Northern Ireland Ambulance Service
Health and Social Care Trust

MINUTES OF THE SAFETY, QUALITY, PATIENT EXPERIENCE AND PERFORMANCE COMMITTEE HELD AT 9:30AM ON THURSDAY 30 JANUARY 2025 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 N Sinclair	Chief Paramedic Officer
	Ms R Byrne	Director of Operations
	Mr N Ruddell	Medical Director
	Ms S Beggs	Temporary Board Secretary
	Ms C Hanna	Lead Pharmacist
	Ms R Finn	Assistant Director of Quality, Safety and Improvement
APOLOGIES:	Mr R Sowney	Senior Clinical Advisor

1. Apologies & Opening Remarks

The apologies were noted.

The Chair welcomed members to today's meeting.

The Chair welcomed and noted the attendance of Catherine Hanna.

2. Procedure

2.1 Declaration of Potential Conflict of Interest

No declarations were made.

2.2 Quorum

The Chair confirmed that the Committee was quorate.

2.3 Confidentiality of Information

The Chair confirmed and emphasised the confidentiality of information.

3. Previous Minutes

The minutes of the previous meeting on 21 November 2024 were discussed by the Committee. Ms Charlton advised she has some contextual changes to make.

Mr Quinn has noticed a change in the quality of minutes and highlighted the importance of the narrative being accurate. He requested that the standard of the minutes be reviewed. Dr Graham agreed.

Mr Ashford suggested recording the minutes via MS Teams. Dr Ruddell advised that a number of groups already do this with the understanding that it is used as an aide-memoire to generate the official minutes after which the recording is deleted.

Ms Charlton acknowledged that minutes were not of the same quality and recognises the points that the Committee members have made. She is aware that colleagues have been covering in Ms Mooney's absence and may have difficulty interpreting some of the complex discussions. Ms Charlton hopes to see an improvement going forward now that Ms Beggs has taken up the role temporarily.

The Committee **AGREED** that these minutes should be considered further by Executive Directors and circulated to the Committee Chair to approve. It was agreed that this should be done as soon as possible rather than waiting until the next meeting.

ACTION: Ms Charlton

4. Matters Arising

RQIA Comms re: independent ambulance services.
Ms Charlton has written to the regulator regarding independent ambulance services. The RQIA have responded to say they don't

cover independent ambulance services, but they do intend to inspect us in relation to governance and assurance of independent services. Ms Charlton has met with Mr Quinn in the meantime and discussed the concerns. NIAS will commit to taking part in the inspection and feel it is important to keep this on the agenda. RQIA will carry out the review. Ms Charlton continues to keep SMT updated, and Mr Bloomfield is going to discuss this matter with other Trust CEx's before responding. Ms Charlton agreed to keep the Committee updated.

ACTION: Ms Charlton

Mr Quinn added that one of the outcomes of a review would be a change in regulation and we should propose an outcome of inspection.

Mr Quinn referred this to internal audit, and whether this is a specific risk for NIAS and if IA can come up with a similar evidence that strengthens the case.
Ms Charlton confirmed this is on our risk register.
Ms Charlton thinks it would be difficult to do both inspections concurrently and has asked BSO IA to do an inspection, and that we need to do whatever we can to keep assurance around services and public protection.
Mr Quinn predicts there may be a wait as he recalls a conversation with someone from RQIA regarding a lack of capacity.

Ms Charlton agreed we could be waiting some time. We have had no unannounced inspections since 2019.

Dr Graham referred to the programme work for next year, and that there is some flexibility for this matter to be included next year. It is important that we go ahead and do an Internal Audit as it sets a benchmark against the rest of the sector and sets us in a good light.

Ms Charlton referred to the priority findings, and as the Director responsible, she would push hard against limited, limited would be a stretch but hopefully it would be a satisfactory outcome.

Dr Graham suggested it may be worth having a conversation with Catherine McKeown to see if this is an option and to send a signal that we are considering. Mr Quinn referred to the scope of the

organisation and what NIAS have done thus far is good, but it is out with the regulatory framework.

