



## Patient Experience, Quality and Safety (PEQS) COMMITTEE

**Date** 11 June 2026

**Time:** 9.30 am

**Location:** Board Room

| Attendance            |                                                                   |
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| <b>Chair:</b>         | Phelim Quinn (Non-Executive Director)                             |
| <b>Attendees:</b>     | Philip Graham (Non-Executive Director)                            |
| <b>In Attendance:</b> | Lynne Charlton (Director of Quality, Safety & Improvement)        |
|                       | Nigel Ruddell (Medical Director)                                  |
|                       | Neil Sinclair (Interim Director of Ops & Chief Paramedic Officer) |
|                       | Ruth Finn (Assistant Director of Quality, Safety & Improvement)   |
|                       | Stacey Chambers (Safeguarding Manager)                            |
|                       | Jane McSwiggan (PA to the Medical Director)                       |
| <b>Apologies:</b>     |                                                                   |

| Minutes of Meeting |                                                                                                                                                                                                                                                                                                                              |                |
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| Agenda Item        | Summary of the discussion                                                                                                                                                                                                                                                                                                    | Actions Agreed |
| 1.                 | <p><b><u>Apologies &amp; Remarks</u></b></p> <p>The Chair welcomed members to the meeting.</p> <p>The Committee NOTED the apologies as recorded above.</p> <p>Stacey Chambers (Safeguarding Manager) is attending at 10.15am for Item 6.</p>                                                                                 |                |
| 2.                 | <p><b><u>Procedure</u></b></p> <p><b><u>2.1 Declaration of Potential Conflict of Interest:</u></b> No conflicts were declared.</p> <p><b><u>2.2 Quorum:</u></b> The Chair confirmed the meeting was quorate.</p> <p><b><u>2.3 Confidentiality of Information:</u></b> The Chair reiterated confidentiality requirements.</p> |                |
| 3.                 | <p><b><u>Previous Minutes</u></b></p> <p>The minutes of the previous meetings on 9 April and 16 April 2026 were <b>APPROVED</b>.</p>                                                                                                                                                                                         |                |

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|   | <p><u>Education &amp; Training Update</u>: Mr Sinclair is working with the education team to reframe this and will bring to the next meeting.</p> <p><u>PCS</u>: Neil – Mr Sinclair is refining the report and will bring an update to the next meeting.</p> <p><u>SAI Update</u>: Ms Charlton highlighted a significant improvement in timely completion of reports and family engagement and alluded to future work in this regard.</p> <p><u>Medical Director and Litigation Mgr to agree scope/format and bring paper on Coroner's cases</u>: This will be discussed under Agenda Item 15.</p> <p><u>Director of Quality, Safety &amp; Improvement to progress "People to Partners" item and update Committee</u>: Ms Charlton updated the Committee on the detail within the People to Partners paper which summarised the outcome of a workshop and its focus on the principle of working with people as partners. This will be discussed in more detail under Agenda Item 12 – Co-Production, Partnership &amp; Involvement. Ms Charlton highlighted the major public involvement project "This is our health" led by the Permanent Secretary and Minister for Health. A meeting had taken place with the Patient &amp; Client Council (PCC) to discuss working more closely together.</p> | <p><b>Mr Sinclair</b></p> <p><b>Mr Sinclair</b></p> |
| 5 | <p><b><u>Standing Items</u></b></p> <p><b><u>5.1 Identification of Risk – NIPSO Investigation Proposal to NIAS – Learning Disability – Delivering Safe and Effective Healthcare</u></b></p> <p>The Committed <b>NOTED</b> the correspondence from NIPSO outlining a proposal to consider "Learning Disability – Delivering Safe and Effective Care". NIPSO's proposal related to a system-wide reviewed with a plan to be potentially rolled out to all HSC organisations but primarily in the hospital setting in first instance. NIPSO had invited a response to the proposals. NIAS responded to express a desire to work collaboratively on this across the whole system, recognising the potential learning for all organisations. It was agreed that contextual information on learning disability status is not always available in the prehospital setting, and Ms Charlton advised that this has been raised at Patient Forum Meetings also. NIAS values the opportunity to contribute to this work. The Chair</p>                                                                                                                                                                                                                                                                       |                                                     |



