



**MINUTES OF THE SAFETY, QUALITY, PATIENT EXPERIENCE AND
PERFORMANCE COMMITTEE HELD AT 10AM ON THURSDAY
25 MARCH 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
Ms R Byrne - Director of Operations
Ms L Charlton - Director of Quality, Safety & Improvement
Ms R Finn - IPC Lead
Ms K Keating - Risk Manager
Ms M Lemon - Interim Director of Human Resources
Mr B McNeill - Programme Director - CRM
Mr P Nicholson - Interim Director of Finance
Ms R O'Hara - Programme Director – Strategic Workforce Planning
Ms A Quirk - Boardroom Apprentice
Dr N Ruddell - Medical Director
Mr R Sowney - Senior Clinical Adviser
Mrs C Mooney - Board Secretary

APOLOGIES: Ms M Paterson - Director of Planning, Performance & Corporate Services

1 Apologies & Opening Remarks

Apologies were noted from 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 (SC25/03/21/01)**

The minutes of the previous meeting on 19 November had been **APPROVED** by e-mail.

4 **Matters Arising (SC25/03/21/02)**

The Committee **NOTED** the Matters Arising and the Chair asked that a number of actions would remain on the action list.

Dr Ruddell reported that, while the HSC had not fully rolled out Lateral Flow Testing, NIAS had piloted its use in areas such as Helicopter Emergency Response Services (HEMS), Control and Hazardous Area Response Team (HART). He said he anticipated that Lateral Flow Testing would be made available to all staff, including support functions, in the coming weeks. Dr Ruddell explained that he envisaged staff taking a Lateral Flow Test twice per week and if the test proved positive, staff would be required to self-isolate and have a formal swab test to confirm. He advised that Lateral Flow Testing would assist in identifying any asymptomatic staff who may develop the virus and potentially pass to colleagues or patients.

The Chair asked that this issue remained on the action list so the Committee could receive an update at its next meeting.

5 Safeguarding Quality Improvement Plan (SC25/03/21/03)

Ms Charlton advised that the paper provided members with an update around the actions within the Trust's Quality Improvement Plan (QIP) in relation to safeguarding processes, governance and assurance. She indicated that RQIA had been content with the update she had provided in September 2020 on the actions taken to date and said it was likely that, when safe to do so, RQIA would undertake unannounced inspections.

Ms Charlton reported that the Trust had recently been successful in recruiting a Head of Safeguarding and said it was hoped that the individual would take up post in June.

Ms Charlton highlighted a number of salient points within the Plan. She acknowledged that a major challenge facing the Trust was having clear referral pathways across the region. She indicated that the Trust had engaged the specialist services of Mr James Marshall, Leadership Centre Associate, to take forward this work and explained that the HSCB had also established a group to assist regional organisations in examining this issue further. Ms Charlton reported that meetings had been held with Trust Directors of Older People and policies and procedures had been drafted with a view to agreeing referral pathways over the coming weeks.

Ms Charlton referred to the development and implementation of a Trust policy in relation to Professional Allegation and said that Ms Lemon had been working with Dr Ruddell and Mr Sinclair to develop such a policy for the Trust. Ms Charlton also referred to a national safeguarding group which had been established under the auspices of the Association of Ambulance Chief Executives (AAACE) and which had produced a draft paper recommending that every ambulance service should have a professional allegation policy in relation to safeguarding.

Continuing, Ms Charlton referred to the work of a number of Operational staff who were currently on non-operational duties and whose input had been invaluable in terms of providing peer support and feedback to colleagues. She said that this feedback was welcomed by staff.

Ms Charlton referred to the training and education required and advised that a bespoke e-learning package had been developed for the Trust. She said that this would be operational from April and uptake would be monitored with all staff being made aware of the need to undertake training.

Ms Charlton explained that a regional template had been agreed for the reporting of safeguarding issues and said that the annual safeguarding report, as well as a quarterly report, would be brought to the Committee for consideration following implementation of the QIP.

Mr Sowney referred to safeguarding champions and sought clarification on whether the intention was to have a champion in each area or each Division.

