



**MINUTES OF THE SAFETY, QUALITY, PATIENT EXPERIENCE AND
PERFORMANCE COMMITTEE HELD AT 9.30AM ON TUESDAY
28 FEBRUARY 2023 HELD IN THE BOARDROOM, NIAS HQ**

PRESENT: Mr D Ashford - Committee Chair
Mr T Haslett - Non Executive Director (joined
the meeting at 9.40am)

IN

ATTENDANCE: Mr M Bloomfield - Chief Executive (left the meeting
at 11.15am)
Ms R Byrne - Director of Operations
Mr P Nicholson - Director of Finance,
Procurement, Fleet & Estates
(left the meeting at 11.15am)
Ms L Charlton - Director of Quality, Safety &
Improvement
Dr N Ruddell - Medical Director
Mr R Sowney - Senior Clinical Adviser
Mrs C Mooney - Board Secretary
Ms R Finn - Assistant Director QSI
Ms C McVeigh - Service User Feedback
Manager (for agenda item 6 only)
Ms A Murdoch - SAI Lead (for agenda item 6 only)
Ms H Maxwell - EAC Continuous Development
Manager (for agenda item 7 only)
Mr S Carson - Assistant Director Operations
(for agenda item 7 only)
Ms C Hanna - Pharmacy Lead (for agenda item
11 only)

APOLOGIES: Mr W Abraham - Non Executive Director

1 Apologies & Opening Remarks

Apologies were noted from Mr Abraham.

2 **Procedure**

2.1 **Declaration of Potential Conflicts of Interest**

There were no declaration of conflicts of interest.

2.2 **Quorum**

The Chair advised that the Committee was currently inquorate and would only consider those agenda items which required noting. Any agenda items requiring approval would be kept until Mr Haslett joined the meeting.

2.3 **Confidentiality of Information**

The Chair emphasised the confidentiality of information.

3 **Previous Minutes (SC28/02/23/01)**

The minutes of the previous meeting on 12 December 2022 were **APPROVED** by members.

4 **Matters Arising (SC28/02/23/02)**

Members **NOTED** the action list.

5 **Standing Items:**

(i) Strategic Review of Clinical Education Update

Dr Ruddell acknowledged that, while clinical education was not the sole indicator of culture within the Trust, the experience of staff members when they joined the Trust and participated in clinical training was an important element. He reminded colleagues that it was for this reason that a stocktake of current practice had been undertaken by the Association of Ambulance Chief Executives (AACE) to consider the drivers for change.

Dr Ruddell outlined the review of existing practice and advised that a number of changes had already taken place, namely the transition of the Foundation Degree to the BSc; the establishment of the new management structure with two key aims, namely pre-qualification

education and ensuring and embedding standards and a review of ACA and AAP education to create a natural progression pathway. He pointed out that there had been positive student feedback to date and said that consideration was currently being given to the rebranding of the Regional Ambulance Training Centre and this would hopefully be finalised in the coming weeks.

Continuing, Dr Ruddell outlined a number of future changes which had been identified and confirmed that the Education Team was now in place. He advised that, following discussions with DoH colleagues, the DoH had agreed to support a small increase in the number of Clinical Support Officers. He believed this was a recognition that the Trust needed additional support in this area, which had been welcomed by the Trust.

Mr Bloomfield referred to previous updates on the Strategic Review of Clinical Education which had been provided to the Committee and believed that consideration should be given to how these might be refreshed. He was of the view that the reports should now move to narrative on progress and how future phases of the review would be taken forward. Mr Bloomfield said he would welcome Committee members' views on what would be helpful to them.

The Chair welcomed the progress being made and said it would be important for any future updates to the Committee to clearly reflect progress or identify any issues which may prevent progress being made.

Mr Sowney said he looked forward to the new format of report being presented to the next Safety Committee and believed that the Committee would be in a better position at that time to determine whether it was appropriate in terms of members' understanding of the current position. He welcomed the review of ACA and AAP education and believed this could potentially encourage this cadre of staff to consider paramedicine as a career.

Continuing, Mr Sowney acknowledged that further work was required in relation to ensuring an approach which promoted a culture of higher level education thinking. He said that the training team would play a critical role in understanding the needs of the individuals being trained and linking that to higher level education with the Ulster University.

Dr Ruddell explained that, as well as gathering feedback from those staff undertaking training, feedback was also collated from the education team and said the team was keen to undertake further development.

Mr Sowney acknowledged that the commitment and enthusiasm within the training team was clear and said it would be key to ensure this was built upon moving forward.

