



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

**PRESENT:** Mr D Ashford - Committee Chair  
Mr T Haslett - Non Executive Director (left the meeting at 12 noon)  
Mr W Abraham - Non Executive Director

**IN**

**ATTENDANCE:** Mr M Bloomfield - Chief Executive  
Ms R Byrne - Director of Operations  
Ms L Charlton - Director of Quality, Safety & Improvement  
Ms M Lemon - Interim Director of Human Resources  
Mr B McNeill - Programme Director - CRM  
Mr P Nicholson - Interim Director of Finance  
Ms M Paterson - Director of Planning, Performance & Corporate Services (left the meeting at 11.30am)  
Dr N Ruddell - Medical Director  
Ms K Keating - Risk Manager  
Ms N Lappin - Trust Chair  
Mr R Sowney - Clinical Adviser  
Mrs C Mooney - Board Secretary  
Ms R McNamara - Assistant Director Control & Communications, EAC (for agenda item 6 only)  
Mr F Rafferty - EAC Continuous Development Manager (for agenda item 6 only)  
Mr N Sinclair - Assistant Clinical Director (for agenda item 7 only)

**APOLOGIES:** Ms R O'Hara - Programme Director – Strategic Workforce Planning  
Ms A Quirk - Boardroom Apprentice

## **1 Apologies & Opening Remarks**

Apologies were noted from Ms O'Hara and Ms Quirk.

The Chair welcomed Mr Robert Sowney in his role as Senior Clinical Adviser to the Committee and Ms Lappin who would be observing the Committee.

## **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 (SC19/11/20/01)**

The minutes of the previous meeting on 17 September 2020 were **APPROVED** on a proposal from Mr Haslett and seconded by Mr Abraham.

## **4 Matters Arising (SC19/11/20/03)**

The Chair referred members to the action list and confirmed that Matters Arising had been dealt with or would appear on the agenda.

## **5 Committee Terms of Reference (SC19/11/20/03)**

The Chair advised that it would be his intention to revisit the Terms of Reference in six months' time to determine if any further changes were required.

Mr Abraham referred to 7.1 and suggested a minor amendment to ensure greater clarity. He also sought clarification around the report to be submitted to the Trust Board.

The Chair explained that a summary report would be prepared by the Board Secretary to allow him bring the salient points of business transacted at the Committee to the attention of the Board. He confirmed that the reference to 'at any point...' allowed him to advise the Trust Chair and members of any issues in-between meetings.

Mr Sowney suggested that the quorum should be clarified as 'two Non-Executive Directors...' and he referred to the need to ensure a balance between Non-Executive Directors and Executive Directors at meetings.

Mr Nicholson pointed out that the quorum was similar across all Committees' Terms of Reference.

Subject to the suggested amendments being made, the Committee **APPROVED** the Terms of Reference.

## 6 **NIAS Cat 1 Improvement Project (SC19/11/20/04)**

The Chair welcomed Ms Ruth McNamara, Assistant Director Control & Communications, EAC, and Mr F Rafferty, EAC Continuous Development Manager, to the meeting.

Mr Rafferty took members through the detail of the work around the Cat 1 Improvement Project being taken forward across Directorates. He highlighted the methodology and approach adopted and acknowledged that, while there had been significant improvements across a number of measures in May and June, July to September had shown a deteriorated position. Mr Rafferty accepted that the variation could be resource related and said that further work was needed in relation to the potential correlation to help further understanding and to put the necessary mitigations in place.

Responding to a question from the Chair in relation to the prediction timing, Mr Rafferty clarified that the start time referred to when the call was answered, plus 90 seconds, and said that the aim would be to get the emergency response on the road while predicting the

nature of the call. He indicated that the percentage of Cat 1 prediction had generally been comparable to other ambulance services. Mr Rafferty emphasised that, when the call was predicted accurately, response times were better.

Continuing, he advised that the call answering improvement initiative had commenced in April and had demonstrated improvement. However, Mr Rafferty said there had now been some variation in call answering with the mean now eight seconds and he added that efforts were being made to reduce this further.

Ms Charlton acknowledged that the presentation did not show the 90<sup>th</sup> centile which would give members a sense of the range involved. She said that this also looked at the longest calls as well as the percentage in terms of the Trust answering calls within five seconds.

