



**MINUTES OF THE SAFETY, QUALITY, PATIENT EXPERIENCE AND  
PERFORMANCE COMMITTEE HELD AT 9.30AM ON THURSDAY  
16 SEPTEMBER 2021 (VIA ZOOM DUE TO COVID-19)**

**PRESENT:** Mr D Ashford - Committee Chair  
Mr W Abraham - Non Executive Director (left the meeting at 11.15am)

**IN**

**ATTENDANCE:** Mr M Bloomfield - Chief Executive  
Ms L Charlton - Director of Quality, Safety & Improvement  
Ms K Keating - Risk Manager  
Mr P Nicholson - Interim Director of Finance  
Dr N Ruddell - Medical Director  
Mr R Sowney - Senior Clinical Adviser  
Mrs C Mooney - Board Secretary  
Ms E Boylan - SAI Lead (Clinical) (for agenda item 7)  
Mr S Moore - Medical Devices Lead (for agenda item 10 only)  
Dr R McLaughlin - Assistant Medical Director (for agenda item 7 only)  
Ms C McVeigh - Complaints Manager (for agenda items 11-13 only)  
Ms R Finn - IPC Lead (for agenda item 14 only)  
Mr C Carlin - Boardroom Apprentice (left the meeting at 12.30pm)

**APOLOGIES:** Mr T Haslett - Non Executive Director  
Ms R Byrne - Director of Operations  
Ms M Lemon - Interim Director of Human Resources  
Mr B McNeill - Programme Director - CRM  
Ms R O'Hara - Programme Director – Strategic Workforce Planning  
Ms M Paterson - Director of Planning, Performance & Corporate Services

## 1 **Apologies & Opening Remarks**

Mr Ashford thanked those present for attending and welcomed Mr Carlin to his first meeting of the Safety Committee. He explained that he intended to consider those agenda items for approval at the start of the meeting while Mr Abraham was present and the meeting was quorate.

Apologies were noted from Mr Haslett, Ms Byrne, Ms Lemon, Mr McNeill, Ms O'Hara and Ms Paterson.

## 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 (SC16/09/21/01)**

The minutes of the previous meeting on 10 June 2021 had been **APPROVED** by e-mail and presented to the August Trust Board.

## 4 **Matters Arising (SC16/09/21/02)**

Members **NOTED** the action list.

The Committee agreed with a suggestion from Mr Bloomfield that, given the importance of the Education Review, it should be included as a standing item on the Committee agenda.

Dr Ruddell advised that the first meeting of the Programme Board would take place on 1 October and added that the internal working group met on a weekly basis to review and progress work. He acknowledged that REAP 4 and Covid-19 had presented challenges

in maintaining progress as staff had been diverted to support operational duties.

Dr Ruddell then provided the Committee with a detailed update on progress to date, covering areas such as the strategic context; team structure; programme and the challenges presented.

Mr Nicholson advised that the Trust continued to work through the funding arrangements for the current year's training programme with the Health and Social Care Board (HSCB). He said that reference had been made at Trust Board meetings of the delay in implementation of a number of programmes and he cited the example of the REACH programme. However, Mr Nicholson highlighted the criticality of maintaining training, particularly around Cohort 4 paramedic training and was of the view that it was about balancing the risk for the remainder of the year.

The Committee Chair noted that the availability of staff was key and asked whether timelines had been revised to take account of these difficulties.

Agreeing with this point, Mr Nicholson referred to the difficulties in releasing staff to undertake training. He pointed out that, while the REACH programme had been rolled out in the West, there had been pressures to release staff from operational duties to undertake the necessary training.

In response to the Committee Chair's query around revised timelines, Dr Ruddell explained that training was taking place and there was a more realistic acceptance of the time required.

Mr Sowney said that it would be important to ensure that the processes were not overly bureaucratic and process-driven. He suggested that discussions should move away from referring to the 'training school' and focus more on an 'education academy/facility'. Mr Sowney welcomed the inclusion of updates on the Education Review as a standing agenda item and suggested that the Committee should continue to receive updates even if progress was slow.

Mr Bloomfield advised that he had recently accompanied Ms Byrne, Dr Ruddell and Mr Sinclair to Magee to meet the 40 BSc students who would graduate in June 2024. He said that he had been struck

by their enthusiasm and ambition and had been very impressed by the facilities available at Magee.

Mr Abraham said that he wished to emphasise the critical importance which Non-Executives attached to this development and echoed the comments which had been made.

The Committee Chair said that he understood the reasons why the update on the PCS review had been deferred to a future meeting but asked if there had been any progress.