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

(ii) Identification of Risk

The Chair noted this agenda item and reminded members that this provided an opportunity to identify potential risks for consideration by the Trust's Audit and Risk Assurance Committee with a view to having them included on the Risk Register.

Mr Bloomfield said it would be important to note that the financial position presented a very clear risk to the Trust. He advised that the Trust was planning on having none of the previous non-recurrent monies available post 1 April 2023. He added that this was in the order of £14 million and said that officers were working to manage this. Mr Bloomfield said he intended to cover this in further detail at the In Committee Trust Board meeting on 23 March.

Dr Ruddell said that members would recall a previous update to the Committee on the decision by the Trust to have a review of the Hazardous Ambulance Response Team (HART) following a Serious Adverse Incident around equipment failure. He advised that, following that review, the Trust had asked for its emergency planning arrangements to be reviewed by an external organisation and this review had subsequently been undertaken by AACE.

Dr Ruddell said that this review had now concluded and the Trust had received the formal report. He welcomed the report which highlighted significant issues within the team and within the Trust's emergency planning arrangements around the management of the team, governance and assurances provided.

Continuing, Dr Ruddell said that the report had identified a number of key gaps and risks for the Trust and he believed that the review

had been timely given the publication of the Manchester Arena Inquiry (MAI) report in late 2022. He indicated that AACE had identified a number of risks for immediate action and assurance, for example, the level of training required, as well as the need for a 24/7 on-call management structure at frontline level.

Dr Ruddell acknowledged that the Trust had already put arrangements in place to deliver a programme developed by NARU and AACE to address the need for refresher major incident training and this had commenced in March with a completion date scheduled for June 2023.

Dr Ruddell explained that the report had also referenced the need for the Trust to revert to robust reporting around emergency preparedness and the need to link with other Directorates, not just in respect of incident planning, but also in terms of business continuity arrangements across the Trust. He indicated that the report had also proposed a number of recommendations as to how emergency planning arrangements might change, for example the transfer of responsibility to the Operations Directorate as opposed to the Medical Directorate.

The Chair sought clarification on why this position had been allowed to develop.

Responding, Dr Ruddell said that it had become apparent that the assurances provided around the Trust's emergency planning arrangements had not been sufficiently robust and had not been satisfactorily challenged. He acknowledged that having a single point of assurance was not appropriate.

Dr Ruddell said that changes had been made to the leadership within the team overseeing the Trust's Emergency Preparedness, Resilience and Response and that Mr McArthur and Mr McClure had recently presented to the Trust's Senior Management Team (SMT) a Transformation and Improvement Plan. He said that the Plan identified key risks and the responses for addressing these.

However, Dr Ruddell said that it would also be important to take account of the MAI recommendations in parallel.

Responding to a question from Mr Haslett around whether there was one department responsible for the Trust response should

there be a major incident, Dr Ruddell advised that there was a team of Trust officers who would be expected to lead on the Trust's response to a major incident. He explained the various levels associated with the management of such an incident, for example Bronze, Silver and Gold. Individuals involved at Bronze level would be directly involved at the scene of an incident and manage patients; Silver level would not necessarily become involved in the direct management of patients but would ensure the situation is managed while Gold level would engage strategically with other parts of the HSC and ensure the whole HSC response ran smoothly.

Continuing, Dr Ruddell explained that, while any of the Trust's frontline staff could declare a major incident, the subsequent actions were critical in terms of how the Trust responded to the declaration. He expressed concern that, although staff had been trained in how to respond to a major incident, there had been insufficient testing of those skills.

Mr Bloomfield advised that, when meeting with AACE colleagues, they had identified the Trust's two biggest risks as the absence of a 24/7 operational management and the need to ensure staff received refresher training as had been described by Dr Ruddell. Mr Bloomfield pointed out that the Trust was vulnerable in that it relied on on-call arrangements in the event of a major incident and he added that, while this was covered within the CRM business case, he had taken the opportunity of the Trust's Accountability Review with the Permanent Secretary to highlight the risks which had been identified by AACE. Mr Bloomfield said that it would now be necessary for the Trust to extract the emergency planning element from the CRM business case and develop this into a business case in its own right for consideration.

He assured the Committee that it would have sight of the final report in due course and said that SMT would need time to consider and discuss with a view to bringing an action plan to the Committee for consideration.

The Chair stressed the importance of assurance and asked that the Committee would be kept apprised.

