



**MINUTES OF THE SAFETY, QUALITY, PATIENT EXPERIENCE AND  
PERFORMANCE COMMITTEE HELD AT 2.00PM ON  
FRIDAY 17 NOVEMBER 2023 IN THE BOARDROOM, NIAS HQ**

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

**IN**

**ATTENDANCE:** Mr M Bloomfield - Chief Executive  
Ms R Byrne - Director of Operations  
Ms L Charlton - Director of Quality, Safety & Improvement  
Dr N Ruddell - Medical Director  
Mrs C Mooney - Board Secretary  
Ms R Finn - Assistant Director QSI  
Ms M Paterson - Director of Planning, Performance & Corporate Services (for agenda item 12 only)  
Mr N Sinclair - Chief Paramedic Officer

**APOLOGIES:** Mr W Abraham - Non Executive Director  
Ms M Lemon - Director of HR & OD  
Mr P Nicholson - Director of Finance, Procurement, Fleet & Estates  
Mr R Sowney - Senior Clinical Adviser

**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 (SC17/11/23/01)**

The minutes of the previous meeting on 7 September 2023 were **APPROVED** on a proposal from Mr Abraham and seconded by Mr Ashford.

### 4 **Matters Arising (SC17/11/23/02)**

Members **NOTED** the actions taken against the Matters Arising.

### 5 **Standing Items:**

#### (i) **Identification of Risk**

Discussion at 14(i) refers.

### 6 **Emergency Preparedness, Resilience and Response –Update (SC17/11/23/03)**

The Chair updated the Committee on his meeting with Ms Byrne and Ms Sharpe held on 2 November to discuss progress against the Improvement Plan.

### 7 **Strategic Review of Clinical Education – final report (SC17/11/23/04)**

At the Chair's invitation, Dr Ruddell took the Committee through the detail of the Final Report of the Strategic Review of Clinical Education. He noted that the review had commenced with the key aim to 'revamp' how the Trust delivered education with an emphasis on setting the future direction. Dr Ruddell said that it was important to transition to the development of staff who, while qualified, lacked clinical experience as they graduated from BSc programmes. He added that it was also important that the Trust considered how it

could assure itself of the quality of the care provided by staff. He reminded the meeting that NIAS was an organisation where staff worked independently most of their working day. Dr Ruddell said REACH would also provide the tools to monitor care in a much more efficient way than previously. He acknowledged that, while the review may have been completed, work continued to implement the deliverables.

The Chair noted the detail within the report and asked that this would be included on the January agenda for more detailed discussion.

Dr Ruddell provided a brief overview of the salient points within the report including the restructure of the training team; increasing the complement of CSOs and ensuring they return to monitoring the clinical care provided by staff and how it was delivered; capacity within buildings/estates. Dr Ruddell said that one of the biggest capacity issues was the capacity to release staff for training. However, he said, given the wealth of training material required for PPE/CCE, it was felt that the current two days per year was insufficient. He added that a plan had been developed for the next five years as to how this might look like.

Mr Sinclair agreed that, in terms of horizon scanning, engagement had taken place with internal stakeholders in terms of the need to increase annual training to five days per year. He recognised that a significant element of the risk related to the Trust's ability to release staff and whether there was the physical space and educators to deliver such training. Mr Sinclair emphasised the need to be realistic in moving forward.

The Chair acknowledged the recommendation to increase training days from two to five and the potential risk associated with not being able to deliver on this in the event of an adverse incident.

Dr Ruddell agreed with this point and commented that training records were often sought in the first instance when an inquiry was undertaken.

Mr Bloomfield emphasised that the Trust would have to identify how this could be implemented. He referred to the recent visit he, Ms Byrne and Mr Sinclair had made to the recently opened NIFRS training facility at Cookstown and said the NIFRS had been keen for

other emergency services to avail of the facility. Mr Bloomfield alluded to the fact that NIFRS colleagues had between 8-14 days training each year depending on their role.

The Chair acknowledged that this was the case and said that staff would be stood down from duty to undertake statutory training if this was outstanding.

