



**MINUTES OF THE PATIENT EXPERIENCE, QUALITY AND SAFETY  
(PEQS) COMMITTEE HELD AT 9:30AM ON  
THURSDAY 11 September 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 R Finn	Assistant Director QSI
	Ms A McQueen	Quality and Service Improvement Lead
	Ms C Hanna	Lead Pharmacist
	Ms H Rob	Senior Secretary
<b>APOLOGIES:</b>	None	

**1. Apologies & Opening Remarks**

Members noted there were no apologies.

The Chair welcomed members to today's meeting.  
Ms McQueen joined as observer.

**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 4 June 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 referred to previous correspondence from DoH advising they are reviewing the 2007 Transportation Strategy including eligibility criteria for non-emergency transport, at this time they had advised that in parallel there is an intention to review regulation of Independent Ambulance Providers (IAP). Ms Charlton updated members that she had spoken with Mr C Wilson, DoH to seek a timeframe for this work and had been advised that in light of competing demand on resources, it is unlikely this will now take place in parallel, rather that this specific work was unlikely to take place until quarter two in 2026. Ms Charlton referred to her discussion with Ms Paterson in this regard and of the intention to write to RQIA advising them on the update from DoH with a request to proceed with the potential of engaging in discussion regarding the potential of RQIA's examination of the commissioning of those services by the HSC Trusts.

**ACTION: Ms Charlton**

### Progress for the Commander training in London

Neil advised it is a collaboration with London not in London. Commander training to start at the end of September 2025 for the next 5 months to cover all members of staff and close the gap and bring NIAS up to appropriate standards. This will provide compliance with the relevant part of the new core standards.

**ACTION: Mr Sinclair**

#### Relocation of HART Team

Mr Sinclair advised ongoing discussions are taking place to work out the logistics of relocation arrangements. Finance is being discussed with DoH. Considerations taken place regarding various licences required. A meeting took place with HSE & EPRR who are trying to influence to speed up the process. A position is required by end of September 2025.

**ACTION: Mr Sinclair**

#### New Model Complaints Handling Procedure

Ms Charlton acknowledged Ms McVeigh's contributions and leadership within the plans for implementation of the NIPSO complaint's procedure. The implementation date for the new complaints handling process will be 1 January 2026. Regional training packages are in development and have been funded collectively by Trusts in the absence of identified regional funding. The internal in-house training to be delivered to NIAS operational staff and IAP staff. Training requirements and resources may prove challenging given current training commitments and capacity challenges. New policy development, revised policy and support guidance to be brought to PEQs on 20 November 2025. Senior Management Team and operational managers are already engaged. Wider internal communications will commence from the last week in November, following approval of policy and guidance documents and the availability of training.

Due to the new two stage process, software changes are required for Datix within recording and reporting functions. A NIAS training workshop is planned for the final week in November.

Statutory obligations will transfer from DoH to NIPSO from 1 January 2026. Clarification from DoH is awaited in relation to the post implementation reporting requirements.

The regional complaints managers have raised concerns around the timeliness of this. The DoH met on 30 July and are yet to provide an update on the timeline. Internal awareness training, SMT and Operational managers are already engaged, however, a wider internal comms will be issued. A number of associated risks around changes on Datix with training, E-Learning and challenges around getting staff to complete E-Learning. Statutory responsibilities of patient move from DoH to NIPSO. Ms Charlton advised they will manage the risk as best as possible.

**ACTION: Ms Charlton**

### Medicine Training

Mr Sinclair advised the team have been offered training and are working through timelines for completion. The Chair has marked this action as complete and to be closed off.

### HCPC and College of Paramedics

Dr Ruddell advised they are mopping up through the year long education programme internally.

## **5. Standing Items**

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

#### **Safeguarding Team Capacity Risk Assessment**

Ms Charlton referred to the above risk assessment template which sets out the anticipated risk should the service continue to function with the current capacity in the Safeguarding Team.

Ms Charlton outlined the risk descriptions including, growth in referrals, resilience/ability of senior practitioners to deliver safeguarding training, capacity to contribute to

strategic processes including Domestic Homicide Reviews and Adult Protection Bill legislative requirements for investigation, as well as the impact of allegations and staff experiences on the team. She described the potential consequences, existing controls including a temporary Band 5 post supported by SMT and subsequent risk assessment within the template. She noted the Trust current risk appetite of regulation and compliance is averse.

