



**MINUTES OF THE PATIENT EXPERIENCE, QUALITY AND SAFETY  
(PEQS) COMMITTEE HELD AT 9:30AM ON  
THURSDAY 4 JUNE 2025 IN THE BOARDROOM, NIAS HQ**

<b>PRESENT:</b>	Mr D Ashford	Committee Chair
	Mr P Quinn	Non-Executive Director
	Dr P Graham	Non-Executive Director
<b>IN ATTENDANCE:</b>	Ms L Charlton	Director of Quality, Safety & Improvement
	Mr N Sinclair	Chief Paramedic Officer
	Dr N Ruddell	Medical Director
	Ms S Beggs	Temporary Board Secretary
	Ms R Finn	Assistant Director QSI
	Ms R Robb	Infection Prevention and Control Lead
	Ms C Hanna	Lead Pharmacist

**APOLOGIES:**

**1. Apologies & Opening Remarks**

Members noted there were no apologies.

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 24 April 2025 were **APPROVED** on a proposal from Mr Quinn and seconded by Dr Graham.

### 4. Matters Arising

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

#### RQIA Comms: Independent Ambulance Service inspections

Ms Charlton updated members that the DoH have been in touch and written formally to advise they are reviewing the 2007 Transportation Strategy including eligibility criteria for non-emergency transport and have advised that in parallel there is an intention to review regulation of Independent Ambulance Providers (IAP).

Internal Audit have revised their audit plan for 2025-26 to include a review of IAS providers and PCS, with the intention to undertake this in Q1 2026-27. Ms Charlton further advised that a Quality Assurance Manager has been recently appointed to strengthen NIAS's assurance and oversight in respect of IAP. Ms Charlton has discussed with Dr Graham as chair of GARAC and it was agreed that a response should be provided to RQIA 's previous correspondence to continue to keep a focus on regulation of IAP.

The Committee **AGREED** that correspondence should be sent to initiate further discussions in respect of IAP oversight.

**ACTION: Ms Charlton**

### 5. Standing Items

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

Ms Charlton referred to Risk Number 833 (HCID) which had been proposed for potential de-escalation from the Corporate Risk Register. The Committee discussed and agreed that it should remain on the Corporate Risk Register.

**ACTION: Mr Sinclair**

## **(ii) PEQS Forward Work Plan**

The Committee reviewed the PEQS Committee Forward Work Plan and agreed Safeguarding should be discussed at the Committee twice per year and Mr Quinn suggested it is listed for the meeting on 20 November.

The Committee requested an update on EPRR at the September meeting.

**ACTION: Mr Sinclair**

Ms Charlton agreed to review the work plan and take forward suggested amendments via SMT, in advance of Committee approval.

**ACTION: Ms Charlton**

The Committee welcomes the workplan which provides them with an outlook of agendas in advance of meetings.

## **6. EPRR / HART Update**

### **EPRR**

Mr Sinclair reported that EPRR continues to develop and commended the team on the progress to date. Mr Sinclair advised that work is ongoing in respect of the recommendations from various reports made in relation to EPRR in recent years.

AACE visited NIAS last week and are completing their review of NIAS's progress against their recommendations. Mr Ashford queried when the Committee would have sight of AACEs' updated assessment and Mr Sinclair advised that the Committee would be briefed following receipt of AACEs correspondence to the Chief Executive on the same.

Mr Sinclair updated on the ongoing work to assess NIAS's compliance with the HSC Core Standards for Emergency Planning,

and the development of Business Continuity Planning in the Trust with the support of Angela Vinand.

Mr Sinclair agreed to advise the Committee on progress for the Commander training in London.

**ACTION: Neil Sinclair**

#### HART

Mr Sinclair reminded the Committee that there is a need to increase capability and capacity within HART and there is ongoing collaboration with NAS to explore the potential for an “all island” model of specialist response.

The Committee discussed the Corporate Risk regarding HART capacity. Mr Ashford expressed disappointment that the Committee had been under the impression that funding had been allocated from DoH for this, when this is not in fact the case, and queried how long it will take to reach the required staffing levels.

More broadly, the Committee sought further information around the plans to develop and enhance HART capacity so that it can provide assurance to Trust Board that the risk is being managed appropriately. Mr Ashford requested a project plan with clear milestones and timeframes and suggested that the level of risk is so great that it should be escalated to the DoH for special measures.

Mr Sinclair explained that work is ongoing within the Trust to identify ways to stabilise the HART team in the short-term and that additional resource has been allocated to support HART with their assurance and governance activities. Mr Sinclair agreed to brief Mr Ashford in due course after plans have been developed, with a further, more comprehensive briefing to be made to the Committee at its next meeting.

Mr Sinclair advised that the HART team need to move from the existing location in Lissie and Ms Sharpe is currently seeking alternative arrangements.

