

Agenda

1 Welcome, Apologies & Declarations of Conflict of Interest

For Information

Cyber Board Training to take place at 2.00pm

2 Minutes of the previous meeting held on 28 August 2025

For Approval

 *Trust Board mins 28-8-25 draft.pdf*

Page 1

3 Matters Arising

For Noting

There were no matters arising from the last meeting

4 Chair's Update

For Noting

5 Chief Executive's Update

For Noting

· BMA Scheduled Care Access

6 Performance Report

For Noting

 *6 - 01 - Board cover paper_Trust Performance Report.pdf*

Page 21

 *Trust Performance Report_Sept25.pdf*

Page 22

6.1 Performance Cell Update

Verbal Update by Neil Sinclair

7 Finance Report (Month 5)

For Noting

 *7 - 01 - Board cover paper - NIAS Month 5 Finance Report.pdf*

Page 63

8 SCORR assessment (NIAO Recommendations)

For Noting

 8 - 01 - Board cover paper.pdf

Page 80

 8 - 02 Letter to Colette Kane -(NIAO review - Ambulance Handovers in NI).pdf

Page 81

 8 - 03 - NIAS SCORR Assessment NIAO Recommendations September 2025 V3.pdf

Page 85

BREAK

9 Demand and Capacity Implementation Plan

For Noting

 9 - 01 - Board cover paper - demand and capacity.pdf

Page 89

 9 - 02 - NIAS Demand and Capacity Implementation Plan 25.10.03.pdf

Page 90

10 Corporate Plan Mid-Year Progress Report

For Noting

 10 - 01 -Corporate Plan Progress Update Cover Paper 23rd Oct 2025 Final.pdf

Page 105

 10 - 02 - Corporate-Plan-2024-26.pdf

Page 106

11 Board Governance Self-Assessment Tool

For Noting

 11 - 01 - DoH Board Gov Self assessment tool TB cover paper.pdf

Page 119

 11 - 02 - DOH Board Governance Self-Assessment 2025-26.pdf

Page 120

12 Business Case Approval Threshold

For Approval

 12 - 01 - TB cover paper - Business Case Limits.pdf

Page 123

 12.1 - 02 - 0251009 Interim Fleet BC update.pdf

Page 128

12.1 Interim Fleet Business Case

For Approval

 12 - 01 - TB cover paper - Business Case Limits.pdf

Page 130

13 Complaints Annual Report

For Noting

 13 - 01 - Board cover paper 14.10.25.pdf

Page 137

 13 - 02 - Annual Complaints Report Final 24 25-compressed.pdf

Page 139

14 Committee Business:

For Information

- Summary of items listed at C'ttees since August
- Committee/TB Forward Work Plan
- Committee Mins

 14 -01 - SUMMARY OF C'TTEE ITEMS (OCT 25).pdf

Page 159

 14 - 02 - Trust Board and Committee Forward Work Plan 2025-26.pdf

Page 161

 14 - 03 - FINAL Signed Minutes GARAC 24.06.2025.pdf

Page 167

 14 - 04 - Signed FINAL PCOD C'ttee mins 12-06-25.pdf

Page 186

 14 - 05 - Signed FINAL PEQS Committee Mins 5-6-25.pdf

Page 206

 14 - 06 - FINAL Signed SPF C'ttee mins 190625.pdf

Page 218

 14 - 07 - Signed FINAL CTF C'ttee mins 100425.pdf

Page 232

15 Any Other Business

16 Date & venue of next meeting:

11 December 2025 at 9.30am, **venue TBC**

Invitees

Mr. Dale Ashford

Stacey Beggs

Ms. Lynne Charlton

Mr. Paul Corrigan

Mr. Jim Dennison

Ms. Leahann Donnelly

Dr. Philip Graham

Ms. Michele Larmour

Ms. Michelle Lemon

Miss Lorna McCausland

Mr. John McPoland

Mr. Seamus Mullen

Ms. Maxine Paterson

Mr. Phelim Quinn

Dr. Nigel Ruddell

Mr. Neil Sinclair



Northern Ireland Ambulance Service Health and Social Care Trust



**Minutes of NIAS Trust Board held on Thursday 28 August 2025 at
12.25 in the Boardroom, NIAS HQ, Site 30, Knockbracken
Healthcare Park, Saintfield Road, Belfast BT8 8SG**

Present:	Mrs M Larmour	Chair
	Mr D Ashford	Non-Executive Director
	Mr P Corrigan	Non-Executive Director
	Ms M Paterson	Chief Executive (Interim)
	Mr N Sinclair	Director of Operations (Interim)
	Ms M Lemon	Director of Human Resources & Organisational Development (HR & OD)
	Ms L Donnelly	Director of Finance (Interim)
In Attendance:	Ms L Charlton	Director of Quality, Safety & Improvement (QSI)
	Mr S Mullen	Director of Planning, Performance & Corporate Services (Interim)
	Dr N Ruddell	Medical Director
	Mr J McPoland	Comms Manager
	Ms S Beggs	Temporary Board Secretary
	Ms R Finn	Assistant Director QSI
	Mr S Maguire	Quality & Service Improvement Lead
	Mr D Flanagan	Head of Safeguarding
	Mr R Miller	Station Officer, Broadway
	Ms R Robb	Infection Prevention and Control Lead
	Ms S Chambers	Safeguarding Manager
Apologies	Mr J Dennison	Non-Executive Director
	Mr P Quinn	Non-Executive Director
	Dr P Graham	Non-Executive Director

1 Welcome, Apologies & Declarations of Conflict

The Chair welcomed members to the meeting and noted the apologies received.

The Chair also welcomed Ms Ruth Robb, attending the meeting as an observer and advised that colleagues Sean Maguire, Des Flanagan and Stacey Chambers are attending for items 8 and 9.

The Chair reminded those present that they should declare any conflicts of interest at the outset or as the meeting progressed.

The meeting was declared as quorate.

2 **Previous Minutes (TB28/08/2025/01)**

The minutes of the previous meeting held on 26 June 2025 were **APPROVED** on a proposal from Mr Ashford and seconded by Mr Corrigan

3 **Matters Arising (TB28/08/2025/02)**

Members **NOTED** the Matters Arising.

4 **Chair's Update**

The Chair updated Board members on meetings and events she has attended since the last Trust Board Meeting.

She attended the Ulster University dinner on 27 June at the Everglades in Londonderry and UUJ was recognised as university of the year.

The Chair attended the AACE Chairs Meeting on 14 July and the AACE Council Meeting on 15 July. AACE discussed their commissioning statement, violence and aggression towards staff and work nationally regarding culture and sexual safety. They updated members on the aspiring leader programme which NIAS have one person attending. The Chair provided an update at the meeting on governance and there were discussions regarding

national barriers around collaborating and better shared learning, as well as a presentation from the National Disability Network.

The Chair accompanied NIAS colleagues during the Ministerial visit to NIAS HQ on 17 July and has attended numerous Trust Chairs Meetings regarding the role of leadership, governance and supporting change.

The Chair met with Robert Sowney regarding the ongoing cultural work as well as other meetings regarding board assurance, Korn Ferry exercise and the Trust Chair Development Day.

The Chair and Chief Executive attended the Accountability Meeting with the Minister and DoH on 30 July.

5 **Chief Executive's Update**

Since the last Trust Board Meeting Ms Paterson has focused on providing stability and visible leadership for staff, while ensuring NIAS continues to play a central role in system reform. She updated Members on other areas of focus since the last meeting:

Handover Reform and System Leadership

The single biggest operational and strategic priority for NIAS has been ambulance handover reform. Since May, NIAS has led this work through the Regional Coordination Centre (RCC). What began as urgent discussions is now a coordinated regional programme. In late May, the SPPG issued formal guidance requiring the elimination of delays over two hours, setting out four key indicators for progress and since then, NIAS has worked closely with SPPG and Trust colleagues to move at pace developing a protocol to support the implementation of the same.

The next milestone is this Friday's regional workshop which will bring together the Department professional leads, the HSC Trusts Chief Executives and their most senior medial and clinical leaders and the aim is to set practical implementation steps for winter.

NIAS have also had strong ministerial visibility and Ms Paterson reported earlier in June that the Minister had met with trade unions and NIAS management, where all parties agreed that timely release of crews was critical for patient and staff safety. On 17 July, the Minister visited NIAS and again underscored his personal commitment to handover reform, staff wellbeing, and performance accountability. The Minister has committed to quarterly accountability meetings with Trade Unions, so this issue remains under direct departmental oversight.

Ms Paterson emphasised that handover reform is not just a NIAS issue, and it has been formally recognised in the Reset Plan as a system-level impediment to flow, safety, and efficiency. It is also a test case for system collaboration and if NIAS can collectively solve this, it proves structural bottlenecks can be unlocked when accountability is shared.

Departmental and SPPG Engagement

On 30 July, the Chair and Ms Paterson met the Permanent Secretary Mike Farrar for the end-year accountability meeting. They gave a full account of NIAS's performance, financial position, and risks as well as highlighting progress on handover reform, NIAS role in the Reset Plan, and the establishment of the Culture Programme Board. Mr Farrar was clear that NIAS is seen as stable, credible, and constructive partner.

Ms Paterson attended the SPPG / NIAS bilateral Meeting yesterday which is explicitly about performance management and the expectations are clear that NIAS must support delivering improvements in demand management and flow, and SPPG will hold NIAS to account for their contribution. However, at the same time, they recognised and acknowledge the need to support NIAS in overcoming system barriers. That duality of support and scrutiny is positive and gives assurance that NIAS is embedded in system accountability.

System and Strategic Leadership

Ms Paterson has represented NIAS in wider system forums over the past two months. On 3 July, she joined the All-Island Chief Executives forum and has continued regular contact with Robert Morton, Chief Executive at the National Ambulance Service in Ireland. They have focused particularly on resilience training and mutual aid, ensuring NIAS can both learn from and contribute to cross-border collaboration.

On 9 July, Ms Paterson attended one of the regular full-day HSC Chief Executives' meetings, which bring all Trust Chief Executives together and are supplemented by some attendance by the Department. These sessions are designed to work collectively on system priorities, and they have been an important forum for NIAS to reinforce their position on demand management, performance, and handover reform.

On 15 July, Ms Paterson represented NIAS at the AACE Council meeting, strengthening links with UK ambulance colleagues and ensuring NIAS' approach is aligned on shared challenges such as workforce, performance, and violence and aggression against staff.

On 16 July, Ms Paterson met with NIFRS Chief Fire & Rescue Officer, Aidan Jennings, to explore areas of collaboration including Maggie's Call and wider co-responding opportunities. On the same day, she chaired the Falls Workstream under the Big Discussion programme, followed by a second session on 6 August. These discussions are understanding where Trusts can develop better outcomes for those patients conveyed to hospital.

On 30 July, Ms Paterson joined the HSC Senior Leadership Group, chaired by the Permanent Secretary. NIAS's contribution on handover reform, demand management, and staff wellbeing was well aligned with the reset priorities being set across the system.

Then most recently, on 22 August, Ms Paterson participated in the "This is Health" steering group, focused on how the health service

communicates its "contract with the public", clarifying what people can expect from services and how they can contribute to their own health. NIAS has a clear role here, given their frontline visibility and the importance of public understanding of 999 demand.

Ministerial Visit Demand Management & Staff Safety

On 17 July, the Chair and Ms Paterson hosted the Minister for Health, Mike Nesbitt, at NIAS. Whilst they used some time to discuss demand management for winter and how the Hear/See and Treat pathways particularly contribute to system resilience and patient outcomes, the main focus, was violence and aggression against ambulance staff. The Minister met with national ambulance leaders including Jason Killens (formerly Welsh and now London Chief Executive and Anna Parry MD of AACE). Staff shared their powerful lived experiences directly, and the Minister confirmed his support for the national campaign.

The visit gave profile to two of NIAS' biggest challenges managing winter pressure and protecting staff. It reinforced NIAS's alignment with national ambulance priorities and secured visible political support.

Culture and Staff Engagement

On 31 July, Ms Paterson chaired the first Organisational Culture Programme Board which is moving from design to delivery. They confirmed governance, priorities around wellbeing, inclusivity, leadership behaviours, and links to staff voice network and middle-management development.

At the Culture Programme Board, Ms Paterson also addressed the topic of the Pride parade and made clear that while NIAS could not formally participate as an organisation, and the reasons for that, the staff were fully supported to attend. This was a challenging issue given the media attention, but Ms Paterson felt it was important to take a balanced position. She has been explicit in her wholehearted support for NIAS LGBTQ+ colleagues and in

reaffirming that inclusivity is not a one-off gesture but should be a core part of the NIAS culture.

Alongside the launch of the Culture Programme Board, Ms Paterson prioritised visible engagement with staff across the organisation and on 7 July she joined the senior Operations planning day, which provided an invaluable opportunity to listen to Ops leaders, understand their immediate challenges, and offer guidance on prioritisation and strategic direction. It was also a chance to reinforce how their work links into the NIAS wider improvement journey.

On 11 July, during an evening of escalated operational risk, Ms Paterson visited the Emergency Operations Centre, spent time with crews at three Emergency Departments, and met with Hospital Ambulance Liaison Officers. She then joined the multi-agency Strategic Coordination Team at Brooklyn, where she met the Chief Constable alongside other blue-light leaders. This was an important demonstration of NIAS's role in system resilience and allowed her to see, first-hand, how staff were coping under pressure.

On 1 August, Ms Paterson travelled to the Western Division for informal engagement at Altnagelvin Station and the Non-Emergency Control Room, spending time with staff to hear their views on culture, operations, and opportunities for improvement.

On 21 August, Ms Paterson visited the Southern Division, meeting staff across a range of stations before concluding at Southern HQ and Craigavon ED. There she met with the SHSCT senior ED Consultant, Divisional Director, and AD of Acute Care, and toured their control room. These discussions gave Ms Paterson valuable insight into the interface between ambulance and hospital services, and into how staff experience that daily reality.

In addition to these visits, Ms Paterson welcomed new Emergency Medical Dispatchers on 28 July, many of whom have progressed

from ACA roles, which is a positive sign of career progression and staff retention.

Ms Paterson met with Trade Union colleagues the same week, discussing issues of fatigue, safe staffing, and system pressures, but also reaffirming the importance of partnership working to deliver solutions for staff and patients alike.

And finally, on 18 July, Ms Paterson travelled to Portrush to the Golf Championship and was able to meet with NIAS crews on site, see the Medical Assistance Centre (MAC) in operation, and spend time with the multi-agency team coordinating the event.

This was a high-profile international tournament with a wide range of stakeholders involved, and it provided an excellent opportunity for NIAS staff to demonstrate their professionalism in a complex environment. It also gave teams valuable experience of working seamlessly alongside partner agencies under the pressures of a major event.

For Ms Paterson it was a reminder of the adaptability and commitment of NIAS staff, whether on a busy Friday night in an ED, or on the international stage at an event like the Open, NIAS staff continue to deliver to the highest standards.

Governance and Learning

Ms Paterson highlighted some of the important governance and learning work undertaken over the past two months.

On 20 August, she met with Dorinia Carville, the Comptroller & Auditor General, as part of her induction into the Accounting Officer role. This discussion covered governance, financial management, performance and risk, and culture. It completed the induction steps recommended by the Department, giving assurance that NIAS leadership is fully aligned with public audit expectations and the standards of accountability required.

On 30 June, Ms Paterson met Briege Donaghy, Chief Executive of RQIA, and on 19 August, she met with Michael Bloomfield in relation to his system collaboration report. While neither meeting produced specific recommendations for NIAS, both focused on how NIAS contributes to the implementation of system-wide findings. This reinforced that NIAS are not simply a service in isolation, but a critical contributor to system improvement and collaborative culture across the HSC.

On 16 July, Ms Paterson met with Korn Ferry as part of the HSC job evaluation process, and her role was to provide the NIAS context within the wider system. That meeting concluded NIAS's input, enabling the process to move forward and support the appointment of permanent executive leaders across HSC, which will strengthen stability and governance.

On 31 July, Ms Paterson met with Patricia Donnelly and June Champion to provide assurance on NIAS's learning and actions following the Independent Neurology Inquiry. Ms Paterson was able to confirm that NIAS has addressed the recommendations relevant to them, and that learning has been embedded into governance and clinical processes.

The Chair thanked Ms Paterson for the update and Mr Corrigan referred to the programme initiative 'This is health' contract with the public and queried if NIAS have an opportunity to influence that. Ms Paterson confirmed that this should be an umbrella piece and part of how NIAS communicate with the public, which will continue. Another meeting has been set up to follow up the next steps.

Ms Charlton referred to the absence of regulation of the Independent sector and that the DoH are considering the regulation within that which was discussed at the recent Ground Clearing Meeting and Accountability meeting. she alluded to the planned internal BSO audit of Independent Services and advised that there is a plan to respond to previous RQIA communication advising that NIAS wish to engage in discussion regarding the

potential for RQIA to examine the commissioning of IAP services by HSC Trusts. Ms Charlton highlighted that NIAS had not had any unannounced RQIA inspections in the last five years.

6 **Performance Report (TB28/08/2025/03)**

Mr Mullen presented the performance report which outlines the key performance metrics up to and including the 30 June 2025.

The executive summary within the report outlines the Key Performance indicators and actions being taken to address performance throughout the trust.

He referred to page two of the report and pointed out that the call answer demand has decreased by 7.5% in June 2025 compared to June 2024.

Performance against national standards remained a significant challenge across all categories and Category 2 response times were notably concerning at 67 minutes, up from 52 minutes in June.

Clinical Hear and Treat increased to 7.8% in June 2025 and Clinical See and Treat rose to 11.6%, indicating progress in managing patients without hospital conveyance.

Mr Mullen referred to page three of the report and highlighted that in terms of handover delays there was over 9,000 hours lost due to handovers exceeding 15 minutes, a 5.5% reduction from May 2025. Despite reduced patient conveyances, 16% of arrivals waited over two hours.

Mr Mullen explained the Performance report is a developing format and he met with SPPG yesterday and they anticipate some metrics will change which will need to be aligned with this report. NIAS have the opportunity to revise the metrics they are using for that in correlation with the ORH review, and they expect some of that

work will happen during September. The Chair asked Mr Mullen to ensure Committees are involved in this, so the reports are not being duplicated.

Mr Ashford welcomes the decrease in call demand and the increase in Hear and Treat, and sought clarity on whether there is a correlation between the two. Mr Sinclair confirmed there is a link when call volume is lower that its challenging for Hear and Treat, but they are maintaining their performance. Mr Sinclair referred to response times increasing which remains a concern, however, he continues to work with the team in the background to understand the background components so NIAS can be as effective as possible.

Mr Corrigan referred to out of hospital cardiac arrests and queried what data NIAS are capturing, and Mr Sinclair confirmed that they advise CPR over the telephone and access to de fibs. The team need to bottom out the metrics regarding what is used before they arrive and that the team are still working out the data capture.

The Chair referred to non-emergency performance on page three and that the needs led additional IAS deployments are significantly reducing the number of cancellations by NIAS, and the June '25 figure was down by 53% in comparison to June '24. Ms Charlton referred to the reduction in number of cancellations when new planning arrangements were put in place to deliver on 'corridor of care' routes and shift patterns, locations, initially delivered as test of change by Independent Providers in advance of employment of new ACAs for those planning routes and shifts. She also referred to other processes and actions in the control room which resulted in reduction of cancellations. She noted a specific concern in relation to individual patients were being cancelled more than once and Ms Charlton conveyed credit to NEAC for putting these measures in place in the non-emergency control room to mitigate against this.

The Chair acknowledged 98% of demand coming through the systems was a significant improvement and emphasised the effort from the team to achieve this.

Dr Ruddell referred to defibs and said that NIAS is fourth in leader board in terms of UK ambulance service with access to defibs. In relation to the public providing CPR, NIAS show higher benefit than other UK ambulance services.

The Chair commended the enormous improvement in sick absence and reminded colleagues of the need to maintain this position.

Trust Board Members **NOTED** the Trust Performance Report.

7 **Finance Report (TB28/08/2025/04)**

Ms Donnelly presented the finance report for month 3 (June 2025) and advised that the Trust is reporting year-to-date (YTD) expenditure of £33.280m with an underspend of £0.166m against profiled budgets.

Easements in pay budgets are expected to continue to the end of the year which is due to the recruitment of staff not happening as quickly as originally anticipated. This is being offset by increased costs against non-payroll (specifically IAS costs).

The savings plan to deliver the full £3.675m is on track to be achieved and the CRL allocation for 2025-26 is £6.135m. At this stage of the financial year, the Trust is forecasting a break-even position at year-end for both Revenue and Capital.

Ms Donnelly and her team continue to meet with budget holders to ensure plans are in place to spend slippage through activities or delays.

Mr Corrigan advised that Ms Donnelly provides him with advance sight of the report and discusses the detail at a pre-meeting. He

acknowledges this report is for month three which is early into the financial year and are on track to break even, however NIAS need to keep momentum. In terms of the savings target, half is still unallocated, and the Board need some assurance that NIAS are on track to achieve those savings.

Ms Donnelly explained that, in relation to Directorate positions, budgets and profiling are based on the established staffing complement rather than current staff in post. This approach can result in variances appearing higher than expected at Month 3, although this reflects a technical nuance in the system rather than underlying performance issues. She confirmed that NIAS remains on track and continues to maintain a strong focus on financial control.

Mr Ashford sought clarification regarding the reported underspend of approximately £60k per month. Ms Donnelly advised that this reflects the need to budget against full establishment levels, with variances linked to programme delivery being measured against estimated profiles. She noted that these factors are being discussed with Directors to strengthen accountability for financial planning and delivery. Ms Donnelly agreed to consider whether any reallocation of underspend is appropriate and assured the Board that robust scrutiny processes are in place to support sound decision-making.

Ms Charlton pointed out that in her personal experience in HSC that it is unusual not to have a variance against FSL at a point in time. She acknowledged that whilst the QSI Directorate has a proportionately small team, at times due to attrition and the timeline associated with recruitment, this can result in a gap in staff in post and therefore there will be a variance with SIP v FSL however this is dynamic and transitional.

Ms Paterson acknowledged the comments about easement and the concerns about IAP and overtime. She is conscious that NIAS

need to make sure they fully understand the position and advised that there will be a new cohort of paramedics in November.

The Chair reminded members of their responsibility at Trust Board to ensure there is scrutiny and the expectation of the Board is that each director is over the detail of finance ahead of any trend that could be a corporate risk. The Chair queried if NIAS are confident at this stage that fleet or estates will not affect the forecast. Ms Donnelly confirmed they will be funded through capital, and she has reached out to the DoH who responded there is no more capital for NIAS and is aware this needs to be followed up with the DoH.

Ms Donnelly continues to enhance those controls, and taking minutes at meetings so teams are aware of what is agreed.

The Chair emphasised that Directors need to be over the financial spend detail and Capital needs to be examined so that early identification is required and escalated to the Board if required. She suggested that all involved should be intrusive at an early stage and on top of the detail for their respective areas.

Mr Corrigan pointed out that the Finance AD post is vacant which is putting incredible pressure on Ms Donnelly. Ms Donnelly continues to work closely with HR, but Mr Corrigan asked on behalf of the SPF Committee for NIAS to provide more capacity.

Trust Board Members **NOTED** the Finance Report.

8 **Board Assurance Framework (TB28/08/2025/05)**

Mr Mullen presented the Board Assurance Framework which is a series of recommendations to strengthen internal controls and assurance.

Following feedback from GARAC, the assurance rating and risk score for Strategic 6 have been changed to "Limited" and "High" respectively.

The Board **APPROVED** the Board Assurance Framework on a proposal from Mr Ashford and seconded by Mr Corrigan

9 **Safeguarding Annual Report (TB28/08/2025/06)**

The Chair welcomed Mr Flannagan and Ms Chambers to the meeting to present the Annual Safeguarding Report which is an overview and governance tool for all organisations and groups supporting adults and children at risk or in need of protection.

Ms Chambers advised the Board that the team commenced the training programme during May last year and whilst completing a benchmarking exercise it was identified that safeguarding referrals were lower than other Trusts. They trained around 650 members of staff and predicted 750 members of staff would be trained by Autumn. The team identified a specific correlation with the more staff trained the more referrals were received.

The significant increase in referrals has impacted the team's capacity to respond to general enquiries from external stakeholders as their presence within NIAS has expanded. There were three domestic homicide reviews last year, and five already this year. There is an increase in demand for staff support and there is a direct correlation and prediction that referral rates will increase.

Mr Flannagan pointed out that it is positive that staff have responded to the training, and they have been able to provide pathways and support to staff. There are huge issues around capacity and the team are limited in what they can do. Another issue is how they manage allegations and support staff i.e. allegation that places others at harm. Some allegations are complex and difficult and require more demand to the service in terms of risk assessment, however, feedback is that staff appreciate the process is in place now.

Ms Charlton advised that she has discussed the issues with Mr Quinn and the PEQS Committee, regarding the capacity of the team in the context of increased referrals as a positive consequence of delivery of education to 700 staff. She noted that there are many legacy issues coming forward, and they have seen concurrently a significant increase in allegations also. The Domestic Homicide Review (DHR) process is relatively new to NI and given the changing requirements of the team they have developed an objective risk assessment with Mr Henry for the organisation.

There is an objective risk assessment to bring to the Committee and SMT and one of the key things is to ensure they are changing culture to understand the impact of the time to make a referral. Ms Charlton is mindful of the impact on the team regarding sexual safety allegations, and the psychological impact to all involved, and she conveyed thanks to Ms Biddle and Ms McStocker for their support.

The Chair highlighted the importance of the work the team are doing and acknowledges how traumatic and difficult it is. She conveyed her appreciation to Mr Flannagan and Ms Chambers on behalf of the board and fed back on behalf of Mr Quinn that he welcomes the tremendous progress, the awareness raised, and training provided, and is conscious of the impact this has raised with referrals and management of safeguarding.

Mr Quinn is aware the team are limited in terms of capacity and encourages the Chief Executive and Executive Directors to consider further investment in this specialised area.

Mr Corrigan referred to training staff and queried if they could train staff within the paramedic science before they formally join NIAS, and Ms Chambers confirmed that they have provided them with a half day training, and she elaborated that first-year students would benefit from an e learning platform, second year students would require face to face training and third year students receiving a full day training.

Mr Ashford queried if there has been a better uptake with body worn cameras and Mr Mullen advised they have seen an increase in the use of cameras due to enhanced leadership and training. The Chair said the lack of use for body worn video is still a challenge and requires more development to achieve further progress.

The Chair praised Mr Flanagan, Ms Chambers and Ms Charlton on the progress, particularly considering that there was no functionality of this remit previously and is aware that improvements have been part of a cultural change and the Board conveys their recognition for this.

Ms Paterson added that the team have extended their knowledge to the Organisation, and it has been extremely worthwhile.

The Chair agreed and said that as a result of the team's experience of increasing awareness they would expect figures to increase, however, the Board take confidence that internally staff feel safe to come forward.

Trust Board Members **NOTED** the Annual Safeguarding Report.

10 IPC Annual Report (TB28/08/2025/07)

The Chair welcomed Ms Ruth Robb to present the IPC Annual Report. Ms Robb advised that the report demonstrates the successes achieved in the last year, particularly as CSO's are carrying out assessments themselves. The team have successfully planned for measles and M- Pox and has set the Organisation in good stead for this year and to build into the future.

Ms Charlton said that Ms Robb has built a good rapport with staff, and they have seen a notable improvement in glove use, and they will continue to progress with this.

Mr Corrigan queried the specifics of hand hygiene and Ms Robb confirmed that bare below elbows doesn't necessarily mean staff can't wear sleeves.

Trust Board Members **NOTED** the IPC Annual Report.

11 QI Programme Feedback

The Chair welcomes Mr Maguire, Ms Finn and Mr Miller (Broadway Station Officer) to the meeting to provide the Board with an update to the delivery and progress of the NIAS Strategy and Quality Level 2 programme.

Trust Board **NOTED** the QI Programme Feedback.

Ms Finn advised the Board that this is first time NIAS have provided this course independently in house and thanked the Comms team for their contribution to the booklet. She said there is a vast spectrum of projects in relation to big corporate risks and the posters demonstrate how they spread and scale them.

Mr Millar has worked within NIAS for 20 years and has gained a lot from taking part in the course. He provided the Board with a presentation about how he aligned this course with FIT testing as a standalone project.

The aim of the project was to improve FIT testing compliance from 22% to 75% and Mr Millar explained how they planned to achieve this. He advised that 'non-compliance' refers to staff that do not pass fit testing.

During the period of the project 47 staff were identified as being out of compliance with FIT testing and a total of 42 staff were FIT tested, of which 38 passed and became compliant with four staff failing the test. This translated into an 81% compliance rate meaning that the initial aim has been surpassed.