Referring to the longest calls, Mr Rafferty explained that the Trust also received this information from BT which provided daily reports on the longest calls.

In terms of despatching a response where it had not been possible to predict a Category 1 call, Mr Rafferty advised that the aim was to despatch the right ambulance to the right patient. He reported that, in April the allocation time had been 3m 48secs but that this had now increased to 10m 54secs and added that performance had deteriorated since July in particular as a result of the number of upgraded calls. Mr Rafferty explained that 'upgraded' calls referred to those calls which had initially been categorised as a Cat 3 or 4 and had not been assigned an emergency response due to demand. He said that the caller would phone back to report a deterioration in condition and the call would subsequently be upgraded.

Mr Rafferty added that spikes in demand and duplicate calls had increased the number of calls received and said that work was underway to determine how to address this and get a better understanding. Ms Charlton indicated that every call of this nature was examined in detail. She pointed out that approximately one third of Cat 3 calls were upgraded to Cat 1 calls and acknowledged that this was a concern for the Trust.

Referring to allocation to mobile, Mr Rafferty reported that there was a variation between the times when crews accepted the call, ie pushed the button, and the vehicle became mobile. He said that some of these delays could be attributed to crews donning PPE after accepting the call.

The Chair thanked Mr Rafferty for his presentation and invited questions/comments from members.

Mr Haslett commended Mr Rafferty on his presentation and believed that the detail clearly demonstrated the work being carried out.

Responding to a question from Mr Abraham around increasing call times, Ms McNamara acknowledged that, while there were many factors at play, the donning of PPE before crews left the station had impacted significantly on response times. She explained that, in her view, it was more beneficial for crews to don PPE in advance of arrival on scene.

Ms McNamara also alluded to turnaround times and said that these had a significant impact on the Trust's ability to respond to calls.

She reminded the meeting that the Trust had implemented the new codeset approximately one year ago and had accepted the risk of introducing the new model without resources to match the demand patterns. Ms McNamara said that the Trust had not yet secured the additional resources needed to make the improvements.

However, she acknowledged that, despite the challenges presented by the pandemic and increased absences due to sickness and Covid-19 absences, the Trust had performed well.

Ms McNamara pointed out that the improvement programme not only considered every element of the call cycle but would also examine operational elements.

Ms Byrne alluded to the earlier references to turnaround times and advised that, as part of the 'No More Silos' work, she had been asked to draft a set of core standards expected during handover and turnaround times. She said that one of the standards she had included was the recommendation that Trusts should have arrangements in place to facilitate the immediate release of crews to

respond to Cat 1 calls. Ms Byrne said that Mr Bloomfield then wrote to Trust Chief Executives bringing this recommendation to their attention.

Mr McNeill explained that the CRM project objectives set a target of achieving 50% capture rate in the first year and said that 56.8% had been achieved. He said that this was a testament to the leadership of both Ms McNamara and Mr Rafferty and the professionalism of the call takers.

Mr Rafferty was of the view that the current codeset had contributed towards an improved position and believed that the old codeset would have struggled to identify the sickest and most critical patients.

Mr Sowney referred to the next steps and sought clarification around the timescales. He acknowledged that the most significant challenges facing the Trust were despatching crews and ensuring rotas were covered as well as addressing ambulance turnaround times. However, he said the Committee was cognisant of the fact that the actions would take some time to embed because of the current pressures.

The Chair acknowledged the challenges and said that, when introducing the new codeset, the Trust had recognised the need for it to be properly resourced.

The Chair thanked Mr Rafferty and Ms McNamara for their attendance and they withdrew from the meeting.

## **7 Development of enhanced clinical and professional leadership in NIAS (SC19/11/20/05)**

The Chair welcomed Mr Neil Sinclair, Assistant Clinical Director, Medical Directorate, to the meeting.

By way of a presentation, Mr Sinclair updated the meeting on how he hoped to develop enhanced clinical and professional leadership in the Trust and which would, over time, strengthen governance arrangements within NIAS.