Mr Bloomfield explained that the PCS review had undoubtedly been impacted upon by Covid-19. He said that he had met with Ms Byrne to discuss whether the review should be paused until the Trust had returned to business as normal or whether it could be progressed in a different way. Mr Bloomfield indicated that his preference had been to progress the review and said that he would be discussing with Ms Byrne how this could be taken forward. He undertook to update the Committee at its November meeting.

Mr Sowney expressed his support for this approach and believed it was prudent to find an alternative way to progress the review.

Mr Bloomfield reminded the Committee that PCS had been identified as an issue by Internal Audit. He referred to the resources available within PCS which could potentially be used to support emergency services and said it would be critical to examine how these services could be used more effectively. He added that it was important that the PCS review would take cognisance of this.

The Committee Chair thanked those present for their updates.

## **5 Medical Devices Policy (SC16/09/21/03)**

The Committee Chair welcomed Mr Sean Moore, Medical Devices Lead, to the meeting and invited Dr Ruddell to introduce this agenda item.

Dr Ruddell explained that the purpose of this policy was to provide an up-to-date, comprehensive, Trust-wide strategy for the management of Medical Devices, from inception to disposal. He said that the policy would ensure compliance with legislation and establish procedures for the identification, selection, procurement,

integration, training, use, maintenance and ultimate replacement and disposal of Medical Devices as well as protecting staff and service users from risk whilst safeguarding the welfare of patients, staff and members of the public.

Ms Keating pointed out that this was a review of an existing policy and mainly covered the use of devices for medical purposes.

Mr Sowney referred to para 3.9 within the policy, in particular reference to Vehicular Daily Inspections (VDI), and asked who was responsible in ensuring such inspections were undertaken, taking account of the potential for ED vehicles to be dispatched to urgent calls before VDIs could be undertaken.

Responding, Dr Ruddell explained that VDIs were an operational responsibility. He acknowledged the challenges facing staff in ensuring these were undertaken and cited the example of crews finishing a shift, only for the ambulance to be immediately despatched to another call. Dr Ruddell advised that there was a separate procedure around rapid VDI and clarified that, while the Medical Directorate developed the standards, it was operational management responsibility to ensure adherence.

Dr Ruddell indicated that the policy also referred to the completion of an Untoward Incident Report (UIR) relating to the inability to carry out a VDI and clarified that this responsibility lay primarily with EAC as time was to be provided to perform VDIs. He said that, on occasions, where it had not been possible to complete a VDI, EAC should ensure there was an opportunities to complete one at a later stage.

Mr Bloomfield was of the view that this highlighted the benefit of having a make-ready depot. He pointed out that there was a similar issue previously in relation to IPC where paramedics and EMTs were required to undertake deep-cleans of vehicles when they should be providing patient care.

Ms Charlton, agreeing with Mr Bloomfield's comments, said that the VDIs and the cleaning of vehicles had implications for the Trust in terms of its response times. However deep cleans were now carried out by vehicle cleans as are a significant number of in-between patient cleans at ED.

Mr Sowney said that he was aware, on occasions, of staff reporting early for shift to undertake the VDI as they felt vulnerable if it was not undertaken. He suggested that this was an issue which could be revisited by Operations in order to protect staff and agreed that a make-ready depot would be beneficial.

Continuing, Mr Sowney referred to the responsibilities placed on staff using medical devices to ensure they received the appropriate training. He sought clarification around what mitigations were in place around the inability to train and instruct staff safely to undertake a risk assessment in the current climate.

Dr Ruddell referred to the delivery of educational practice both within NIAS and also within the Ulster University as well as the regular training provided at station level. He alluded to 'carry chairs' and acknowledged the difficulty in bringing these into service because of the challenges in ensuring staff undertook the necessary training. He said there would be greater emphasis on delivering training on a face-to-face basis. Dr Ruddell said that the 'carry chair' training had been completed and 'stretcher' training was now taking place.

In response to a query from Mr Sowney in relation to an inventory of medical devices, Mr Moore explained that an audit of all medical devices across the service was currently being undertaken. He reminded the meeting that, due to the nature of the service, devices moved around the region depending on operational need and added that consideration was being given to dynamic monitoring procedures. Mr Moore confirmed that, while nothing was currently on loan from the Trust, the Trust could have equipment loaned to it on a trial basis. He clarified that the policy also covered equipment on loan.

Mr Sowney referred to para 4.11 'Training' and sought clarification around the practicality of the statement that 'No Medical Devices or Medical Equipment shall be implemented into service until all potential users have adequate training in its use.'

Mr Moore explained that this statement had also been included in the previous policy, ie no member of staff should use any equipment unless they had been trained in its use. He pointed out that all equipment would have associated Standard Operating Procedures.

The Committee Chair sought further clarification on this point and asked whether training had to be provided to every member of staff before it was brought into use. He agreed with the point made by Mr Moore that staff should not use equipment unless they had undergone the necessary training.

