Northern Ireland Ambulance Service
Health and Social Care Trust

MINUTES OF THE SAFETY, QUALITY, PATIENT EXPERIENCE AND PERFOMANCE COMMITTEE HELD AT 9.30AM ON THURSDAY 25 NOVEMBER 2021 (VIA ZOOM DUE TO COVID-19)

PRESENT:	Mr D Ashford	-	Committee Chair
	Mr W Abraham	-	Non Executive Director
	Mr T Haslett	-	Non Executive Director
IN ATTENDANCE:	Mr M Bloomfield	-	Chief Executive
	Ms L Charlton	-	Director of Quality, Safety & Improvement
	Ms 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
	Mr C Carlin	-	Boardroom Apprentice
	Ms R Smyth	-	Graduate Intern
	Ms C McVeigh	-	Complaints Manager (for agenda item 8 only)

1 Apologies & Opening Remarks

Mr Ashford thanked those present for attending and extended a particular welcomed to Mr Carlin and Ms Smyth. He advised that, in his preparatory meeting with Ms Charlton to discuss today's agenda and papers, they had agreed that the sequencing of work to be considered by the Committee would take effect in the new financial year.

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 (SC25/11/21/01)**

The minutes of the previous meeting on 16 September 2021 had been **APPROVED** by e-mail and presented to the October Trust Board.

4 **Matters Arising (SC25/11/21/02)**

Members **NOTED** the action list.

Mr Bloomfield referred to the Updated Policy & Procedures on the Management of Medicines, in particular the section around Accountable Officer responsibility on Controlled Drugs. He believed there was potential for ambiguity in relation to this wording and asked Dr Ruddell to revisit this to ensure there was absolute clarity.

With regard to the action around further examining what measures could be put in place to ensure the completion of Patient Record Forms (PRFs) at station, Mr Bloomfield advised that good progress was being made on the roll-out of REACH. He explained that REACH would enable an effective solution to ensure the completion of PRFs which should be completed for every call.

Mr Sowney suggested that it would be helpful including such information against the actions as well as an indicative timeframe for implementation.

In relation to the action around updating the Committee on the PCS review, Mr Bloomfield advised that progress against the review had been slow due to the redeployment of senior staff involved to assist in managing the current pressures. He explained that the review had been re-allocated to a project manager from the Directorate of Planning, Performance & Corporate Services who was being assisted by an officer from the London Ambulance Service and who

had had experience in managing a similar service in London. Mr Bloomfield said that the current team would not be impacted upon by service pressures and would be able to progress this work.

He suggested that it would be helpful to bring an update in the New Year setting out the short-term actions and the longer-term improvement plan and said that consideration could be given as to which Committee would be best placed to receive the update.

Ms Charlton referred to the action around welfare checks and explained the practice of the Clinical Support Desk contacting those callers who were waiting for a response to assess their condition. She advised that, while a decision had been taken to advise callers that they could eat/drink and take necessary medication, it had unfortunately not been implemented within EAC. Ms Charlton assured the meeting that these arrangements had now been implemented and guidance around eating/drinking had been issued and she undertook to bring figures back to the January meeting to capture the impact on patients.

Mr Sowney sought an update in relation to CSD recruitment. Dr Ruddell advised that a successful recruitment exercise had recently been undertaken which had included two nurses being offered posts with CSD.

Mr Bloomfield welcomed the nursing appointments and said that the Assistant Director responsible for the EAC was keen to undertake a further CSD recruitment exercise to maintain staffing levels. However he said that he had asked this to be paused in order to explore and resolve an issue around the qualifications required. Mr Bloomfield explained that, with the current job descriptions, a higher level of qualifications was required for nursing posts as opposed to paramedic posts and said it would be important to ensure equivalency. He added that, should it take some time to resolve the issue, he had suggested that the recruitment exercise should proceed in the interim. Mr Bloomfield added that Ms Lemon and Ms Byrne were progressing this issue.

Ms Charlton pointed out that, as it was for the same post, there should be no difference in the qualifications required and added that, under Agenda for Change, it would be the same job description for the post. She indicated that as registered nurses, both she and Ms Byrne would provide the professional reporting line and

mentorship. Ms Charlton stressed the importance of having robust governance and professional arrangements in place for nursing staff joining the organisation.

