



Patient Experience, Quality and Safety (PEQS) COMMITTEE

Date: 9 April 2026

Time: 9.30 am

Location: Board Room

Attendance	
Chair:	Phelim Quinn (Committee Chair)
Attendees:	Michele Larmour
In Attendance:	Lynne Charlton (Director of Quality, Safety & Improvement)
	Heather Sharpe (AD Operations)
	Nigel Ruddell (Medical Director)
	Stacey Beggs (Temporary Board Secretary)
	Catherine Hanna (Lead Pharmacist)
	Neil Duncan (AD Operations)
	Nick Henry (AD Governance and Risk)
	Estelle Smyth (Estates Manager) <i>via MS Teams</i>
	Alex Mason (Performance Improvement Manager) <i>via MS Teams</i>
	Karl Bloomer (Consultant Paramedic) <i>via MS Teams</i>
Apologies:	Philip Graham (Non – Executive Director)
	Dale Ashford (Non – Executive Director)

Minutes of Meeting		
Agenda Item	Summary of the discussion	Actions Agreed
1.	<p><u>Apologies & Remarks</u> The Chair welcomed members to the meeting.</p> <p>The Committee NOTED the apologies as recorded above.</p>	
2.	<p><u>Procedure</u></p> <p><u>2.1 Declaration of Potential Conflict of Interest:</u> The Chair asked members to declare any potential conflicts of interest now or as the meeting progressed. No conflicts were declared.</p> <p><u>2.2 Quorum:</u> The Chair confirmed the meeting was quorate.</p> <p><u>2.3 Confidentiality of Information:</u> The Chair reiterated confidentiality requirements.</p>	



	<p>The Chair recorded thanks and acknowledged Mr Ashford's contribution to the work of the Committee.</p>	
<p>3.</p>	<p>Previous Minutes The Committee NOTED Ms Charlton sent minor changes to the previous minutes to Ms Beggs this morning which have not yet been incorporated.</p> <p>Pending these changes, the minutes of the previous meeting on 22 January 2026 were APPROVED on a proposal from Mr Quinn and seconded by Dr Ruddell.</p>	
<p>4.</p>	<p>Matters Arising</p> <p>The Committee NOTED the updates to the matters arising log and discussed key themes including culture/just culture work, SAI reporting visibility and learning from deaths, and assurance regarding EPRR resilience (including fuel and power resilience).</p> <p><u>Just Culture / Being Human</u>: a draft SOP and policy is in development to ensure colleagues are content with the approach and the Committee will receive an updated paper following engagement with Trade Unions and review of revised Terms of Reference.</p> <p><u>SAIs and wider learning</u>: Members reflected on the impact of the prior Trust Board presentation regarding system pressures, delayed handovers and response times, and LC referred to the development of proposals regarding strengthening visibility of incidents beyond those meeting SAI criteria internally and externally to SPPG. The Committee supported the proposal to share updated approaches with NEDs and Trust Board members and to continue scrutiny at this Committee.</p> <p><u>Learning from deaths</u>: Management described work to review deaths of patients under the care of NIAS based on Learning from Death guidance and principles aligned to other UK ambulance services supported by BI, with intent to produce a structured (SBAR-style) paper to support formal engagement with SPPG.</p> <p><u>External inspection assurance</u>: in respect of Independent Ambulance Services, Members discussed the potential wider system risk of regulatory inspection capacity and the need to ensure NIAS is not left vulnerable. The Committee noted Internal Audit activity commencing on IAS management and the appointment</p>	<p>Ms Charlton</p>



	<p>of an assurance officer to manage risks and coordinate learning across trusts.</p> <p><u>EPRR fuel and resilience</u>: the Committee noted that NIAS aims to remain self-sufficient for at least 10 days' fuel supply, has revised bunker refill thresholds to increase resilience, and is progressing work to confirm generator/fuel interfaces and contingency relocation arrangements for sites.</p> <p>EPRR/Estates Leads – confirm generator/fuel arrangements and provide assurance update to PEQS.</p>	<p>Ms Sharpe / Mr Sinclair</p>
<p>5</p>	<p><u>Standing Items – Identification of Risks / Learning from Regulatory Letter (RQIA)</u></p> <p>The Committee welcomed Ms Smyth to the meeting for this agenda item. Ms Charlton advised members of RQIA regulatory correspondence received relating to a Whistleblowing concern. An update on organisational learning identified, actions taken in response, including position with assurances sought by the regulator was provided.</p> <p>Ms Charlton referred to previous committee discussions regarding strengthening IPC and EVC assurances and NIAS internal validation processes to ensure that audit findings align with on-the-ground conditions.</p> <p>The Committee discussed actions to address infrastructure and environmental concerns (including electrical charger inspection processes, pest control, and physical fabric issues) and noted recent appointments within Estates to strengthen governance and assurance (Head of compliance & projects/strategy).</p> <p>Members discussed the whistleblowing element referenced in the correspondence and the importance of staff feeling able to raise concerns internally.</p> <p>The Committee emphasised that culture and leadership visibility must reduce reliance on external routes for escalation.</p> <p>The Committee discussed operating context at REAP Level 4, the risk of normalising unacceptable practice, and whether baseline expectations require review in light of sustained system pressures. Ms Charlton</p>	