She advised that at this stage the paper was being shared with the Committee to advise of the new risk assessment and asked the Committee to note that SMT are currently considering mitigations and potential treatment of risk to determine next steps and that a further update would be provided to the Committee when an agreed SMT position had been reached in this regard.

Mr Quinn advised of his engagements with Ms Charlton and Mr Flannagan and highlighted the importance and sensitivities of the service. He reiterated the need to have resilience within the team and the importance of ensuring the seniority of any potential new appointments due to the nature of the work.

Ms Charlton advised that the Safeguarding Risk had previously been deescalated from the Corporate Risk Register to the Directorate Risk Register and that she would continue to discuss internally the need to re escalate to the Corporate Risk Register.

**ACTION: Ms Charlton**

**(ii) PEQS Forward Work Plan – Noted**

The Committee noted the Forward Work Plan proposal for Safeguarding should be discussed at the Committee twice per year and Mr Quinn suggested it is listed for the meeting on 20 November 2025.

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**

Mr Sinclair advised a letter was issued to AACE by CEx. Letter has been noted as read.

Mr Sinclair advised new workplans to align to the new HSC Core Standards as well as the AACE and Manchester Arena recommendations are in development.

Ms M Garland is now in post as Operations Business and Performance Manager. Ms Garland has been a great support. This has allowed Ms H Sharpe to focus and be subject matter expert.

### HSC Core Standards

Out of the 218 standards, the self-assessment outlines NIAS as fully compliant with 86, partially compliant with 39 and non-compliant with 93. Some of the standards cannot currently be achieved by NIAS as they are predicated on fully funded and established HART and enhanced SORT models based on the UK National Specifications for these capabilities, which NIAS has never been funded for.

### AACE Recommendations

Due to the significant increase in the number of HSC Core Standards, AACE have agreed with NIAS EPRR to consolidate the AACE recommendations to avoid any duplication of effort. Once this work has been undertaken, it is anticipated that the HSC Core Standards will be the single reporting matrix for EPRR going forward.

### Exercise Pegasus

Work is ongoing regarding the national 'Pegasus' exercise. Dr Ruddell is the lead Director for this supported by Heather Sharpe (EPRR) and Ruth Finn (AD QSI). It will commence in September 2025 including the establishment of a NIAS pandemic preparedness working group with representation from all directorates.

A self-assessment checklist return was submitted to SPPG on 29 August 2025 as part of information gathering to aid with planning.

Dr Ruddell advised Exercise Pegasus will take place in various stages over the next 3 months, the outbreak stage, the management of the outbreak and mitigations and the recovery stage.

#### EPRR/ HART Premises

A Business Case has been developed and submitted to DoH for new lease premises for EPRR/ HART.

Engagement is ongoing with DoH colleagues with the move to new premises anticipated towards the end of the year.

#### HART Development

Mr Sinclair advised that a decision has been taken to fund internally to finance the HART capacity due to DoH not providing funding.

#### Recruitment

Mr Sinclair reported the positive development with recruitment. A number of posts have now been filled, and training is due to commence in the coming weeks.

Business Continuity Job Description has gone through job evaluation and matched to a Band 7. The secondment of the Business Continuity Consultant from YAS has been extended to March 2026. The Operations Business and Performance Manager has been aligned to support the work of EPRR over the next 6 months.

#### Revenue Business cases

Mr Sinclair advised for 2025/26, funding has been redirected internally to cover these additional HART positions. Work has commenced on the revenue business case for expansion of

HART capability in the interim (additional 9 WTE) from 2026/27 onwards.

In tandem a larger business case will be developed for the expansion of HART to meet National Standards.

The Chair acknowledged the progress made to date and particularly the expansion of the HART team. The Chair welcomes the emphasis and the changes from AACE, this will strengthen the business case. It is good to see the support AACE is providing. It is crucial that the business case is strong and vital that it is approved.

The Chair noted the benefits of the additional meetings to maintain the emphasis in this area. Mr Sinclair to action between now and November 2025.

Mr Quinn advised to maintain pressure on DoH, SPPG and other officials within Stormont. The implications of not having a properly funded HART team within NI. To use evidence, we have for leverage for expansion and having the appropriate level of funding to push through. Internal Audit will be reviewing all of this and write a report.

Dr Graham mentioned it would be beneficial within the Internal Audit report to outline the pressures, needs and requirements.

The Chair requested for Mr Sinclair to use AACE expertise to streamline any similarities of recommendations.

