



Northern Ireland Ambulance Service
Health and Social Care Trust



Annual Quality Report

2024-2025



Foreword

It's a real privilege to introduce this Annual Quality Report for 2024/25, my first as Chief Executive (Interim) of the Northern Ireland Ambulance Service. This year's report tells the story of a service under intense pressure, but one that continues to deliver safe, effective and compassionate care through the dedication of our people. Every call we take and every patient we reach represents the professionalism, courage, and care of NIAS staff across Northern Ireland. Despite the sustained pressures on the wider health and social care system, our teams have continued to improve patient outcomes, strengthen our clinical response, and make progress on the priorities set out in our Quality Strategy.

I am particularly proud of the tangible improvements achieved this year: an expanded Integrated Clinical Hub supporting more patients to be safely cared for in the community; improved cardiac arrest survival rates; and a growing quality improvement culture that is now embedded across all directorates.

We also know the challenges remain significant. Delays at Emergency Departments continue to restrict our ability to reach patients as quickly as we want to, directly impacting safety and experience; both for those waiting for our help and for the staff working tirelessly to provide it.

Tackling this requires collective leadership and partnership across the whole system, and I am grateful to colleagues in Trusts, SPPG, and the Department for their continued collaboration.

Within NIAS, we are strengthening how we lead and support each other; investing in wellbeing, developing compassionate and inclusive leadership and fostering a culture where learning and improvement are everyone's responsibility.

Our mission remains clear: to deliver the right care, at the right time, in the right place, through skilled and supported staff who live our values of compassion, excellence, openness, and working together.

To every member of staff, to our volunteers and partners, and to the public who place their trust in us, thank you. Your commitment and confidence in NIAS drive our determination to deliver high-quality care, every day, for every person who needs us.

Maxine Paterson
Interim Chief Executive



OUR MISSION

TO CONSISTENTLY SHOW

COMPASSION

PROFESSIONALISM

& RESPECT

TO THE PATIENTS WE CARE FOR.

OUR VALUES

WORKING TOGETHER

We work together for the best outcome for people we care for and support. We work across HSC and with other external organisations and agencies, recognising that leadership is the responsibility of all.



OPENNESS AND HONESTY

We are open and honest with each other and act with integrity and candour.



EXCELLENCE

We commit to being the best we can be in our work, aiming to improve and develop services to achieve positive changes. We deliver safe, high quality, compassionate care and support.



COMPASSION

We are sensitive, caring, respectful and understanding towards those we care for and support and our colleagues. We listen carefully to others to better understand and take action to help them and ourselves.



Facts and Figures in 2024/25



CREWS DEPLOYED TO

160,481
INCIDENTS



232,142
CALLS ANSWERED



1,400 STAFF

408 VOLUNTEER
FIRST RESPONDERS

100 VOLUNTARY CAR
SERVICE DRIVERS

115,966 PATIENTS



CONVEYED TO HOSPITAL

43 RAPID RESPONSE / OFFICER
AMBULANCE CARS



116 DOUBLE CREWED
EMERGENCY
AMBULANCE VEHICLES



NIAS HAS AN ANNUAL
BUDGET OF CIRCA £110M

115 NON-EMERGENCY
AMBULANCE
VEHICLES

FIVE
OPERATING
DIVISIONS



59 AMBULANCE
STATIONS OR
DEPLOYMENT
POINTS



What is an Annual Quality Report?

The Annual Quality Report is a document which brings together a meaningful summary of all of the activities that have occurred within NIAS during a given financial year which have contributed to the quality of care and service that our patients have experienced and that our staff have delivered.

‘Quality’ can be a hard concept to define. The Department of Health, Social Services and Public Safety (DHSSPS, 2011) set out a vision for ‘quality’ for Health and Social Care (HSC) which is helpful to guide us in our understanding of this in ‘Quality 2020’.

This strategy is underpinned by 5 strategic goals from ‘Quality 2020’.

1.Transforming the Culture -

This means creating a new and dynamic culture that is willing to embrace change, innovation and new thinking and which can contribute to a safer and more effective service. It requires strong leadership, widespread involvement and partnership-working by everyone.

2.Strengthening the Workforce -

Without doubt the people who work in health and social care (including volunteers and carers) are its greatest asset. It is vital therefore that every effort is made to equip them with the skills and knowledge they require, building on existing and emerging Human Resource strategies, to deliver the highest quality.

3.Measuring the Improvement -

The delivery of continuous improvement lies at the heart of any system that aspires to excellence, particularly in the rapidly changing world of health and social care. In order to confirm that improvement is taking place we will need more reliable and accurate means to measure, value and report on quality improvement and outcomes.

4.Raising the Standards -

The service requires a coherent framework of robust and meaningful standards against which performance can be assessed. These already exist in some parts, but much more needs to be done, particularly involving service users, carers and families in the development, monitoring and reviewing of standards.

5.Integrating the Care -

Northern Ireland offers excellent opportunities to provide fully integrated services because of the organisational structure that combines health and social care and the relatively small population that it serves. However, integrated care should cross all sectoral and professional boundaries to benefit patients, clients and families.



Theme 1: Transforming the Culture

Objective 1:

We will make achieving high quality the top priority at all levels in health and social care.

Objective 2:

We will promote and encourage partnerships between staff, patients, clients and carers to support decision making.

Contents:

- Quality strategy and Quality Improvement
- Patient Public involvement
- Using our data to drive forward quality
- Open and compassionate leadership. (Leading with Care)

Quality Strategy

The 2023 launch of the NIAS Quality Strategy marked a significant milestone in our journey towards delivering continuous improvement and provided a blueprint for enhancing the safety, effectiveness, and patient experience of our services over the coming years. By outlining our priorities and methodology, the strategy aligns our entire workforce around a unified ambition and ensures a structured approach to quality improvement.

We have initiated 17 projects to deliver our strategy, focusing on both system-wide and local improvements. This includes collaborating with partners on hospital handover delays, developing a cultural program, and improving survival outcomes for cardiac arrest patients. Entering year 2 our strategy has delivered demonstrable and measurable progress in quality and patient safety, with key achievements highlighted throughout this report.



13 projects
to date have been
delivered



2 projects
currently in
progress



1 project
in progress but not
likely to deliver in the
strategy timeframe



1 project
suspended as
superseded by a NI
regional project to
roll out a universal
digital tracking
system across HSC



NIAS Quality Strategy

Despite notable successes, significant system pressures have constrained the delivery of key strategic improvements. This is particularly evident in the areas of improving emergency department (ED) turnaround times and mitigating the frequency of late finishes for staff. The detrimental impact of delayed ED handovers has been formally recognized as a significant risk to patient safety by reports from GIRFT (2024) and NIAO (2025).

However, despite unprecedented system pressures throughout 2024–25, NIAS managed 173,695 incidents. Our crews, control room teams and clinicians successfully resolved 57,729 incidents without hospital conveyance, while 115,966 patients were transported

Quality Improvement

A central focus of our Quality Strategy was to build and strengthen Quality Improvement (QI) capacity and capability across NIAS.

- In October 2024, NIAS introduced its first internally delivered Safety and Quality Improvement Level 2 course, Safety and Quality – SQ2. This marked a significant milestone in embedding QI training within the organisation.
- Thirteen staff successfully completed the 9-month programme, becoming the first cohort to graduate from the in-house initiative.
- NIAS also actively contributed to both a regional and organisational Q Exchange program, benchmarking and identifying how to leverage capacity for improvement in HSCNI. (Winter 24/25) fostering collaboration, shared learning, and innovation in quality improvement.
- A new QI Virtual Learning Platform was developed and launched on NIAS SharePoint, providing staff with accessible, on-demand resources to support continuous learning and development.

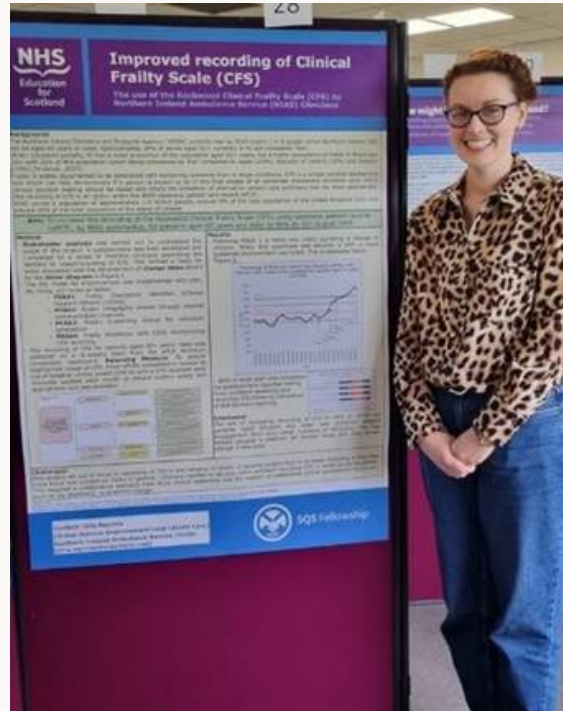
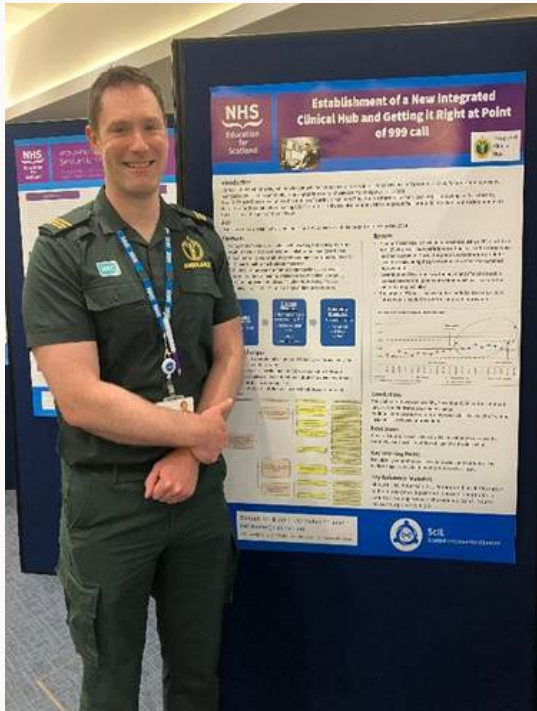


The [NIAS Safety and Quality Improvement Level 2 Class of 25' Year Book](#) is ready to view.



Strengthening QI Capacity Across NIAS

Senior QI expertise was strengthened through support for our clinical staff to avail of Level 3 QI training via ScIL and NHS Scotland safety Fellowship. Both Karl Bloomer and Orla Morrow led on projects delivering strategic outcomes for both quality and safety in patient care.



Our partnership with the Health Improvement Alliance Europe (HIAE) was successfully re-established in 2024. Through in-person meetings and virtual round table webinars, we have reconnected with an international network of healthcare leaders, providing access to innovative improvement strategies and collaborative learning opportunities.



IHI HIAE Newsletter





Supported 3 Corporate improvements



PCS

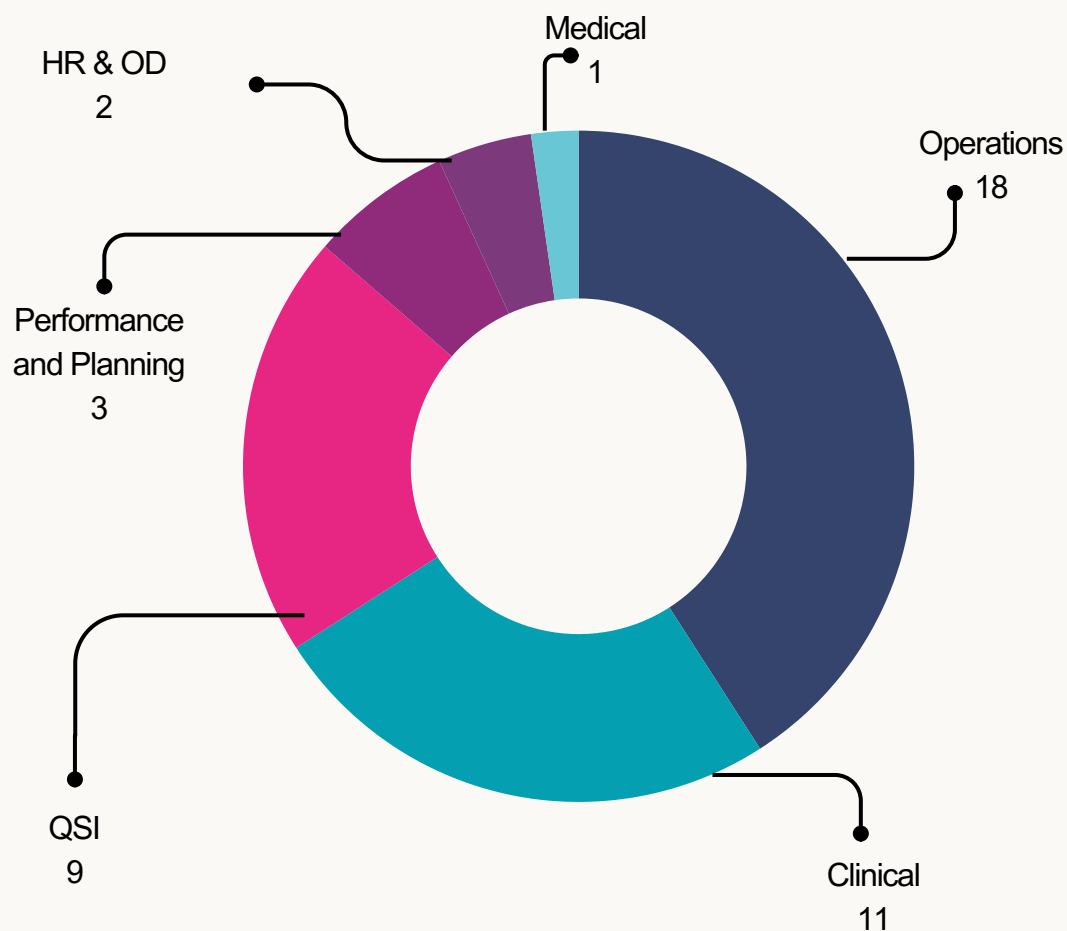


Late Finishes



Urgent Care
Pathways

Organisational mapping of Level 2 staff by directorate



NIAS hosted 4 Learning events within 24/25



National QI Week



Training session with
our Trade Union
partners



Lunch and Learn
event held in the
South Eastern
division



System wide survey
for QI late finish
improvement work

 Northern Ireland Ambulance Service
Health and Social Care Trust

 **LUNCH & LEARN**

FRIDAY 10 MAY, 2024 | 12 NOON

The NIAS Quality Improvement team are inviting you to a **Lunch and Learn**.

