



**MINUTES OF THE PATIENT EXPERIENCE, QUALITY AND SAFETY
(PEQS) COMMITTEE HELD AT 9:30AM ON
THURSDAY 24 APRIL 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 Corns Consultant Paramedic
Ms R Byrne Director of Operations
Dr N Ruddell Medical Director
Ms S Beggs Temporary Board Secretary

APOLOGIES: Mr R Sowney Senior Clinical Advisor
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 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 30 January 2025 were **APPROVED** on a proposal from Dr Graham and seconded by Mr Quinn.

The Chair asked Ms Beggs to circulate the previous minutes to Committee members, which were approved outside of the meeting by the Committee Chair. Ms Beggs to add these to One Advanced for completeness.

ACTION: Ms Beggs

4. **Matters Arising**

Committee members **NOTED** the update on Matters Arising.

RQIA Comms: Independent Ambulance Services inspections

Ms Charlton advised that, further to correspondence received from RQIA suggesting that they review the commissioning and oversight of IAS, a response has been approved by HSC Chief Executives and forwarded to RQIA inviting them to meet to discuss further.

Dr Graham advised that he had discussed the matter with Internal Audit who do not plan to proceed with a report in this area. Ms Charlton will issue the letter of response as soon as possible.

ACTION: Ms Charlton

The Committee noted the extant risk on the Corporate Risk Register relating to the oversight of IAS and agreed that this should remain unless there is significant movement from the DoH in respect of a policy/legislative change.

5. **Standing Items**

(i) **Identification of Risk**

HSE communication regarding late finishes

The Committee discussed the ongoing, intractable issues regarding the high volume of late finishes and the adverse effect this is having on staff, operational performance, and patient safety.

Ms Charlton advised that a programme of dialogue has commenced with TU colleagues following a case which has been recently covered in the media, with a view to seeking a resolution and derogations from the current ASOS. Ms Charlton advised that the Minister for Health has offered to meet TUs to discuss the ongoing action and a date for this is being arranged.

Mr Quinn sought clarification if Cat 1 and 2 releases will be in the Ministers briefing, and Ms Charlton confirmed that NIAS are anticipating an invite to the meeting, and if so, this could be referred to.

Dr Ruddell advised that an upcoming Coroner's case will likely identify late finishes/ASOS as a contributory factor and there could be more cases in the months ahead.

Ms Charlton reminded the Committee that the risks pertaining to delayed hospital handovers and ASOS are recorded on the Corporate Risk Register. Nick Henry has undertaken a comprehensive risk assessment and an action plan has been developed to put in place measures with an aim to mitigate the risks. A task and finish group will be convened to take this work forward.

At a recent meeting of the National Ambulance Services Medical Directors' Group (NASMeD) there was a communication shared regarding a contravention notice issued by the Health and Safety Executive in England, regarding the psychological impact of late finishes, which suggests the service consider protecting the last hour of shifts. The Committee discussed the prospect of shift redesign, which is being considered as an additional means of reducing the volume of late finishes. Ms Charlton alluded to the outcome of ORH work which was due in June.

The Committee discussed the need to ensure that members of the Health Committee are briefed and are aware of the steps being taken to NIAS to manage the current situation. Ms Charlton advised

that a briefing with the Health Committee is expected in the coming weeks.

Mr Quinn said that Non-Executive Directors have sought clarity regarding the communications function and activity within NIAS. Ms Paterson subsequently organised a meeting with Mr Quinn and Mr John McPoland where they discussed the communication team's capacity and methods of communicating internally and externally. The Committee discussed the need to ensure sufficient capacity and skills are in place to deliver proactive engagement with all key stakeholders, including political representatives.

Dr Graham referred to an article in the Belfast Telegraph recently about the temporary closure of Purdysburn Ambulance Station, which he had followed up with Ms Paterson to ensure the communications team were aware.

Mr Quinn stated that another risk is the lack of a 24-hour communications service, which might result in delays to issuing response to enquiries/media stories.

6. PEQS Terms of Reference

The Committee **NOTED** the Terms of Reference.

7. EPRR Update

Ms Byrne plans to organise another meeting date with Mr Ashford in regard to EPRR.

Ms Byrne advised the Committee that NIAS's Incident Response Plan went live on 31 March and has been shared with all blue light partners.

Several commander courses have been completed and there are continued education programmes planned.

There are ongoing discussions with the DoH Permanent Secretary regarding the additionality required to provide a comprehensive specialist response service at NIAS. Mr Ashford said this business case is vitally important and the Committee would like to be updated on the progress. Mr Ashford thanked Ms Byrne for all her hard work and dedication in progressing EPRR, as there has been a lot of progress.