Dr Graham said it would be good for NIAS to set the benchmark for this.

Ms Charlton advised that the attendance at the meetings is varied since the letter, for a commissioning perspective.

The following actions were agreed:
Dr Graham will speak to Catherine McKeown, Head of IA.
Ms Charlton will speak to Mr Bloomfield to liaise with CEx's.
Ms Charlton agreed to wait for the outcome of the discussion with Catherine McKeown before responding to the letter.

ACTION: Mr Graham/Ms Charlton

<u>Update re: MPox</u>
Ms Charlton referred to the last meeting and discussions about the guidance would advocate a HART response to incidents. However, there are concern regarding our capacity to facilitate this.
There have been 7 Mpox cases, 1 in the UK, which are all associated with travel. In terms of NI the risk is low, there have been no confirmed cases of Mpox 1 in NI. Ms Charlton advised the Committee that NIAS were asked to assist in a case of a patient who travelled from Dubai, and it was felt it was important for the patient to be transported for testing. HART were able to deploy on this occasion. We intend to engage with the PHA and DoH that NIAS require their support, formally. There was an Mpox regional exercise earlier this month, with formal visits to strengthen relationships. There has been formal recognition from PHA that NIAS require support. The IPC Team are currently providing face to face training regarding the PPE required for Mpox. Guidance has gone out, which staff sign when completed.

There is a meeting on 21 Feb to go through the regional desktop exercise. Mr Bloomfield raised the capacity issue at the recent Mid-Year Accountability meeting and the Permanent Secretary is aware of the detail regarding a lack of capacity to respond to HCID's.

Ms Byrne continues to engage with Chris Matthews regarding the risk of capacity within the current funded establishment of the NIAS

HART Team, who is very supportive of the approach which will inform a business case. She has created a position paper regarding the specialist response capability, HCID is reflected in that paper and identifies the gap between current NIAS establishment against the national guideline standards regarding the HART team size to transfer MPOX patient.

Mr Ashford sought clarity that NIAS was working within interim arrangements to mitigate risk based on current awareness of Northern Ireland position on MPOX status.
Ms Charlton responded that whilst our risk remains low, if we felt it was to become more of a risk, we would arrange a group to oversee, we have put in all the measures we can to mitigate the risk.

EPRR
Ms Byrne confirmed she wasn't at the last Enhanced meeting with Mr Ashford, which Ms Sharpe attended in her absence.

There was an updated paper for the planned meeting in January, however the meeting was stood down as NIAS were in REAP 4. Ms Byrne has requested a new date for the enhanced meeting in advance of Trust Board on 20 February.

There are numerous recommendations for EPRR to consider from a range of reports and organisations, including but not exhaustively AACE, Manchester Arena Recommendations, Internal Audit recommendations etc.

Summary of AACE in particular - 64 AAC recommendations across AACE 1 & 2 reports. Within the AACE 1 Report, there are 45 recommendations (which have been prioritised). Five of these are complete, 23 ongoing with agreed implementation dates and seven commenced but reliant on external agencies input.

A B.I dashboard has been developed to report, track and monitor progress against a range of recommendations both internal and external to NIAS, and will afford the opportunity to provide updates and reports to SMT and Committees as appropriate moving forward. There were detailed papers prepared for the meeting that was stood down in January, these will be updated, and the

opportunity offered to Committee / NED colleagues to demonstrate the dashboard.

Since the Corporate Risk Register was approved at Trust Board in October, there are two risks, 761 (HART capacity) and 833 (ability to respond to HCID) added to the Corporate Risk Register. Capacity within EPRR has been de-escalated from the Corporate Risk Register to Directorate Risk Register.

Ms Byrne confirmed that the TST (Ten Second Triage) & MITT (Major Incident Triage Tool) were completed as part of the CCE training.

Ms Byrne is pleased to advise the Committee that Ms Angela Vinyard's post, as a subject matter expert from YAS had previously been agreed until the end of March 2025. Ms Byrne has now secured agreement for an extension for 25/26.