Would you like to learn more about quality improvement?

Have you an idea that would benefit from a QI approach?


Please **register your interest** by clicking on the link below or scanning the QR code:


<https://forms.office.com/e/lDor7biy9>

Registration closes @ 6pm May 4th

**LOCATION: THE STABLES AT HILDEN BREWERY
192 GRAND STREET, LISBURN, BT27 4TY**



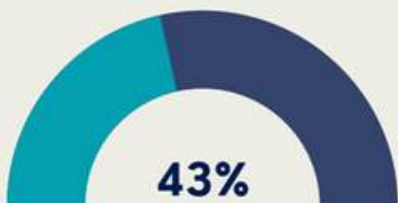
 Northern Ireland Ambulance Service
Health and Social Care Trust



Proposed Changes To Roster In SE Division Survey Results

As part of the improvement work in relation to late finishes, the QI team gathered feedback from current staff members working shifts in the SE division. We wanted to understand how the proposed roster changes will impact on you and the patients you care for. What follows are the key findings from the survey. This information has been shared with Operations and Staff Side representatives.

Response Rate:
70/152



43%

66 of 152 results were accepted after data validation, giving a response rate of 43%

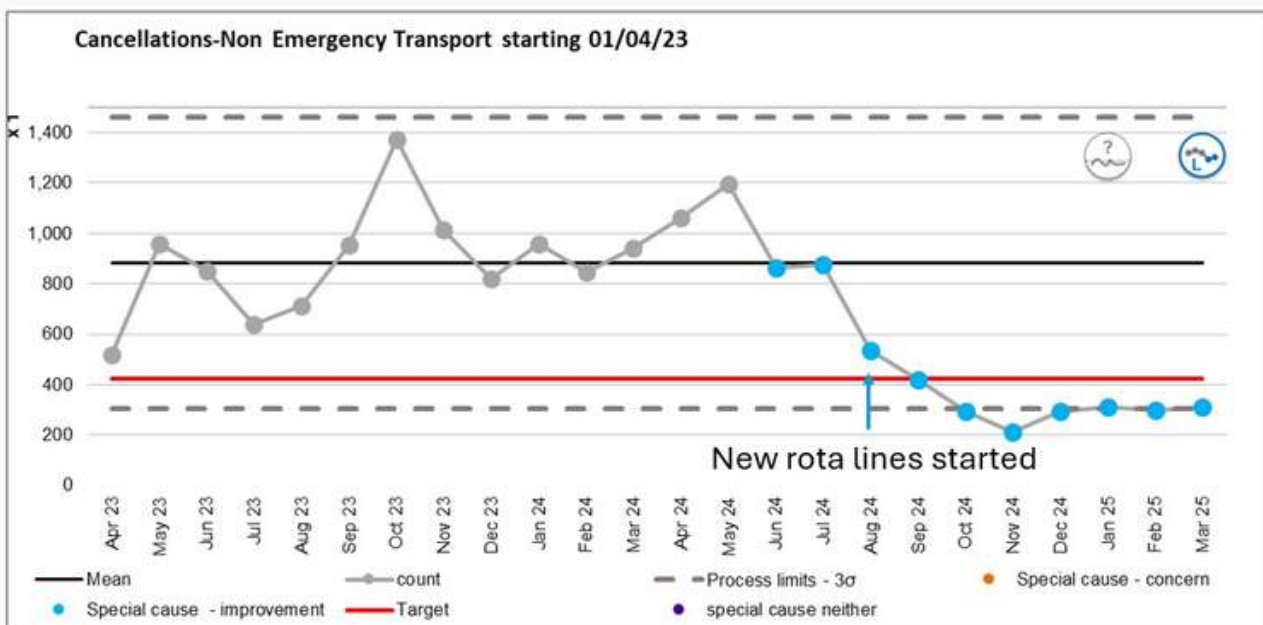
World Quality Day

On the 15th November 2024 during World Quality week a newly formatted Learning Outcome Review Group was launched. This re-envisioned group was developed through meaningful co-production with key stakeholders, resulting in the co-design of its terms of reference, membership, and agendas. Its core purpose is to foster a collaborative community dedicated to improving and strengthening the organisation's safety systems.



Strengthening data driven Reporting using QI methodology

24/25 saw the commencement of work with senior executives to explore and test new quality metrics for Trust Board Reporting. The first pilot area was our Patient Care service (PCS) who utilised SPC charting to support reporting and improvement in key domains such as arrival times, cancellations and absenteeism.



Patient Public Involvement

Patient Client Experience enables service users, families, and carers to share their insights on Health and Social Care services, informing service improvement and innovation. In 2024–2025, we expanded opportunities for feedback, including:

Improving Dialysis Transport through service user engagement.

In early 2025, NIAS undertook a comprehensive engagement exercise to better understand and improve dialysis transport services. This included:

- Site visits to Renal Units at Omagh Primary Care Centre, Daisy Hill Hospital, Altnagelvin Hospital and Antrim Area Hospital (February).
- Collaboration with the Renal Alliance NI, resulting in 13 completed online satisfaction surveys.
- Structured interviews with 58 dialysis patients (March).
- Discussions with 10 HSC staff across Renal Units.



In total, 71 service users and 10 staff members shared insights on what was working well, areas for improvement, and recommendations for service enhancement.

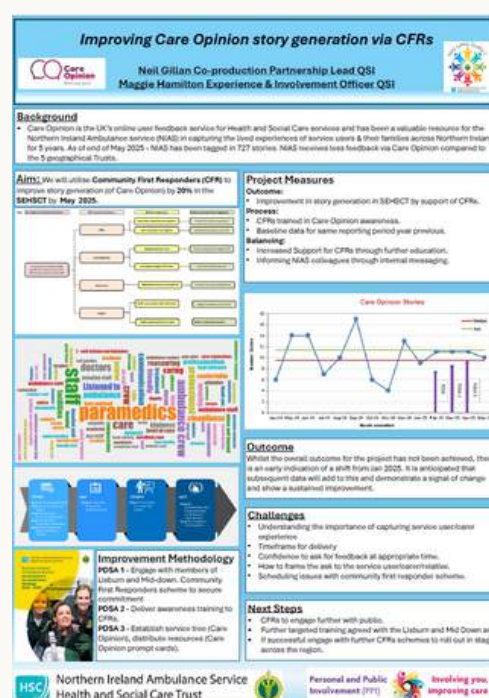
Key themes identified:

- From HSC Staff: Communication, Planning, and Local Knowledge.
- From Dialysis Patients: Voluntary Car Scheme, Planning, and Journey Times.

To strengthen service user voice and drive improvement, we held sessions with service users, carers, NIAS leadership, PHA and care opinion representatives, focusing on real-time feedback to enhance care experiences and outcomes. This feedback supports ongoing improvements for timely, efficient, and equitable access to scheduled care services provide by NIAS.

A proposal from one of the service users in attendance, resulted in an internal Quality Improvement project which sought to utilise Community First Responders in Lisburn and Mid Down Community to improve story generation(of Care Opinion) by 20% in the South-Eastern Health and Social Care Trust area by April 2025.

The Patient Care Service (PCS) undertook a programme of strategic and operational transformation during 2024/25. Crucially, the patient voice—particularly from our dialysis patients—was embedded into this process, guiding the development of a more patient-centred service model and the new web-based booking system. This foundation of engagement will be expanded in 2025/26 through a partnership with the Public Health Agency to conduct a 10,000 More Voices Survey, ensuring our work continues to inform the new Department of Health Transport Strategy.



Care Opinion Facts and Figures 24/25



2,648

members of the public
actively engaged with NIAS



122

stories submitted via
Care Opinion



21,733

times stories were
viewed



563

staff members completed
mandatory PPE e-learning



92

staff members completed
face-to-face PPE/PPI
training

Quality Impact from Care Opinion

A Care Opinion story on diabetic care prompted targeted quality improvement within NIAS who collaborated with Diabetes UK NI to raise educational awareness of ketone recording for frontline staff to strengthen clinical awareness and enhance patient care outcomes. This was published in the NIAS Clinical Newsletter, Vital Signs.



DIABETIC KETOACIDOSIS(DKA) AND PRE-HOSPITAL KETONE MEASUREMENT

02

What is Diabetic Ketoacidosis (DKA) and who does it affect?

Diabetic Ketoacidosis (DKA) occurs when there is a severe lack of insulin within the body meaning the body cannot use sugar for energy and begins to use fat instead. When this happens, ketones are produced as a by-product of fatty acid metabolism in the liver. These are acidic chemicals whose accumulation leads to the development of metabolic acidosis. This is a serious condition that affects people with type 1 diabetes, and occasionally those with type 2 diabetes. Some children and adults who do not realise they have type 1 diabetes are not diagnosed until they are very unwell with DKA. It is important to be able to spot the signs and symptoms of DKA so that it can be treated quickly.

What about Euglycaemic Diabetic Ketoacidosis?

Euglycaemic diabetic ketoacidosis (EDKA) is a clinical syndrome occurring both in type 1 (T1DM) and type 2 (T2DM) diabetes mellitus characterized by euglycemia (blood glucose levels <11 mmol/L or normal) in the presence of severe metabolic acidosis and ketonemia. The incidence of EDKA has grown with the introduction of sodium-glucose transporter 2 (SGLT2) inhibitors (the 'flosins'). It also presents a diagnostic challenge for clinicians due to the variety of aetiologies and normal blood glucose levels, often resulting in delayed diagnosis. There are many known causes of EDKA. The overall mechanism is based on a general state of starvation, resulting in ketosis while maintaining normoglycemia. Therefore, conditions like anorexia, gastroparesis, fasting, use of a ketogenic diet, and alcohol use disorder can lead to states of carbohydrate starvation and subsequent ketosis. Additional triggers for EDKA include pregnancy, pancreatitis, glycogen storage disorders, surgery, infection, cocaine toxicity, cirrhosis, and insulin pump use.

ORLA MORROW

Clinical Practice Lead (Acute Care)
Orla.Morrow@nias.hscni.net

Alcoholic ketoacidosis can occur when a person who has alcohol dependency or prolonged/excessive alcohol use, abruptly stops drinking and also stops eating. The alcohol use reduces the body's ability to generate glucose that can be used by cells, so fatty acids are metabolised instead to create energy and this results in ketoacidosis. The glucose level is usually normal.

03

Clinical Presentation

Hyperglycaemia:

- Polyuria (increased urination)
- Polydipsia (increased thirst)
- Weight loss
- Lethargy
- Recurrent infections especially thrush
- Blurred vision

Diabetic Ketoacidosis:

- Vomiting
- Abdominal pain
- Rapid breathing/hyperventilation or Kussmaul breathing
- Dehydration, dry mouth and possible circulatory failure due to hypovolaemia
- Confusion/Reduced level of consciousness
- Weight loss
- Other autoimmune conditions that are more common in Type 1 Diabetes, e.g. Addison's disease can predispose to DKA
- Evidence of diabetes complications, e.g. previous toe/foot amputations or foot ulceration.
- **Consider pregnancy in women of child bearing age-the foetus is very sensitive to ketosis**

Risk Factors

- Inadequate or inappropriate insulin therapy
- Infection
- Myocardial Infarction
- Pancreatitis
- Stroke
- Hyperthyroidism
- Hispanic or black ancestry
- Bariatric Surgery
- Undiagnosed Type 1 Diabetes
- Cocaine use
- Acromegaly (A rare condition which results from excessive production of growth hormone by the pituitary gland. This causes enlarged bones in face, feet and hands)
- Cushing's syndrome (A rare disorder that makes your body produce too much cortisol, a hormone that helps you cope with stress.)

Certain medications:

- Corticosteroids
- Thiazides
- Pentamidine
- Sympathomimetics
- Anti-psychotics
- Immunotherapy medications
- SGLT2 inhibitors (the 'flosins')



UK wide Handover Delay survey summary



**ASSOCIATION OF
AMBULANCE
CHIEF EXECUTIVES**

QIGARD

Quality Improvement, Governance and Risk Group

In November 2024, NIAS supported a UK-wide survey led by National Ambulance service patient experience group A to explore patient experiences of handover delays in Emergency Departments. Feedback from 184 patients—76.5% aged over 65, many with frailty—was triangulated with hospital data to inform improvements.

