



**MINUTES OF THE PATIENT EXPERIENCE, QUALITY AND SAFETY  
(PEQS) COMMITTEE HELD AT 1.00PM ON  
THURSDAY 20 NOVEMBER 2025 IN THE BOARDROOM, NIAS HQ**

<b>PRESENT:</b>	Mr D Ashford Mr P Quinn Dr P Graham	Committee Chair Non-Executive Director Non-Executive Director
<b>IN ATTENDANCE:</b>	Ms L Charlton Mr N Sinclair Dr N Ruddell Mr N Duncan Ms S Beggs Ms C McVeigh	Director of Quality, Safety & Improvement Chief Paramedic Officer Medical Director Assistant Director Operations Temporary Board Secretary Complaints Manager
<b>APOLOGIES:</b>	None	

**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**

Dr Ruddell confirmed a potential conflict of interest as a close family member works for HART.

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

### **4. Matters Arising**

The Committee **NOTED** the update to Matters arising.

Mr Sinclair confirmed that the Commander training will be completed by the end of the year.

The relocation of the HART team is in progress and awaiting the business case to be approved.

Mr Sinclair advised that they are still considering AACE's expertise to streamline the similarity of recommendations in relation to revenue business cases. Along with Hilary Pilan (AACE) they are identifying whether it is best to separate or combine and will update the Committee accordingly.

**ACTION: Mr Sinclair**

Mr Sinclair is still considering a presentation to NED's regarding OOCA Improvement and Mr Quinn confirmed that it doesn't have to be individual 1-1 meetings and suggested a quick tutorial to NEDs as a group.

**ACTION: Mr Sinclair**

### **5. Standing Items**

#### **(i) Identification of Risks**

Ms Charlton advised the Committee that Mr Mullen and Mr Henry are considering if 'Network Coverage', in terms of coverage and impact, should be brought to the Committee's attention.

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

The Committee **NOTED** the Forward Work Plan

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

The Committee **NOTED** the Emergency Preparedness, Resilience & Response Policy, which has been updated to include cosmetic and formatting amendments to improve clarity and accuracy, for example the update of references to more recent relevant drivers. There were no substantive changes made to the content or intent of this policy.

Ms Paterson has written to the DoH to outline NIAS' position and concerns in relation to the Core Standards.

Mr Quinn highlighted that the number of recommendations are overwhelming and NIAS need to consider what they are 'carrying' and the level of 'medium risks'. Mr Sinclair agreed to consider and discuss with Mr Henry. Mr Ashford agreed that the Risk Group should consider, but it may not necessarily need changed but perhaps streamlined.

**ACTION: Mr Sinclair**

Mr Sinclair has attended a first meeting with Internal Audit to outline where they are in terms of recommendations and they are currently waiting for a response. The Committee acknowledged the significant progress and improvements to date.

Mr Sinclair has highlighted EPRR and relevant business cases at the recent Ground Clearing Meeting and he advised that Ms Garland will share the business case with colleagues.

## **7. Serious Adverse Incident's position report**

The Committee **NOTED** the SAI Report and Ms Charlton highlighted there has been an increase in SAI's this year compared to last year, she explained that not all were as a result of delayed response. 14 out of 20 have exceeded the 8-week timeframe within the regional guidelines for response and the team are trying to amend the processes in order to improve timeliness of completion.

Ms Charlton referred to a previous Trust Board discussion where the Chair had enquired about the position of recommendations arising from SAI's. Ms Charlton referred to the section within the update paper relating to recommendations and the committee noted that and they noted that there were 542 a number of years ago, which has reduced to 12 and she provided an update of the nature and timeframes associated with the 12 outstanding.

Ms Charlton referred to the BSO Internal Audit carried out an audit in 2024 which had an overall satisfactory finding, and advised there is one related recommendation which is partially implemented she advised this is related to training associated with the expected new regional SAI process to be implemented by the Department of Health for SAI's. Ms Charlton advised that Catherine McKeown from Internal Audit has been very supportive and understanding of the challenge with full implementation in this context.

Mr Ashford queried NIAS' ability to meet extra training as there are already struggles to release people for training.

Ms Charlton advised of the unusual position of having two SAI's currently being investigated by NIPSO.

Ms Charlton advised of plans to deliver a future training programme with the Leadership centre, which will include updates regarding the technical and process aspects of SAI reviews but also importantly support to staff in difficult situations meetings with families of patients involved in SAIs where there have been outcomes of death. It was noted that Dr Ruddell and Mr Sinclair are attending more cases at the coroner's court due to the significant number of SAI's and the paper provided articulates more detail about them and what NIAS are doing.

Mr Quinn has recognised the significant increase in SAI notifications where there has been a patient outcome of death and therefore welcomes the paper which provides more detail.