Responding, Ms Charlton explained that three safeguarding champions fed back to each Division and would also raise awareness. She pointed out that, regardless of who made the referral, feedback would be provided. Ms Charlton said that, while she acknowledged the differences in population sizes, it would be important to understand the variations in the number of safeguarding referrals per Division. She said that, while information was available in terms of the national rate of safeguarding and welfare referrals, there appeared to be inconsistency across UK ambulance services in terms of how such rates were recorded. Ms Charlton indicated that, whilst there was a need for better understanding of the variation in national referral data, it would appear that the Trust referral rate was below other UK ambulance Trusts. It was recognised that the appointment of a Safeguarding Lead should strengthen the referral process.

Mr Sowney asked whether Ms Charlton intended to expand the role of safeguarding champion to station level similar to the IPC model.

Ms Charlton advised that a number of non-Operational staff had joined the safeguarding group and, as a result, CSD referrals had improved. She explained that once individuals had engaged in the safeguarding group and had subsequently moved to work in other areas of the Trust, the impact of their engagement became evident. She said that the Head of Safeguarding would take forward the role of safeguarding champion.

Mr Bloomfield clarified that the Trust had identified the gap in safeguarding a number of years prior to RQIA highlighting the issues. He said that, at the time, the decision was taken to include safeguarding as a key responsibility of the Director of Quality, Safety & Improvement post. He acknowledged that the work taken forward by RQIA had assisted in focussing the Trust on where improvement was required. Mr Bloomfield believed that the Improvement Plan demonstrated that good progress had been made despite the limited resources available and said that the appointment of the Head of Safeguarding would allow this progress to be accelerated.

The Chair said that it was important to have this point minuted.

Mr Haslett welcomed the progress made and believed that staff on the ground would find this reassuring. He asked whether the safeguarding report would be brought to the next Committee or Trust Board meeting in June.

Responding to a question from the Chair, Ms Charlton confirmed that training would be provided to voluntary care drivers.

Mr Abraham enquired whether the RQIA QIP was published. Ms Charlton explained that it was likely that the high level update provided by the Trust would be published by RQIA.

Mr Abraham suggested that it might be helpful to include a definition of safeguarding at the start of the report. Ms Charlton agreed to revisit this.

6 Risk Management Progress Report including Corporate Risk Register (CRR) (SC25/1/20/04)

In Ms Paterson's absence, Ms Keating advised that a number of amendments had been made to the Corporate Risk Register, including the addition of a risk put forward by the Trust Chair in relation to attracting and retaining suitably qualified staff.

Ms Keating highlighted two changes to risks – one relating to the Operational impact of Covid-19 and she indicated that this risk had been de-escalated from extreme to high. She referred to the risk relating to the outbreak of Covid-19 with emphasis on Emergency

Ambulance Control (EAC) and advised that this had also been de-escalated from extreme to high.

Ms Keating pointed out that the risks were mapped against key outcomes contained within the Trust's Strategic Plan and noted that the majority of risks were around delivering care and workforce.

Alluding to the Directorate Risk Registers, Ms Keating acknowledged that there was still a number of longstanding risks, eg state of the estate, Gazetteer (address details for existing and new properties/places & names) and rest periods.

Mr Sowney referred to Risk 372 around the review of the Operational structure, noting that the review had been paused due to Covid-19 and asked if this had recommenced.

In response, Ms Byrne acknowledged that Covid-19 had caused a delay in progressing the Operational review. She advised however that work would now commence in Quarter 2 and said that she would be working closely with colleagues from the Association of Ambulance Chief Executives (AACE) to take this forward. She added that she still hoped to be able to meet the original timeframes and was hopeful that, dependent on Covid-19 travel restrictions, AACE colleagues would be able to travel to Northern Ireland.

Mr Sowney referred to risk 531 around independent sector resources and sought clarification on the current position in relation to the PCS review and whether it was still on course for completion by June.

Ms Byrne said that she hoped to have the initial report of the management of independent sector resources in the coming weeks and clarified that the review of PCS fell within this area of work. She pointed out that there were also linkages to the need to review the independent sector framework.