Mr Millar has suggested plans for the next steps to roll out to spread scale in other stations and highlighted that there needs to be corporate responsibility as well as personal responsibility.

The Chair thanked Mr Millar for the insightful presentation and highlighted that every staff member is an innovator.

Mr Mullen praised Mr Millar on the achievement and said this highlights the progress that can be made from a station perspective. He queried facial hair in terms of noncompliance and Mr Millar confirmed they did not have anyone refuse to take part but there were four that failed the fit test (non-compliant), however, there is a need to have a process moving forward for those failing and refusing FIT testing.

The Chair pointed out that as she understood it there is case law regarding this, and the team should seek to use the appropriate language when communicating with staff to avoid a barrier.

Ms Charlton praised Mr Millar's inspirational presentation which is closely linked with improving culture within the Organisation. Ms Paterson referred to how NIAS have corporately tried to improve FIT testing compliance and thanked Mr Millar for how it's been distributed across the front-line which speaks to his own leadership and management. This continued improvement should be part of the NIAS learning and culture going forward.

The Chair thanked Mr Millar on behalf of Trust Board and is pleased to see the significant difference achieved despite the number of challenges. This demonstrates what can be achieved through relationships and rapport and she welcomed the realism of surpassing the goal from 22% to 81%.

The Chair asked Mr Millar if there was anything he would like to suggest to the Board to assist with and he suggested more investment in front line staff to deliver patient care. NIAS used to have five ambulances on a day shift and five at night, now there is

two and call volume has increased. The Chair thanked Mr Millar for the feedback and reassured him that the Board are consistently reviewing organisational capacity to make improvements.

12 Committee Business (TB28/08/2025/06)

The Board **NOTED** the forward workplan and were reminded that there is a NED Workshop in October to review the revised Committee Structure.

13 Any Other Business

There were no matters of any other business and the Chair thanked Non-Executive Directors and Executive Directors for their dedication and support during the summer.

14 Date & venue of next meeting

23 October 2025 at 10.00am at Ballymena HQ

**THIS BEING ALL THE BUSINESS, THE CHAIR CLOSED THE
PUBLIC MEETING AT 2.20PM.**

SIGNED: _____

DATE: _____



Northern Ireland Ambulance Service Health and Social Care Trust



TRUST BOARD

PRESENTATION OF PAPER

Date of Trust Board:	23 October 2025
Title of paper:	Trustboard Performance Report
Brief summary:	<p>This paper is presented to Trustboard for noting</p> <p>This report outlines the key performance metrics up to and including the 31 August 2025.</p> <p>The executive summary within the report outlines the Key Performance indicators and actions being taken to address performance throughout the trust.</p>
Recommendation:	<div> For Approval <input type="checkbox"/> </div> <div> For Noting <input checked="" type="checkbox"/> </div>
Previous forum:	If applicable
Prepared and presented by:	Neil Walker (Head of Performance) Seamus Mullan (Director of PPCS)
Date:	16 October 2025



Northern Ireland Ambulance Service
Health and Social Care Trust



TRUST CORPORATE SCORECARD

NORTHERN IRELAND AMBULANCE SERVICE

September 2025
for August 2025 Data and Performance



Northern Ireland Ambulance Service
Health and Social Care Trust



Executive Summary

Operational Performance:

Demand:

- Call answer demand in the EAC increased by 9% in August 2025 compared to August 2024.
- Incident demand remained broadly consistent year-on-year.
- The daily average of patients conveyed to hospital was 319, representing a 2% decrease compared to August 2024.

Response Times:

- Performance against national standards remained a significant challenge across all categories.
- Category 2 response times were notably concerning at 81 minutes, increasing from 48 minutes in August 2024.

Actions to Address:

- Automated Category 1 dispatch is currently in test phase, with future rollout planned to improve control room efficiency.
- Work continues to mitigate the operational impact of emergency leave and sickness absence.
- A demand and capacity review of operational staff has complete, and work is underway to develop a strategic implementation plan for the next 10 years.

Clinical Performance:

Clinical Hear & Treat and See & Treat

- Clinical Hear & Treat remained at 5.8% in July 2025. The total AQI Hear and Treat rate increased slightly to 9.5% for August 2025.
- Clinical See & Treat continued at 10.8%, the total AQI See and Treat rate was 24.8% for August 2025.

Complex Cases

- 8% of all control room calls were from complex cases.
- Investment in a dedicated team is essential to improve response strategies for this cohort.

Out of Hospital Cardiac Arrest

Please note data only available to July 2025 due to data lag.

- Median ROSC for all arrests improved from 21.6% to 29.6% for YTD 2025.26.
- Shockable rhythm ROSC median increased from 47.6% to 58.9% for YTD 2025.26.
- 30-day survival for cardiac arrest rose from 6.7% to 9.5% for YTD 2025.26; shockable rhythm survival increased from 21.2% to 28.2% YTD 2025.26.

Actions to Address:

- Control room strategies are being refined to improve clinical triage and decision-making.
- Training and development remain key to enhancing See & Treat rates.
- Expansion of the Advanced Practice Paramedic tier is under development.
- Continuous professional education underpins OHCA outcome improvements.



Northern Ireland Ambulance Service
Health and Social Care Trust



Executive Summary

System Performance:

Handover:

- Over 9,000 hours were lost due to handovers exceeding 15 minutes, a 7% reduction from July 2025.
- Despite reduced patient conveyances, 16% of arrivals waited over two hours.

Actions to Address:

- Ongoing engagement with regional coordination teams and acute trusts to tackle prolonged delays.
- NIAS is currently working with all stakeholders within HSC to embed a revised Handover procedure to cap delays at 2hrs regionally.
- Handover performance is tracked via monthly oversight metrics.

Non-Emergency Performance:

NB. Any Performance Data shown for March & April 2025 is subject to ongoing Quality Assurance checks following unforeseen data quality issues resulting from the full installation of the new CAD system in March 2025. Therefore, the performance data for these months is subject to change following completion of the QA processes.

- Despite an approx. 20% vacancy rate for the majority of 2024/25 the Service showed an excellent efficiency improvement of 9.4% with an increase of over 5600 patient Journeys completed by PCS crews compared to the previous year.
- The needs led additional IAS deployments are significantly reducing the number of "Cancellations by NIAS", August '25 figure was down by 29% in comparison to August '24
- Non-Emergency activity YTD in 2025/26 has increased by 6.4% compared to the same period in 2024/25
- PCS only activity YTD in 2025/26 has increased by 12.5% compared to the same period in 2024/25

Actions to Address:

- Loading Factor remains plateaued at just below 1.4 and 1.5 for outpatient journeys .Further improvement will be dependent on progressing issues such as, better matching staff rotas to service need and significantly reducing the vacancy rate of ACA posts. In addition, future consideration is required in respect of understanding loading factor as a measure of efficiency in planned versus unplanned activity (outpatient / scheduled treatments versus discharge/ transfers,) where responsiveness and agility may be more deterministic of same

Independent Ambulance Performance: *please note - due to upgrade of the CAD system within Non-Emergency data is unavailable for year end at this time*.

Patient Experience

- KPI 1 Inward journeys – 2024/25 average of 48% compliance an increase from 41% in same period 23/24. Of the non-compliant journeys 56% were within 30 minutes of the target.
- KPI 2 Outward Journeys – 2024/25 average of 60% compliance a decrease from 65% in same period 23/24. Of the non-compliant Journeys 57% were within 30 minutes of the target.

Productivity

- In August '25 IAS activity accounted for 29% of non-emergency activity up from 28% in August '24.
- Increased use of IAS is due to vacancies within the tier, deployment of specific discharge vehicles and a targeting of reducing cancellation rates. Cancellations by NIAS in August '25 were 29% below the August '24 figure



Northern Ireland Ambulance Service
Health and Social Care Trust



Executive Summary

Service Quality and Our People:

Serious Adverse Incidents

- During August the Trust reviewed 10 potential SAls reviewed of which 2 were notified as SAls to SPPG.
- Between Apr-Aug 25/26 the Trust reviewed 54 potential SAls in total, this is 10 more than the same reporting period 24/25, representing **an increase of 18%**.
- During the reporting period the Northern Ireland Public Ombudsman Office (NIPSO) has been accepted an SAI complaint for investigation.
- Learning identified following closure of 3 SAls in August included
 - System wide pressures are impacting the ability of NIAS to respond to patients in the community as delays at emergency departments are significantly longer than government recommended standard handover times.
 - Impact of delaying response due to presence of information marker
 - Importance of adherence to dispatch guidelines
 - Importance of adhering to non-conveyance guidance
 - Requirement for 24/7 CSM cover within ICH
 - Importance of accurate completion of clinical documentation in line with agreed standards

Safeguarding

- 664 staff have attended Level 3 face-to-face education, with an estimated total of >750 by the end of the year. Plans are being developed to support our ACA staff cohort to attend Level 3 education.
- Referral rates have continued to show sustained growth throughout 2025. A 50% increase in referrals has been noted between May-July 2025 (n=465) in comparison to the same reporting period 24/25
- Safeguarding referral themes identified for this period continue to reflect similar themes as previous months
 - Adults: Mental health issues, home care assessment, unsuitable living conditions and alcohol/drug related issues.
 - Children: Carer mental health issues, alcohol/drug issues, self harm/mental health issues and children in care.

Complaints, Compliments and Care Opinion:

- There have been 10 potential SAls reviewed, with the Trust notifying 2 during August 25. The 8-week timeframe for submission of SAI reports to SPPG remains challenging and the current average time for completion has decreased to 98 days (14 weeks) down from a previous 104 days, which is in line with the 23/24 average of 98 days. Operational demands impacting timely completion of SAI reviews have been discussed at AD level, and the SAI Team are working with operational colleagues to improve this position and seek alternative solutions for improvement. 1 SAI has been accepted by NIPSO for investigation.
- In August 2025, the Trust received 24 complaints and 15 Care Opinion stories (compliments were also received but have not yet been processed due to a staff vacancy). No complaints were accepted by NIPSO for investigation. Performance against the 2-day acknowledgement KPI remained strong at 100%. However, the percentage of complaints responded to within the 20-working-day target rose to 56%. The Operations Directorate continues to support a trial of a dedicated part-time investigator (bank staff) to progress complaint investigations and ease workload pressures at Station Officer level.

Actions to Address:

- The SUFT continues to work collaboratively with operational teams to address these constraints and at AD level to improve response timeliness.
- To support improvement, SUFT is working closely with operational senior management and developing an options paper to explore alternative investigative models that enhance response times and strengthen learning outcomes.
- Ongoing engagement with coterminous trusts to address system wide pressures that are impacting the ability of NIAS to respond to patients in the community.
- The SAI team, proactively continues to work collaboratively with operational teams to address these constraints and at AD level to improve response timeliness

Absence Management:

- The Financial Year Sickness absence rate is 9.35% for the trust. August 2025, monthly sickness absence rate has increased to 10.57% from 9.21% in July. There has been a marked improvement in comparing the August Year on Year positions, where August 2024 was 10.70%.
- 65% of the Trusts sickness absence is contained within the following categories (Mental Health, Injury | Fracture, Miscellaneous, Influenza and Untoward accident).
- The largest category for sickness absence within the trust is for mental health reasons, with stress being the prevalent reason.
- Occupational Health medical referrals had an 11-day average wait and physio referrals had a 10-day average wait against a target of 10-days and 5-days respectively.

Actions to Address:

- The Trust has a range of strategies to support those who experience exposure to trauma and other mental health issues including stress. These include a wide range of talking and other therapeutic interventions.
- The Trust's Health and Wellbeing Strategy also focuses on pro-active measures to support mental and physical health and wellbeing.
- Occupational Health action plan agreed between the trust and BHSCT to improve quality of referrals and increase prevention and early intervention programmes

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Corporate Scorecard

System Oversight Measures (SOMs)

August 2025

Indicator	System Oversight Measures (SOMs)	SOMs Target 2025.26	Outturn Position 2024.26	Latest Reported Period		
				This Month Outturn	Measure Trend	This Month (RAG)
Response Times						
1.1	Category 1 (mean) (minutes)	10 mins	11	13		A
1.2	Category 1 (90th Percentile) (minutes)	21 mins	22	24		A
1.3	Category 1 T (mean) (minutes)	15 mins	16	15		G
1.4	Category 1 T (90th Percentile) (minutes)	30 mins	30	27		G
1.5	Category 2 (mean) (minutes)	36 mins	58	82		R
1.6	Category 2 (90th Percentile) (minutes)	80 mins	129	191		R
1.7	Category 3 (90th Percentile) (minutes)	233 mins	305	485		R

Demand Management						
3.1	Percentage of Patients Seen and Treated by NIAS	15.5%	13%	11%		A
3.2	Percentage of Calls Resolved with Telephone Advice	10%	6%	6%		A
3.2	Percentage of Patients Conveyed	80%	81%	83%		A
4.1	Percentage of Calls Answered within 5 Seconds	90%	91%	80%		G
4.2	Number of Calls Answered	N/A	17,299	24,505		

Hospital Delays						
2.1	Total Number of Patients Conveyed	N/A	9,606	9,918		
2.2	Percentage of Patients <=15 minutes	25%	8%	7%		R
2.3	Percentage of Patients <=30 minutes	45%	31%	29%		R
2.4	Percentage of Patients <=60 minutes	85%	66%	65%		R
2.5	Percentage of Patients >2 hours	0%	14%	15%		R
2.6	Number of Ambulance Turnarounds	tbc	10,153	10,011		
2.7	Percentage of Ambulance Turnarounds within 30 mins	51%	11%	12%		R
2.8	Average Handover Time at Type 1 ED (mins)	N/A	72	72		
2.9	Lost Hours from Handover delays >15mins (hrs)	N/A	10,570	9,298		

RAG Status Key:

Green = On or exceeding target

Amber = within 5% of target


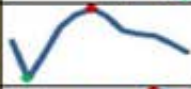








Red = Outwith 5% of Target

No Target Agreed

Corporate Scorecard

Key Performance Measures

June 2025

Corporate KPIs - Our People							
6.1	Monthly Percentage of Hours Lost	tbc	8.5%	9.2%			
6.2	Cumulative % Hours lost from Sickness	tbc	10.1%	9.1%			
6.3	Cumulative % Hours lost from Short Term Sickness	tbc	2.2%	1.9%			
6.4	Cumul	To be updated		7.9%	7.1%		
Corporate KPIs - Our Communities will continue to value and trust us							
7.1	Number of potential SAIs reviewed	N/A	11	16			
7.2	Number of SAIs notified	N/A	10	5			
7.3	Number of Complaints	N/A	18	23			
7.4	Number of Compliments	N/A	27	-			
7.5	Nmber of patient stories received	N/A	10	15			
8.1	Forecast Revenue Expenditure	£ -	£ -	£ -			G

RAG Status Key:

Green = On or exceeding target	Amber = within 5% of target
Red = Outwith 5% of Target	No Target Agreed



Northern Ireland Ambulance Service
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Operational Performance





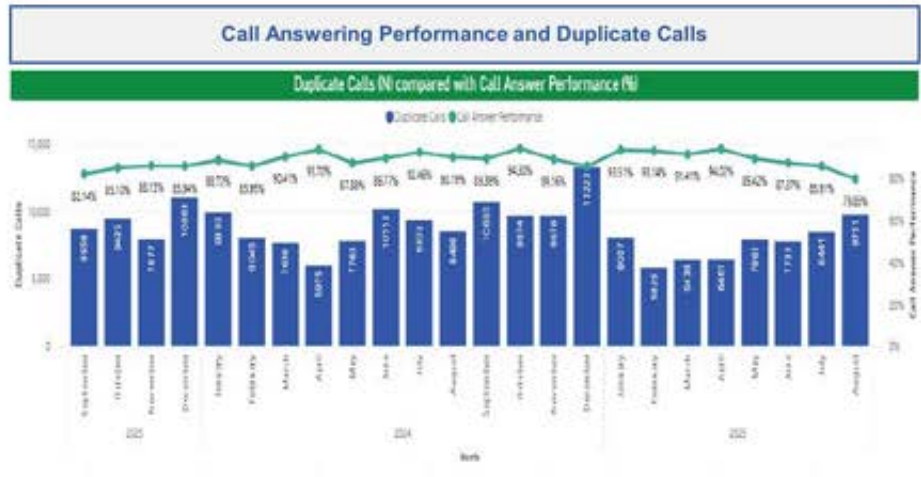
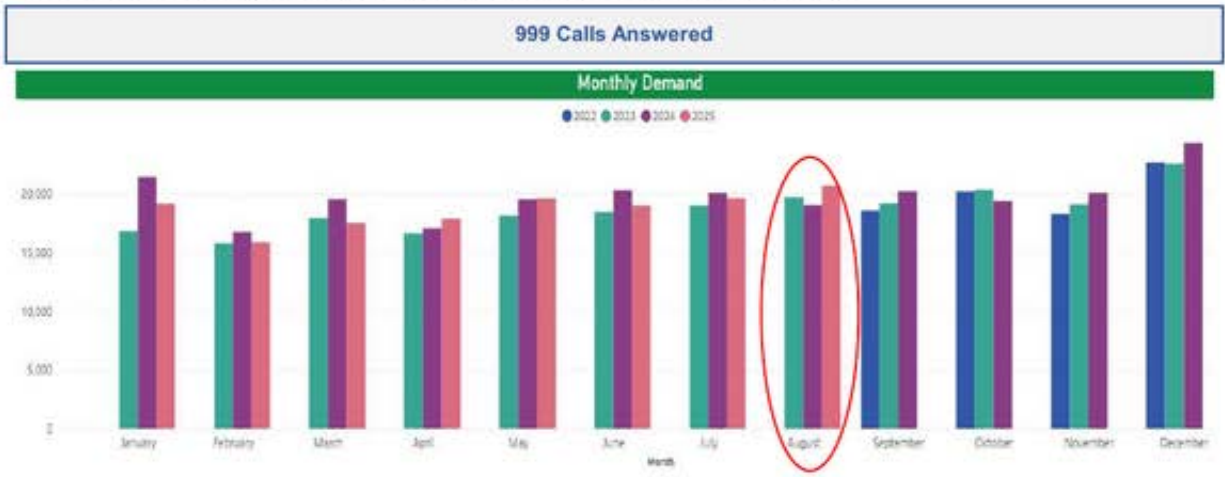
Our Patients

Emergency Demand Performance

Operational Demand

The level of demand each month has a direct relationship on our performance metrics. Ensuring we make the most appropriate response is critical to managing demand effectively and therefore making the most of our resources and capacity to respond to our most critical patients.

The analysis below describes: Calls Answered and Call Answering Performance



- **August 2025** has seen an increase in demand levels of 9% when compared with August 2024. The call answer demand into EAC for 2025.26 Financial Year to date has saw an increase of 1% when compared with Financial Year 2024.25.
- **August 2025** saw an average of 666 999 calls per day being answered by EAC which is an increase from 612 calls per day in August 2024.
- **Call Answering performance** decreased again in August from the expected outturn position. **August 2025 call answering performance was 80%** for the month, compared with **August 2024** where it was 90%.
- **Duplicate Calls** remained high in **August 2025** at 9,751 which is an increase of 15% when compared with **August 2024**.



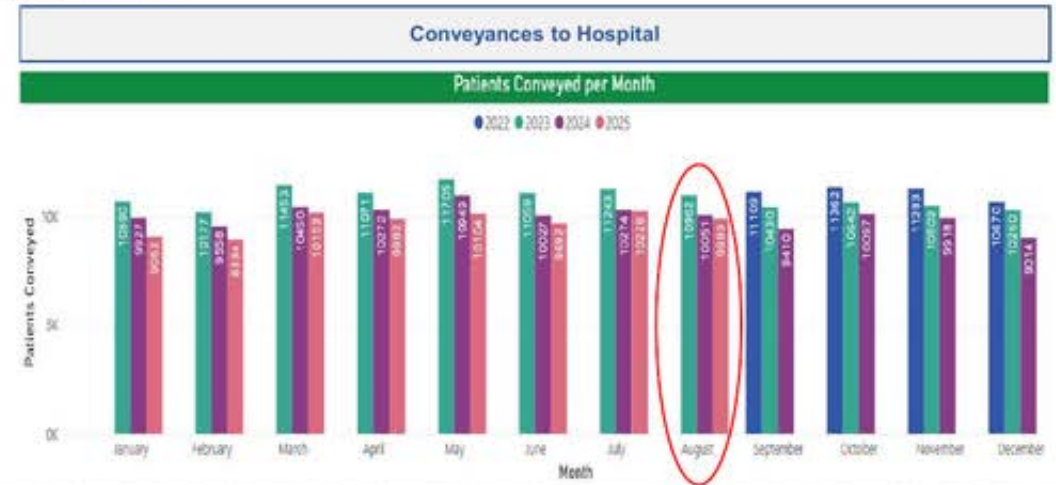
Our Patients

Emergency Demand Performance

Operational Demand

The level of demand each month has a direct relationship on our performance metrics. Ensuring we make the most appropriate response is critical to managing demand effectively and therefore making the most of our resources and capacity to respond to our most critical patients.

The analysis below describes: The Demand for Ambulance responses and The numbers of patients conveyed to Hospital



- **August 2025** has seen an increase in Incident levels of 4% when compared with August 2024. The incident demand for 2025.26 Financial Year to date is very similar <1% increase when compared with Financial Year 2024.25.
- **August 2025** saw an average of 472 incidents per day requiring an ambulance clinical response.
- **August 2025** conveyances decreased by 2% when compared with August 2024. The numbers of patients conveyed to hospital 2025.26 Financial Year to date has also decreased by 3% compared with Financial Year 2024.25.
- **August 25**, saw an average of 319 patients conveyed to hospital per day.



Our Patients

999 Response Time Performance

Response Times Scorecard

Latest
Month

Aug - 25

Category 1 response - Mean

Category 1 response - 90th Centile

Category 1T response - Mean

Category 1T response - 90th Centile

Category 2 response - Mean

Category 2 response - 90th Centile

Category 3 response - Mean

Category 3 response - 90th Centile

Category 4 response - Mean

Category 4 response - 90th Centile

Target	Current Performance			Benchmarking (Latest Month)		
	Latest Month	YTD (from April)	Rolling 12 Month	National Data	Best in Class	Ranking (out of 12)
8 Minutes	00:13:03	00:12:15	00:12:15	00:07:47	00:06:19	12
15 Minutes	00:24:03	00:22:36	00:23:07	00:13:56	00:10:46	12
19 Minutes	00:15:02	00:15:11	00:15:49	00:09:23	00:07:16	12
30 Minutes	00:27:26	00:27:51	00:30:05	00:17:03	00:12:31	12
18 Minutes	01:21:52	01:07:09	01:07:23	00:27:03	00:19:21	12
40 Minutes	03:10:49	02:31:57	02:31:52	00:54:45	00:39:05	12
Not a target	02:52:18	02:21:23	02:29:14	01:32:49	00:51:14	12
2 Hours	08:03:53	06:25:51	06:43:40	03:31:20	01:58:01	12
Not a target	08:45:55	02:28:05	02:03:36	02:04:00	01:01:43	12
3 Hours	19:39:23	03:11:41	03:54:31	04:34:36	02:22:33	1



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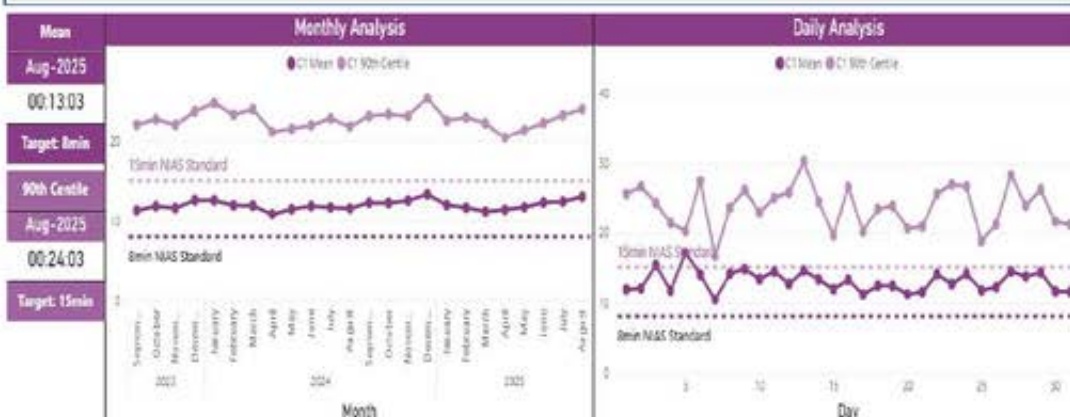
Our Patients

999 Response Time Performance

Response Times

CATEGORY 1 and CATEGORY 2 Response Times are measured based on the mean and the 90th centile of the response time provided.
The target for a CATEGORY 1 call response time is 8 minutes (15 minutes for the 90th centile).
The target for a CATEGORY 2 call response time is 18 minutes (40 minutes for the 90th centile).

CATEGORY 1 Performance



CATEGORY 2 Performance



Category 1

- August 2025 Category 1 mean response time was 13 minutes 03 seconds; while the Category 1 90th centile was 24 minutes 03 seconds.
- August 2025 saw a challenging period Category 1 mean response position for the Trust. This is replicated on the Category 1 90th centile performance.

Category 2

- August 2025 Category 2 mean response time was 81 minutes 52 seconds; while the Category 2 90th centile was 3 hours 10 minutes.
- Both the Category 2 mean and 90th centile response times remained challenging through August 2025. There are a number of actions that have been particularly impactful on performance:-
 - Persistence in handover delays >2hr, outlined in slides further in this paper.
 - Action short of Strike (ASOS) is impacting our category 2 response times.
 - Changes to the working arrangements of relief staff at the start of shift.
 - Realising crews at ED at the end of shift with oncoming crews.
 - Providing staff with compensatory rest for those late finishes over 1hr.
- The delay in this category 2 response time is having a significant impact on patient safety

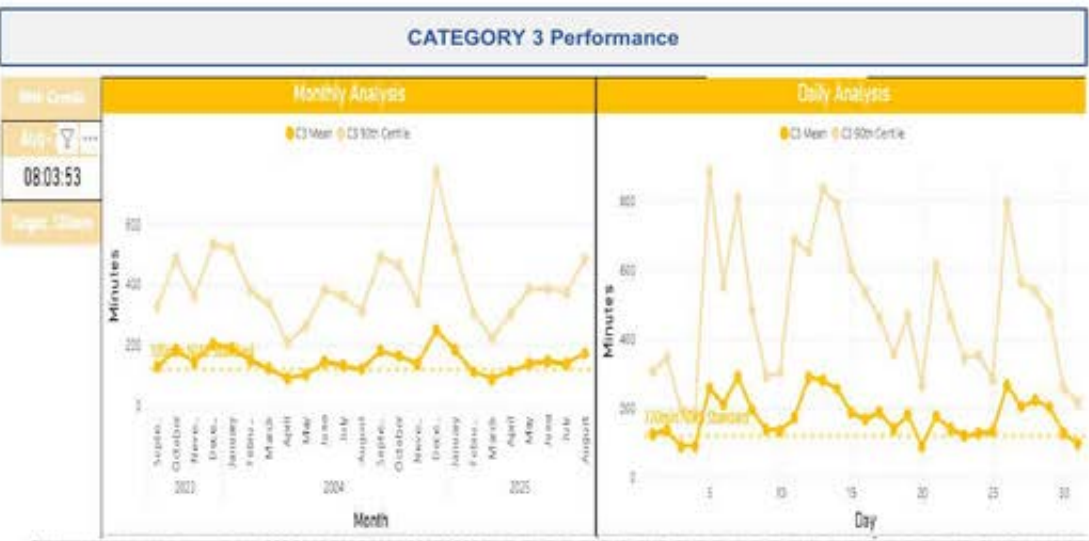


Our Patients

999 Response Time Performance

Response Times

CATEGORY 3 and CATEGORY 4 Response Times are measured based on the 90th centile of the response time provided.



Category 3

- August 2025 Category 3 mean response time was 2 hours 52 mins; while the Category 3 90th centile was 8 hours 03 minutes, **over 6 hour above target**.
- As outlined in the previous slide, category 3 response times are impacted by the same root causes.

Category 4

- August 2025 Category 4 mean response time was 8 hours 45 minutes; while the Category 4 90th centile was 9 hours 15 minutes. It must be noted that the volume of Category 4 calls received by NIAS is very low and response times can be impacted significantly on a daily basis.



