said that she intended to discuss this KPI with national colleagues to determine a consistent approach.

Ms Charlton pointed out that a further KPI related to 100% of stations being audited each month and said that, during Covid-19, it had not been possible to do so. However, she said that, with the appointment of permanent Station Supervisors, the aim would be to ensure that 100% of stations were audited each month.

In relation to IPC3, Ms Charlton advised that the Trust aimed to achieve 85% compliance. She acknowledged that there had been a reduction in January and said that it was important to understand the reasons behind the reduction and to review the areas for improvement. Ms Charlton further acknowledged that the Trust had an aged estate and on some occasions the physical infrastructure and fabric of the buildings had made it difficult to achieve a greater compliance.

Ms Charlton advised that there had been challenges with sluice facilities and said that Ms Finn was working with Estates colleagues to determine what improvements could be made. However, she said that this work had not progressed as much as had been hoped over the last few months.

Ms Charlton reminded the Committee that RQIA had lifted its improvement notice and said that it would be necessary to continue to undertake monitoring and provide training in line with the Trust IPC Education and Training Strategy.

Ms Charlton provided the data relating to IPC Level 1 training for non-clinical staff and explained that the compliance standard was 90% compliance with successful completion of Level 1 e-learning every three years from April 2019 – March 2020, 123 staff had completed this training which reflected 50% compliance in year one with the remainder of the eligible staff to complete within the next two years.

In relation to Level 2 e-learning, Ms Charlton advised that 614 staff providing direct care (51%) had completed the Level 2 e-learning from August 2019 – April 2020 with the remainder of staff required to complete this training by August 2021.

Reinforcing the importance of good hand hygiene, Ms Charlton advised that hand hygiene audits had been undertaken at stations and EDs. She acknowledged that, where 90% compliance had not been achieved, the opportunity had been taken to discuss the observational findings with staff and raise awareness of areas for improvement. She added that audit scores had improved in the context of Covid-19. Ms Charlton indicated that the Trust was only one of three ambulance Trusts not monitoring 'bare below the elbow' (BBE) hygiene and she advised that it had been the Trust's intention to progress this prior to Covid-19 and that these plans would be progressed moving forward.

Ms Charlton indicated that the hand hygiene audits carried out by CSOs in vehicles had not been reflected in the data shared with Assurance Committee and said that these tended to be higher. She said that it would be important to understand the tools being used to ensure they were consistent and said that work was being taken forward with CSO colleagues in this regard.

Referring to aseptic non-touch technique, Ms Charlton reported that 277 staff had been trained with compliance nearing 100%. She indicated that it would be important to put arrangements in place to observe such techniques in clinical practice as well as a competency-based assessment in the classroom.

The Chair thanked Ms Charlton for her presentation and, on behalf of Non Executive Directors, commended the significant work which had been undertaken to achieve such positive outcomes in terms of the RQIA Improvement Notice being lifted. He commented that, while still presenting challenges for the Trust, IPC was now not as significant a risk as it had been a few years previously.

Mr Haslett echoed the Chair's comments and expressed surprise at the hand hygiene audit results. He queried whether this had been as a result of a lack of sanitisers.

In response, Ms Finn advised that each member of staff had been allocated a personal hand sanitiser and said that if a staff member did not have this at the time of the audit, they had been marked down. She explained that, while some staff used the hand sanitiser in the back of the vehicle, the audit tool marked down if an individual staff member did not have personal hand sanitiser on their person. Ms Finn said it was intended to place renewed focus on this over the summer months.

Ms Charlton advised the Committee that the Trust had also procured fob watches which meant that staff would not have to wear wrist watches. She said that this would contribute towards the roll out of the BBE programme and it was hoped that this would be well received by staff.

Mr Bloomfield reminded the meeting that he had taken up post as Chief Executive shortly after the Trust had been put in 'special measures'. He believed that the lifting of the improvement notice had clearly demonstrated the significant amount of work and determination which had resulted in the Trust meeting the minimum compliance required to satisfy RQIA. Mr Bloomfield acknowledged that it would be important to ensure momentum was maintained and expressed his confidence that this would now be the case.

The Committee **NOTED** the update on the IPC KPIs. The Chair thanked Ms Charlton and Ms Finn for their contribution. Ms Finn withdrew from the meeting.