Responding to a further question from Mr Sowney as to where the report would be considered, Mr Bloomfield clarified that the report would certainly be discussed by the Senior Management Team in the first instance with a view to further discussion at a Committee and Trust Board.

Mr Bloomfield highlighted the work ongoing in relation to clarifying the thresholds for the use of the independent sector by the Trust. He said that he expected the spend would reduce through this work as well as addressing some of the concerns around the types of calls allocated to independent sector providers.

Ms Lemon said that she would like to take the opportunity to highlight a number of issues in relation to two HR risks. She acknowledged that work around workforce had recommenced following a pause in this work due to Covid-19. She confirmed that a cultural assessment tool had been disseminated to staff and plans were being made to undertake some workforce engagement sessions in the coming weeks. Ms Lemon indicated that there was a key focus on leadership development and the leadership strategy and said that this would be a key priority for Quarter 1. She advised that she would also be taking forward the recruitment of a post leading on and delivering organisational development. In relation to sickness absence, Ms Lemon reminded the meeting that the priority had been to manage absences associated with Covid-19 as well as managing those staff categorised as Clinically Extremely Vulnerable. She added that Occupational Health had also focussed its work around these staff.

Continuing, Ms Lemon acknowledged that there were fundamental issues which the Trust needed to address in order to improve its response to sickness levels. She referred in particular to the review of Occupational Health Services which was underway and said that an update on this work would be provided at the next meeting of the People, Finance and Organisational Development Committee.

Mr Sowney referred to the Good Attendance Programme Board which had been in place in early 2020 and asked whether this forum continued to meet. He also alluded to the HR Advisors appointed to look at attendance within Divisions and sought clarification on the impact made.

Responding, Ms Lemon indicated that the recommendations of the recent HR review would be implemented through the new HR structure and she outlined her plans for the HR advisors to work in partnership and provide the full range of HR support. In response to Mr Sowney's question around the Programme Board, Ms Lemon reminded the meeting that a workshop had been held in early 2020 and it had been agreed that a different approach was needed. She

said that it was the intention to develop a new framework for attendance management which would be considered by the People Committee in the first instance. Ms Lemon explained that the focus would be more on understanding the reasons and the factors contributing to sickness levels.

Ms Lemon said that it was also her intention to bring the Trust plan for Health and Wellbeing Strategy to the People Committee and added that the Strategy with a focus on mental health. She advised that the Trust was using the Northern Trust to provide some psychological input to deliver a project both around mental health as well as inputting to the wider organisational development culture work.

Mr Sowney emphasised the need to transform the culture of the organisation and stressed the importance of addressing culture within the Trust. He believed that this was the single most significant challenge facing the Trust and welcomed the approach outlined by Ms Lemon. Mr Sowney said that addressing culture was much more than having policies and procedures in place and believed that it was important for those at each level of the organisation to take responsibility for changing the culture and ensuring staff felt comfortable in speaking out. He pointed out that linkages to culture permeated the organisation.

Ms Lemon agreed with the points made by Mr Sowney and stressed the importance of a just culture. She also emphasised the importance of clearly demonstrating a positive culture within the organisation so staff became accustomed to working in such an environment and began to replicate it.

Mr Haslett referred to a number of risks which were six years old and expressed his surprise that these had not yet been addressed. He indicated that he preferred not to have risks rolled forward and stressed the importance of the Register being regularly examined and refreshed.

Mr Bloomfield explained that there would always been certain risks on the Register and he cited the example of the risk relating to financial balance. He suggested that it might be timely to refresh the Register to ensure that old risks were removed as well as ensuring the identification of new risks. Mr Bloomfield emphasised the need to ensure risks were actively managed and to use the

Register on an ongoing basis rather than periodically when it was presented for discussion at a Committee or Trust Board.

The Chair believed that the refresh of the Risk Register was linked to the ongoing work in relation to the Board Assurance Framework. He suggested that it would be helpful to examine these linkages in more detail.

Mr Bloomfield reminded the meeting that a workshop had been planned to look at this area but unfortunately it had been necessary to postpone it due to Covid-19. However he confirmed that arrangements would be made for a workshop to take place before the summer.