Responding to a question from the Committee Chair, Ms Charlton clarified that CSD contacted patients waiting for a response to carry out a welfare check and potentially retriage the call if there was a change in condition and said that there were real challenges in doing so within current resources.

The Committee Chair referred to crews having to wait outside EDs and asked what arrangements had been put in place to look after the welfare of staff.

Mr Bloomfield referred to the long waits outside EDs to handover patients and said that this had been referenced in both national and local media. He expressed surprise that there had not been more coverage of a recent publication of a report by the Association of Ambulance Chief Executive (AACE) focussing on a clinical review demonstrating the increased harm caused to patients as a result of delayed handovers. Mr Bloomfield said that Trusts had recently been asked by the Health and Social Care Board (HSCB) to provide an update on the current position in relation to the establishment of ambulance handover zones. He acknowledged that, while Trusts, in some instances, had the physical space to create ambulance handover zones, the difficulty was ensuring they were appropriately staffed. Mr Bloomfield said that Ms Byrne was currently having discussions around whether it would be possible to introduce a joint staffing model. He acknowledged the challenges and reminded the meeting of the correspondence from the Permanent Secretary which clarified that ambulances were not an extension of the hospital and should not be used in this way.

Mr Bloomfield said that, related to this issue, the Trust was taking action to try to ensure that staff finished their shifts on time. At present, staff regularly finished their shifts two or three hours late, and on occasions longer. He highlighted the risks of this to both staff and patients and stressed the importance of staff being properly rested to provide the best care for patients. Mr Bloomfield explained that a small Task and Finish Group being led by Ms Paterson was currently examining the logistics associated with ensuring that staff due to finish their shift were relieved by another member of staff either at the ED or at scene. He acknowledged that

this would not resolve ED handover delays where the most significant issue was staff working significant hours beyond their finish time. Mr Bloomfield indicated that late finishes was one of the greatest concerns of staff and this posed a real risk to maintaining services through the winter period.

The Committee Chair welcomed this approach and expressed his concern at the impact of the ED handover delays on patients and staff alike.

Mr Abraham expressed concern that the Trust was spending additional resources to support hospital services which in turn were not being mindful of the impact of the handover delays on staff. He indicated that this issue had continued for some time without resolution and was of the view that it would be unacceptable to allow the situation to continue. Mr Abraham suggested that consideration should be given to imposing financial penalties on those Trusts which continued to have unacceptable handover delays and was of the view that a much more robust approach should be adopted rather than the conciliatory one which had been used to date. He referred to the provision of ambulance handover facilities at EDs.

Mr Bloomfield emphasised the importance of ensuring the focus of discussions remained on what was best for patients. He pointed out that the Trust had stressed to other Trusts that, if a patient's treatment had been completed in the back of an ambulance, the Trust could not request the ambulance to transport the patient home and the Trust would be responsible for making the usual arrangements to transport a patient home. Mr Bloomfield said that he had also written to Trusts to convey the position.

Continuing, Mr Bloomfield advised that the Trust did not have authority to impose financial penalties. He indicated that ambulance services across the UK were experiencing similar challenges in relation to ED handovers and believed that the optimum way forward was to work with the rest of the HSC system to identify solutions.

Mr Bloomfield said that, given current pressures would continue for the foreseeable future, it was unlikely that much progress would be made over the winter period. Referring to Mr Abraham's proposal that ED ambulance handover facilities should be put in place, Mr

Bloomfield pointed out that staffing such facilities would be challenging and said it would be important to ensure that such facilities did not become a long-term solution. Mr Bloomfield said that his preference would be for a solution to be put in place which involved the other Trusts and said this point had been emphasised by the Permanent Secretary in his correspondence of November 2020. He assured the meeting that this issue remained at the forefront of discussions and said he expected the issue to be raised at the Health Committee which he, Ms Byrne and Ms Paterson would be attending on 2 December. Mr Bloomfield assured members that he would continue to press for a resolution and believed that Trusts were also working to achieve a solution.