Mr Sowney was of the view that a significant challenge moving forward in terms of the vision set out by Mr Sinclair was around the Trust improving fundamental basic elements in order to have a strong foundation on which to launch the clinical development leadership framework and acknowledged that a change in culture was also required. Mr Sowney alluded to the shift from a training schedule to academic education and learning and said that this represented a significant difference in the approach to training and education. He said that work was needed around the development of an open and questioning learning culture, supportive mentorships and standardising the learning environment.

Mr Sowney referred to the recruitment of paramedics over the next number of years and acknowledged that, whilst the majority of recruits would come from within NI, there were a number of paramedics wishing to return to NI from other ambulance services. He said that cognisance would have to be taken of the difference in education programmes and the Newly Qualified Paramedic (NQP) programmes and work undertaken to prepare the environment to encourage paramedics to join NIAS.

Ms Lemon said that she agreed with the points made by Mr Sowney. She referred to the Corporate Risk Register which identified a risk around organisational culture and emphasised that this was not solely a HR issue. Ms Lemon indicated the work required around culture also extended to the leadership culture required to enable the environmental and professional standards.

Ms Lemon said that Mr Sinclair's presentation had referred to psychological safety and was of the view that this was central to the wellbeing work being progressed by the Trust.

Mr Sinclair emphasised that cultural change was everyone's responsibility and said that, while other elements were important, he would continue to reinforce the need for high quality pre-hospital clinical care which, in his experience, improved the culture of an organisation.

Responding to a question from the Chair as to his confidence in being able to achieve this, Mr Sinclair alluded to the need for the six-year education plan to be in place. He emphasised that every clinician need to have a core set of competencies and mandatory training to ensure the basics were in place and then built upon. Mr

Sinclair said that Mr Sowney had made a very valid point re external recruitment and said that he welcomed recruits from other services.

The Chair thanked Mr Sinclair for his presentation and he withdrew from the meeting.

## 8 **Regional Trauma Bypass Protocol (SC19/11/20/006)**

Dr Ruddell referred to the Regional Trauma Bypass Protocol had been implemented on 26 October 2020 and explained that the protocol would mean that ambulances within 45 minutes' drive from Belfast would go directly to the RVH with those patients who met the criteria for serious trauma. He said that the aim was to improve the outcomes for patients and said that, while the staff interventions would not change, the decision making process would in terms of conveyance.

However, he pointed out that there were a number of caveats to the protocol, namely those patients with cardiac arrest or uncontrolled bleeding would be taken to the nearest ED.

Dr Ruddell said that the protocol now brought NI into line with the rest of the UK and would be subject to regional review. He advised that the protocol was reviewed on a daily basis during its first week of implementation in terms of whether patients had been brought inappropriately to the RVH or to local EDs and added that performance had been positive.

He indicated that the RVH appeared to be coping with the additional patients and crews were making appropriate decisions with regard to the clinical pathway. He referred members to the protocol which had been agreed by all Trusts and listed participating EDs.

Responding to a question from Mr Haslett, Dr Ruddell explained that the Glasgow Coma Score was a method of measuring an individual's consciousness level between 3 – 15 and said that the lower the score, the more unconscious an individual.

Mr Sowney sought clarification around onward conveyancing of a patient with serious trauma from a local ED should the condition of the patient deteriorate.



Dr Ruddell explained that the peripheral hospital would utilise the call and send protocol to arrange for rapid transfer to definitive care.

Mr Bloomfield advised that the introduction of the bypass protocol completed the roll-out of the Regional Trauma Network envisaged and announced five years previously. He added that HEMS was a key part of that service and the operationalisation of the helipad at the start of the year had been another key milestone in this journey. Mr Bloomfield commended all involved in this work.

The Committee **NOTED** the Regional Trauma Bypass Protocol.

9 **RQIA Safeguarding Quality Improvement Plan – update on progress (SC19/11/20/07)**

The Chair welcomed Mr Conor McCracken, Graduate Management Trainee, to the meeting.

By means of a presentation, Ms Charlton and Mr McCracken updated the Committee with a progress update in relation to the RQIA Safeguarding Quality Improvement Plan.

Mr Abraham referred to the importance of safeguarding and welcomed the focus on it.

Mr Bloomfield acknowledged that the area of safeguarding had been identified as a risk for the Trust and said that the work taken forward by Ms Charlton strengthened the arrangements in place within the Trust. He commended Mr McCracken on his work in this area.