Mr Sinclair pointed out that the final report provided a baseline and vision for moving forward and said that training requirements in terms of education and governance and supervision would continue to increase as the Trust's workforce increased.

Mr Bloomfield acknowledged the increasing recognition of the role that paramedics and the ambulance service could play in the wider transformation agenda. However, he said that this would only be possible if the Trust had the appropriate number of staff with the appropriate skills and advanced skills.

Dr Ruddell highlighted the linkages with the full implementation of REACH and the associated outputs from REACH.

Agreeing, Mr Sinclair explained that some work had been carried out to develop dashboards around the minimal criteria expected and, rather than have CSOs manually review PRFs, the review would be dashboard driven, thus allowing CSOs to monitor performance and quality in terms of care bundles patient outcomes etc. He also alluded to the inter-dependencies with the roll-out of REACH.

Ms Charlton commented that the Trust's Senior Management Team recognised the importance of the development and delivery of education and training for Ambulance Care Attendants and how best to ensure that education and training in this context was reflected within the final report to ensure it was explicit about all staff levels.

Mr Sinclair emphasised the importance of all staff being supported with ongoing education and clinical supervision. He referred to members of staff who had completed their initial training and who perhaps had been with the service for a number of years. Mr Sinclair said that it would be important to ensure that the education provided for such staff was flexible and appropriate.

Mr Sinclair alluded to the introduction of a new leadership management team and said that the team had 'gone back to basics' and had undertaken a full review of capacity. He added that work had also been undertaken to align the core framework to the College of Paramedics with the rest of the UK.

Mr Haslett commented that, when considering risks, one tended to prioritise these and noted that the implementation of the strategic review was resource dependent. He suggested that an 'early win' would be the full roll-out of REACH. Mr Haslett also referred to the importance of Estates.

The Chair noted that CRM would alter the Estates element.

Mr Bloomfield clarified that, in this particular case, the Estates referred to was the estate required around training. He alluded to his earlier reference to the visit to the NIFRS Cookstown facility and said that it might be more cost-effective to look to lease the specialist aspect of that facility rather than consider a purpose-built NIAS facility which would not be affordable in the current financial climate.

The Chair said that one of the aspirations of the Review had been around culture and developing a positive culture. He asked Dr Ruddell for his view on whether he believed the culture had changed and how one might know if it had.

Responding, Dr Ruddell said he recognised that, while the education team was not the sole guardian of culture within the organisation, it was for many staff the first point of contact with the organisation and had the ability therefore to set the tone. He said that the review had measured it through feedback surveys from students from the foundation courses etc. Dr Ruddell said it was encouraging to note that feedback from those undertaking the foundation course and the degree course had been positive. However, he accepted that there was always room for improvement.

Dr Ruddell advised that the Trust had held its first example of the new-style education courses with its Cardiac Arrest Master Classes and noted that there had been positive feedback on the new-style and much more engaging type of training. He acknowledged it had

been subjective but, in terms of feedback received, it had demonstrated that education was going in the right direction.

Mr Sinclair alluded to an adult learning approach where members of staff would review each other. He believed that this was a more engaging approach and said that feedback to date had been positive.

Mr Bloomfield said he believed there had been improvements in culture and was of the view that the continued focus and attention to this work was clear. He referred to the appointments of Ms Emma Boylan and Mr Paul Corns and said their new approaches would be beneficial.

Mr Bloomfield alluded to the restructuring of the education team and the recent transition of Mr Sinclair to Chief Paramedic Officer with responsibility for this function and to drive forward the recommendations.

Mr Bloomfield said he wished to thank Dr Ruddell for his leadership of this review and clarified that Dr Ruddell would continue to have ongoing responsibility for the quality of skills of staff.

The Chair thanked all involved and said he looked forward to more detailed discussion at the January meeting.

## **8 Public and Personal Involvement (PPI) Update (SC17/11/23/05)**

Ms Charlton drew the Committee's attention to the PPI Update and noted that the Trust had recently appointed Ms Maggie Hamilton as the Trust's PPI Officer on a permanent basis. She commended both Mr Gillan and Ms Hamilton on the significant work undertaken to date.