Future efforts to enhance patient experience will be guided by the findings from this work, along with upcoming recommendations from the Association of Ambulance Chief Executives (AACE), due in July 2025 which are anticipated to focus on Sustenance, Comfort, Assessment Arrangements, and Communication.



Using our data to drive forward Quality

In 2024-25 the Trust began a process to review and enhance its Board Assurance Framework (BAF), supporting effective oversight of strategic risks and enabling ongoing improvement in governance and delivery. This work is expected to be completed in 2025.

The Trust has a range of processes that support assurance across core operations, regulatory compliance, and progress towards strategic objectives while enabling ongoing learning and continuous improvement. Trust Board, and the Committees constituted by Trust Board, are provided with regular reports about the assurance activities undertaken across the organisation (using the Three Lines Model). Some of the data used to inform reporting for Quality include:

Service User Feedback

In the year 2024-2025:

276 Complaints received
↑ +15%

450 Compliments received
↑ +14%

6

Complaints to Northern Ireland Public Services Ombudsman (NIPSO)

1

Complaint accepted for investigation by NIPSO, the outcome of which has not yet been received.

During May and June 2024 complaints management process received the highest available assurance rating of **satisfactory** from BSO Internal Audit.

100% of complaints were acknowledged within 2 working days.

48% of complaints were responded to within 20 working days

↑ +4%

4% of total complaints closed were re-opened.

Top 3 Issues of Complaint:



Transportation

late/non-arrival/journey time



Staff attitude/behaviour



Quality of treatment and care provided

Top 3 Key Themes from Compliments:



Caring and compassionate staff



Outstanding patient care

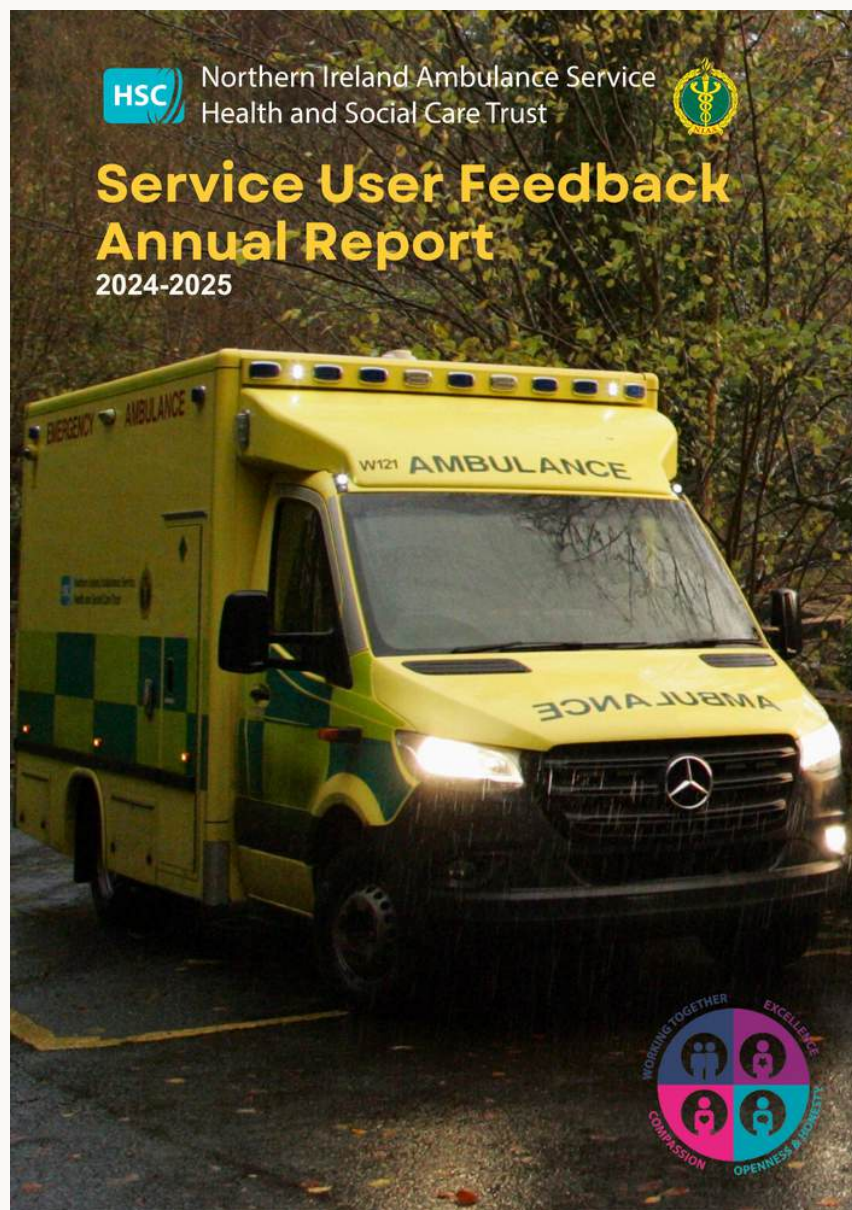


Knowledge and skills

Quality Impact from Service User Feedback

Learning from our data has resulted in changes to our services:

- Updated regional guidance on the safe conveyance of guide dogs and assistance dogs
- Updates to Emergency Ambulance Control SOPs to provide further clarity on script usage when Clinical Safety Plans are in operation.
- Improved Non-Emergency Ambulance Operational Control processes for responding to changes to available resources to reduce the impact on service users.
- Updated vehicle disposal procedures to ensure that all NIAS identifiable references are removed.



Service User Feedback Annual Report 2024-2025

SAI's/incidents and Datix

- ➔ **6,255** incidents reported
- ➔ **123** incidents reviewed as potential SAI's
- ➔ **38** incidents reported as SAI's
- ➔ **9** SAI reviews NIAS participated in led by other NI Health Trusts
- ➔ **53** new recommendations
- ➔ **107** recommendations completed
- ➔ **95%** of all SAI recommendations were completed before their due date in 24/25, an increase of 65% in previous year.
- ➔ **28%** reduction in number of open recommendations in 24/25 against the baseline year of 22/23

The continuous enhancements to our risk management software infrastructure have strengthened our ability to capture, analyze, and learn from incidents. This, in turn, provides richer, data-driven insights that inform and improve future practice.

System improvements

The Incidents module Serious Adverse Incident (SAI) section was designed and rebuilt in Q4 2024-25. The new process, managed via dedicated dashboards, allows us to systematically record mitigating factors and track progress. This provides a transparent, end-to-end reporting capability that monitors each stage from incident occurrence to recommendation closure.

To support the mandatory regional code set, a new NIAS-specific clinical incident section went live in Q4 2024/25. This section identifies clinical and control -related incidents, including reporting of findings from Out of Hospital Cardiac Arrest (OHCA) audits with selectable themes.

In January 2025, initial contributory factors were introduced to the Incidents module for SAIs. This enables theming at three stages: on reporting, during investigation, and at completion.





To enhance learning and allow for both UK benchmarking across Ambulance services and our own HSC system SAI's are themed using are two criteria sets. However, the development of new NIAS sub themes in 24/25 termed Quality safety and improvement (QSI) themes provide a more robust depiction and are invaluable in identification of learning.

The top 3 QSI themes identified within 24/25

- Deteriorating patient in the community
- Delayed response out with standard
- Welfare Call incomplete or delayed

Quality Impact from SAI learning

Learning from adherence to duplicate call procedures has resulted in introduction of upskilling packages to include additional time to revisit training modules and face to face sessions with the Clinical training Quality improvement unit.

Learning from SAI's relating to cardiac arrhythmias has driven the creation of virtual education sessions developed by the clinical education team such as Heart trace Tuesday. These are now issued via our paramedic clinical guidance app, JRCALC

Bradycardia/Absolute Bradycardia

Definition:
Bradycardia is a ventricular rate below 60 beats per minute. Absolute bradycardia is a ventricular rate below 40 beats per minute. Though a bradycardic heart rate is an ECG diagnosis, bradycardia often forms part of a different arrhythmia. **Is the bradycardia asymptomatic or impacting perfusion?**

Normal P-QRS-T complexes

No change in rhythm

Management	Causes	Clinical Presentation
MANAGEMENT SCHEME OF CARDIAC ARREST • Bradycardia with 2nd degree type II or 3rd degree heart blocks have increased risk of asystole. • Change to asystole can cause asystolic hypotension which could lead to LOC/CA. • Continued monitoring and thorough assessment to rule out threat similar causes such as MI should be carried out. • Consider O2/T request. • Cash IV access. • Consider Airway in line with JRCALC guidance. • Consider Adrenaline 1mg IV for bradycardia with ongoing hypotension/shock. • Consider monitoring and	Causes • Damage to the cardiac conduction system through cardiac infarction. • Sick Sinus Syndrome. • Hypothyroidism. • Cooling Reflex. • Myxoedema. • Vagus Nerve stimulation (persistent vomiting, emetogenic motion and stimulation). • Drug interference. • Reflex bradycardia (leading drug/drug toxicity). • Calcium channel blockers. • Cardiac Glycosides/Digoxin. • Cannabis. • Cholinergic toxicity (organophosphates).	Clinical Presentation • Depending on the underlying cause it is important to determine the underlying cause and give appropriate management in accordance with the JRCALC. • Signs and symptoms associated with underlying cause may be observed and recorded for context. • With caution, give oral. • Hypotensive and tachycardic symptoms occur. • Administer oxygen with. • Consider. • Consider. • Consider.

WHAT NEXT?
Patients must be managed in line with current NIAS, JRCALC and JCP guidelines.
The appropriate drug JCP materials will be added to SharePoint for reviewing such as the resuscitation, for more information look below.

Clinical Development & Education

For more information please contact: Senior Paramedic Clinical Development Unit (Sharon Dwyer) - 01206 344444

Information Governance

This year, we have identified improving our handling of Freedom of Information (FOI) and Subject Access Requests (SARs) as a key priority. By focusing on strengthening our processes and oversight, we have established a more robust framework to improve our compliance with statutory timelines and enhance our overall information governance.



2,094

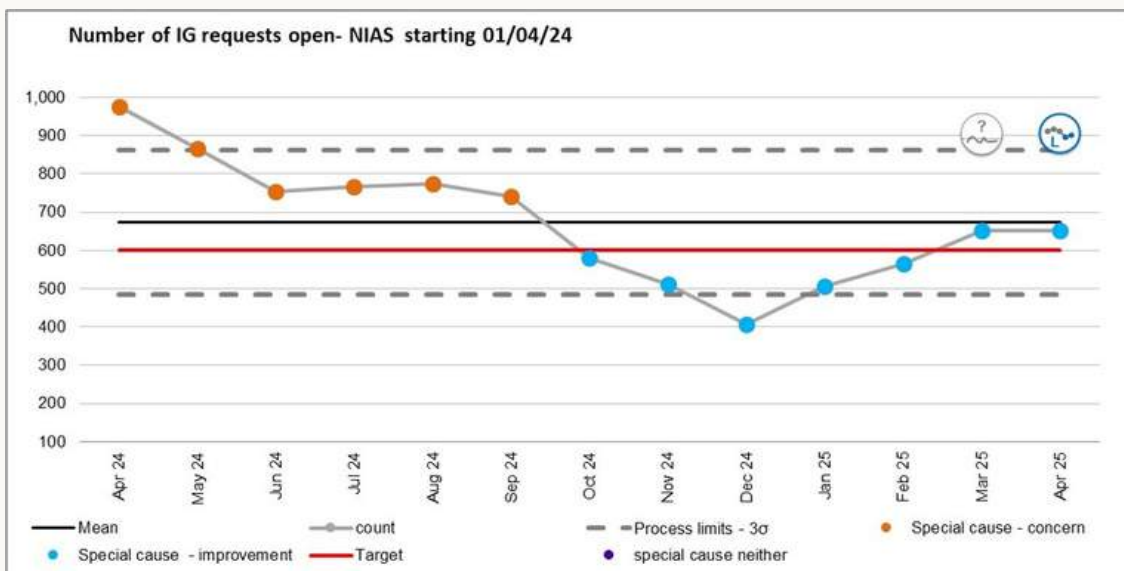
requests received



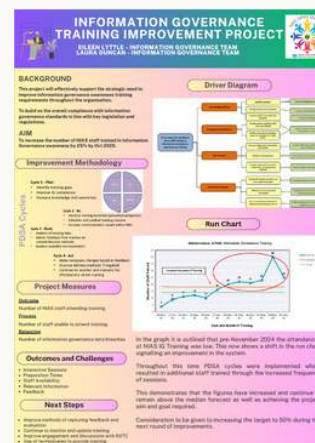
2,394

requests completed

In 2024, the service implemented a new targeted improvement plan, which successfully strengthened governance arrangements, enhanced digital performance tracking, and improved directorate accountability regarding statutory requirements resulting in the reduction of backlog of open requests reducing from 916 in April 2024 to 653 in March 25. The graph below shows the targeted improvement in reducing the number of open requests:



Pivotal to this improvement is IG Training and Awareness, with the IG Team completing the NIAS Level 2 Quality Improvement Programme during 2024/2025. The team undertook a project to effectively support the strategic need to improve information governance awareness training requirements throughout the organisation. The aim was successfully met in Dec 24 and work continues within the team on further PDSA cycles.