Mr Bloomfield suggested that it would be important to clarify this point within the policy and said that to adopt an approach whereby every member of staff had to receive training before a device was introduced would be counter-productive and result in unnecessary delays.

Dr Ruddell agreed that there were ways in which equipment could be introduced without the need for every single member of staff to have been trained in its use. However he re-emphasised the point that no member of staff should use equipment for which they had not been trained in its use.

Referring to the monitoring of the policy, Mr Sowney sought clarification on how the Medical Equipment Group ensured compliance.

Dr Ruddell explained that the Group met on a regular basis and oversaw the procurement of equipment, its supply through to ensuring the roll-out of the necessary training packages in its use. He added that the Group also considered any updates received in relation to, for example, oxygen cylinders, defibrillators as well as considering any Untoward Incident Reports in terms of any issues that may arise.

The Medical Devices Policy was **APPROVED** on a proposal from the Committee Chair and seconded by Mr Abraham.

The Chair thanked Mr Moore for his contribution.

## **6 Updated Policy & Procedures for the Management of Medicines (SC16/09/21/04)**

At the Committee Chair's invitation, Dr Ruddell drew members' attention to the updated Policy and Procedures for the Management of Medicines. He explained that NIAS had at its disposal a range of medicines, which may be administered by appropriately trained staff in the delivery of care to their patients. Dr Ruddell further explained

that the aim of the Policy for the Management of Medicines was to ensure that the procurement, use, storage, security, and Control of Prescription Only Medicines (POMs) within NIAS complied with all relevant legislation and guidance. He said that, as well as being a scheduled review, this update took account of the latest changes to the range of medications carried by NIAS staff as well as providing detail of the Local Intelligence Network.

Dr Ruddell said that, while the Trust had recently appointed a pharmacist who would revisit the policy and procedures, it would be important to ensure the policy and procedures were updated in the interim. He proceeded to take the Committee through the detail.

The Committee Chair commented that he had found the policy and procedures challenging and complex to understand and acknowledged that this was due to the subject matter. He sought clarification around the reference within the documentation that the Chief Executive was able to supply and possess diazepam and morphine sulphate and sought further clarification around the monitoring processes in place. The Committee Chair questioned whether there was an easier way to present the information as the complex nature of the information made it difficult for members to approve.

Responding, Dr Ruddell explained that the Chief Executive was the Accounting Officer for the Trust in terms of Controlled Drugs documentation but that this responsibility had been devolved to him as Medical Director. He said that he was conscious of the legislation around the supply and administration of Prescription Only Medicines (POMS) and this had contributed towards the complexity of the papers. Dr Ruddell indicated that, given the significant value of the Controlled Drugs medicines stock, there was legislation setting out how its use should be monitored and tracked. He said the Trust was exploring ways to minimise and reduce the paperwork around this and was considering the introduction of electronic tracking of drugs. Dr Ruddell added that the pharmacy working with the Trust had put forward a number of proposals for consideration.

Referring to his role as Accountable Officer, Mr Bloomfield suggested that it might be helpful to provide clarification within the policy around the responsibility for the function and the fact that this function had been devolved to the Medical Director.

Dr Ruddell advised that NIAS crews carried a standard set of drugs recognisable to any UK ambulance service. He clarified that the Helicopter Emergency Service (HEMS) could, for example, use specialist drugs and advised that there were national and regional plans for the Hazardous Area Response Team (HART) to stock antidotes as well as having the ability to distribute specialist drugs.

Mr Sowney agreed with the Committee Chair's comments around the complexity of the issue in view of the fact that approval was being sought to both the policy and procedures. He acknowledged the challenges in understanding the content unless an individual was a subject matter expert or had clinical knowledge. Mr Sowney suggested that it might be helpful to revisit the requirement around approval of policies and procedures.

Mr Sowney referred to the refusal of consent around drugs and asked whether it was sufficient for the crew to note a patient's refusal as opposed to asking patients to sign the Patient Record Form (PRF).

Dr Ruddell confirmed that there was a section on the PRF to record the patient's withdrawal of consent. He agreed with the point made by Mr Sowney that it was sufficient for the crew to record the withdrawal of consent on the PRF rather than require a patient signature. Dr Ruddell advised that training was provided to staff on this issue.

Mr Sowney asked whether there were formal agreements with voluntary ambulance services around the provision of drugs.

Responding, Dr Ruddell cited the example of St John's Ambulance and explained that only those St John's Ambulance volunteers who were employed by NIAS were permitted to withdraw drug packs from NIAS, assuming that stocks were available. He pointed out that St John's Ambulance volunteers followed the same monitoring process as NIAS staff and added that, if drugs were used, then the Trust would recoup the funding.