Ms Charlton said that, while the update paper clearly showed the progress which had been made to-date, further work was required around the development of policy and ensuring the necessary processes were in place as well as work around articulating pathways for referrals. She indicated that there was a requirement to provide the Board with a position report on a regular basis and said that work was ongoing in this regard. Ms Charlton said that every organisation should have an adult safeguarding champion and added that, when appointed, the Head of Safeguarding would assume this role and she emphasised the critical nature of this post.

Mr Bloomfield referred to the significant progress which had been made and acknowledged that, although there were issues yet to be progressed, there was a plan in place to do so.

Mr Sowney said that the progress made was hugely encouraging and that this in itself would create further work to be taken forward, for example plans around updating staff and providing training to staff to recognise various types of abuse.

Ms Charlton indicated that in the absence of a Head of Safeguarding post in the organisation having a dedicated resource in the form of Mr James Marshall, a Leadership Centre Associate, had assisted the Trust greatly in this work.

Ms Lemon welcomed the progress which had been made and acknowledged the specialist knowledge provided by Mr Marshall. She reiterated the fact that the Head of Safeguarding would be a critical post within the Trust.

Mr Ashford sought clarification on when RQIA might seek a progress report on the actions to be taken by the Trust.

Responding, Ms Charlton explained that she had spoken to RQIA to provide an update and said that RQIA had acknowledged the progress made by the Trust and did not require the Trust to provide a written update.

She said that, in terms of examining the progress which had been made, she would expect RQIA to want to speak to staff on the ground in relation to their awareness around roles and responsibilities and what Trust governance arrangements were in place. She acknowledged that further work was needed around statutory requirements.

The Committee **NOTED** the update on progress in relation to the RQIA Safeguarding Quality Improvement Plan.

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

10 **Risk Management Progress Report including Corporate Risk Register (SC19/11/20/08)**

Ms Paterson took members through the detail of the Risk Management Progress Report including the Corporate Risk Register. She explained that the Senior Management Team provided assurance that the risks were being appropriately managed and mitigated and that any issues would be brought to the Committee's attention.

She drew members' attention to the Corporate Risk Register which articulated the risks by owner and aligned them to strategic key outcome as well as categorising them into low, medium, high and extreme.

Referring to page 3 of the report, Ms Paterson advised that there were 137 risks in total. She thanked Ms Keating for the additional work she had carried out around 'ageing' the risks by Directorate and drew the Committee's attention to the fact that, while a number of risks were old, the mitigations employed and the treatment may be sufficient to manage that risk in the long-term.

It was noted that Internal Audit had made recommendations in regards to additional risk treatments that were evidenced but not recorded in the Register; this gap would have to be addressed.

Ms Paterson also highlighted that the Trust's risk appetite required development and said that risk appetite could assist in effective risk management by ensuring that if a risk had been 'treated' appropriately and the Trust achieved their 'target' score, ie a decision had been made to tolerate the risk, then Trust Board could be assured that all mitigation had been employed.

Ms Paterson commented that the Corporate Risk Register contained a significant amount of information with the aim of supporting the Committee to interrogate it in a number of ways. She added that this would evolve over time.

Mr Haslett referred to the risk around EU Exit. He commented that, in his experience with other organisations, EU Exit had been designated as an extreme risk but he acknowledged the variation in approach.

Ms Lemon drew the Committee's attention to the inclusion of a risk around organisation culture. She said that this reflected discussion at Board and Committee meetings, for example, around the results of the staff survey as well as 'culture mapping' behaviours such as bullying and inappropriate leadership styles. She pointed out that the cultural assessment tool had been disseminated to staff and would close in the coming days. Ms Lemon said that it was important to reflect the culture of the organisation on the Risk Register given the feedback from the staff survey and the recognition of the need to address cultural issues.

The Chair referred to the Internal Audit Risk Management report and commended all involved on the satisfactory level of assurance received. He alluded to the findings in relation to risk management and questioned whether risk management should be managed within the Safety Committee or the Audit Committee.