Leading with Care

In line with our 2023–2026 quality strategy, we continued our work to cultivate an open and fair organizational culture. By promoting a supportive and positive workplace, we aim to enhance the experience of all staff members. The direction for this work is informed by the principles set out in the HSC's 'Strengthening our Core' strategy published in 2024 and NIAS's own 'Healthy People, Healthy Place' strategy (2022-27) emphasising the need to:

- Support managers to lead with compassion and kindness
- Improve staff access to support when they are going through a challenging time

Achievements for 24/25 include:

- Development of further OH pathways for staff for support.
- Appointment of a Critical Incident Stress Management (CISM)/Peer Support and Wellbeing team.
- Introduction of health, wellbeing, and critical incident stress management awareness to the corporate welcome to improve organisational literacy around incident management and trauma.
- A Proud to work for NIAS forum was established with a positive cultures and inclusion workshop held in Feb 25, resulting in an organisational culture programme board established. This group will take this work forward during 25/26.

Working together for a safer workspace

Following the Association of Ambulance Chief Executives' (AACE) recognition of misogyny and sexual safety as a national priority in 2024, NIAS established an improvement program to drive significant cultural change. This program is a key component of our commitment to upholding respect, dignity, and a safe environment for both staff and patients.

In 2024/25 the Trust secured dedicated capacity from the National ambulance sexual safety lead in AACE who will provide leadership to this programme and will support a review of sexual safety within NIAS from April 25.



Theme 2: Strengthening the Workforce

Objective 3:

We will provide the right education, training and support to deliver high quality service.

Objective 4:

We will develop leadership skills at all levels and empower staff to take decisions and make changes.

Contents:

- **Clinical Education**
- **Supporting staff**
- **Developing Leadership capability**
- **Improving staff health and wellbeing**
- **Staff communication**
- **Staff absenteeism**
- **Staff achievements and recognition events**

Our aim is to support our people, grow our leaders, strengthen our workforce and promote NIAS as an excellent employer of choice!

Clinical Education Team

Newly Qualified Paramedics (NQP) Programme.

In October 2024 NIAS welcomed their largest cohort (48) to date of newly qualified paramedics. This included a large cohort from the inaugural Ulster University BSc Programme, with 94% of UU graduates accepting roles on the NIAS Newly Qualified Paramedic (NQP) program.

Ambulance Care Attendant (ACA) Programme

This year we delivered ACA cohort 19 and 20 with 46 new recruits completing a 1week ambulance driving course followed by a 5 week clinical course – Future Quals Level 3 Certificate in Ambulance Patient Care: Non-Urgent Care Services.



Associate Ambulance Practitioner Cohort 16

1st November 2024

This year Cohort 16, which consisted of 23 students, successfully completed their course in November 2024.

2025/25 saw the development of a robust IQA and EQA strategy and processes to support quality assurance of the course.



Clinical Education 24/25 in Numbers

Practice Based Learning

Hours of Practice Based Learning scheduled to paramedic students from Ulster University - **56,995**



Clinical Inductions Delivered

- Newly Qualified Paramedics – **48**
- Qualified Paramedics - **30**
- Qualified AAP – **11**
- Trainee AAP's – **48**
- Trainee ACA's – **48**

Driver Training

- Level 3 Certificate in Emergency Response Driving – **96**
- Level 3 Award in Patient Care Services Ambulance Driving – **48**

Continuing Clinical Educations (CCE) Delivered by CED Faculty

- Operational Staff attendance at Clinical Decision Making – **552**
- Operational Staff attendance at Paediatric Out of Hospital Cardiac Arrest – **556**

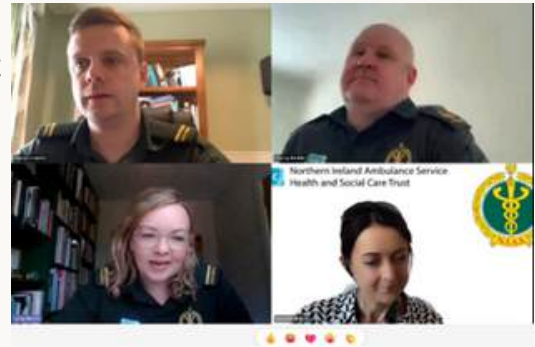
All these achievements enable the education department team to enhance and develop high-quality education and learning, to support NIAS staff to continually deliver high standards of clinical practice in patient care and service delivery.

A close-up, slightly blurred photograph of the back of a dark-colored jacket. The word 'AMBULANCE' is printed in large, bold, yellow capital letters across the lower back area.

AMBULANCE

Work Experience Week

In the Summer of 2024, NIAS welcomed 20 year 13 students from schools across the province to take part in the inaugural Work Experience programme. These students had all expressed an interest in applying for the paramedic degree after finishing their A-Levels. We were also able to open up a day of this week to 50 students to take part in our Careers Q&A session which was online via teams



Supporting Staff

Corporate Welcome: Our new in-person face to face Corporate Welcome continued to be a success throughout the year with a total of 5 events welcoming 109 new staff:



"Brilliant presentations. Well organised. Brought a lot of closure on what I wasn't sure on. Known about a lot of courses to go on to help me in my career." - Quote from attendee

Regional Learning Management System (LMS)

The Regional Learning Management System (LMS) Learn HSCNI continues to, provide ongoing benefits to the Organisation including:

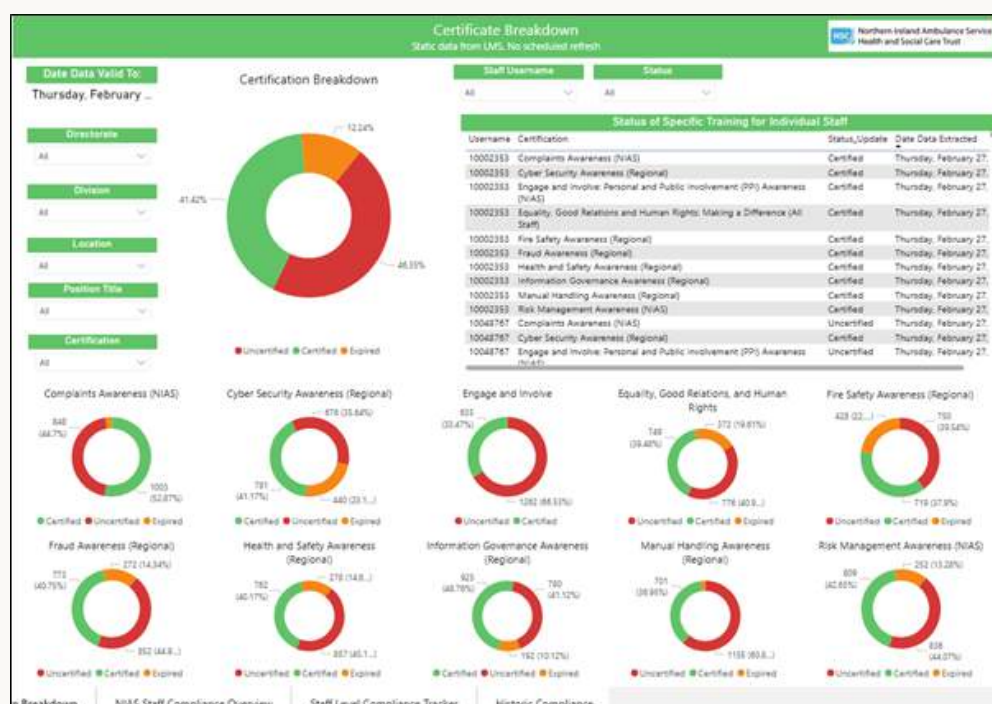
- Improved compliance and reporting of mandatory training,
- A single portal for staff to access all learning
- Ability for the Trust to report on learner completion.



Mandatory training

To ensure the provision of safe, high-quality care, the Trust recognizes the critical importance of statutory and mandatory training. Historically, compliance with this training has been below the required level. In response, an improvement plan was developed and implemented by the Learning and OD team in December 2024, with the objective of improving training compliance and strengthening risk management across the organisation.

In the 2024/25 reporting period, the Learning and OD Team partnered with the Data Analytics team to develop a new training dashboard. This tool provides a comprehensive, at-a-glance view of mandatory training compliance, enabling us to identify and target areas for improvement. This dashboard is expected to be a key driver in enhancing compliance levels in the coming year.



Assistance to Study Programme

The Trust recognises the essential role of staff to achieving its corporate objectives. Learning and development is critical to equip staff with the knowledge and skills required to deliver these objectives and provide the best possible service to patients and service users.

24/25 saw a total of 79 staff successful in their applications for further professional and personal development.

A total of **£78,901.22** was funded for personal and professional development.

Developing Leadership Capability

To recognise the valuable contributions of leaders across NIAS and promote the sharing of best practice in Leadership 150 staff attended the biannual Leadership Conference in 2024— 'Leading in Uncertain Times' 'Reflect, Realise, Renew'



The Learning and Organisational Development team continue to support the Trusts commitment to embedding collective and compassionate leadership at all levels.

We continue to support staff to grow in leadership skills through courses such as

- Accelerated Management Programme
- Aspire
- Acumen
- Having Difficult Conversations
- Interview Skills
- Masters in Business Improvement
- Post Graduate Diploma in HSC Management
- Proteus

Coaching and Mentoring

In 24/25 6 staff were coached through the Accelerated Management Program and in March 2025, mentoring sessions were made available across the organisation through the Association of Ambulance Chief Executives, supporting staff development, leadership growth, and professional resilience.

Improving health and wellbeing

NIAS collaborated with other Trusts to support the Regional Framework for HSC Staff Health and Wellbeing, aligning with NIAS's strategy to promote a safe, healthy, and supportive workplace.

The Wellbeing Framework recognises the impact of repeated exposure to distressing incidents, highlighting the increased risk of stress, burnout, and moral distress in emergency response roles. In response, a dedicated Critical Incident Stress Management (CISM), Peer Support, and Wellbeing Team was appointed this year to strengthen early intervention and support for staff.

Staff support initiatives include:

- Onward referral to a trauma triage pathway including high intensity therapeutic interventions.
- 130 staff trained in SafeTALK and ASIST Suicide intervention training.
- 53 Staff also completed City and Guilds Gaming and Gambling Awareness training.
- The Stop Smoking Service is now provided by NIAS wellbeing team and staff benefitting from weekly support with two thirds of participants making successful quit attempts.

Improving Staff Health

- The Stop Smoking Service is now provided by NIAS wellbeing team and staff benefitting from weekly support with two thirds of participants making successful quit attempts.
- NIAS coaches trained to lead the annual couch to 5k programme
- Menopause advocates trained this year to help achieve our goal of being a menopause friendly organisation.



Outcomes from participation in water and forest-based wellbeing sessions:



"This health and wellbeing day was well organised; it was obvious that research as carried out in to where and who would provide the service that day. It is not something I would normally take part in but after attending the day I feel it was of great benefit to my health and wellbeing and would recommend 'Forest is for rest' to my colleagues" - Quote from staff member after attending a forest based wellbeing session

Flu Vaccination Programme

In line with our commitment to patient safety and staff wellbeing, we offered the seasonal flu vaccination to all eligible staff during the year. A strong uptake of the flu vaccine is crucial for protecting our workforce and the vulnerable patients in our care.



Improving staff spaces

The Emergency Operations Centre has seen improvements to its outdoor space, including the addition of flower beds and a dedicated meeting area, complementing the existing quiet space hub. Welfare hubs are in place across Emergency Departments, with further facilities under development to support staff wellbeing.

Support for staff in Crisis

The Ambulance Staff Charity Suicide Crisis support service has helped strengthen the supportive culture that encourages help-seeking behaviour and normalises conversations about mental health and wellbeing

Staff took part in awareness sessions focused on alcohol and drug misuse, and gambling-related harm, supporting a safer and more informed workplace.

We have built capacity around domestic and sexual abuse with recognition and response training.

Supporting equality and diversity and inclusion (EDI)

We believe that a diverse and inclusive workforce is essential for providing excellent patient care, and are proud to be an inclusive service, reflecting our community.

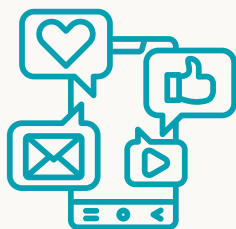


Staff Communication

The role of the Media and Communications Team is to ensure that staff, patients and key stakeholders in the media have access to relevant information on a timely and consistent basis. Through this engagement the team reinforces the identity and brand of our Service to maintain public confidence and trust in our messaging.

Internally, and throughout 2024/25, the team created a daily staff update which, on account of the largest proportion of our staff being remote and dispersed, was disseminated through email and the corporate WhatsApp channel, thereby ensuring consistency and timeliness of messaging.

The Media and Communication team continue to work closely with colleagues across all directorates and teams within NIAS, providing communications advice and support.



141

original posts to both Facebook and X, while also reposting info from other sources.