Mr Bloomfield said it would be important for the action plan to take account of both the MAI recommendations and those from the

AACE review. He acknowledged that, while the Trust would be able to address some recommendations immediately, others, such as the 24/7 operational management, would require significant investment. Mr Bloomfield referred to the establishment of the Blue Light Forum and advised that the MAI report had represented the main item for discussion at the last meeting. He said that the PSNI had advised that it had increased its Emergency Planning team because of the MAI recommendations. Mr Bloomfield indicated that the Trust was limited as to what recommendations it could address without being properly funded to do so.

Ms Byrne pointed out that the shift from Emergency Planning (EP) to Emergency Preparedness, Response and Resilience (EPRR) was critical.

The Chair commented he had been able to garner a degree of assurance from the discussion that there were appropriate arrangements in place in the event of a major incident.

Responding, Mr Bloomfield advised the Committee that AACE colleagues had assured him that they would have identified any issues which warranted a 'red flag'. He indicated that the Trust's emergency planning arrangements needed to be more robust and systematic with everyone involved transitioning swiftly to relevant roles in order to manage an incident efficiently and effectively. Mr Bloomfield acknowledged that the report made for difficult reading but welcomed the fact that it identified the risks to be addressed.

Dr Ruddell commended the links the Trust had with other emergency services in NI and referred to the close working relationship between the services. He indicated that a key finding from the MAI report was around the concept of JESIP training (a Multi-agency Interoperability Training Course) which was delivered by NIAS in partnership with the PSNI.

Mr Bloomfield alluded to the assurances which had been given to the Committee and Trust Board and identified the need for challenge, evidence and curiosity. He said that the Trust SMT would reflect on what could have been done differently and what should be done differently into the future.

Mr Sowney agreed with the Chief Executive's comments. He acknowledged that, while the Trust had ensured staff had

participated in MIMMS training (a training program which facilitated training and qualification of emergency management personnel to MIMMS concepts and principles. In 2008, MIMMS defined five key MIMMS Components: Preparedness, Communications and Information Management, Resource Management, Command and Management, and Ongoing Management and Maintenance.), this type of training did not work for everyone. Mr Sowney believed there was a responsibility on the Committee to understand for whom this type of training did not work.

Continuing, Mr Sowney said there had been references to management culture and a perception that this was different to organisational culture. However, he argued that the Board within a Trust set the tone and culture of the organisation and he asked how much of this issue could potentially be reflected in other parts of the Trust in terms of lack of appropriate questioning and scrutiny at Committee and Trust Board level.

Ms Charlton alluded to the fact that options for external assurances had become more available in recent times and she cited the example of a peer review undertaken by AACE in the area of Infection Prevention Control and a future peer review planned for Safeguarding. She was of the view it was important in specialist areas that the individuals undertaking the review had subject matter expertise in order to be able to advise re level of assurance and believed that, although external peer review provided a strengthened level of assurance, it did not reflect on the culture of an organisation.

Ms Paterson alluded to the Board Assurance Framework and said it was important to document the gaps in assurance.

The Chair welcomed the fact that the Trust had requested AACE to undertake the review and acknowledged the significance of the issues identified and the need for an associated robust action plan. He asked that the issue be reflected in the Corporate Risk Register and believed it warranted discussion at the ARAC meeting on 30 March.

Mr Bloomfield said that SMT was scheduled to meet to discuss the report in detail and agree a structure for taking an action plan forward. He said that he had recently met with Ms Charlton and Dr Ruddell to discuss the Independent Neurology Inquiry report which

had thirty recommendations relevant to the HSC. He said it had been clear from the report that there had been incidents had been repeated which should have identified issues of concern and he stressed the importance of acting on early warning signs.

Mr Sowney referred to a number of reports which had been published around Neurology, Muckamore Abbey Hospital, Urology etc and said there were early warning signs in each of these incidences which staff either chose to ignore or because the culture in the organisation was such that staff did not feel comfortable in identifying issues.

Mr Bloomfield emphasised that the Trust set a very clear expectation in terms of the culture and values within the Trust and acknowledged that the difficulty was translating this throughout the organisation.

The Chair thanked everyone for their contribution to this discussion and said he looked forward to consideration of the action plan.

6 Serious Adverse Incidents Report & Service User Feedback (& Care Opinion) (SC28/02/23/03)

Ms McVeigh and Ms Murdoch joined the meeting and, at the Chair's invitation, presented on the human aspects of complaints and SAIs.

Ms Charlton welcomed the opportunity to focus on the individuals involved in SAIs and their experience of the services provided by the Trust.

Mr Haslett referred to the themes of complaints and commented on the fact that 'staff attitude' accounted for 26 formal complaints while 'staff attitude and treatment' accounted for a further 16 complaints. He queried whether the Committee should be concerned at these figures.