Ms Paterson outlined how the Trust intended to address the recommendations. She emphasised the importance of ensuring that the Risk Register complemented the Assurance Framework and fitted within the overall framework of governance and risk management. Ms Paterson advised that it was intended that this would be addressed by early next financial year.

She said that the development of the Risk Management Progress Report had addressed the risk of reporting and highlighting emerging risks to the Committee.

Referring to the recommendation around risk appetite and the fact that the scores were not necessarily in line with the organisational position, Ms Keating advised that she had asked for this issue to be discussed at the regional governance leads meeting in December with a view to developing a regional and consistent risk matrix. She undertook to keep members updated.

Mr Haslett sought clarification on how the Trust intended to encourage staff to complete e-learning.

In response, Ms Keating explained that the e-learning package had been designed to appeal to all staff to 'raise a risk'. She added that SMT had also approved the ability for staff to avail of overtime in order to complete the online assessments and said that this had contributed greatly to the current 61% completion rate. Ms Keating

indicated that she would continue to liaise with SMT as to how further improvements could be made.

The Chair emphasised the importance of the management of risk and commended all involved on the improvements which had been made.

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

#### 11 **Adverse Incident Report (SC19/11/20/09)**

Dr Ruddell explained that the manner in which an organisation managed and learned from adverse incidents was one of the key markers of success in relation to risk management, corporate and clinical and social care governance standards. He drew members' attention to the report which provided an overview of adverse incidents and the associated learning. Dr Ruddell also referred to the new format of the report which included narrative and he thanked Ms Keating for her input in this regard.

The Chair welcomed the new format and said that the narrative assisted in better understanding the report.

Mr Sowney referred to Corpuls (medical monitoring system) and the failure of the transmission of the electrocardiogram (ECG) to the primary Percutaneous Coronary Intervention (PCI) centre. He sought clarification on the expectation of the crew if they suspected ST-Elevation Myocardial Infarction (STEMI - a serious type of heart attack) and there was a failure to transmit.

Responding, Dr Ruddell indicated that, if the ECG showed confirmed myocardial infarction, the crew would convey the patient to the nearest catheterisation laboratory (cath lab). However, he said, if for some technical reason, there was a failure to transmit an obvious STEMI, eg as a result of lack of mobile coverage, the crew would convey the patient to the ED of the nearest cath lab hospital while attempting to re-transmit en route. Dr Ruddell reminded the meeting that the Trust was installing WiFi hubs in all vehicles as well as linking the Corpuls to the new hand-held devices being issued to all staff and he said that this would result in a much more robust transmission service.

Mr Sowney referred to the Trust's intention to recruit a permanent pharmacist post and asked how this was progressing.

Dr Ruddell confirmed that the banding for the post had recently been agreed and the post would now be issued for recruitment.

Mr Haslett referred to the fact that crews carried carbon monoxide monitors and asked for further details on their use.

Dr Ruddell explained that, on a number of occasions, crews had unknowingly gone into situations where carbon monoxide had been present and the monitors had alerted them to the fact. He said it was his understanding that NIAS was the only ambulance Trust in the UK to have issued monitors to staff.

The Committee **NOTED** the Adverse Incidents report.

## 12 **Board Assurance Framework (SC19/11/20/10)**

At the Chair's invitation and in Ms Paterson's absence, Ms Keating explained that the Board Assurance Framework had been updated against the Corporate Strategy and Plan as well as carrying out some assurance mapping exercises with Directors and other Trust staff.

She pointed out that the Framework remained a working draft and asked whether the Committee was content with this approach. Ms Keating explained that there had been some discussions in relation to the revised format using the lines of defence model and she advised that this particular model was used by the IHRD enquiry as well as complementing the Dear Accounting Officer correspondence and Treasury guidance.

She further pointed out that the current format allowed Non-Executive Directors to interrogate the detail and seek assurances in relation to the various lines of defence.

Ms Keating acknowledged that there was a number of gaps around the first line of defence and in relation to improvement actions and said that these would be addressed. She added that work would also be progressed in identifying further qualitative and measureable data to provide assurance that the Trust was responding appropriately.

The Chair said it was his view that the three lines of defence approach was becoming more widely used. He suggested that it might be helpful to revisit some of the narrative used in the Framework. He asked if Ms Keating was content that the Framework accurately reflected the new Strategy.