Ms Charlton explained that the solution would be to improve flow through hospital settings which may be even more effective than establishing ambulance handover facilities and said that the absence of the range of Alterative Care Pathways in Northern Ireland meant that conveyance to hospitals rates were higher. She emphasised the complexity of the issue and said that there were many national and regional initiatives which could be considered for implementation.

Continuing, Ms Charlton referred to the governance arrangements and explained that on a weekly basis the Trust would report the weekly number of operational hours lost through delayed handovers at respective ED sites to all HSC Trusts and said that raising awareness of this was important.

Mr Sowney said that he fully supported the approach outlined by Mr Bloomfield and Ms Charlton. He believed that, while it would be a natural instinct to despatch a crew to a new call as opposed to replacing a crew, the biggest single issue facing NIAS staff was that of late finishes. Mr Sowney said that continued late finishes contributed to sick leave, abstractions and mental health issues. He was of the view that, in the longer term, ensuring staff finished their shifts on time would assist in better responses to calls. He said that, while the Trust acknowledged they could not control the delays experienced by staff outside EDs, the importance of the message conveyed to staff in terms of ensuring they finished shifts on time should not be underestimated.

Mr Sowney reminded the meeting that there were six Trusts in Northern Ireland and, while five of the six Trusts could in some ways cap the demand, NIAS could not and had to respond to all calls.

Ms Keating referred to work ongoing with individual Trusts to improve staff welfare through welfare hubs operated by NIAS Hospital Ambulance Liaison Officers (HALOs).

5 **Standing Item: Strategic Review of Clinical Education Update (SC25/11/21/03)**

Dr Ruddell drew the Committee's attention to the summary of progress made in the reporting period 1 October – 9 November 2021.

Mr Sowney believed that Workstreams 1 'Learning Experience' and 3 'Learning Environment' were similar and sought clarification on the difference between the two. Referring to current pressures within the Training Team, he enquired whether the various workstreams were led by different individuals and suggested that consideration might have been given to condensing Workstreams 1 and 3 into one.

Responding, Dr Ruddell indicated that the Learning Experience workstream focused on the experiences of the individuals undertaking the learning programmes in terms of changing the organisational culture and how that experience related to the manner in which individuals were trained or educated. The Learning Environment workstream focussed on ensuring the student was supported at a personal level and also making sure that the material was updated, accessible and delivered in a way which best suited the students.

Dr Ruddell acknowledged the linkages between Workstreams 1 and 3 and confirmed that the workstreams were led by different individuals.

Mr Sowney referred to the high level benefits described in the update and to the similarities between numbers 3 and 4.

Dr Ruddell pointed out that number 3 related to the materials delivered through the Clinical Education Programme and the importance of adopting a considered approach while number 4

focussed on the manner in which learning was delivered. He referred to the move to online learning which made the programme more accessible to students and further alluded to the REACH programme which would assist students significantly, allowing them further access to training materials.

Mr Sowney referred to the selection process for entry to the BSc Honours in Paramedicine and asked how those selected would be supported to enter at that academic level. He noted that Ulster University did not require a bridging model between the levels of study.

Dr Ruddell advised that the Trust had recently received confirmation of DoH funding for ten current Emergency Medical Technician (EMTs)/Associate Ambulance Practitioners (AAPs) to be able to directly access the second year of the BSc course. He added that the funding covered course fees as well as a proportionate of the individuals' salary and would commence in September 2022. Referring to the selection process, Dr Ruddell confirmed that this would be conducted through a competitive process and believed that there would be significant interest in the course.

He acknowledged that many staff at EMT/AAP level may not necessarily have progressed through an academic route and many would be new to the world of academic study. He pointed out that, as the prominent stakeholder, the Ulster University would set the entry criteria and added that the Trust had a responsibility to source a package for potential students with the purpose of ensuring they had a real understanding of the course and the commitment required as well as providing support to them. He agreed with Mr Sowney's point that the University did not require a bridging model to be put in place but said he was of the view that this would be helpful to prospective students and the Trust would look to provide some material. Dr Ruddell indicated that it was intended the selection process would be completed by April with any development required taking place between April-September in terms of clarifying expectations.

