



**MINUTES OF THE SAFETY, QUALITY, PATIENT EXPERIENCE AND
PERFORMANCE COMMITTEE HELD AT 9.30AM ON
THURSDAY 7 SEPTEMBER 2023 IN THE BOARDROOM, NIAS HQ**

PRESENT: Mr D Ashford - Committee Chair
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
Mr P Nicholson - Director of Finance, Procurement, Fleet & Estates
Dr N Ruddell - Medical Director
Mr R Sowney - Senior Clinical Adviser (left the meeting at 12.20pm)
Mrs C Mooney - Board Secretary
Ms R Finn - Assistant Director QSI
Ms H Sharpe - Assistant Director EPRR (for agenda items 5 & 6 only)
Mr J McArthur - Assistant Director EPRR (for agenda items 5 & 6 only)

APOLOGIES: Mr T Haslett - Non Executive Director
Ms M Lemon - Director of HR & OD
Ms M Paterson - Director of Planning, Performance & Corporate Services
Ms K Keating - Risk Manager

1 Apologies & Opening Remarks

The apologies were noted.

The Chair welcomed members to today's meeting.

2 **Procedure**

2.1 **Declaration of Potential Conflicts of Interest**

There were no declaration of conflicts of interest.

2.2 **Quorum**

The Chair confirmed that the Committee was quorate.

2.3 **Confidentiality of Information**

The Chair emphasised the confidentiality of information.

3 **Previous Minutes (SC07/09/23/01)**

Ms Charlton referred to page 22 of the minutes of 8 June and the discussion around referrals in relation to domestic violence. She clarified that figures were not currently reported to the SPPG. However, Mr Flannagan was currently engaging with SPPG colleagues in this regard.

The minutes of the previous meetings on 8 June 2023 and 27 July 2023 were **APPROVED** on a proposal from Mr Abraham and seconded by Mr Ashford.

4 **Matters Arising (SC07/09/23/02)**

Members **NOTED** the action list.

Ms Byrne advised that she had recently met with the team in EAC to discuss skill mix. She acknowledged that the focus recently had been on skill mix in CSD. However, the team was now considering staffing across all grades. Ms Byrne said she intended to bring a paper to SMT in the near future and would provide a further update to the November meeting of the Safety Committee.

The Chair suggested that it might be more relevant for an update to be presented to the PFOD Committee.

Dr Ruddell noted that the final report of the Strategic Review of Clinical Education would be presented to the November meeting.

The Chair welcomed this and asked that sufficient time be set aside on the agenda for discussion.

The Chair alluded to the ongoing work around EPRR and welcomed Ms Sharpe and Mr McArthur to the meeting. He said it was likely that a further meeting would be needed but he said that the Committee could decide following the update.

Mr Bloomfield welcomed this and said it would be important for the Committee to be content with the level of progress. He added that having focussed discussion on this work was impacting on the mapping of agenda items to be considered by the Safety Committee. Mr Bloomfield advised that he and the Chair had discussed EPRR with the Permanent Secretary during the recent Accountability Review and had advised him of the approach adopted by the Committee.

5 **Standing Items:**

(i) **Identification of Risk**

No emerging areas of risk were identified.

(ii) **EPRR Assurance & Improvement Group Update**

Ms Sharpe advised that the EPRR Assurance and Improvement Group replaced the previous Emergency Planning & Business Continuity Group. She explained that the purpose of the Group was to provide an additional level of assurance, ensuring that EPRR improvements and developments were evidence based and in keeping with the Trust's strategic objectives.

Ms Sharpe noted that the revised Group met in mid-August and was in the process of reviewing the Terms of Reference. She added that, while it was likely meetings would take place more frequently in the initial months, it was envisaged that they would take place on a quarterly basis. Ms Sharpe indicated that updates would be provided to SMT with quarterly reports to the Safety Committee.

The Chair suggested that reports to the Committee might be required more frequently.

6 Emergency Preparedness, Resilience and Response – Improvement Plan and Progress Update (SC07/09/23/03)

The Chair welcomed Ms Sharpe and Mr McArthur to the meeting and asked them to provide a detailed update on the work to date.