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|    | highlighted the key areas of autonomy and informed consent, will and preference, and respect and dignity. Work is likely to be underway soon and it was recognised that it would be important for NIAS to start considering its contribution.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
|    | <b><u>Items for Approval</u></b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| 6. | <p><b><u>Safeguarding Annual Position Report (L Charlton)</u></b></p> <p>The Chair welcomed Stacey Chambers (Safeguarding Manager) to the meeting.</p> <p>Ms Charlton wished to acknowledge Ms Chambers' significant input to the Trust's safeguarding policy and practice.</p> <p>It was noted that HSCB had originally set out a template detailing the expected format of the annual Trust Safeguarding report. Following approval by this Committee, the report will be tabled as a Public Report at Trust Board. The report reflects the improvement and progress which has been made within safeguarding, particularly the education programme and subsequent increase in referrals which has brought NIAS more in line with other UK Ambulance Services.</p> <p>Ms Charlton advised that she understood that NIAS is one of the few Ambulance Trusts which has been in a position to deliver a full day Level 3 face-to-face training programme to such a high percentage of operational staff.</p> <p>The Committee noted the subsequent increase in referrals of 39% and recognised the challenges this presents to the small team. Ms Charlton alluded to the risk assessment carried out in this context and the recruitment to the team to mitigate risks identified.</p> <p>In terms of culture Ms Charlton highlighted the importance of feedback that the Safeguarding Team provides to staff to recognise their efforts around safeguarding.</p> <p>The report also provided an updated position in relation to Allegations against staff including sexual allegations.</p> <p>The progress in disaggregating referrals to make the data more meaningful was highlighted.</p> |  |

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|    | <p>It was recognised that NIAS as an organisation is more integrated into regional systems around safeguarding.</p> <p>In terms of challenges the report outlined cultural behaviours, the nature of allegations and recruiting staff with the right skills and knowledge to manage allegations and investigations.</p> <p>Ms Charlton highlighted two key areas – the introduction of a Trust Safeguarding Assurance Group to strengthen the approach that safeguarding is everyone’s responsibility, and also the introduction of the Adult Protection Bill and its implications for NIAS.</p> <p>Ms Chambers emphasised that beyond looking at the figures, it is important to acknowledge that the safeguarding needs of almost 2000 patients have been recognised by NIAS staff, and as a result they have been lifted out of harm.</p> <p>The Chair agreed that these are real examples of the positive impact of a robust safeguarding policy and practice and acknowledged the meaningful work of the team.</p> <p>Ms Charlton reminded the Committee that the manner in which a concern raised is investigated is so important. Complex issues like sexual allegations against staff must be dealt with sensitively and fairly. The development of a cross-Directorate safeguarding group with Trade Union involvement will be of great value. It was noted that recruitment is underway to expand and strengthen the safeguarding team. The trauma-informed work undertaken by Ruth Finn (Assistant Director of QSI) and Ruth Robb (Infection Prevention and Control Lead) was acknowledged also.</p> <p>The Committee <b>APPROVED</b> the report.</p> <p>L Charlton will modify the report slightly to reflect the public nature of the Trust Board meeting.</p> | <p><b>Ms Charlton</b></p> |
| 7. | <p><b><u>PHA PPI Monitoring Return (L Charlton)</u></b></p> <p>Ms Finn presented the 2025/26 monitoring returns and requested the Committee’s approval to submit these to PHA in respect of the work that NIAS has undertaken in Personal and Public Involvement (PPI).</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                           |

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|    | <p>An SBAR paper details the PPI activity undertaken during 2025/26. The Committee noted that 76 involvement activities were completed, and in total 1682 service users, carers and members of the public were engaged in involvement activity across NIAS. It was noted that significant engagement was centred around the development of the NIAS Strategy and activity has exceeded the expected baseline as a result. Ms Finn also highlighted the training of staff, with 193 staff having completed Engagement &amp; Involvement sessions, and 97 staff having completed Awareness Training online. It was noted that in terms of governance and risk, PPI activity has been undertaken and reported in line with organisational and regional requirements, and is compliant with the governance framework.</p> <p>The Committee <b>APPROVED</b> the Monitoring Self-Assessment Form and the PPI and CPI Assurance Statements and the Assurance Statement will be signed by the Chair,</p>                                                                                                                                                                                                                                                                                                                                                                          |  |
| 8. | <p><b><u>HSC Core Standards / HART Update (N Sinclair)</u></b></p> <p>Mr Sinclair presented the self-assessment outcomes for the 2025/26 HSC Core Standards and acknowledged the contribution of Heather Sharpe (Assistant Director (T) Emergency Preparedness, Resilience &amp; Response) and Maria Garland (Operations Business and Performance Manager) to this work. The Chair wished to acknowledge the huge progress made in this area in recent years.</p> <p>Mr Sinclair asked the Committee to note that some elements require additional funding and structures, and to recognise that NIAS will not be compliant with the full set of standards, although an improvement plan is ongoing, linked to additional funding. Mr Sinclair highlighted business cases in development and the challenging financial climate. It was noted that of the 200 standards, NIAS is fully compliant with 98, partially compliant with 34 and non-compliant with 70. The Chair highlighted that the Trust is aware that non-compliance is due to lack of resources and capacity and must take responsibility for that. His concern is that as a result of the Trust's response to cuts, it will be impossible to sustain this work. He gave the example of the unsuccessful detailed business plan submitted last year to improve the capacity of the HART team. The Trust</p> |  |