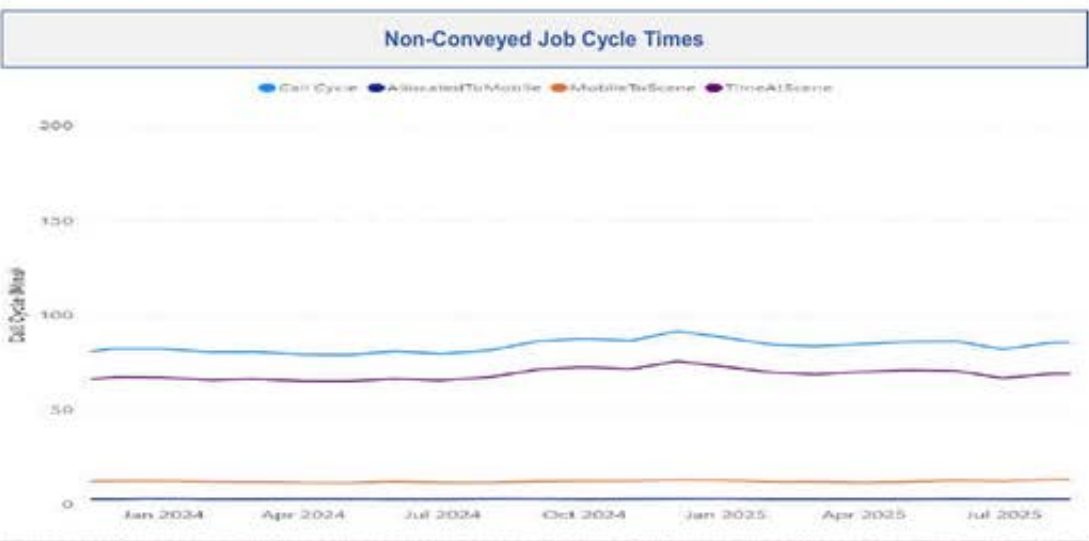
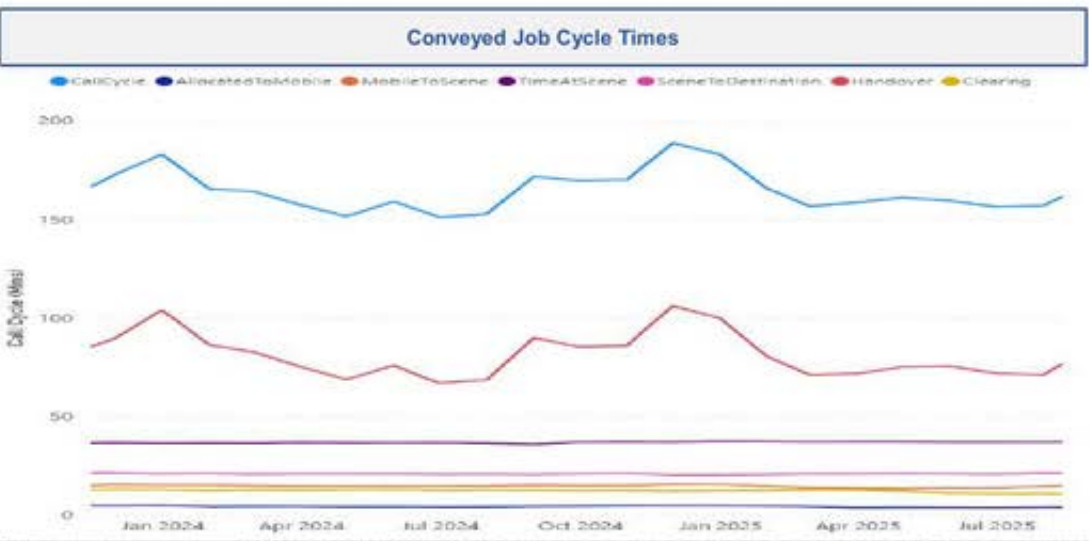
Our Patients

999 Response Time Performance

Emergency Job Cycle Times

Efficient Job cycle times are critical to our response to patients across the region.

Below is an analysis of the trends in the Average Job cycle times for our emergency calls.



- Conveyed Average Job Cycle Times**
- August 2025 Conveyed average job cycle time was 2 hours 36 mins (156mins), when compared with August 2024 the average job cycle time was 2 hours 32mins (152mins).
 - The 2025.26 YTD conveyed average job cycle time is 2 hours 38mins, whilst in 2024.25 the average job cycle time was 2 hours 37mins. This is an increase of 1mins between the two periods.
- Non-Conveyed Average Job Cycle Times**
- August 2025 Non-Conveyed average job cycle time was 1 hour 25mins (85mins), when compared with August 2024 the average job cycle time was similar at 1 hours 21mins (81mins).
 - The 2025.26 YTD Non-Conveyed average job cycle time is 1 hour 24mins, whilst in 2024.25 the average job cycle time was 1 hours 19mins. This is an increase of 5 mins between the two periods.



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Our Patients

Operational Performance

Actions to Improve Performance

- Planning has commenced to identify the key projects for the delivering value programme for 2024.25, service improvements will be identified and implemented through the programme and regular updates will be provided to Trustboard throughout the year.
- Engagement sessions have commenced across the organisation to inform management and Trade unions of the Operational Restructure proposals, that will be implemented within the organisation over the coming months. Communication strategy being developed to inform wider organisation of the proposals. Scheduled Care has been taken forward further with job evaluation and imminent advertising of posts to support the new structure and team-based working. This includes the appointment process for the AD Unscheduled Care (interviews complete)
- Additional mitigation has been employed at the end and start of shifts to reduce the impact of late finishes on staff. The Trust is currently using its own staff to relieve crews at ED. This essentially means that these crews coming on shift are tasked to make their way to Emergency Departments to allow those crews finishing to get away as close to their finish time as possible.
- Automated C1 dispatch is being implemented in line with new technology within the EOC to further improve performance as well as further areas that can be automated for further improved efficiencies.
- Emergency Annual Leave SOP complete and endorsed by AD forum moving forward through required governance for approval and distribution once complete.
- Ongoing focus to support of absence management KPI to promote and improve management and rates
- Work is being prioritised to develop principles and approaches to introducing enhanced rotas to support staff health and wellbeing, along with delivering operational cover during times patients require the Trusts services. A scheduled trial in the SE was due to commence Q4 24/25 and following consultation with TU postponed. Ongoing engagement to drive forward improvements and included within RMC audit for improved schedule and implementation going forward
- Challenges with Duplicate Call continue to persist at a high levels within EOC as outlined earlier in this report. EOC has reviewed the process and how it can be address, with the review of the delay scripts within EOC to deal with these callers, whilst ensuring patient safety. Alongside this, SMS messaging continues to be sent to 999 callers (with exception of Category 1 and HCP calls) from mobile phones informing the caller to only call back if there is a change in the patient's condition.
- A dashboard has been designed for utilization within EOC, to enable the EMD's, ICH and Control Officers real time data to inform patients of the mean response times within the area based on the last 24 hours. Further benefits include early indication of CSP escalation divisionally and regionally amongst other areas of benefit to operations



Northern Ireland Ambulance Service
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Clinical Performance



Our Patients

Demand Management

Prevention

The level of demand from Complex Cases has a direct relationship to demand in our Control Room. Ensuring we manage these patients effectively is critical to managing demand effectively and therefore making the most of our resources and capacity to respond to our most critical patients.

The analysis below describes: Complex Case activity and volumes within the Trust



August 2025 saw Complex Case calls at 8% of all the calls answered within the control room, a total of 1,617 calls were made by complex cases.

When comparing **August 2025**, there was a **33% decrease** in activity from these service users than the activity in **August 2024**.

A recent evaluation of complex cases across the region has noted that these service user’s interactions across all trusts are showing an increasing trend. Therefore, interventions to support these service users is critical to manage demand.

Our Patients

Demand Management

Hear & Treat and See & Treat

The level of demand each month has a direct relationship on our performance metrics. Ensuring we make the most appropriate response is critical to managing demand effectively and therefore making the most of our resources and capacity to respond to our most critical patients.

The analysis below describes: NIAS Clinical Hear & Treat and Clinical See & Treat



August 2025 saw the Clinical Hear and Treat rate fell short of target at 5.8%, 703 calls were discharged or referred by our clinicians within the control room during the month. A significant number of patients dealt with by clinicians in our control room. The Total Hear and Treat Rate was 9.5% in August 2025

Clinical H&T for 2025.26 YTD outturn position is 6.5%, the total Hear & Treat rate YTD is 8.2%

Work continues to train and develop the Clinical hub to realise a continued improvement in the Trust's Hear & Treat rate as we move through 2025.26.

The new clinical approach within the team is continuing to be revised and developed to drive greater efficiency within the team by focusing on the most beneficial calls.

The aimed improvement trajectory is to increase Hear & Treat to 10%.

August 2025 Clinical See & Treat rate was 10.8%, whilst the total See & Treat rate for the trust is 24.8% for July 2025. Work is ongoing to work with Trusts to improve performance with See & Treat.

Clinical See & Treat for 2025.26 YTD outturn position is 13.5%, the total See & Treat rate YTD is 22.8%

The Acute Ambulatory Unit has opened within the Causeway Hospital since the pervious report and the Pathway leads are raising the profile of the new facility throughout the organisation.

An Urgent Care Liaison Desk has been established within the Control room, along with education and development at the divisional and station level through the coming month.

The aimed improvement trajectory is to increase See & Treat to 15%.

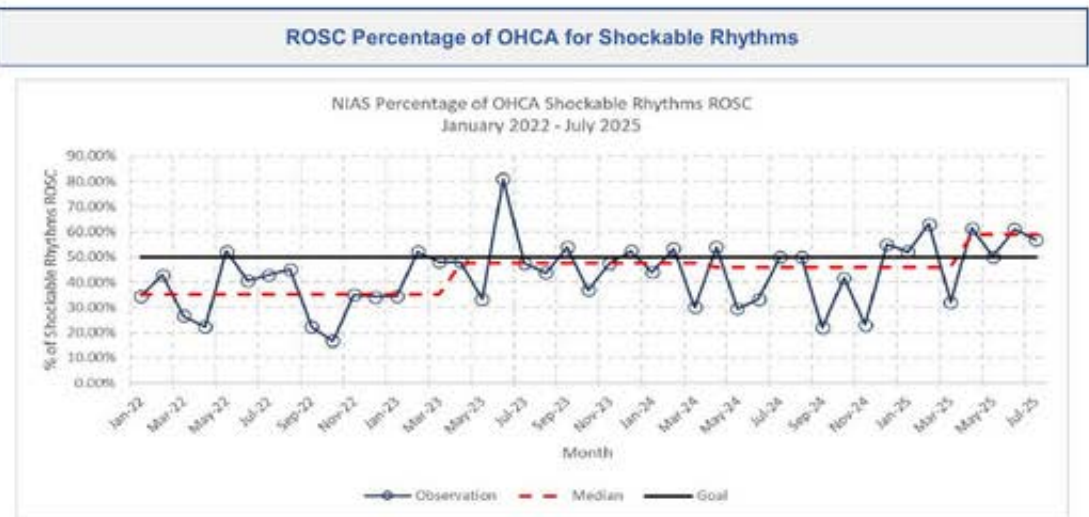
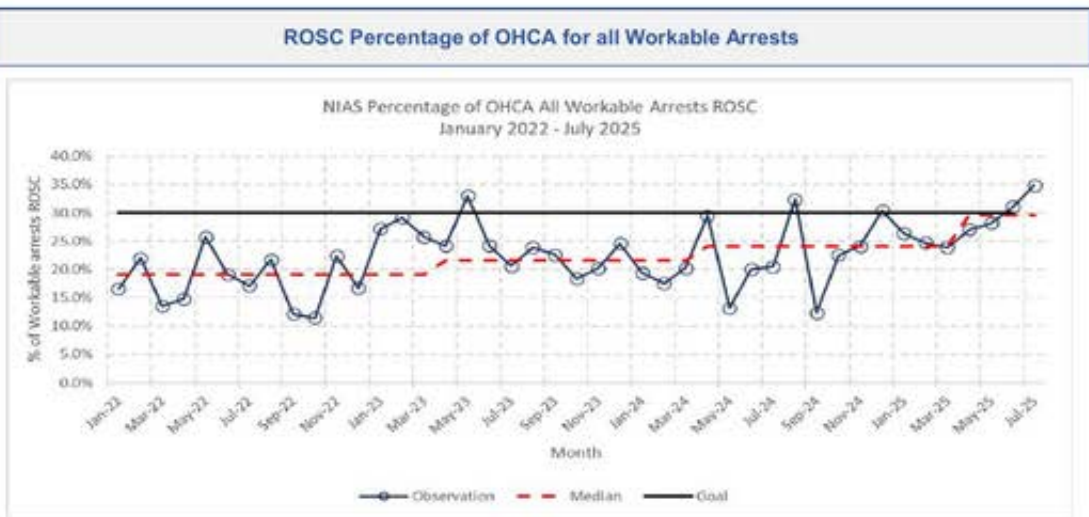
Our Patients

Clinical Care Performance

Out of Hospital Cardiac Arrest (OHCA)

Delivering out of Hospital Care is a core output for NIAS. A small volume of these patients suffers a cardiac arrest, the incidence of mortality from these incidents is high and the NIAS response and management is critical to promote survival.

The analysis below describes: NIAS Return of Spontaneous Circulation (ROSC) Rates for Workable Arrests and Shockable Rhythms



- The goal of 30% is taken from benchmarking other UK trusts. The goal of 30% is taken from benchmarking other UK trusts. The **Median** for YTD 2025.26 is **29.6%**
- This graph demonstrates a shift in the median of ROSC onwards from 16.9% in 2022, to 22.54% in 2023 and 21.24% in 2024.
- It is noted there is variance across the second half of 2024 and the improvement team continues to review and understand these variables.
- The impact of annual education delivery from across 2024 and 2025, aligned to other changes defined would be highlighted as changes in practice would explain these changes.
- There is a need to continue the focus on this measure and improve performance.

- The goal of 50% is taken from other UK trusts outcome performance.
- It is noted there is variance across the second half of 2024 and the improvement team continues to review and understand these variables
- This graph demonstrated an increase in the median for ROSC for shockable cardiac rhythms from 34.74% in 2023, to 50% in 2023 and 40.43% in 2024.
- The **Median** for YTD 2025.26 is **58.9%**
- Improvement in this patient cohort has been impressive and further work is ongoing to understand how to make these outcomes more consistent and optimise all ROSC opportunities.



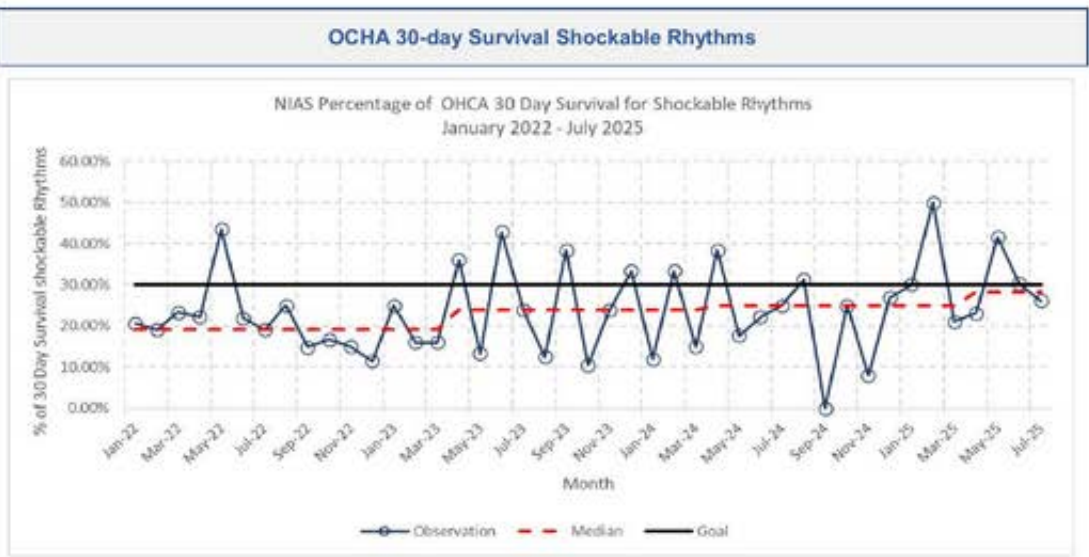
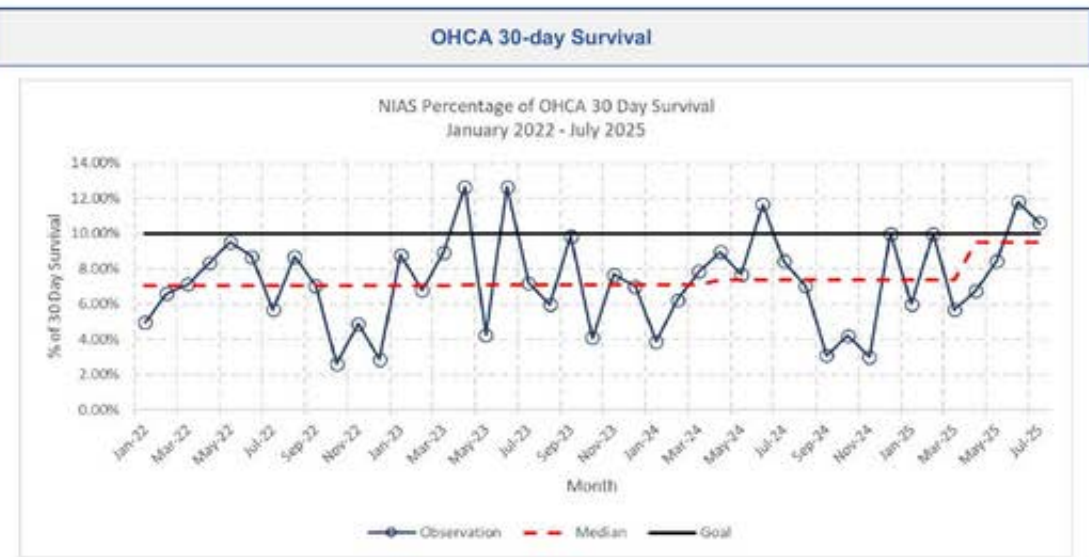
Our Patients

Emergency Demand Performance

Out of Hospital Cardiac Arrest (OHCA)

Delivering out of Hospital Care is a core output for NIAS. A small volume of these patients suffers a cardiac arrest, the incidence of mortality from these incidents is high and the NIAS response and management is critical to promote survival.

The analysis below describes: NIAS OHCA 30-day Survival and 30-day Survival Shockable Rhythms



- The goal of 10% survival is taken from benchmarking other UK ambulance trusts outcome performance. The **Median** for YTD 2025.26 is **9.5%**
- There is noted increasing monthly variance across the later half of 2024. The improvement programme is still investigating the variables and causes of this.
- There is an increase in survival from 5% in 2022, to 6.8% in 2023 and 6.7% in 2024
- A positive development for the initial years of the improvement programme and onwards trajectory to a minimum of 10% is the focus for the next two years.

- The 30% survival aim is benchmarked from other UK ambulance trusts outcome performance.
- There is a noted dip in survival in September and November 2024. The improvement programme is still investigating the variables and causes of this.
- There is a marked change of practice 2022 onwards, with an increase in the median from 2022 of 19.98%, 2023 23.81% and 2024 21.24%. The **Median** for YTD 2025.26 is **28.2%**
- Ongoing work is analysing who to ensure there is consistency with these outcomes and we optimise all opportunities to increase survival.

Our Patients

Electronic Patient Care Records

ePCR Compliance

The usage of electronic patient record is a key enabler of the trust to understand clinical outcomes for patients. This will ensue we make the most appropriate response to patients making the most of our resources and capacity to respond to our most critical patients.

The analysis below describes: NIAS ePCR Compliance



The chart demonstrates the progress made across the organisation with the uptake of ePCR usage across the Trust.

August 2025 compliance across the trust is **90%** against an internal trust standard of 95%. Q1 2025.26, all divisions are showing ePCR compliance in excess of 80% compliance.

Financial Year 2025.26 compliance within the Trust is **91%** against the internal standard of 95%.

Work continues across the trust both within the Clinical directorate and Operations directorate to maximise the usage of the ePCR and utilise the data generated to drive improvements across the Trust.

Our Patients

Critical Care Cover

HEMS

Critical Care Cover is a key enabler for delivery of critical care across Northern Ireland. This ensures the most appropriate clinical skills are available to deliver the required response to patients requiring critical interventions timely.

The analysis below describes: NIAS HEMS Cover

HEMS Cover



The Helicopter Emergency Service has a target of 98% cover for all the elements that make up the service.

The charts above outline the trend in cover for our Helicopter Emergency Medical Service, across all elements of the service. Consultant, Advanced Paramedic, Air Desk and RRV cover remains consistently high throughout the year, April 2025 Consultant cover was a challenge and fell below the 98% target.



Northern Ireland Ambulance Service
Health and Social Care Trust



Our Patients

Clinical Performance

Actions to Improve Performance

- Work is ongoing within the complex case team to review the impact of the team to support complex cases within the community to prevent unnecessary contact with the service. Currently the team are evaluating the interventions made with patients to ascertain the areas where investment of time and effort would benefit the service and reduce demand to the control room.
- Recruitment of additional Pathway Leads within the organisation has concluded and successful candidates are in post to support the organisation in improving its See and Treat rates. These posts will work within division as champions for alternative pathways and work closely with the CSO tier to develop decision making within the clinical tiers of the organisation.
- Newly appointed Integrated clinical hub clinicians are now in post following their training, with the new rota now implemented from March 2024. This Rota is based on call demand for the service, with a focus on ensuring staffing levels meet the call demand as it commences within the trust. Performance management and clinical audit mechanisms have been strategically implemented to quantify and understand the hub's impact, aiming to optimise its full potential.
- The Urgent Care Liaison Desk within Control is now implemented to support crews with clinical decision making and alternative pathways for suitable patients.
- Key focus pathways to support the wider HSC system for 2024.25 are:
 - Hospital at Home
 - Falls
 - Mandatory Referrals
- Urgent Care Oversight Group (UCOG) is now fully established within the organisation and will govern all the improvement work to progress clinical developments within the organisation. The improvements required to increase the use of the Focus Pathways for 2024.25 will be managed and assessed through the UCOG.
- Hospital at Home:
 - Work is ongoing within the Southern Trust to develop a pilot for all patients >75 to be referred directly to the Hospital at Home team.
 - The trust are supporting Belfast in the expansion of their hospital at home team along with service hours available.
 - The trust is actively engaged with the South-Eastern Trust in the expansion of the Hospital at Home team.
- Falls:
 - Trust is working with the PHA to support the developments within the Safer Mobility Group
 - NIAS are establishing a Safer Mobility Group internally to review and develop our response to patients that fall
 - Alignment of clinical practice within the trust to the PHA post fall guidance
- Mandatory Referrals:
 - Target the relevant calls via the Urgent Care Liaison desk within EAC to ensure mandatory referrals are made by staff.

System Performance



Our Patients

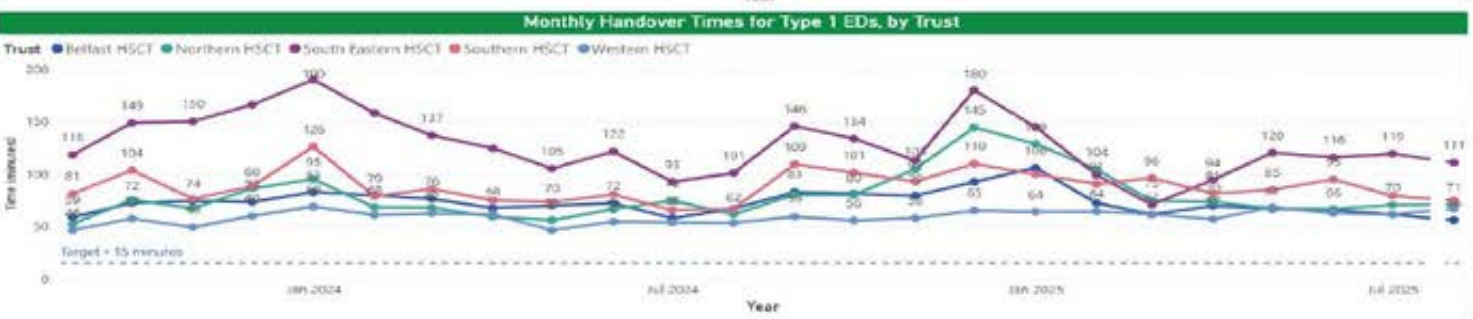
Emergency Performance

Hospital Handover Performance

Our operational efficiency is critical to our success. One of our key dependencies is the ability to handover a patient in a timely manner when conveyed to hospital. As such, we must strive to be as efficient as possible whilst always delivering the very best care for our patients.

Arrival at Hospital to Patient Handover								Total Time Lost (Hours) - Last 12 months
Hospital Attended	Total Attendances	Total Handovers	Total Handovers Over 15mins	% Over 15mins	Total Handovers over 60mins	% Over 60mins	Total Time Lost (Hours)	Average Handover Time (Minutes)
ULSTER	1294	1294	1196	92.43%	593	45.83%	2,075.50	110.90
CRAIGAVON AREA	1276	1274	1179	92.40%	464	36.36%	1,460.06	83.50
ALTNAGELVIN	1101	1101	1057	96.00%	498	45.23%	1,084.04	73.93
ANTRIM AREA	1561	1561	1450	92.89%	474	30.37%	1,463.93	71.01
CAUSEWAY	815	815	587	72.04%	220	27.07%	570.26	70.46
ROYAL GROUP	2029	2029	1852	91.28%	781	38.49%	1,194.48	61.72
DAISYMILL	571	571	544	95.27%	166	29.07%	386.55	55.47
SOUTH WEST	650	650	606	93.19%	196	30.11%	424.42	55.26
MATER	502	502	453	90.24%	87	17.33%	199.02	58.43
LAGAN VALLEY	51	51	34	66.67%	5	9.80%	17.33	26.82
BELFAST CITY	47	47	54	72.34%	0	0.00%	6.98	23.13
RBSIC	107	107	76	71.03%	2	1.87%	17.67	23.12
DOWNE	28	28	17	60.71%	0	0.00%	3.13	20.50
Total	9812	9810	9085	92.59%	3464	35.30%	9,298.12	71.56

130,753.39



In August 2025, NIAS experienced a total of 9,298 lost hours. This is the equivalent of 25 shifts per day where crews are waiting with patients outside EDs; 23% of our planned capacity. These lost hours were experienced from 9,085 instances where our crews waited longer than 15mins to handover their patient at ED. 3,464 handovers took longer than an hour in August 2025

In August 2025, >70% of the 9, 298 lost hours occurred at the four ED sites listed below in order of hours lost:

- Ulster Hospital (2.3k hours; 92% > 15min; 49% > 1hr)
- Antrim Area (1.4k hours; 93% > 15min; 28% > 1hr)
- Royal Victoria (1.8k hours; 93% > 15min; 43% > 1hr)
- Craigavon Hospital (1.5k hours; 94% > 15min; 41% > 1hr)

In the last 12 months, >93% of the handovers exceeded the 15min target at our acute EDs, resulting in circa 130k hours lost. The lost hours experienced in August 2025 is a decrease of 690 hrs or 7% from July 25, whilst the number of instance of delayed handovers decreased by 4% in the same period.

The 9,298 operational hours being lost are equivalent to 774 12-hours shifts per month, or 25 12-hour shifts per day.