Ms McVeigh explained that complaints received were divided into themes. She acknowledged that a number of complaints recorded within this theme were reflective of communication issues such as what were intended as light-hearted comments by a staff member had not been well received by the patient and it was clear when discussing these with staff members, staff genuinely regretted that comments were interpreted negatively and offered personal

apologies. She explained that a number of complaints had also been received in relation to crews who had attended patients. However the service user did not feel that staff had listened to their concerns. However, when Patient Report Forms (PRF) were examined, it was clear that, on a number of occasions, the assessment and decision making on PRFs were clearly documented.

Ms Charlton pointed out that, when the Trust received a complaint about a member of staff's attitude or treatment, consideration was always given to whether there had been any previous complaints and whether there was a recurring theme which might require input from the professional standards/clinical team or further support or clinical education to be offered to the member of staff. Ms Charlton also referred to the importance of taking into consideration the history of compliments and positive feedback regarding staff members and recognising this also.

Mr Bloomfield acknowledged that complaints regarding attitude were often the most difficult to investigate and he said the practice of checking to see if previous complaints had been received acted as a safety net.

Mr Sowney was of the view that online training for complaints was not effective. He referred to the number of complaints received in relation to staff attitude and believed that it would be more advantageous for the Trust to invest time in face-to-face training which may reduce the number of complaints of this nature.

Dr Ruddell emphasised the importance of sharing feedback with staff and said that this had been a key finding of the neurological inquiry in terms of routinely sharing with staff the final conclusions of the investigation, including the response sent to the complainant.

Ms Charlton confirmed that the Trust followed this practice and she too emphasised its importance. She explained that Ms McVeigh would routinely share the response and associated findings with the relevant Station Officer and ask them to share the documentation with the member of staff. Ms Charlton said that, in a response to a complainant, the Trust tried to ensure that the recollection of events and the viewpoint of a staff member was reflected fairly.

Mr Haslett commended those involved on the significant improvement made in terms of timely responses to complaints.

Ms Charlton acknowledged this and referred to the importance of improved quality and meaningfulness of responses, whilst also recognising that there were still improvements required in relation to timeliness of response.

Turning to SAIs, the Chair invited Ms Murdoch to reflect on her experience and the experience of families participating in the SAI process. Ms Murdoch shared a recent experience of family engagement with the Committee describing the value of openness and honesty.

Ms Murdoch also updated the Committee on work recently undertaken to strengthen assurance in relation to SAI recommendations. This involved the development of dashboards showing those SAI recommendations pertaining to each Directorate. She advised that recommendations were being examined in detail to confirm they had been actioned and to ensure there was evidence available to support the fact that the recommendation had been closed. Ms Murdoch acknowledged that some of the recommendations arising from SAIs were multi-faceted and, as such, had many different strands. She added that this close examination assisted in strengthening assurance processes.

Ms Charlton explained that, on many occasions, when NIAS officers met with family members, families were understandably keen to know what actions had been taken around the SAI recommendations. She said that the in-depth examination of recommendations had provided a clear understanding of the current position as well as shared learning and had ensured evidence was recorded in respect of progress with recommendations.

Mr Sowney acknowledged the operational challenges associated with this work.

Agreeing with his comments, Ms Charlton acknowledged that, during the extended periods of REAP 4 and with the many competing demands within the Trust, it had proved challenging to convey the importance of early engagement with families in the SAI process. She alluded to the SAIs which had been notified over the

Christmas/New Year period and emphasised the need for the Trust to provide support for staff involved in the SAI process.

The Chair thanked Ms McVeigh and Ms Murdoch for their attendance and commended them on their and their colleagues' outstanding work. Ms McVeigh and Ms Murdoch withdrew from the meeting.

7 IAED Accreditation of Excellence (SC12/12/22/05)

The Chair welcomed Ms Hannah Maxwell and Mr Steven Carson to the meeting and invited them to update the Committee on the actions taken by the Emergency Ambulance Control (EAC) to be re-accredited by the International Academy of Emergency Dispatch (IAED) as an Accredited Centre of Excellence.

Ms Maxwell and Mr Carson also outlined the improvements to performance and patient care provided by the EAC and described the plans to mark this achievement.

Ms Byrne advised that the President of the IAED had indicated his wish to visit NIAS to present the plaque to EAC.

The Chair commended all involved on this significant achievement.

Mr Haslett acknowledged the enthusiasm shown by Ms Maxwell and Mr Carson and congratulated all in EAC on the re-accreditation. He commended the approach of 1:1 learning.

