



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

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

IN

ATTENDANCE: Mr M Bloomfield - Chief Executive (left the meeting at 10.30am)
Ms L Charlton - Director of Quality, Safety & Improvement
Ms K Keating - Risk Manager
Ms M Lemon - Interim Director of Human Resources (left the meeting at 10.30am)
Mr B McNeill - Programme Director - CRM
Mr P Nicholson - Interim Director of Finance (left the meeting at 10.30am)
Ms R O'Hara - Programme Director – Strategic Workforce Planning
Ms M Paterson - Director of Planning, Performance & Corporate Services
Dr N Ruddell - Medical Director
Mrs C Mooney - Board Secretary
Mr N Sinclair - Assistant Clinical Director (for agenda items 6 & 7)
Mr C Thompson - Head of Transformation (for agenda item 6 only)
Dr R McLaughlin - Assistant Medical Director (for agenda item 7 only)
Ms E Boylan - SAI Lead (Clinical) (for agenda item 11 only)
Ms D McKay - Equality & PPI Officer (for agenda item 12 only)

APOLOGIES: Ms R Byrne - Director of Operations
Mr R Sowney - Senior Clinical Adviser

1 **Apologies & Opening Remarks**

Mr Ashford thanked those present for facilitating the earlier start. Apologies were noted from Ms Byrne, Mr Sowney and Ms Quirk.

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 (SC25/03/21/01)**

The minutes of the previous meeting on 25 March had been **APPROVED** by e-mail and presented to the May Trust Board.

4 **Matters Arising (SC10/06/21/02)**

Members **NOTED** the action list.

At the Chair's request, Dr Ruddell advised the Committee that Lateral Flow Testing (LFT) had been offered to all frontline staff. He added that the Chief Medical Officer had indicated he would like to see an 80% uptake by the end of June. Dr Ruddell confirmed that the LFTs had also been made available to some non-patient facing staff, for example those staff in the Control Room. He said that consideration was being given to providing weekly reports on the uptake figures.

Referring to the regional policy around supporting staff involved in incidents, complaints, claims and coroner's inquests, the Chair reminded those present that the policy was to have been amended following comments made at the March meeting and shared with

members by e-mail for approval. Ms Charlton reminded members that the Chair of the Safety Committee had requested that the policy would clarify that, while the intention was to promote and embed a just culture of openness and learning and support for staff, individuals would be held to account where appropriate. She acknowledged that this was not a huge amendment and undertook to circulate an amended policy to members for their consideration.

5 **Annual Quality Report 2019-20 (SC10/06/21/03)**

Ms Charlton drew members' attention to the Annual Quality Report 2019-20 which provided an important showcase to the public of the quality improvement and innovation activity being delivered by NIAS staff in support of the principles underpinning Q2020.

Ms Charlton advised that the version of the Report before the Committee reflected the submissions from each Directorates against the five themes of Q2020 which were:

- Transforming the Culture
- Strengthening the workforce
- Measuring the improvement
- Raising the standards
- Integrating the care

She said she hoped the Committee would be impressed by the breadth of work which had been undertaken against the context of Covid-19 in the first quarter of 2020. Ms Charlton referred in particular to the section within the Report which focussed on learning from Covid-19 and explained that the Department of Health (DoH) had specifically requested the inclusion of such a section.

Mr Abraham sought further detail on the reference to Proteus within the Report.

Ms Charlton explained that this year a number of staff had successfully completed leadership development programmes including Aspire, Proteus and Acumen which were delivered by the HSC Leadership Centre. She advised that Proteus was targeted at staff at Assistant Director level while Acumen was for those at Director level and Aspire for those at senior management level. Ms

Charlton commented the feedback from these courses had been positive.

Mr Haslett complimented those involved in the development of the report. He commended the amount of work undertaken in the context of Covid-19 and believed the report provided a positive overview.

Mr Abraham commended the narrative and the photographs within the report.

Ms Charlton thanked Mr McPoland and Mr Ruane from the Trust's Communications Team for producing the report. She pointed out that the contributions within the report reflected the work of all Directorates.

Mr Bloomfield echoed the comments made by members. He advised that, while the DoH had revised the timetable due to Covid-19, it had indicated its intention to revert to the original schedule for producing the Quality Report to coincide with World Quality Day in November.