	<p>advised that in recognition of the initial organisational nature of learning identified, that presentations relating to same had been shared, with individual officers and at organisational IPC/ EVC and Learning Outcomes meeting. Further task and finish meeting had also been arranged to follow up on actions in progress as identified within regulatory response. Members agreed further learning should be captured and escalated through the appropriate and governance routes.</p>	
<p>6.</p>	<p><u>EPRR – Highlight Report</u></p> <p>The Committee NOTED the detailed EPRR highlight report and discussed progress against standards and recommendations, including governance improvements via EPRR group structures and escalation of heightened risks (including CBRN) within the corporate risk framework.</p> <p>Members received updates on HART/SORT capability, including Internal Audit findings linking capability to funding, data accuracy improvements, recruitment progress (including positive movement on gender balance), strengthened management structures, and business cases to address capacity gaps.</p> <p>The Committee discussed major event planning (including the Fleadh festival), ensuring robust bronze/silver/gold command structures, provider assurance over medical provision, and multi-agency exercises (including CBRN preparedness).</p> <p>Members noted cross-border collaboration with NAS and shared training initiatives, and welcomed evidence of culture change within special operations.</p> <p>The Committee skipped to Item 12.</p>	
<p>12.</p>	<p><u>Call Segmentation for Category 2 & 3 Incidents</u></p> <p>The Chair welcomed Mr Bloomer and Mr Mason to the meeting, and the Committee discussed the rationale for call segmentation to introduce a time-limited segmentation model within the EOC, enabling early clinical review of selected Category 2 and 3 calls prior to ambulance dispatch, improving patient outcomes and resource utilisation. emphasising clinical safety and governance oversight.</p>	



	<p>Management advised the approach is evidence-based, informed by learning from other UK services (including experience in Wales), and will be implemented cautiously with safety nets, monitoring and the ability to pause/revert if required. Dr Ruddell described the work to date focussing on safeguards within the process to ensure that no patients would be inadvertently disadvantaged and confirmed that he was content with the governance proposals.</p> <p>Members discussed the role of senior clinical staff in triage and alternative pathways, resourcing of clinical support (including expanded coverage), and the need for clear checkpoints and reporting to demonstrate impact on response times and outcomes.</p> <p>The Committee agreed the Trust Board should be sighted on the change in protocols and the safeguards in place, recognising NEDs' role is assurance rather than operational decision-making.</p> <p><u>Next Steps</u> Interim Director of Operations / Medical Director – Provide an update to Trust Board on the approved call segmentation approach, including safeguards, implementation timeline and monitoring arrangements.</p>	<p>Mr Sinclair/Dr Ruddell</p>
<p>13.</p>	<p><u>PEQS Terms of Reference (ToR)</u></p> <p>The Committee discussed the regional work to harmonise Safety Committees' Terms of Reference across HSC trusts and the Department's draft ToR, noting that proposals are ambitious, extensive and aspirational and may require further clarification on prescribed expectations and proportionality.</p> <p>Members noted the risk of duplication across committees (particularly where topics overlap with culture/being human frameworks) and agreed that work plans and reporting routes should be mapped to ensure clear accountability and avoid duplication.</p> <p>It was agreed that NIAS will continue with the current Terms of Reference for PEQS, pending feedback from the regional discussions and will consider any necessary feedback where elements are overly ambitious or not operationally deliverable or appropriately scoped. In the interim Mr Quinn has requested that the Assistant Director of Governance and Risk map the current PEQs</p>	<p>Mr Henry</p>



	TOR with the DoH draft to identify if there are any gaps and also to provide an update to the Committee following the regional ToR harmonisation discussion.	
Due to time constraints the Committee agreed to reconvene another meeting to cover items 7 – 11 and AOB.		
	<u>Date of Next Meeting</u> 11 June 2026	

SIGNED: P. Quinn

DATE: 11/6/26