Our Patients

Emergency Performance

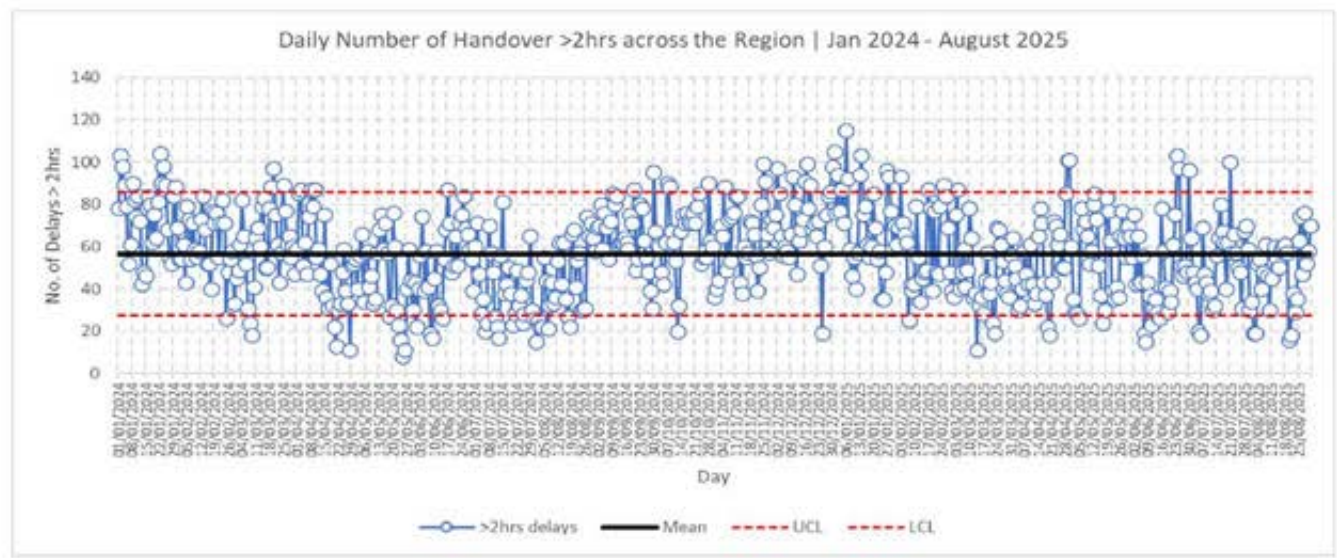
2hr Back Stop Regional Performance

Our operational efficiency is critical to our success. One of our key dependencies is the ability to handover a patient in a timely manner when conveyed to hospital. As such, we must strive to be as efficient as possible whilst always delivering the very best care for our patients.

Area	Q1 23.24	Q2 23.24	Q3 23.24	Q4 23.24	FY23.24	Q1 24.25	Q2 24.25	Q3 24.25	Q4 24.25	FY24.25	Q1 25.26
South Eastern	21.1%	23.5%	32.8%	34.7%	27.7%	29.6%	28.7%	33.8%	23.7%	28.9%	27.0%
Southern	9.5%	18.8%	20.2%	21.6%	17.3%	17.5%	17.8%	25.5%	22.7%	20.4%	21.0%
Belfast	6.6%	9.8%	18.9%	20.1%	13.5%	14.6%	14.0%	23.9%	17.7%	16.7%	14.0%
Northern	5.4%	7.2%	17.2%	17.3%	11.5%	11.1%	16.6%	20.7%	23.5%	18.9%	15.0%
Western	2.8%	5.3%	8.1%	11.1%	6.8%	5.7%	6.5%	8.2%	9.2%	7.4%	9.0%
Region	8.8%	12.2%	19.2%	20.5%	15.0%	14.9%	16.1%	21.8%	19.2%	18.0%	16.0%

The table shows the deterioration in >2hr delays by trust from March 2023.

- **Q1 2025.26** 2hr handovers have **increased by 1.1%** compared to **Q1 2024.25**
- **Q1 2025.26** 2hr handovers have **increased by 7.2%** compared with **Q1 2023.24**



The chart to the left is a statistical Process Control (SPC) chart, outlining the variation in the handover process. Since March 23, there has been a step decline in the 2hr backstop performance.

The trust is now experiencing an average 59 patients per day being delayed >2hrs before being admitted into Emergency departments across the region.

This SPC chart strongly indicates that the processes to reduce the 2hr handover delays are showing no signs of control over the past number of months.

The desirable trend would be one that shows a sustained run of data points below the centre line, trending towards zero driving an outcome of sustaining zero handovers >2hrs.



Northern Ireland Ambulance Service
Health and Social Care Trust



Non-Emergency Performance



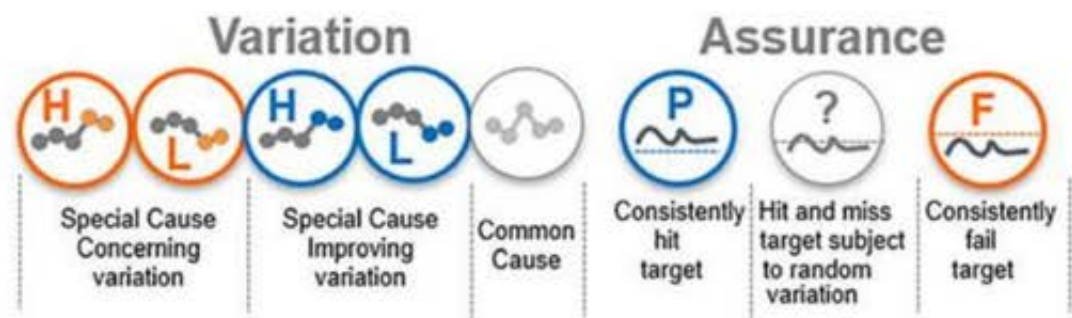


This report uses Statistical Process Control (SPC) charts throughout. SPC is an analytical technique that plots data over time. It helps us understand variation and in so doing guides us to take the most appropriate action.

SPC is a good technique to use when implementing change as it enables you to understand whether changes you are making are resulting in improvement — a key component of the Model for Improvement widely used within the NHS.

SPC is widely used in the NHS to understand whether change results in improvement. This tool provides an easy way for people to track the impact of improvement projects.

SPC charts contain two dotted lines showing the upper and lower control limits, as well as a solid black line indicating the average. If there are also targets associated with the metric these are shown as a red line on the chart. The most recent month's performance and target is shown in the summary table, if there is no associated target this will be denoted with a hyphen (-). An explanation of the icons used is included below:





Our Patients



















Non - Emergency Performance

Summary Sheet

Improvement Summary/Actions
Positive variations are identified in 4 of the 9 measures this month. Although data isn't currently available to update 4 of the 9 measures for August 2025.

NB. Any Performance Data shown from March '25 to August '25, is subject to ongoing Quality Assurance checks following unforeseen data quality issues resulting from the full installation of the new CAD system in March 2025. Therefore the performance data for these months is subject to change following completion of the QA processes. For the same reason it hasn't been possible to update the reports relating to KPI's 1 & 2 (arrival and departure time targets).

Non-Emergency Services

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
KPI 1 Arrivals	Mar 25	42.51%	95.00%			39.70%	35.53%	43.87%
KPI 2 Departures	Mar 25	72.00%	95.00%			67.17%	62.09%	72.24%
PCS Journey's	Aug 25	5689	5750			5657	4591	6723
Cancellations	Aug 25	380	438			518	257	780
Loading factor Outpatients	Aug 25	1.46	1.80			1.46	1.37	1.56
PCS complaints	Aug 25	5	0			6	-3	15
Loading factor total	Aug 25	1.36	1.80			1.36	1.31	1.42
PCS sickness absence	Jun 25	24	24			27	18	36
PCS WTE	Apr 25	233	265			220	203	237



Our Patients

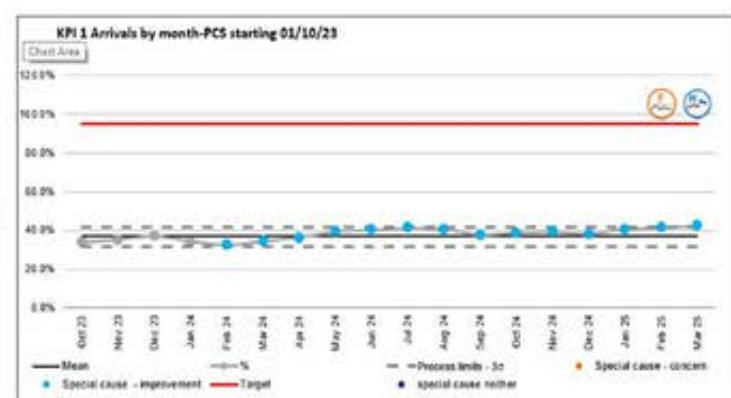
Non-Emergency Performance

Productivity Performance

Patient Experience NIAS aims to review the current Patient Experience measures via our Co-Production Partnership team with a view to having patient representatives help us to design a future suite of Patient Experience KPIs

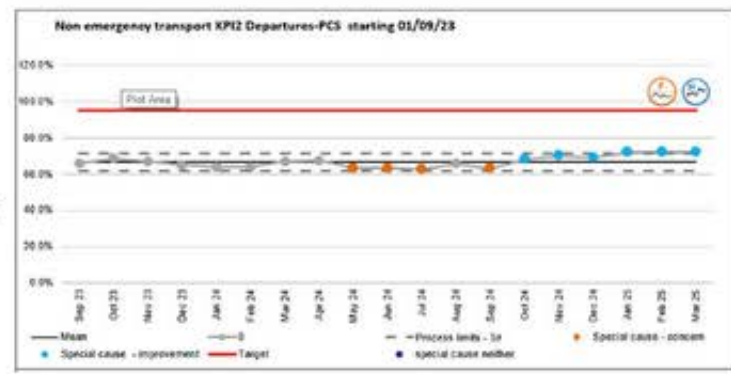
KPI 1 - That 95% of inward journeys will arrive within the 60mins prior to an appointment time.

- Compliance remains low with little variation. Interrogation of the data shows that the majority of non-compliant journeys reach their destination within 30mins of the target.
- Non emergency control staff ensure direct communication between the Control Room and Outpatient Clinics to ensure that patients arriving late are still seen for their appointments.
- We are currently carrying out Service User consultation in relation to Renal Dialysis patients to establish quality measures appropriate to their service.



KPI 2 - That 95% of outward journeys will start within 60 minutes of the patient being booked as ready by the clinic/hospital.

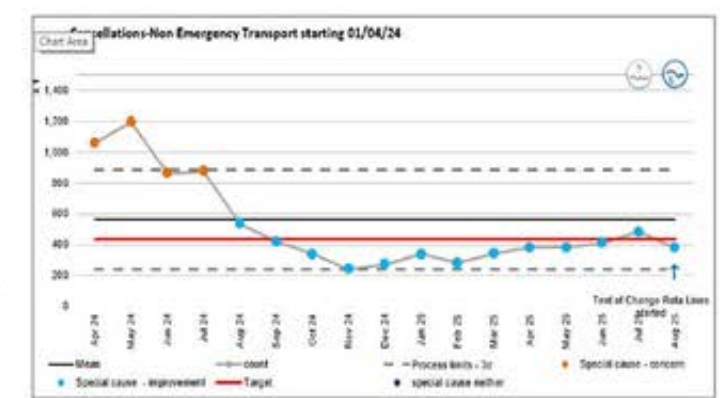
Compliance at 72% remains below the required level with minimal variance. Interrogation of the data shows the majority of non-compliant journeys are collected within 30 mins of the target.



Note: KPI 1&2 not updated for 2025.26 due to data issues since implementation of the new CAD system.

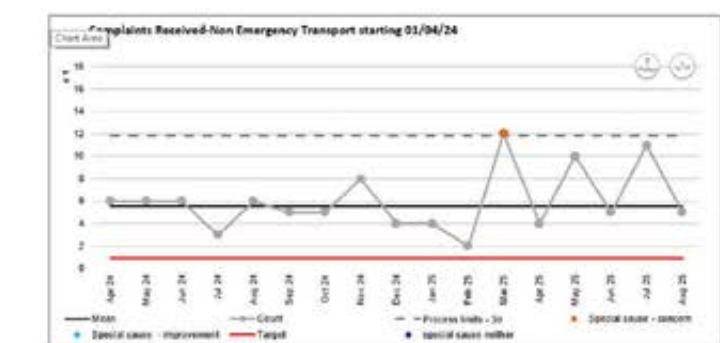
Cancellations by NIAS

- Additional processes to avoid cancellations in particular for journeys such as Renal Dialysis and Cancer treatments are now in place with triggers for additional resources when necessary.
- Targeted action to reduce cancellations was instigated in Aug '24
- The improvement target remains to have cancellations below 3.2% of service demand, representing a 50% improvement on 2023/24 levels.
- This has been achieved in 11 of the last 12 months. August's cancellation rate was 2.8% of service demand



Complaints

- In Aug '25 5 complaints were received relating to Non-Emergency services
- Whilst the service has an aim of receiving no complaints, the number of complaints received should be read in the context of the Service delivering over 14,000 patient journeys in July using a variety of internal and private sector provision.





Northern Ireland Ambulance Service
Health and Social Care Trust



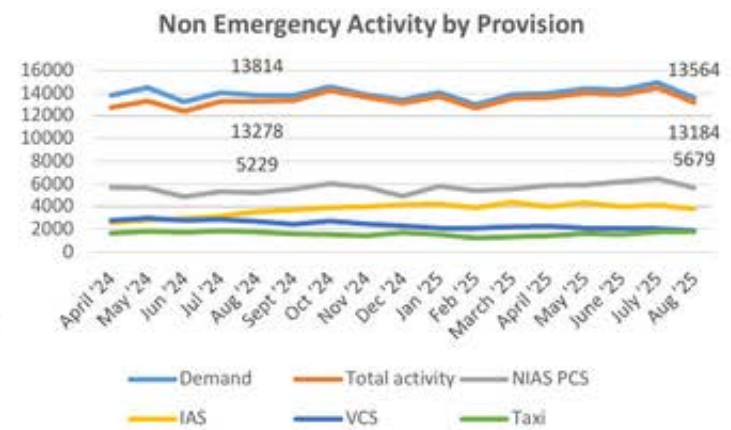
Our Patients

Non-Emergency Performance

Non-emergency transport journeys in Total and by Provision

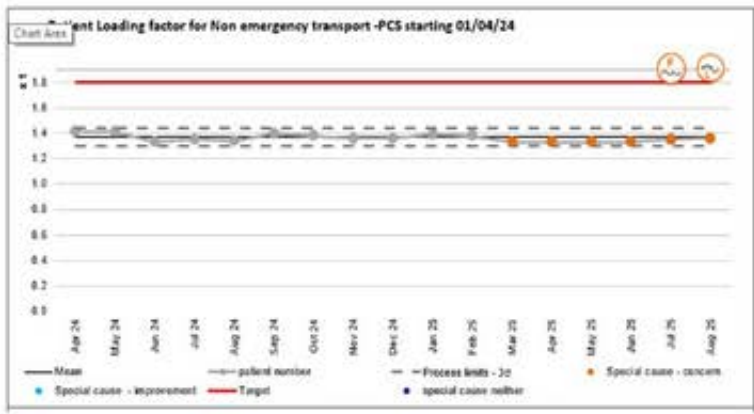
- This comparative graphic illustrates the share of activity undertaken via each of the delivery options. The underlying objectives are to maximise the activity share completed by NIAS resources either PCS or where suitable the VCS and to meet service demand within contract limits.
- In Aug '25, 43% of the journeys were completed by a NIAS Ambulance and overall activity equalled 97% of demand compared to 96% in Aug '24.
- The increase in the use of IAS resources from mid-2024/25 was as a result of a number of factors including ACA vacancy levels, an improvement aim to reduce cancellations & efforts to provide a responsive discharge service and hence flow through hospitals.

NB The operational definition of Service Demand used at this point is Total Activity + Cancellations by NIAS.



Patient Loading Total

- This measure reflects the average number of patients carried on each non-emergency run. A change in journey planning in October '23 brought about some improvement which has largely been maintained. For 2024/25 this measure averaged 1.37 compared to 1.30 in 2023/24
- Other change actions including an improvement in the day-to-day availability of staff and a revision of rotas to better align with service needs will be required to make further progress towards the target.

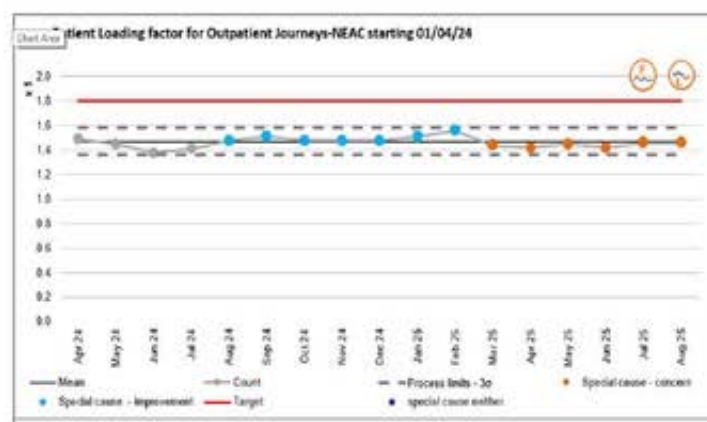
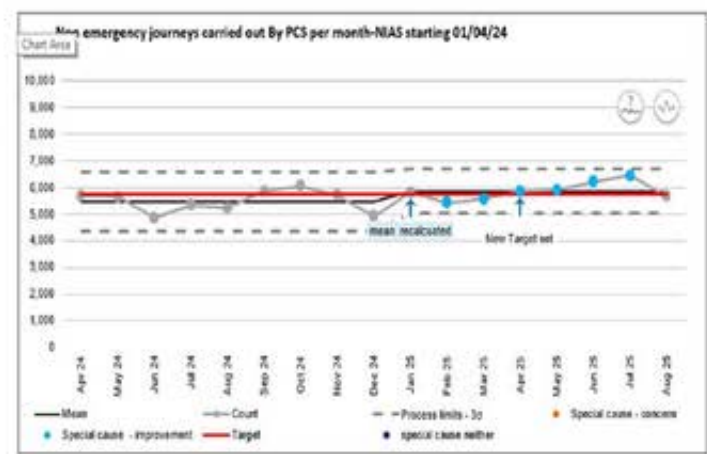


Non emergency transport Journeys completed by PCS

- Following on from the improvements in the share of activity to be completed by NIAS PCS resources over the past 2 years a new improvement target has been set as 5% above the level achieved in 2024/25.
- In Aug '25 PCS completed 5679 patient journeys or 43% of the total non emergency activity compared to 39% in Aug '24.
- PCS activity YTD for 2025/26 is showing a 12% increase on the same period in 2024/25.

Patient Loading Outpatients

- As outpatient journeys account for approx. 80% of the non-emergency activity and is the entirety of the pre-booked activity, this measure gives a more accurate indication of the efficiency of the planning of the service and the impact of any change actions.
- August '25 rate was 1.46 patients being facilitated per ambulance run.
- This measure averaged 1.47 across 2024/25, compared to 1.33 in 2023/24





Northern Ireland Ambulance Service
Health and Social Care Trust



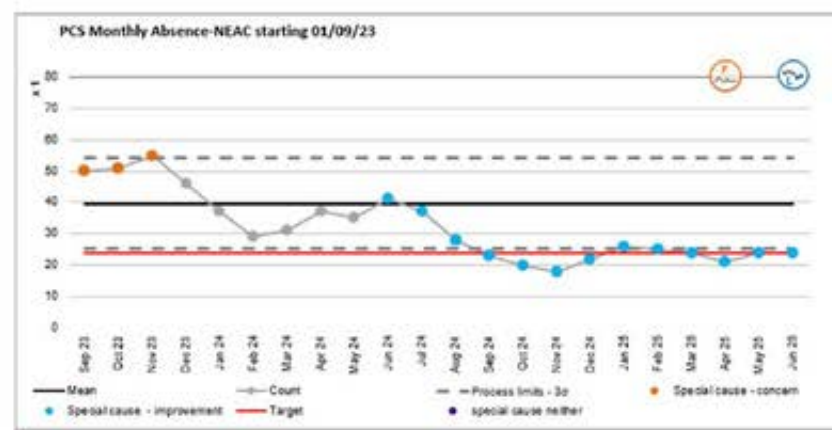
Our People

Non-Emergency Performance

Productivity Performance

Our People

This section currently reflects the DVP Improvement Measures of Reducing the sickness absence level in line with Trust wide targets and recruiting ACAs up to the funded WTE level. Additional Our People improvement Measures should be set in the areas of training and personal development



Sickness Absence

This measure illustrates the average daily number of staff absent through sickness per month. The general trend during 2024/25 with the application of Trust wide policies and initiative was generally downwards with some slight seasonal variations.

NB This data has been sourced from GRS

April '25 in month ACA absence is reported through HRPTS as 10.0% and the cumulative 2024/25 rate as 12.5%.

NB the information in this graph currently relates to ACA staff working both in Non-Emergency PCS and A&E support roles.

Staff in post WTE

- A steady decline of PCS staff in post over the previous 12 months has been somewhat reversed in Jan '25 and again in March '25 with 45 new ACAs going through training and entering the service.
- This recruitment action shows the service with a net gain of 21wte staff from 1st April '24
- Career progression opportunities for ACA staff have led to the drop in staff in post for April as a number started EMT training.
- **NB** the information in this graph currently relates to ACA staff working both in non-emergency PCS and A&E support roles



Independent Ambulance Performance





Northern Ireland Ambulance Service
Health and Social Care Trust



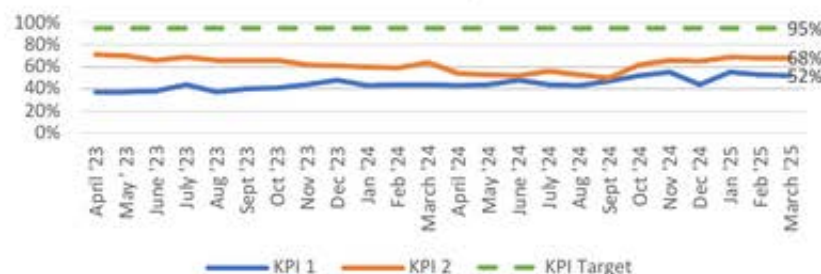
Our Patients

Non-Emergency IAS Performance

Patient Experience

IAS KPI 1 & 2 Compliance

KPI 1 - That 95% of inward journeys will arrive within the 60mins prior to an appointment time.

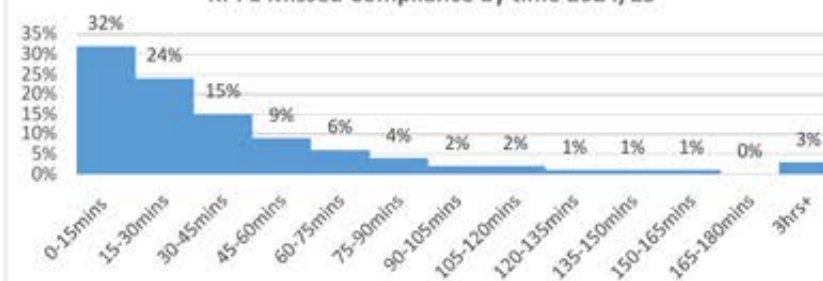


KPI 2 - That 95% of outward journeys will start within 60 minutes of the patient being booked as ready by the clinic/hospital

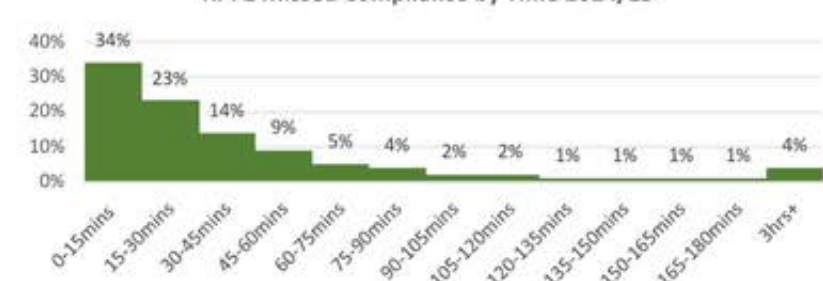
IAS Timestamp compliance



KPI 1 Missed Compliance by time 2024/25



KPI 2 Missed Compliance by Time 2024/25



Analysis – 2024/25

- An analysis of the journeys that missed compliance shows that 32% of these journeys missed the target by 15 minutes or less, 80% missed the target by 60 minutes or less
- Similarly, for KPI 2, relating to outward journeys 34% of journeys that missed the target were no more than 15 minutes over this and 80% missed the target by 60 minutes or less
- In the case of KPI 1 where a patient is going to be significantly late for an appointment, NIAS Non-Emergency Control will be in contact with the service that the patient is attending to advise of a delay in order that patients do not miss their appointment.

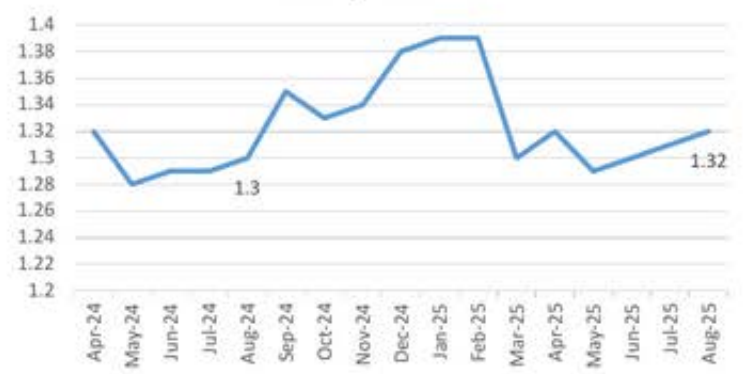


Our Patients

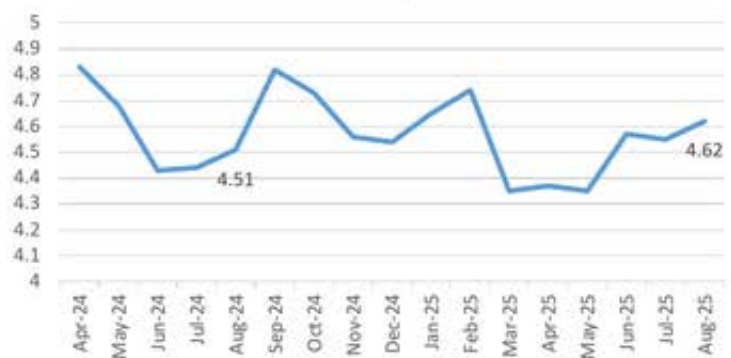
Non-Emergency IAS Performance

Productivity Performance

Loading Factor IAS



Patient Journeys per Shift IAS



NB Any performance Data shown for March & April 2025 is subject to ongoing Quality Assurance Checks following some unforeseen data quality issues and is therefore subject to change

Non Emergency activity by IAS



Activity and IAS Share

The proportion of non-emergency activity completed by Independent Ambulances has generally been increasing since May '24 and for the past 11 months this has been in the range of 3,800 to 4,400 patient Journeys per month.

This has been primarily to counter staff vacancies/absences in PCS and in a targeted response to reduce cancellations due to no available NIAS resources, this initiative has been quite successful to date.

In August '25 IAS activity accounted for 29% of non emergency activity, compared to 28% in August '24.

Average Patient Journeys per Shift
Monitoring of this activity measure gives an indication of the average workload carried out per crew in a shift. The IAS journeys are also now planned using the Destination Focused Planning method.

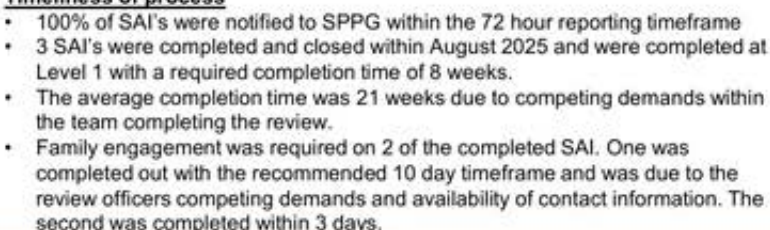
Patients Transported Per Run
This measure also known as loading factor follows a similar pattern as the journeys per shift measure.

Service Quality and Our People



SAs & Complaints

There are currently 24 ongoing SAI's, all of which are being reviewed at Level 1. 19 of the 24 are currently overdue for submission.



- System wide pressures are impacting the ability of NIAS to respond to patients in the community as delays at emergency departments are significantly longer than government recommended standard handover times.
- Impact of delaying response due to presence of information marker
- Importance of adhering to dispatch guidelines
- Importance of adhering to non-conveyance guidance
- Requirement for 24/7 CSM cover within ICH
- Importance of accurate completion of clinical documentation in line with agreed standards

Implementation and evidencing of SAI recommendations remains an area of focus and to date we have completed and evidenced 95% of the outstanding SAI recommendations. The remaining 5% have exceeded their due date and are currently being reviewed.

During August 2025, **0 compliments**** & **24 complaints** were received and **0 NIPSO complaints** were accepted for investigation. (** Due to the SUFT's administrator being promoted into another team and the ongoing recruitment process to replace them, compliments have been received in August but not yet registered.)



At the end of August 2025, 41 complaints remained opened with the average number of days opened being 33 working days.

Trends & Learning: Of the 23 complaints closed, 57% were upheld/ partially upheld with some of the following learning outcomes identified: communication, ICH assessment / advise, EOC call handling, and EMDs knowledge of the availability of Community Defibs.

- Regional roll out of feedback leaflet for frontline staff to issue to service users
- NIPSO launched the new Model Complaints Handling Procedure for the health sector on 1 July 2025. Development of systems, training, new guidance and NIASS own policy is underway for an implementation date of 1 January 2026.

During August 2025, 15 stories were submitted via Care Opinion. By 1st of September these stories were viewed 998 times.

