



**MINUTES OF THE SAFETY, QUALITY, PATIENT EXPERIENCE AND  
PERFORMANCE COMMITTEE HELD AT 9.30AM ON  
THURSDAY 25 APRIL 2024 IN THE BOARDROOM, NIAS HQ**

**PRESENT:** Mr D Ashford - Committee Chair  
Mr P Quinn - Non-Executive Director  
Dr P Graham - Non-Executive Director

**IN**

**ATTENDANCE:** Ms L Charlton - Director of Quality, Safety & Improvement  
Mr P Nicholson - Director of Finance, Procurement, Fleet & Estates  
Ms M Paterson - Director of Planning, Performance & Corporate Services  
Mr R Sowney - Senior Clinical Adviser  
Mrs C Mooney - Board Secretary  
Ms R Finn - Assistant Director QSI  
Ms H Sharpe - Acting Assistant Director Emergency Planning (obo Ms Byrne)  
Mr G O'Rorke - NI Helicopter Emergency Medical Services (HEMS) Lead (for agenda item 6 only)  
Mr P Corns - Consultant Paramedic (for agenda item 7 only)  
Ms L Wilson - Environmental & Vehicle Cleaning Manager (as observer)

**APOLOGIES:** Mr M Bloomfield - Chief Executive  
Ms R Byrne - Director of Operations  
Ms M Lemon - Director of HR & OD  
Dr N Ruddell - Medical Director  
Mr N Sinclair - Chief Paramedic Officer

## 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 (SC25/04/24/01)**

Mr Quinn advised that the references to 'capacity framework' should read 'competency framework'. Subject to this change, the minutes of the previous meeting on 25 January 2024 were **APPROVED** on a proposal from Dr Graham and seconded by Mr Quinn.

## 4 **Matters Arising (SC25/04/24/02)**

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

### **(i) Risks pertaining to Safety Committee**

Ms Charlton alluded to the request from Mr Quinn around sight of those risks on the Corporate Risk Register pertaining specifically to agenda items presented at the Safety Committee and shared a slide with the Committee which highlighted the risks mapped to agenda items within the SQEP matrix. Ms Charlton acknowledged that the full Risk Register would be considered by the Trust's Audit and Risk Assurance Committee (ARAC). However, she suggested members might find it helpful

to have the slide uploaded to Decision Time for future reference and Mrs Mooney undertook to action this.

Ms Charlton highlighted the links with ARAC and explained that Safety Committee members should expect to receive assurances on the actions taken to mitigate the risk in those risks mapped to Safety Committee agenda items.

Ms Paterson referred to the work ongoing to review the Corporate Risk Register and said it would be important that both pieces of work dovetailed.

## **(ii) Emergency Preparedness, Resilience & Response (EPRR)**

The Chair advised that he had met with Ms Byrne, Ms Sharpe and Mr McArthur on 21 March and said he had been joined at the meeting by Dr Graham. He briefed the Committee on the progress made.

## **(iii) Pharmacy Inspection Reports**

Mr Sowney referred to the pharmacy inspection reports which had been circulated following the January meeting and highlighted the nature of the recommendations which he believed demonstrated fundamental failings. He believed that the recommendations fed into the overall professionalisation of the service and understanding of the accountability and professionalism held by registrants. Mr Sowney suggested that the fact there was such a clear lack of understanding of registrants' responsibilities across the Trust should act as an indicator to senior management of the culture of the organisation. He said these were fundamental to safe effective practice and noted that it was not only the issues raised within the inspection reports but the deeper underlying factors which were concerning. Mr Sowney commented that there was still a significant piece of work to be done in terms of transformation of the organisational culture. He asked if the Committee could be advised of the date for the next inspection.

Ms Charlton said she agreed with the points made by Mr Sowney around a registrant's individual responsibilities, the organisational culture and recognition of that. However, she alluded to the ongoing improvement work in relation to the

corporate environment in which staff worked. Ms Charlton highlighted the responsibility of the Trust as a corporate organisation to ensure the necessary arrangements were in place and agreed that further work was needed around how to build upon the professionalism and understanding of individual responsibilities and also to provide the appropriate practical environmental arrangements.