The NIAS Operations Continuity Business Plan was finalised and published in November 2024.

During 2024-25, to date, five courses have been delivered in Joint Emergency Services Interoperability Principles (JESIP) Commander, this is a one-day multi-agency training course, that 36 staff members attended.
JESIP training is now available online for all staff and to be included in the mandatory training requirements. It has been recognised that the uptake has been low.

The EPRR Clinical Education Days commenced on 10 September 2024. As of yesterday 502, staff attended from across divisions including EOC. There are further dates scheduled for early April 2025 onwards.

Ms Byrne updated the Committee on the number of open recruitments within the team. There were two vacant EPRR Officer posts, due to a member of staff retiring and another staff member taking up another post externally. One post has been filled and the other to be in post in the coming weeks.

Ms Byrne has ongoing one to one meetings with Chris Matthews, DoH Director, for upward discussions and escalation within the

Department. The position paper remains a live document. Currently version 1.7 of the Specialist Response Capability paper with focus on HART capacity.

AACE have offered assistance to support the business case for EPRR based on their subject expertise. Ms Byrne has a meeting arranged with Mr Paul Woodrow to progress.

EPRR was a significant agenda item at the recent Mid-Year Accountability Meeting between the Permanent secretary, NIAS Chair and Chief Executive. They discussed EPRR / HART capacity challenges which was further reinforced by the issues associated with HCID, including the specific requirements for Mpox. The Perm Sec was aware of the recent potential incident and the fortunate circumstances that a HART team on the date of potential incident the team had just completed a training day so could muster the required team of 4 HART Paramedics. Colleagues are aware if the training day was not ongoing the position could have been very different.

Mr Bloomfield updated the Perm Sec on ongoing discussions with DoH and suggested that the business case will identify the preferred and affordable option, it is likely to take 2-3 years to recruit and train, and NIAS are keen to seek agreement before the end of March to at least progress with year one expansion next year, while longer term funding is considered.
Mr Bloomfield has agreed to write to the Perm Sec about this based on an outcome of a latest meeting Ms Byrne had with Chris Matthews last week.

Ms Byrne advised the Committee that NIAS HART have been shortlisted as finalist in the inaugural 'Northern Ireland Blue Lights Awards', within the 'Resilience and Learning from Major Incidents' category. The ceremony is at the end of February.

Mr Ashford sought further clarification regarding the version 1.7 of the specialist response capability plan. Ms Byrne advised that Option two is the national model, and a phased approach would be more favourable. Mr Ashford recalled the discussion at Trust Board and that the Board are supporting the request to establish the same capability as everyone else in the UK. There is a strong

view that NI should have the same level of service as everyone else in the UK.

Mr Quinn acknowledged the impact of the recent significant service pressures. Non-Executive Directors were made aware of the early alerts during December and January. Ms Byrne referred to the recent storm and the impact it had on NIAS from a planning and EPRR perspective. The PSNI called a major incident, and it was 'all tools down' in Ops to be present at gold command. Based on the initial amber warning NIAS setup internal response structure led by NIAS Strategic Commander. Following PSNI declaring a major incident using the joint decision-making model, NIAS declared a critical incident.

There was a lot of learning from the incident and Operations are preparing a de-brief next week.

Mr Quinn responded that the storm was specific and sought clarification, in relation to culture and practice, and organisationally whether NIAS should take a right based approach. What does NIAS believe is the ongoing impact of service pressures, as it is getting worse. This type of service pressure incidents seem to increase and is there anything else NIAS should be doing. Ms Byrne referred to the briefing for the recent Mid-Year Accountability Meeting, which was very clear about the impact on handovers, elderly and vulnerable patients etc. NIAS have escalated handover delay concerns at the highest possible levels.

Mr Quinn felt it was important to raise this at a forum like this. Ms Charlton added that part of the issue is we can't get people out of hospital. For example, there are 527 patients declared medically fit, over 200 of these are in excess of 48 hours.