In response to a further question from Mr Sowney as to the steps taken to ensure withdrawal of drug packs by St John's Ambulance, for example, did not present operational challenges, Dr Ruddell explained that drug packs were only withdrawn subject to availability and agreement with the Station Officer. He added that a register

was maintained around the withdrawal of packs and St John's Ambulance provided a list of authorised personnel.

Mr Sowney asked whether the Safety Committee was assured that there were sufficient monitoring arrangements in place to mitigate any risk for the Trust.

Dr Ruddell advised that the current Memorandum of Understanding in place with St John's Ambulance reflected NIAS existing procedures and said he was of the view that it did not pose any risk to the Trust. Continuing, Dr Ruddell pointed out that the Trust was required to report every incident of loss or potential loss of Controlled Drugs to the Local Intelligence Network. He confirmed that the Trust had not suffered any losses or misdirection of morphine. Dr Ruddell acknowledged that, while no service was completely fool proof, the Trust processes around the monitoring and tracking of drugs were robust for those involved.

The Committee Chair asked if any steps could be taken to make the documentation more user-friendly.

Dr Ruddell again acknowledged its complexity and said that it was his intention when the pharmacist took up post to revisit the documentation.

Mr Sowney welcomed the appointment of the pharmacist and said the appointment would be an excellent addition to the Trust.

Following this discussion, the Committee **APPROVED** the Updated Policy & Procedures for the Management of Medicines.

## **7 Complaints Annual Report 2020-21 (SC16/09/21/09)**

The Committee Chair welcomed Ms Clare McVeigh, Complaints Manager, to the meeting.

By way of introduction, Ms Charlton advised that it was a requirement from the DoH to publish a Complaints Annual Report and added that, if approved at today's meeting, the Report would be posted on the Trust's website.

Ms McVeigh highlighted the salient points of the report, including the recent increase in monthly complaints which highlighted themes

of delayed responses, in particular falls, and staff attitude and behaviour.

Mr Sowney referred to the increase in complaints around staff attitude and behaviour and quality of care and acknowledged that it was likely that a significant number could be linked to an increase in pressures arising from Covid-19 and asked what steps were being taken in this regard.

Ms Charlton said that it was clear from a number of complaints that comments made by staff reflected their frustration at the use of resources and added that, while their frustrations on occasions were genuine, such comments were inappropriate and had a negative effect on families. She pointed out that a process had now been put in place whereby when a complaint was received around the clinical care or attitude and behaviour of a member of staff, cognisance was also taken of whether there had been any previous complaints over the last three year period. Ms Charlton said it would be important to understand whether helpful discussion or further development in a particular area was required or whether there had already been interventions and that, despite these, the poor attitude had continued in which case in keeping with a 'just' culture approach should be managed appropriately.

Continuing, Ms Charlton noted that there had been discussions around compassion fatigue, meal breaks, late finishes and the impact such could have on staff. She acknowledged that, while crews advised that many of these comments were unintentional, they were perceived by families as uncompassionate.

Mr Sowney emphasised the importance of Area Managers and Station Officers being aware of the increase in complaints due to compassion fatigue and ensuring they were supportive. He pointed out that the situation was not unique to NIAS and was occurring across the HSC.

Ms Charlton advised that, while a look-back exercise was undertaken in respect of complaints received regarding a member of staff, a similar look-back was also undertaken in relation to compliments. She indicated that it was important not to focus on the negative aspects alone but to acknowledge compliments received. Ms Charlton reminded the meeting that compliments were recorded and the Chief Executive forwarded a note of thanks

to each staff member. She referred to the policy around Supporting Staff Involved in Incidents, Complaints, Claims & Coroner's Inquests and alluded to Mr Ashford's comments at the Safety Committee in relation to the importance of supporting staff in a just culture and holding them to account where necessary.

Mr Sowney acknowledged that there was potential within every organisation for complaints to be received about the same staff member. However he pointed out that, when complaints were received in relation to members of staff who had never had a complaint made against them previously, it highlighted the issue of compassion fatigue. Mr Sowney enquired whether there were different levels of complaints training available to staff.

Responding, Ms Charlton advised that the same general HSC complaints e-learning was offered to all staff and added that those staff undertaking investigations received additional enhanced training in the organisation previously. She acknowledged that the complaint investigation process was frightening for some staff and she referred to the checklist at the back of the Supporting Staff Policy which attempted to achieve a balance between supporting staff whilst ensuring a proportionate and appropriate investigation was carried out.

In response to a question from Mr Sowney around whether there had been progress in ensuring compliments received at local station level were forwarded to HQ for processing, Ms Charlton said that, whilst some improvements had taken place, further work was required.