506

responses provided to media enquiries



24

requests for broadcast media interviews



150

school visits attended



11

career evenings/events for post 16 students

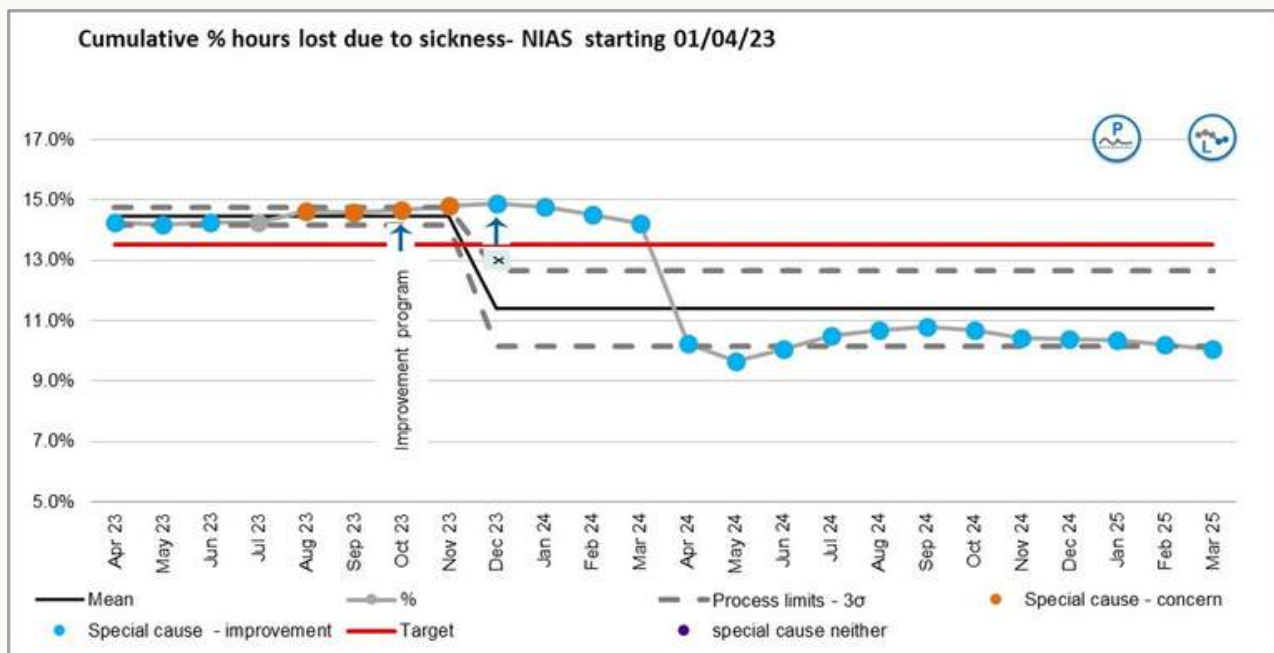
Staff Absenteeism

Staff absence data helps build a clearer picture of workforce wellbeing and guides ongoing efforts for NIAS to create a healthier, more supportive working environment. In 2024-25 the trust met its improvement target of sickness rates of 13.5% across the organisation with a cumulative absence of 10.07% achieved.

This achievement reflects the work to deliver this key strategic priorities for NIAS as part of our corporate improvement plans. Improvement work included:

- Monthly HR meetings established in Oct 24 between NIAS OH lead and BHSCCT business Service manager.
- NIAS weekly HR advisor forum established
- Escalation pathways established
- A supporting attendance tool kit was developed and tested in a QI project

Graph highlighting progress over the last 2 years to improve absence in NIAS



Staff Achievements

Kings Birthday Lists

14th June 2024

Heather Foster-Sharpe, Interim Assistant Director for Emergency Preparedness, Resilience and Response, who was awarded the King's Ambulance Medal in the King's Birthday Honours List. With over 30 years of service in various frontline and leadership roles, Heather has made a significant contribution to patient care, emergency preparedness, and community health.



At the Advancing Healthcare Awards in October 2024, NIAS paramedics were celebrated for their innovative work. Our staff were shortlisted in five categories and won awards for:

- **Partnership Working in Public Health:** For the Complex Care team's collaboration with the British Red Cross on the INTERACT project.
- **Creative and Innovative Practice:** For the Clinical Education Team's Cardiac Arrest Masterclass project.
- **Reservist of the Year**
- **Rising Star awards.**

Highlighting the outstanding contributions of NIAS staff to patient care and innovation.



Altnagelvin based ACA David Pentland was nominated as Carer of the Year at the Derry Journal People of the Year Awards 2024.



Two students were selected by the teaching faculty for the “Alistair Barr award” for “Top Student” – Rachel McGarrity & Chris Cummings.

The “Tommy Glenfield Endeavour Award” was given to Adam Shiels for overall contribution to the cohort, overall improvement, as well as continued personal and professional development.



Michael Bloomfield
awarded MBE in
King’s New Year
Honours List.



Dr Stephen
Reaney
awarded
MBE.



Nathan Chambers
awarded British
Empire Medal.



NIAS EMT Ciaran Gallagher received his Queen’s Long Service & Good Conduct Medal hosted by Lady Mayor Lilian Seenoi-Barr in Derry Guild Hall.

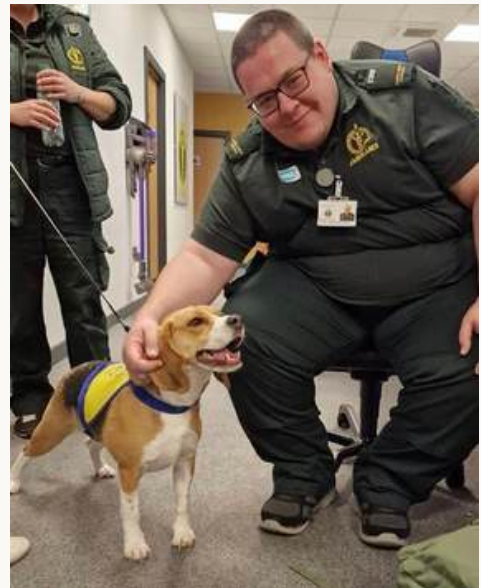


Megan Rodgers and Calum Hanna picked up a joint award for Exceptional Pre-registration Student at the Ambulance Leadership Forum awards ceremony in Leeds.

Recognition Events

On 18 October, NIAS held a recognition event to celebrate the dedication of our Emergency Operations Centre staff. Our leadership team attended two sessions to thank staff for their commitment to patient care. Highlights included:

- awards for successful telephone-assisted births and CPR guidance,
- review of compliments received throughout the year.
- Priority Dispatch Corporation commended staff for maintaining high compliance standards since achieving ACE accreditation.



NIAS celebrated International Control Room Week by recognising the dedication of staff in EOC and NEAOC through a series of wellbeing activities including therapy dog visits. The week also saw the presentation of the “Colleague of the Year” award to Rachel McKeegan.

NIAS Control rooms have developed significantly in the past year and teams continue to play a vital role in coordinating emergency responses. Their commitment to patient care and operational excellence is deeply valued.





Theme 3: Measuring Improvement

Objective 5:

We will improve outcome measurement and report on progress for safety effectiveness and the patient/client experience.

Objective 6:

We will promote the use of accredited improvement techniques and ensure that there is sufficient capacity and capability within the HSC to use them effectively.

Contents:

- **Cardiac arrests**
- **Compliance with Electronic Patient Care Records (ePCR)**
- **Medication data**
- **PCS**
- **Data analytics**

This year, we placed a strong focus on measuring the impact of our quality initiatives through data-informed decision-making. By measuring the change, we have been able to evaluate progress, identify areas for improvement, and ensure that changes deliver meaningful benefits for patients and staff.

Cardiac Arrest

In our Quality strategy we emphasised the need to understand and improve outcomes for patients who suffer out of hospital Cardiac arrests (OHCA). NIAS has continued to implement our clinical improvement plan providing a clear and measurable roadmap for clinical development through to 2026. This plan aligns with the clinical priorities outlined in the Strategy to Transform 2020–2026.

As a key part of the clinical improvement plan, improving outcomes for our sickest and most injured patients is key. The cardiac arrest survival group established baseline data of cardiac arrest performance and have developed ongoing reporting dashboards for key metrics in this area from the Trust's digital patient records solution to enable real time monitoring and improvement.

During 2024/25 the trust continued to achieve an improvement in clinical outcomes for out of hospital cardiac arrests.

30 day Survival Rates for general cardiac arrests

2022/23 - 5.5%

2023/24 - 6.8%

2024/25 - 7%

30-day Survival Rates for patients with shockable cardiac arrest rhythms

2022/23 - 19.9%

2023/24 - 23.8%

2024/25 - 25%

Return of Spontaneous Circulation (ROSC) Rates for general cardiac arrests

2022/23 - 19%

2023/24 - 21.6%

2024/25 - 24%

Return of spontaneous Circulation (ROSC) for shockable Cardiac Rhythms

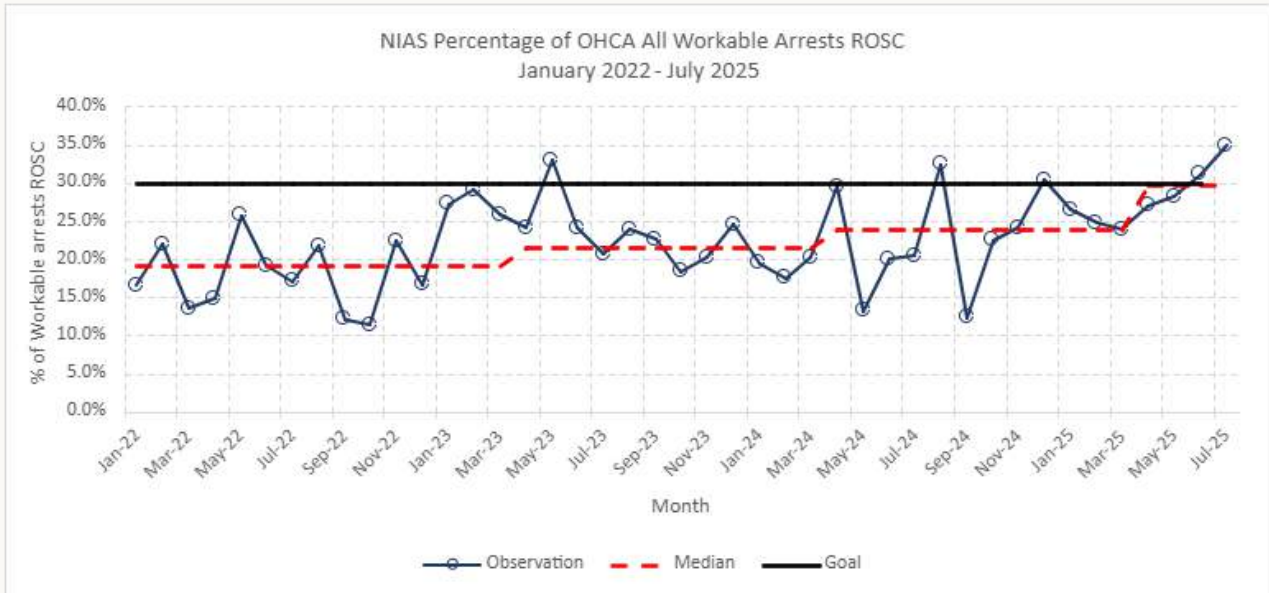
2022-23 - 34.5%

2023-24 - 47.6%

2024-25 - 45.8%

This reflects our continued commitment to improving clinical outcomes and emergency response through a data-driven, multi-faceted approach including:

- High Performance CPR training - CPR ambassador and masterclass training undertaken during 2023 and 2024, participant satisfaction rate of 98%.
- Paediatric Masterclasses and improved oversight through reporting to UCOG.
- Future education programmes will focus on empowering clinicians to improve their clinical decision making in relation to cardiac arrest decisions.





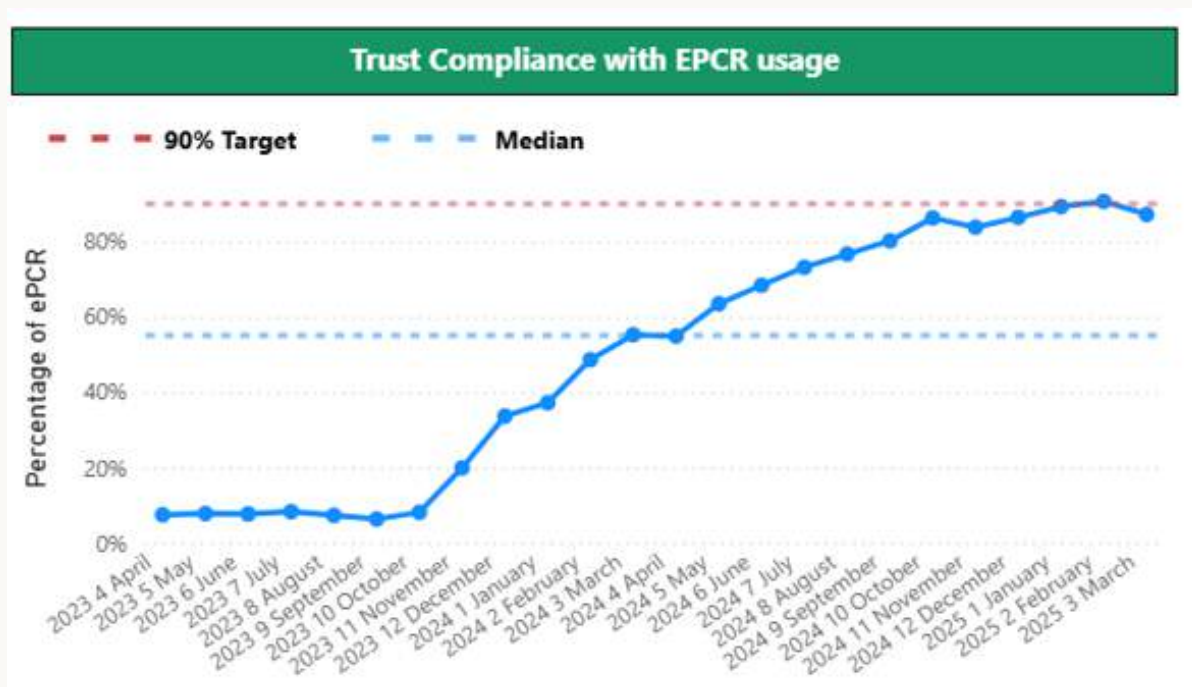
Electronic Patient Care Records (ePCR)

With an average of 264 ePCR's created daily in the trust this is now the standard practice for recording and sharing clinical information.