Ms Maxwell agreed that 1:1 learning was critical and the ability to discuss and learn together was key to the success of EAC.

Mr Sowney commended the team. He said that the general public tended to view the crews on the ground as frontline and pointed out that staff within the EAC were in fact the first point of contact with the service.

Mr Nicholson commented that, despite the continuous demand and the challenges presented to EAC staff, the Emergency Control always portrayed a 'calmness'. He conveyed his congratulations to all involved.

Mr Bloomfield thanked Ms Maxwell and Mr Carson. He advised the Committee that Ms Maxwell has spoken passionately at the recent NICON Conference about the work of the EAC and the improvements in performance and care. Mr Bloomfield said that the significance of the re-accreditation could not be overstated. He welcomed the improved performance and said that the EAC had made significant efforts to achieve re-accreditation.

Referring to the number of cases audited each month, Mr Bloomfield advised that, in February 2022, approximately 70 cases had been audited each month. However, this figure had increased to 300 in November 2022.

The Chair congratulated Ms Maxwell and Mr Carson again and asked that the Committee's thanks and appreciation would be conveyed to all involved.

Ms Maxwell and Mr Carson withdrew from the meeting at this point.

8 **Hygiene, Cleanliness and Infection Prevention and Control:**
- Key Performance Indicators: Environmental and Vehicle Cleanliness: 1 April 2022 – 31 January 2023
- Infection Prevention Control (IPC) and Environmental Vehicle Cleanliness (EVC) Annual Report for 2021-22
(SC28/02/23/05)

Ms Charlton explained that, in the interests of time, she intended to focus on a number of key aspects of this agenda item, namely the frequency of deep cleaning; benchmarking against other UK services; challenges around the closure of actions on Docworks; recent changes relating to Vehicle Cleaning Operatives and the Trust reconfiguration of its environmental cleanliness model to provide the optimum services.

At the Chair's invitation, Ms Finn explained that, following a review of the frequency of deep cleans across all other UK ambulance services, the frequency of internal deep cleaning of the NIAS fleet had changed to once per calendar month instead of twice. She advised that, since the change had been introduced in October, the Trust continued to maintain the recognised standard of vehicle cleanliness and achieve above the standard of 85%.

Alluding to Docworks, Ms Finn explained that, once an audit had been completed, actions were raised on Docworks. She indicated that there were more actions open in relation to environmental cleanliness than vehicle cleanliness. Ms Finn explained that, in order to support the Operations Directorate and embed a more robust auditing system, the responsibility of undertaking monthly cleanliness audits at station level, which previously fell to the Station Supervisor, had transferred to Environmental Cleanliness Supervisors at the start of October 2022.

Ms Finn pointed out that this transfer of responsibility had introduced a greater degree of independence to the audits as well as improvements in reliability and consistency as the Supervisors undertaking the audits were trained and had a knowledge of the standards of cleanliness required.

She pointed out that, in the current financial year, there had been over 14,000 actions logged on Docworks with only 214 remaining open. Ms Finn undertook to include this information within the reporting matrix moving forward.

Ms Paterson welcomed the surveillance and monitoring arrangements put in place and said these were key when discussing the challenges associated with ensuring robust assurance.

Ms Finn updated the Committee with regard to vehicle cleaning undertaken at EDs and said there had been some scope to retain an element of ED cleaning within the financial envelope of the recurrent business case but that the model would be different than the current model.

Ms Finn was of the view that its application represented a responsible use of funding in light of the current position and cleanliness standards.

Ms Charlton explained that vehicle cleaning was highly valued by staff and therefore there was potential that the new scope of vehicle cleaning could result in discontent amongst staff. Continuing, Ms Charlton pointed out that, in recognition of this and staff morale, the Trust was not reverting wholly to its pre-Covid-19 position but would retain a level of support at ED for vehicle cleanliness. She explained that it would be necessary to cease the contracts of

approximately thirty agency staff and that eight staff would be retained on a permanent basis. Ms Charlton acknowledged the difficulty in releasing these agency staff and said they had been employed by the Trust at the outset of the pandemic and had played a critical part in the Trust's Covid-19 response.

She explained that, prior to the introduction of ED vehicle cleaning during the pandemic, the Standard Operating Procedure of vehicle cleaning involved operational staff carrying out an 'in between patient' clean, as all health professionals would be expected to do and she said that the Trust would be reverting to this practice, whilst ensuring standards were maintained. She acknowledged that this move in practice would have a potential impact on staff and emphasised that it was about reverting back to business as usual practice prior to the pandemic. Ms Charlton further acknowledged it was likely that the move would not be well-received by staff and it would be necessary for the Trust to manage the position. She referred to the challenging financial position within the Trust and across the HSC and said that the current position was not a responsible use of public monies.