Ms Charlton noted that Mr Haslett had been the NED Champion for PPI and she thanked him for his support.

Ms Charlton reminded members that NIAS was the only Trust which had not received any funding in respect of a Partnership Officer. She advised that, in view of this, the Public Health Agency (PHA) had considered not seeking a progress report from the Trust against the PPI standards. However, the Trust had been keen to reflect its position and had submitted a report. Ms Charlton noted that

progress against a number of standards had been stated as red (at risk/delayed) but advised that a number of these had been progressed in the last few weeks. She said that an aspirational target had been the establishment of the Partner Voice Forum and added that the Trust had been pleased to receive ten Expressions of Interest to participate in the Forum.

Ms Charlton acknowledged that some actions focussed on having strong co-production involvement and said that these would remain red until the Trust was in a position to establish the Forum. She added that she was confident that these actions would transition to blue (complete) over the coming months.

Responding to a question from the Chair as to the timescale for establishing the Forum, Ms Charlton said that she would be keen to have the Forum operational by Quarter 4 of the 2023/24 year. She acknowledged the significant contribution made by Mr Gillan and noted that he had achieved a number of standards with some support from the PHA. Ms Charlton indicated that the appointment of Ms Hamilton would contribute greatly to progress.

Mr Haslett thanked Ms Charlton and the PPI team and acknowledged the progress which had been made over the last few years. He emphasised the importance of PPI and co-production and said it was an important aspect of the Trust's work.

The Committee **NOTED** the PPI Update.

## 9 **Safeguarding Update (SC17/11/23/06)**

Ms Charlton alluded to the Safeguarding Update and noted that this referred to two areas which had been discussed at length by the Committee. The first related to the RQIA Improvement Plan in place since 2019 and the second to the National Ambulance Service Safeguarding Peer Review Action Plan. Ms Charlton noted that an action which had been categorised as red (at risk/delayed) related to the recruitment process associated with the Safeguarding Manager post. She said that Ms Lemon had advised that the post would be released for recruitment in the coming weeks.

Ms Charlton reiterated the small size of the Safeguarding team and alluded to the ambitious nature of the action plan which was being led by Mr Flannagan and one other member of staff. She noted that

a key risk was that of training and she thanked Ms Byrne for facilitating and enabling Operational staff attendance at training.

Continuing, Ms Charlton advised that the Trust had made some progress around welfare pathways and acknowledged that, while progress had not been at the pace she would have liked to have seen, some of the inability to progress any further related to other Trusts putting appropriate arrangements in place.

Mr Haslett asked Ms Charlton for her view on how the full implementation of REACH would assist.

Responding, Ms Charlton acknowledged the work undertaken by the REACH team to ensure the inclusion of a safeguarding module which supported staff through a set of principles to enable better decision-making in the areas of safeguarding. She added that the use of REACH would ensure staff had the ability to access less onerous welfare pathways and advised that staff were currently having to return to base to submit a Datix report if necessary. Ms Charlton indicated that REACH also allowed for there to be a clear audit trail in relation to the nature of the referral.

Mr Haslett sought further clarification around the funding required for the safeguarding posts.

Responding, Mr Bloomfield acknowledged the need to ensure there was a balance in terms of recruitment across the Trust. He explained that the safeguarding posts were being established to support staff to provide the best quality of care possible and were essential in supporting staff to do their job.

Mr Bloomfield advised that the Trust's Senior Management Team had taken a decision to progress at financial risk and go beyond its funded establishment in respect of the safeguarding posts as they were so critical to the services provided by the Trust. He said that the Trust would continue to monitor the position on an ongoing basis.

Mr Haslett indicated his support for all the safeguarding posts and agreed that this was a critical element of the services provided by the Trust. He was of the view that elements of the Trust's efficiency saving would not become apparent for a number of months.



Mr Bloomfield said there were a few service areas which the Trust had decided to invest in over the last number of years. He cited examples of Infection Prevention and Control, safeguarding and pharmacy – all of which contributed to making services safer and providing support to staff. Mr Bloomfield said he recognised that, while progress had been made, single points of weakness remained.