The Committee **NOTED** the Annual Quality Report 2019-20.

6 **Update on the progress of the delivery of the Education Programme within the Medical Directorate (SC10/06/21/04)**

At the Chair's invitation, Mr Neil Sinclair and Mr Charlie Thompson presented a high level progress report on the current status of the implementation of the Programme and highlighted the priorities for the next phase of the programme implementation.

Mr Sinclair indicated that the education review was an overarching umbrella programme designed in line with the strategic vision, objectives and priorities, defined in the NIAS 'Strategy to Transform 2020-2026', with a view to cohesively organising all elements within 'Education' into a review and improvement programme. He said that the programme would specifically contribute to the delivery of a number of Trust strategic priorities.

Mr Sinclair described the five key projects included within the Education Programme and said that project leads had been identified to progress this work, ie:

- a) New Recruits Education Project – Frank Orr, Project Lead
- b) Transition from Foundation to Bachelor Degree Project – Sean Maguire, Project Lead
- c) Clinical Education Plan Project – Neil Sinclair, Project Lead
- d) Clinical Supervision Project – Emma Giddings, Project Lead
- e) RATC Structure and Approach Review Project – Neil Sinclair, Project Lead

Mr Thompson provided an overview of the risks and issues; the benefits expected; the governance/reporting and the progress to date.

He advised that, following approval of the programme plan, more specific terms of reference were currently being developed for each of the five projects with a view to collectively contributing towards the realisation of the benefits of the programme. Mr Thompson advised that, in terms of oversight, the Strategic Implementation Group would oversee the implementation of the programme. He added that a Programme Board, with Dr Ruddell acting as Senior Responsible Officer (SRO), would also be established and its membership finalised.

Mr Bloomfield said he hoped it was clear from the oversight arrangements put in place the gravity with which the Trust had approached the review of the education programme. He alluded to the Strategic Implementation Group and the fact that its establishment reflected a new way of progressing significant projects within the Trust under the management of Ms Paterson. He added that this approach would now be adopted for other areas of work.

Continuing, Mr Bloomfield acknowledged the fact that the reason for undertaking the education review may have appeared overtaken by the focus on the performance management arrangements. However he believed it was important to ensure the review was in a position to be progressed and make a difference. Mr Bloomfield said that, in his view, the most critical element of the review was how training was delivered to staff and by that extension how culture permeated throughout the organisation. He suggested that the Committee might find it helpful to focus on ensuring the Trust was addressing this issue moving forward.

Agreeing with the comments made by Mr Bloomfield, Ms Lemon said that, in addition to the individual project deliverables, it would be important to consider the vision for the strategic review. She added she was conscious of a number of other projects which would link to this work and welcomed the establishment of the Strategic Implementation Group which would provide the overarching oversight and linkages.

Ms Lemon said that she hoped the culture programme would be launched in July and acknowledged the need to determine a culture baseline upon which to measure improvements. She referred to the importance of staff as well as trade union involvement.

The Chair acknowledged the importance of culture and referred to the challenges associated with measuring culture and determining that improvements had taken place. He sought confirmation that the Committee would receive regular updates on progress in relation to the review and said he would also welcome updates on how the improvement work around culture was being taken forward and how such improvements were being measured.

Ms Charlton thanked Mr Sinclair and Mr Thompson for their update. She made reference to stakeholder involvement in the work and acknowledged that, as well as staff being viewed as stakeholders, consideration was being given to involving service users in the review. She added that the Trust was committed to ensuring such involvement took place throughout the project as well.

The Chair sought assurance that requirements around the Clinical Response Model had been taken into account when developing the scope for the education review.

Mr McNeill explained that, in the Strategic Outline Case, the Trust had identified the number of staff it needed to recruit as well as making provision for a number of additional staff within the Education and Learning Development Team. He pointed out that securing the CRM funding would allow the Trust to recruit these staff on a permanent basis. Mr McNeill clarified that changes in the third level education course would mean that the trainers would provide more support as opposed to having a direct input to the programme itself and he acknowledged that the detail of this was currently being worked through.