The main areas of feedback were:

- What's good – Ambulance crew / compassion / Care
- Improvements – Waiting times / communication
- Feelings – Grateful / Thankful/ reassured



Our Patients

Safeguarding Education, Training and Referrals

Safeguarding Education

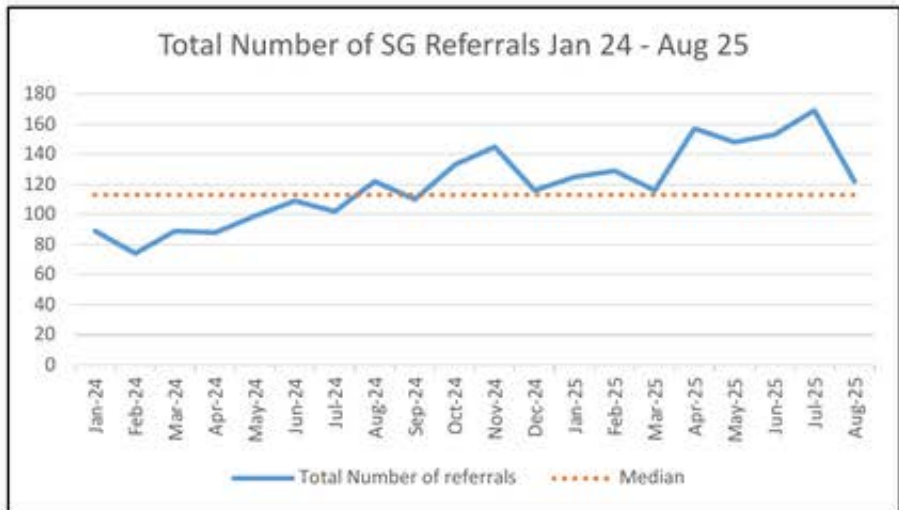
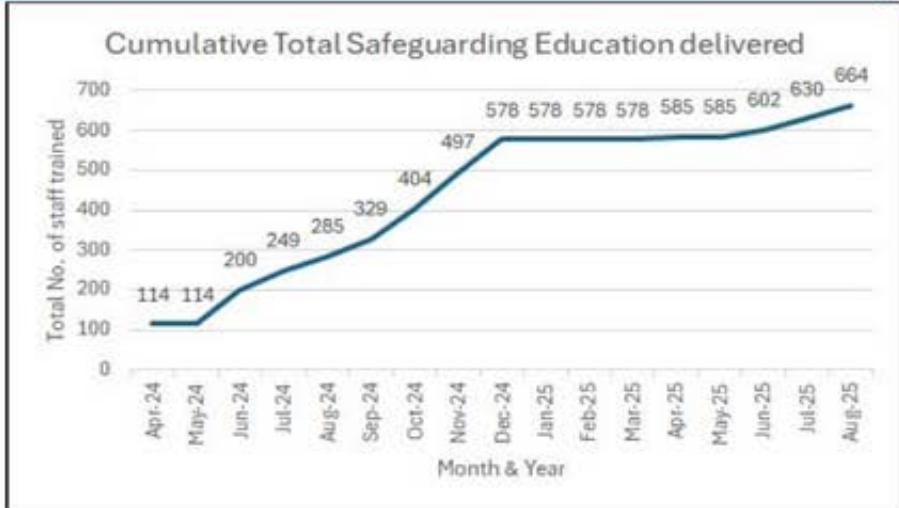
- The NIAS Safeguarding Training & Education Strategy is in its early second year of implementation and as of August 2025, **664** staff have attended face-to-face education, with an estimated total of >750 by the end of the year.
- This represents over 60% of our staff involved with the delivery of direct patient care and is currently surpassing the trajectory set in the KPI.
- Further plans are currently being developed to support our ACA staff cohort to attend Level 3 education and work is progressing in the development of a Level 1 & 2 e-learning package for NIAS staff not involved in delivery of direct patient care.

Safeguarding & Welfare Referrals

- Referral rates have continued to show sustained growth throughout 2025:
 - Data for May-July 2025 (n=465) demonstrates a 50% increase in comparison to May-July 2024 (n=310). This growth is expected to be sustained throughout this new reporting period and into 2026.
 - This upturn has invariably caused increased pressure within the safeguarding team and there is currently one additional member supporting this work, in position through temporary Expression of Interest (EOI).
- The digitalisation of the Safeguarding referral pathway has experienced delays as the technology is not suitable for the purposes required and further work is required in this area.

Themes

- Safeguarding referral themes identified for this period continue to show a similar trend as follows:
 - Adults: Mental health issues, home care assessment, unsuitable living conditions and alcohol/drug related issues.
 - Children: Carer mental health issues, alcohol/drug issues, self harm/mental health issues and children in care.



Our People

Absence

Sickness

Monthly sickness absence rates for 25/26 have decreased when compared to 24/25. The monthly figure of 10.57% being reported for the month of August 2025 is against a monthly figure of 11.55% for the same reporting period in August 2024 and the cumulative total absence figure of 9.35% to August 2025, against a cumulative figure of 10.70% reported for the same period in August 2024. The August 25 monthly figure (10.57%) increased from July 25 (9.21%). The figures indicate a slight increase in long-term and a reduction in short-term cumulative absence in August2025. The Trust remains below the target for the year (9.53%).

Managerial action continues to focus on progressing the long-term absences on a month-by-month basis. In addition, managers are placing additional focus on those employees with the highest number of recurring short-term absences in the previous 12 month period. Progress is monitored and reported on a monthly basis via Directors to the Chief Executive.

In the reporting period for August 2025, 16 of the long-term absences returned to work. There are 5 employees who are on long-term sick leave at various stages of the ill health retirement process. There are 3 staff members who are awaiting redeployment, and 1 staff member successfully redeployed. Finally, there is 1 employee on long-term sick who will leave the Trust via retirement.

A case management approach aligned with our Open, Just and Learning principles continues for the employees who remain on long-term absence, with focused Occupational Health case management meetings scheduled.

Sickness absence due to mental health reasons continues to present the highest reason for absence with a figure of 31.01% for the reporting period, with stress and work-related stress accounting for 15.08% and 7.65% respectively. The Trust’s Health & Well-Being Team continue to implement the Trust’s Mental Health Action Plan as part of the Healthy People, Health Place Strategy, including raising awareness and offering manager training in the use of the Trust’s policy and procedure on managing work-related stress.

Top 5 Sickness Categories 2025/26*		Mental Health Reasons	
Mental Health	31.01%	Stress	15.08%
Accident/Untoward Incident	12.53%	Stress-Work Related	7.65%
Injury, Fracture	10.95%	Grief/Bereavement	4.29%
Back Problems	6.97%	Anxiety	2.12%
Miscellaneous	6.60%	Other Mental Health	1.30%
* Accounts for 68.06% of absence			
# Miscellaneous includes General Debility (0.64%);			
Hospital Investigations (1.10%); Post Surgical			
Debility (3.38%); Post Viral Fatigue (1.49%); Chronic			
Fatigue (0.00%)			
		Depression	0.19%

2025/26 Cumulative Sickness Absence by Month including Comparison with Previous Reporting Year													
Month		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
1.	Absence Target (2025/26)	9.53% ¹											
2.	Current Status against Target	9.35% ↑											
3.	Cumulative % hours lost (24/25)	10.24%	9.64%	10.06%	10.49%	10.70%	10.79%	10.68%	10.43%	10.38%	10.35%	10.21%	10.07%
4.	Cumulative % hours lost (25/26) (Total)	8.53%	8.85%	9.00%	9.05%	9.35%							
4.1	Cumulative % hours lost (25/26) Short-Term	2.19%	2.13%	2.05%	1.91%	1.88%							
4.2	Cumulative % hours lost (25/26) Long-Term	6.34%	6.72%	6.94%	7.14%	7.47%							
5.	Monthly % hours lost (25/26) Total	8.53%	9.17%	9.30%	9.21%	10.57%							
6.	Average standard working days lost/employee/month	1.82	1.95	1.89	2.04	2.14							
7.	Average estimated cost per month (£'000)	£609	£633	£628	£632	£729							

- ↑

Above target and increase from last month
- ↓

Above target and decrease from last month
- ↑

Below target and increase from last month
- ↓

Below target and decrease from last month

¹To reduce absence rates to 92.5% of absence levels reported in 2024/25 (based on annual re-run) by end March the 2025/26 financial year.



	KPI (in working days)	August 2025 Average wait time
Medical Team	10	11
Physio Team	5	10
Psychology Team	10	47
OT Team	10	0
PPHA (routine)	2	1
PPHA (Drivers)	5	12

August 2025 monthly wait times in days by specialty

- Monthly meetings established in October 2024 between NIAS OH lead and Belfast Trust Business services manager.
- Key performance indicators agreed following a detailed review of service usage spanning four years.
- NIAS dashboard created with monthly reporting from April 1st, 2025
- BHSCT Capacity as been increased, NIAS referrals checked daily by two designated staff
- Escalation pathways established and working.
- Action plan agreed to improve quality of referrals and increase prevention and early intervention programmes.
- Enhanced Service Level Agreement go live date 18 September 2025.

Note: Information presented on this summary is derived from the following data sources only; eOPAS, OH Tracker Database, OH shared Drive.



OH, KPI's
Example

Service Activity	Aim	Key Performance Indicators for Service Delivery
Pre-Employment health checks (for new starts)	To ensure that prospective employees are fit to perform their role effectively and without risk to their own or to others' health and safety	Pre-employment health assessments to be carried out within 7 working days of the date of receipt of all documentation sought from the applicant and 'fit' reports to be provided within 2 working days of the assessment having taken place.
Professional Support and advice	To answer queries from HR, Managers, and employees.	Response to telephone queries and email correspondence within 2 working days of receipt of an enquiry Monthly review between NIAS HR and BHSCT OH of all long-term sickness absence cases.



Northern Ireland Ambulance Service
Health and Social Care Trust



Our Infrastructure

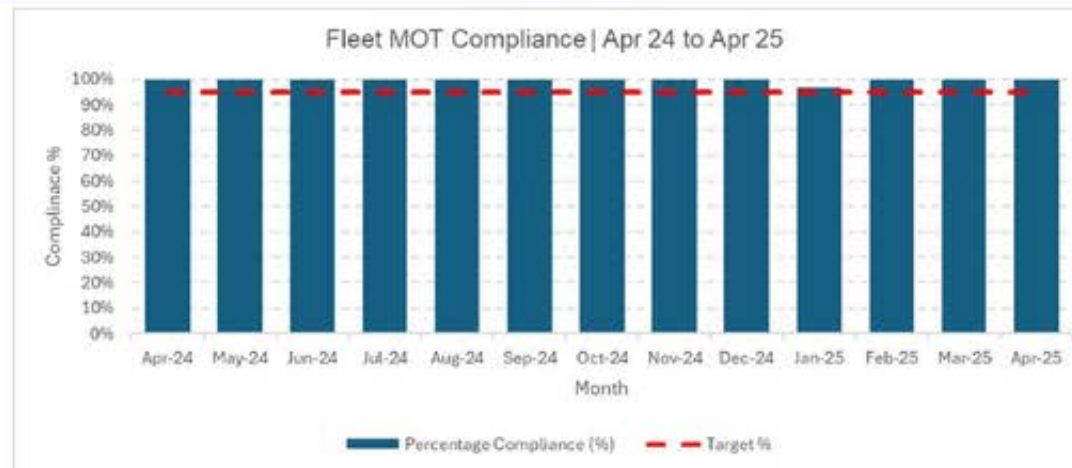
Fleet Performance

MOT Compliance

Fleet MOT Compliance 2024.25

The analysis below describes: NIAS' performance for meeting the MOT requirements for our Fleet.

MOT Compliance



- NIAS has achieved compliance with MOT Compliance from April 2024 to April 2025. There has only been one vehicle that has missed an MOT appointment, in January 2025 on the day of Storm Eowyn as the test centre was closed.
- NIAS Fleet department actively manage MOTs across the entire fleet to ensure compliance with this regulation.



Northern Ireland Ambulance Service Health and Social Care Trust



63

TRUST BOARD

PRESENTATION OF PAPER

Date of Trust Board:	23 October 2025
Title of paper:	NIAS Finance Report – August 2025 (Month 5)
Brief summary:	<ul style="list-style-type: none"> Attached is the finance report for month 5 to 31 August 2025. The Trust is reporting year-to-date (YTD) revenue expenditure of £55.355m with an underspend of £0.004m against profiled budgets. Slippage in pay budgets are expected to continue to the end of the year. This is due to the recruitment of staff not happening as quickly as originally anticipated. This is being offset by increased costs against non-payroll (specifically IAS costs). The savings plan to deliver the full £3.475m is on track to be achieved. Based on current spend trends and forecasts, the Trust is forecasting a break-even position at year-end. As at 31 August, the CRL allocation for 2025-26 is £6.181m. The Trust is forecasting a break-even position at year-end. <p>Trust Board are asked to note month 5 Finance Report.</p>
Recommendation:	<div> For Approval <input type="checkbox"/> For Noting <input checked="" type="checkbox"/> </div>
Previous forum:	SMT 14 October 2025
Prepared and presented by:	William Abernethy, Leahann Donnelly and Presented by Leahann Donnelly
Date:	14 October 2025

Trust Board Finance Report

August 2025 (Month 5)



Northern Ireland Ambulance Service
Health and Social Care Trust



Contents

- * Executive Summary
- * Financial Performance – August 2025 (Month 5)
- * Summary of Directorate Positions
- * YTD Variances (>£50k)
- * Expenditure Trends
- * Overtime Expenditure
- * Independent Ambulance Service
- * Capital Resource Limit
- * Prompt Payment of Invoices
- * Statutory Financial Performance Targets
- * Contingency Allocation



Executive Summary

- * As at August 2025, the Trust has received a funding allocation from SPPG of £116.040m (inclusive of £0.104m from PHA and net of £2.475m of savings).
- * At this stage of the financial year there is further assumed funding of £15.398m. This funding includes £14.336m in relation to the Workforce Plan. This funding will be confirmed once the Business Cases have been approved. The remaining assumed funding relates to Ulster University students and Cyber Staffing.
- * The projected other income figure, which mainly relates to recharges to other Trusts, income from Road Traffic Accidents and income on disposal of fixed assets is £2.104m.
- * As such, Directorate budgets have been updated to reflect total funding of £133.542m. This is an increase of £0.057m on the month 4 allocation of £133.485m. The increase in funding relates to additional funding for Computer Aided Dispatch (CAD).
- * As the year progresses, the total funding position may change once final allocation and income figures are confirmed.

Financial Performance

August 2025 (Month 5)

- * For period ending August 2025, the Trust is reporting year-to-date (YTD) expenditure of £55.355m, resulting in a year-to-date underspend of £0.004m when compared to the profiled budget. A summary of each Directorate's position is included on the next slide.
- * NIAS is forecasting a break-even position at the end of the financial year.

Summary of Directorate Positions

Please note that in the following table, columns 1-3 show variances (budget (based on estimate expenditure profiles for 2025-26) vs actual). A negative figure represents an overspend against budget, with a positive figure indicating an underspend.

£ 000s	YTD Variances			YTD Actuals	YTD Var to Budget (%)	Full Year Forecast	Budget Allocation	Variance
	Payroll	Non-Pay	Total					
Chief Executive's Office	(36)	89	54	553	9%	1,455	1,455	0
Director of Finance	53	19	72	880	8%	2,299	2,299	0
Director of Human Resources	107	98	205	975	17%	2,889	2,889	0
Medical Director	(25)	2	(23)	255	-10%	558	558	0
Clinical Director	126	131	257	5,491	4%	14,883	14,883	0
Director of Safety, Qual & Imp	54	21	75	1,262	6%	3,192	3,192	0
Director Of Plan, Perf & Corp Services	(46)	144	97	3,672	3%	9,119	9,119	0
Director of Operations	851	(1,584)	(733)	42,267	-2%	99,191	99,191	0
Operations HQ	(4)	68	63	1,522	4%	4,340	4,340	0
Unscheduled Care	457	(16)	441	30,441	1%	74,490	74,490	0
Scheduled Care	398	(43)	355	5,804	6%	14,758	14,758	0
Independent Ambulance Service		(1,592)	(1,592)	4,500	-55%	5,603	5,603	0
Revenue Total	1,084	(1,080)	4	55,355	0.0%	133,585	133,585	0
Contingency			0			357	357	0
Other Savings (TBC)			0			(400)	(400)	0
NIAS Total	1,084	(1,080)	4	55,355		133,542	133,542	0

- * Directorate budget allocations have been updated as outlined in the 'Budget Allocation' column above to reflect the updated funding position and agreed reallocation of budgets to priority areas. All movements will be discussed with Directors at monthly finance meetings.

YTD Variances (>£50k)

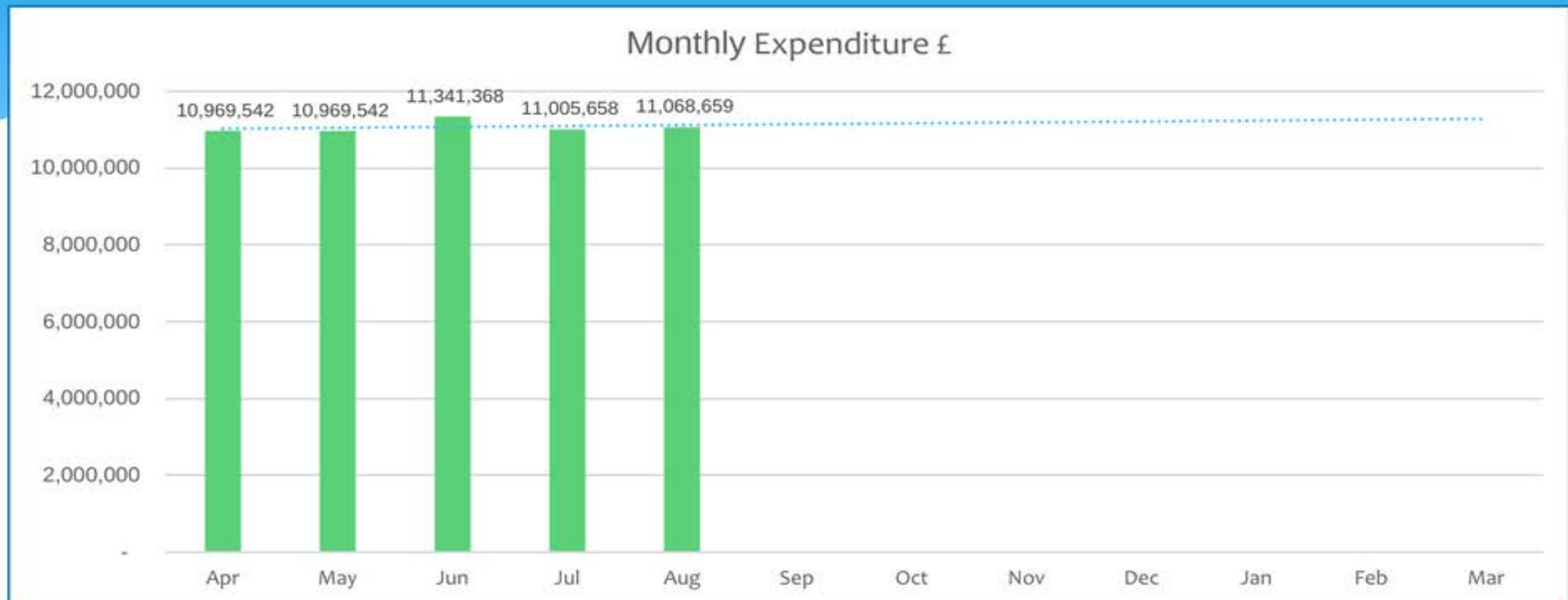
Payroll Variances against budget

- * Payroll variances are due to current vacancies in NIAS. This is being partly managed through the use of overtime and IAS (see following slides).

Non - Payroll Variances against budget

- * **Chief Executives Office** – lower than anticipated costs in Regional Co-ordination Centre (RCC) due to reduced staffing levels (please note actual RCC costs are shared across all six trusts with NIAS only incurring 2% of the overall cost).
- * **Human Resources** – underspend in relation to Staff Substitution costs budgeted for Kings Fund. Budget to be potentially reprofiled over remaining months. Also reduced costs in relation to Occupational Health (from Belfast Health Trust), currently being investigated.
- * **Clinical Director** – underspend in relation to Computer Software for ePCR/REACH, budget as per extensions Business Case, potential to be reprofiled.
- * **PPCS** – underspend in relation to Telephone Rent & Calls under IT, Vehicle Maintenance and Repairs under Fleet, and BSO Management Fees under Planning & Performance.
- * **Operations:**
- * **Operations HQ** – underspend in relation to EPRR/HART including Staff Travel, Equipment and Estate costs. Costs expected to be incurred when additional staff join and new premises have been moved into.
- * **Independent Ambulance Service** - increased spend due to increased activity. Offset by frontline vacancies (see future slide).
- * Variances will be discussed in detail with Directors at monthly finance meetings.

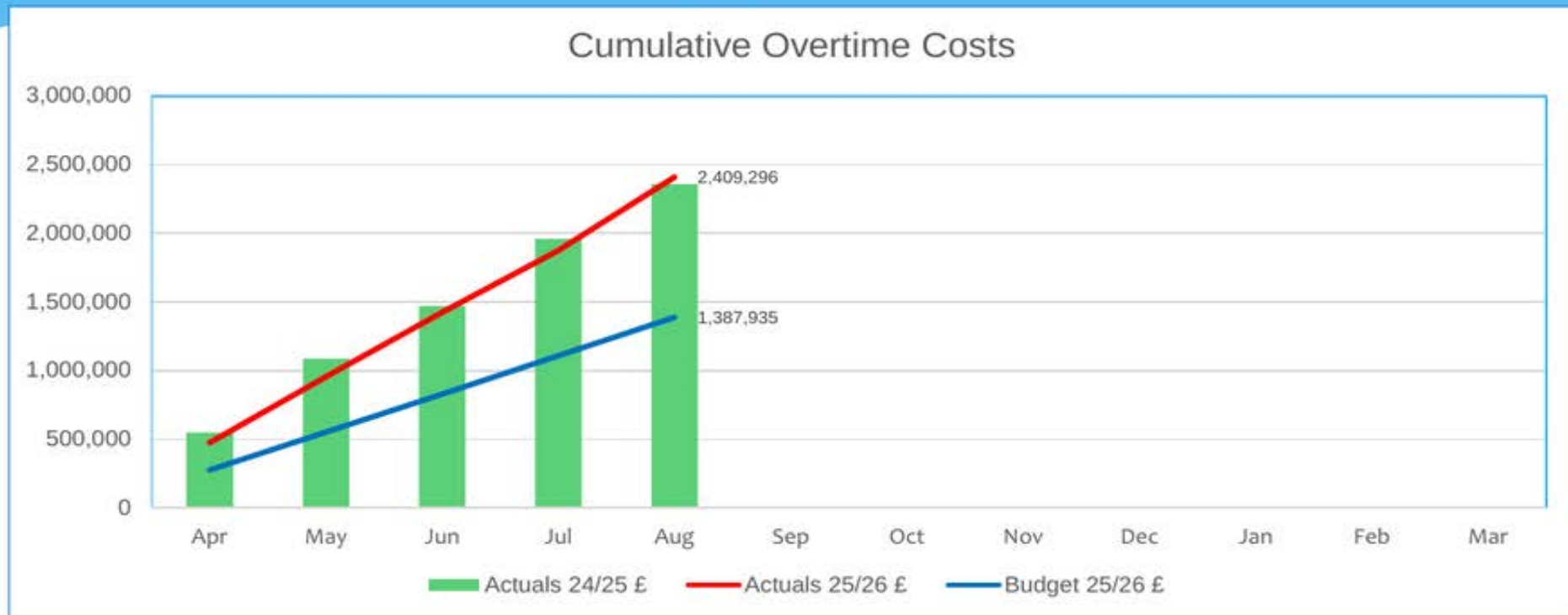
Expenditure Trends



- * YTD expenditure is averaging £11.071m a month (month 1 and month 2 have been split equally as year-end-accounts were prioritised over month end work at this time).
- * Monthly finance meetings have been arranged to discuss year-to-date performance; to identify any areas that need investigating; and to discuss the full year forecast position for each directorate.

Overtime Expenditure

The Trust relies on the use of overtime for the provision of services. This reliance is for several reasons including vacancies, planned and unplanned absences and additional cover or programmes of work.



- * Note this is the net overtime number and excludes National Insurance.
- * Overtime costs are managed within the payroll expenditure category.

IAS Expenditure

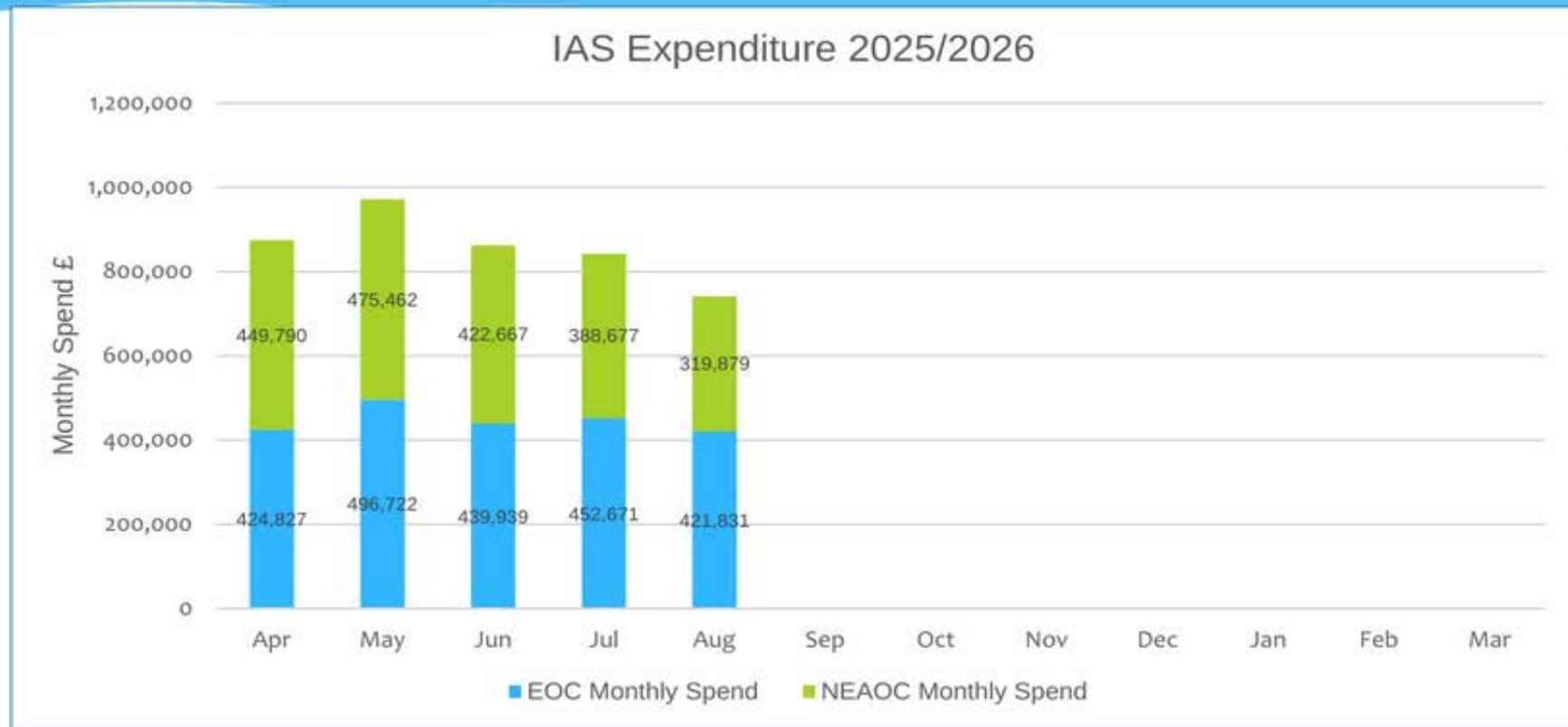
The Trust continues to benefit from the support of Independent Ambulance Service (IAS) Providers.



- * Scheduled Care and Unscheduled Care amounts to decrease with intake of new substantive staff and decrease in IAS shifts.
- * IAS Expenditure excludes spend in relation to Belfast Health Trust (NIAS recharges this expenditure).

IAS Expenditure

The chart below provides a breakdown of the monthly IAS expenditure between EOC and NEAOC



Capital Resource Limit

The Trust has received a Capital Resource Limit (CRL) allocation for 2025-26 of £6.181m.