The Chair thanked all concerned and said he looked forward to further updates.

The EPRR update was **NOTED** by the Committee.

7 Involvement and Consultation Scheme Commitment (SC07/09/23/04)

Ms Charlton noted that this item was For Noting and explained that NIAS had signed off on the original PPI Consultation Scheme in 2009. She advised that the Regional HSC PPI Forum had reviewed and restructured the original scheme to ensure a coherent and coordinated approach across HSC and said there were references to the DoH Policy Guidance Circular, Change or Withdrawal of Services (ECCPD) 05/2.

Ms Charlton advised that the Involvement & Consultation Scheme Commitment outlined how HSC Trusts would deliver on their statutory duty to involve and consult.

She explained that, in signing off on the Commitment, she and Mr Bloomfield were providing assurance that the Trust would progress a number of areas, namely:

- ensuring that Involvement and Consultations undertaken would meet recognised best practice standards.
- ensuring that there were Involvement opportunities within every Directorate.
- ensuring that service users and carers were appropriately reimbursed for any out-of-pocket expenses as set out in Regional Reimbursement Guidance.
- where appropriate, would consider remuneration of service users and carers for their contribution, where this was deemed to fall within the qualifying scope, scale and nature of the eligibility criteria, as defined in agreed Regional Remuneration Guidance, when this was finalised and adopted.

- ensuring the statutory Involvement and Consultation and PPI Policy obligations formed part of the Service's induction programme and embedded into all staff appraisals.

Ms Charlton acknowledged that further work was required around the remuneration of service users and said that there was a commitment in NI to ensure that service users were remunerated appropriately. She advised that NIAS had been the only Trust not to receive transformation monies to recruit Partnership Officer posts and added that she had requested a meeting with the PHA Director of Nursing to discuss further. She reminded the meeting that the Trust had a statutory duty to involve.

Mr Sowney enquired as to the resources available to provide training to service users and carers.

Responding, Ms Charlton explained that there was no dedicated post to provide training and advised that a number of staff had dual portfolios. She confirmed that that, in the monitoring template, the Trust had noted that significant progress had been made not only to engage but involve service users in work and projects. Ms Charlton advised that the Quality & Safety Strategy had references to a number of service user focus groups. She added that the Trust had also engaged with service users around a bereavement leaflet for patients as well as around the introduction of body-worn video.

Ms Charlton alluded to the 10,000 More Voices survey recently published around service users' experiences of using emergency services and said there had been approximately 141 stories gathered. She said that these would be presented to the Safety Committee in accordance with the agenda mapping.

Mr Sowney suggested that there would be a challenge in ensuring staff involvement in PPI and said that one of the actions alluded to was ensuring this was included as an item on team meeting agendas. He emphasised the importance of putting team meeting arrangements in place.

Ms Charlton said it was her observation that this was now increasingly taking place. She said she did not have the capacity to ensure that QSI staff would be present at all meetings but added that the SAI team and Mr Gillan had attended meetings in Divisions and Directorate meetings.

Mr Sowney said he recognised the efforts being made but suggested that the tier of staff below that was where the challenge lay and he asked how the Trust intended to improve this.

In response, Ms Charlton advised that, when speaking to staff re the Quality and Safety and PPI Strategies, Mr Gillan had met with staff at EDs. She alluded to the NICE Shared Decision Making Framework, in particular the guideline around decision making at the time of delivering care and said this was operational based and that members of the Trust clinical team represented NIAS on the PHA related regional working group.

Mr Sowney said the challenge for the Trust was in creating a culture whereby Station Officers, for example, engaged with staff on a regular basis.

Ms Finn added that PPI was now included on the agenda at induction training.

Mr Bloomfield agreed with Mr Sowney's point and said discussions also needed to take place in the context of other areas for discussion, for example absence management.

Following this discussion, the Involvement and Consultation Scheme Commitment was **NOTED** by the Committee.

8 Policy for the Completion of Patient Records (SC07/09/23/05)

Dr Ruddell explained that, with the transition to electronic records, it was timely to refresh and update the Policy for Completion of Patient Records since the previous version was released in June 2022. He advised that the revised policy had also been agreed by Trade Union representatives and said that the primary focus of the revision was the emphasis of the creation of electronic Patient Care Records (ePCR) as standard practice, transitioning away from the use of paper records and contributing to the overall HSC Digitisation Strategy.