Dr Ruddell commented that CRM would accelerate the education programme to deal with the additional staff from the BSc or those recruited directly to EMT/PCS level as well as having the scope within CRM to build and strengthen the Education and Learning Development Team. Dr Ruddell acknowledged the significant challenges presented by Covid-19 and he commended the team for having delivered the extent of training it had. He stressed the need to move away from temporary appointments and said that the team was fully committed to the challenges ahead.

The Chair thanked Mr Sinclair and Mr Thompson for their update which was **NOTED** by the Committee.

7 NIAS Clinical Development Programme Update (SC10/06/21/05)

Mr Sinclair remained for this discussion and was joined by Dr Russell McLaughlin, both of whom provided a detailed presentation on the work being taken forward within the Trust in terms of clinical developments. They explained that there was a number of key clinical developments highlighted within the Trust's 'Strategy to Transform 2020-2026' and the programme had been developed in order to progress these.

The Committee noted that the programme of clinical projects had been developed with the aim of continually modernising the delivery of high quality pre-hospital care across NI and aligning NIAS practice against other UK and international ambulance Trusts. As well as further developing the Paramedicine profession in NI and developing further background strategy which would allow for transformation in how the Trust delivered clinical care, there would also be a focus on improving on day to day clinical service delivery.

Dr Ruddell said that presenting to the Committee had provided an opportunity to showcase the work which had been taken forward and he added that this had been made possible through the expansion of the team. He referred in particular to the work around cardiac arrest data and said that NIAS had been the first UK ambulance service to be able to introduce a Cardiac Arrest Strategy. Dr Ruddell acknowledged that, while there was still work to be done, it had already proved to be beneficial.

Mr Haslett commended the presentation and said he had found it reassuring to note the significant amount of work being undertaken while the Trust continued to respond to Covid-19.

Ms Paterson noted that the education review was key to the delivery of the Trust's strategic planning with the care and outcomes of patients being key factors. She acknowledged the need for synergy with other programmes. She asked how this work would dovetail with other projects and sought clarification on whether any risks had been identified. Ms Paterson also asked how her Directorate could support this work from a project management perspective.

In response, Mr Sinclair said he very much appreciated the project management support provided to the education review. He acknowledged the need to ensure that the work was described appropriately and suggested that Mr Thompson could examine the interdependencies.

Ms Charlton welcomed this work and alluded to the positive impact on staff morale. She said that it was clear that staff were enthused by the work around clinical developments.

Mr Sinclair referred to the work being taken forward around culture. He was of the view that individuals had joined the service because they were passionate about clinical care. He was of the view that investing in staff and providing feedback would provide the baseline for change in the organisation's culture. Mr Sinclair acknowledged that very often the focus on ambulance services was in relation to response times. However he said he firmly believed that ensuring excellent clinical product was an important element of changing the culture and contributed towards ensuring staff were happier in their role and ultimately remaining longer as a paramedic within the Trust.

The Chair thanked Dr McLaughlin and Mr Sinclair for their presentation which was **NOTED** by the Committee and they withdrew from the meeting.

8 **NIAS Hand Hygiene Policy (SC10/06/21/06)**

Ms Charlton said that members would be familiar with the work which had been undertaken by the Trust to respond to the RQIA improvement notice. She added that one element of the notice had

been for the Trust to develop a stand-alone Hand Hygiene Policy and indicated that every other Ambulance Service would have similar arrangements.

Ms Charlton said that the policy related to all staff within NIAS but specifically to those staff who delivered direct care to patients. She highlighted the key elements of the policy and said that, following approval, its implementation would be monitored by the IPC team through independent hand hygiene audits.

Ms Charlton indicated that the roll-out of the policy across the organisation would be undertaken in a supportive way. She acknowledged that the 'bare below the elbow' would be a fundamental change in culture and accepted there would be challenges in its introduction.

On a proposal from Mr Haslett which was seconded by Mr Abraham, the Committee **APPROVED** the NIAS Hand Hygiene Policy.

9 **NIAS Aseptic Non-Touch Technique (SC10/06/21/07)**

Ms Charlton clarified that this policy only related to those staff who undertook clinical procedures such as cannulation and wound dressing. She referred to the Trust's IPC Strategy and said that the Aseptic Non-Touch Technique was a key component of the Strategy. Ms Charlton advised that face-to-face training and competency checking would be required once every two years for all staff who undertook aseptic procedures. She indicated that, following approval, the policy would be implemented across the organisation in line with the agreement in the NIAS Training and Education Strategy, Jan 2020 V0.3.