Mr Sowney suggested that, while actions such as improving storage facilities were straightforward to resolve, recommendations around recording of drugs were more to do with the culture. He reiterated his concern in relation to the findings.

Ms Charlton said she felt improvements in relation to the environment would also support professionalism in staff behaviours as vulnerability of registrants was concerning.

Mr Quinn acknowledged that the observations made by Mr Sowney would not have occurred to him when considering the inspection reports and he suggested that the issues around culture linked to ongoing discussions. He alluded to his previous references to consideration of a competency framework, not just technical and competency skills, but focussing on the underpinning professional cultural competencies which supported such a framework and the absence of which created risk for the Trust. Mr Quinn said he would be keen to discuss further with Mr Sinclair the development of a framework. He accepted the points made by Mr Sowney re individual professional responsibilities but suggested that there might be issues around the environment which supported professional regulation and practice which could be resolved.

The Chair highlighted the valuable contribution made by Mr Sowney as Clinical Adviser to the Committee.

Ms Charlton referenced the importance of corporate support functions and referred to similar situations which had existed within the Trust's infection and prevention control and safeguarding arrangements and suggested that these had come about as a result of not having the necessary and appropriate infrastructure in place within the Trust. She said that Dr Ruddell and Mr Sinclair would acknowledge that, given the lack of

historic pharmacy infrastructure, while significant progress had been made, there was further ongoing continuous improvement required. Ms Charlton pointed out that it was usually the case that having the experience and oversight of a Subject Matter Expert would clearly identify the workplan to be addressed. However, she agreed that it would be key to progress the corporate and individual registrant's responsibilities.

Responding to a question from the Chair, Ms Charlton pointed out that the Committee would be due to receive an update on Medicines Management at its next meeting.

## 5 **Standing Items:**

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

The Chair explained the background to this particular agenda item and sought comment from those at the meeting.

Ms Charlton said that members would be aware of the numerous discussions at Committees, Trust Board and references in the Trust's performance report to delayed ambulance handovers, subsequent late finishes, poor response performance and associated risks to staff.

Ms Charlton noted that the Cat 2 response time had increased significantly and acknowledged the dynamic context of this and the number of influencing factors. For example, how hospitals were managing flow, the extent of ED handovers, the duration of ED handovers. She said she was also mindful of Action Short of Strike (ASOS) in addition to the steps being taken by the Trust to mitigate against risk of late finishes for staff and cited the example of compensatory rest which was now twelve hours' break if a member of staff worked one hour past their end of shift. Ms Charlton added that previously this would have been eleven hours' break. She highlighted that another measure put in place by the Trust was to send crews coming on shift to EDs to relieve colleagues to mitigate against the duration of late finishes. Ms Charlton indicated that this would assist with the requirement for compensatory rest on the following day.

Continuing, Ms Charlton reminded the meeting that the ASOS in place currently meant that the Trust did not despatch crews to

calls other than Cat 1 calls in the last hour of shift. She highlighted that the cumulative risk of these factors together was greater than any one singular risk.

Ms Charlton noted the increase in Cat 2 response times from November 2023 between the hours of 6-9pm and 10pm-1am and explained that it was not possible to say that one factor had brought about the increase in response times but rather a combination of factors.

Ms Charlton suggested that the Committee may wish to add some more explicit narrative around this risk. She pointed out that the DoH was discussing elements of non-pay which could potentially result in changes to the ASOS actions.

Continuing, Ms Charlton said it was hoped the position in relation to DoH non-pay framework would become apparent in the coming weeks and she intended to share information with Trade Union colleagues in this context as well as the continual deterioration of ambulance waits beyond two-hour position from Quarter 1 onwards from 8% to 20% in the last Quarter. She acknowledged that, while there had been a deterioration in the number of ambulance arrivals waiting longer than two hours, it was the total lost hours of capacity which was an important factor.