**ACTION: Mr Sinclair**

## **8. Quality Strategy 22-26**

Ms Finn presented the paper that highlights the progress to date against the key initiatives set out in the NIAS Quality strategy 22-26. The paper details the process for determining these initiatives and the method for assessing the status of the project to date. Key risks are highlighted, with ED handovers and system patient flow identified as barriers to achievement in relation to three projects. Evidence for status assessment is provided in the appendix as these are too lengthy for inclusion in the body of the report but are required for the purpose of adequacy of assurance.

Ms Finn said there were 17 projects identified, one of which is suspended. Each project has a score card and metrics behind it i.e. outcomes, process measures and balance measures.

Alongside this the team are conducting audits e.g. patient report forms are being audited more frequently and there is a new oversight group set up to monitor same. There is a Clinical Governance Group set up by Mr Sinclair to provide governance and assurance for clinical standards.

Ms Finn said there are some projects in progress that cannot be achieved, primarily in relation to response times, that as an Organisation are struggling with and projects are affected by that. For example, independent bodies have reviewed the GIRFT Report and agreed it is the single biggest risk.

Mr Quinn said the report is excellent and provides a concise explanation, however the use of domains is confusing slightly and, in some ways, using domains in this way may create a dis service. He used an example of cardiac arrest which could be an initiative across any or all of them, and the structure was a bit confusing. If a regulator was carrying out an assessment, they would assess across all of the domains. Ms Finn agreed and said that this has constrained NIAS, which will be addressed for the next Strategy. Mr Quinn added that he isn't saying not to use those headers but perhaps reframe them.

Ms Charlton said they would like to reflect on what was positive i.e. staff engagement and engaging with the public and does it reflect quality and safety across the whole spectrum and how they would do it differently again, which has been really challenging. They

would like to reflect how culturally people feel supported, which would be a strong quality measure but not reflected in this.

Dr Graham said he is very assured by the figures, and it is interesting how it dovetails and provides another level of assurance in parallel with the risk register.

## **9. NIAS Hand Hygiene (HH) Policy**

Discussed under Item 12.

## **10. Service User Feedback Complaints Update**

Ms Charlton provided the Committee with a short presentation on 24/25 complaints and compliment position including the key learning and actions arising from complaints.

As expected, ambulance handover delays feature heavily and the associated knock-on for delayed response, particularly patients who have experienced a long lie following a fall. There is also a high number of complaints about driving, including with PCS transport.

Ms Charlton highlighted there has been a reduction in complaints regarding the quality of care provided by PCS.

In terms of the timeliness of closed complaints, there were 276 closed last year which is an 11% increase from the previous year and over three years that is a 33% improvement.

Ms Charlton advised that there is a new regional complaints procedure being implemented this year by the office of the NI Public Service Ombudsman. This will run in parallel with the extant complaint's procedure for a period of six months.

Ms Charlton explained the reporting timeframes under the new procedure and that HSC Trusts have highlighted concern about their ability to deliver on these, which has been escalated to the DoH. There will be a need to change internal complaints management processes, and work is ongoing to amend Datix to accommodate the new procedure. Ms Clare McVeigh will provide a further update in September.

## **ACTION: Ms Charlton**

In terms of compliments there is a 14% increase from last year, and they are being shared via the daily bulletin. The Communications team are also going to share these via social media. Mr Quinn suggested caution on sharing compliments on social media and ensure there is a balance in a constructive way to describe learning.

In terms of learning, Ms Charlton reported that there were 198 learning outcomes against complaints, most of which were to support staff members through training and communicating effectively with patients, handling 999 calls and procedures. There were also themes around driving practice.

Ms Charlton noted work across ambulance services to identify and improve driving standards. This is an issue which affects all Trusts and some services have introduced “points-based” systems to try and enhance driving quality.

The Committee raised concern about the reporting timeframes under the new complaints procedure, and that it could inadvertently lead to lower quality investigations and responses, if organisations are compelled to meet the 5 day turnaround.

### **11. Environmental and Vehicle Cleanliness (EVC) Update**

Ms Finn presented an update on the work of the EVC team during the period May 24 to April 25: all KPIs have been met and NIAS are operationally in a good place in terms of recruitment.

Ms Finn referred to the recommended changes in relation to audit practices and that NIAS are close to implementing these.

The Committee **NOTED** the Update.

The Committee **APPROVED** the NIAS Hand Hygiene (HH) Policy Hand.

### **12. Infection Prevention and Control Annual Report**

Ms Finn advised that this report is part of the NHS England Board Assurance Framework and Infection Prevention and Control Teams are required to produce an annual report of activity for the purposes of supporting assurance and governance.

Ms Finn advised that 90% of KPIs were achieved, with main areas of underperformance including bare below the elbow, wearing of watches and gel nails/nail varnish.

The PPE Audit highlighted the overuse of gloves, which the Committee is already aware of. NIAS are continuing to provide education and support through front line staff and focus education with line managers who are in a position to hold others to account.