The Chair alluded to the requirement for training to be validated every two years through face-to-face training and suggested that this could prove challenging.

Ms Charlton acknowledged that the Trust was engaged with regional colleagues to explore options of an e-learning option for the theoretical aspects of the training. However she confirmed that the competency assessment would still be required to be conducted face-to-face and advised that the IPC team was working closely with

the Education and Training Team to determine the best approach to deliver on this aspect.

Mr Abraham referred to Trust Board responsibilities in relation to promoting a culture of high expectations associated with IPC and a willingness to hold others to account and asked how this would be evidenced.

Ms Charlton stressed the need to ensure a supportive infrastructure within the organisation as well as a constructive and support challenge at Committee and Trust Board level.

On a proposal from Mr Abraham and seconded by Mr Haslett, the Committee **APPROVED** the NIAS Aseptic Non-Touch Technique policy.

10 **Risk Management Progress Report including Corporate Risk Register (SC10/06/21/08)**

At the Chair's request, Ms Keating took members through the detail of the Risk Management Progress Report. She advised that she had met with Directors on a 1:1 basis to consider the risks attributed to them.

She drew the Committee's attention to the description of 'All Risks by Key Outcome' and highlighted the fact that the majority of risks were around delivering care, followed by workforce and organisational development risks.

Ms Keating pointed out that two new risks had been added to the Corporate Risk register. One related to Financial Stability 2021/22 and the other to the outstanding Internal Audit Recommendations. She added that no risks had been closed since the Committee has last considered the register.

Ms Keating alluded to the Directorate Risk Register and referred in particular to the risk associated with the telephony system in the Control Room. She clarified that mitigation was in place with the progression of the business case around the Integrated Control and Command System.

Ms Keating advised that she and Ms Paterson had recently met to discuss the age profile of a number of risks, in particular a number

of risks relating to Estates and the Medical Directorate. She cited the example of the long-standing risk around the paramedic bag and said that this had been recently progressed following work by Dr McLaughlin and Mr Sinclair.

Mr Abraham questioned the inclusion of the risk around ensuring 'Financial Stability 2021/22'. He asked whether other Trusts included a similar risk and invited comment from Mr Nicholson in relation to this.

Responding, Mr Nicholson explained that there were now two risks relating to Financial Stability. He commented that achieving 'Financial Stability 2020/21' remained a risk until the Trust accounts were certified while 'Financial Stability 2021/22' had been identified as a new risk. Mr Nicholson pointed out that he had confirmed the position of other Trusts and advised that they too had identified 'Financial Stability 2021/22' as a risk and had included this within their respective Corporate Risk Register. He said that he would support its inclusion on the Register given the increasing uncertainty around funding and lack of recurrent funding.

Mr Abraham said that, while he accepted Mr Nicholson's explanation, Non-Executive Directors should focus on those risks which were not 'standing items' arising year after year. This would assist in keeping the Committee's focus on emergent issues.

The Chair agreed with the point being made by Mr Abraham and suggested that some risks could be viewed as 'perennial' whilst there was a need to highlight new and emerging risks. He referred in particular to the outstanding IA recommendations and sought an explanation as to why this had been identified as a risk now when the issue had been in existence for some time.

Mr Bloomfield explained that, as Chair of the Audit Committee, Mr Abraham had asked for an increased level of scrutiny and monitoring to be put in place and arrangements were being made for Mr Abraham to meet with Mr Bloomfield and Mr Nicholson on a monthly basis. Mr Bloomfield also alluded to the limited assurance opinion from the Head of Internal audit. He reminded the Committee that the Trust had now received a limited opinion for a third year and the Head of Internal Audit had clarified that this was due to the fact that so many IA recommendations remained outstanding. Mr Bloomfield acknowledged the difficulties associated

with progressing the recommendations and said that the Trust's plan to fully achieve the recommendations in the 2020/21 year had been significantly impacted by Covid-19. He accepted that progress had also stalled in the second half of the year due to NIAS' response to the further Covid-19 surges. Mr Bloomfield said that it would have been inappropriate to ask staff to divert time from maintaining service delivery to address IA recommendations.

Continuing, Mr Bloomfield advised that Directors had included within their individual objectives reference to making substantial progress on the recommendations by September.