Mr Sowney welcomed the intention of putting support in place for potential students as this would help prevent high attrition rates. He stressed the importance of not losing the UU places in the longer term due to attrition rates through lack of academic support and preparation. He welcomed the introduction of the e-portfolio and

queried whether this involved only the transfer of a student's manual portfolio to an electronic system or whether it actually reviewed the assessment process also as he was of the view that the assessment system was burdensome and unnecessarily onerous.

Dr Ruddell clarified that the e-portfolio was the method by which the material was collated and said that the current programme was onerous on the Education Team. He explained that the Trust was working with FutureQuals to redesign the content of the course programme and acknowledged that there would always be key markers in terms of what students had to achieve, for example the 750 practical hours. He said that an element of discussion with FutureQuals related to introducing a much more streamlined application of how learning could be demonstrated with a view to making the process less onerous on the Education Team and much less burdensome on students.

Mr Sowney said he welcomed such an approach and queried the transition referred to within the report.

Responding, Dr Ruddell clarified that this related to the transition from the current Foundation Degree course to the one year course. He pointed out that the Trust would be supporting the students' clinical attachments and said this would become more challenging as the number of students increased as the Trust doubled up on the courses being run. Dr Ruddell explained that a further challenge was that those students graduating at Foundation level were essentially Newly Qualified Paramedics (NQPs) and it would be important to support them as necessary. He said that the Trust was supporting staff to progress beyond the Foundation Degree through the Assistance to Study programme. Dr Ruddell added that, in the past week, the Assistance to Study Panel had approved a number of staff to undertake courses.

He advised that the Training Team would continue to support students through their clinical attachments as well as providing support to NQPs as they progressed through their first year of clinical experience. Dr Ruddell stressed the importance of ensuring that NIAS staff had appropriate support as well as having better oversight of their performance as their career developed.

Mr Sowney queried whether the completion of the Foundation Degree would mean there would be less focus on the students'

needs. He also asked if the review would result in the more focussed use of Clinical Support Officers (CSOs) into the future.

In response, Dr Ruddell explained that this would be offset by the additional students progressing through the degree progamme. He said that it was hoped that CSOs could revert to their original intended duties and be on the ground with Operational staff to provide assurance on staff clinical practice. Dr Ruddell explained that, as well as ensuring good clinical practice, CSOs also identified areas where further training might be required. He said that the REACH programme would assist in clinical monitoring.

The Committee Chair highlighted the importance of the review and its close linkages to the culture programme and ongoing personal development and he welcomed the ongoing progress.

The Committee **NOTED** the update on the Strategic Education Review.

6 **‘Being Open’ Policy (SC25/11/21/04)**

Introducing this agenda item, Ms Charlton explained that the Policy crossed all Directorates and she advised the meeting that Dr Ruddell had been identified as the Lead Director.

Dr Ruddell explained that the Policy had arisen from the Inquiry into Hyponatraemia Related Deaths (IHRD) and that the DoH had issued a template for local adaptation. Ms Charlton said that the Policy primarily focussed on a just culture and it also stressed the importance of staff having psychological support. Dr Ruddell thanked Ms Keating for her significant contribution to ensuring the Policy reflected the NIAS position accurately.

Ms Charlton said that the Policy clearly set out the roles and responsibilities for the Trust Board; Chief Executive; Executive Directors; Directors and Assistant Directors; Line Managers and all staff.

She indicated that the basis of the Policy was predicated on the service user perspective and asked ‘what would I want’.

Ms Keating advised that discussions were ongoing regionally around the development of training packages to support staff. She

pointed out that elements of the Policy were already significantly embedded in Trust processes around complaints and SAIs.

Agreeing with the comments made, Dr Ruddell acknowledged that the Trust was now in a much better place than it had been previously.

The Committee Chair welcomed the Policy and was of the view that the outworkings of the Hyponatraemia Inquiry had clearly shown the need for such a Policy. He suggested that it would be helpful to have consistency around Policy formats and language used.

Mr Sowney acknowledged the difficulties of implementing the Policy and believed that it would be the most challenging Policy to be implemented by the Trust. He agreed that the fundamentals of Being Open had to start with staff and was of the view that this would form the basis on which the Trust would develop that culture with the service user. Mr Sowney acknowledged the difficulties associated with speaking out when working in small teams and asked what steps would be taken by the Trust to mitigate that.