The Complaints Annual Report 2020-21 was **APPROVED** on a proposal from Mr Abraham and seconded by Mr Ashford.

8 **NIAS Response to NIPSO Consultation of creating complaints handling standards for the Northern Ireland Public Sector (SC16/09/21/10)**

Ms McVeigh remained for this discussion and took members through the detail of the proposed response to the NI Public Service Ombudsman (NIPSO) consultation around creating complaints handling standards for the NI public sector.

The draft response was **APPROVED** on a proposal by Mr Ashford and seconded by Mr Abraham.

Mr Abraham left the meeting at this point.

9 **Serious Adverse Incidents Position & Learning Outcome Update (SC16/09/21/05)**

The Committee Chair welcomed Ms Emma Boylan, SAI Lead (Clinical) to the meeting.

Ms Boylan provided the Committee with an overview of those SAIs notified to the HSCB and she advised that 9 SAIs has been reported between April – August 2021. She said that a number of SAIs were overdue in terms of their submission to the HSCB and added that improvement plans were in place for each of these.

Ms Boylan advised that complaints and incidents reported in NIAS, as well as incidents reported from other HSC Trusts, continued to be considered at the weekly Rapid Review Group meeting to determine if they met SAI criteria. She added that every SAI was coded to a NIAS or regional SAI theme.

Ms Boylan acknowledged that the continued REAP 4 level had presented challenges to information gathering and said that she had engaged with family members to make them aware of the difficulties. She noted that a number of SAI reports were currently with families for consideration and it was hoped that they would be in a position to provide feedback on these in the coming weeks.

With regard to learning from SAIs, Ms Boylan pointed out that this was discussed at the Trust's Learning Outcomes Group meeting. She acknowledged that the Trust was not yet in a sufficiently robust position to audit the implementation of the learning but said that this remained the intention. Ms Boylan alluded to work to be undertaken around ECG recognition and added that the current REAP level had resulted in CSOs being unable to undertake the necessary audits of PRFs.

Mr Bloomfield referred to the increase in NIAS reported incidents in 2019/20 followed by a sharp reduction in 2020/21 and asked if there was any explanation as to why this may have happened.

Ms Boylan suggested that the increase may have come about as a result of work undertaken around the importance of reporting incidents through Datix and an increased focus on using that reporting system.

Ms Keating pointed out that the Datix system had been overhauled at that time and staff had received training on its use. She added that the Trust had also introduced policy and procedures around SAls at that time and suggested that these factors may have contributed to the increase in reported incidents.

Agreeing with these points, Dr Ruddell was of the view that there were more robust arrangements in place to ensure greater staff understanding of the SAI process. He referred to the weekly Rapid Review Group meetings and said that a collective decision was now made as to whether a complaint/incident met the SAI criteria rather than such decisions being considered by an individual.

The Committee Chair asked whether the Learning Outcomes Group had been impacted by Covid-19.

Responding, Ms Boylan confirmed that the Group continued to meet and said that, where necessary, actions had been taken.

Mr Bloomfield explained that the Rapid Review Group also considered key pieces of work and the immediacy of actions while the Learning Outcomes Group considered actions on more of a long-term basis.

Mr Sowney commended the robust arrangements which had been put in place. He asked how the Trust could measure the learning which had taken place and the improvements made as a result. He also alluded to Ms Boylan's earlier reference to the resources required to progress learning and suggested it would be important for the Trust Board and Committee to be assured that learning from complaints and SAls was routinely identified and taken forward with a view to reducing SAls and any harm coming to patients. Mr Sowney said that this was not clear and suggested that, if the issue related to resources, the Trust should address this in order to provide the relevant assurance to the Trust Board and Committee.

Mr Sowney referred to the reliance on Patient Report Forms (PFRs) when investigating SAls. He commented that, in the past, there had

been a significant percentage of incomplete PRFs and asked if this position had improved and what arrangements had been put in place at station level.

Mr Sowney also referred to the continued REAP 4 level and the difficulty for staff in accessing e-mail during pressured shifts. He sought clarification on what steps had been taken to ensure information was disseminated to and accessed by staff. Mr Sowney commended Ms Boylan on arranging to meet with managers on a weekly basis and acknowledged the challenges this presented given the current pressures.

Ms Boylan acknowledged the difficulty in collating the necessary information to present at the weekly Rapid Review Group meetings and said she had arranged to meet with the Duty Control Manager on a weekly basis to discuss the information.

Mr Sowney said it would be important to prioritise this work irrespective of REAP 4 and the associated pressures.

Mr Bloomfield indicated that the Rapid Review Group had been effective in making early decisions around the de-escalation of SAls and said that it was likely, given the recent response times, that there would be further SAls within the service. However he emphasised the importance of pursuing the learning arising from SAls.