The Chair thanked Ms Charlton for the Safeguarding Update and noted that, while the Update reflected an improved position, further progress was required.

The Committee **NOTED** the Update.

10 **Quality & Service Improvement Update (SC17/11/23/07)**

Ms Charlton reminded the meeting that the Trust Board had approved the NIAS Quality Strategy in June 2023 and the Strategy had been launched during World Quality week in November. She drew the Committee's attention to the Update which outlined the requirement to demonstrate the assurance framework around the 17 projects identified within the Strategy. She added that the Strategy reflected the work across all Trust Directorates. Ms Charlton alluded to the development of a dashboard which would provide the opportunity to monitor progress across the 17 projects and contribute to subsequent reporting to Trust Board through the Safety Committee.

Continuing, Ms Charlton advised that the DoH also required the Trust to produce an Annual Quality Report which had been included with the Committee papers. She added that this had been submitted to the DoH and published on the Trust's website. However, she acknowledged that some minor amendments were necessary to accurately reflect those projects which now fell within Mr Sinclair's remit as Chief Paramedic Officer.

Mr Haslett commended the Annual Quality Report and believed the report provided a comprehensive analysis of the work which had taken place in the preceding year. He referred in particular the table on page 7 of the report which demonstrated the cross-cutting nature of the projects across Directorates.

Mr Bloomfield noted that, unlike other Trusts, there previously was no dedicated focus or team within the Trust taking forward safety and quality. However, now that the Trust had dedicated posts, it was still important to acknowledge that these two areas were integral to everyone's work. He believed that the report demonstrated the benefit of such an approach.

Mr Haslett alluded to the references to culture within the report and sought Ms Charlton's view on whether producing the report helped staff to focus on the importance of culture within the organisation.

Ms Charlton was of the view that culture would only be changed through staff feeling differently. She referred to the engagement sessions which had recently been held at EDs and the issues raised by staff. She acknowledged that, while there were elements of the report which might be less meaningful to staff, the report reflected the outcome of the 'What Matters To You' discussions held with staff and also provided further opportunity to engage with staff.

Continuing, Ms Charlton acknowledged that, on occasions, it had proved challenging to engage with staff during their working hours. However, she welcomed the fact that twenty staff had recently volunteered to participate in a Quality Improvement group to look at late finishes which was the single most raised issue during the staff engagement sessions. Ms Charlton stressed the importance of ensuring the report was meaningful and staff had confidence in it.

The Committee **NOTED** the Update.

11 **Infection Prevention and Control:**  
**- Update Report;**  
**- Environmental and Vehicle Cleanliness Report**  
**(SC17/11/23/08)**

At the Chair's invitation, Ms Finn took the Committee through the detail of the above reports. She reported that the Trust had achieved 81% against a standard of 90% in relation to hand hygiene audits and said the Trust planned to undertake some work with national IPC colleagues who were of the view that a standard of 90% was ambitious. Ms Finn said she would report back to the Committee on this in due course.

Ms Finn reminded the Committee that an additional KPI of 90% standard for monitoring PPE compliance had been introduced as a result of an action from a BSO Internal Audit report. She reported that the Trust was showing a slight improvement in terms of PPE compliance on a monthly basis.

Continuing, Ms Finn reported on the uptake of the Covid-19 and flu vaccination. She advised that uptake of the flu vaccination was 7.70% against a regional uptake of 16%. She said the Trust had received feedback from a number of staff around recording details on the Vaccine Management System (VMS) and she would be meeting with PHA colleagues later in the month to address these. Ms Finn said the Trust was hoping to be able to schedule additional vaccination clinics for staff. However, she acknowledged the reluctance from other Trusts to do so due to the low uptake by NIAS staff. Ms Finn said it would be important to have staff on the ground encouraging colleagues to receive the vaccination and added that the Trust would continue to focus on increasing its uptake.

In relation to IPC e-learning, Ms Finn advised that a new Learning Management System (LMS) had been introduced across the HSC and it was hoped that this would enable the Trust to undertake a more detailed drilling into those staff who had undertaken training. She clarified that this was proving an issue for organisations across the region in that the system recorded those staff who had completed training but not those who had yet to undertake it.