**Action: Mr Sinclair**

## **7. Education Update**

Mr Sinclair highlighted we now have 150 new students imbedded into NIAS every year. All paramedics are now qualified as practice educators, and it is now part of the job descriptions going forward. We have also successfully planned and delivered **1,800** practice-based learning hours to student AAP's.

Estates are starting to be used. Job descriptions are now correctly aligned as per requirements and are up to date as possible.

Driver Education Function is starting mid-September. Recruitment of driving education officers is also imminent as we aim to develop this team into practice ASAP. Two driver training vehicles have also been specified and are in the process of being built. This will add a new capacity in this function and reduce the reliance on external agency use.

Mr Sinclair advised on the outstanding recommendations listed. Work is ongoing, with good progress being made as outlined in Safety Committee Update September 2025 paper.

- **E3 (remains open)** Introduce new governance procedures for CSO's to be empowered to deliver clinical supervision. **Ongoing**
- Revised governance/policy has been developed and is ready to be reviewed by SMT. CSO's have been supported via the clinical education centre with clinical supervision training for AHP's. **Ongoing**
- **E4 (remains open)** The annual percentage of delivery of clinical supervision is to be developed into a KPI. **Ongoing**

Once NIAS have devised how this can be accurately recorded. This will be reported within the NIAS governance structures.

Mr Quinn highlighted the importance of medicine management and the education around this and to be reported on.

8.

### **Pharmacy Quarterly Update**

Ms Hanna presented the paper that highlights and updates on new developments aimed at improving clinical care to patients. Improvements have been made and compliance adjusted for number of Supervisor admin days for the Stations.

Internal Audit Recommendations have been implemented and has had positive outcomes.

- Monthly compliance spreadsheet shared with Operations.
- Non-operational managers engaged and trained to undertake audits of Paramedics they manage e.g. CSOs, ICH Paramedics etc.
- Training offered and undertaken by Pharmacy Technician, with Supervisors who want support.

Ms Hanna highlighted since the paper was submitted, there is now 1 SAI relating to medicine in this reporting period. A member of staff who was on long term leave had returned to work and wasn't made aware of medicine changes. This was a big factor within their role. There is a wider risk to consider with staff changing job roles and returning to front line duties to ensure they are equipped correctly with the up-to-date changes and knowledge required to perform their role accurately.

Medicine optimisation, Temperature Monitoring Project is ongoing.

Majority of Internal Audit recommendations have significant improvements in all areas.

A national recommendation was made following the Manchester Arena Enquiry relating to the provision of analgesia at a Mass Casualty/Major Incident. This included the potential to introduce new agents such as Ketamine or Fentanyl. Fentanyl will not be brought to NI. However, Ketamine will be brought in by October 2025.

Education days progress is ongoing and working to get this set up. They are met with challenges around SILO working. The duration of advanced life support techniques is increasing from 30 minutes to 45 minutes, this will impact on the amount of drugs used and therefore increase costs. There is a national shortage on drugs. This is a risk that will need to be considered as a priority with suitable solutions.

Committee members were unaware of this risk, and the management team agreed to examine it in more detail.

The Chair and Mr Quinn praised Ms Hanna for the progress to date.

Ms Hanna expressed a concern around culture and communication issues within the organisation, e.g. information not being communicated appropriately or in advance of requirements leading to challenges which require solutions at short notice rather than in a planned way.

Following the presentation, the Chair commented that people should always be encouraged to raise issues with the Committee, he went on to stress the importance of making sure that management had sight of such issues and are given the opportunity for appropriate consideration and action as necessary.

## **9. Safeguarding Position Report**

Ms Charlton referred to the Safeguarding position report and noted that a number of the key areas had been discussed during the previous agenda item regarding Safeguarding Risk Assessment.

She did however wish to bring to the Committees attention the information relating to safeguarding allegations within the report. She advised that the Trust Safeguarding Allegation policy had been operational since July 24 and that a review was ongoing to incorporate learning from the early implementation stages. She advised that there have been 15 cases referred for safeguarding planning meetings, 11 cases are of sexual safety in the workforce, 2 adult safeguarding, and 2 child safety concerns.

She highlighted that of concern is that 4 of the cases related to sexual safety allegations involving students. Ms Charlton advised that there is a close relationship with the university when this is the case and Paul Corns in his role in education and with a background of academic understanding from working in the university is a real support.

Ms Charlton referred to the context of safeguarding allegation progressing to disciplinary procedures. She alluded to the stark difference between sitting on a disciplinary for a sickness absence matter for example in comparison to a sexual allegation case. She referred to ongoing internal discussions with Ms Lemon and also to the recommendations within Ms Bidle's review relating to the need to ensure that individuals with the relevant knowledge and skills regarding sexual safety are requested for panels to deal with such sensitives. This would be for the health and wellbeing of both staff and complainant.