Mr Abraham indicated his agreement with the comments made and said there was a need to focus on this in the context of the new Committee structure.

Mr Bloomfield acknowledged that there appeared to be duplication between the Board Assurance Framework and the Risk Register and said it would be important to fully understand these linkages.

Dr Ruddell said that, as well as the risks which have been on the Register for some time, there were risks which remained persistently high. He referred to discussion at the previous meeting around EU Exit and why that particular risk had remained high despite the UK leaving the EU some time before. However he explained that the calculation of risk was based on the need to take account of the potential consequences.

In response to a question from Mr Sowney regarding the impact on those staff crossing the border in terms of registration, Dr Ruddell provided an update on the work ongoing to look at this issue. He said that the Trust had previously received correspondence from the Permanent Secretary advising that all professionals crossing the border would have to be registered with the relevant body in the Republic of Ireland. However, following discussions between the two Departments of Health, it had been decided that registration was not immediately required for NIAS staff. Dr Ruddell said that this issue still needed to be looked at on a long-term basis with a view to putting a more formal agreement in place.

Following this discussion, the Committee **APPROVED** the Risk Management Progress Report including Corporate Risk Register.

7 Board Assurance Framework (SC25/03/21/05)

The Chair welcomed the Board Assurance Framework and believed that discussion at the workshop to be arranged would help clarify understanding further, in particular around the three lines of defence and the mechanisms therein. He stressed the importance of linking the Assurance Framework to the Corporate Risk Register. Referring to the areas to be covered at the workshop, the Chair said he would also like to understand more about the oversight provided by the Association of Ambulance Chief Executives (AACE) to this work.

Ms Keating indicated that, if members would find it helpful, she could present on the linkages between the Framework and the Register as well as how these complemented the Performance Management Framework. She acknowledged that, while progression of the Framework had been impacted upon by Covid-19, the Framework had been updated in February through 1:1 meetings with relevant staff. Ms Keating reiterated that the purpose of the Framework was to provide members with assurance that work was being progressed.

Mr Sowney referred to the Education Review and asked whether the review should be reflected within the Framework in terms of the risks associated with the work not being completed.

Ms Keating undertook to consider the inclusion of an objective around the Education Review being led by Dr Ruddell.

Dr Ruddell acknowledged that there were risks associated with clinical education and advised that these would be incorporated into the review.

Mr Haslett referred to the objective around the development of the Communications Strategy and questioned the timing of the presentation of this to the Trust Board. He highlighted the importance of an effective Communications Strategy for the service.

Responding, Ms Keating said it was her understanding that the Strategy was still in draft form. Mr Bloomfield undertook to revisit the timescale for its production.

The Chair referred to objective 7.2 relating to the review of existing processes around the Knowledge and Skills Framework (KSF) and sought further detail on the associated risk around Trade Union KSF leads not participating in a review of existing KSF Process until the historical issues were resolved.

Ms O'Hara explained the background to this issue and said that she planned to meet with Branch Secretaries and Management Side representatives after Easter to discuss how best to resolve the historical issues. She said that Branch Secretaries were in the process of identifying KSF leads in other Trusts to hear how they manage appraisal and KSF with a view to taking on board any learning.

The Chair said that he would welcome progress in this regard.

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

8 **Skin Care Policy (SC25/03/21/06)**

Dr Ruddell explained that work around the development of a Skin Care Policy had been ongoing for some time and he thanked Ms Keating for her significant contribution to date.

Dr Ruddell said that the policy was particularly relevant in the context of Covid-19 where there was significant emphasis on handwashing and the use of gels which could potentially cause skin complaints. He explained that the core objective of this policy was to describe how the Trust intended to prevent or minimise the risk of staff developing a skin complaint a result of their work by:

- Increasing the awareness of managers and staff of the importance of good skin care;
- Providing guidance on, and ensuring there is consistency in the selection, use and quality of gloves;
- Establishing systems for the early identification and referral of staff to the Occupational Health Service who may have, or be at risk of, developing a work related skin complaint.