Dr Ruddell said that he looked forward to the introduction of electronic records and said that having good contemporaneous records allowed for thorough investigations and an explanation of staff's thinking and decision-making. He acknowledged that the

Policy was the most recent iteration and took account of the implementation of REACH.

The Chair asked if REACH had been universally accepted by staff.

Responding, Dr Ruddell confirmed that all staff had been trained in the use of REACH and said that full implementation would be completed by the end of March 2024.

Mr Abraham alluded to the reference in paragraph 2.2 that the 'written PRF will be only used as a contingency on occasions that hardware/software is unavailable to produce the electronic patient care record and will be directed by Medical Directorate, Operations Directorate or IT notifications, directly to all operational staff via existing processes (for example MDT bulletins)' and asked whether this was the current status or a proposed lead in.

Dr Ruddell explained that this was a 'fail safe' in the event of a technical failure. He indicated that currently over 10,000 electronic records had been completed. He said that, while the system was operational, it was not being used universally. Dr Ruddell advised that the ED at the Ulster Hospital had been unable to receive electronic records and the Trust's IT team had been liaising with its SET counterparts in an effort to resolve this matter. He said that the Policy made reference to the fact that staff could not decide when to complete an electronic record but would be advised to complete a paper record by either the Medical or Operations Directorates or IT due to a systems failure.

Ms Charlton welcomed the fact that over 10,000 electronic records had been completed but acknowledged that, in the context of over 300,000 attendances per year, this number was small.

Mr Abraham said that he had found paragraph 2.2 to be confusing and asked how electronic records would be completed if it happened to fail at scene.

Responding, Dr Ruddell explained that staff had been issued with personal devices and said the Trust had received a further tranche of funding to procure approximately 80 Toughbooks. He confirmed that contingency plans had been put in place in the form of vehicle based devices as well as devices being made available at receiving hospitals.

Mr Abraham suggested that the document should be revised to reflect that the Policy would be fully adopted 'subject to the implementation plan'.

Mr Sowney asked why the implementation date had been set at March 2024 when the devices had been distributed and staff had received the necessary training.

Dr Ruddell explained that it was important to ensure that the links to hospitals were in place and said the challenges within the SET had been particularly challenging.

Mr Sowney asked, if this was the case, why had an implementation date been set when certain issues were outside of the Trust's control.

Responding, Mr Bloomfield explained that the introduction had been made on a Division by Division basis. He advised that there had been some discussion around mandating the introduction of REACH. However, the Trust had not wished to mandate a date which it could not meet. He indicated that the allocation of devices to vehicles appeared to have been welcomed by staff.

Mr Sowney asked how many staff would require further training when the Trust reached the implementation date.

Mr Bloomfield advised that providing support to staff in the use of the REACH device had been the primary focus of the implementation plan.

Ms Byrne noted that Ms Paterson was due to provide an update on REACH at the October Trust Board.

Mr Abraham suggested that the implementation plan should refer to 'subject to adoption in all EDs.

Ms Charlton said it was important to have a policy on record keeping in general as well as clearly setting out the policy expectation in terms of paper copies.

She pointed out that the policy was the extant policy in advance of REACH becoming operational. She acknowledged that it may be helpful to revisit the narrative to ensure it was explicit in this regard.

Subject to this change, the Policy was **APPROVED** on a proposal from Mr Abraham. This was seconded by the Chair.

9 **Service User Feedback Team Annual Report 2022-23**
(SC07/09/23/06)

Ms Charlton drew the Committee's attention to the Annual Report for 2022-23 and highlighted a number of salient points, namely:

- 208 complaints were received. This was a 22% decrease on the previous year and represented a complaint rate of 0.06% of all emergency and non-emergency ambulance attendances (334,806), and 0.09% of all emergency 999 calls received.
- 36% of complaints were responded to within 20 working days. This represented a 19% increase on previous year. Staff absences and operational pressures remained significant challenges for the timeliness of resolving complaints.
- 278 complaints were closed – a 5% increase on the previous year.
- The top three issues of complaint had changed from previous years with Quality of Treatment & Care being the most complained about followed by Staff Attitude/Behaviour and delays in emergency ambulance response.
- 406 compliments were received – a 8% increase on the previous year.