## 10. Chaperone Policy

Ms Charlton declared there had been a delay on the Chaperone Policy coming to the committee due to an oversight.

Ms Charlton explained the chaperone policy outlines and allows process in how NIAS should be doing things with policy and protocols. The principles that should be followed and exploring vulnerabilities. The chaperone policy was approved at SMT and are now asking for approval by PEQs committee.

Mr Quinn stated that the chaperone policy could be a help in the development of other areas with similar key concepts, it should be possible to develop a framework for other policies built around a human rights framework. Ms Charlton advised this can be further discussed at SMT.

In terms of certain vulnerabilities and time sensitive call outs such as chest pains, we would not have time to apply the chaperone policy, however a very comprehensive piece of work has been done and delivered in training with RRB that is delivered face to face.

Chaperone policy is **approved** by Mr Quinn and Dr Graham.

## 12. **Self-Conveyance to ED**

Ms Finn presented a paper on 'Self- Conveyance to the group and provided an overview of patient safety incidents that had arisen where self-conveyance had been undertaken.

She explained the process for the use of standardised scripts relating to self-conveyance in the context of Clinical Safety Plan escalation. A slide set was provided and the group worked through these slides.

She advised that the information related to the patient safety incidents was based on a review of self-conveyance incidents discussed at the Rapid Review Group meetings.

Ms Finn provided a summary of the Clinical Safety Plan (CSP). Explaining that it is an explicit plan to recourse to when facing pressures and provides an agreed suite of actions to take in accordance with the pressures being experienced. She

explained that this is a UK wide approach. The 4 levels of pressure as per the Clinical Safety Plan (CSP) are:

Level 1 – Green – Normal Operating Levels

Level 2 – Amber – Moderate Pressure

Level 3 – Red – Severe Pressure

Level 4 – Black – Extreme Pressure

Ms Finn highlighted that the agreed scripts are read out, verbatim, by call handlers in line with the CSP pressure levels

The group acknowledge the complexity of the issue and the tension in terms of patient safety and balancing the reading of scripts versus self-conveyance versus waiting for an ambulance response for a protracted time.

It was felt that the term ‘wicked problem’ was appropriate to be applied given the number of unknowns in each of the incidents that had occurred, and particularly as the number of self-conveyances undertaken where there had been no known negative consequence is not known and is not felt to be knowable.

It was agreed that incidents would continue to be kept under review, and should there be a shift in incidents or the profile of incidents that this would warrant further investigation. For the present time it was agreed therefore that the status quo would be maintained.

MS Finn explained that there has been a process introduced in the control room in relation to the logging of scripts and it was agreed that this was helpful and would aid triangulation if an incident were to occur going forward.

Mr Quinn mentioned in looking at the wicked problems is a mature approach and noted the willingness to review incidents as being positive in terms of the culture around patient safety.

Dr Ruddell provided an example for the group to illustrate the complexity in relation to this issue. He referenced ‘stroke’ as an example where time is critical to the outcome and for some interventions/ treatments, adding that in times where it is likely to be known that an ambulance response is going to be protracted that the outcome to the patient may be optimised by

self-conveyance for these reasons. Ultimately though he advised that a key factor in resolving this situation requires improvements in hospital handover times. This view was accepted and agreed with by the group.

Dr Ruddell stated we are facing situations where both control room staff and patients and their families may be required to make judgement calls with the aim of a patient reaching definitive care as quickly as possible and this is having to be balanced against the risks of waiting for an ambulance.

Mr Sinclair stated the solution is to become more efficient and to work with the system to endeavour to improve the system issues. Work that NIAS is involved in with RCC/ SPPG/ DoH and through the Big Discussion was referenced in respect of what is currently being done to attempt to mitigate these issues.

The Committee **NOTED** the Report.

### **13. Involvement and Co-Production Update**

Ms Charlton outlined the purpose of the report in providing assurance to the Committee regarding meaningful involvement and co-production efforts that have occurred within NIAS during 25/26. The commitment to Personal and Public Involvement (PPI) remains central to fostering collaborative partnerships with service users, carers, and the wider community, ensuring their voices shape the design, delivery, and evaluation of services.

Ms Charlton highlighted a number of key points and advised that the NIAS Co- Production strategy expires in March 2026. She advised that plans were in place to collaborate with the PHA on a scheduled care 10,000 More Voices project during Quarter 4 2025 – 2026.