Referring to the gaps in timelines, Ms Keating advised that the Trust would receive incidents for investigation from the PSNI, NIPSO, RQIA, coroners, elected members and other Trusts and added that, on occasions, these were not received in a timely manner leading to delays in progressing the investigation.

In relation to Mr Sowney's point about incomplete PRFs, Ms Boylan said she hoped the position had improved and said that the non-completion of PRFs would be rare but acknowledged the importance of undertaking an audit to confirm this was the case. Continuing, Ms Boylan accepted that staff did not always have an opportunity to check e-mails and she alluded to the use of the staff WhatsApp group.

Dr Ruddell explained that CSOs had previously undertaken audits of PRFs on a regular basis but that Covid-19 and recent pressures

had resulted in CSOs being returned to frontline duties and focussing attention on management of students. He acknowledged that the REACH project would significantly assist in the governance around the completion of PRFs.

Mr Sowney agreed with the comments made by Dr Ruddell and accepted that actions needed to be taken to address these gaps and provide assurance to the Committee. He suggested that Station Officers could play a bigger role in ensuring the completion of PRFs and asked if Ms Byrne could assist in this regard in ensuring that the necessary arrangements were in place.

Concluding the discussion, Ms Charlton updated the Committee on a SAI completed in relation to a young person.

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

10 **HART SAI Update (SC16/09/21/06)**

Dr Ruddell provided an update in relation to the SAI within the HART team and shared a copy of correspondence which clarified the position. He also outlined the process which would be followed during future equipment inspections.

The Committee **NOTED** the update.

11 **Controls Assurance Standards/Post Control Assurance Standards Arrangements (SC16/09/21/07)**

At the Committee Chair's invitation, Ms Keating explained that the purpose of the report was to update Committee members on the arrangements for assurance across the Trust. She reminded the meeting that the Permanent Secretary had advised Trusts of the withdrawal of Controls Assurance Standards (CAS) in 2018. However, Trusts had been asked to ensure adequate alternative arrangements were in place for assurance.

The Committee Chair queried how this report sat within the Trust's overall Assurance Framework. Ms Keating advised that she and Ms Paterson had commenced work to ensure that the post Control Assurance Standard arrangements dovetailed with the Framework.

The Committee **NOTED** the Controls Assurance Standards/Post Control Assurance Standards Arrangements.

12 **Medical Devices Incidents & Learning – Annual Report (SC16/09/21/08)**

Ms Keating and Mr Moore advised that the report, which was split into two distinct areas, medical devices and non-medical devices, provided an annual update on medical and non-medical device incidents and any associated learning. They highlighted the salient points of the report and indicated that, during the financial year 2020/21, a total of 429 medical device incidents were reported via DATIX (incident reporting system). The meeting noted that medical device incidents remained one of the top ten reported incidents in the Trust.

Mr Sowney referred to the fact that the number of thermometer incidents increased during the reporting period and that, during quarter four, a total of 14 thermometer incidents had been reported and, whilst not wanting to underestimate these incidents, he would be more concerned about, although smaller in number, incidents concerning ventilators, oxygen and suction units. He asked whether the Trust was aware or measured if harm came to patients as a result of equipment failures.

Mr Sowney asked, given the number of issues over time with Corpuls, whether NIAS was content and assured with the contractual arrangements.

Responding, Dr Ruddell confirmed that he was content. He further explained that if patients were harmed as a result of equipment failure, it would be reported as a Serious Adverse Incident. He noted that, in the previous year, there had been a number of incidents when defibrillators had failed to shock patients and added that there had also been occasions when Corpuls had failed. However he pointed out that, in the last quarter of the year, there had been few reports. Dr Ruddell believed that this reflected the emphasis that had been placed by Mr Moore on the servicing and monitoring of equipment.

Mr Sowney alluded to non-medical device incidents and sought clarification on whether this included the ability to undertake a VDI.

Dr Ruddell clarified that, when staff were unable to carry out a VDI, it was normal practice to record this.

The Medical Devices Incidents & Learning – Annual Report was **NOTED**.

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

**13 Complaints & Compliments: current position (SMT16/09/21/11)**

Ms Clare McVeigh, Complaints Manager, had remained for this discussion.

At the Committee Chair's invitation, Ms Charlton advised that this report focussed more on the human elements of the complaints received and reinforced the fact that behind each complaint/compliment was an individual. She also referred to the commitment given to BSO Internal Audit to resolve and close down those remaining complaints received before 2020 by the end of September.