8. Events Management Policy

The Chair welcomed Ms Smylie to the meeting.

Ms Smylie presented the NIAS Event Management Policy and explained that NIAS did not previously have a policy in relation to events. The Policy outlines NIAS actions in relation to planned events, a structured process for how NIAS manages risks and protects normal service delivery and roles and responsibilities of each department. Ms Smylie explained that a process will be stood up to determine whether an officer is required to attend an event based on the risks. There will be a Proforma that officers fill in at the event which will create a data collection tool to predict event impact for future event planning.

The Committee agreed this is a very useful policy.

Mr Ashford queried the rationale for NIAS not charging councils/event organisers, and Mr Quinn agreed particularly for large events. Ms Byrne confirmed NIAS will be reimbursed for the Irish Open taking place in July 2025, and this policy is more applicable to events such as concerts.

Mr Quinn suggested making the event organisers aware of the charitable trust fund and Ms Smylie agreed that they can explore this and agreed to discuss and consider the governance arrangements with Ms Heather Sharpe.

The Committee **APPROVED** the Policy.

Mr Ashford thanked Ms Smylie and Ms Byrne and extended his thanks to the wider team.

9. Education Update

Mr Corns presented the six-monthly update which provides the Committee with progress on actions from the agreed education review report. Nine out of 47 recommendations are outstanding and plans to address these in 2025-26 are outlined.

Mr Corns noted the successful partnership working with Ulster University in respect of onboarding NQPs and advised that the

education team are planning to engage other HSC Trusts to implement learning partnerships in specific areas, including managing Deprivation of Liberty under the Mental Capacity Act.

Dr Graham referred to Driver Training and said it is good that NIAS are ahead of the legislation changes which are expected in September 2025.

Mr Quinn referred to the uptake of mandatory training information provided to the PCOD Committee as part of the HROD scorecard and noted that there is a corporate responsibility for safeguarding and quality improvement and impact of this rests well at this Committee, which pertains to certain staff groups. Ms Charlton advised this training is applicable to all staff groups.

Mr Quinn highlighted the need to understand the impact and outcomes associated with clinical supervision and noted a link to the ongoing cultural improvement work.

Mr Quinn suggested that an evaluation would be helpful to inform the content and structure of clinical supervision sessions going forward.

Dr Graham suggested a feedback form to gain a perspective of the recipient of clinical supervision and experience. Ms Charlton advised that the Safeguarding team are reviewing incidents every week and are exposed to difficult information and are engaging with the Health and Wellbeing team for interjects with the inspire team. Linked to this, Ms Charlton advised there is an ongoing PDR review, which is a really critical corporate responsibility for the education team to consider.

Mr Quinn suggested a competency framework would be helpful for the organisation and would form a backdrop to an appraisal conversation and career progression. Mr Corns added that this may require a different lens to look at supervision as the clinical supervisor is not the staff member's line manager and will therefore not be linking PDRs to clinical supervision.

Mr Ashford noted the intention to increase CCE days. While the service has been struggling to meet 3 days per person this year, there is a clear intention in the education strategy to move to 5 days per person. Given the difficulties in moving to 3 days, it is

unclear how NIAS would achieve 5 days, and this could represent a significant risk if not achieved. Mr Ashford said that we would need to look at this subject again to see if there is any improvement at the next update. Mr Corns explained that this has been explored but that there are capacity and prioritisation challenges which limit the ability to release staff currently.

Ms Charlton suggested it might be something to consider with rota changes within the ORH review.

The Committee **APPROVED** the update and plans for 25/26 and thanked Mr Corns for the informative report.

10. Involvement and Co-Production Update

The Committee **NOTED** the update and Ms Charlton explained that there is a requirement for the Committee Chair to sign the assurance document.

The team has simplified the report as much as possible. One appendix demonstrates where NIAS are with committed activities, which are not time bound, so a rag status has been used. Ms Charlton outlined the current funding arrangements for PPI Officers within geographical HSC Trusts have not been allocated within NIAS despite approaches to seek same. She therefore explained that PHA had suggested that NIAS would not be required to report on this activity, however given NIAS commitment to PPI a return will be provided to ensure best practice and reflect progress.

Mr Quinn noted the significant progress and noted the linkage to the previous discussion on communications capacity and strategy i.e. digital communication and the Trust communicating proactively. Ms Charlton advised that Mr Neil Gillan is part of the strategy development work that has commenced which will create opportunities for engagement with service users over the next 12 months.

The Committee **APPROVED** the report and Mr Ashford agreed to sign the required document.