Ms Byrne referred to an email received today from the Chief Nursing Officer, inviting staff from the Trusts to a full day workshop on 4 March. The workshop is a clinical event to discuss the learning from Winter. The regional workshop is one of a series planned to develop system wide plans in advance of winter 2025 and beyond.

ICH
Mr Sinclair plans to provide updates on the continuation of training every six months. Mr Sinclair to provide an update at the next Committee.

ACTION: Mr Sinclair

5. Standing Items

(i) Identification of Risk

Ms Charlton referred to Cat 1 releases and the processes we have in place in NI for cat one's, if we have no ambulances to send. Ms Charlton intends to bring a paper to the next Committee Meeting to provide high level assurance.

ACTION: Ms Charlton

Ms Charlton referred to January 2023 failed CAT 1 responses, and that some don't hit the definition of what that is. There is more required in terms of defining what they are. There is an SOP in place, the last one was in December and the clear process helps us to see if it is our own process or external as the contributing factor. There were 38 incidents that fit our threshold for Cat 1 failures. Ms Byrne has contacted Directors of acute in all geographical Trusts to agree a governance forum to discuss issues including e.g. "failed Cat 1 release, learning from sats etc. To agree a meeting cycle, identify any themes and have clear processes in place to share learning

Mr Ashford commented that at this stage NIAS need to identify if it is a corporate risk or a directorate risk and provide assurance if there is any learning for us.

Ms Charlton added there has been a comprehensive review and NIAS have learned from this, including learning within the control room.

6. Pharmacy Biannual Report

The Chair welcomed Catherine Hanna to the meeting to provide an update on KPIs and key reporting areas.

She advised there is a new version of PGDs that have just been completed. There is a need for face-to-face education to improve

things. We need people in a room for us to understand the legislation and practice for PGDs, and generally understanding the law better.

There was only one remaining recommendation from the regulator to action which should be completed by the end of March.

This action is in relation to gases, which is an ongoing issue and taking longer than expected to resolve. The issues relates to the accuracy of the gauge on cylinders, which is a product issue, and the team is working with Mr Nick Henry around the risk involved. If a cylinder incorrectly indicates too high a volume remaining, then there is a risk that the cylinder might run out while caring for a patient, but there is mitigation in that all vehicles carry more than one cylinder at a time.

Mr Ashford commented that overall, it is a fantastic reduction in recommendations. Ms Hanna added that our relationship with the regulator is in a much better place than a couple of years ago.

Ms Hanna referred to errors relating to inaccurate recording of medicine doses in the EPCR. Initial investigation suggests that these are entry errors rather than incorrect doses being given, and work is underway to review the EPCR system in an attempt to make it more difficult for staff to enter a value which is clearly incorrect. Staff are not aware that they can review and amend records right up to the patient being handed over at which time they become electronically finalised. The team are working with the REACH team to improve processes for ensuring legal records are correct.

Mr Ashford responded that hopefully there will be an improvement next time this is presented.

Mr Quinn recognised the progress albeit education and communication are still required to ensure processes are correctly followed, particularly when this has been raised by the audit. In terms of rectification of these issues, Mr Sowney had previously discussed a culture professionalism and clinical care within the Organisation. Mr Quinn recognised that Ms Hanna has already interfaced with those engaged in this process. Mr Quinn suggested that he has a further discussion with Ms Hanna.

Dr Graham queried what Penthrox is. Ms Hanna advised that it is a painkiller which is supplied as a liquid which then evaporates and is breathed in by the patient, providing rapid and effective analgesia. Dr Ruddell added that this was often used in place of the larger Entonox gas cylinders and that NIAS was the first UK Ambulance Service to introduce it.
Ms Charlton added the audit has helped us understand that whilst there are skewed figures, the public reading the report might question if any patient came to harm. There is no evidence of this being raised through either the medicines audit or other processes such as untoward incident reporting, but a technology change would be useful to prevent inaccurate recording of doses administered.

Mr Quinn referred to the level of medicine incidents, and that there has been a couple of SAIs since Ms Hanna started. The Rapid Review Group has noted a very small number of clinical incidents relating to medicines administration, with most audit findings relating instead to simple errors of documentation which are subsequently followed up by station management staff.