Mr Haslett supported Mr Bloomfield's comments and suggested that ensuring the Trust response to service delivery was prioritised could apply to the entire Corporate Risk Register. He commented that he had found the Register summary useful and referred in particular to some of the older risks such as estates condition and cyber security. Mr Haslett acknowledged the efforts being made by Mr McNeill in relation to improving the NIAS estate. He sought assurance that work was ongoing in relation to the 23 risks identified to reduce the mitigation and reduce those risks categorised as 'extreme' and 'high'.

Mr Bloomfield assured the Committee that work was ongoing to reduce the risks. He said it was unlikely that the risk around the NIAS estate would be removed when one took into account the condition of the estate and the significant resource which would be required. Mr Bloomfield said that Mr McNeill was currently working on an ambitious NIAS Estate Strategy and was of the view that the related risk would remain on the Corporate Risk Register for as long as was appropriate. He reiterated his assurance that work was being taken forward to address the risks and that the necessary mitigation was in place.

Ms Paterson alluded to the fact that the management of risk would transfer to the Audit Committee from the Safety Committee and said that this transition would take place over the coming months. She believed that this would provide Non-Executive Directors with the opportunity to drill down into the detail of the Risk Register.

The Chair emphasised the importance of maintaining close working links between the Audit and Safety Committees.

Mr Haslett proposed the Committee approve the Risk Management Progress Report including the Corporate Risk Register. This proposal was seconded by Mr Abraham and **APPROVED** by the Committee.

11 **SAIs – current position (SC10/06/21/09)**

The Chair welcomed Ms Boylan to the meeting.

Ms Charlton drew members' attention to the SAI position report within the papers and explained that the report provided an update on current Serious Adverse Incident Reviews within the Trust and had been set out in line with the HSC Board Members' Handbook Board Prompts or Safety Checks. She added that the Committee Chair had indicated that he was supportive of this approach.

Continuing, Ms Charlton welcomed the appointment of Ms Boylan and commended her approach in leading SAIs.

Ms Charlton reported that, in 2021/22, the Trust had reported 22 SAIs to the HSCB. She advised that the Rapid Review Group (RRG) had met on a weekly basis since May 2020 and acknowledged the focus this brought in terms of the collective discussions around whether an incident met SAI criteria. Ms Charlton indicated that it was not always necessarily a unanimous view but the appropriate decision was made on the views expressed at the meeting.

Ms Charlton highlighted the themes identified from SAIs. These included clinical practice, professionalism, resources and she acknowledged that there were often a number of themes within one SAI. Ms Charlton further acknowledged the learning emanating from the SAI review and advised that the Trust continued to share the learning as appropriate.

Referring to engagement with service users, Ms Charlton acknowledged that this could prove challenging both emotionally and psychologically. She stressed the need for ongoing support both for service users and for staff.

Ms Charlton alluded to the Internal Audit unacceptable finding relating to the time taken for the Trust to notify the HSCB of an incident and reminded the meeting that there was a 72 hour

timeframe from the incident occurring to SAI notification to the HSCB. She said that it was important for the Trust to understand this in more detail with a view to improving the position. Ms Charlton acknowledged that the challenge was around collating the necessary records in order to determine whether an incident met the SAI criteria.

Ms Charlton said that, following discussion with the HSCB and PHA, it had been agreed that, as the decision to notify an incident occurred when all of the pertinent information had been gathered from the relevant areas and reviewed by the RRG, NIAS would measure the 72 hours from the date of the RRG meeting. Ms Charlton said that she would be meeting with the BSO Internal Audit team to discuss this in advance of the next planned follow up audit in this regard.

In terms of SAIs outstanding, Ms Charlton reported that, as of 25 May 2021, there were 20 SAIs currently outstanding. However, she advised that responses to these would be submitted to the HSCB by the end of June.

Concluding her presentation of the report, Ms Charlton drew members' attention to the Appendix which set out a number of learning points from recent SAIs and the corresponding actions taken by the Trust.

The Chair thanked Ms Charlton for her report and invited questions/Comments from members.

Ms Paterson commended the layout of the report and believed that presentation of the data and narrative provided the Committee with assurance. She said that it would be helpful to look at how the information provided within the report could be incorporated into future regular reporting and she offered her assistance in taking this further.