Ms Charlton indicated that the Trust would continue to monitor compliance.

The Chair said he assumed that not every member of staff had to undertake each course.

Ms Charlton confirmed that this was correct and clarified that not every course had to be repeated on an annual basis which added to the complexity of monitoring and reporting on compliance.

The Chair enquired whether the reluctance of staff to receive the flu vaccination was a societal issue.

Responding, Ms Finn indicated that the general vaccination uptake rate was lower than in previous years. She advised that an internal

survey had been shared with staff to try to understand the reasons behind the low uptake rate. Ms Finn said that many staff had indicated they had been unwell following previous vaccinations while others had indicated they did not wish to receive it.

Ms Charlton said there was an awareness amongst professional staff and PHA colleagues that NIAS was an outlier in terms of vaccination uptake. She said that it would be important to follow up on anecdotal reports regarding accuracy of recording on VMS to determine if the current 7.70% NIAS uptake rate was robust/accurate. Ms Charlton believed that the Trust's previous approach of having a senior member of operational staff leading on the internal peer vaccination programme may have had a significant impact in achieving positive uptake rates. She commended her IPC colleagues who had made significant efforts to progress discussions with PHA and promote the programme internally to date.

Responding to a question from Ms Byrne as to the reason for the increased uptake rates within the South Eastern Trust area, Ms Charlton reminded the meeting that the South Eastern Trust's workforce differed from NIAS in that the NIAS workforce was mobile and worked across the region. She acknowledged that the South Eastern Trust was a frontrunner in relation to the Covid-19 vaccination. Ms Charlton indicated that, in the past, other ambulance services had provided incentives to encourage staff to receive the vaccination. However, she said it was her understanding that uptake in other ambulance services had also been lower than previous years.

Responding to a question from Mr Haslett re hand hygiene compliance at the Ulster Hospital and whether there had been a fatigue around IPC, Ms Finn advised that good practice had been noted in relation to the hand hygiene technique when undertaken and staff demonstrated a good awareness of when to perform hand hygiene. However, she recognised that further work was needed. She acknowledged that 90% was a challenging standard to achieve and said that it was for this reason that NIAS would be keen to engage with national colleagues to ascertain the KPI standards being used in other ambulance services.

Mr Bloomfield clarified that the figures in the update were not a reflection of Ulster Hospital staff but reflected the observations of the NIAS IPC Team of NIAS staff.

Responding to a question from Mr Haslett around the use of agency staff, Ms Charlton explained that, in order to deliver a robust, efficient and productive service delivery model for both Environmental and Vehicle cleanliness within the Trust, changes had been made to the structure of the team through the cessation of agency contracts and ensuring a more permanent structure was put into place.

Mr Bloomfield acknowledged that further work was required in a number of areas relating to IPC. However, he referred to the significant progress which had been made over the last few years from a position when the Trust had been placed in special measures due to its non-compliance with IPC requirements.

The Committee **NOTED** the Update as presented by Ms Finn.

12 **Annual Health, Safety & Fire Safety Report 2022/23**  
**(SC17/11/23/09)**

At the Chair's invitation, Ms Paterson took the Committee through the detail of the report and explained that it aimed to provide summary information relating to principal activities associated with the promotion and management of corporate health and safety and fire safety for the period 1 April 2022 to 31 March 2023. She added that the report also highlighted the current key priorities for the Risk Management Team going forward.

Ms Paterson acknowledged that, while this particular function fell within the remit of the Trust's Audit and Risk Assurance Committee, it was recognised that the Safety Committee would also have an interest in the detail of the report.

The Chair alluded to the low number of health and safety inspections undertaken and the associated potential for risk. He expressed concern that the number of individuals who attended a fit test in 2022/2023 (344) had fallen significantly below the number of individuals who had been due a repeat fit test in the same period (1324).

Ms Paterson acknowledged that the Trust needed to increase its capacity and resilience in these areas. She added that consideration was currently being given as to how the Trust could

mitigate these and undertook to bring an action plan to the ARAC meeting on 1 February for consideration. She noted the significant amount of work which had been undertaken in the 2022/23 year by the relatively small team.