Ms Charlton agreed with the points made by Mr Sowney. She said that personal experience had shown that an honest and transparent approach was always appreciated. She acknowledged that it would be some time before the Policy was fully implemented and embedded within the Trust and said that work would continue to ensure that staff could speak openly and honestly.

During the ensuing discussion, a number of minor amendments were suggested to the Policy.

It was agreed that, once these had been made, the Policy would then be recirculated to members for their approval.

The Committee Chair asked that the Policy would be reviewed in one year's time and agreed with the suggestion put forward by Ms Charlton that the approved Policy should be brought to the attention of the Trust Board.

7 **Serious Adverse Incidents: Position & Learning Outcome Update: April – October 2021 (SC25/11/21/09)**

Ms Charlton advised the Committee that Internal Audit had now confirmed that the recommendation around SAIs and Complaints/Compliments had now been fully implemented and she conveyed her thanked to those involved.

Ms Charlton acknowledged that she would like to improve the information presented to the Committee and provide further detail around the learning identified; how that had been shared with staff and whether it had made a difference. She hoped that this would provide greater assurance. However she had not been able to progress this due to current pressures.

Referring to the SAIs within the paper, Ms Charlton explained that these represented a small number of those considered at the Rapid Review Group (RRG) on a weekly basis. She alluded to the increase in SAIs in October 2021 and indicated that a number of these had related to delayed response.

The Committee Chair commended the team on achieving full implementation of the IA recommendation and acknowledged the significant work involved.

Mr Abraham commended the format of the paper and said it was well structured.

Mr Haslett welcomed the paper and the progress which had been made in addressing the outstanding IA recommendation.

Mr Sowney referred to the SAI themes which had been identified and sought further detail.

In response, Ms Charlton acknowledged the challenges in achieving the balance between caring for staff and delivering an effective service. She stressed the importance of ensuring staff received their meal breaks and rest periods.

The Committee **NOTED** the SAI report.

8 **Complaints & Compliments: current position (SC25/11/21/10)**

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

Following presentation of the report to the meeting, the Committee Chair acknowledged that, given the recent pressures on the service and the delays in response, an increase in complaints was not surprising.

Mr Abraham commended the report and said it was helpful to see the compliments received alongside the complaints.

Mr Sowney was of the view that, while it was understandable that complaints would increase due to the pressures within the system, it would be important not to accept such increases and intervene where possible, in particular in ensuring staff received their meal breaks and rest periods.

Responding to a number of points made by Mr Sowney, Ms Charlton stressed the importance of each complaint. She advised the Committee that a process was in place to determine if previous complaints had been received about members of staff and if such complaints showed a pattern. If this was the case, discussions would take place with the member of staff to better understand the situation and influencing factors.

Mr Sowney referred to the disproportionate number of complaints in relation to EAC and he sought further detail around the additional support which had been put in place.

Ms Charlton said that, while the Complaints Team would carry out as much work as they could on a complaint, additional support had been put in place within EAC to assist with investigations. She explained that the individual in post had the ability to interrogate the C3 system and would work with the Complaints Team to gather the necessary information.

Ms Charlton emphasised the importance of continuing to respond to complaints as much as possible despite the current service pressures. She acknowledged the significant team effort involved in the investigation of and response to a complaint.

Mr Bloomfield referred to the number of complaints, ie 136, closed in the nine month period and said that significant effort had been made to address the backlog. He said he was confident that the Trust now had a robust complaints process in place and comprehensive responses were provided.

Mr Haslett commended the report and the progress which had been made.

The Committee Chair commented that the report clearly demonstrated the clear improvements which had been made.

The Committee **NOTED** the Complaints Report.

15 **Date of next meeting**

The next meeting of the Safety Committee will take place on Thursday 27 January 2022 at 9.30am (arrangements to be confirmed).

16 **Any Other Business**

There were no items of AOB.

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

SIGNED: _____

(electronically signed due to Covid-19)

DATE: **27 January 2022**