Alluding to the percentage of complaints responded to within the 20-working days standard, Ms Charlton said Ms McVeigh had contacted other HSC colleagues to ascertain if there were similar trends in other organisations. She emphasised the importance of each complainant receiving a bespoke response and said this was a position shared by the Chief Executive.

Mr Bloomfield agreed that the 20-day timeframe was nearly impossible to adhere to and said he would not support an approach whereby complainants received template letters. He said that, if the Trust was unable to respond within the 20-day timeframe, the Trust advised the complainant and kept them informed.

The Chair confirmed that the 20-day timeframe was a regional position.

Ms Charlton advised that it was and said that the regional policy was under review.

Mr Sowney commented that it appeared that other HSC organisations were experiencing similar difficulties in terms of responding within the 20-day timeframe. He asked if a joint approach to the DoH from the six Trusts might prove helpful in terms of seeking an extension to the timeframe and agreed with the Trust's decision to ensure complainants received a good quality response.

Ms Charlton alluded to the approach to patient satisfaction in England where the focus was more on patient and service user satisfaction and staff involvement in the process. She reminded the meeting of the Trust's attempts to change culture and said it was important for staff to be involved in a just culture process. Ms Charlton said that the Trust had responded to the NI Public Service Ombudsman (NIPSO) to express the view that it would prove difficult to ensure a just culture with the current timeframes and that the public had been given an expectation which could not be delivered upon. She said that Station Officers were encouraged to phone the complainant to discuss the complaint and added that, on many occasions, a direct apology was all that was needed by the complainant.

Ms Charlton noted that there had been an 8% increase in compliments and confirmed that every member of staff mentioned in a compliment received a copy. She indicated that compliments were published on a weekly basis in the Daily Bulletin distributed amongst all staff.

Mr Bloomfield questioned why there had been a reduction in the number of complaints received when delayed responses were increasing. He expressed concern that there was now a lower level of expectation amongst the public on all areas of public service and said this was worrying.

Mr Abraham queried whether the 20-day timeframe was applicable to an ambulance setting.

Ms Charlton confirmed that it was and said that it was becoming increasingly difficult to respond within this timescale given the mobile nature of the NIAS workforce. She advised that some Trusts in England had different ambulance indicators, KPIs and had extended timeframes for response. She added that this information had been shared with the NIPSO.

Mr Sowney commented that 57% of complaints related to A&E services and sought clarification on whether these related to care and treatment and staff attitude. He asked whether the EAC complaints related to delayed response.

In response, Ms Charlton clarified that they accounted for 27% and said that A&E complaints related to delayed response. She suggested that the EAC complaints might be related to call categorisation.

Mr Sowney asked how the Trust might focus on ensuring less complaints were received and he queried whether online complaints training was making a difference.

Ms Charlton explained that the online training provided was regional training with a focus on managing complaints early and acknowledged that there was less of a focus on preventing complaints. She said that a member of staff had asked for a leaflet which could be given to patients advising on how to make a complaint and added that the staff member was now working with Ms McVeigh to develop a leaflet around seeking feedback as opposed to focussing on complaints. Ms Charlton said she was unsure as to how the Trust might avoid complaints.

Mr Sowney suggested that the focus should be on managing complaints more effectively.

Ms Charlton alluded to the dashboards in place around complaints and said that this had assisted in clarifying the recommendations, associated actions and progress against these actions. However, she acknowledged that further work was needed to refine this further.

Mr Sowney emphasised the need for team meetings and Station Officers engaging with staff as that was where important discussions took place. He noted that 502 staff had completed the

online training and asked if it would be possible to drill down into this number to determine how many Operational/support staff had completed the training.