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|    | <p>must ensure the Department of Health, SPPG and the Executive Office are aware of this risks becoming a paper exercise. The Chair felt that it would be important to bring this to Trust Board, particularly in the context of recent public disorder. From a governance perspective, Dr Graham raised the issue of relying on an external source and that Internal Audit should be cognisant of this – these are Departmental issues rather than Trust issues. The Chair advised that NIAS must continue to represent the real impact of financial pressures. Mr Sinclair advised that it is important to remain objective and ensure there is a clear audit trail of escalations – building evidence to highlight the problems and demonstrate how the Trust is attempting to resolve these. Dr Graham reminded the Committee that there is a plan to write to the Minister on the critical issues facing the Trust and the impact of the current financial situation, but this had not been actioned yet. The Chair also highlighted the impact of recent major national inquiries on organisations. The Committee agreed that there is a delicate balance between risk and finance. If a breakeven position is achieved, the risk is that this then becomes the baseline.</p> <p>The Committee <b>APPROVED</b> and will bring a recommendation to Trust Board highlighting ongoing concerns.</p> |  |
|    | <b><u>Items for Noting</u></b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| 9. | <p><b><u>EVC Annual Report Presentation and EVC Update Report (L Charlton)</u></b></p> <p>Ms Finn presented items 9 and 10 in tandem – both annual reports are for noting as they are not public-facing reports but part of the Board Assurance Framework in terms of IPC.</p> <p>The Environmental and Vehicle Cleanliness (EVC) update provides good assurances around the amount, standard, level and frequency of cleaning undertaken. However, in light of recent learning related to correspondence from RQIA, it is apparent that there are issues with cleanliness, i.e. maintaining cleanliness in between after the standalone cleaning teams have completed cleaning schedules.</p> <p>In order to strengthen awareness and support specific training has been undertaken with Area Managers and</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |

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|     | <p>Station Officers – the full-day training was well attended and looked at roles and responsibilities, as well as how to escalate effectively.</p> <p>Further work is underway to consider cleaning provision in the context of estate and vehicle expansion since the original baseline funding was agreed..</p> <p>Ms Finn updated the committee in relation to challenges with the integrity of estate buildings including the age and physical infrastructure some of which presents significant challenges to maintenance of cleaning standards, however also alluded to the collaborative working alongside estates colleagues to consider mitigations. The Chair was reassured by this annual report and noted that it is a complex area. Dr Graham acknowledged the improvements noted. Ms Charlton highlighted the need to refocus – this is about more than just cleanliness, it is about a safe place for staff, professionalism, medicines management, stock control etc.</p> <p>The Committee <b>NOTED</b> the report and commended Ms Finn and Mr Sinclair on the delivery and attendance of related training. The importance of continuing to improve governance and assurance systems and process was recognised to ensure accurate levels of assurances are provided to the Committee .</p> |  |
| 10. | <p><b><u>Infection Prevention and Control Annual Report (L Charlton)</u></b></p> <p>Ms Finn clarified that IPC is the clinical translation of the EVC founding stone and ties in to the NHS England Board Assurance Framework, mapped to the NI context. The format of the report is stipulated in that Assurance Framework. Key areas of achievement include good governance systems, but there is an ongoing compliance challenge with hand hygiene and PPE. The Trust has a duty to ensure there are good controls around hand hygiene and PPE and an escalation process is being developed with Ops and HR colleagues and will be tabled at the next JCNC meeting as a precursor to asking the Trade Unions to sign a letter to staff to encourage good compliance. Ops managers have an appetite for this approach and the impact of the letter will be monitored.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |

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|     | <p>The IPC team have been doing a lot of training around roles and responsibilities, and there has been good engagement. The team is well embedded within the Trust and is increasingly being asked to provide support and assistance to staff.</p> <p>The Chair suggested placing the compliance challenges on the culture programme agenda. He also raised the lack of external assessment which had previously been a driver. Ms Charlton advised that this area had previously been on the BSO Audit plan but was no longer included due to capacity issues.</p> <p>Ms Charlton referred to a recent meeting where the Permanent Secretary alluded to the nature of previous committee discussions in referencing the balance between sharing data at an appropriated aggregated level for a Committee, however also being cognisant of the need to highlight hotspots and concerns which could only be seen at a disaggregated level.</p> <p>The Committee <b>NOTED</b> the report and acknowledged the progress to date.</p>                                                                                                                                                                                                                              |  |
| 11. | <p><b><u>Quality and Service Improvement – Quality Strategy final update report 2023-2026 (L Charlton)</u></b></p> <p>Ms Charlton updated the Committee on the final closing position for the NIAS Quality Strategy 2023-26. The Strategy comprised seventeen projects of which twelve have been delivered, four have progressed but are not completed within the timeframe with one project (re: digital medicines tracking, superseded by a regional approach) having been permanently suspended.</p> <p>Of the remaining three projects which have not achieved their overall quality goal, one relates to handover times (processes are in place with R2R), one to missed rest periods and one to patients over 65 with chief complaint as fall. It was noted that Mr Sinclair has provided information to SLT about improvements in rest periods, compensatory rest and late finishes. Of the patients over 65, it was noted that the biggest cohort is the over-80s with falls as the highest chief complaint for that group. Chris Clarke (Clinical Service Improvement Lead, Urgent Care) and Orla Morrow (Clinical Service Improvement Lead, Acute Care) are working on this, with a lot of collaborative work being undertaken across the region.</p> |  |

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|     | <p>With regards the future of the remaining workstreams, Ms Charlton advised that Charlie Thompson (Assistant Director of Strategic Planning &amp; Partnerships) is currently looking at what form the new Trust Corporate Strategy will take. Mr Thompson is working with each Directorate in its development. The outstanding projects will be taken forward within the new Strategy.</p> <p>Mr Sinclair advised that R2R has entered its seventh week with reports positive apart from challenges at one hospital site stemming from hospital flow which are being addressed informally. There are some behaviours on both sides to be addressed also.</p> <p>With regards ASOS, Mr Sinclair had presented a paper to SLT outlining the changes, and a letter will be issued to Trade Unions next week.</p> <p>The Committee <b>NOTED</b> the overall delivery and impact of the NIAS Quality Strategy and its formal closure, and endorsed the transition of remaining workstreams into established organisational and regional programmes.</p>                                                                                                                                                           |  |
| 12. | <p><b><u>Co-Production, Partnership and Involvement-Strategy final Update report (L Charlton)</u></b></p> <p>Ms Finn presented the final closing report in relation to the NIAS Involvement and Co-Production Strategy 2023-26. The Trust will now move into business as usual and there will be no standalone strategy in future. The report identifies governance structures, although co-production and partnership are not fully embedded yet. There is good evidence of early growth. The team are increasingly being approached for their involvement.</p> <p>As the Trust moves into the new strategy, structures are being developed, e.g. work with the Complex Case Team, letters that have been developed and positive engagement. It was highlighted that 109 members of staff and 16 partners have completed face-to-face PCE / PPI training. Among other key achievements, there is service user / carer representation on the Strategy Development Steering Group, Care Opinion continues to grow, and 26 outreach initiatives had been hosted to source feedback from staff.</p> <p>Engagement with PHA continues in respect of Care Opinion and its development, with an ambition to see</p> |  |