Continuing, Ms Charlton reported that, at the June meeting of the Safety Committee, 44 complaints remained open from before 2020. She added that this had reduced to currently 20 complaints and said it was hoped that, despite the current challenges facing operational staff in terms of carrying out investigations and drafting the investigation report, this number would reduce even further. Ms Charlton said it was her hope that the work done to date would result in the outstanding IA recommendations being fully implemented.

Ms Charlton said that the Trust awaited the decision around what regional position would be adopted in relation to complaints and SAls given the current pressures across the HSC. She cautioned against a further backlog developing and added that SMT had recently discussed contingency arrangements to avoid such a backlog recurring.

Ms McVeigh provided the Committee with a detailed overview of complaints as well as anonymised individual complaints in relation to falls, stroke and chest pain.

Mr Sowney thanked Ms McVeigh for her presentation and sought clarification whether, in relation to patients who had fallen, the standard advice had remained the same, ie not to move the patient or give them anything to eat or drink. Mr Sowney also queried whether the Clinical Support Desk (CSD) would be used to assess patients. He said that Mr Bloomfield had made reference earlier in the meeting to the fact that a significant number of PCS crews were not being utilised and he asked how the Trust could be assured that every single available resource was being utilised. Mr Sowney questioned whether there was the potential for PCS crews to be dispatched to a patient who had fallen in order to assist moving the patient to safety and reporting back as necessary. He said it would be important to provide the Committee with the assurances that everything was being done to explore the various options.

Mr Bloomfield clarified that significant numbers of VAS/PAS crews were not being utilised to their potential rather than PCS.

Responding to the points made by Mr Sowney, Ms Charlton advised that the Trust had established an internal Quality Improvement Group to explore falls responses and how this could be improved. She pointed that its membership had been drawn from Operations, Information, PPI and PCS staff. Ms Charlton said that work was also underway to explore how other ambulance services had responded to falls calls and added that other services had dedicated falls response vehicles. However, progress had been impacted by the REAP 4 context.

Ms Charlton referred to the Falls Governance Framework published by the Association of Ambulance Chief Executives (AACE) which focussed on ensuring the right treatment at the right time as well as focussing on a non-conveyance/prevention element. She said there was a recognition within the Trust that steps needed to be taken to address the Trust's response to falls.

Ms Charlton referred to November meeting of the Committee when she had shared a service user's experiences when her father had fallen and had laid on the floor for a significant period of time before an ambulance had arrived. She said that issues such as dignity and respect were fundamental and alluded to the deep impact on families when their loved ones were taken to hospital following a fall.

Continuing, Ms Charlton advised that a number of options were currently being explored including the use of Ambulance Care Attendant (ACA) staff and providing enhanced training in specialised equipment as well as using PCS staff to respond to calls within certain timescales. She acknowledged that further training would be required and said that work was being undertaken to determine whether PCS staff would only respond to a call where there was no suspected injury.

Ms Charlton acknowledged the breadth of information available around falls and indicated that for Category 3 responses to over 65 year olds who had fallen, 84% of calls received a response within the target time of 120 minutes. She advised that performance varied across the region and it was clear that those patients who waited for a response, waited significantly longer than the target. Ms Charlton said that the Trust would be engaging with Trade Union colleagues on this issue and said that PCS colleagues had expressed an interest in undertaking enhanced training to respond to a suitable cohort of patients. Ms Charlton said that the Trust was also keen to explore some collaborative work with the NIFRS and discussions were at an early stage.

Speaking as NIAS Chair, Ms Lappin said that she welcomed this development.

Mr Bloomfield indicated that SMT received a report on complaints/compliments at its weekly meeting and discussed this in detail. He acknowledged that the extended waits experienced by elderly patients who had fallen were unacceptable.

Continuing, he referred to the pressures throughout the HSC system not least the delays in ED handover where crews were waiting 2-4 hours to handover patients. He cited the example of one crew working a 19-hour shift and said that the pressures on the system were manifesting in ambulance response times with the resultant impact on patients in the community.

Mr Bloomfield assured the Committee that he continued to share the detail of these impacts with DoH colleagues and other Trust Chief Executives as well as the Permanent Secretary and Minister who had recently attended a Trust Chief Executive meeting.

Ms Charlton emphasised the importance of being able to identify available resources outside of Division and referred to a new software system which identified all available resources and which had been recently implemented in the EAC.

Responding to an earlier question posed by Mr Sowney in relation to the advice re patients who had fallen and who remained on the floor, Dr Ruddell advised that some changes had recently been made to the advice provided. He acknowledged that the clinical aspects relied on CSD advice and said that tools were available to determine whether it was reasonable to move a patient from the floor. Dr Ruddell alluded to the 'I Stumble' tool in use. He also referred to changes which had been made in relation to letting a patient drink/eat/take medication while waiting for a response. Dr Ruddell added that some of the NIAS recommendations regarding a safe approach to this issue had been adopted nationally through the NASMED group.