9 **Directorate Risk Register/Assurance Framework – Human Resources & Corporate Services (AC11/6/20/05)**

Ms Lemon advised the meeting that the organisational restructuring currently underway would have an impact on the Human Resources & Corporate Services Risk Register as a number of functions were transferring to the responsibility of other Directors and this would affect the risk carried. She added that Covid-19 had also placed additional risks on all Directorates.

Ms Lemon said that members would be aware of the lack of dedicated resources within the HR Directorate. She added that the HR Review had been impacted significantly by Covid-19 and, as a result, this had only served to exacerbate and further highlight risks within the Directorate around capacity and the need for an effective model. Ms Lemon indicated that there was significant work to be taken forward around the Trust's response to Covid-19 and, while this had involved redeploying a number of HR staff, there were a number of core functions which still had to be progressed, for example, Payroll.

Ms Lemon explained that responsibility for sickness absence was shared corporately but added that there was a dedicated HR resource to support this area of work. She reminded members that a workshop had been held in March to consider a new model to deal with attendance management. She said that understanding the reasons why staff were unable to come to work and how staffing levels had been impacted upon by Covid-19 had been incorporated into the HR Recovery Plan.

Ms Lemon referred to the key functions within the Corporate Plan around health and wellbeing and was of the view that there were potential risks to its delivery. She referred to the significant work which had been done around staff health and wellbeing and acknowledged that there was still further work to be done in this regard.

Referring to the HR structure, Ms Lemon said that this was reflective of what members had seen within the AACE

Benchmarking Report in terms of the risk to the health and wellbeing of staff within the HR Directorate.

She advised that the HR Directorate was currently expected to deliver a wide range of functions with a small group of permanent staff. She reminded members that the HR review would map these functions, assessing what the resources were against the identified needs and develop a model for HR functions into the future. Ms Lemon suggested that, at a future meeting, members might find it helpful to receive a presentation on what the HR Directorate functions would look like whilst taking account of what was required.

Ms Lemon acknowledged the significant challenges across the organisation. She cited the example of an organisational development function and said that this would be where one would expect the culture work to be progressed. However the Trust did not have dedicated staffing identified against this function.

In relation to the Assurance Framework, Ms Lemon acknowledged that further work was required in this regard.

The Chair sought clarification on why the risk relating to a ballot around industrial action had remained on the HR Risk Register.

Responding, Ms Lemon clarified that there were a few outstanding issues to be worked through at regional level and could not be removed from the Register until it had been fully resolved.

The Chair referred to the new Committee to be established and which would consider issues around finance, performance and HR and he queried whether the Register would be presented at that Committee into the future.

Mr Bloomfield explained that the Assurance Committee considered Directorate Risk Registers on a rotational basis. However he acknowledged that it would be important to consider the best forum for consideration of Risk Registers in light of the establishment of the new Committee. He referred to the workshop on Committee structures to be arranged and suggested that such issues could be discussed within that forum.

Mr Haslett commented that seven of the risks identified within the HR Risk Register were Covid-19 related and accepted that this was

to be expected at this time. However, he acknowledged that the significant challenges facing the Trust became very clear when one read the HR Risk Register and was of the view that these challenges applied across the health and social care sector.

Members **NOTED** the HR Risk Register and Assurance Framework briefing.

10 **Date of next meeting**

The next meeting of the Assurance Committee will take place on Thursday 17 September 2020 at 10am (arrangements to be confirmed).

11 **Any Other Business**

There were no items of Any Other Business.

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

SIGNED: _____

DATE: _____**27 July 2020** _____

ACTION - ASSURANCE COMMITTEE –11 JUNE 2020

		INDIVIDUAL ACTIONING	UPDATE
1	**Minutes of working groups –** consideration to be given to inclusion of minutes from working groups	M Bloomfield	To be discussed at Committee workshop
2	**Policy for the reporting of Early Alerts** – change to be made to para 3.5 to make it clear that 'SMT is responsible for making staff aware...' while emphasising that staff are responsible for adhering to the policy	K Keating	Completed
3	**Education and Training Timeline 2020-21** – members to be provided with detail on how the Trust plans to train future leaders	NR	
4	**HR Directorate –** further discussion at a future meeting in relation to functions within Directorate v what it is to deliver	ML	
5	**Committee structure workshop** – consideration to be given to where best to review Directorate Risk Registers within Committee structure	MB	To be discussed at Committee workshop