Responding, Ms Keating explained that each key objective should flow through in terms of clarifying the various lines of defence as well as identifying any gaps and improvement actions. However, she acknowledged that the Framework before the Committee was a working draft and further refinement would be necessary.

The Chair alluded to the fact that there was a number of references to the Health and Social Care Board (HSCB) within the Framework and sought clarification on the position when the HSCB closed.

Mr Bloomfield explained that many of the functions currently led by the HSCB would transfer to the DoH.

Ms Charlton advised that, as the Trust's processes around governance and assurance developed, members would see more information within the Assurance Framework for example. She drew members' attention to a number of gaps and suggested that the lack of information reflected the need to progress governance and assurance processes at station and Division level.

Mr Bloomfield was of the view that the Assurance Framework was very much an iterative process as the Trust should always be striving to identify and manage risk. He welcomed any feedback from Non-Executive Directors as a means of ensuring the appropriate level of assurance was provided.

The Chair suggested that it would be important to consider the Assurance Framework in detail and suggested that this might be done at a workshop.

The Committee **NOTED** the Board Assurance Framework.

### 13 **SAI/Incidents – Learning Outcomes and Position (SC19/11/20/11)**

Ms Charlton drew members' attention to the paper which provided members with an update on the Serious Adverse Incident (SAI) position and Learning outcomes. She explained that she had based the format of the paper on the HSC Board Members Handbook Board Prompts or Safety Checks.

She said that she hoped the paper demonstrated the number of initiatives underway within the Trust to improve awareness of reporting and added that this had resulted in an increase in SAIs.

Ms Charlton reminded members of the Internal Audit report and said that, while improvements had been made in relation to SAIs being reported within 72 hours, the Trust had not yet achieved this. She acknowledged that, although the implementation of the Electronic Patient Record Form (EPRF) would go some way to help in the reporting of a SAI within 72 hours, further work would be required in this regard. She indicated that there was a number of considerations to be taken into account as a team to determine whether an incident met the SAI criteria.

Ms Charlton advised that the report showed an improved position in relation to outstanding SAIs and said that the HSCB had been impressed with the progress shown to date. However she also referred to the complexity of a number of longstanding SAIs which involved more than one organisation.

Ms Charlton indicated that the review of SAIs could prove difficult for staff. She said that the approach adopted by the Trust was to involve staff in reviews, where necessary, and to provide a debrief in a supportive manner. She recognised that the management and review of SAIs did require a change in culture and said that the majority of staff had welcomed the work being done in this regard.

Continuing, Ms Charlton said that she was examining how best to bring SAIs to the attention of the Trust Board and pointed out that this had been a recommendation arising from the Inquiry into Hyponatraemia Related Deaths (IHRD).

She indicated that two policies which would be adopted for use within NIAS, namely 'Supporting Staff in Complaints, Claims and Coroner's Cases' and 'Being Open', would be published by early New Year.



The Chair welcomed the layout of the paper and thought it was particularly helpful to use the questions from the Board Members Handbook as the basis for the report.

Mr Sowney commented that one way of reducing SAIs was ensuring the learning was rolled out to Operations staff and he acknowledged the challenge in doing so. He asked whether there was any further support the Trust Board could provide.

Ms Charlton emphasised that the key to identifying, reviewing and responding to SAIs was to ensure that any learning was disseminated throughout the organisation and lessons learned, embedded and reflected in practice. She referred to pages 4-5 of the paper which set out identified themes arising from SAIs, how these were fed back into the organisation and the actions taken as a result. Ms Charlton referred to a number of themes which had been identified around Control and Operations.

Continuing, Ms Charlton advised that Mr Sinclair, Assistant Clinical Director, had suggested a number of innovative ways to ensure clinical feedback was provided. She said it was important to make staff feel safe to be involved in the SAI process which should be open and transparent. Ms Charlton stressed the importance of apologising rather than adopting a defensive approach.

The Chair thanked Ms Charlton for her report which was **NOTED** by the Committee.

#### 14 **Complaints, Compliments and Care Opinion (SC19/11/20/12)**

By way of a presentation, Ms Charlton provided the Committee with an update on Complaints, Compliments and Care Opinion.