Ms Charlton referred to recent SAI related discussions at the Ground Clearing Meeting with DoH colleagues, she referred to the impact of delayed handovers and ongoing ASOS on

protracted responses. She provided context in terms of variance of NIAS response times to those nationally (England) and highlighted the significant differences in mean response times and ambulance handover times

Mr Quinn emphasised his concern at the increasing numbers and acknowledges NIAS are trying to manage ASOS and handovers, which need to be progressed and resolved.

Mr Ashford requested a different way of providing NEDs with the narrative regarding SAI's, perhaps on One Advanced, with a fuller picture but without jargon, and Ms Charlton agreed to think and consider.

**ACTION: Ms Charlton**

Ms Charlton noted a typo in relation to the number of completed recommendations, which should be 12 instead of 21 and she agreed to amend for completeness.

**ACTION: Ms Charlton**

## **8. Learning from Domestic Homicide Reviews**

The Committee **NOTED** the position report for DHRs and Ms Charlton explained that NIAS are a key partner in these homicide reviews as they are early on the scene and therefore have invaluable insights and intelligence to contribute to reviews. There have been six domestic motivated homicides within the last 12 months. NIAS are currently recruiting for a band 7 and band 5 within the safeguarding team and may need to make sacrifices elsewhere to accommodate capacity to contribute to DHR reviews, which entails a comprehensive process over a period of months.

Mr Ashford agreed that NIAS should be part of MARAC to ensure that staff have relevant information to inform dynamic risk assessment in the context of staff being on scene early and Mr Quinn welcomes NIAS being involved to try and help avoid future occurrences. The Committee agreed that there is clear rationale for extra capacity for this specialised area.

## **9. Learning from Deaths Procedure**

The Committee are asked to approve the implementation for the introduction of a formalised process for Learning from Deaths within NIAS.

Ms Charlton explained that the learning from deaths process is mandated in other ambulance services in England where they are required to have a policy to include publishing deaths on their website.

NIAS would like to adopt the procedure and guidance within NI in a phased approach. There is no current process of reporting to the commissioner, and although NIAS are not mandated they feel there would be benefit in agreeing a process in this regard.

Ms Charlton advised that the plan was to have a monthly LfD meeting chaired by Dr Ruddell and that there had been a BI dashboard designed to ensure deaths in scope as per the national methodology were being reviewed at the relevant forum and process and if not identified as requiring review. The intention was to introduce the process in a phased approach as outlined within the paper.

Dr Graham pointed out the last two bullet points within the recommendations section which are important for the Committee to note.

Mr Ashford welcomes the approach which is worthwhile and queried how it feeds into the education programme. Dr Ruddell advised that the RRG and learning outcomes group is where they make recommendations about the adoption of certain teams, and Ms Charlton confirmed there is someone from the Education team in attendance at the Learning Outcomes Meetings.

Mr Quinn suggested that this would be good to highlight to the Remuneration Committee via personal objectives.

The Committee **APPROVED** the process to be implemented and for the Policy to be brought to the next Committee meeting.

**ACTION: Ms Charlton**

## **10. Quality and Service Improvement - Annual Quality Report update**

The Committee **NOTED** the Annual Quality Report which has been prepared by the NIAS QSI Directorate and the Corporate Communications Team to bring together all of the activities that have occurred within NIAS during the financial year 24/25 which have contributed to the quality of care and service that NIAS patients have experienced and NIAS staff have delivered.

Mr Quinn referred to reference within the report regarding flu vaccines and suggested that NIAS allude to the lack of uptake within the report.

Ms Charlton pointed out the format of the report is in keeping with the DoH specification requested and there may be a repetition with other reports but it is designed to reflect narrative under the headings within the regional Q2020 Strategy, and she is hoping there will be improvements once the new strategy is implemented.

Dr Graham pointed out a typo in relation to Mr Bloomfield's OBE Award and Ms Charlton agreed to amend.

**ACTION: Ms Charlton**

## **11. NIAS Service User Feedback Procedure (Incorporating NIPSO Model Complaints Handling Procedures)**

Ms Charlton presented the Northern Ireland Public Services Ombudsman's (NIPSO) Health and Social Care Model Complaints Handling Procedure (MCHP) which all Health and Social Care organisations are required to implement by 1 January 2026. The new NIAS Service User Feedback Procedure (v0.2) has been developed to ensure organisational compliance with this statutory requirement.

Training has been developed which consists of two modules to support staff with the new model. Stage one of the process refers to front line staff resolving matters before they are directed to the central complaints team. There is a new form for

staff to submit complaints and there are supporting guidance and videos which can be accessed whilst out on the ground.

One of the changes within stage two of the process is complaint responses will be assigned to the relevant Director rather than the Chief Executive.