Dr Ruddell emphasised the importance of education and staff understanding the legislation around the recording of controlled drugs in particular. It was noted that clinical staff, particularly those who pre-date the current education process, are not necessarily trained in drug calculations although there is an education plan which does allow for medicines management.

Ms Hanna advised that we are not currently reviewing the HEMS PRFs which have switched from paper to the Mobimed system, and the Pharmacy Team do not currently have the capacity to retrieve the records manually.

In relation to the RFID regional business case, there is a regional approach to deliver on this. The team are trying to make sure we get a system that can be expanded to include tracking of other assets. Ms Hanna is meeting with Jonny Marcus, as the system needs to suit everyone.
Vodafone have a potential solution, and this was discussed with them on Tuesday. Dr Ruddell had also explored a similar system in use by St John Ambulance.

Mr Quinn queried if it would be useful to include the SAIs in this report to provide more assurance. The Committee agreed. Ms Hanna agreed to add in and record for every paper.

ACTION: Dr Ruddell/Ms Hanna

Ms Charlton added there has been significant learning from those that were identified e.g. adrenaline and changes to try and mitigate against staff using the wrong medication.

The Committee **NOTED** the paper and agreed it was very reassuring.

7. ICH 2024 Overview

The Committee **NOTED** the paper.

Over the past 12 months there has been a significant effort to grow the NIAS hear and treat function within the Emergency Ambulance Control. This has led to an increase in capacity and capability in treating more patients with additional clinical lead triage, reducing the need to send and ambulance response.
The PowerPoint presentation that Mr Sinclair provided covers the activity and developments over the past 12 months.

Mr Sinclair elaborated that the team are looking at governance and whether it is it effective and safe. NIAS are below the UK standard approach and the team are considering the implementation of a new model.

The next steps is to look at how many more callers we can push towards the ICH. Stacks are big and playing a marginal game. Mr Sinclair will keep the Committee fully sighted.

Mr Ashford commented this is a fantastic improvement and it's making a difference in stacks. Mr Sinclair added they are really monitoring the stack to review historically.

Mr Quinn referred to the Autopush pilot. Mr Sinclair confirmed they hope to identify more patients that are safe to push towards ICH (above cat 5). This is the same process as Scotland, and is a

modern way to look at this, in terms of there being a lot of patients that don't need ambulances.

Ms Charlton referred to recent media articles in relation to patients self-transporting due to no ambulances available, and some have got to hospital quicker than waiting on ambulance but have arrested at the door of the hospital. The team are looking at those cases who are self-transporting who wouldn't usually.

In relation to ASOS, it is difficult for ICH at shift changeover, and they need to look at considerably how ASOS is affecting patient safety. We have a responsibility of sharing that picture that ASOS is a contributory factor.

The Chair commented that overall, it is a very positive picture.

8. NIAS Clinical Governance

Mr Sinclair presented the paper and explained there is currently an opportunity in NIAS to reframe how we review, discuss and report on clinical governance. There have been multiple clinical developments within NIAS in recent years developed in parallel with standard practice.
The aim of this new group, now that we have the resource in place and data to discuss, is to provide a quarterly review of clinical practice/improvements, then scope how this is being governed and we can be assured there is appropriate governance to support this practice.
This would then be reported quarterly to the NIAS Safety Committee.

Mr Ashford welcomed the development and sought clarification on the high number of attendees and whether the quorum can be any of the 12 members. It was suggested the meeting should be on MS Teams due to the high number of attendees. Ms Charlton added that it is such an important group it is hard to identify anyone that shouldn't attend.

Mr Quinn pointed out that the numbering is incorrect in section 7.
Mr Sinclair agreed to update the paper and re-circulate.

ACTION: Mr Sinclair

The Committee **APPROVED** the ToR with the expectation that it will be developed and updated.

9. Environmental and Vehicle Cleanliness

The Committee **NOTED** the paper.