She advised that the Trust currently had 102 open complaints and had received more complaints in August 2020 than it had in the same month in the previous two years with the main theme relating to delayed response. She acknowledged that the Trust continued to be challenged in responding to complaints within the required 20-working days

Ms Charlton explained that, of the 102 complaints currently open, 32 were undergoing approval, and responses to a further 26 complaints were being drafted. She pointed out that, to date, only

three complaints had been received in November – one of which had already been closed informally and a response had been drafted to another.

Ms Charlton described the complaints received by Division and highlighted a focus on attitude and behaviours and patients having to walk to ambulances.

Mr Bloomfield stressed the importance of taking the time to read both complaints and compliments which were, in his view, a very moving and powerful reminder of the impact the service and staff had on individuals' lives.

Mr Sowney said that it would be important for the Committee to understand that, in considering complaints, the Trust looked at trends and staff members were aware if a complaint had been received relating to them. He said that this was a very important aspect of the complaints process.

Mr Sowney referred to the large numbers of cards and letters received at stations and asked if these had been fed back to HQ and therefore reflected in the numbers.

Ms Charlton suggested that, while all stations now had MFD printers and therefore had the mechanism by which to scan cards/letters, not all were recorded. She acknowledged that there was a need to stress the importance of doing so. Ms Charlton pointed out that it would be important, upon receipt of a card/letter, to ensure that the member of staff also had sight of it.

Concluding her report, Ms Charlton outlined a number of Care Opinion references to ambulance services.

The Chair thanked Ms Charlton for her report which was **NOTED** by the Committee.

15 **Infection Prevention Control – Key Performance Indicators (SC19/11/20/13)**

The Chair commented that there had been a significant improvement in this area.

Ms Charlton explained that the paper before members summarised the performance related to each of the IPC related KPIs and reflected an updated position for May-October 2020. She added that previous data had been included within the report for comparative purposes.

She advised that data relating to IPC e-learning and face to face IPC training had not been included within this report but would be presented at the next Committee meeting.

Ms Charlton advised that the Trust was unable to present data relating to hand hygiene audits as hand hygiene link staff within each Division had not been in a position to carry out the audits. However, she briefed the Committee on two key appointments, ie an IPC Practitioner and an Environmental Cleanliness Lead. She explained that the interview process had recently been completed in respect of the IPC Practitioner who would support staff with PPE issues and practices as well as taking forward hand hygiene and observational audits and added that she hoped the Environmental Cleanliness Lead would be appointed in the next few weeks.

Continuing, Ms Charlton acknowledged that there was a need to strengthen assurances around KPIs and accepted that, while the Trust had scored highly in a number of audits, there were variances in observational audits undertaken.

Ms Charlton referred to audits being undertaken in respect of vehicle cleanliness and advised that the compliance of 85% of vehicle audits completed had largely been achieved apart from at the outset of the Covid-19 pandemic, when there had been a focus on additional support with cleaning of vehicles and, when additional cleaning operatives had been employed in each Division, an improvement in compliance was seen. She said that crews had welcomed this.

Ms Charlton indicated that, while the Trust had agreed a compliance standard of 90% in its vehicle cleaning audits which considered the interior as well as the exterior of the vehicle, audit findings showed 40-50% of vehicles were achieving this compliance. In hindsight, Ms Charlton suggested, the Trust may need to reconsider the elements of the audit expected to achieve a compliance of 90%. She explained that, in periods of bad weather, the cleanliness of floors and exteriors of vehicles always tended to be compromised.

Ms Charlton said there was a need to engage with other ambulance services in this regard and added that having the Environmental Cleanliness Lead in post would undoubtedly bring a new level of rigour and strengthened assurance in this area of work.

Referring to station audits, Ms Charlton reported that the replacement programme continued throughout stations and indicated that a number of stations did not have sluice facilities.

Concluding her report, Ms Charlton acknowledged that there was a need for audits to be more independent and for robust training to be provided to staff in relation to undertaking audits. However, she said, the Trust would continue to monitor these.

The Committee **NOTED** the IPC KPI report as presented by Ms Charlton.