The use of ePCR is a key enabler of the trust to understand Clinical outcomes and the Benefits include

- Linked patient records to the Northern Ireland Electronic Care Record (NIECR) for improved clinical insight.
- Transmitted patient details to EpicCare (encompass) to support hospital pre-arrival planning.
- Integrated patient history into EpicCare for enhanced care coordination
- Notification for GPs when patients were attended by NIAS and result of interaction

In 2024-25, a project team's targeted improvement plan drove a significant increase in trust compliance towards the 95% target. This was achieved by developing new educational resources, such as video guidance, to boost engagement and confidence in using the ePCR, alongside establishing clinical audits and reporting structures through the Urgent Care Oversight Group (UCOG) to enhance reporting practices.



Throughout 2024/25, the service made commendable progress in compliance performance. This positive trend was demonstrated by a significant rise to 90% in the final quarter, reflecting a strengthened approach to meeting our requirements.

Looking forward to 2025, the digital transformation will be fully integrated into our standard processes, allowing us to concentrate on strategic enhancements. Key objectives include enhancing the user interface and deploying automation to streamline workflows. This work will ultimately leverage data and reporting to deliver significant improvements in patient safety



Medication Data

As medications are a continuous and vital component of NIAS clinical operations, robust systems for their tracking and management are essential for patient care. The mobile nature of the workforce, however, poses unique challenges regarding frequent stock movement, varied usage, and maintaining real-time visibility across multiple sites. During 2024-25, improvement work was initiated with a strategic focus on bolstering governance, improving safety protocols, and Education.

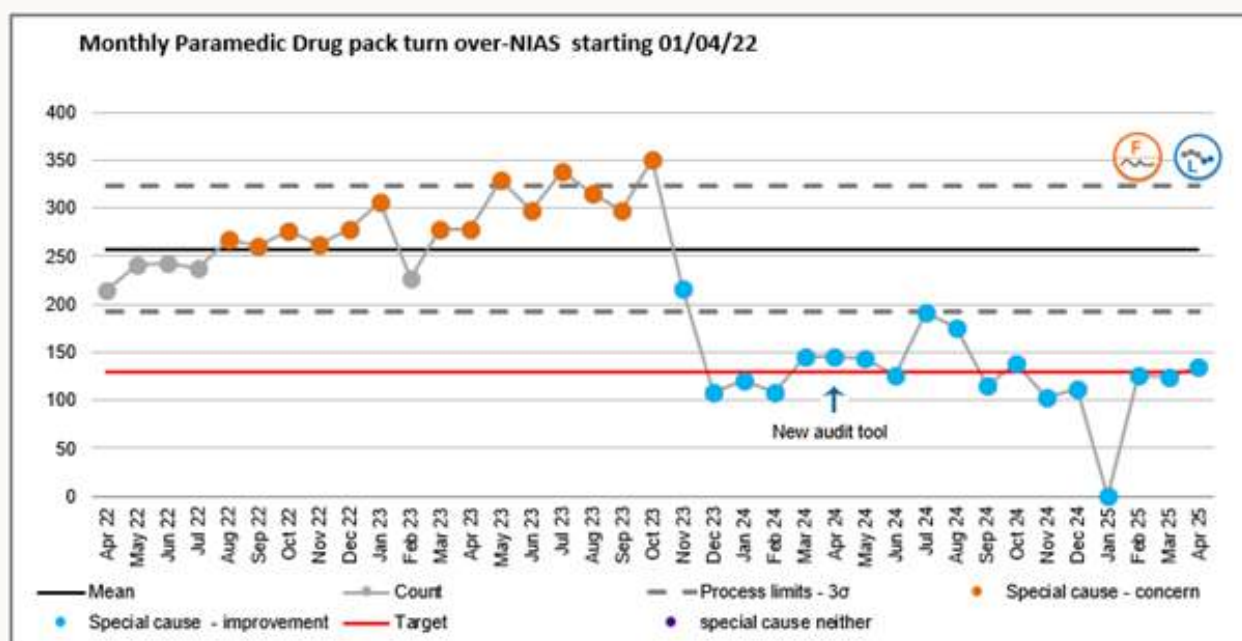


298
medication related
incidents were reported on
Datix in 24/25

In May 2024, a new audit system (MEG) was introduced to NIAS replacing the previous DocWorks software. This system includes tracking of paramedic and pain packs numbers facilitating tracking of controlled drugs across the Trust.

Five new, distinct audits were introduced by the Pharmacy Team to enhance the scope of medicines auditing. Carried out at varied frequencies, these measures—including weekly counts, CD assurance, and annual pharmacist and paramedic audits—strengthening clinical governance and facilitating the measurement of improvement.

Other Improvement work has focused on reduction in Paramedic pack usage, utilising retagging packs, new audit tool and removal of IV paracetamol. This is highlighted in the graph below



To further support medicine safety in 2024-25, new practices were implemented to increase staff engagement with safety information. This involved a multi-channel communication approach, distributing key updates through staff social media, Vital Bites posters, Vital Signs, and regular clinical notices.

Cost Savings from the pharmacy improvement work has supported the roll out of oral Morphine in Feb 25.

PCS

In 2024-25, our Patient Care Service (PCS), which provides non-emergency ambulance transport, underwent a strategic improvement programme. Using a structured quality improvement (QI) methodology, we successfully modernised the service and delivered tangible benefits for patients. Key outcomes included a reduction in journey cancellations and an overall increase in the number of completed patient journeys. This came about by targeted focus on workforce vacancies including management of long term sickness, staff engagement, implementation of a web based booking system, strengthen collective leadership, recruitment of voluntary car drivers and alignment of roster patterns based on demand and capacity.



Data Analytics

Our Data analytics team plays a central role in supporting data informed decision making through their role in presenting data visually through dashboards. By presenting measurements visually dashboards help teams quickly identify trends, variations and areas requiring attention. By systematically analysing operational and clinical data the team provides robust data to guide strategic planning, resource deployment and measures the improvement.



67

dashboards



158

dashboard requests



Theme 4: Raising the Standards

Objective 7:

We will establish a framework of clear evidence-based standards and best practice guidance.

Objective 8:

We will establish dynamic partnerships between service users, commissioners and providers to develop, monitor and review standards.

Contents:

- **EPRR**
- **IPC**
- **Accreditation for EOC**
- **Research and Development**
- **Innovation**

Raising the standards is integral to our work at the Northern Ireland Ambulance Service (NIAS). This year, we have actioned this strategic goal through targeted improvements in operational and corporate developments such as improving incident review processes and adopting innovative technology to ensure NIAS continues to raise the standards.

New Incident Response Plan

The Emergency Preparedness, Resilience and Response (EPRR) department within the Northern Ireland Ambulance Service (NIAS) is responsible for ensuring the organisation is ready to respond effectively to a wide range of major and complex incidents. This work is a legal requirement under the Civil Contingencies Act (2004) and is managed in collaboration with other emergency services and public sector bodies. The work carried out by the team in 24/25 culminated in the launch of our new Incident Response Plan on 31st March 2025

This work has enhanced NIAS's operational readiness to respond to major incidents and strengthened business continuity planning across the organisation.

A key feature of the plan the introduction of innovative triage tools, including the Ten Second Triage Tool, which empowers ambulance crews to make rapid, informed assessments and deliver timely, life-saving interventions at a wide range of incidents.



Infection, Prevention and Control

Effective Infection Prevention and Control (IPC) is a responsibility shared by everyone across our organization. This section reflects our collective commitment to this principle, demonstrating how our teams have worked together to implement robust practices, enhance training, and monitor compliance. This concerted effort is critical to delivering safe and effective, high-quality care for all.



51

hand hygiene audits
completed



26

PPE audits
completed



38 staff

trained as ANTT
assessors



Delivered training
on ANTT, Induction
and Mox to
600 staff

NIAS IPC Practitioner participated in globally rated pod cast 'IPC Matters' in relation to their development of the bespoke resource for NIAS and in relation to IPC challenges that are unique to the sector. (Autumn 2024)

This year the team worked with colleagues in the training school to provide training on HH, PPE and ANTT so they can provide real time feedback to staff on their performance in relation to these. 28 CSO's completed their ANTT assessor training so they can undertake these assessments with staff in real time to ensure staff practice and protect patients during critical care moments such as IV cannula insertion.



Accreditation

The control room successfully maintained its Accredited Centre of Excellence (ACE) status throughout the 2024-25 period. This achievement was officially recognised by the Priority Dispatch Corporation, whose representative, Jonny McMullan, highlighted the staff's professionalism and steadfast compliance with 999 protocols. Within the Emergency Operations Centre (EOC), a designated percentage of 999 calls are systematically audited to ensure the accuracy of call coding and compliance with operational standards. During the year the EOC team consistently performed at the highest available compliance levels. This audit process not only ensures quality assurance but also provides valuable feedback to staff, reinforcing a culture of continuous learning and improvement across the service.

Research and Development

Effective RD&I is a cornerstone of successful healthcare provision. It underpins our clinical practice by facilitating the integration of evidence-based learning and promoting innovative approaches to care delivery.

Entering its third year, the R&D function saw significant expansion with the appointment of a second Research Paramedic in June 2024, bringing the team to three members. As part of its strategic engagement, the R&D team also successfully hosted the Head of Research from the College of Paramedics during a visit to Northern Ireland.

In collaboration with external academic partners, including Ulster University, the University of Southampton, and Queen's University Belfast, the R&D team successfully secured over £161,000 in grant funding from organizations such as the Infection Prevention Society, Marie Curie, and NICHs. This funding supports key projects, including a follow-on study for Out of Hospital Cardiac Arrest.



**Academic
publications**



**Poster
submissions**



Oral presentations



**Opportunities
supported to attend 8
conferences**

Innovation

In 2024-25 NIAS formed a strategic partnership with the Department of Economy and HSC through the Small Business Research Initiative (SBRI). This collaborative approach enables NIAS to engage with industry innovators to leverage technologies like AI to address key service challenges. The primary aim of this work is to maximize effective resource allocation and enhance patient services and we look forward to reporting on the initial findings and outcomes during the 25/26 period.



Innovation Toolkit

NIAS launched its innovation toolkit for staff as part of the newly formed QI hub. This represented a collection of field tested approaches and methods to help our teams practice innovation and to build a culture of innovation at NIAS. Staff can access this toolkit through our Virtual e-learning platform Canvas.



Technology

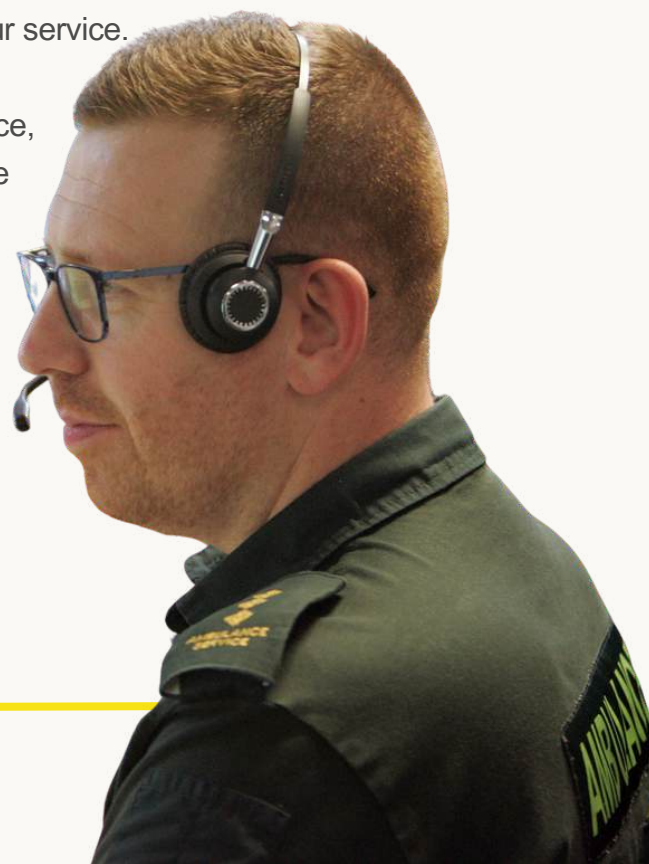
In 2024-25 NIAS implemented a new Computer Aided Dispatch (CAD) system for use in the Emergency Operations Centre (EOC) and Non Emergency Ambulance Operations Centre. The CAD is a critical system for NIAS which collates all information relating to emergency 999 incidents and dispatches ambulances to respond to patients. The CAD also provides timely and high quality non emergency ambulance transport in the Scheduled care setting. The CAD implementation and was completed in March 2025 and benefits are expected to be delivered from April 2025 onwards.

To continue modernizing our control and dispatch capabilities, several key technology improvements were deployed in 2024-25.

- Completion of the roll out of Mobile Data Devices to Independent Ambulance Service Providers.
- Introduction of an SMS facility to inform callers to 999 via SMS message of receipt and progress of their 999 call.
- Introduction of the SMS facility to allow Hospital Ambulance Liaison Officers to text updates and information directly into EOC to enhance the patient handover process.
- Enhancement of our Ambulance Arrival screens to support the management of late finishes due to prolonged ED handover delays.
- Creation of new dashboards within EOC to provide real-time situational awareness on NIAS and Hospital activity.
- Web based ambulance booking system for use by Healthcare Professionals as an alternative to phone.