Mr Sowney suggested, while the numbers would continue to suggest that too many elderly patients experienced prolonged waits for an ambulance response, it might be helpful to capture this information, ie that the changes made around CSD assessment, PCS staff assisting patients and ensuring patient received food/drink, had gone some way to reducing the impact on patients.

Ms Charlton acknowledged the challenges around CSD capacity. She said that the number of welfare checks to be undertaken was significant and placed major pressure on staff and this presented an issue with timeliness of calls.

The Committee Chair stressed the importance of looking after patients and staff and said that, as an organisation, he hoped that everything possible was being done to mitigate the effects. He referred to the welfare hubs in place at EDs and said he hoped staff found these helpful.

The Committee Chair thanked those present for their comments and the report was **NOTED**.

He thanked Ms McVeigh for her attendance and she withdrew from the meeting.

14 **Hygiene, Cleanliness and Infection Prevention and Control –  
Key Performance Indicators: 1 April – 31 August 2021  
(SC16/09/21/12)**

The Committee Chair welcomed Ms Ruth Finn, IPC Lead, to the meeting.

By way of a presentation, Ms Finn highlighted the key points of the paper which summarised Hand Hygiene (HH), IPC E-Learning, IPC face-to-face training and Aseptic Non-Touch Techniques (ANTT) key performance indicators from 1 April to 31 August 2021.

Ms Finn explained that this particular data would be presented twice per year to the Committee for assurance and that this data would be alternated with presentation of data relating to Environmental and Vehicle Cleanliness which would be presented twice per year on an alternating basis.

Referring to the HH audit which was below the compliance standard, Mr Sowney referred to the fact that community nurses routinely carried hand sanitiser to clients' home and asked if there was any learning from this which could be used within NIAS. He asked if there was any indication that compliance rates were better amongst community nursing services.

Ms Finn advised that she and Ms Charlton had spoken to colleagues across other ambulance services to find out what steps other services were taking to improve HH compliance. She acknowledged that compliance rates had been significantly impacted by the element of 'wearing of hand sanitiser' and added that, when audit scores had been re-examined with and without this element, there had been a difference improvement in compliance levels. Ms Finn indicated that she would not be aware of compliance rates for community nursing services.

The Committee Chair noted the reduction in the numbers undertaking e-learning. In response, Ms Finn pointed out that significant numbers of staff had undertaken e-learning in year two and she acknowledged that the presentation of information did not reflect the three yearly compliance accurately.

Ms Charlton said that she would like to acknowledge Ms Finn's expertise and significant contribution and said that members would

be aware of the changes she had brought about in relation to environmental cleanliness and Infection Prevention and Control. Ms Charlton emphasised that Ms Finn's approach had been to ensure that views of staff on the ground were taken into account in progressing this work.

The Committee **NOTED** the Hygiene, Cleanliness and Infection Prevention and Control – Key Performance Indicators: 1 April – 31 August 2021.

15 **Date of next meeting**

The next meeting of the Safety Committee will take place on Thursday 25 November 2021 at 9.30am (arrangements to be confirmed).

16 **Any Other Business**

Mr Bloomfield said that references had been made throughout the meeting to the pressures within health and social care and added that the recent months had proved to be the most difficult period for the Trust since the pandemic began. He reminded members that REAP 4 had been in place since early July and that it was likely to continue for the foreseeable future.

Continuing, Mr Bloomfield noted that demand continued to increase as well as the numbers of staff having to self-isolate. He was of the view that the easing of restrictions would result in additional pressures on health and social care and expressed concern that the HSC system would likely experience a level of pressure not previously experienced.

Mr Bloomfield said it was important to highlight this to the Committee and emphasised the importance of staff health and wellbeing and staff being fit to report to work.

Speaking from a Non-Executive Director perspective, the Committee Chair said that he and his Non-Executive Director colleagues acknowledged the significant challenges facing the Trust and would be happy to support staff as best they could.

Dr Ruddell referred to the Scottish First Minister's recent comments about the Scottish Ambulance Service and the Scottish

Government's agreement to consider what assistance could be offered by the military. He said that similar discussions were ongoing locally and various options were currently being explored.

Ms Lappin advised that she would be meeting with the Chief Executive to discuss the level of input required from Directors and others to the Trust's governance arrangements and how this could be revisited in the current context.

Responding to a question from the Committee Chair about the work being taken forward on Standing Orders, Ms Lappin advised that she hoped this would come to the October Trust Board for consideration.

**THIS BEING ALL THE BUSINESS, THE CHAIR DECLARED THE MEETING CLOSED AT 1PM.**

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



**DATE:** 30 September 2021