Ms Charlton advised that the new regional Learning Management System would allow further drilling into the overall numbers and allow more sophisticated information to be collated. She noted that there was a number of KPIs which related to delivering direct patient care. Ms Charlton noted that the report had given some detail with regard to complaints but not on compliments and she undertook to examine whether it would be possible to identify themes or trends in an anonymised manner to ensure the reader had a feel for the nature of the compliment.

Subject to a number of minor amendments, the Committee **APPROVED** the Annual Report 2022-23 on a proposal from Mr Abraham which was seconded by the Chair.

10 **PPI Monitoring Returns (SC07/09/23/07)**

Ms Charlton clarified that this agenda item was For Approval as opposed to For Noting.

She explained that the return to the PHA required the template to be signed by the Chair of the relevant Trust Committee and that, by signing it, the Trust was confirming adherence to a number of points.

Ms Charlton advised that the return covered the period 1 October 2022 to 31 March 2023 and provided an overview of the Trust's activity in this area.

She pointed out that the return alluded to monitoring activity and she reminded the meeting that the Trust had not received funding for this post. However, she said it would be important for the Trust to sign the return with this in mind and emphasised that it would not absolve the Trust from fulfilling its statutory responsibilities.

Ms Charlton said that the Trust would continue to engage with the PHA around funding as they had overall responsibility for the regional implementation of PPI across the HSC and added that the PHA was fulfilling its function in line with the regional framework.

Ms Charlton said she was content that the return was an accurate reflection of the Trust's activity.

Mr Nicholson commented that the return provided a further layer of assurance for the PHA in making its overall return to the DoH.

The Chair said that he was happy with the assurance provided by Ms Charlton and the Committee APPROVED the signing of the return to the PHA on a proposal from Mr Abraham and seconded by the Chair.

11 **AACE Safeguarding Peer Review (SC07/09/23/08)**

Ms Charlton advised that references had been made to the Peer Review of the Trust's safeguarding arrangements in a number of meetings and explained that this had been undertaken by the Heads of Safeguarding for London & Welsh Ambulance Services. She acknowledged the significant risk presented by the current NIAS safeguarding staffing, referral infrastructure, education and training within the organisation and said this had been reflected in the RQIA Improvement Plan issued in December 2019 as well as the Trust Corporate Risk Register, Trust Safeguarding Position Reports and Assurance Statements.

She added that, in the context of no formal baseline safeguarding commissioning, this risk had been raised with DoH and SPPG colleagues.

Ms Charlton acknowledged that the report made for difficult reading and identified a number of areas for improvement and recommendations in areas such as referral process; training and governance and assurance. She advised that, in the absence of any commissioned funding, the Trust's Senior Management Team had approved two additional posts to support the Head of Safeguarding to continue to focus on making the necessary improvements to ensure the Trust worked towards delivery of its statutory responsibility in this regard.

Ms Charlton said that previously the Trust would not have been in a position to identify who had completed the various levels of training and added that there were different criteria for frontline and non-frontline staff as well as a difference in frequency of training. Ms Charlton indicated that the Committee had been left vulnerable in

the absence of this data. She advised that the Intercollegiate Documents for Safeguarding Roles and Competencies for Health Care Staff (2018) had stated that all paramedics should be trained to Safeguarding Level 3. Ms Charlton indicated that NIAS paramedics were currently trained to Level 2.

Continuing, she explained that she and Mr Flannagan were committed to delivering face-to-face training as it allowed attendees to discuss various scenarios. Ms Charlton said that Mr Flannagan had engaged with Dr Ruddell's team with a view to ensuring safeguarding training was included in the Education Review in terms of sessions with staff to improve the knowledge and understanding in the Trust.

Ms Charlton acknowledged the variation in referral rates throughout the Trust which, she said, may be a reflection of failure to recognise or failure to report.

Ms Charlton advised that there had been a change in welfare referrals in that staff would submit a DATIX but the Trust would navigate the welfare pathways thereafter. She said that NIAS had asked the other Trusts to provide a standard welfare pathway and added that the issue had been raised at the Trust's Ground Clearing meeting with DoH colleagues as well as at the Accountability Review meeting. She explained that, when REACH was fully implemented, staff would be able to refer onwards at the press of a button and the referral would be made contemporaneously. Ms Charlton pointed out that AACE colleagues had been content that a welfare referral would be made within 48 hours whereas the Trust had been striving to make immediate referrals.