Ms Charlton said it remained the Trust's intention to continue the practice of sending crews to EDs to relieve colleagues to mitigate the risks associated with late finishes.

Ms Charlton noted that protracted responses were more evident this winter than the previous winter and said that, while this was concerning, the Trust was also concerned at the impact on those staff waiting at EDs. She said she would be keen to share information with colleagues from other Trusts, the SPPG and the DoH in a different format to highlight the risk and the potential quality issue for patients at different times but have a renewed focus on staff being relieved at end of shift.

Mr Quinn alluded to the Serious Adverse Incidents and asked whether it would be possible to correlate a deterioration in patient outcome with the continued reduction in response performance.

Ms Charlton said that, in discussions with SPPG colleagues, it had been possible to refer to those patients where Recognition of Life Extinct (ROLE) was determined at scene. However, it was less clear if there was a poor outcome for the patient following conveyance to hospital as the Trust did not currently have access to this information. However, she highlighted that an inter-Trust DATIX report assisted in determining the outcome for a patient when they were submitted by other HSC Trusts.

Ms Charlton highlighted that the challenge for the Trust was that it often was not aware of the outcome for patients once conveyed to hospital. She said that the Trust had previously advised SPPG colleagues of the potential for unknown harm and had cited the example of a three-month period when the response times for 1,600 Cat 2 calls had a response which was more than twice the centile with a response time of 80 minutes. Ms Charlton said that she would be keen to explore this information further to have a better understanding and believed that the electronic Patient Care Record (ePCR) may help in this regard.

Mr Quinn questioned the use of comparable data from other ambulance services and asked whether other services had done any work around outcomes.

In response, Ms Charlton explained that other English ambulance services had submitted Quality Improvement process and outcomes measures and advised that comparisons had previously been made in the Trust's performance report. She acknowledged that, for some time, NIAS' Cat 2 performance against its English counterparts had been better. However, this had since deteriorated. Ms Charlton reported that, in England in March 2024, the Cat 2 mean response was 32 minutes and the 90<sup>th</sup> centile was 1 hour and 11 minutes. In the NIAS most recent weekly REAP report, the mean was 41 minutes and the 90<sup>th</sup> centile was 1 hour and 35 minutes.

Ms Charlton alluded to the Trust's participation in the National Ambulance Risk Group and said she had enquired how other services were understanding harm. She acknowledged that the narrative had not been quite compelling and said it had proved difficult to extract the necessary information.

Ms Paterson advised the Committee of work ongoing to increase the usage rates of ePCR across the region and it was planned for ePCR to go live onto patients' records providing the ability to start considering patient outcomes in practices.

Concluding the discussion, Ms Charlton said it would be important for the Trust to understand the potential for ASOS to continue as well as the mitigations put in place by the Trust to release crews. She undertook to report back to the Committee at the June meeting on whether it had been determined that the risk should be included in the Corporate Risk Register.

The Chair thanked Ms Charlton for her comments.

## **6 HEMS Annual Report 2023-24 (SC25/04/2024/03)**

At the Chair's invitation, Mr O'Rorke took the Committee through the detail of the HEMS Annual Report for 2023-24.

Mr O'Rorke delivered a presentation on HEMS Update 2023/24. His presentation included a brief overview key statistics as well as commenting on the main risks on the risk register which included the strategic workforce development, new aircraft provision and differences and actions taken through the HEMS management group.

Responding to a question from Dr Graham on the charity funds raised, Mr O'Rorke highlighted the success nature of the Air Ambulance NI charity in raising funds as well as donations from numerous other sources such as families, corporate and community sources.

Mr Nicholson clarified that there was an absolute delineation between the Trust and the charity and noted the strong financial performance of the charity over the last number of years. He explained that, as a charity, the charity's accounts were available on the Charity Commission NI website and he undertook to share the link with members.