Ms Finn presented the report which provided the NIAS SQEP Committee with an update on the EVC Team, the EVC service to the organisation and the Key Performance Indicators (KPI) for EVC for the period April 2024 to Dec 2024.

This paper detailed:

- The Audit programme and process for EVC audits
- The KPIs for all audits undertaken and the performance against these
- Challenges to the completion of audits during Q1 and Q2 are explained and assurance re Q3 performance and predicted future performance is provided
- Plans for future work with the fleet team to improve processes are described.

Ms Finn added there isn't a lot to highlight, the service is in a stable position. There were issues last year due to retention and recruitment, but the data shows the audits that we were not able to complete have now been completed, which is attributable to those new post holders in place.

The Committee agreed good progress has been made.

Mr Ashford highlighted the issues regarding vehicle cleanliness and seats. Ms Finn advised this remains an issue however, there are better processes in place to improve.

10. Quality and Safety Improvement

The Committee **NOTED** the paper.

Ms Finn presented the paper which provides the NIAS SQEP Committee with an overview of the key points and progress related

to the NIAS Quality Strategy (2023) and provides an update on other Safety and Quality Improvement initiatives within NIAS. Processes for governance of assurance in relation to and progress against the strategy are described.

Ms Finn advised there are a number of committee structures to support the delivery of the strategy, including 17 projects. The Strategy runs to 2026. There is an oversight group via the AD Forum. There is accountability from each directorate to underpin their responsibilities for the delivery of work. Project leads are brought together in groups and report what their trajectory of improvement is and puts a marker down to what others are achieving, e.g. healthy competition. Attendance is challenging at times, going forward, we want to work on getting attendance improved.

The metrics for projects are less tangible and it is difficult to evidence what the metrics of improvement are. Some have defined and some haven't, therefore work is ongoing for general improvement.

Monitoring is mostly by self-assessment, which there is pros and cons for. This is the first time we have done this and are respectful of staff, but we need to hold those to account in order to go back to the public on what we've achieved. We intend to have a workshop to set out what we plan to achieve and how.

Ms Charlton referred to the goals and the public facing document. We are improving our medicine management governance. Ms Hanna confirmed that the regulator is satisfied, however we need to get into a room, face to face and re-stock regarding how we get assurance to the committee and reassure the public.

Mr Quinn alluded to the Patient Safety Framework and that there was one meeting in December. He queried how it would work and that it may be hard to implement in a single organisation level. Staff surveys were missing and how do we measure patient safety from culture. Ms Finn confirmed she will attend these meetings going forward. Each organisation will commit to being part of a process and we will work together.

Mr Quinn suggested Ms Finn links in with Ms Lemon who is going to do a staff survey re: culture and what learning / actions can be taken from it.

ACTION: Ms Finn

11. Infection, Prevention, Control Update Report

The Committee **NOTED** the paper.

Ms Finn presented the paper which updates on the Trust performance in relation to:

- Hand Hygiene compliance
- PPE compliance
- Environmental Cleanliness auditing
- Management of alert organisms and outbreaks
- Preparedness work
- IPC E-learning

Hygiene and PPE continue to experience results lower than the KPI set. There are lots of reasons for this e.g. compliance below the elbow, watch or long nails. These issues need addressed and will be put into the Ops restructure, as that team leading this approach will be instrumental. IPC have secured funding to work with Queens to do some swabbing and a study, once we get these results, we will establish how we use these results to influence staff.

Ms Finn elaborated that the IPC Team have got a slot at the University to influence staff on hygiene whilst they are students before practicing.

There is a fairly robust audit cycle, and the IPC team are spending time with staff on the ground.

Mr Ashford agreed that the gloves and hand hygiene is important and welcomes the Queens research to underpin the evidence. He asked if there is similar evidence or a specific standard in NI not measured in the rest of the UK in relation to second step hand washing, as in the UK they don't measure that aspect of it.

Ms Finn responded there is a lot of debate whether it is important, and it is difficult to argue. Mr Quinn added that it is part of the

policy and why are staff not adhering to the policy, which again comes down to culture. He asked if there is an emphasis on leadership within the Ops restructure and the competencies required to focus i.e. leaders believing in themselves.