Expenditure category	Capital Resources Limit Allocation £'k	25/26 Forecast Spend £'k
Fleet and Estates	5,700	5,700
Medical Equipment	0	0
Backlog Maintenance	125	125
ICT	310	310
R&D	46	46
Leases	0	0
Total	6,181	6,181

- * NIAS has developed a plan to deliver a breakeven position for 2025-26.

Prompt Payment of Invoices

The Trust is required to pay non HSC trade creditors in accordance with the Better Payments Practice Code and Government Accounting Rules. The target is to pay 95% of invoices within 30 calendar days of receipt of a valid invoice, or the goods and services, whichever is the latter. A further regional target to pay 70% (increased from 60%) of invoices within 10 working days (14 calendar days) has also been set.

NIAS Prompt Pay Performance 2025-26

	Final													
Number	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD Cum	Target
Total bills paid	3,483	2,955	2,926	3,913	2,863								16,140	
Total bills paid within 30 calendar days of receipt of undisputed invoice	3,396	2,876	2,863	3,833	2,775								15,743	
% bills paid on time 30 days	97.5%	97.3%	97.8%	98.0%	96.9%								97.5%	>95%
Total bills paid within 10 working days (14 calendar days)	2,653	2,240	2,373	3,178	2,387								12,831	
% bills paid on time 10 days	76.2	75.8%	81.1%	81.2%	83.4%								79.5%	>70%
Targets														
30 days	>95%	>90%	<90%											
10 days	>70%	>65%	<65%											



Statutory financial performance targets**RAG status**

The position outlined in this report, and the associated RAG status, is subject to several assumptions.

Manage within allocated Revenue Resource Limit (RRL) / Achieve financial break-even

For period ending August 2025, the Trust is reporting YTD expenditure of £55.355m. At this stage of the year, NIAS is forecasting to break even at year end.

Manage within allocated Capital Resource Limit (CRL)

The Trust has received a Capital Resource Limit (CRL) allocation of £6.181m. At this stage of the year, NIAS is forecasting to break even at year end.

Savings target

The Trust has to achieve £3.475m of savings in 2025-26. This savings target has been included within the current 2025-26 financial plan as follows.

Savings Plan 2025/26	Plan £m	YTD Actual £m	Full Year Forecast	Variance
Savings required for Employers NIC Increases (payroll slippage)	1.000	0.417	1.000	0.00
Non-Frontline Vacancy Management	1.000	0.353	1.000	0.00
Regional Control Centre savings due to vacancies	0.500	0.253	0.500	0.00
Patient Taxis / Ambulance Transport	0.325	0.124	0.325	0.00
Uniforms	0.150	0.085	0.150	0.00
Travel and Expenses	0.100	0.046	0.100	0.00
TOTAL ALLOCATED IN CP	3.075	1.278	3.075	0.00
Income	0.300	0.075	0.300	0.00
Sale of End-of-Life Vehicle	0.100	0.021	0.100	0.00
TOTAL OTHER INCOME	0.400	0.096	0.400	0.00
TOTAL	3.475	1.374	3.475	0.000

Savings plan will be closely monitored as the year progresses.

Prompt payment target-95% of suppliers within 30 days

Cumulative performance is 97.5% for the period ended 30 August 2025.

Contingency Allocation

The table below outlines allocations to date from the contingency to fund high priority pressures. Following a review of WTE information £17k was moved to Contingency.

Description	£'k
Original Amount	472
Intelligent Routing Platform (IRP) Funding	-95
Ceremonial Uniforms	-30
Shared Cost Stage 1 e-learning programme	-8
WTE Adjustment	17
Current Balance	357

Budget holders have reported the following additional pressures:

- Minor Schemes are requesting an additional £100k.
- Additional funding allocated to cover Directors and Medical pay award.
- Funding to cover the costs of a scoping exercise for a new fleet management system.
- Anticipated additional potential funding requests in the future relate to funding to support the stand down of operational staff for statutory mandatory training; Fire Risk Assessments for Trust buildings; and Anderson Spratt Group (ASG) engagement regarding recruitment. Costing is ongoing regarding both of these.

Papers will be presented to SMT with proposals in due course.

End of Report



Northern Ireland Ambulance Service
Health and Social Care Trust





Northern Ireland Ambulance Service Health and Social Care Trust



TRUST BOARD

PRESENTATION OF PAPER

Date of Trust Board:	23 October 2025
Title of paper:	NIAS Update on NIAO Ambulance Handovers Recommendations
Brief summary:	<p>NIAS's return to the DOH regarding progress made against the March 2025 NIAO hospital handover report is submitted to Trust Board.</p> <p>NIAS's specific updates on relevant recommendations have been included within a composite response from the DOH to the NIAO.</p>
Recommendation:	<div> For Approval <input type="checkbox"/> For Noting <input checked="" type="checkbox"/> </div>
Previous forum:	
Prepared and presented by: Date:	Seamus Mullen 17 October 2025

**From the Interim Permanent Secretary
and HSC Chief Executive**



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Email: mike.farrar@health-ni.gov.uk

Our Ref: SCORR-0161-2025

Date: 1 October 2025

Dear Colette

Departmental Responses to NIAO Public Reporting Publications (NIAO review - Ambulance Handovers in NI)

Thank you for your correspondence dated 5 September 2025, requesting a response to the recommendations outlined in the Northern Ireland Audit Office report on Ambulance Handovers in NI.

I would like to express our sincere appreciation for the continued engagement and oversight provided by the NIAO. We greatly value the constructive relationship that has developed over recent years and recognise the professionalism and rigor your team brings to each review.

As requested, the Department of Health has reviewed the report and welcomes its recommendations. Improving ambulance handover times remains a key priority and we are committed to implementing actions aligned with the report's findings.

Earlier this year, departmental officials, together with clinicians from HSC Trusts and the Northern Ireland Ambulance Service (NIAS), visited a London hospital to learn from their successful approach to expediting ambulance release. Following this visit, the Trusts and NIAS were tasked with adopting a similar model to reduce handover delays. Each Trust has since developed plans to implement targeted interventions by October 2025. These include a range of initiatives aimed at improving patient flow through the hospital system, such as the introduction of enhanced triage processes, increased use of same-day emergency care pathways, expansion of discharge lounges and improved coordination between emergency departments and community services. Collectively, these measures are designed to reduce bottlenecks, facilitate timely admissions and discharges and ultimately improve the efficiency of ambulance handovers.

In August, the Department of Health held a regional workshop focused on ambulance handover delays, attended by Trust Chief Executives and Directors, and supported by the Chief Medical Officer and Chief Nursing Officer. Attendees endorsed the implementation of regional ambulance handover guidance, with the aim of eliminating handovers exceeding two hours by 1 December 2025 as part of wider winter resilience plans.

Regional ambulance handover guidance is being developed to standardise processes and improve the safety and timeliness of patient transfers across all Trusts. This work has involved close collaboration with NIAS and HSC Trusts who have already begun implementing elements of the guidance through local plans in advance of winter. The finalised guidance will be in place before the introduction of the two-hour maximum handover standard at the start of December. Compliance will be monitored by the Regional Control Centre (RCC) through individual Trust meetings and the Department via the HSC Support and Intervention Framework (SIF) process, ensuring accountability and continuous improvement.

NIAS is working with the Association of Ambulance Chief Executives (AACE) to foster a culture conducive to improved hospital handover times. For example, NIAS will incorporate learning from an AACE benchmarking exercise to support timely crew clearance following patient handover. In addition, a recent demand capacity review by the Operational Research in Health (ORH) has provided valuable recommendations to enhance ambulance dispatch, mobilisation and turnaround processes, which NIAS is actively considering as part of its ongoing improvement efforts.

NIAS has also taken steps to address the recommendations outlined in the NIAO report, including the development of internal action plans and collaborative initiatives with Trusts to improve ambulance turnaround times and overall system efficiency. NIAS has increased Hospital Ambulance Liaison Officer (HALO) coverage at the five major emergency departments (EDs) with plans to further increase HALO capacity.

The Trusts, in collaboration with NIAS, have been tasked with developing alternative pathways to reduce ED conveyance. To support this, £1.3m has been allocated to NIAS for the development of an Integrated Care Hub (ICH) which facilitates clinically appropriate 'Hear and Treat' and 'See and Treat' pathways.

The ICH is now fully operational 24/7, staffed by a dedicated team of experienced clinicians with additional support provided by mental health practitioners, in partnership with the South Eastern Trust, on Friday, Saturday and Sunday evenings. The Hub aims to safely reduce ED attendances, improve patient outcomes and enhance ambulance response times.

Building on the findings of the ORH demand and capacity review, NIAS has benchmarked its 'Hear and Treat' and 'See and Treat' rates and developed a 10-year improvement trajectory. Targets for 2025/26 are currently being finalised and will be aligned with ORH benchmarks. These will be incorporated into the Trust's performance framework to support ongoing monitoring and continuous improvement.

NIAS continues to review and update its directory of services for alternative care pathways and is addressing longstanding challenges arising from regional variability in the availability and accessibility of alternative care pathways, which impact patient experience and outcomes across the five HSC Trust areas. Coordinated Clinical Pathways meetings are in place to reduce unnecessary ED conveyances, support early interventions and improve system flow. NIAS monitors data and emerging trends to ensure the directory remains accurate and responsive to patient needs. Identified gaps

are escalated through appropriate channels to support collaborative resolution and ongoing development of safe, effective care pathways.

NIAS acknowledges the importance of sustaining recent progress in reducing sickness absence rates and is committed to maintaining momentum in this area. On-going efforts include strengthening staff wellbeing initiatives, enhancing occupational health support and monitoring absence trends to ensure continuous improvement in line with best practice across the UK.

The NIAS sickness absence rate for 2025/26 is 9%. The most recent figure for June 2025 is 9.17%, down from 11% in June 2024. Further targeted interventions, including enhanced leadership support for line managers, and improved return-to-work processes are being implemented to consolidate progress.

Comparative absence figures for the past three years are provided below:

Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Target
NIAS 2022/23	10.62%	10.64%	10.88%	10.94%	10.89%	10.93%	11.12%	11.19%	11.58%	11.91%	12.07%	12.30%	
NIAS 2023/24	14.26%	14.19%	14.26%	14.27%	14.64%	14.60%	14.65%	14.82%	14.90%	14.76%	14.53%	14.23%	11.25%
NIAS 2024/25	10.25%	9.64%	10.06%	10.49%	10.70%	10.79%	10.68%	10.43%	10.38%	10.35%	10.21%	10.07%	
NIAS 2025/26	8.53%	8.85%	9.00%	9.05%	9.35%								9.53%

The Getting It Right First Time (GIRFT) Review of Emergency Medicine Northern Ireland report published in January 2024, set out a series of recommendations aimed at improving emergency care delivery across Northern Ireland. These included both region-wide actions and Trust-specific guidance and the authors shared their findings with the NIAO as part of the review of Ambulance Handovers.

A key recommendation was the development of robust Same Day Emergency Care (SDEC) services and urgent clinics, with a focus on admission avoidance and decongesting EDs. In response the Department issued a regional SDEC standard in August 2024. A baseline assessment was completed by the Regional Coordination Centre and a Task and Finish Group was established in September 2024 to lead implementation. Sub-groups have since been formed to support standardisation of clinical pathways and improve reporting of SDEC activity.

The GIRFT team has continued to engage with Trusts to identify priority pathways for implementation. In addition to regional actions, the report also outlined tailored recommendations for individual Trusts, which are being progressed with support from the SDEC Task and Finish Group.

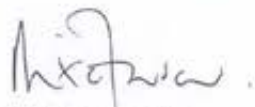
With regard to the regulation of the private ambulance sector, governance and assurance continues to be provided via NIAS, who undertake twice yearly unannounced inspections of independent sector providers. Quarterly governance meetings take place with all providers, which includes a plenary learning and update session, followed by a one-to-one meeting with each provider.

Exploring the current regulatory position of private ambulance providers will form part of work commissioned by the Minister asking officials to undertake a review of the current non-emergency transport strategy for HSC, subject to resources. However, it is important to note the complexities of this work: unlike with the Care Quality Commission in England, the RQIA in Northern Ireland does not have the legislative authority to regulate this sector.

In addition to the above, NIAS has initiated a value for money analysis to assess the use of the private ambulance sector against increasing in-house capacity.

Once again, I would like to thank the NIAO for its thorough review and continued support. We welcome the opportunity for periodic monitoring by the Departmental Audit and Risk Committee, which will help ensure sustained progress. I trust that the actions taken to date provide assurance of the Department's commitment to fully delivery against the recommendations set out in the report.

Yours sincerely



MIKE FARRAR

NIAS Update on NIAO Ambulance Handovers Recommendations

September 2025

85

NIAS Updates

Rec.	Recommendation	Update September 2025
1	Ambulance handover delays in Northern Ireland are unacceptable. They have worsened significantly in recent years and are causing harm to patients and to public finances. Each HSC Trust must work collaboratively with NIAS and DoH to implement decisive measures to improve ambulance handover performance as a matter of urgency.	<ul style="list-style-type: none"> NIAS in association with RCC and SPPG led on a collaborative workshop on hospital handovers on 29 August 2025. All HSCs at CEx and Director-level were represented at the workshop. Workshop was addressed by CMO, CNO and Permanent Secretary and has identified a phase 1 trajectory from 4-hour to 2-hour backstop for hospital handovers. A Standard Operating Procedure was developed as a core component of this joint work and will be consulted/piloted throughout September/October 2025. Suggested ePRF wording and screenshots will be provided in the SOP, to ensure consistency of practice. This work is being aligned with regional unscheduled care reform, with RCC positioned as a testbed for real-time data capture, escalation, and assurance. NIAS will continue to provide daily evidence on delays, lost hours, and patient safety incidents to reinforce system accountability and sustain focus on delivery. HALO cover is in place at Altnagelvin (2 + 1 pending), Antrim (3), RVH (3.71), Ulster (4), Craigavon (2.84). A request has been submitted to scrutiny for an 5 additional HALOs. Interim cover arrangements when HALOs are absent include overtime, staggered shifts, and supervisors deployed if possible. A senior NIAS representative attends daily RCC calls to resolve ED challenges and a plan is currently in place Plan to introduce fortnightly RCC–Trust meetings to review handover times.
2	Given the increasing reliance on the private ambulance sector, the Department should take immediate action to improve oversight and regulation of this sector, taking account of the best practice requirements in England.	<ul style="list-style-type: none"> DoH Recommendation
3	NIAS must monitor the costs of deploying the private ambulance sector on an ongoing basis to ensure that value for money is being achieved.	<ul style="list-style-type: none"> NIAS continually monitors the costs of deploying the independent ambulance sector on a monthly basis through directorate accountability meetings and reports costs to Senior Management Team and Trust Board. As of month 4, NIAS has spent £3.55M on independent ambulance provision throughout Northern Ireland In addition to monthly reporting, NIAS is enhancing financial modelling to project spend scenarios under different demand and service profiles – anticipated completion Q4 2025/26. This will provide the Trust Board with assurance on value for money and support the DoH oversight of sector usage.

NIAS Update on NIAO Ambulance Handovers Recommendations

September 2025

86

Rec.	Recommendation	Update September 2025																																																																						
4	It is crucial that recent work done by NIAS to reduce its sickness absence rate is sustained and improvements continue to be made in line with peers elsewhere in the UK.	<ul style="list-style-type: none">The sickness absence rate for NIAS for 2025/26 financial year is 9%. The most recent sickness rate for June 2025 is 9.17%, compared to 11% for June 2024.Further targeted interventions, including wellbeing programmes, leadership support for line managers, and improved return-to-work processes, are being implemented to consolidate progress and move closer to UK peer benchmarksComparative absence figures for the past three years are as follows: <table><tr><th></th><th>April</th><th>May</th><th>June</th><th>July</th><th>Aug</th><th>Sept</th><th>Oct</th><th>Nov</th><th>Dec</th><th>Jan</th><th>Feb</th><th>Mar</th><th>Target</th></tr><tr><td>NIAS 2022/23</td><td>10.62%</td><td>10.64%</td><td>10.88%</td><td>10.94%</td><td>10.89%</td><td>10.93%</td><td>11.12%</td><td>11.19%</td><td>11.58%</td><td>11.91%</td><td>12.07%</td><td>12.30%</td><td></td></tr><tr><td>NIAS 2023/24</td><td>14.26%</td><td>14.19%</td><td>14.26%</td><td>14.27%</td><td>14.64%</td><td>14.60%</td><td>14.55%</td><td>14.82%</td><td>14.90%</td><td>14.76%</td><td>14.53%</td><td>14.23%</td><td>11.25%</td></tr><tr><td>NIAS 2024/25</td><td>10.25%</td><td>9.64%</td><td>10.06%</td><td>10.45%</td><td>10.70%</td><td>10.79%</td><td>10.68%</td><td>10.43%</td><td>10.38%</td><td>10.35%</td><td>10.21%</td><td>10.07%</td><td></td></tr><tr><td>NIAS 2025/26</td><td>8.53%</td><td>8.85%</td><td>9.00%</td><td>9.05%</td><td>9.35%</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>9.53%</td></tr></table>		April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Target	NIAS 2022/23	10.62%	10.64%	10.88%	10.94%	10.89%	10.93%	11.12%	11.19%	11.58%	11.91%	12.07%	12.30%		NIAS 2023/24	14.26%	14.19%	14.26%	14.27%	14.64%	14.60%	14.55%	14.82%	14.90%	14.76%	14.53%	14.23%	11.25%	NIAS 2024/25	10.25%	9.64%	10.06%	10.45%	10.70%	10.79%	10.68%	10.43%	10.38%	10.35%	10.21%	10.07%		NIAS 2025/26	8.53%	8.85%	9.00%	9.05%	9.35%								9.53%
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NIAS 2025/26	8.53%	8.85%	9.00%	9.05%	9.35%								9.53%																																																											
5	This report has identified examples from elsewhere in the UK where handover performance has been positive. There have also been some minor improvements in local ambulance handover performance identified earlier in the report. Any learnings and good practice from elsewhere and locally should be identified by HSC Trusts, working with NIAS and DoH, and incorporated into action plans to reduce ambulance handover delays across Northern Ireland.	<ul style="list-style-type: none">NIAS has been working with the Association of Ambulance Chief Executives who have been benchmarking progress in hospital handovers throughout the UK. NIAS invited London Ambulance Service to the Hospital Handovers workshop on 29 August 2025 to showcase best practice in the London Area. Representatives from the NIAS Exec team visited the LAS and the London site to see the protocol in use. Learning from this visit suggested that focussing on culture, clear processes, and taking a phased approach led to successful implementation of reduced handovers.Best practice in LAS hospital handovers has been integrated into the draft Standard Operating Procedure for Northern Ireland.NIAS will maintain ongoing engagement with AACE to horizon-scan for further innovations in handover reform. Lessons will be captured formally and incorporated into quarterly Trust Board updates.																																																																						
6	Each HSC Trust must ensure their plans in response to the GIRFT report achieve effective and sustained outcomes. Improving attitudes, behaviours and cultures should be central to these plans. DoH must ensure that Trusts abide by this.	<ul style="list-style-type: none">NIAS continues to progress relevant actions in accordance with the GIRFT report.NIAS is working with AACE to ensure attitudes, behaviours and cultures are conducive to achieving improved hospital handover times. For example, NIAS will implement learning from AACE benchmarking to ensure crews take responsibility for clearing within appropriate timelines following handover.																																																																						
7	NIAS must increase the proportion of patients it refers to alternative care pathways and reduce the rate of conveyance of patients to EDs. This should be, in part, achieved by NIAS increasing its use of 'hear and treat' and 'see and treat' methodologies. Clear targets, which take account of best standards applied elsewhere in the UK, should be set and monitored for all of this work.	<ul style="list-style-type: none">NIAS has worked with ORH to benchmark hear & treat and see & treat rates and set a trajectory for the next 10 years.Targets for 2025/26 will be finalised in line with ORH benchmarking by end of Q3 2025. These will be integrated into the Trust's performance framework and reported via accountability meetings to ensure visibility and continuous improvement.																																																																						

NIAS Update on NIAO Ambulance Handovers Recommendations

September 2025

87

Rec.	Recommendation	Update September 2025
8	HSC Trusts must ensure the capacity of their alternative care pathways are increased, where necessary, to meet NIAS referrals and therefore reduce the pressures on EDs. Referral and acceptance data for alternative care pathways must also be recorded for performance management purposes.	<ul style="list-style-type: none"> NIAS has appointed Pathways Leads to work in partnership with HSCTs and other partner organisations to continue to improve availability and consistency of alternative pathways available to crews across Northern Ireland. Work continues to increase Hospital at Home enhancement and under MH-Mental Health Well Bean and early CRHT scoping. <ul style="list-style-type: none"> Key element is consistency – Some Hospital at Home do not take referrals from NIAS ICH, have limited opening hours and days across Trust. There is inconsistency re long lie follow up to avoid ED for uninjured fallers from previously agreed position. NIAS are-is progressing the development of the ePCR pathway tracking, but-s Support from SPPG/Dept DoH to develop standardisation of reporting from pathways and non-ED destinations would aid NIAS to improve. E.g. Hospital at Home provide reports on 'accepted', 'declined (capacity or clinical)', 'redirected to another pathway/core'. AAH DAUDau does the same but not fed back from others. This would assist NIAS to improve sensitivity of referrals and target relevant areas and keen to explore with SPPG support. NIAS will develop tracking acceptance rates into pathways to enhance assurance framework. This will highlight both progress and areas where HSC Trusts may require investment to meet pathway demand. The Board Assurance Framework is reviewed regularly by Trust Board and its Committees, with any key highlights drawn out related to each Committee's remit, alongside the relevant risks on the Corporate Risk Register.
9	In collaboration with each HSC Trust, NIAS must review and update its current Directory of Services for alternative care pathways immediately. This process should be repeated every 12 months to ensure progress is sustained. Where alternative care pathways do not exist across the different HSC Trust areas, DoH must lead collaborative work to address these service provision gaps.	<ul style="list-style-type: none"> NIAS continues to review and update its Directory of Services for alternative care pathways. <ul style="list-style-type: none"> The Northern Ireland Ambulance Service (NIAS) continues to address longstanding challenges arising from regional variability in the availability and accessibility of alternative care pathways. These differences—shaped by geography, service configuration, and local capacity—create inconsistencies in patient experience and outcomes across the five Health and Social Care Trust areas. In response, NIAS is progressing coordinated Clinical Pathways meetings, aimed at reducing unnecessary conveyances to Emergency Departments (EDs), supporting early interventions, and improving overall system flow. NIAS monitors data and emerging trends to ensure the Directory remains accurate and responsive to patient needs. Where gaps are identified, they are escalated through appropriate channels to support collaborative resolution and continued development of safe and effective care pathways.

NIAS Update on NIAO Ambulance Handovers Recommendations

September 2025

88

Rec.	Recommendation	Update September 2025
10	HSC Trusts must have well-functioning handover zones at each of their major EDs. These must be used and managed appropriately. Protections must be put in place to ensure these zones are not used as overflow from EDs. DoH should have oversight of this, taking account of evidence from NIAS and HSC Trusts.	<ul style="list-style-type: none"> • DoH Recommendation
11	HSC Trusts must develop and agree arrangements for cohorting at each of their major EDs, which both ambulance crews and ED staff can use.	<ul style="list-style-type: none"> •



Northern Ireland Ambulance Service Health and Social Care Trust



TRUST BOARD

PRESENTATION OF PAPER

Date of Trust Board:	23/10/25
Title of paper:	Demand and capacity implementation plan
Brief summary:	<p>NIAS has completed a demand and capacity review for unscheduled care. This has provided a 10-year data driven model as to how we can innovate and modernise the NIAS clinical/operational model.</p> <p>We have developed this model into a tangible implementation plan, to allow for a objective plan for the initial phase of the next three years.</p> <p>This has been broken down into 5 delivery areas.</p> <p>The request is to approve this plan to move to delivery with regular progress updates being provided.</p>
Recommendation:	<div> <div>For Approval</div> <div><input checked="" type="checkbox"/></div> <div>For Noting</div> <div><input checked="" type="checkbox"/></div> </div>
Previous forum:	SMT 14/10/24
Prepared and presented by: Date:	Neil Sinclair Neil Walker 16/10/25



Demand and Capacity Implementation Plan

FY 2025.26 to FY 2027.28



Re-Cap ORH Assumptions

Factor	Current Position	Core	Sensitivities
Demand Uplift		1.1% annual growth	
Latent Demand	52 incidents with 'call cancelled' outcome and 34 'cancelled by caller' in 2024 with known address	Add back in 80% of cancelled demand as 'Latent Demand'	
Clinical Hear and Treat Rate	4.3% (2022) + 3.9% (2023) + 6% (2024)	Model at 15%	
Clinical See and Treat Rate	13.9% (2022) + 14.6% (2023) + 14.4% (2024)	Model at maximum achievable if APUC operating and 10% paramedic conveyance change.	
Ambulance Time on Scene (Conveying)	00:37:48 (2022) + 00:38:05 (2023) + 00:40:07 (2024)	Model at 00:44 (hh:mm)	
Ambulance Time on Scene (Non-Conveying)	00:54:05 (2022) + 00:54:22 (2023) + 01:01:04 (2024)	Model at 01:13 (hh:mm)	
RRV Time on Scene	01:06:47 (2022) + 01:12:09 (2023) + 01:18:55 (2024)	01:08:24 (C1 only)	
APUC Time on Scene	-	75 minutes	
APUC Conveyance Rate	-	30% reduction	
Paramedic conveyance rate	73.40%	minus 10% for C2 to C5 calls	



Re-Cap ORH Assumptions

Factor	Current Position	Core	Sensitivities
C1 Activation Time	02:21	Reduce by 30 seconds	
Mobilisation Time	01:29	Reduce by 45 seconds	
Time at Hospital	01:28:26	1:31:00	Model at 02:00:00 and 01:00:00
Abstraction Rate	37.5%	Reduce sickness to 8% and increase training to 3%	
Vehicle Off-Road Rate	7.4%	As is	
Rosters	Current patterns	Re-roster, stagger shifts, no shift starting before 6am or finishing after 2am. Core shifts to be 12 hours with 8s and 10s as required for demand. APUCs operating overnight where necessary.	No solo responders between 2am and 6am
Start-of-Shift Behaviour	- 15-minute window for VDI (ASOS) - Only interrupted by C1	Keeping the 15 mins window	
Intermediate Tier	A&E Support/ICV Provided by Patient Care Services	Model an intermediate tier	
End of Shift Behaviour	- C1 calls allowed - No C2 calls in the last 30 minutes - No C2 calls in the last 60 minutes (ASOS) - No other calls in the last hour	Model with SOP	Model with ASOS provisions



Re-Cap ORH Assumptions

Factor	Current Position	Core	Sensitivities
Meal Break Allowance	<ul style="list-style-type: none"> - Day shifts: 2x30 min breaks - Night shifts: 1x30 min break - Different for Omagh² and Derriaghy² - All breaks taken at base 	<ul style="list-style-type: none"> - 1x30 mins break for 8-hour shifts - 1x45 mins break for 12-hour shifts - Break length tapered between 8 and 12 hours - Breaks taken at base station 	<ul style="list-style-type: none"> - Breaks taken at any station
Meal Break Allocation Criteria	<ul style="list-style-type: none"> - Day first break: Allocated to C1 and C2 in first two hours, C1 in the last 90 minutes - Day second break: Allocated to all calls in first 90 minutes, C1 and C2 in the last 60 minutes - Night break: Allocated to C1 and C2 in first two hours, C1 in the last 60 minutes - Allocated to C1 calls only (ASOS) 	<p>During rest break window: Allocated to C1, HOT 1 Backup, and potential/declared major incidents</p>	
Meal Break Disturbed Criteria	<ul style="list-style-type: none"> - First second break: C1 calls - Day second break: C1 and C2 calls (C1 only ASOS) - Night break: C1 calls 	<p>Interruptible by C1 Only, can take remainder of break if interrupted.</p>	