The modernisation of our Computer-Aided Dispatch (CAD) system and other technologies represents a thoughtful and strategic advancement for our service.

By harnessing improved data analytics and real-time information, we can continually learn from our performance, refine our operational approaches, and evolve our service delivery to better respond to the unique needs of the communities we serve.





Theme 5: Integrating the Care

Objective 9:

We will develop integrated pathways of care for individuals.

Objective 10:

We will make better use of multidisciplinary team working and shared opportunities for learning and development in the HSC and with external partners.

Contents:

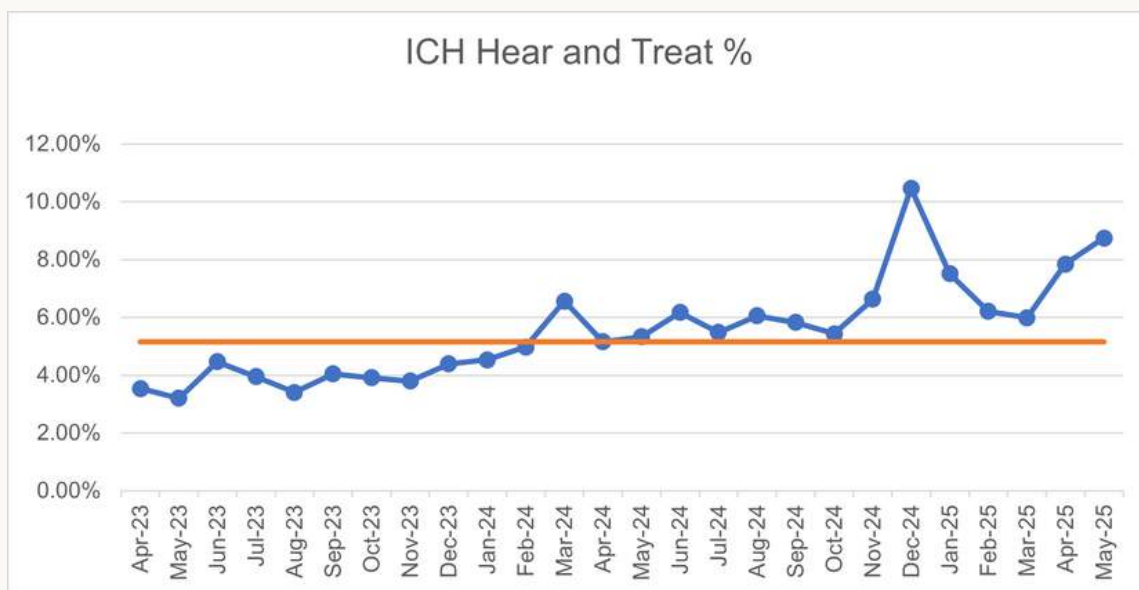
- **ICH and Urgent care pathways**
- **Community Partnerships**
- **Complex care teams**
- **Inter sector working**
- **Safeguarding**



ICH and urgent care pathways

The Integrated Clinical Hub works with a range of HSC partners to provide patients with the right care in the right place, first time. This includes referring patients to specialist services or teams within the local HSC Trust area.

Under a remodelled, clinically-led, and data-driven framework, the Trust successfully increased its 'hear and treat' rates during 2024/25, achieving a record high of over 10% in December 2024. This strategic shift has positively impacted patient safety, resulting in reduced recontact rates and ensuring the sickest patients facing ambulance response delays were assessed by a clinician in a faster timeframe and, where necessary, response escalated with high accuracy.



Integrated Clinical Hub

45% → 45,941
CASES IN 2024

enhancing service user safety
and aiding operational staff
welfare.

Three new remote hubs opened in **Ballymena, Castlederg, and Armagh**, strengthening the ICH presence and business continuity across the region, improving service provision and work life balance for staff.



The ICH also saw a number of other developments in 2024-25, including the opening of three new remote hubs in Ballymena, Castlederg, and Armagh, strengthening the ICH presence and business continuity across the region, improving service provision and work life balance for staff.

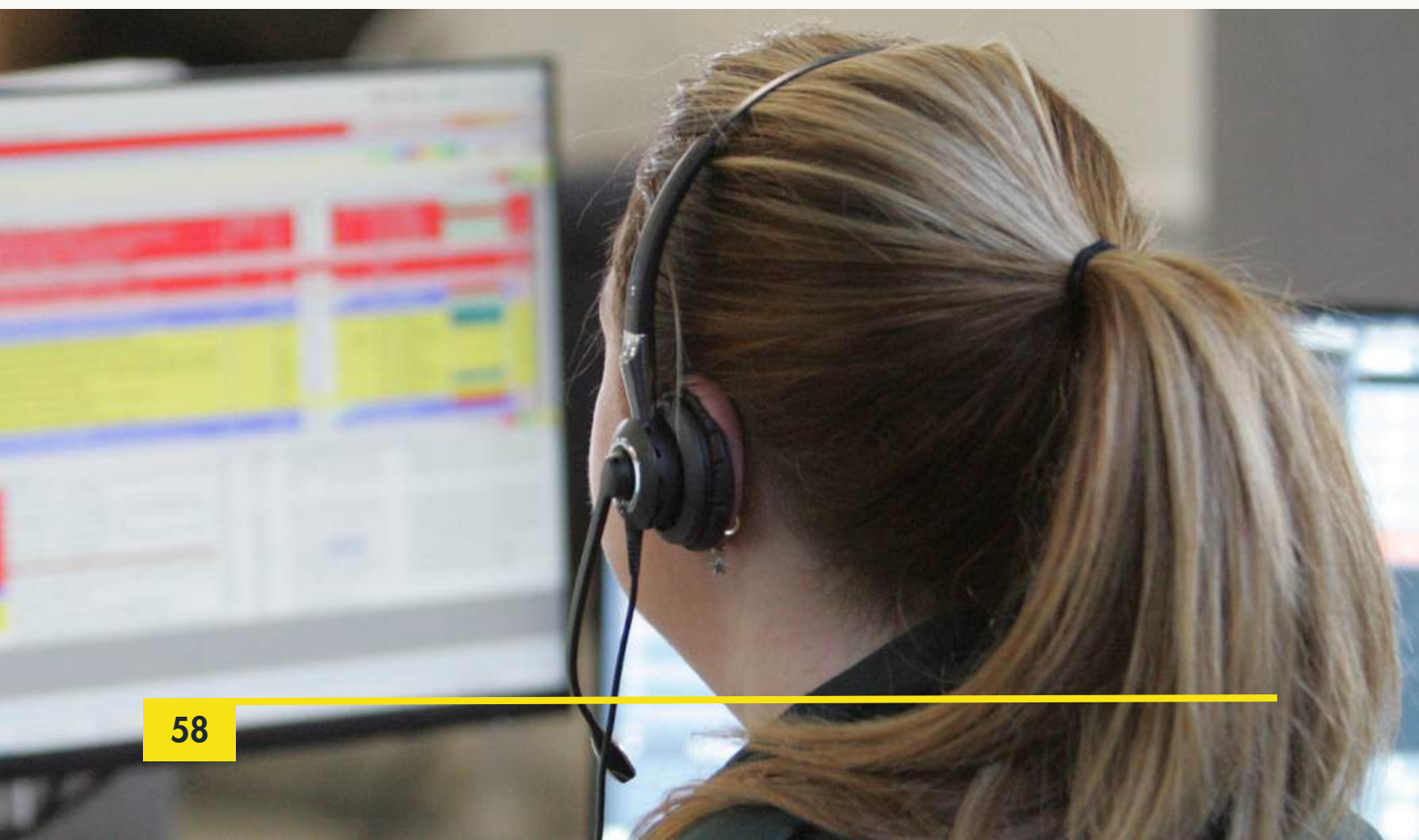
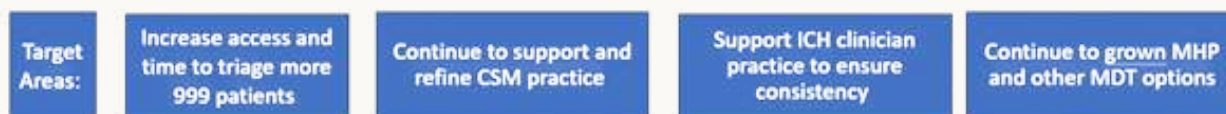
Mental Health Practitioners also joined the ICH team as part of a pilot with South Eastern Health and Social Care Trust (SEHSCT) to aid in providing bespoke mental health advice and assessments to 999 callers with a primary mental health presentation.

Other quality initiatives undertaken by the ICH team included an Improvement project to increase referrals from NIAS staff to the Hospital at home team in Western Trust.

See and Treat Improvement Areas 2025



Hear and Treat Improvement Areas 2025



Community Partnership

The Northern Ireland Ambulance Service serves as a vital community partner, actively engaging with residents and organisations to improve public health, resilience, and safety across Northern Ireland.

Complex Case Team

The NIAS Complex Case Team (CCT) works with Frequent Service Users (FSUs), who make over 20,000 emergency calls per year. By engaging with these users and developing multidisciplinary care pathways, the CCT reduces their impact on service provision while benefiting patients and stakeholders



emergency calls made by 1,725 individuals who met the criteria for intervention as an FSU



new FSUs were identified



management plans in place reducing ambulance response and ED attendance

10% of all emergency calls

1,387 interventions with FSUs

The CCT launched a new series of improvement initiatives this year including:

Amendment to The Frequent Service User (FSU) definition in October 2024.

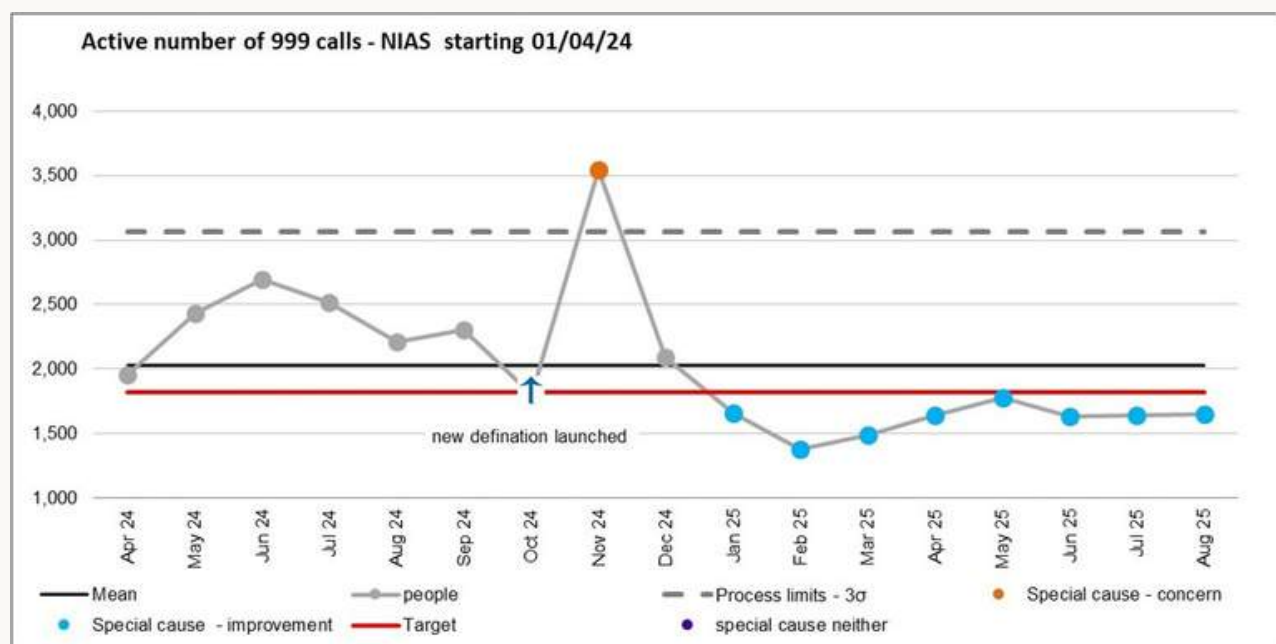
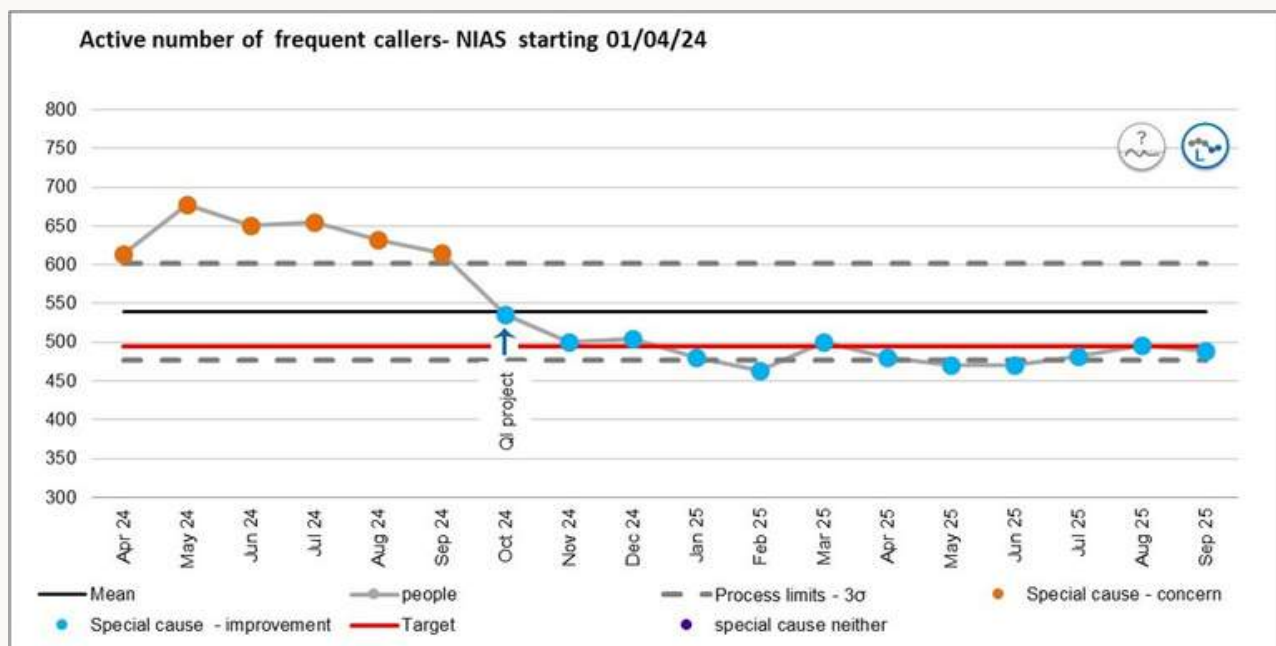
From “Any person aged 18 or over who makes 5 emergency calls in a month, or 12 emergency calls in a 3-month period,” to “Any person aged 18 or over who makes emergency calls relating to 5 individual episodes of care in a 30 day period”.