Mr Abraham highlighted the importance of this work and the low baseline from where the Trust had started. He said that he had been the NED Champion for Safeguarding and added that this was now an areas of increasing focus. Mr Abraham extended his thanks to Mr Flannagan for his significant contribution to date.

Mr Sowney welcomed the progress which had been made since Mr Flannagan's appointment in June 2021. He acknowledged the significance of the recommendations within the report and commented that Mr Flannagan had been identified as the lead against all of them.

Ms Charlton referred to the peer review lead view that Mr Flannagan should not be providing safeguarding training and pointed out that it had been Mr Flannagan's commitment that had ensured training had been provided to NIAS staff. She recognised the risk but queried how best to address the bigger risk of staff knowledge within available resources. Ms Charlton pointed out that decisions had been taken based on the level of risk in terms of where resources should be prioritised.

Continuing, Ms Charlton acknowledged that the additional staff would make a significant difference. She assured members that the Safeguarding Team had continued to progress certain areas of work while awaiting publication of the Peer Report. Ms Charlton alluded to the professional standards element and said that Mr J Noble would be leading on this area of the work. She acknowledged that there were a number of areas in which the Trust had been under-resourced for a considerable period of time but said that the onus was on the Trust to ensure the best use of available resources. Ms Charlton acknowledged the significant improvements which had been made in the Trust but recognised further work was required.

Mr Sowney referred to disciplinary investigations and the importance of ensuring these had been completed by the time a staff member left the organisation. Ms Charlton advised that the Trust had been asked re the processes in place for such circumstances and the clarity around referrals to DBS if concerns were identified.

Mr Bloomfield agreed with Ms Charlton's earlier point that the report made difficult reading. He said that he would like to take this opportunity to commend Ms Charlton's leadership of this area of work and said her commitment was clear. He said that Ms Charlton continued to press on two specific areas, namely the development of standard welfare pathways and the case for investment in safeguarding. Mr Bloomfield expressed some frustration around the commissioning process and the SPPG's consistent refusal to providing funding and stating that the Trust had to prioritise its funding. He said the Trust remained committed to doing everything possible within the resources available.

The Committee **NOTED** the AACE Safeguarding Peer Review.

12 **Handover Delays – Learning from the Data (SC07/09/23/09)**

Ms Charlton advised that, from 1 March 2023, the DoH regional standard had been that *'no ambulances to be waiting more than 2 hours at EDs for handover'*. She reminded the meeting that handover delays had also been included on the Corporate Risk Register.

Referring to ED handover delays greater than 2 hours (Mar-May23), Ms Charlton provided an overview of a number of clinical considerations and noted the variation regionally and internally within HSC Trusts.

Ms Charlton's presentation also included data relating to call categorisation, chief complaint of call and use of data to understand variation and opportunities for improvement. She advised that, while the data within the presentation provided a helpful overview, she would acknowledge that a further detailed clinical review of clinical records would be required to better understand the clinical condition and outcome for patients.

Mr Abraham welcomed the helpful breakdown of the data and expressed deep concern. He reminded colleagues that this issue had been discussed over many months and was of the view that it was a hospital failure to be unable to take responsibility for the patient upon conveyance to ED by NIAS. He believed that the statistics shared by Ms Charlton were stark and clearly demonstrated the harm coming to patients as a result of delayed hospital handovers. Mr Abraham said he would be keen to find out what actions were being taken by other Trusts to address this issue and ensure they were fully aware of the associated risks as well as ensuring they were brought to the respective Trust Boards' attention.

Ms Charlton assured the meeting that NIAS Directors raised this issue at every opportunity.

Mr Abraham suggested that Trusts should ensure nursing care was provided to those patients who remained in the back of an ambulance for longer than 30 minutes. He acknowledged that NIAS staff were not trained to provide nursing care to patients.