The Committee **APPROVED** the Skin Care Policy.

9 **Covid-19 Related Incidents (SC25/03/21/07)**

Ms Charlton extended her thanks to Ms Keating and Ms Hill for developing this report. She explained that the paper provided an overview of incidents relating to Covid-19 and which had been reported via the Trust's Incident Reporting System (DATIX).

Ms Charlton indicated that, between February - December 2020, there had been 245 Covid-19 incidents reported by NIAS staff. Drawing members' attention to the paper, Ms Charlton said that these incidents had been identified into themes with communication being identified as the most common issue due to the continual evolving of the PHA guidance around Covid-19 as well as other issues around vaccination, PPE testing being highlighted. She acknowledged that Directors were involved in the management of such incidents through their membership of regional working groups. She alluded to those reported incidents involving PPE and advised that any PPE incidents were reported weekly and discussed at the PPE Cell with any learning identified and shared with staff.

Referring to the learning specifically around communications, Ms Charlton advised that work was now being taken forward by Mr McPoland and Ms Paterson in relation to the frequency of communication as well as the methodologies used. She explained that, as a result of feedback from staff, it had been possible for the Trust to liaise with other Trusts and the number of communication issues, for example, had reduced significantly.

Mr Sowney commended all involved and acknowledged the challenges experienced by all Trusts in communicating with staff when Covid-19 related information evolved and changed frequently. He believed it was important for staff and the general public to be aware of such challenges and said that, whilst there had been frustration from those staff on the ground, there was also an understanding of the difficulties being encountered. Mr Sowney also referred to the introduction of Pulse staff magazine and undertook to provide feedback to Mr McPoland.

The Chair commended Mr McPoland on Pulse and welcomed its introduction.

The Committee **NOTED** the report on Covid-19 related incidents.

10 **Complaints and Compliments – position report (SC25/03/21/08)**

Ms Charlton advised that, in the context of the pandemic, while a number of Trusts had decided to close their Complaints Departments, NIAS had taken the decision to continue to respond to complaints. She said that acknowledgement letters issued explained to complainants that the same staff investigating the complaint were involved in the frontline response to the pandemic and there could be a delay in responding.

Ms Charlton reminded those present that, at the last meeting, she had given an undertaking that members would see an improvement in the position regarding complaints and compliments and she acknowledged the challenges in doing so. She extended her thanks to a number of staff who had volunteered to assist her and added that a conscious effort had been made to improve the position.

Continuing, Ms Charlton acknowledged that work was ongoing to address the significant backlog of complaints and believed that it would be at least six months before all would be addressed. She explained that some complaints dated back to 2019 and the individual circumstances of each complaint was being examined to determine whether it would be appropriate to send a response.

Ms Charlton advised that there were currently 121 open complaints and added that significant progress had been made in closing complaints with weekly signature meetings with the Chief Executive. She said that she hoped to be able to report an improved position at the June meeting and reflect on a number of process issues. Ms Charlton added that she also intended to bring further detail on a number of Ombudsman complaints to the next meeting.

Mr Haslett thanked Ms Charlton for her comprehensive report. He referred to the fact that other Trusts had closed their complaints departments in the context of Covid-19 and commended those involved for continuing to address and respond to complaints. Mr Haslett referred to page 5 of the position report and the fact that almost 50% of complaints received had been about transport and

late arrival. However he commended the Trust on closing complaints during the pandemic.

Mr Abraham commended the Trust for continuing to manage complaints despite the impact of the pandemic.

Mr Sowney acknowledged the significant progress made while facing the challenges presented by Covid-19. He reminded the meeting that many of the individuals investigating complaints were involved in the Trust's response to Covid-19. He alluded to the number of complaints received which centred on the attitude of staff and asked if any correlation had been made between staffing and resources.

Responding, Ms Charlton advised that no analysis had been carried out to identify if there was a correlation. She said it had been interesting to note that, on some occasions, the Trust had received both compliments and complaints with regard to the same members of staff but stressed that the experience of the complainant and how the member of staff had made them feel at the time had led to either a complaint or compliment being made.