Implementing Escalation letters to service users who met the frequent caller criteria and a home visit for those with more complex needs.

As part of our improvement work, a new CCT leaflet was developed and shared with our service users.



This graph below shows the reduction in 999 calls and frequent callers due to a CCT quality improvement project.



Quality Impact

The average time for a first intervention on FSU cases was reduced from 88 days to 59 in 2024/25, equating to a cost saving in the last quarter of £17,039 reflecting our commitment to faster, more efficient and effective care.

Community Resuscitation Team

The Community Resuscitation team is a vital link in pre-hospital emergency care, extending the ambulance service's life-saving capabilities based on the chain of survival into the community and empowering citizens to make a real difference in an emergency.



Active Community First Responders

There are 448 Community First Responder (CFR) volunteers across 25 schemes in Northern Ireland. Three new schemes have been established and new volunteers trained in Strabane, Kildress and Augher, Clogher & Eskra.

In the past year, new CFRs have continued to receive Moving and Handling training as part of their initial two day training course. Existing CFRs have also received Moving and Handling training as part of their annual recertification training.



448

**Active Community
First Responders**



The Community of Lifesavers Education Programme has continued this year for teachers in post-primary schools. Over 70% of post-primary settings, including Special Schools and Education Other Than a School (EOTAS), are now teaching vital lifesaving skills.

A mobile phone App for pupils to use to ensure their skills and knowledge remain current following their training was launched in November 2024.

We wish the new CFR'S well in their future roles and thank them for their commitment to their local communities providing care and assistance to others.



646

**Teachers have
attended Community
of Lifesavers training**

Public Engagement & Awareness Sessions



People with hands-on
experience of CPR



GoodSAM

2,500

GoodSAM
responders



3,848

AED's on
The Circuit

Non-clinical staff participate in CPR/AED training sessions led by the Community Resuscitation Team. Close to 60 employees attended, equipped with essential skills to promote early CPR and defibrillation.



Volunteer Car Service

Volunteers are a vital part of the ambulance service, acting as a crucial link that enhances and integrates patient care from the community level onward. Their work extends the service's capabilities by providing rapid, compassionate support and bridging the time gap before the arrival of a main ambulance crew.

Recognising the essential contribution of volunteers and the crucial knowledge they bring to NIAS we have intensified our recruitment efforts to attract more individuals to the service a recruitment campaign was launched in Nov 24 across various platforms, including social media, community outreach initiatives, and partnerships with local organisations.

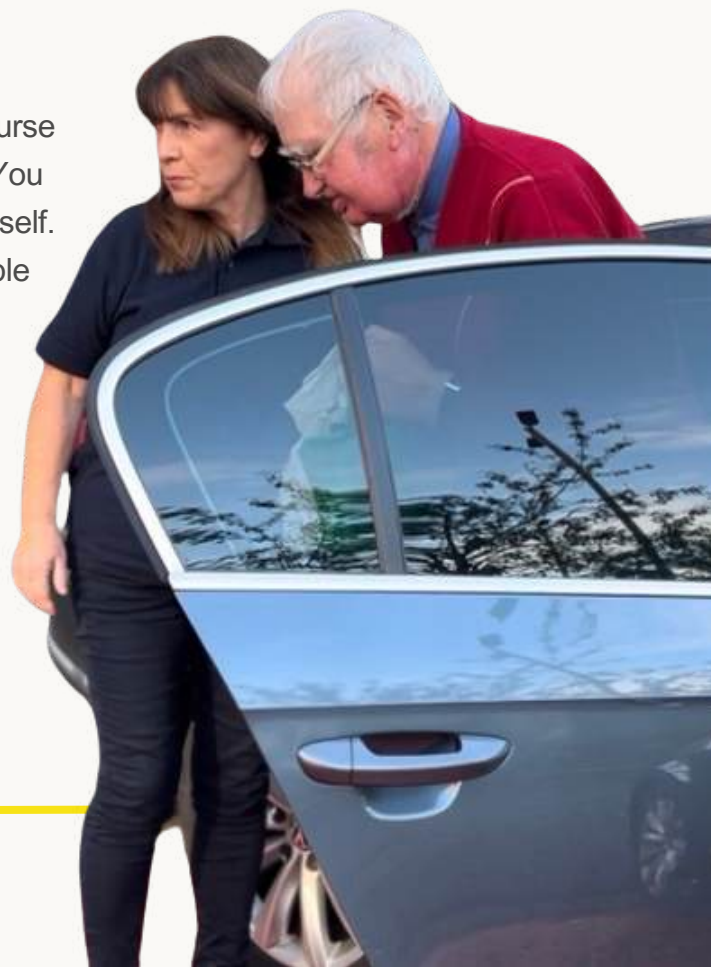
Our volunteer recruitment campaign, featuring real stories of community impact, has successfully boosted applications and interest. We are now focused on expanding our network to benefit more patients across Northern Ireland.



On Saturday, 9th September, we proudly welcomed the first cohort of Volunteer Car Service (VCS) drivers to Altnagelvin for our newly bespoke training session equipping our volunteers with enhanced skills and awareness, supporting them as they transport patients across Northern Ireland.

"I volunteered basically because I had trained as a nurse before, and I always wanted to work with patients... You can choose the days or even the hours that suit yourself. Every day is different. You meet some beautiful people from all walks of life."

Carmel, VCS Volunteer





During 2024/25, NIAS and the Department of Health provided two decommissioned ambulances to the "Ukrainians in Northern Ireland" community group. This initiative was a direct response to a request from the group, which demonstrated the valuable use of the first vehicle in Ukraine. The donation of a second vehicle ensures ongoing humanitarian aid for those affected by the war.

Intersectoral Working

Intersectoral collaboration with the Northern Ireland Fire & Rescue Service (NIFRS) has strengthened our clinical training provision. This partnership allows NIAS to utilise their new Learning and Development College in Cookstown providing access for our specialist teams to high-fidelity training environments. The joint Continuing Clinical Education Programme is building a more cohesive and clinically aligned approach to multi-agency incidents.

Learning together On Sunday 6 October, NIAS took part in a multi-agency exercise at Almac Craigavon. The exercise was organised by the EPRR Dept and staff from South Division Accident & Emergency, Patient Care Service, Hazardous Area Response Team, NI Helicopter Emergency Medical Service Emergency Ambulance Control and Training all took part alongside colleagues from partner agencies.



Our partnership with multi agencies reinforces the critical importance of learning together. This joint approach ensures greater interoperability and shared situational awareness, strengthening our multi-agency response and our ability to work together to save lives.

Safeguarding

We are committed to continually improving our Safeguarding service to better protect and support those in need. To strengthen our approach, we invited experts from the London and Welsh Ambulance Services to carry out a peer review and share best practices. This collaboration was shaped by feedback from our staff, who highlighted challenges in making welfare referrals. Their insights provided a catalyst for focused improvement in our safeguarding referral process.

The subsequent work has led to a notable uplift in both the volume and standard of referrals. By strengthening our approach, we have ensured a more equitable and timely safeguarding response across Northern Ireland, reflecting our commitment to key quality domains.



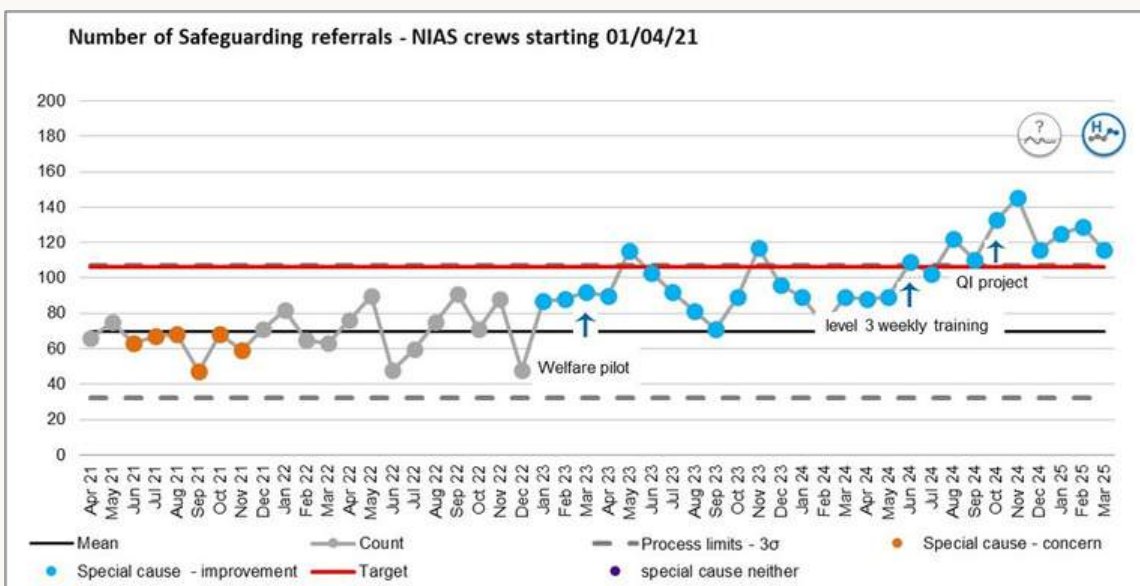
1,391

Safeguarding incidents reported by NIAS staff from 01 April 2024 to 31 March 2025

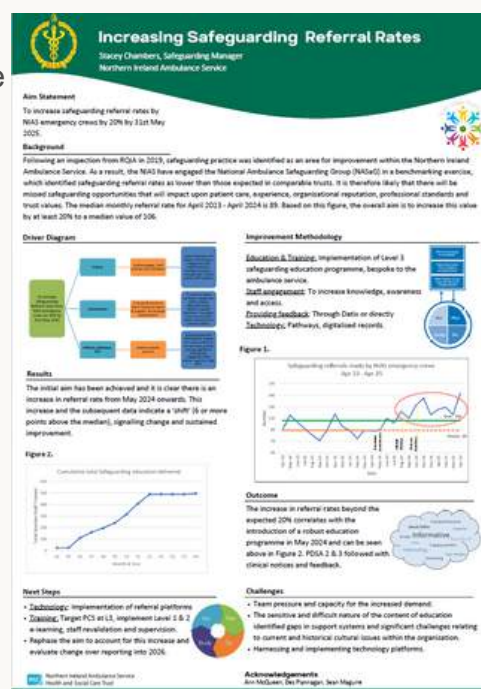
(25% increase on same period in 2023/24 and 50% increase on 2022/23)

An increase in reported safeguarding incidents reflects a stronger culture of awareness and improved reporting. Staff with Level 3 training are providing high-quality reports that advocate for vulnerable patients.

2024-25 saw the review of the Training and Education Strategy completed with a new level 3 in person course being delivered. As of 31st March 2025 more than 60% of the workforce involved in direct patient care have been trained to level 3.



In 2024-25 the safeguarding team undertook a QI project with an aim to improve appropriate referrals to the service through small test of changes focusing on delivery of education to need of protection and at risk of harm. This work is now being brought forward to other staff members in non urgent care crews within support staff in their roles to recognise those in NIAS.



Safeguarding through policies and practice

The Trust has introduced two new policies to enhance safeguarding in 2024-25. These include Managing Allegations against People Who Work with Children, Young People or Adults at Risk, and a Chaperone Policy which aims to ensure that the patient's safety, privacy and dignity are protected during intimate examinations/procedures.

Effective safeguarding is integral to our integrated care approach. The improvements in referral quality and quantity aim to ensure that vulnerable patients are identified quickly and connected seamlessly to the wider support network, enabling a more coordinated and protective system of care.



This year's quality report is a comprehensive account of our organisation's commitment to delivering safe, effective, and person-centered care. It stands as a testament to the compassion and dedication of our staff and volunteers and provides a clear and evidence-based foundation for our strategic direction.

This report will directly inform our quality improvement goals for the coming year, as we continue our journey towards delivering consistently high standards of care for those whom we serve in the community.



Northern Ireland Ambulance Service
Health and Social Care Trust



Working together



Excellence



Openness & Honesty



Compassion