Mr Haslett referred to the fact that physical assaults on staff had increased while assaults with weapons had tripled. He alluded to discussions at Board level in terms of the dangers faced by staff and said it was clear further action needed to be taken.

Ms Paterson pointed out that the report covered the year 2022/23 and said it was her understanding that the introduction of Body Worn Video had resulted in a welcome reduction in assaults against staff. She undertook to bring some further detail to a future meeting.

Mr Bloomfield welcomed the sight of such information. He said that local media were always keen to support the Trust around any coverage relating to discouraging assaults against staff and added that local elected representatives had also been vocal in their support. Mr Bloomfield also acknowledged that there appeared to have been more custodial sentences handed down to perpetrators.

The Committee **NOTED** the Annual Health, Safety & Fire Safety Report 2022/23.

13 **Date of next meeting**

The next Committee meeting will take place on Thursday 25 January 2024 at 9.30am in the Boardroom, NIAS HQ.

14 **Any Other Business**

**(i) Identification of risk**

The Chair alluded to the earlier presentation by Dr Ruddell of the Final Report of the Strategic Review of Clinical Education. He accepted that, while he had asked that the report would be discussed in more detail at the January meeting, it was clear that the brief discussion had identified a potential risk around the need for additional days to be assigned each year for training. The Chair indicated that currently there were two days per year set aside for Operational staff to undertake the necessary training. However, the

report was recommending that this should be increased to five days per year. He suggested that this potential risk should be brought to the attention of the ARAC.

## **(ii) Update on Delayed Handovers**

Mr Bloomfield advised the Committee that he, Ms Charlton and Ms Byrne had now met with colleagues from the South Eastern Trust on two occasions to discuss delayed handovers and said it was clear that the South Eastern Trust was committed to doing all it could to address this issue. He added that a meeting had also taken place with colleagues from the Southern Trust. Mr Bloomfield acknowledged that further action was required from all Trusts.

Continuing, he confirmed that the Committee Chair had recently written to his Trust counterparts to express his concern at the impact on delayed handovers on patient safety.

Mr Bloomfield noted that the DoH had prioritised two areas in its Winter Plan, namely ambulance handover delays and delayed discharges. He acknowledged that performance had continued to deteriorate and the Permanent Secretary had emphasised that this position was unacceptable.

Mr Bloomfield advised that the Regional Co-ordination Centre (RCC) had been established specifically to support the go-live of Encompass within the South Eastern Trust. He acknowledged that, while this presented the RCC with a different set of circumstances, the information had shown an improvement in most handovers and response times. However, he said it would be important not to draw comparisons at this stage and agreed that it had been useful to see the outworkings of the Centre at this early stage and to learn from experiences. Mr Bloomfield emphasised the direct correlation between delayed handovers and NIAS response times.

Mr Bloomfield alluded to the recent publication of the Getting It Right First Time (GIRFT) report. He said that the report could not have been clearer in its statements around the impact of delayed handovers on patient safety in that it was 'clearly the single biggest risk to the safety of patients in Northern Ireland'.

Mr Bloomfield said the Chair was keen to discuss GIRFT report in further detail at the December Trust Board. He noted that the

overall trend over the last six months had been one of continued deterioration. Mr Bloomfield advised that he had also written to Ms Gallagher, Deputy Secretary, SPPG, to discuss the increase in ambulance handover times and the associated increased risk to patients which had, on occasions, tragically resulted in deaths.

The Chair thanked Mr Bloomfield for his update.

**(iii) Mr Haslett**

The Chair alluded to the fact that Mr Haslett's term of office as a Non-Executive Director finished today and he thanked him for his significant contribution to the work of the Trust over the last number of years.

Mr Haslett indicated that he had been a Non-Executive Director with the Trust for eight years and seven months and had seen at first hand the commitment and dedication shown by staff throughout the Trust. He thanked everyone for their good wishes and wished everyone well into the future.

**THIS BEING ALL THE BUSINESS, THE CHAIR DECLARED THE MEETING CLOSED AT 4.10PM**

**SIGNED:**



**DATE:** 25 January 2024