Mr Nicholson noted that the Trust did not have any responsibility for raising funds towards the operation of the air ambulance but said that the Trust had always been assured by the fundraising carried



out by the charity. He acknowledged that the DoH had provided some funding during the pandemic as well as some initial funding when the charity was established.

Mr O'Rorke pointed out that the running costs of the air ambulance were in the region of £2.5 million per year and the charity was required to have two years' contingency.

There was some discussion in relation to the location of the air ambulance base and Mr O'Rorke highlighted the need for centrality and the main arterial road network.

Mr Quinn commended Mr O'Rorke on the report and was of the view that his presentation had 'given life' to the report. He sought clarification around using the report as a communications tool, not only for the HEMS element but also for the charity which was a critical partner in the service.

He suggested that it might be beneficial for the report also to focus on the future of the service and set out the progress towards such a vision, for example operational strategic objectives for 2024-25.

Ms Charlton said that the points made by Mr Quinn echoed the discussion at the Senior Management Team meeting and she added that Mr O'Rorke had highlighted the salient points to bring to the attention of the Committee. However, she acknowledged that the Senior Management Team had also been cognisant of the fact that the report represented a NIAS HEMS report and had questioned how it would dovetail with the Air Ambulance NI charity.

Mr Sowney commended Mr O'Rorke on his presentation. He highlighted the figure of 17% of stand-downs and asked whether this might be indicative of a safe service. Mr Sowney also highlighted that this percentage was similar to the level of admissions to an acute hospital that did not require to be admitted. He asked whether the HEMS service had improved at identifying those calls which required their response.

Responding, Mr O'Rorke was of the view that the service had improved in terms of determining the calls to which it should respond. He acknowledged that, initially, the service would have predicted the calls to which it responded. Mr O'Rorke explained

that the service had undertaken staff engagement sessions with NIAS colleagues in terms of awareness raising.

Mr Sowney commended visiting the HEMS to members. He alluded to the earlier discussion around professionalism, standards and challenges in the service and the importance of paramedics clearly understanding their responsibilities as registrants. Mr Sowney said that he viewed HEMS as a centre of excellence and believed that it had a significant impact on the rest of the service. He suggested that it would be helpful to bring in various staff groupings, for example, Station Officers, to see at first hand the importance of accurate record keeping, SOPs and suggested that the Trust could use HEMS to support areas where failings had been identified.

Mr O'Rorke highlighted that there was very much a team ethos within HEMS. Responding to a question from Mr Sowney on whether HEMS personnel were involved in Morbidity and Mortality (M&M) meetings at the RVH, Mr O'Rorke advised that HEMS personnel were involved in trauma rounds.

Ms Sharpe alluded to the risk to consultant staffing moving forward and asked whether there was potential for the service to move to being completely paramedic-staffed.

In response, Mr O'Rorke confirmed that the service would remain consultant-led. He explained that the roles of Advanced Paramedics Critical Care (APCC) and consultants complemented each other thereby providing a 'gold standard team'. He advised that, for example, the APCC could not administer anaesthesia, perform amputations or chest surgery. Mr O'Rorke described the partnership as 'flattened hierarchy' and said that members of the team had significant confidence in the capabilities and skills of each other.

Dr Graham suggested that the HEMS represented a good example of a Quality Improvement Plan.

Mr O'Rorke reiterated the team ethos and stressed that NIAS was very much a critical part of the chain.

The Report was **NOTED** by the Committee. The Chair thanked Mr O'Rorke for his attendance and he withdrew from the meeting.

## **7 Occupational Road Risk & Fleet Safety Policy – Action Plan (SC25/04/24/04)**

The Chair welcomed Mr Corns to the meeting and reminded members that the Committee had approved the Policy at the January meeting and had asked for a phased implementation plan to be presented to the Committee.