Mr Haslett thanked Ms Charlton and Ms Boylan for their contributions to date. Mr Haslett said that, as a Non-Executive Director, he welcomed the significant improvements which had been made over the last number of months and he commended all involved.

The Chair echoed what had been said in relation to the layout of the report. He alluded to the HSC Board Members' Handbook and believed that providing prompts within the report as to the nature of questions which should be asked by Non-Executive Directors demonstrated a level of maturity. The Chair believed that there was a general improvement and greater positivity across this area of work.

Ms Charlton clarified that a recommendation from the Inquiry into Hyponatraemia Related Deaths (IHRD) was that Board members should be advised of SAI-related deaths. She reported that, in discussion with the Chair, it had been agreed that Board members would now be advised when such an incident occurred. However she explained that such circumstances did not always mean that a death was related to services provided by the Trust.

The Chair thanked Ms Charlton and Ms Boylan for their report which was **NOTED** by the Committee. He thanked Ms Boylan for her attendance and she withdrew from the meeting.

12 **Complaints and Compliments – position report (SC10/06/21/10)**

Ms Charlton referred to the Internal Audit finding in relation to complaints and acknowledged that, while progress was being made, further work was required to address the backlog of complaints.

She reported that there had been an increase in the monthly number of complaints received by the Trust around themes such as delayed transport/response as well as staff attitude and behaviour and quality of treatment and care. She pointed out that each complaint was considered at the weekly RRG meeting where decisions were taken regarding the immediate actions required.

Ms Charlton acknowledged that, whilst the significance of every complaint was fully recognised, she had requested an analysis to determine the volume of complaints in 2020/21 against the context of service activity. She reported that, in 2020/21, the Trust had received 226,271 emergency calls which equated to one complaint for each 9,838 emergency calls received. In terms of the 174,510 emergency calls attended, there was one complaint for every 1,837 emergency incidents and in relation to the 131,838 non-emergency journeys undertaken, there was one complaint for 4,709 non-emergency patient journeys.

Ms Charlton said that members would be aware of the KPI target of two days to acknowledge a complaint and reported that 87% of complaints were acknowledged within two days during April 2020-March 2021. In relation to responding to a complaint, Ms Charlton reminded the meeting that the KPI target to close a complaint was 20 days. She reported that, between April 2019 and 10 May 2021, 260 complaints had been closed. Ms Charlton indicated that, from April 2020 - March 2021, 131 complaints had been investigated and closed which represented an increase of 38% on the previous year. She noted that 35 complaints had been investigated and closed during the period 1 April 2021- 10 May 2021.

Ms Charlton conveyed her appreciation to the complaints team for their contribution. She believed that, in the context of Covid-19, the improved position was to be commended as very often Investigating Officers were involved in the Trust response to the pandemic.

The Committee **NOTED** the Complaints and Compliments position report.

13 **Care Opinion – Quarterly Report from Public Health Agency (SMT10/06/21/11)**

Ms Charlton referred to the Care Opinion report within the papers and reported that there had been 13 Care Opinion stories related to NIAS over the period January to March 2021 and that these were generally positive about the service. She reminded the meeting that Care Opinion was a standing item on the weekly SMT agenda.

Ms Charlton said that, as an organisation, the Trust was committed to encouraging more Care Opinion stories and she indicated that Care Opinion decals had replaced flu decals on PCS vehicles. She pointed out that, unlike other organisations, the Trust could not display posters in wards, on doors etc and encouraging people to use Care Opinion was often challenging as patients were unwell while in the Trust's care.

The Committee **NOTED** the Care Opinion Quarterly Report.

14 Report from Patient Engagement Sessions (SC10/06/21/12)

The Chair welcomed Ms Demi McKay to the meeting. At the Chair's request, Ms McKay took members through the detail of the report.

Ms Paterson commented that participating in the service user engagement sessions had allowed her to hear at first hand the experience of the service user and had found the experience valuable. Ms Paterson suggested that the approach used by Ms McKay would be helpful to the Trust in terms of its overall delivery.

Mr Haslett said that he had found the report reassuring and interesting, in particular the feedback from service users. He acknowledged that, while it was not necessarily negative feedback, such feedback could be used to improve services.