Ms Finn confirmed that those individuals who are not compliant would be shared with their line manager, if the same name kept arising, further steps would need to be taken. If we get the new Ops structure implemented, it will assist. Ms Charlton added there is a lot of work to do around innovative approaches.

Mr Graham arranged for Ms Julia Wolfe to attend a meeting on Monday regarding research and innovation. The College are keen to work with her on their bio side.

Mr Ashford concluded that every time we see these audits, we aren't seeing results. Ms Julia Wolfe has done some hand hygiene work, there is lots happening but not translated into results.

12. Patient Care Service – Update Report

The Committee **NOTED** the paper.

This report provides an update on the current position within the Trust, for PCS service in relation to performance and ongoing improvement work from 1 April 2024 to 31 Dec 2024.

Current managerial arrangements for PCS are described with performance metrics provided and explained.

The ongoing programme of improvement is detailed with key achievements highlighted.

There are three areas of improvement: absenteeism, planning model and changes. Overall, 98% demand is being met within the activity in non-emergency journeys.

The PCS activity is important, and it is up significantly even when the number of staff is down. There are 5500 more journeys from last year to this year.

There is a graph to test the new rota pattern and reduced taxi usage. The reduced taxi usage doesn't always land well and is reflected in the number of complaints received. For example, there was a complaint yesterday regarding a patient's transport being changed from taxi to vehicle. The team are doing everything they can to mitigate against it. Mr Neil Gillan is involving individuals to see if there is something better, we can do as we can't go back to single taxis.

There are two outstanding audits for 2019, but hopefully we have enough evidence to show these recommendations have been implemented by the end of the year.

In relation to the Ops restructure, there is a new AD post, interviews are taking place tomorrow.
Other roles are being evaluated i.e. Team lead supervisor, Sector lead and schedule lead.

The Cancellation graph (Patient experience) is significantly down to 260 per month.

There have been a number of actions regarding staff engagement. We are developing a newsletter to include improvements made. TU's have been engaged from the outset and supportive in many ways.
Mr Quinn added that the posts within the management structure are new and will need support.

Mr Ashford noted there are some significant improvements and it is reassuring to see.

13. <u>Date of next meeting</u>

The next Committee meeting will take place on Thursday 24 April 2025 at 9:30am in the Boardroom, NIAS HQ.

16. Any Other Business

<u>Clinical education</u>
Ms Hanna advised NIAS are moving to more face-to-face training; the programme is being coordinated centrally to determine how medicines management will fit into the proposed training plan.

Mr Quinn referred to training and asked whether Pharmacy deliver the training or whether it is via a train the trainer approach. Mr Quinn also asked if there is anything in the training for particular medicines. Mr Sinclair advised it is more around the legislation and responsibility rather than the physical administration of drugs.

Mr Ashford referred to Mr Paul Woodrow doing a sense check, Ms Byrne agreed to follow up with Mr Woodrow.

ACTION: Ms Byrne

Engagement with LAS

Ms Charlton attended a helpful meeting with SPPG and Dean Sullivan from RCC. SPPG are organising a visit with CMO and CNO to a hospital in London to understand how their model could work in practice in NI. There is quite a bit of concern about corridor care given the level of escalation and RCN front line staff.
NIAS aim to do a quality corridor care audit.

The team are also looking into patients over 75 waiting more than eight hours, as they are at an increased risk of harm. They intend to seek further discussions to get paramedic feedback for their experience at the back of an ambulance.
Mr Sinclair agreed with this and added that we need to make sure we have a balanced approach and make sure we are heard.

Mr Quinn suggested doing a comms piece in relation to this, it is good to have good information and data about paramedic's experience. The paramedics are advocating on behalf of patients, which would be extremely Powerful.

THIS BEING ALL THE BUSINESS, THE CHAIR DECLARED THE MEETING CLOSED AT 12:30PM

SIGNED: _____

DATE: **24/4/25**