11. PCS Update

Ms Charlton advised that following the replacement of the non-emergency CAD there had been a software issue which had

resulted in inaccuracies in the current performance data and therefore a PCS paper had not been included, a software upgrade is expected which will hopefully resolve the data issues by 15 May 2025.

Ms Charlton advised that she would provide a PCS update for the next Committee.

12. Safeguarding Position Report

The Chair welcomed Mr Flannagan to the meeting.

Mr Flannagan presented the position report to the Committee and explained the focus over the past year in relation to delivery of Level 3 face to face safeguarding education as per the safeguarding education and training strategy: the original improvement trajectory had been to provide to all staff delivering direct patient care over a three-year period. Mr Flannagan reported that progress to date had exceeded this trajectory, with currently in excess of 60% of staff completing level 3 training.

Mr Flannagan highlighted a significant increase in safeguarding referrals in the last two years. He referred to the correlation of increased referrals with increased education and also to one factor leading to the increase being due to streamlining the referral process for welfare referrals. He referenced quality of information and documentation provided which allows partnership agencies to follow up efficiently.

Mr Flannagan explained that the development and delivery of safeguarding training has been complex and challenging and has brought with it moral stress and the emergence of difficult conversations. A number of staff have highlighted that they feel the organisation has failed them after a traumatic incident in the past. Through the training it is clear that some staff do not wish to raise these concerns and/or don't feel safe or supported in doing so. Mr Flannagan added that this isn't unique to ambulance services, and he has seen this occur within other blue light services. The team's role is to create an environment that disrupts behaviours that are damaging.

Mr Flannagan noted the emotional toll such episodes have on staff and victims, and the training is intended to support staff to recognise such situations and equip them with skills to challenge and investigate them appropriately.

The Committee noted that Bron Biddle is working with NIAS for a short time in relation to the culture perspective, and the need to ensure individuals with the right skills and knowledge are available to deal with these allegations appropriately, which is capacity beyond the safeguarding team.

Mr Quinn has spoken to Mr Flannagan previously regarding the stark reality of safeguarding issues and noted the impact of legacy issues which have happened historically in the organisation.

As referrals have increased so significantly, Mr Flannagan and Ms Chambers are devoting their time to support staff but there is a big challenge to manage business as usual. A temporary Band 5 role has been added to the team to help support them with referrals. Mr Quinn suggested the banding could be reviewed to reflect the area of expertise required.

Mr Quinn highlighted that management capacity is required to recognise the challenges with perpetrator behaviours and NIAS has a duty as an organisation to ensure management and staff are aware of the concerns and are empowered to address them effectively.

The report was **APPROVED** to go to Trust Board on a proposal from Mr Quinn and seconded by Dr Graham.

The Committee thanked Mr Flannagan for the comprehensive report and the team's commitment and professionalism in dealing with very challenging situations.

13. Update on process, governance and assurance: CAT 1 release

The Committee **NOTED** the briefing which has been compiled at the request of the PEQS committee following a discussion at the Committee meeting on 30 January 2025, where this was raised as a concern.

The paper outlines the operational arrangements that are in place for requesting and managing a CAT 1 release from an Emergency Department.

Ms Charlton advised that there has been an improvement since a SOP was introduced in December 2024 for management of a CAT 1 release. However, challenges remain, particularly at the NHSCT where there have been several failed CAT 1 releases.

Ms Charlton explained that should there be a failed CAT 1 release which contributed to significant harm, the Trust will typically raise it as an Interface Incident, although this is rare. Ms Charlton noted that in the patient deaths noted in the report, a failed CAT 1 release may not be a contributory factor.

The Committee noted that this process was due to be reviewed again in March 2025.

Ms Charlton advised the Committee that work continues regionally with colleagues about Category 2 calls and Interhospital Transfers and that Ms Byrne had reached out to other Trusts to make arrangements for NIAS to be represented at appropriate governance meetings to highlight and share learning re SAls and Cat 1 releases as appropriate.

14. Date of Next Meeting

5 June 2025, 9.30am, NIAS HQ

15. Any Other Business

Ms Byrne made Committee members aware that NIAS have a KPI of answering 999 calls within 5 seconds 90% of the time and EMD Supervisors record the data every hour. This is then reported every morning at the NIAS Regional Huddle and within the Trust annual reports. For the first time ever, NIAS have achieved over a 90% call answering rate for the entire year.

The Committee agreed this is a really positive achievement and to pass on their congratulations to the wider team.

**THIS BEING ALL THE BUSINESS, THE CHAIR DECLARED THE
MEETING CLOSED AT 11.35 AM**

SIGNED: 

DATE: 4/6/25

FINAL