The Chair welcomed the fact that the report had also set out any critical feedback which had been received. He suggested that it would be important to focus on the feedback from those service users who had not had a good experience.

Ms Charlton agreed that this was an important point. She referred in particular to work being taken forward in collaboration with the Health and Social Care Board and the Public Health Agency and mentioned the fact that the No More Silos and work around urgent and emergency care have PPI workstreams. She acknowledged that the Trust was working on building a PPI structure as there were currently no dedicated posts without other portfolios in this area but believed that the Trust's recent recruitment exercise for the Head of Co-Production and PPI signalled the Trust's commitment to this area. She added that this postholder would represent the Trust at strategic and Departmental level.

Ms Charlton emphasised the importance of meaningful engagement being led and informed by patients and acknowledged that this work was in its infancy within the Trust.

The Committee **NOTED** the Report from Patient Engagement Sessions. The Chair thanked Ms McKay for her attendance and she withdrew from the meeting.

15 **10,000 More Voices – Your Experience of PCS (SC10/06/21/13)**

Ms Charlton referred to the report and acknowledged the collaborative working arrangements and support from PHA officers in this work. She noted that the report was largely positive and she highlighted a number of salient points to the meeting including the response rate and the limitations outlined within the report.

The Chair alluded to the Internal Audit findings around PCS and welcomed the positive comments from patients who had used the service. He sought clarification on the current position of the PCS review.

Ms Paterson advised that SMT had recently received an update report and she had also met with Mr Wright to understand how best to take forward those recommendations on which progress could now be made. Ms Paterson said that, when considering baseline information, it would be important to understand what measures could be factored in when the work to improve the service commenced. She said that there would be liaison with the Quality, Safety and Improvement Directorate to ensure that any improvements would be sustained and embedded in the longer-term.

She suggested that it might be helpful for the Committee to receive an update on this at its next meeting.

Mr Abraham commended all involved and welcomed the progress being made.

The Committee **NOTED** the report ‘10,000 More Voices – Your Experience of PCS’

16 **Hygiene, Cleanliness and Infection Prevention Control – Key Performance Indicators (SC10/06/21/14)**

Ms Charlton drew members’ attention to this paper and summarised the performance in relation to Environmental and Vehicle Cleanliness Key Performance Indicators for the twelve month period 1 April 2020 – 30 April 2021. She also highlighted a number of key developments which had taken place and which would be introduced over the coming weeks.

Ms Charlton advised that Trusts were supportive of having ED Cleaning Services on their sites. She pointed out that the number of Vehicle Cleaning Operatives had increased from 41 to 77 and explained that these posts had been funded with non-recurrent funding received in respect of Covid-19. Ms Charlton advised that the Trust had received notification of some non-recurrent funding for vehicle cleaning which would be available for the first quarter but not beyond that and added that it was her intention to undertake a recruitment exercise for permanent staff in the near future.

Continuing, Ms Charlton advised that work was being undertaken to scope other UK ambulance services audit tools and said the Trust planned to introduce independent audits which would be carried out by two members of the Environmental Audit Team rather than by Station Officers. She alluded to the need for a robust audit training programme within the Trust.

Ms Charlton drew the Committee's attention to the fact that the Trust had two subject matter experts who would ensure an effective and efficient cleaning regime across stations. She added that the Trust also planned to recruit permanent cleaning supervisors and explained that the funding for these posts originated in the IPC business case.

The Chair welcomed the progress being made.

Mr Haslett also welcomed the progress, particularly around IPC and commented that today's meeting had been very encouraging to him as a Non-Executive Director. He commended all involved and extended particular thanks to Ms Charlton.

Ms Charlton stressed that, while there were not many staff within the Quality, Safety and Improvement Directorate, it had been very much a collaborative approach across Directorates.

The Committee **NOTED** the update on Hygiene, Cleanliness and Infection Prevention Control – Key Performance Indicators.

17 **Date of next meeting**

The next meeting of the Safety Committee will take place on Thursday 16 September 2021 at 10am (arrangements to be confirmed).

18 **Any Other Business**

- **Committee Starting Time**

The Committee agreed that future meetings should start at 9.30am.

THIS BEING ALL THE BUSINESS, THE CHAIR DECLARED THE MEETING CLOSED AT 12.00 NOON.

SIGNED:



DATE:

4 August 2021