Mr Corns advised that it was anticipated that the legislation would be operational prior to the general election with a view to moving to devolved governments within 2-3 years thereafter. He highlighted the nature of the phased plan which looked at full implementation by 2026-27 which would align with the introduction of the legislation in devolved nations. He pointed out that the ultimate aim would be to achieve 250 driver capacity reviews of all individuals who drove on behalf of the Trust.

Mr Corns explained that, in the first couple of years, there would be a shortfall of between 100-110 driver capacity reviews and work was ongoing to explore options to address this shortfall. He said that it was hoped this would be through the bespoke driver education team. However, he said that, over the next few years, taking into account the need around servicing the electric vehicle roll-out, familiarisation and driver capacity reviews, the Trust would rely on bank staff. Mr Corns explained that several recently retired staff who had the necessary qualifications had indicated their willingness to assess NIAS staff. However, he noted the associated risk with the Trust's reliance on these staff.

The Chair clarified that it would be 2026-27 before the Trust would be fully able to meet the requirements of the Policy and, in the interim, it had adopted a risk-based approach to training. He acknowledged the identification of priorities to be addressed and sought confirmation that this continued to be the case.

Mr Corns said that the Trust would continue to target those members of staff who would benefit from a driver capacity review. He reminded the meeting that prior to 1990, there were no driving courses available when joining the ambulance service. However, he acknowledged that the numbers of staff involved in this context were small.

Dr Graham queried the position in relation to the UU students.

Responding, Mr Corns explained that driver assessment would be incorporated into the ACA/AAP course, meaning that it would be five years before those staff would require driver capacity reviews.

Mr Corns advised that work was nearing completion in relation to the driver business case.

Mr Nicholson referred to the equipment and resources needed in terms of delivering the volume of training required. However, he pointed out that another significant part of the business case related to the release of staff from operational frontline duties to undertake the training to be delivered. He highlighted the need to have this factored into the Trust's Financial Plan in terms of how much could be delivered in-year and identify the Trust's baseline training requirements.

The Chair thanked Mr Corns for presenting the implementation plan which he said was clear and concise.

The plan was **NOTED** by the Committee. The Chair thanked Mr Corns for his attendance and he withdrew from the meeting.

## 8 **NIAS Policies (SC25/04/24/05)**

- (i) Medicines Policy**
- (ii) Controlled Drugs Policy**

The Chair reminded members that the Committee had approved the above two policies via e-mail and explained that they had been included in today's agenda to ensure this approval had been noted in the minutes.

Mr Sowney advised that he had a few queries in relation to the Controlled Drugs and Medicines Policies and said he would liaise with Ms Hanna in relation to these.

### **(iii) SAI Policy**

Ms Charlton advised that the extant policy had been in place since 2021 and she alluded to the work being progressed by the SAI Redesign Group which had been established within the DoH to consider a redesign of the current regional SAI policy. Ms Charlton

said the Trust had anticipated being in a position of having an updated regional policy and, for this reason, had delayed updating the Trust policy. However, it appeared that the work of the Redesign Group would not conclude until next year and the Trust had proceeded to update its extant policy and procedures.

Ms Charlton highlighted the change in language used throughout the documentation and explained that regionally there had been a move to using terms such as 'under review' rather than 'investigation'. She highlighted the need to manage expectations and stressed that the process was focussed on learning as opposed to a punitive process. Ms Charlton added that narrative around the importance of the Trust's aspirations to ensure a 'just culture' within the organisation had also been added as well as references to the Rapid Review Group (RRG) which met on a weekly basis. She said it would be important for staff to understand the processes involved in the consideration of a SAI.

Ms Charlton said it would be important for the Policy to reflect current practice within the Trust and further narrative had also been added with regard to family engagement and the need for sensitivity in this regard in terms of the right time for a family to engage being most important as opposed to meeting a designated timeframe.

Ms Charlton referred to the template for staff involvement and highlighted the importance of staff involved having sight of the final report. She advised that she envisage the policy and procedures would be changed again once the regional policy had been finalised and issued.

Mr Quinn commended the detail of the policy and sought further detail around how the Trust would ensure staff understanding and accountability detailed within the Policy.