Ms Finn explained that there was a need to have processes in place around the risk and said the monitoring processes in place would be enhanced. She advised that any impacts would be identified through the monitoring and said these needed to be understood clearly with the necessary actions being taken quickly to address any issues.

Ms Paterson commended the report and noted that the service was being enhanced despite reverting to pre-Covid-19 arrangements. She commended all involved in the appraisal of the current arrangements, describing it as an excellent piece of work.

Mr Sowney welcomed the intention to retain an element of the ED cleaning. He referred to the stations audited on a quarterly basis by the Environmental Cleanliness Supervisors and sought further clarification around the compliance level in Enniskillen.

Responding, Ms Finn explained that there had been issues with the provision of cleaning services in that station. She advised that the Trust now used its own staff to provide these services and that this had taken some time to embed. However, she now confirmed that

services were back up to the expected standard and any issues identified in Enniskillen had been addressed.

Mr Haslett referred to page 9 of the report which alluded to the fact that Whiteabbey station had only achieved 59% against the environmental cleanliness standard of 85% and asked whether it was valid to note that, where the station estate was poor, this impacted on environmental cleanliness.

Ms Finn acknowledged that there had been challenges with the state of the estate and said cleaning had previously been provided by the Northern HSC Trust (NHSCT). However, as a result of the compliance levels, arrangements had now been made for the cleaning services to be provided by NIAS.

The Committee **NOTED** the Hygiene, Cleanliness and Infection Prevention and Control: - Key Performance Indicators: Environmental and Vehicle Cleanliness: 1 April 2022 – 31 January 2023
- Infection Prevention Control (IPC) and Environmental Vehicle Cleanliness (EVC) Annual Report for 2021-22 (SC28/02/23/05).

9 **Annual Quality Report 2021-22 (SC28/02/23/06)**

The Committee **NOTED** the Annual Quality Report for 2021-22.

10 **Quality and Service Improvement: Falls Response (SC28/02/23/07)**

Ms Charlton reminded members of previous discussion around the actions taken to respond to elderly patients who had fallen and who were categorised as 'long lies'. She explained that a 'long lie' had been defined as an individual lying on the floor for more than one hour following a fall.

Ms Charlton advised that a pilot had been undertaken in January and February 2023 when a range of dates had been identified to test utilising CSD clinicians to operate a dedicated Falls Response Vehicle when they were completing operational shifts.

Ms Charlton drew members' attention to Section 3 within the paper which described the benefits of this model. She indicated that early

findings from January showed that there had been approximately 50% less conveyance to ED and the length of lie experienced by the patient had reduced significantly. Ms Charlton pointed out that JRCALC would advise that, if a patient lay for more than four hours, the patient should be conveyed to hospital.

Ms Charlton acknowledged that the pilot was in its infancy and undertook to bring further findings from the pilot to the next meeting.

Mr Sowney alluded to national guidance and the move away from the standard of automatically conveying all patients to hospital who had been lying for four hours or more and asked what the impact of this would be in terms of the potential for rhabdomyolysis. He sought clarification on whether crews assessed each patient on a case by case basis and determine whether to convey to hospital.

Dr Ruddell confirmed that crews would assess each patient individually. He explained that, as part of the Trust's response to falls management, the Trust had worked closely with nursing homes to offer advice in the event of falls. Dr Ruddell indicated that there had been a culture in nursing homes of not moving patients who had fallen. However, he said that he would encourage patients to be moved after assessment, particularly if there was a nurse at scene. Dr Ruddell said that the Trust would also encourage patients to be given food and drink as well as medication if required.

The Committee **NOTED** the update on Falls Response.

11 **Annual Pharmacy Update (SC28/02/23/08)**

At the Chair's invitation, Ms Hanna presented her report to the Committee describing the work undertaken in areas for example, such as the management of Controlled Drugs; working with the regulator; updating NIAS medicines; improving safety; pharmacy clinical audit. Ms Hanna also described the Trust's plans for external support for innovative improvements and identified a number of risks and the action plans in place to address these.

Dr Ruddell acknowledged the tremendous work undertaken by Ms Hanna since her appointment and reminded the meeting that the Trust did not previously have a Pharmacy Lead.

One of the issues highlighted by Ms Hanna was the regulatory requirement for Patient Group Directives (PGDs) to be signed by individual clinical staff to legally authorise use rather than the historical approach of blanket reliance upon guidelines such as JRCALC in place of PGDs. She said that she would be keen to see an increase in the number of staff signing off on the use of PGDs.