Implementation Plan Themes

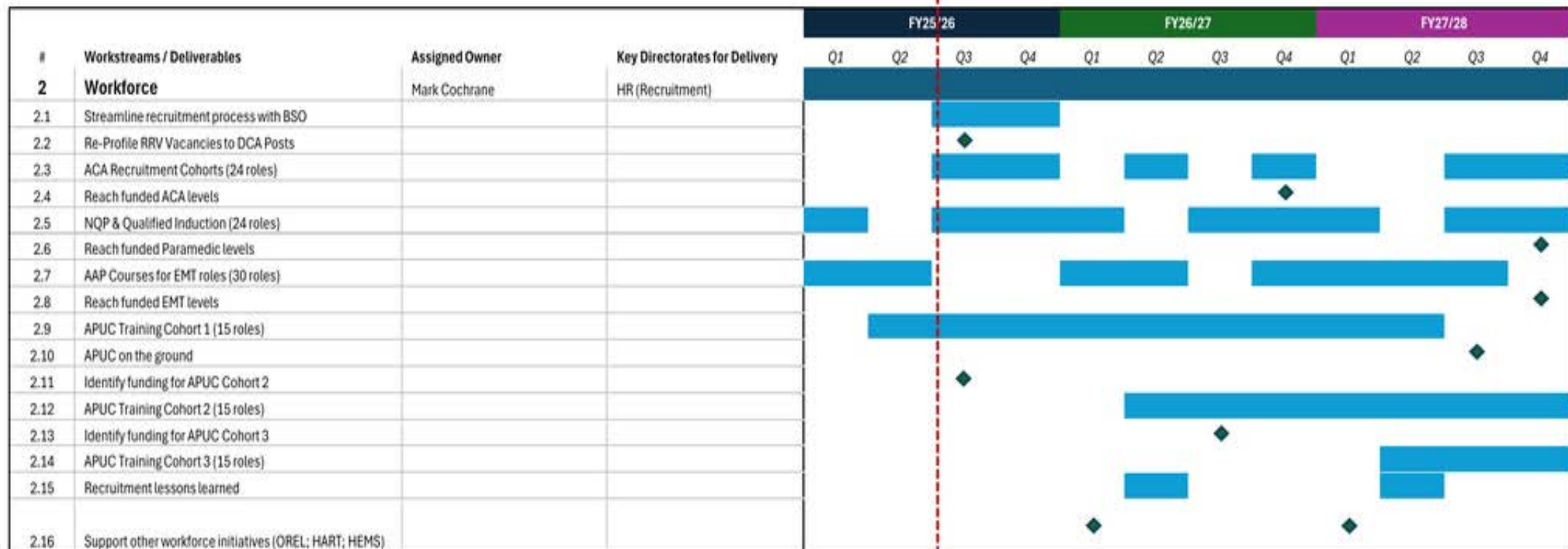
Improvement Area Identified 2025.26 – 2027.28	ORH Assumptions
Workforce	<ul style="list-style-type: none"> • Increase DCA Staffing • Increase ACA Staffing • Deliver staff for outlined initiatives
Efficiencies	<ul style="list-style-type: none"> • Mobilisation • Allocation • Abstraction Rate • Production hrs • On Scene time • Off Road Rate
Re-Rostering	<ul style="list-style-type: none"> • Regional re-rostering • Improve rest period compliance • Reduce Disruption's of rest period • End of shift overruns • Start of Shift allowances
Demand Management	<ul style="list-style-type: none"> • Increase H&T • Increase S&T • Reduce DCA Conveyance rate • Alternative Destinations
APUC & IMT	<ul style="list-style-type: none"> • APUC Time on Scene • APUC Conveyance Rate • APUC Measurement • Agree and Develop IMT roles



NIAS D&C Development Timeline



1. Workforce



Key Workforce Targets

- APUC funding for Cohort 2 to be identified by Quarter 4 of FY25/26
- DCA (EMT & Paramedics) to reach 807 FTE by Quarter 4 FY27/28 – crucial to allowing re-rostering to be implemented
- APUCs to start on the ground by Quarter 3 FY27/28
- ACA Cohorts to remain consistently filled across the next two years

2. Operational Efficiency



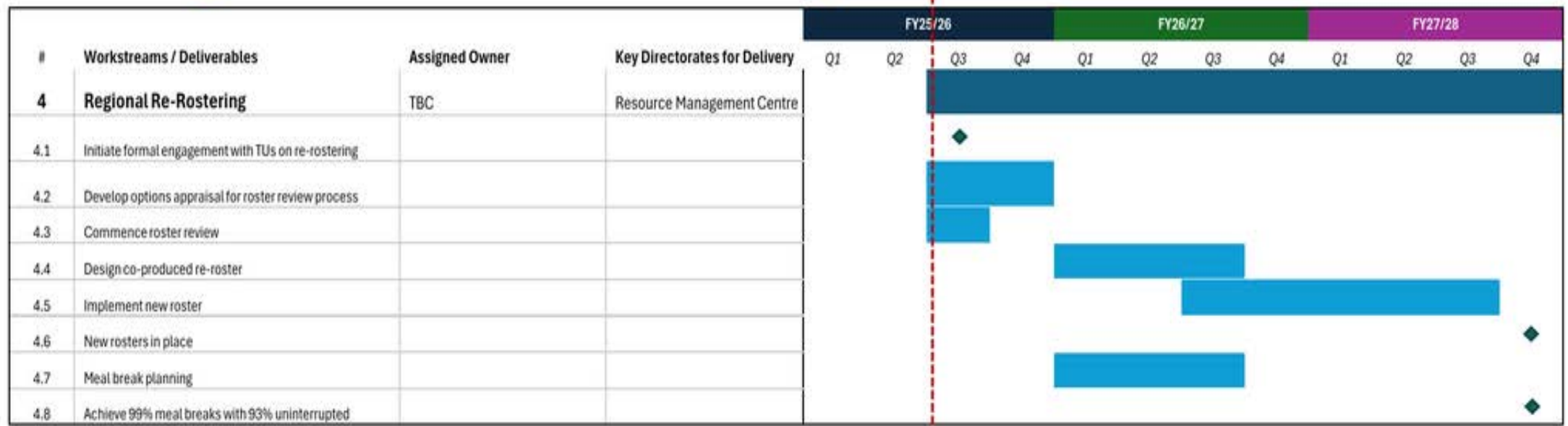
Key Operational Efficiency Targets

Mobilisation time
reduction 30 seconds
all calls

Activation time
for C1 reduction
of 30 seconds

35.1%
abstraction rate [-
2.4%]

3. Regional Re-Rostering



Key Regional Re-Rostering Targets

Regional Cover
v Demand

% of staff held
back at the end of
their shift

% of meal breaks
taken
uninterrupted

4. Demand Management



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99



Key Demand Management Targets

22% See and Treat
Rate (+0.5%)

12.7% Hear and
Treat Rate (+4.4%)

Reduce paramedic
conveyancing rate
for C1 to C5 to 63%

◆ : Milestone

■ : Task

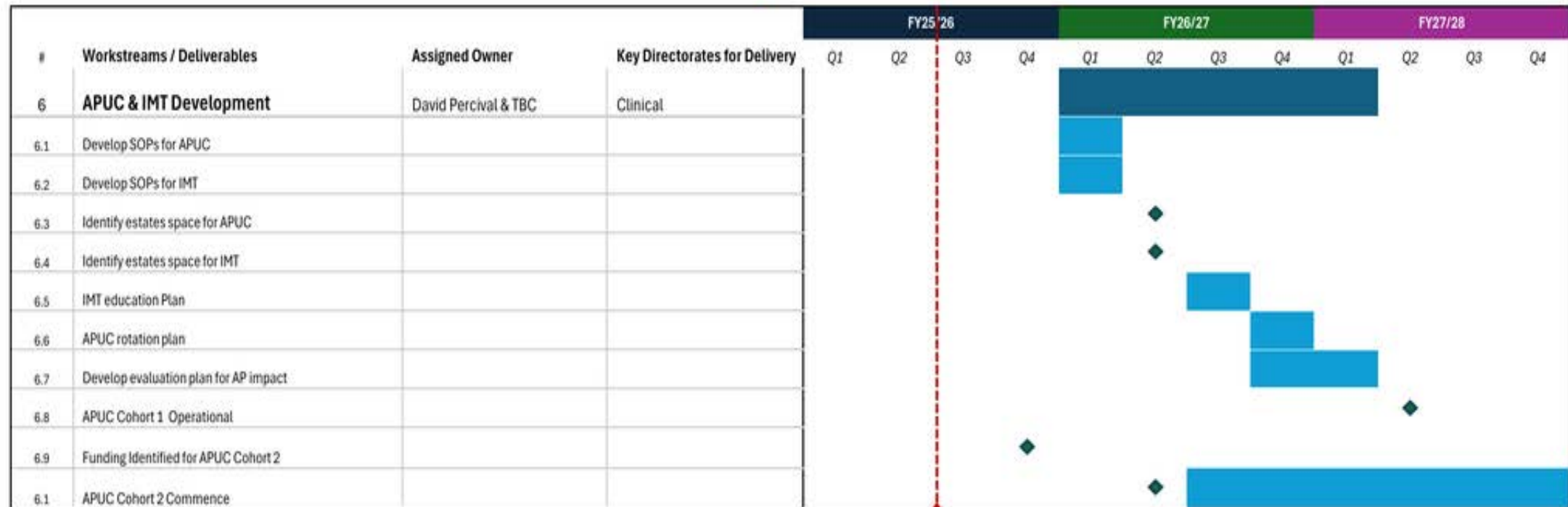
5. APUC & IMT Development



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100



Today

Key APUC Development & IMT Targets

Agreement for IMT Development

Funding for Additional Cohort FY25.26

Assessment of impact From Q4 FY27.28

◆ : Milestone

■ : Task



Risks

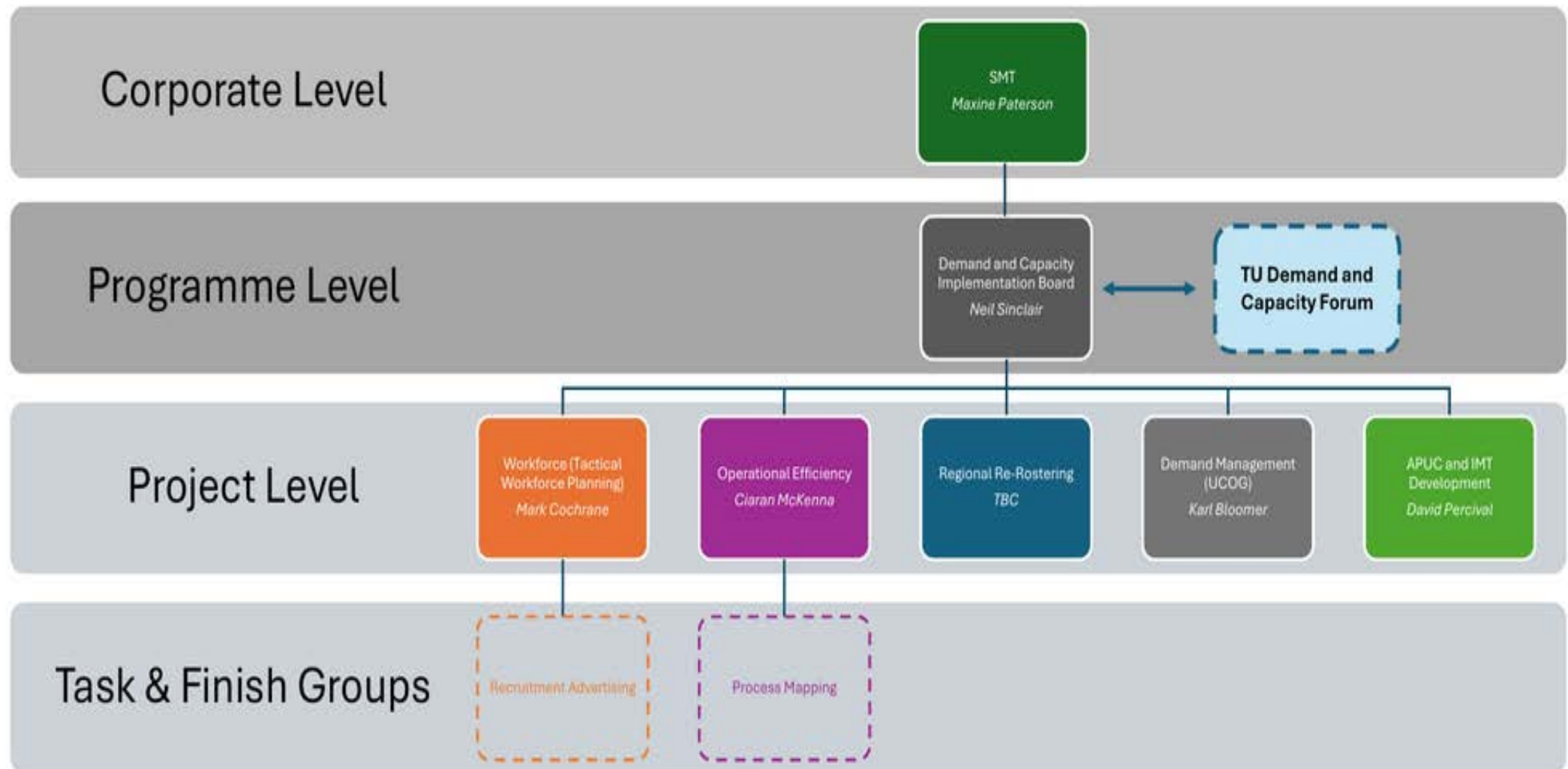
Risk ID	Date of Meeting	Work Stream	Risk Title (short title)	Risk Description - Cause and Effect (What might happen? What is the expected impact?)	Risk Owner	Impact (1-5)	Likelihood (1-5)	Overall Severity (1-25)	Risk response	Mitigations Action (risk manager and due date for each action)
R1	07.01.25	Workforce	Destabilisation	Destabilisation of frontline staffing levels.	NS	3	3	15	Treat	<p>06.08.25: Risk reviewed. No further actions.</p> <p>02.07.25: Risk reviewed. No further action.</p> <p>ICH and Complex Case Team posts to be recommended to be released by CMcK/MC at weekly meeting with RB. Classed as a 'medium' risk as advised by N. Sinclair via email 14.01.25</p>
R2	26.02.25	Reconfiguration	Finance	Reconfiguration risk around interdependencies between finance, fleet, new recruitment and initiatives contained within SPPG business cases. Requested by M. Paterson.	NS	3	3	15	Treat	<p>06.08.25: Risk reviewed. No further action.</p> <p>02.07.25: Risk reviewed. No further action.</p> <p>To be monitored on an ongoing basis.</p>
R3	28.05.25	Fleet	Fleet	<p>Risk of 'lost' ambulance through 'routine maintenance' and ASOS.</p> <p>Patient safety and also reputational damage.</p>	NS/CMcK	3	3	15	Treat	<p>06.08.25: Risk reviewed. No further action.</p> <p>02.07.25: Risk reviewed. No further action.</p> <p>NS to link with Rory to ensure the low figures of ambulances is being reported to Finance in order to support requests for additional funding. SMT to also be kept informed of this decision. Litigations to be considered. To be included on ASOS discussions at TU meeting on 28.05.25.</p>
R5	24.09.25	SPPG	SPPG	Figures are being utilised are now different to the initial submission to SPPG	NS	3	3	15	Treat	<p>Reframe the benefits by not having gaps in shift coverage etc. Steer from Maxine and see which options are the most appropriate. Andoni to show slides at SMT on Tuesday.</p>



Dependencies

Dep ID	Description of Dependency	Required Date	Impact, if Not Managed	Resolution/ Mitigation Action Required
D1	<p>Operational Resilience and Enhanced Leadership Restructure (OREL) is a key dependency for the Demand & Capacity work. Appropriate ratios of managers to staff will support more effective line management and ensure that performance is understood at a frontline level, with staff performance being explored within regular supervisions.</p> <p>Furthermore, the establishment of a 24/7 leadership cover will support a focus on performance across the full 24hrs and allow for more flexible management to demand and the tactical decisions required.</p>	TBC	Without improved manager to staff ratios, performance improvement is unlikely to reach the required levels, as it requires a cultural shift across the organisation that is supported by regular supervisions and reviews. Furthermore, the predicted improvements in staff welfare and morale are vital to successful implementation of the 3-year plan	Linking the two programmes and ensure that delays are escalated to SMT for deliberation to understand the consequence to performance
D2	<p>The performance of hospital handovers is a key driver to the delays in response time for CAT1 and CAT2 calls, as this creates unnecessary waste for crucial emergency resource. The HSC Trusts have agreed a staggered cut-off time for handovers, with October '25 setting a 3hr cut off; and December '25 setting a 2hr cut off.</p> <p>Draft SOP guidance suggests that these cut off processes (if agreed) will allow crews to 'push in and leave' at the point of cut off.</p>	01/12/2025	<p>The projected impact of a 2-hr cap on hospital handovers is a reduction of 56 seconds (CAT 1 mean) and 19 mins 24secs (CAT 2 mean)</p> <p>This represents a significant impact on our emergency performance if realised. Conversely, any improvement programme will be limited by an inability to resolve the handover delays.</p>	Performance of hospital handovers is a key metric being monitored through the performance cell and plans to improve will be relayed via Ciaran McKenna
D3	<p>Estates improvement / limitations, a key initiative is increasing the DCA capacity and the development of advanced paramedics, however the effectiveness of these roles will be hindered by the lack of appropriate workspace.</p>	Q2 FY26/27	The additional roles do not have the required impact on performance	Working with the estates team to ensure recruitment pipeline for roles is understood and estates improvement work is relayed to the Demand & Capacity programme board

Programme Governance





Questions?

Thank You



Northern Ireland Ambulance Service Health and Social Care Trust



TRUST BOARD

PRESENTATION OF PAPER

Date of Trust Board:	23 rd Oct 2025
Title of paper:	Corporate Plan 2025-26 Mid-Year Review
Brief summary:	<p>This paper provides an updated position on the deliverables set out in the 24-26 Corporate Plan as at 29.09.2025.</p> <p>It should be noted that as this is the last year of the current Corporate Plan and therefore, we will be reporting progress on the remaining outstanding action points to be progressed during this final year 2025-26.</p> <p>Board Members will be aware that work has already commenced on developing the New 10-Year Corporate Strategy which will come into effect from the 1st April 2026 and progress against this was recently reported to the SPF Committee in September.</p> <p>A copy of the 2024-26 Corporate Plan is also attached.</p>
Recommendation:	<div> <div>For Approval <input type="checkbox"/></div> <div>For Noting <input checked="" type="checkbox"/></div> </div>
Previous forum:	SMT 14 th Oct 2025
Prepared and presented by:	<p>Seamus Mullen, Director PPCS</p> <p>Charlie Thompson, AD Strategic Planning & Partnerships</p>
Date:	16.10.2025



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106

NIAS CORPORATE PLAN 2024 - 26



**Caring today,
planning for tomorrow**



INTRODUCTION

It is my pleasure to introduce the Northern Ireland Ambulance Service (NIAS) Corporate Plan for 2024 to 2026. As I embark on my second year as Chair, I continue to be impressed by the dedication, commitment and enthusiasm shown by all NIAS staff to ensure our patients receive timely, safe and high-quality treatment and care.

NIAS operates as part of a complex health eco-system and as such has faced similar challenges to hospital Trust colleagues over the past number of years. Many people across our population are now facing poorer health outcomes, resulting in increasing demand for services. Despite operating within a constrained financial context, our staff have continued to show professionalism, innovation, empathy and dedication to deliver our vision of providing a high-quality service that meets the clinical needs of our population throughout Northern Ireland.

As Chair, I want to ensure we provide clarity of direction for our staff. This Corporate Plan sets out the strategic outcomes NIAS has agreed to work

CORPORATE PLAN



towards in the remaining two years of our Strategy to Transform 2020-26, 'Caring Today, Planning for Tomorrow'. We outline the priority actions the Trust will implement to achieve those outcomes and the accountability arrangements in place to ensure we meet these.

Finally, I would like to thank every member of staff, those on the frontline and in corporate support functions, for their contribution to our patients and for making the service a service one I am proud to be Chair

Michele Larmour
NIAS Chair





ABOUT US

The Northern Ireland Ambulance Service exists to improve the health and well-being of the people of Northern Ireland. We apply the highest levels of knowledge and skill to preserve life, prevent deterioration and promote recovery. We touch lives at times of basic human need when care and compassion are what matter most.

NIAS provides high-quality emergency, urgent and primary care services throughout the whole of Northern Ireland. Our dedicated, committed and highly skilled staff work 24 hours a day, 365 days a year to ensure that our patients receive the best possible care.



We have 46 stations and deployment points spread over 5345 square miles (13,843 km²), serving a population of over 1.8 million.

The most important function that NIAS performs is responding to emergency 999 calls as fast as possible, helping those in life-threatening conditions. In 2023-24 we answered 230,503 calls to our control room and deployed crews to 172,858 incidents.

Another role that the Ambulance Service undertakes is transporting the most vulnerable patients in our community to and from outpatient hospital appointments and facilitating hospital discharges. We do this by utilising our Patient Care Service and the Voluntary Car Scheme. In 2023-24 we provided 153,571 non-emergency journeys.

As a service, we collectively reach towards achieving our aim:
To provide appropriate, high-quality response to meet the clinical needs of the population of Northern Ireland.



2024-26 CORPORATE PLAN:

The NIAS Corporate Plan 2024-26 highlights our priorities for the coming two years, in the context of our strategic plan. The main priorities for the service in the coming years are:

- 01.** Improving response times.
- 02.** Increasing the number of patients with an appropriate alternative to Emergency Departments (ED).
- 03.** Supporting the development of our staff.
- 04.** Promoting a culture where all staff feel valued.

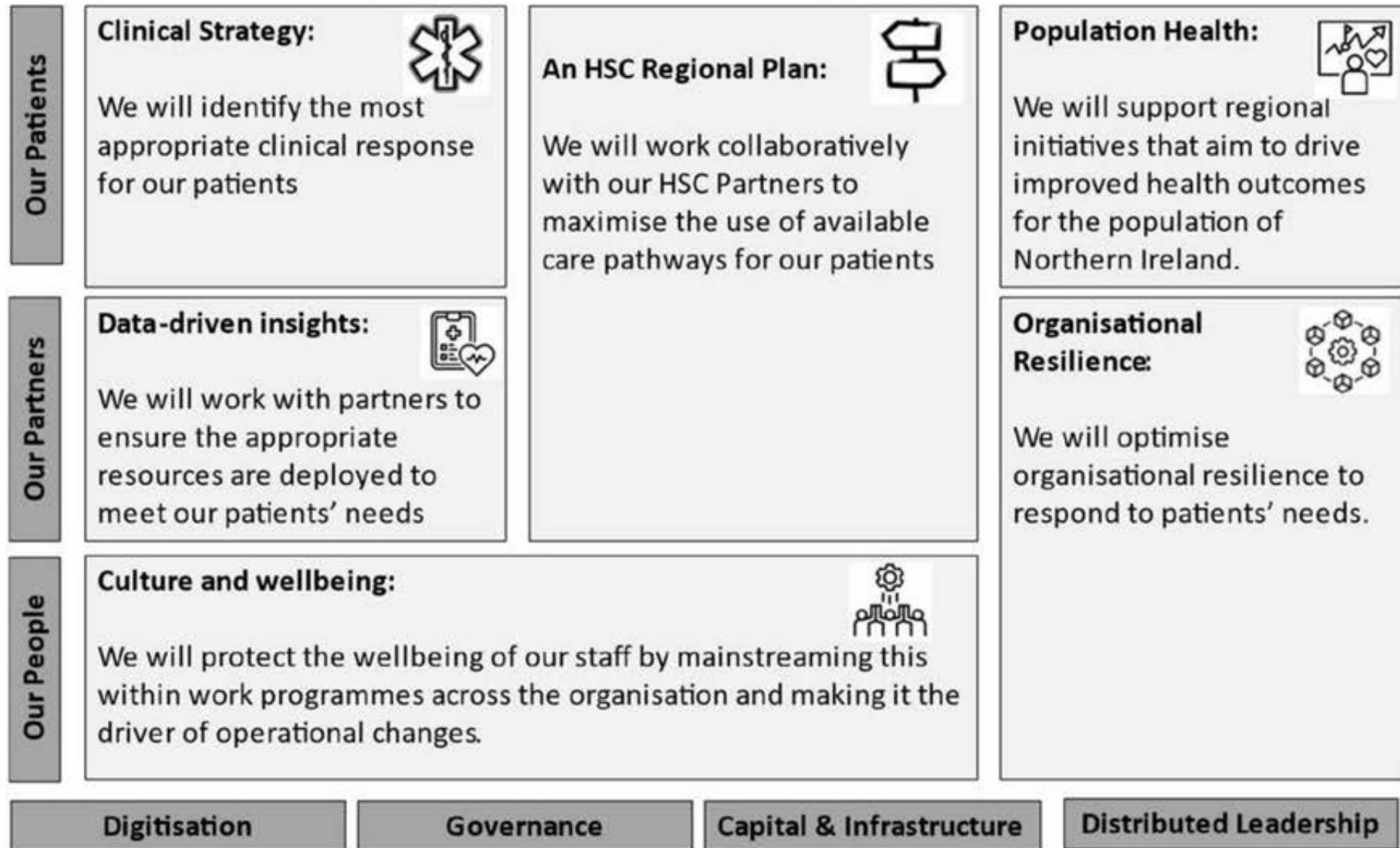


The Corporate Plan for 2024-26 has been developed following a Strategic Planning Workshop with input from the Trust Board, Commissioners, and policy leads from the Department of Health. It considered the Association of Ambulance Chief Executives 'Vision of the UK Statutory Ambulance Services', and key priorities across the NI public policy context.

The result is a Corporate Plan outlining our strategic outcomes, corporate priorities and foundational enablers which provide a structure for business planning for the final two years of our Strategy to Transform.



NIAS Corporate Plan 2024-26 Strategic Outcomes and Enablers





Northern Ireland Ambulance Service
Health and Social Care Trust



111

OUR PRIORITIES FOR 2024 - 26:





CLINICAL STRATEGY -

we will identify the most appropriate clinical resource for our patients:

How will this be achieved?

In 2024-25 we will:

- Increase the number of emergency calls resolved without requiring callers to travel to an Emergency Department. This may require providing treatment by telephone or at home.
- Work with partners to improve cardiac arrest survival rates for patients across Northern Ireland.
- Further develop our Integrated Clinical Hub to provide the most appropriate response to emergency calls we receive, by providing more appropriate alternative treatments than attending busy Emergency Departments.
- Work in partnership with other emergency and care providers to ensure frequent callers with complex needs can access the care they need.
- Develop a model to integrate paramedics into multi-disciplinary healthcare teams across primary and community care settings.



How will this be achieved?

In 2025-26 we will:

- Train our clinical staff to use new data from our Electronic Patient Record system to develop additional clinical effectiveness measures.
- Deliver refocused clinical supervision to all NIAS clinicians.
- Roll out targeted educational programmes focusing on clinical decision-making and specialised care pathways.
- Work in partnership with all HSC partners to transform NIAS's contribution to healthcare, where paramedics play an increasingly versatile role in out-of-hospital care, addressing not only emergency responses but also contributing to primary and community healthcare solutions.

OUR 2024-26 COMMITMENTS

- Fully implement the Integrated Clinical Hub
- Work with Trust colleagues to reduce demand and increase clinical care pathways.



AN HSC REGIONAL PLAN

we will work collaboratively with our HSC partners to maximise the use of available care pathways for our patients:

How will this be achieved?

In 2024-25 we will:

- Work in partnership with HSC Trusts to:
 - manage prehospital demand at home or in the community.
 - enhance and standardise the provision of same-day emergency care.
 - improve hospital flow.
 - optimise the discharge processes for patients with complex needs.
- Develop strategic partnerships across the system to ensure patients access the right care at the right time and in the right place.



How will this be achieved?

In 2025-26 we will:

- Work to transition NIAS's role in healthcare, where NIAS plays an increasingly versatile role in out-of-hospital care, addressing not only emergency responses but also contributing to primary and community healthcare solutions.
- Engage our patients, partners and people in drafting a new NIAS Strategic Plan for post-2026.

OUR 2024-26 COMMITMENTS

- Develop and implement strategies to enhance the integration of NIAS services with regional healthcare providers.
- Commence NIAS strategic plan for post-2026.



CULTURE AND WELLBEING

We will promote a culture of compassionate leadership and respect for Equality and Human Rights that delivers excellent patient care through investment in the wellbeing of our workforce.

How will this be achieved?

In 2024-25 we will:

- Review our Human Resources and Organisational Development structure to establish a revised model to better meet organisational and workforce needs.
- Develop and implement a 3-year plan to deliver on a new vision for improved organisational culture to include baseline assessment and investment in leadership development, appraisal and staff involvement and education.
- Ensure all staff have access to appropriate non-clinical Education, Learning and Development.
- Contribute to design and delivery of a new HSC Health and Wellbeing Framework and deliver the in-year plan of the Trust's Health and Wellbeing Strategy.
- Deliver a Partnership Working Framework to strengthen partnership working arrangements with trade unions.
- Begin implementation of a new approach to personal development reviews to inspire and motivate staff to be the best that they can be and to provide the best possible care to patients.
 - Deliver a Leadership development plan to support leaders to lead our workforce with compassion and embed a just and learning culture.