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|     | <p>how this reaches learning disability. With regards the overall assessment, this has achieved its core aim but more work is required and this needs to be embedded as part of everyday business.</p> <p>The Chair highlighted the need to ensure there is a robust enough mechanism when there is no standalone strategy. It is vital to fold in some of the level of detail that is being captured, with clear KPIs, potentially distributed across Directorates, so that there is a sense of true integration of PPI across the organisation.</p> <p>Ms Charlton highlighted one of the PHA's standards relating to champions in all Directorates, not yet actioned in NIAS due to capacity and time constraints. The assessment from PHA has been very positive and they recognise the progress made by the Trust. Dr Graham commended the excellent work undertaken to date. Ms Charlton assured the Committee that regardless of the closing of the standalone strategy, this will still be a very defined workplan, and there will continue to be consistent reporting on it. It was noted that following Ms Finn's departure, the team would continue to take this work forward until her successor is appointed.</p> <p>The Committee <b>NOTED</b> the report and recognised the significant progress made in embedding PPI and Co-Production. The Committee supports the transition into the new NIAS Corporate Strategy.</p> |  |
| 13. | <p><b><u>SAI &amp; Complaints Training Position (L Charlton)</u></b></p> <p>Ms Charlton presented a proposal to introduce routine reporting of SAI and Complaints training metrics to strengthen governance oversight in line with Internal Audit recommendations.</p> <p>She outlined the satisfactory overall assurance associated with the Complaints and SAI BSO Internal audit, however alluded to two recommendations associated with training which were impacted by the timing of the NIPSO complaints process (Jan 26) and the SAI redesign process which is not yet concluded. As a result, while BSO Internal Audit recognised the regional impact, the recommendations were considered as partially implemented.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |

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|     | <p>BSO Internal Audit have agreed with the Trust's approach to go ahead with training 52 reviewers and putting a clear 3-year training model in place. Ms Charlton highlighted the difficult balance between being open and not retraumatising bereaved families. There is a comprehensive patient safety framework in England with guidance around limiting the number of staff involved in SAIs. Ms Charlton will bring a paper to SLT around reducing the number involved further.</p> <p>With regards complaints, the NIPSO model was introduced in January 2026. All staff must be trained to Level 1, current position (end May 26) is 55% of all staff including bank and agency trained via eLearning. All Line Managers (152 staff) are required to be trained to Level 2. Compliance is currently 14% and action is being taken to increase this. The challenges with navigation of the current learning management system were noted and the plans to address same.</p> <p>Ms Charlton advised that there is no trajectory around SAIs currently. The regional group is looking at a regional target for training in complaints as no direction has been received from NIPSO in this context.</p> <p>The Committee <b>NOTED</b> the proposal.</p> <p>It was noted that Ms Charlton will resubmit this paper following the meeting with one figure amended (14% of line management staff are certified in Stage 2 Complaints Handling Training, not 7% as detailed in the paper).</p> | <b>Ms Charlton</b> |
| 14. | <p><b><u>Pharmacy Bi-Annual Report (Dr Ruddell)</u></b></p> <p>Dr Ruddell presented the report and highlighted that most policies and procedures are up to date. There is a system in place to provide assurance that staff are taking note – information is pushed out through the JRCALC app which allows the Trust to record uptake. Where staff must review Patient Group Directions (PGDs) for drugs, the Trust is well above target at 90%. The outstanding 10% is due to staff sickness etc.</p> <p>In terms of audits at station level, there has been improvement, and the one red station rating is being addressed. Unannounced station inspections have been undertaken by Dr Ruddell and the Pharmacy team. The</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |

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|     | <p>Medicines Regulatory Group are also due to undertake an inspection imminently.</p> <p>NIAS reports regularly to the Local Intelligence Network (LIN) on any concerns around controlled drugs management. This allows the Accountable Officers of all organisations to work together on tackling these issues. Ms Charlton advised that in relation to assurance from stations, compliance is monitored, but the results of audits are checked as well. Dr Ruddell advised that every incident involving controlled drugs is followed up. The vast majority are minor issues involving the completion of paperwork for example.</p> <p>NIAS is taking steps to reduce pharmacy expenditure including making more efficient use of drugs in packs. However it was noted that the cost of drugs has increased this year which counteracts some of the savings being made.</p> <p>There are no significant additions to the risk register, but it is hoped that a digital solution for medicines tracking can still be introduced at some point.</p> <p>With regards education, arising from an internal audit finding, Catherine Hanna (Lead Pharmacist) and her team are leading on delivering the training sessions on medicines management and administration. It was noted that 415 paramedics had attended Medicines CCE, 58% of the paramedic workforce, but this will not be sufficient to satisfy the requirements of Internal Audit, particularly given the legal requirements around controlled drugs management. The competing pressures on the Trust's training time were noted, and the Education Team are due to meet with all Directorates to review priorities.</p> <p>The Chair noted the sustained improvement and thanked the Pharmacy Team for continuing to provide significant assurance in this area.</p> <p>The Committee <b>NOTED</b> the report.</p> |  |
| 15. | <p><b><u>NIAS Coroner Cases – Update (Dr Ruddell / N Sinclair)</u></b></p> <p>Dr Ruddell presented the update, and advised that this will become a regular report to the Committee. He summarised the role of the Coroner and outlined the role of the NIAS Coronial Team – Alison Vitty (Litigation</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |

Manager) receives requests from the Coroner, mostly for statements from staff. She provides the records and links with the staff called to court. There has been an increase in the cases where NIAS is under scrutiny in court, with a majority stemming from delayed response. Dr Ruddell and Mr Sinclair are usually the NIAS corporate witnesses to answer on behalf of the Trust.