Ms Finn explained that a QI project has been running throughout May to swab watches within EDs for infection, and that NIAS has been participating in this. Results will be reported back to the Committee when they are available.

Separately, a survey has been carried out with staff regarding adherence with IPC practices and policy. Generally, participants consider themselves to be compliant, and expressed frustration that those members of staff who do not comply are not sanctioned.

The results of the PPE audit and the findings from the staff survey have been incorporated into the revised and updated Infection Prevention and Control Policy.

Ms Finn added that random spot checks are being carried out at EDs by Ciaran McKenna, Assistant Director of Operations, in recognition of the fact that IPC compliance is the responsibility of all staff, and does not rest within QSI.

The Committee discussed the challenges around enforcing compliance with the IPC policy and practices and Ms Finn and Ms Robb explained that other ambulance services face similar issues, and that discussions are ongoing with Trade Union colleagues and HR about introducing an appropriate method of escalating concerns.

Ms Robb noted the risks around mandatory training compliance and Ms Charlton added that IPC has been included in the mandatory training requirements, along with safeguarding. The



Committee discussed the overarching challenges across the Trust in terms of mandatory training completion, and that PCOD will be seeking assurances on this.

Mr Ashford said that training is featuring a lot and is a key priority

The Committee **NOTED** the Report.

### **13. Independent Ambulance Service Assurance and Governance Update**

Ms Charlton introduced the Independent Ambulance Service (IAS) Update Paper which outlines the role of IAS in supporting the Northern Ireland Ambulance Service (NIAS) with scheduled Patient Care Services and non-emergency transport. The report highlights the procurement process and implementation of a new Framework Agreement (SS71), introduced in November 2023. The report details the processes for monitoring and auditing the performance of IAS providers, including regular inspections, quarterly governance meetings, and key performance indicators.

The paper concludes with an update on the governance and assurance processes since the new framework's implementation, noting that inspections and unannounced audits are ongoing, and all IAS providers have engaged to ensure compliance with the standards required.

Ms Charlton drew the Committee's attention to section five in relation to inspections of IAS providers and that a need has been identified to have a dedicated resource to assist in providing assurance. and have formed quarterly meetings with providers to ensure NIAS meet specification, which also demonstrates a record that they are ensuring the framework is met.

Mr Quinn said that the beginning of any regulation is about recognising vulnerabilities and Ms Charlton said they will ensure they bring any concerns to the Committee's attention.

The Committee **NOTED** the Update.

### **14. Corporate Risk 833: management of a HCID**

Discussed under Agenda item 5.1

## 15. NIAS Pharmacy Biannual Report

Ms Catherine Hanna presented the key reporting areas and noted the progress made against PGDs, with only a few remaining to follow-up on

### Control Drugs Management

Ms Hanna highlighted that recent audits have had an increasing trend of non-compliance, which is in part due to the absence from work of supervisors. Findings include inappropriate or lack of recording. Audit data has now been made available for Area Managers so they have greater visibility over areas of non-compliance.

Mr Quinn welcomes the significant progress made and queried the professional accountability. Ms Hanna said that some staff may not understand the legislation behind PGDs Mr Quinn agreed that it is about them understanding what it means for them and the implications from a professional accountability if they are not adequately recording.

Ms Hanna advised that Internal Audit are at NIAS this week and have reported back that some NIAS staff do not have a full understanding of audits and find SharePoint difficult to understand and navigate.

The Committee acknowledged the progress achieved by Ms Hanna and the team and how much assurance this has provided.

Mr Ashford referred to training being a stumbling block and there are clear themes that medicine training is required but hasn't been planned for on the education plan. Ms Hanna agreed, particularly regarding new medicines, and that there needs to be more education established to safely make changes. Mr Sinclair agreed to follow this up and link with Ms Hanna.

**ACTION: Mr Sinclair**

Dr Ruddell referred to NQPs and is surprised undergraduates are not trained on dosing 'calculations' and are vulnerable if they don't know the basics of pharmacology. He referred to linking with

Universities via HCPC and College of Paramedics, and there is a piece of work that should be finished at the end of June which will be shared with the Committee.

**ACTION: Dr Ruddell**

#### **16. NIAS Controlled Drugs Policy**

Ms Hanna presented the Policy and confirmed that the amendment is mainly a licence update.

The Policy was written in February 2024 and only valid for one year, which has been approved by SMT. She confirmed there is nothing significant to highlight.

Dr Ruddell highlighted significant clinical improvements in terms of better pain relief for children and logistical simple changes within the process in managing drugs and turnover of drugs and savings with drugs.

The Committee commended Ms Hanna and noted the Policy shouldn't need to be reviewed for another few years.

The Committee **APPROVED** the updated policy.

#### **17. NIAS Medicines Policy**

The Committee **APPROVED** the updated Policy.

#### **18. Date of Next Meeting**

5 June 2025, 9.30am, NIAS HQ

#### **19. Any Other Business**

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

**SIGNED:**   
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**DATE:** 11/9/25

FINAL