Ms Charlton advised that a number of other ambulance services had recognised these challenges and the context in which they worked. She said that, as a result, other ambulance Trusts had introduced policies around pressure care in the back of ambulances as well as introducing the use of pressure relieving mattresses. Ms Charlton stressed the need to consider this issue collectively and collaboratively as well as understanding what could be done to safeguard patients. She believed that, as registrants, NIAS staff were potentially vulnerable as the Trust was placing staff into situations whereby they had to remain outside hospital EDs for a number of hours. Ms Charlton alluded to HCPC standards re the safe management of patients and believed it would be important for the Trust to support staff in a sensitive way and with support from Trade Union colleagues.

Continuing, Ms Charlton suggested the introduction of cohorting patients in a hospital environment rather than have patients remain in the back of ambulances and acknowledged that, although not an ideal solution, cohorting patients in hospital would allow access to nursing care.

Mr Bloomfield agreed with the points made by Mr Abraham and said that, in reality, the data in Ms Charlton's paper were in fact 'work arounds' for a system which was not operating as it should. He indicated that the data presented by Ms Charlton had also been presented at a recent meeting with colleagues from the South Eastern Trust and said that the ED consultant attending the meeting had requested the data so he could share it with his teams in terms of the age profile of patients. Mr Bloomfield advised that a similar meeting with Southern Trust colleagues was planned for the coming weeks and said NIAS was attempting to highlight that, while different approaches were being used to address the issue, the most important focus was on the patients involved.

Ms Byrne suggested that it would be important to bring such information to the attention of the appropriate Committees in other Trusts.

Ms Charlton indicated that she had spoken with Trust Director of Nursing colleagues in the context of avoidable pressure damage statistics as she was aware from discussions that these were increasing. She said that her focus would be to escalate the safeguarding concern around the care of frail elderly patients. She

added that, while it was the responsibility of the receiving Trust on paper, in her view, it did not negate NIAS' professional responsibility.

Dr Ruddell said that Ms Charlton had raised a valid point in relation to professional responsibility and vulnerability. He referred to her recent meetings with the Chief Nursing Officer and asked if she had supported this view.

Ms Charlton explained that Trust Directors of Nursing would be meeting with the Chief Nursing Officer in the coming weeks and said she had no doubt that the Chief Nursing Officer would ensure this issue was afforded considerable time for discussion. Ms Charlton added that Allied Health Professions colleagues would also be present at the meeting.

The Chair alluded to other critical needs, such as toileting and hydration, of frail elderly patients who had to wait in the back of ambulances for prolonged periods of time.

Mr Bloomfield referred to Mr Abraham's suggestion that the Committee should confirm the position in other Trusts and suggested that the Chair of the Safety Committee should write to his counterparts in the respective Trusts to express his concern and seek clarification on how Trusts were addressing this issue. Ms Charlton undertook to draft correspondence for the Chair's consideration.

Continuing, Mr Bloomfield advised that, through Ms Byrne's influence, the SPPG was now circulating details of delays in each hospital site and seeking clarification on the actions being taken. He reminded the meeting that there was a Regional Escalation Protocol which set out measures to be taken at such times of pressures and commented that this Protocol was now being utilised on a daily basis. Mr Bloomfield referred to the Strategic Co-ordination Centre which would come into operation before Christmas and said he hoped the Centre, which would act independently of Trusts, would assist in reducing delayed handovers.

Ms Charlton pointed out that the Trust had not received any complaints relating to care in the back of ambulances and very few had been received by other Trusts. Likewise, she said, there were

few stories posted on Care Opinion regarding the care provided in the back of ambulances. However, Ms Charlton commented that, while it might not necessarily be the responsibility of NIAS, it was NIAS' responsibility to advocate on a safeguarding perspective on behalf of those patients who had to endure considerable delays in the back of ambulances.

The Chair thanked Ms Charlton for her presentation which was **NOTED** by the Committee.

13 **Date of next meeting**

The Chair advised that it had become necessary to reschedule the meeting scheduled for 9 November and said Mrs Mooney would confirm the rescheduled date over the coming days.

14 **Any Other Business**

There were no items of Any Other Business.

THIS BEING ALL THE BUSINESS, THE CHAIR DECLARED THE MEETING CLOSED AT 1.15PM.

SIGNED: 

DATE: 17 November 2023