Ms Charlton advised that interviews for the post of Complaints Manager continued and said she looked forward to filling the post. Ms Charlton acknowledged that the Trust had more work to do to provide a satisfactory complaints service to the public and said she hoped to provide further assurance on this to members at the next meeting.

Mr Bloomfield thanked members for their comments in recognising the operational difficulties while attempting to maintain the Trust's complaints service. He referred to the backlog and said that it would be important to clear this before any improvements would be evident. Mr Bloomfield referred to the Internal Audit report around complaints management and said he could offer assurance that progress was definitely being made. He advised that he and Ms Charlton were meeting with the complaints team on a weekly basis to go through complaints in detail and sign off on response letters. Mr Bloomfield assured members that the backlog would be addressed and said that, more importantly, the Trust had been able to identify issues which would in turn improve the service for patients.

The Committee **NOTED** the Complaints and Compliments Position Report as presented by Ms Charlton.

11 **Regional Policy supporting staff involved in Incidents, Complaints, Claims & Coroner's Inquests (SC25/03/21/09)**

Ms Charlton drew the Committee's attention to the regional policy and explained that the DoH had written to Trusts in January 2020 requesting that they implement a suite of policies around learning from Adverse Incidents and Being Open. She added that it had been suggested that the policies should be implemented in accordance with local circumstances by June 2020. Ms Charlton said that, in the context of Covid-19, she was presenting the policy to the Committee today. She stressed that the focus was on having a just culture and, whilst emphasising the importance of supporting staff, reference was also made to holding staff to account when appropriate.

The Chair suggested the inclusion of a few lines to clarify the processes to be followed when staff made a mistake in terms of performance or in terms of conduct and how such different circumstances would be addressed. He referred in particular to para 4.8.1 within the policy, 'Criminal Proceedings against a Staff Member Acting In The Course of Their Employment'. He sought clarification around the implication that staff would be responsible for sourcing their own legal support and indicated that this did not sit well with him.

Responding, Ms Keating advised that it was entirely possible for an individual employee to be subject to prosecution for a breach of legislation by an enforcing authority such as HSENI. She suggested that there may be circumstances where the Trust would have to seek its own legal advice to protect the organisation and likewise it would be necessary for the member of staff to seek their own legal advice. Ms Keating acknowledged that such circumstances would be extremely rare.

The Chair suggested that further clarification was required around this as well as how the Trust would hold staff to account.

Ms Lemon agreed with the points made by Ms Keating and believed that the Chair's point was also well made. She indicated that such

vicarious linkages did exist when, despite receiving extensive training, an individual might decide to act outside the scope of that training and therefore need to seek personal legal advice.

Ms Charlton suggested that the introduction at para 1.2 should include reference to the importance of a just culture¹ as well as to the NHS Safety Strategy which defines the meaning of a just culture and holding staff to account.

Ms Lemon said that she would be keen to link this to the regional work being taken forward in terms of introducing a just culture framework to the HSC, including a new approach to disciplinary processes.

Mr Abraham referred to para 4.5.2 around the requirement for staff to provide factual statements and noted that there was no reference to staff rights in terms of statements against self-interest and employee rights/obligations. He was of the view that there was a need for staff to be made aware of how to obtain legal advice in relation to making statements, particularly in the context of litigation or potential criminal or civil liability and added that staff needed to know and be informed of their rights and obligations.

Dr Ruddell explained that staff were required and expected to comply with requests from the coroner to provide statements. He added that, as a statutory agency, there was an expectation that the Trust would comply. However, he said that, while staff could refuse such requests, it was likely that they would be served a subpoena.

In response to a question from Mr Haslett, Ms Charlton explained that the Trust received its legal advice from the Directorate of Legal Services within the BSO.

Ms Lemon indicated that the Trust's Legal Claim Assistant was currently based within the HR Directorate. However, she added that consideration was being given within the current Directorate restructuring as to where this post would best sit.