Ms Charlton referred to Mr Corrigan seeking assurance at a previous Committee whether NIAS can meet the deadlines, however, Ms Charlton confirmed they cannot provide assurance due to the challenging timeframes set out in the new procedures. She alluded to the challenges of front line staff completing documentation relating to complaints in a pre-hospital emergent setting, this has been articulated to the NIPSO throughout the design of the process.

Ms Charlton confirmed that the expectation from NIPSO is for NIAS to have a complaints procedure and as per standing orders this does not need to be formally approved at Committee Level, however, she felt it important to bring the key points of the procedure, particularly where there have been changes to the Committee's attention.

Mr Quinn pointed out it may take a couple of years to embed the new procedure into practice and Dr Graham agreed with Ms Charlton highlighting the unrealistic timeframes at the outset. Ms McVeigh confirmed that students are being briefed about the procedure during their induction from the start of January.

Mr Ashford queried if the new procedure is likely to result in a significant increase in complaints and Ms Charlton confirmed that this could be the potential impact.

The Committee queried if paramedics can advise if they have dealt with a complaint and Ms McVeigh said they have tried to make the form simple as not all staff have user details for Datix. If the complaint is not resolved within five days, it is escalated to their manager and the complainant has 30 days to respond to NIAS. Ms Charlton pointed out that the intent of the new procedure is to hopefully see a decrease within the stage two process.

The Committee **APPROVED** to adopt the new procedure, recognising that implementation will be phased alongside the rollout of training, redesign of the Datix system, and supporting guidance documents for staff.

## **12. IAS Assurance**

The Chair welcomed Mr Duncan to the meeting to provide an update on the NIAS independent ambulance sector usage and governance.

Mr Duncan advised there has been an increase in the use of IAS and usage of the NIAS PCS. They have recently completed a recruitment campaign for 19 staff, with more in January and further. They hope to see an increase in PCS and a decrease in independent use.

NIAS have engaged with the DoH and are meeting with them in January to discuss a potential regulator which is a good step forward.

Dr Graham queried if the new governance arrangements and control with independents will have any impact on GARAC as it was high on the risk register. Ms Charlton confirmed that it is still reflected on the corporate risk register.

Ms Charlton explained the assurance framework NIAS have designed and implemented is in the absence of regulation and the boundaries are therefore a little blurred.

Mr Quinn offered his assistance if helpful as this doesn't need specific experience within the ambulance service and he was Chief Executive of the Republic of Ireland equivalent to RQIA, and Ms Charlton agreed that would be helpful.

The Committee **NOTED** the Update and thanked Mr Duncan for attending.

## **13. EVC Report**

The Committee **NOTED** the update on the Environmental and Vehicle Cleanliness (EVC) performance and service within NIAS for the period from November 2024 to October 2025.

Ms Charlton explained that with this level of assurance which is sitting around 90% the team have determined that it would be important to determine how assuring was the assurance by planning a programme of inspections to validate that this was an accurate reflection. The programme will be carried out by a cross directorate IPC, EVC and estates team across all stations with an aim to identify both learning and good practice and supporting staff within stations and ensuring accuracy of audit findings.

Dr Graham pointed out there is an increased awareness on environmental issues and Internal Audit will be looking at this.

There is a structured meeting for EVC which is helpful for staff to alert the team if they have any issues or concerns arising from audit findings.

Mr Ashford welcomes the assurance in terms of being honest and accuracy of the report.

#### **14. IPC Report**

The Committee **NOTED** the report which provides an update on Infection Prevention and Control (IPC) for the Northern Ireland Ambulance Service (NIAS) for the period from April 1, 2025, to 31st of October 31st 2025.

Hand hygiene continues to be a challenge and there were two bugs identified from the swabbing of watches, however, as these were carried out anonymously, no action can be taken, but it is useful to make staff aware of this.

There is a challenge with training and education for level two, however this is now included in the staff mandatory training.

Mr Quinn acknowledges the improvement with PPE, however the issues with hand hygiene continue and he would like to see improvements as a result of the research and findings. Ms

Charlton agreed with the points raised and will discuss with TU's to ensure all efforts are being made to resolve.

## **15. Any Other Business**

### QIA Being Human Framework

The Committee **NOTED** the information provided by Ms Charlton and she explained that this framework regarding safety and quality was launched two months ago from the RQIA. She thought it would be useful to raise awareness at the Committee as there is potential to translate the framework into the NIAS own culture programme.

Mr Quinn conveyed his agreement with the framework but is disappointed in the document layout and format.

Ms Charlton further advised there have been discussions at the Steering Group to adopt or translate it into something meaningful within NIAS which is being discussed at the Chief Executive Forum that Ms Paterson attends.

## **16. Date of Next Meeting**

22 January 2026, NIAS HQ Boardroom

**THIS BEING ALL THE BUSINESS, THE CHAIR DECLARED THE MEETING CLOSED AT 14.55 PM**

**SIGNED:**



**DATE:** 22-1-26