Agreeing with this point, Ms Byrne undertook to discuss the matter with other Operations staff and liaise with Ms Hanna to address.

The Chair acknowledged the significant amount of work being undertaken by Ms Hanna and welcomed the efforts by the Trust to put support arrangements in place.

Dr Ruddell said that the Trust recognised the volume of work to be done and said he was grateful to the Chief Pharmaceutical Officer for her support in ensuring further resources were made available to assist Ms Hanna.

Responding to a question from the Chair, Ms Hanna explained that there was a shorter process associated with secondments as opposed to permanent recruitment.

Mr Haslett alluded to the Standard Operating Procedures (SOPs) which needed to be revisited. Ms Hanna explained that it was her intention that securing pharmacy support would allow other pharmacy work to be progressing while giving her the opportunity to revisit the SOPs. She indicated that revisiting the SOPs would also assist in identifying any other issues which would need addressed. Ms Hanna also made reference to the number of policies which needed to be written.

Mr Haslett referred to the issue of Controlled Drugs being identified as a risk for the Trust.

Mr Sowney commented that there was a significant risk in terms of the number of policies to be drafted and asked whether the completion date of December 2023 identified in the pharmacy update had taken account of the intention to recruit two additional members of staff.

Responding, Ms Hanna confirmed that her focus would be on drafting the policies governing Controlled Drugs.

Mr Sowney referred to the proposed digital access system and asked whether such a system would have a positive impact on the delivery and handling of Controlled Drugs in stations.

Ms Hanna said that this would certainly be the intention and added that the Regulator had been very supportive of the Trust's intention to explore digital solutions. She added that work was also being taken forward to allow HEMS and the Advanced Critical Care Team to order Controlled Drugs.

Mr Sowney alluded to medication errors which were recorded on DATIX and sought clarification on what mitigation might be put in place to reduce these or provide further support to staff in an effort to reduce them. He referred to double person crews and asked whether, mindful of the uncontrolled environment in which crews practised, there was a process in place whereby crews checked off drugs and fluids before administration. Mr Sowney acknowledged the potential for errors to occur on occasions when there were double person crews and believed it was important for the Trust to mitigate against this and ensure support measures were in place for staff.

Ms Hanna agreed with Mr Sowney's comments and said it was important to ensure staff were educated and mitigations were in place. She confirmed that this had been identified as a risk on the risk register.

Mr Sowney referred to the PGD sign-off level and highlighted the associated risk. However he acknowledged that Ms Byrne had agreed to take this forward with Ms Hanna and other Operations staff and said he looked forward to an update at the next meeting.

Dr Ruddell advised that the Trust had increased the number of licences available to access JRCALC and confirmed that this would be available to those who needed to access it.

Mr Sowney commented on the letter from the MRG outlining responsibilities on possession and use of CDs which had been circulated to all paramedics and queried why this had been attributed an 'amber' rating. Ms Byrne agreed to follow this up at the next Station Officers' Forum and provide an update at the next meeting.

There was brief discussion in relation to the Service Level Agreement with a pharmacy provider. Ms Hanna said it was likely that the Trust would experience an increase in medicines costs.

Mr Sowney suggested that it might be worth exploring the potential for an in-house pharmacy resource.

Agreeing with this point, the Chair suggested that this could perhaps be done at a break point in the contract with the pharmacy provider.

Ms Paterson accepted that such a option should be explored but pointed out that it was likely the costs of staffing such a resource would be considerably more than the current cost incurred by the Trust and added that the service had been outsourced to transfer the risk.

Mr Sowney pointed out that the Trust continued to carry an element of risk despite outsourcing the service. However, he acknowledged that the risk could be mitigated by strengthening the governance arrangements in place.

Dr Ruddell said that he would not be opposed to exploring an in-house option if there were sufficient resources to do so but suggested it would be important to ensure the Trust's internal arrangements were robust in the first instance.

The Chair thanked Ms Hanna for her attendance and said it was clear that her update had generated discussion. The Annual Pharmacy Update was **NOTED** by the Committee and Ms Hanna withdrew from the meeting.

12 **Independent Ambulance Service Audit and Governance (SC28/02/23/09)**

Ms Charlton drew members' attention to the paper which provided the Committee with details of the process and development of the processes for Independent Ambulance Services (IAS) to ensure compliance with the Framework Scope and Service Specification in terms of inspection, assurance and governance. She said that the paper also provided an update on the progress of inspections and audits carried out by NIAS on IAS providers to date as well as

outlining the plans for next steps in relation to the development of a new Framework and Specification.