Responding, Ms Charlton explained that the SAI Lead had worked alongside the Communications Department to develop an interactive document which staff could access easily and which summarised the SAI procedure. She advised that this had been distributed through the normal communications channels and every member of staff involved in a SAI would receive a specific copy of that document.

Mr Sowney welcomed the inclusion of the Trust's aspirations to ensure a just culture and said there was a need to see this replicated in other Trust policies. He highlighted the need for consideration of a just culture in the wording of some memos distributed to staff.

Ms Charlton acknowledged that there was still room for improvement and said that some staff continued to view the SAI process as a punitive process and that the RRG met to 'judge' the care given by staff on the frontline. She stressed the consideration of a SAI at RRG was not to make judgement but to determine if the SAI met the regional threshold for notification.

Mr Sowney said that, while he was not aware of any negative comments about the role of the RRG, he had picked up on concerns expressed by staff in relation to the wording of memos distributed within the Trust.

Ms Sharpe commented that she had received positive feedback from a member of staff involved in a recent SAI review and said that the staff member had felt supported by the Service User Feedback team during the process.

The SAI Policy was **APPROVED** on a proposal from Dr Graham. This proposal was seconded by Mr Quinn.

#### **(iv) IPC Policy Update**

Ms Finn advised that the NIAS IPC policy 2021 was due for review and update. She alluded to the national IPC policy produced by the Association of Ambulance Chief Executives (AACE) to provide a level of consistency between services and advised that the Trust's IPC team had reviewed this policy and had amended it to include links to NIAS policies; update the roles and responsibilities to reflect NIAS; include the implementation and review table to allow the date of implementation by NIAS to be recorded and include reference to the NI regional manual.

Ms Finn explained that the national policy provided an overarching position in relation to IPC within NIAS and linked the reader to several other policies such as the Outbreak Management policy, Sharps Injury policy which would provide the detail on each individual aspect. However, she acknowledged that several of

these additional policies within NIAS required updating and approval and the process to do this had commenced.

Mr Quinn commented that, in addition to ensuring training was undertaken, there was also a need to ensure a fulsome understanding of the content of the policy.

Mr Sowney referred to fact that, in the event of an outbreak, an Outbreak Committee would be established and asked if there was a role for a Non-Executive Director (NED) in terms of governance and accountability.

Responding, Ms Finn and Ms Charlton both agreed that there was no need for NED involvement at this point as the focus was more on operational and Subject Matter Expert perspectives. Ms Finn also added that the Board Assurance Framework would assist in this regard.

Mr Quinn queried whether an outbreak could potentially meet the threshold for a SAI.

In response, Ms Finn explained that it would very much depend on the harm caused and acknowledged that this had not been her experience to date.

Ms Sharpe alluded to the reference to Chemical, Biological, Radiological and Nuclear (CBRN) and the Trust having a specialist team. She explained that, while NIAS had a team to consider the risks, the Trust relied on advice from the National Ambulance Risk Unit (NARU) and AACE. She sought further clarification on whether there was an expectation that the team within NIAS would be comparable with counterparts in England. Ms Sharpe advised that this element would remain a risk until approval to the business case to develop capacity was progressed.

Ms Charlton welcomed this clarification from Ms Sharpe and undertook to caveat the reference within the document to take account of arrangements within NIAS.

The IPC Policy was **APPROVED** on a proposal from Mr Quinn. This proposal was seconded by Mr Graham.

## **(v) Complaints Policy**

Ms Charlton explained that this policy and procedures had been reviewed and updated to reflect current complaint handling processes and procedures. She added that these were reflective of the regional position whilst ensuring alignment with NIAS' systems and structures.

Referring to the more significant changes, Ms Charlton explained that, in order to avoid any duplication, the Policy now combined the previously separate Policy and Procedure. She advised that the procedure for handling complaints followed by the Independent Ambulance Services had also been included with specific reference to relevant policies and procedures introduced to NIAS since the last review of the policy in 2019. Ms Charlton indicated that safeguarding assessment guidance had also been included as well as the inclusion of the Early Resolution process.