Ms Charlton acknowledged the PHA reporting requirements and the number of associated papers and advised that she would discuss with the team how best to engage with PHA re format of reporting in an aim to have more streamlined documentation. Mr Quinn acknowledged the valuable work of Neil Gillan and Maggie Hamilton in this important aspect of our service.

The Committee **NOTED** the Update.

## **14. Out of Hospital Cardiac Arrest (OOCA) Improvement**

Mr Sinclair provided a summary update on highlighting progress is being made around governance, measurements, and improvement approaches. This is based on the OHCA action plan which has been shared, and the update covers the key developments of this plan. There have been multiple developments in putting more governance in place to boost staff resource and governance structure. Funding is being obtained from Charitable funds to have dedicated resource to further develop the cardiac arrest registry. Simon Fell has managed to obtain funding through the charities funding for a fixed period of time to help build up the cardiac arrest registry. This will develop a registry which will be benchmarked against the rest of the UK. NIAS has established a multi directorate cardiac arrest outcome oversight group. This group has continued to provide oversight and steer for the development of an improvement action plan.

Two further new posts have been developed within the Acute Care team. The team are working hard to continue to finalise ePCR use for OHCA. Any persons still using paper reports are being supported to use electronic reporting.

The access to outcome data continues to be achieved via approval for use of the Northern Ireland Electronic Care Record (NIECR) clinical record system on a case-by-case basis, this approach is achievable due to the relatively small volume of cardiac arrests in NI, which is perceived as a benefit to this approach.

We are now in a position where we understand the base line of patient outcome on a regular basis, and this is part of the trust board report.

OHCA Education Delivery has been a key part. A revised approach to Cardiac education day has been introduced annually through different formats. The feedback has been positive to date, and this is continuing as part of an annual education programme.

Up to date equipment changes have been made and we now have a standardised equipment bags for adults and paediatric

patients, increasing the standardisation of equipment used at the OHCA scene.

The NIAS community resuscitation team developed from previous staffing challenges and is operating at a full staffing model and has a new line manager. The development plan is being worked through and is delivering improvements into the early stages of the chain of survival. The team are delivering training to a range of stakeholder including the community first responder teams. There are ongoing developments regarding a technical solution to the dispatch of first responders and a solution with NAS is looking likely.

NIAS in partnership with the HEMS team has developed the first team of Advanced Paramedics Critical Care (APCC) in NIAS. Now qualified we have trialled the development of these APCC out with the HEMS setting, responding to NIAS 999 calls independently in a response vehicle. The initial test of x2 WTE operating the response vehicle has been successful and the team is expanding by a further x3 WTE to provide 12 hours a day cover in the greater Belfast area. There are plans to continue to grow and progress.

Mr Sinclair highlighted areas of Current Performance/Patient Outcome Data. Which demonstrates the impact of the OHCA improvement programme on patient outcomes. Though there is an overall increase and improvement, the data at points remains unstable, but is now becoming more stable as practice stabilises.

Graph B demonstrated in ROSC for shockable cardiac rhythms from 34.74% (2022-2023) to 50% (2024-2025). A good improvement.

Graph C shows an increase in survival from 2022 onwards with an increase from 5% to 7.4%.

Graph D shockable rhythms show marked change of practice 2022 onwards, with an increase in the median from 19.98% (2022-2023) to 23.81% (2023-2024) to 25% (2024-2025).

The overall approach co-ordinated by the OHCA group, additional resource, delivery of education and improved governance has led to improvements in ROSC and 30-day survival rates, we have also seen an improved system

approach, using appropriate data. This has led to an improved governance approach and improved outcomes. We need to keep pushing on with these areas to continue the improvements and increase 30-day survival to 10% as a key aim This will be delivered with the ongoing development of the action plan and relevant actions.

Mr Quinn requested for 1:1 with our NEDS for further learning who may be interested in these areas to get the interpretations of what's in the grounds, to have a better understanding of what to enquire about going forward. Mr Sinclair agreed to action. Ms Finn is content to provide support around this from QSI.

**Action: Mr Sinclair**

**15. Date of Next Meeting**

Thursday 20 November 1pm-4pm, NIAS HQ Boardroom

**16. Any Other Business**

None.

**THIS BEING ALL THE BUSINESS, THE CHAIR DECLARED THE  
MEETING CLOSED AT 12.10 PM**

**SIGNED:**



**DATE:**

**20/11/25**