Ms Charlton advised that the quarterly meetings with IAS providers were now much more robust in terms seeking assurances and reviewing audit finding. She stressed the importance of identifying learning and common themes from the unannounced inspections undertaken. Ms Charlton advised that invitations were extended to other HSC Trusts to attend the meetings as they were also clients on the Framework. She added that other Trusts' attendance was important to allow learning to be shared across Northern Ireland and said this learning had informed work being taken forward by the Contract Award Group as they worked through the development of a new Non-Emergency Framework.

Continuing, Ms Charlton said that she would be keen to carry out more unannounced inspections but this currently was not possible due to capacity challenges. She said that there was a need to explore potential regional arrangements in recognition that all Trusts were clients on the Framework and therefore other Trusts' involvement was key.

She acknowledged the robust nature of the Framework which acted as a second level assurance and the progress which had been made to date. Ms Charlton pointed out that IAS were not regulated by the regulator and this needed to be taken into account moving forward as she believed this represented a regulatory gap.

The Chair welcomed the improvements made and asked if the Trust was content that any health and safety aspects identified were being addressed.

Responding, Ms Charlton advised that a Trust officer attended all health and safety inspections and ensured any issues identified were addressed. She explained that any learning identified at the time of the inspection was shared with the provider at that time. This learning was then included in a formal learning letter to the provider and shared anonymously with other IAS providers.

Responding to a question from Mr Sowney on whether the Trust had ever found it necessary to suspend a contract, Ms Charlton confirmed that such a circumstance had not arisen. However, she advised that the Trust had asked a provider to remove a vehicle

from operation to undertake a number of actions identified in the audit findings.

Mr Haslett sought assurance that the specification clearly set out the Trust's expectations from providers.

Ms Charlton explained that there were currently seven providers on the Non-Emergency Framework and said it was the responsibility of the Trust as the commissioner to put in place arrangements to seek assurance for the quality and safety aspects set out in the Framework specification.

The Committee **NOTED** the update on IAS Audit and Governance.

13 **Safety & Quality Alerts: Proposed Process (SC28/02/23/10)**

At the Chair's invitation, Ms Keating briefed members on the proposed process to strengthen governance processes around Safety and Quality Alerts (SQAs) received by the Trust. She described the DATIX system currently in use within the Trust and explained that this was used to report on adverse events, manage risks, complaints etc and added that, within this system, there was a facility for the management of SQAs.

Ms Keating explained that SQAs focused on the dissemination of regional learning for the HSC within Northern Ireland and were issued to Trusts to support improvement in practice. She indicated that the learning identified in SQAs may have arisen from information provided from a variety of sources for example, Serious Adverse Incidents (SAIs), Adverse Incidents (AIs), Complaints, reviews by the Regulation and Quality Improvement Authority (RQIA), legislative changes, medicines regulators, equipment or device failures, national safety systems, independent reviews and Learning Notifications.

Ms Keating advised that the system would enable the Trust to record all alerts received and associated correspondence as well as enabling the Trust to report any gaps/delays in real time and ensure learning had taken place. More importantly, the system provided a governance process for SQAs which had been received and which had been determined as not applying to NIAS.

She said that she would anticipate a report being presented to the Safety Committee on a regular basis.

The Chair sought further detail on the content of such a report.

Responding, Ms Keating explained that it would be important, at a basis level, for the Committee to be aware of which SQAs remained open and which had been responded to with the ultimate aim of reducing the risk to the organisation. She stressed the importance of strengthening the processes in place.

Dr Ruddell acknowledged that a significant number of SQAs did not apply to NIAS and he welcomed the process proposed by Ms Keating.

Ms Paterson pointed out the proposed process would provide the evidence that each SQA had been considered.

Following this discussion, the Committee **NOTED** the proposed process for the future management of SQAs.

14 **Research & Development (SC28/02/23/11)**

Unfortunately, due to time constraints, it was not possible for the Committee to receive Ms Wolfe's presentation.

15 **Date of next meeting**

The next meeting of the Safety Committee would take place on Thursday 6 April 2023 at 9.30am in the Boardroom, NIAS HQ.

The Chair advised that unfortunately he was unable to attend the April meeting but had asked Mr Haslett to chair it on his behalf.

16 **Any Other Business**

There were no items of Any Other Business.

THIS BEING ALL THE BUSINESS, THE CHAIR DECLARED THE MEETING CLOSED AT 12.30PM.



SIGNED: _____

DATE: 8 June 2023

FINAL