Mr Quinn alluded to the need for accessibility for those wishing to make a complaint and noted the intention to have posters and leaflets in vehicles.

Ms Charlton advised that Ms McVeigh had undertaken and designed a survey to seek people's experience of the complaints process as well as compliments.

Dr Graham believed that the immediate availability of leaflets in vehicles to service users on how to complain had the possibility to alleviate any potential concerns.

Mr Quinn welcomed the inclusion of the section around complaint handling within the Independent Ambulance Services.

Ms Charlton pointed out that Ms McVeigh had also undertaken some sessions with Independent Ambulance Services around the Trust's expectations in terms of complaints in keeping with the Non-Emergency Framework specification.

Mr Sowney asked whether the Trust cross-referenced complaints and SAIs to identify any trends.

Responding, Ms Charlton explained that each complaint was reviewed to determine whether there was a trend in terms of several



complaints against the same member of staff, for example, or whether a particular service issue had been identified. She advised that it could be that a member of staff required further training in a particular area or whether referral to the Trust's Professional Standards Group was warranted. Ms Charlton said that these trends were explored during discussions at the RRG meeting.

The Complaints Policy was **APPROVED** on a proposal from Mr Quinn. This proposal was seconded by Dr Graham.

9 **Infection Prevention & Control: Key Performance Indicators – Environmental & Vehicle Cleanliness update (April 2023-March 2024) (SC25/04/24/06)**

With regard to vehicle cleanliness, Ms Wilson reminded the Committee that, following a review of the frequency of 'deep cleans' across other UK ambulance services, the Trust had changed from monthly to bi-monthly audits. She noted that, despite there being several issues in terms of vehicle availability and issues around recruitment, compliance had been maintained.

Ms Wilson reported that, in relation to environmental cleanliness, the auditing frequency had been brought into line with the standards required by the NHS Standards for Healthcare (2021) which require auditing to be undertaken once every three months for areas such as ambulance stations. She noted that the responsibility for undertaking these audits had transferred from Station Supervisors to the Environmental and Vehicle Cleanliness Supervisors.

Ms Wilson advised that the Trust had moved from Docworks to MEG (medical equides), a new cloud audit management system which went live at the start of April. She explained that the system was specifically designed for healthcare and would create comprehensive data driven real-time alerts, heatmaps, traditional charts and graphs via the web-based reporting dashboards, which would allow NIAS staff at all levels to understand and action real time data.

Mr Quinn asked whether there were cleaning teams at hospital sites.

In response, Ms Wilson explained that there were 28 members of staff across the Trust who delivered multi-Key Performance

Indicator cleaning. She advised that there would also be an individual located at EDS to carry out patient cleans inbetween patients to assist with welfare and that this prevented the vehicle from being off the road to allow such cleans to take place.

Ms Charlton commented that the service was very much valued by staff. She advised that the structure of the Environmental Cleanliness Team had been revised within the same financial envelope and to ensure it represented value for money and to endeavour to deliver the support required to achieve standards.

Mr Sowney welcomed this and noted that crews' skills were being utilised appropriately.

The Chair thanked Ms Wilson for her update and the Committee **NOTED** the IPC report.

10 **Date of next meeting**

The next Committee meeting will take place on Thursday 13 June 2024 at 9.30am in the Boardroom, NIAS HQ.

11 **Any Other Business**

Ms Charlton advised that it would be timely to review the Committee's Terms of Reference. However, she noted the Chair's intention to review the Committee structure and suggested that the Committee should await the outcome of the review in the first instance.

The Committee agreed with this suggestion.

**THIS BEING ALL THE BUSINESS, THE CHAIR DECLARED THE MEETING CLOSED AT 1.05PM**



**SIGNED:** \_\_\_\_\_

**DATE:** 13 June 2024