16 **The Management of Infection Prevention and Control Incidents and Outbreaks Policy (SC19/11/20/14)**

Ms Charlton reminded the meeting that the above Policy had been approved at the October Trust Board meeting and advised that it had been used a number of times recently in relation to outbreaks of Covid-19. She explained that it would be necessary to review the membership of Incident/Outbreak teams for the management of Covid-19 outbreaks due to the number of ongoing outbreaks. Ms Charlton indicated that this reduced membership would only apply to Covid-19 and added that, during each Outbreak Control Group (OCG) meeting, an assessment of the severity of the situation was undertaken.

She pointed out that, where there was any concern around the impact or severity of an outbreak of Covid-19, the Outbreak Control Group would escalate this to her. Ms Charlton added that it had also been accepted that, where a situation was escalating beyond the ability of the local areas' Outbreak Control team to manage it, the situation would be escalated. She said that arrangements would now be made to amend the policy to reflect this.

She advised the Committee that, during the pandemic, discussions with PHA regarding swabbing of NIAS asymptomatic staff had resulted in a decision not to swab this cohort of staff and added that

recently there had been regional developments around the implementation of frequent surveillance of asymptomatic staff for self-testing.

Ms Charlton reported that a number of pilots had now commenced involving asymptomatic staff self-testing. She undertook to keep members apprised of developments in this regard.

#### 17 **Date of next meeting**

The next meeting of the Safety Committee will take place on Thursday 28 January 2021 at 10am (arrangements to be confirmed).

#### 18 **Any Other Business**

##### **(i) Working Groups**

The Chair referred to the various working groups and asked for consideration to be given as to how best to ensure the outworkings of these groups were taken into account in the Committee structure.

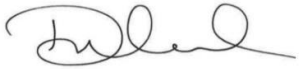
##### **(ii) EU Exit**

Dr Ruddell briefed the Committee on an issue which had recently arisen relating to the supply of Entonox cylinders by BOC. He explained that the Trust had received two weeks' notification from BOC that it intended to cease supply of the type of cylinder used in frontline ambulances and RRVs and replace it with a new version. He added that the company had cited import/export arrangements between NI and GB.

Dr Ruddell acknowledged that the Trust had already commenced a programme of replacement because the older sets were not compatible with the new cylinder connectors.

Mr Nicholson said that the Trust was now looking to accelerate the replacement programme and said that a scoping exercise was currently underway.

**THIS BEING ALL THE BUSINESS, THE CHAIR DECLARED THE MEETING CLOSED AT 1.15PM.**

**SIGNED:**   
\_\_\_\_\_

**DATE:** 11 March 2021



**ACTION - SAFETY COMMITTEE – 19 NOVEMBER 2020**

|   |   | <b>INDIVIDUAL ACTIONING</b> | <b>UPDATE</b>   |
|---|---|-----------------------------|---|
| 1 | Terms of Reference: <ul style="list-style-type: none"> <li>to be amended and submitted to November Board for approval;</li> <li>to be reviewed in six months' time</li> </ul> | CM<br><br>CM                | Actioned 19/11/20<br><br>Listed for June 2021 meeting |
| 2 | Data relating to IPC e-learning and face to face IPC training to be presented to next Cttee meeting   | LC                          | Listed for Jan 2021 meeting                           |
| 3 | Members to be kept apprised of pilots around self-testing for asymptomatic staff  | LC                          | Ongoing   |
| 4 | Consideration to be given to progressing outcomes of the various working groups/sub-committees  | AQ/CM                       | Ongoing   |
| 5 | Complaints/Compliments/Care Opinion Stories – need to emphasise importance of scanning cards/letters (compliments) in order to reflect more accurate stats                    | LC                          | Ongoing   |
| 6 | Members to be kept updated on the discussions with Trusts around the development of a regional risk matrix  | KK                          | Last meeting held on 15/12/20. Issue was              |

|   |   |              |  |
|---|---|--------------|--|
|   |   |              | discussed & info shared but no further action. |
| 7 | Consideration to be given to whether risk management falls within remit of the Audit or the Safety Committee                                    | MP           | Ongoing  |
| 8 | Board Assurance Framework:<br>- need to revisit some of the narrative used;<br>- workshop to consider Framework in more detail to be organised. | KK<br><br>CM | Ongoing<br><br>Under consideration             |