Cases coming to court at the moment stem typically from 2021-2023. There has been an increase in Control Room staff being called to court. The more recently appointed Coroners have brought a change in emphasis and are keen to hear from everyone who had any involvement in a case. This puts pressure on staff who are fearful about attending court, and the media attention around some cases is also a challenge. There are support mechanisms in place for staff – Dr Ruddell has developed a training package covering statement writing and inquest attendance, Ms Vitty will explain what happens in court and can arrange for staff to attend other cases to see how the process works. Staff attending inquests are supported by Ms Vitty, line management and on occasion the peer support team. There are 19 significant live cases this week where NIAS is under scrutiny. The Chair advised that the level of detail provided in this table is sufficient.

The Coroner will contact NIAS, or when an SAI is raised the Trust contacts the Coroner. It was noted that not every delay resulting in death becomes an SAI. NIAS receives notification of plans for a case to be brought to court, the requested information is provided, and it can be months before the Trust hears anything further. With more straightforward cases there may be less warning, and recently this has been a matter of weeks. There is a lot of preparation involved and this is a significant pressure on those involved. Mr Sinclair advised that for operational issues e.g. hospital handovers, action short of strike, it is challenging to attend court and be corporately accountable.

Dr Ruddell clarified that by findings, he means that the Coroner has not directed NIAS to take action – priorities for action are rare. With regards delayed response, the Coroner is attempting to highlight the challenges on behalf of NIAS. Dr Ruddell highlighted that the Coroner's role is not to apportion blame but merely to establish the facts relating to a death. Ms Charlton agreed that when SAI reports are produced and may be used in court, it is

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|     | <p>important that the SAI is not about apportioning blame but about learning and supporting staff in learning. The perception of the bereaved family may of course be that there is blame to be apportioned.</p> <p>Dr Ruddell advised that Ms Vitty is refining the live dashboard which will be presented to the Committee in due course.</p> <p>It was noted that NIAS witnesses are conscious that the bereaved family are in attendance, often with legal representation. The Coroner has expressed appreciation for NIAS witnesses being open and candid in court.</p> <p>Dr Graham reminded the Committee that a letter was to have been issued to the press with regards the naming of staff in court. He highlighted the duty of care to junior staff who were called as witnesses and asked that the letter be revisited. Dr Ruddell confirmed that the letter to the press had been sent and that he had also drafted a letter for the Chief Executive to send to the Chief Coroner on the same issue. The Chair agreed that it would be worth highlighting this to the Coroner, but noted that NIAS cannot instruct the Coroner on how to act.</p> <p>Dr Ruddell highlighted the work of the Coroner's User Forum, and also his involvement in national work being undertaken by the AMPDS Clinical Governance Group to inform Coroners better about how ambulance triage works. Learning and recurrent themes are fed back to the NIAS Learning Outcomes Group.</p> <p>The positive engagement with families by the SAI Team was acknowledged.</p> <p>The Chair thanked Dr Ruddell and Mr Sinclair for a very useful report. The Committee <b>NOTED</b> the report and Dr Ruddell will follow up with the Chief Executive on the draft letter to the Chief Coroner.</p> | Dr Ruddell |
| 16. | <p><b><u>Any Other Business</u></b></p> <p>The Chair on behalf of the Committee acknowledged the significant contribution Ms Finn has made in her time with NIAS, and the informative presentations she has made to this Committee, and wished her well in her new post. It was noted that recruitment is underway but there</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            |



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|     | <p>will be a gap before the successful applicant takes up their post.</p> <p>Dr Ruddell advised that Air Ambulance NI (AANI) charity has purchased its first helicopter outright, with previous helicopters having been leased. The new helicopter is undergoing commissioning and is expected to enter service at the end of the summer as the primary aircraft, with the more capable of the currently leased aircraft as a backup.</p> |  |
| 17. | <b><u>Date of Next Meeting</u></b><br>27 August 2026                                                                                                                                                                                                                                                                                                                                                                                      |  |

SIGNED: P Quinn

DATE: 3/9/26