Ms Charlton indicated that the policy before the Committee was largely around provision of psychological support to staff during

¹ A 'just culture' concept establishes an organisation-wide mindset that positively impacts the work environment and work outcomes in several ways. The concept promotes a process where mistakes or errors do not result in automatic punishment but rather a process to uncover the source of the error.

traumatic incidents. She commented that Dr Ruddell had arranged for the coroner to undertake some training with staff and said that some staff would turn to their Trade Union for legal support. She agreed that it would be important for staff to be aware of how and where to seek support. Ms Charlton acknowledged that, while the Inquiry into Hyponatraemia Related Deaths (IHRD) had referred to the fact that organisations could not influence statements made by individuals, there was a need to ensure staff were fully aware of the implications of what would be included in a written statement.

Agreeing with the points made by Ms Charlton, Dr Ruddell reminded the meeting that there was the potential for complaints to be designated as Serious Adverse Incidents (SAIs) and staff needed to be fully aware of the content of their written submissions within DATIX.

The Chair asked that the changes put forward by members would be made to the policy and approval to the revised policy sought by e-mail. Reference would be made to this at the June meeting.

12 **Hygiene, Cleanliness and Infection Prevention Control – Key Performance Indicators: April 2020 – March 2021 (SC25/03/21/10)**

Ms Charlton drew the Committee's attention to this paper which summarised Hand Hygiene (HH), IPC E-Learning, IPC face to face training, and Aseptic Non-Touch Technique (ANTT) key performance indicators from 1 April 2020 to 15 March 2021. She indicated that the previous reporting period data was included within the report for comparative purposes.

Ms Charlton pointed out that this data set would be regularly presented to the Safety Committee for assurance and that presentation of this data would be alternated with data relating to Environmental and Vehicle Cleanliness which would be presented at the June meeting.

Ms Finn took the Committee through the detail of the paper.

Responding to a question from Mr Haslett on poor performance against the hand hygiene KPI following the distribution of fob watches to staff, Ms Finn explained that there was a number of elements to the audit and advised that non-compliance could mean

that a member of staff did not have a hand sanitiser on their body but accessed in on a wall container. Ms Finn commented that generally staff exercised good practice well and she acknowledged that there was a need to examine the data in greater detail.

Mr Haslett sought further detail on what steps were necessary to achieve the 90% target.

Ms Charlton indicated that one of the biggest challenges was crews working in cold weather and, as a result, not practising bare below the elbow as they tended to wear their jackets. She acknowledged that the Trust provided arm protectors but there was a culture of staff not using these.

Continuing, Ms Charlton pointed out that NIAS was one of two ambulance services that did not have a policy around bare below the elbow. She indicated that within the Hand Hygiene Policy, it was intended to make it policy that staff should not wear a wrist watch and she was of the view that implementing such a policy would improve compliance.

Ms Finn pointed out that training could be developed around the detail of the data available to the Trust. She added that she hoped to be able to provide the Committee with a full dataset at its next meeting to demonstrate improvements.

Mr Sowney agreed with the points made by Ms Charlton and Ms Finn and acknowledged the challenges. He reminded the meeting that, unlike their colleagues based in controlled hospital settings, ambulance staff worked in uncontrolled environments and said that he remained unconvinced that it was not clear whether this had been taken into account by RQIA when undertaking their inspections.

Ms Charlton advised that Trust officers would be meeting with RQIA in mid-April with a view to amending the audit tool in line with feedback from the Trust.

Dr Ruddell pointed out that the audit tool initially used by RQIA had not been designed for use within the context of an ambulance service. He explained that the initial emphasis had been on achieving a high standard in order to satisfy the findings of the RQIA but that it would be prudent to amend the tool for more specific use.

Dr Ruddell added that, as a result of the detailed work undertaken by Ms Charlton and her team, RQIA had indicated its willingness to take on board and implement any NIAS feedback.

The Committee **NOTED** the KPIs in relation to Hygiene, Cleanliness and Infection Prevention Control.

17 **Date of next meeting**

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

18 **Any Other Business**

There were no items of Any Other Business.

THIS BEING ALL THE BUSINESS, THE CHAIR DECLARED THE MEETING CLOSED AT 12.10PM.

SIGNED:  _____

DATE: 26 May 2021