How will this be achieved?

In 2025-26 we will:

- Agree on a statement of culture that embeds respect for equality and diversity and promotes HSC values of excellence, working together, openness honesty and compassion.
- Further deliver on 3-year plan to improve organisational culture.
- Create a clear clinical development framework for staff which reflects the changing landscape of paramedicine in out-of-hospital care.

OUR 2024-26 COMMITMENTS

- To ensure we have a healthy, motivated, engaged and valued workforce.
- Deliver a 3-year plan to improve organisational culture.



DATA DRIVEN INSIGHTS

We will work with partners to ensure the appropriate resources are deployed to meet our patients' needs:

How will this be achieved?

In 2024-25 we will:

- Improve our service, using data and insights to optimise performance within the whole HSC system.
- Improve data sharing and intelligence with our other blue light partners on key emergency responses.



How will this be achieved?

In 2025-26 we will:

- Explore innovative technology to optimise allocation of resources including personnel and response vehicles.
- Use NIAS data, insight and evidence to better understand health inequalities and plan services.



OUR 2024-26 COMMITMENTS

- We will lead the implementation of the Digitisation Plan, focusing on Electronic Patient Care Records (EPCR) and the implementation of the new Computer Aided Dispatch (CAD) (PDP2)
- Work with private and academic sector partners to optimise deployment of resources.



ORGANISATIONAL RESILIENCE

We will optimise organisational resilience to respond to patients' needs.

How will this be achieved?

In 2024-25 we will:

- Progress the phased implementation of Operations Management Restructure to provide improved 24/7 cover to enhance staff welfare and support the delivery of high-quality pre-hospital emergency and urgent care.
- Ensure support to our Patient Care Service to deliver excellent patient-centred care to our service users.
- Implement service improvements that optimise available operational capacity within commissioned levels.
- Work collaboratively with DoH colleagues to establish requirements to provide robust Emergency Planning Resilience and Response models.
- Complete a review of NIAS Business Continuity Plans across the organisation to support operational resilience.
 - Ensure effective management and oversight of the delegated budget to deliver a breakeven position.



How will this be achieved?

In 2025-26 we will:

- Create a clear clinical development framework for staff which reflects the changing landscape of paramedicine in out-of-hospital care.
- Continue to develop our Trust Board to play an increasing role in effective governance and assurance.

OUR 2024-26 COMMITMENTS

- We will develop and implement a new governance framework by December 2024.
- We will improve the strategic planning process to ensure alignment with NIASs long-term goals and mission.
- We will develop and implement robust performance management systems to track and improve organisational performance.
- We will ensure effective management and oversight of the delegated budget to deliver a breakeven position, supporting NIAS's strategic objective of financial stability and accountability.



POPULATION HEALTH

We will support regional initiatives that aim to drive improved health outcomes for the population of Northern Ireland

How will this be achieved?

In 2024-25 we will:

- Increase our focus on prevention, early intervention and population health to reduce inequalities and support people in managing their health and well-being.
- Build NIAS' public health capacity and capability to improve population health.



How will this be achieved?

In 2025-26 we will:

- Use NIAS data to consider health inequalities in service planning and delivery.
- Optimise social value and impact in the NIAS' work in line with public policy.
- Mainstream Equality, Rural Proofing and Human Rights considerations in Trust policy and service delivery.

OUR 2024-26 COMMITMENTS

- We will complete the AACE health inequalities maturity matrix.
- We will build public health capacity and capability to help reduce health inequalities and improve population health in Northern Ireland.



PUBLICATION AND FURTHER INFORMATION

This document and other key Corporate Trust plans and policy documents are published on our website:



WEBSITE

nias.hscni.net





Northern Ireland Ambulance Service Health and Social Care Trust



TRUST BOARD

PRESENTATION OF PAPER

Date of Trust Board:	23 October 2025
Title of paper:	DOH Board Governance Self-Assessment Tool
Brief summary:	<p>The annual DOH Board Governance Self-Assessment has been completed.</p> <p>While the Board is considered to be compliant with the vast majority of the requirements, some areas of variance are highlighted in the summary paper.</p> <p>The primary gap is that the Board has not undertaken an internal evaluation of its effectiveness (or that of Committees).</p>
Recommendation:	<div> For Approval <input type="checkbox"/> </div> <div> For Noting <input checked="" type="checkbox"/> </div>
Previous forum:	<p>SMT – 30 September 2025</p> <p>GARAC – 9 October 2025</p>
Prepared and presented by: Date:	<p>Seamus Mullen</p> <p>14 October 2025</p>

Department of Health Board Governance Self- Assessment Submission 2025-26

The Department of Health (DOH) Board Governance Self-Assessment has been completed in respect of NIAS's Trust Board governance arrangements for 2025-26.

While the Trust is assessed as being mostly compliant with the requirements, the following areas of variance are highlighted for consideration as to the action which may be taken to strengthen governance arrangements.

It should be noted that the DOH confirmed to NIAS on 18 September 2025 that it is no longer a mandatory requirement for Arm's Length Bodies to complete the DOH's self-assessment tool annually. Rather, the DOH intends to update its Sponsor Branch Checklist to allow ALBs greater autonomy to choose a self-assessment tool which is reflective of their individual needs and scope.

NIAS intends to explore use of an alternative tool, which could be used in financial year 2026-26 to undertake a Board Governance Self-Assessment.

Areas of Variance

- **GP17: The Board is provided with timely and robust post-evaluation reviews on all major projects and programmes.**

Work has recently been undertaken to establish business case approval thresholds for use at NIAS. Should these be approved by Trust Board, the associated Post Project Evaluations (PPEs) will be tabled at the appropriate Committee/Trust Board in line with the agreed thresholds.

- **GP7: The Board undertakes a formal and rigorous annual evaluation of the performance of its Committees.**

While an Internal Audit was carried out in 2024 in respect of NIAS Trust Board effectiveness, the Board may wish to consider commissioning its own internal evaluation of the functioning and output of its Committees on an annual basis. Recently, informal feedback has been collated from Non-Executive Directors regarding the recent change to the structure and terms of reference of Committees.

- **GP4: In undertaking its formal evaluation, the Board has used an approach that includes various evaluation methods. In particular, the Board has considered the perspective of a representative sample of staff and key external stakeholders (e.g. commissioners, service users and clients) on whether or not they perceive the Board to be effective; and**

GP5: The focus of the evaluation included traditional 'hard' (e.g. Board information, governance structure) and 'soft' dimensions of effectiveness. In the case of the latter, the evaluation considered as a minimum:

- **The knowledge, experience and skills required to effectively govern the organisation and whether or not the Board's membership currently has this;**
- **How effectively meetings of the Board are chaired;**

- **The effectiveness of challenge provided by Board members;**
- **Role clarity between the Chair and CE, Executive Directors and NEDs, between the Board and management and between the Board and its various sub-committees;**
- **Whether the Board's agenda is appropriately balanced between: strategy and current performance; finance and quality; making decisions and noting/receiving information; matters internal to the organisation and external considerations; and business conducted at public board meetings and that done in confidential session.**

Trust Board may wish to consider commissioning an evaluation to address these requirements, using an agreed tool/framework.

- **GP5: The Board has considered the skills it requires to govern the organisation effectively in the future and the implications of key Board-level leaders leaving the organisation. Accordingly, there are demonstrable succession plans in place for all key Board positions.**

The issues around succession planning and continuity of senior roles on the Board is recorded on the Trust's Corporate Risk Register. In order to help address this, and the above requirement, the Board may want to develop succession plans for critical posts.

- **RF3: There are no documented arrangements for the organisation to be represented at a senior level at Board meetings if the CE is unavailable.**

SMT may want to consider formalising the deputising arrangements for the Chief Executive if he/she is unavailable to attend a Trust Board meeting(s), and to document this accordingly in the Trust's Standing Orders.

- **RF4: NED appointment terms are not sufficiently staggered.**

Several NIAS NED appointment terms are scheduled to cease at the same time/near together. However, control over this is not entirely within the Trust's gift as the appointments process is overseen by the DOH.

- **GP5: Each Board member has a Personal Development Plan that is directly relevant to the successful delivery of their Board role.**

SMT members have documented Personal Development Plans with objectives relating to the delivery of their role on Trust Board. However, this is not formalised for Non-Executive Directors.

- **RF4: The ALB has received adverse negative publicity in relation to the services it provides in the last 12 months.**

There has been public/media attention in the last 12 months regarding NIAS's ability to provide a timely and safe response to service users, commensurate with the

extent of reporting about the quality and safety of other HSC services. The Trust will be unable to mitigate entirely against negative press attention.

- **RF1: The ALB's latest staff survey results are poor.**

Trust Board has not routinely been provided with results arising from general staff surveys. However, Committees/Trust Board will have been sighted on the results of surveys undertaken on specific topics or areas of activity.

- **GP4: NEDs routinely meet stakeholders and service users.**

NEDs regularly meet with key stakeholders, including frontline NIAS staff and volunteers, through formal and informal channels. Given the nature of services provided by NIAS, engaging with service users can be challenging.

Trust Board may wish to consider how it can use existing opportunities to meet with people who have used NIAS services, and to build this into the Board's/Committee's Forward Work Plan.



Northern Ireland Ambulance Service Health and Social Care Trust



TRUST BOARD

PRESENTATION OF PAPER

Date of Trust Board:	18 September 2025
Title of paper:	Business Case Approval Limits
Brief summary:	<p>This paper provides an overview of the:</p> <ul style="list-style-type: none"> • Current Business Case Approval Limits; and • Proposed New Business Case Approval Limits <p>The SPF committee on 18 September 2025 recommended that TB approve the approval limits.</p>
Recommendation:	<p>For Approval <input checked="" type="checkbox"/> For Noting <input type="checkbox"/></p> <p><i>Click the appropriate box</i></p>
Previous forum:	<p>SPF Committee – 19 June 2025 SMT – 10 June 2025 SMT – 2 September 2025 SPF Committee – 18 September 2025</p>
Prepared and presented by:	Leahann Donnelly – Director of Finance (Interim)
Date:	16 October 2025

Introduction

This paper provides an outline of the current business case approval limits, and seeks approval for new NIAS business case approval limits.

The current Business Case Approval process

Business Case approvals begin at SMT and depending on thresholds and limits, progress internally to the Strategic Performance and Finance Committee (SPF) and Trust Board, and if necessary, to the Department of Health and Department of Finance.

Within HSCNI, approval thresholds are formally set through delegated limits and standing orders.

NIAS Standing Orders

The NIAS Standing Orders require that Trust Board 'approve Outline and Final Business Cases for Capital Investment'.

Other HSC Trust Standing Orders

In April 2025, Planning, Performance and Corporate Services Directorate undertook an exercise to review the approach applied in other HSC Trusts and recommended a more pragmatic approach within NIAS.

The recommendation at this time was:

- The Strategic Performance and Finance Committee (SPF) should review and approve any business cases with capital costs between £250k and £500k and/or revenue costs which are between £250k and £500k per annum on a recurrent or non-recurrent basis.
- Trust Board should review and approve any business cases with capital costs >£500k and/or revenue costs which are >£500k per annum on a recurrent or non-recurrent basis.

Departmental Delegated Limits

Section 10.1 of the Department of Health (DoH) *User Guide to Business Cases and Approvals*¹ provides a summary of the main Department of Finance (DoF) delegations and internal DoH delegations to which this business case guidance and approvals document relates. The delegations are summarised in table 1 below. The delegated limits for NIAS are in red text.

¹ [DoH Better Business Cases NI User Guide and Approval Procedures | Department of Health](#)

TABLE 1 -Section 10.1 of the *User Guides to Business Cases and Approvals*

Area of Delegation	HSC/NIFRS/DoH Directorate Delegated Limit	DoH Delegated Limit
Use of External Consultants	HSC & NIFRS £10,000	DoH has full delegated authority
Capital Expenditure (excluding hospital schemes)	SPPG, 5 Health Trusts, NIAS & NIMDTA - £5,000,000	£5,000,000
	BSO £250,000	
	PHA - £50,000	
	PHA R&D - £1,500,000	
	NIBTS - £200,000	
	Other HSC Bodies - £10,000	
	NIFRS - £5,000,000	
Hospital Schemes – New Build, Extension, Refurbishment and Equipment involving capital expenditure	SPPG, 5 Health Trusts & NIAS - £10,000,000	£10,000,000
	BSO - £250,000	
	PHA - £50,000	
	NIBTS - £200,000	
	Other HSC Bodies - £10,000	
IT Projects (Total project cost, i.e. capital plus revenue)	DHCNI £5,000,000	£5,000,000
	SPPG, 5 Health Trusts; NIAS; BSO; PHA; £250,000*	
	NIBTS - £200,000	
	NIMDTA - £50,000	
	Other HSC Bodies - £50,000	
	NIFRS - £1,500,000	
Office Leases	No delegated authority	No delegated authority
Revenue Business Cases	DoH Directorates £20,000,000 NIFRS - £250,000 All other HSC Bodies – fully delegated	Full delegated authority

**Please see section 9.4 for advice on the governance arrangements for all IT-related expenditures*

Department of Health Business Case Proforma Thresholds

In addition to the DoH User Guide to Business Cases and Approvals, DoH provides business case guidance and thresholds within Business Case Pro-forma² aligning to DoF templates. Table 2 below provides the indicative thresholds and proportionate effort required.

Table 2 - indicative thresholds and proportionate effort required.

Pro-forma / Template	Indicative Expenditure Threshold	Proportionate Effort Consideration (CUMULATIVE)
Minor	<£100k	<ul style="list-style-type: none"> • Straightforward and low risk proposals, including business as usual and repeat expenditure. • A detailed option analysis would be deemed superfluous to the expenditure decision.
Moderate	£100k-£2m	<ul style="list-style-type: none"> • Relatively low risk. • There could be various options to appraise and there is uncertainty in decision-making.
Major	>£2m	<ul style="list-style-type: none"> • Larger scale/more complex proposals which carry greater risk, including proposals above delegated limits. • This template is to provide structure for these larger cases and avoid disproportionate effort by keeping appraisers focussed on the key requirements of such business cases.

NIAS business cases are completed in line with the DoF templates/guidance applicable at the time of drafting, with the most recent business cases complying with the above business case guidance and thresholds.

These thresholds consider the value and complexity of the business case and therefore corresponds to the level of oversight and approval needed to be applied. As such it proposed that going forward NIAS applies the following approval thresholds:

² [The Business Case Pro-forma Coversheet | Department of Health](#)

Table 3 – proposed Business Case approval thresholds

Pro-forma / Template	Threshold	NIAS Approval Delegation (CUMULATIVE)
Revenue Business Cases		
Minor	<£100k	SMT approves minor revenue expenditure
Moderate	£100k-£2m	SPF approves moderate revenue expenditure
Major	>£2m	Trust Board approves major revenue expenditure
Capital Business Cases		
Trust Board approves all business cases with a capital investment		

In the event that business case approval is required swiftly, or where they are required to be submitted to DoH/SPPG for timely expediting, it is recommended that SMT have the authority to approve the draft which will then be shared with the SPF committee for approval via correspondence. Trust Board approval will be requested at the next scheduled meeting.

Recommendation

Trust Board are asked:

- to note the content of this paper;
- approve the proposed new business case approval thresholds outlined in table 3 above;
- agree that in the event that business case approval is required swiftly, or where they are required to be submitted to DoH/SPPG for timely expediting, SMT have the authority to approve the draft which will then be shared with the SPF committee for approval via correspondence. Trust Board approval will be requested at the next scheduled meeting.

Interim Fleet Replacement Business Case (2025–27)

Update 9 October 2025

Purpose

Update on **limited one-year, interim fleet replacement** to maintain ambulance service reliability until the new 5-year replacement plan (2026/27–2031/32) is approved and implemented.

Recommendation

Note Departmental Approval of the **Interim Fleet Business Case, Option 2** with total capital approval of **£5.83m** for upto 59 operational vehicles, within existing 2025/26 funding allocations.

1. Why This Is Needed

- Base vehicles must be purchased this financial year to enable conversion next year
- Limited funding has been allocated to NIAS this year.
- The fleet is ageing: **85 vehicles are over 7 years old (31/3/2025)**, with rising maintenance costs and increasing downtime.
- Without some replacement, there is a risk of **service disruption, slower response times, and compromised patient safety**.
- The interim purchase prevents a **gap in the replacement cycle** and ensures service continuity before the 5-year business case can be approved.

2. Preferred Option – Option 2: "Do Minimum"

Scope: Replace **59 operational vehicles** over two years (base vehicles in 2025/26, conversions in 2026/27):

- 23 A&E ambulances
- 22 Patient Care Service (PCS) vehicles
- 1 NISTAR ambulance
- 8 Rapid Response Vehicles (RRV)
- 5 Officer cars

Total Cost: £5.83m capital (CDEL)

Revenue Impact: Depreciation only (£315k p.a.); no additional running cost increase.

3. Why Option 2 Is Recommended

- Fits funding constraints
- Maintains current operational availability while deferring full-scale expansion until the new strategic fleet profile is finalised.
- Uses established procurement frameworks (CCS), ensuring value for money and compliant processes.
- Low risk – ranked lowest risk among viable options.

4. Key Benefits

- Maintains minimum fleet reliability until new strategy launches.

- Reduces risk of vehicle-related dropped shifts.
 - Supports environmental goals with newer, lower-emission models where feasible.
-

5. Risks & Mitigation

- Supply chain delays – mitigated by early approval and ordering.
 - Price volatility – short procurement cycle and framework agreements limit exposure.
 - Converter capacity – engagement with suppliers early to secure build slots.
-

6. Timeline

- Interim Business Case **APPROVED 30 September 2025.**
 - Sep 2025 – Nov 2025 – Order base vehicles.
 - Nov 2025 – Dec 2025, Internal approval of 5-year business case
 - Feb 2026 – Base vehicles delivered to UK supplier.
 - May 2026–Aug 2026 – Conversions.
 - Sep 2026 onwards – Commissioning into service.
-

Recommendation:

Note Approval of the **Interim Fleet Business Case, Option 2** with total capital funding of **£5.83m** for 59 operational vehicles.

Note The 5-year case is work in progress. This business case covers Quantities and costings for all options need to be finalised. This case covers expansion of the fleet to circa 500 vehicles an increase from the current baseline of 360 to meet ORH predictions and service needs. It is planned to go through internal approvals in November/December 2025 prior to submission to the department.



Northern Ireland Ambulance Service Health and Social Care Trust



130

TRUST BOARD

PRESENTATION OF PAPER

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132

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Update 9 October 2025

Purpose

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Recommendation

Note Departmental Approval of the **Interim Fleet Business Case, Option 2** with total capital approval of **£5.83m** for upto 59 operational vehicles, within existing 2025/26 funding allocations.

1. Why This Is Needed

- Base vehicles must be purchased this financial year to enable conversion next year
- Limited funding has been allocated to NIAS this year.
- The fleet is ageing: **85 vehicles are over 7 years old (31/3/2025)**, with rising maintenance costs and increasing downtime.
- Without some replacement, there is a risk of **service disruption, slower response times, and compromised patient safety**.
- The interim purchase prevents a **gap in the replacement cycle** and ensures service continuity before the 5-year business case can be approved.

2. Preferred Option – Option 2: "Do Minimum"

Scope: Replace **59 operational vehicles** over two years (base vehicles in 2025/26, conversions in 2026/27):

- 23 A&E ambulances
- 22 Patient Care Service (PCS) vehicles
- 1 NISTAR ambulance
- 8 Rapid Response Vehicles (RRV)
- 5 Officer cars

Total Cost: £5.83m capital (CDEL)

Revenue Impact: Depreciation only (£315k p.a.); no additional running cost increase.

3. Why Option 2 Is Recommended

- Fits funding constraints
- Maintains current operational availability while deferring full-scale expansion until the new strategic fleet profile is finalised.
- Uses established procurement frameworks (CCS), ensuring value for money and compliant processes.
- Low risk – ranked lowest risk among viable options.

4. Key Benefits

- Maintains minimum fleet reliability until new strategy launches.

- Reduces risk of vehicle-related dropped shifts.
- Supports environmental goals with newer, lower-emission models where feasible.

5. Risks & Mitigation

- Supply chain delays – mitigated by early approval and ordering.
- Price volatility – short procurement cycle and framework agreements limit exposure.
- Converter capacity – engagement with suppliers early to secure build slots.

6. Timeline

- Interim Business Case **APPROVED 30 September 2025.**
- Sep 2025 – Nov 2025 – Order base vehicles.
- Nov 2025 – Dec 2025, Internal approval of 5-year business case
- Feb 2026 – Base vehicles delivered to UK supplier.
- May 2026–Aug 2026 – Conversions.
- Sep 2026 onwards – Commissioning into service.

Recommendation:

Note Approval of the **Interim Fleet Business Case, Option 2** with total capital funding of **£5.83m** for 59 operational vehicles.

Note The 5-year case is work in progress. This business case covers Quantities and costings for all options need to be finalised. This case covers expansion of the fleet to circa 500 vehicles an increase from the current baseline of 360 to meet ORH predictions and service needs. It is planned to go through internal approvals in November/December 2025 prior to submission to the department.



Northern Ireland Ambulance Service Health and Social Care Trust



137

TRUST BOARD

PRESENTATION OF PAPER

Date of Trust Board:	23 Oct 25
Title of paper:	Service User Feedback Annual Report 2024-2025
Brief summary:	<p>The NIAS Service User Feedback Team are pleased to present the annual report for the NIAS in relation to Service User Feedback (Complaints/ Compliments and Queries) and would request that the committee provide final approval for this report to be published.</p> <p>The report details the number of complaints (276) and compliments (450) received across the 24/25 period in the context of the number of emergency calls received (926,400) and attended (232,147) and in respect of non-emergency journeys undertaken (158,968).</p> <p>The report considers the 23/24 performance and provides an assessment of the 24/25 performance against same.</p> <p>Achievement against the Key Performance Indicators for Service User feedback is presented alongside insights gleaned from those who have provided feedback into their experience of the process.</p> <p>Principle themes related to complaints and compliments received have been collated and are presented.</p> <p>The report explains that during this period the Ombudsman engaged with NIAS in relation to 6 complaints, one of which was accepted for formal investigation. Whilst their final report is outstanding, their draft report indicates that they are not upholding the complaint.</p> <p>Learning that has arisen and actions taken in respect of complaints and compliments is detailed.</p> <p>Plans for 25/26 are highlighted with emphasis being drawn to the implementation of the NIPSO's new regional Model Complaints Handling process on 1 Jan 2026.</p>
Recommendation:	<div> For Approval <input type="checkbox"/> </div> <div> For Noting <input checked="" type="checkbox"/> </div>

Previous forum:	PEQS Committee 11 th Sept 2025
Prepared and presented by: Date:	Clare McVeigh – Service User Feedback Manager Ruth Finn – ADQSI Lynne Charlton – Director of QSI 14 th Oct 2025



Northern Ireland Ambulance Service
Health and Social Care Trust



139

Service User Feedback Annual Report 2024-2025





Table of Contents

- 02** Foreword
- 03** Facts and Figures
- 05** Complaints Received
- 06** Effectiveness & Responsiveness of Complaints Handling Procedures
- 11** Feedback from Service Users and Staff
- 13** Learning from Complaints
- 16** Compliments
- 19** Plans for 2025/26

Foreword

As Director of Quality, Safety and Improvement at the Northern Ireland Ambulance Service (NIAS), I am pleased to introduce our annual report on complaints and compliments for the 2024/25 financial year. Feedback from patients, families, carers, advocates and other service users remains a critical element of how we monitor and enhance the quality of our services.

During 2024/25, NIAS received 276 complaints, an increase on the 241 recorded in the previous year (2023/24). This figure represents a complaint rate of 0.07% of the total 391,115 emergency and non-emergency attendances. Alongside this, 450 compliments were received, marking a welcome rise from the 395 received the previous year.

While quantitative data helps to highlight themes and trends, it is the personal stories behind each complaint or compliment that matter most. We recognise that every contact represents a real experience and, in some cases, a failure to meet the standards we strive to meet.

We remain committed to handling all feedback with empathy, transparency, and a focus on learning. Complaints provide an opportunity to reflect, identify areas for improvement, and embed changes that reduce the likelihood of recurrence. Equally, compliments help us to understand what worked well and enable us to celebrate best practice. Every expression of appreciation is shared directly with the staff involved, recognising their commitment and dedication, particularly in the wider context of the Trust facing ongoing and significant pressure.

This year, we welcomed the outcome of a BSO Internal Audit which provided satisfactory assurance in relation to how NIAS manages complaints. The audit confirmed that complaints are handled in line with Department of Health guidance, with appropriate oversight, learning, and record-keeping arrangements in place.

Looking ahead, we are preparing for the implementation of the new Model Complaints Handling Procedure (MCHP) issued by the Northern Ireland Public Services Ombudsman. We look forward to the opportunities this new framework will bring – helping us to streamline processes, enhance consistency, and ensure the experience of using our complaints procedure is a constructive and positive one for all service users.

I would like to extend my thanks to the Service User Feedback Team, whose professionalism, compassion and dedication ensure that concerns are addressed with care and that improvements are pursued in the interest of delivering safer, more responsive, and person-centred care.

Finally, I would also like to express my thanks to our Operational Crews, our Service Managers and to all who support with the management of complaints, concerns and compliments and who actively ensure that NIAS is an organisation that learns and improves through the experiences of our patients, their advocates and our staff.

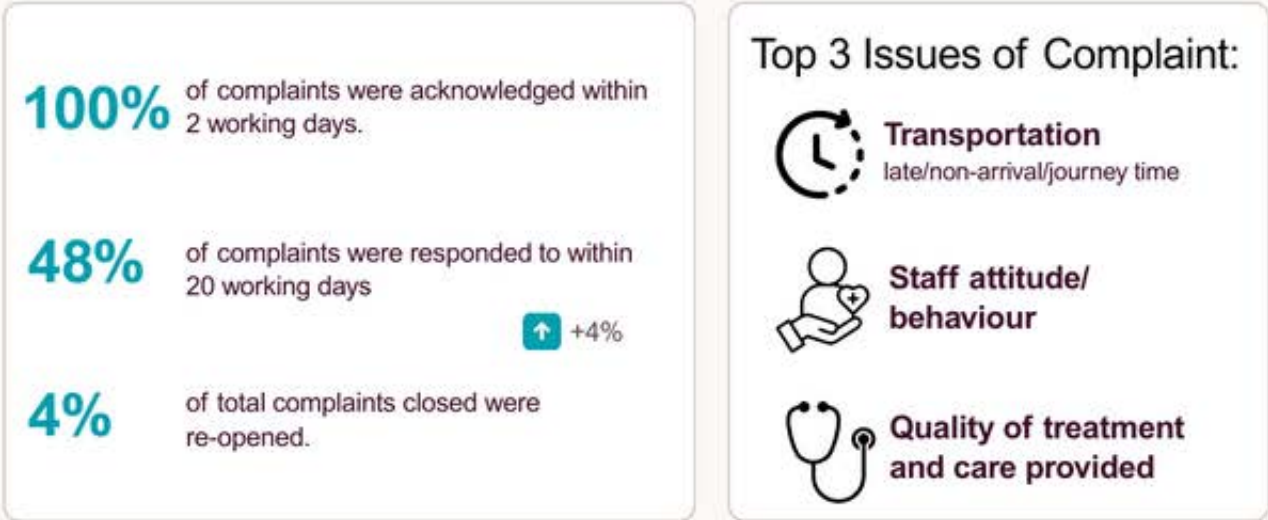
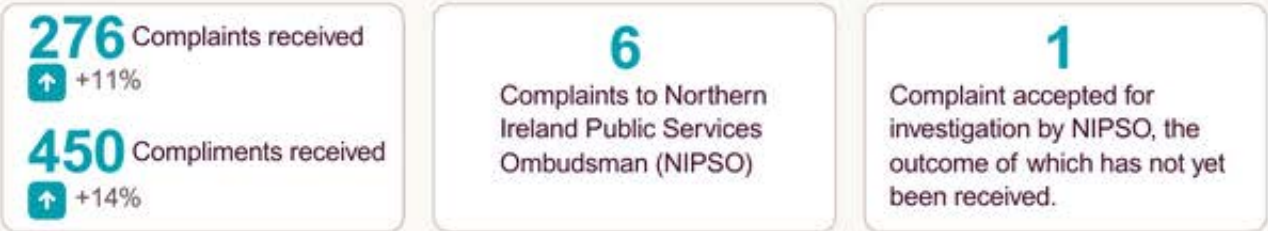
Lynne Charlton

Director of Quality, Safety, and Improvement



Facts and Figures

In the year 2024/2025:





Complaints Received

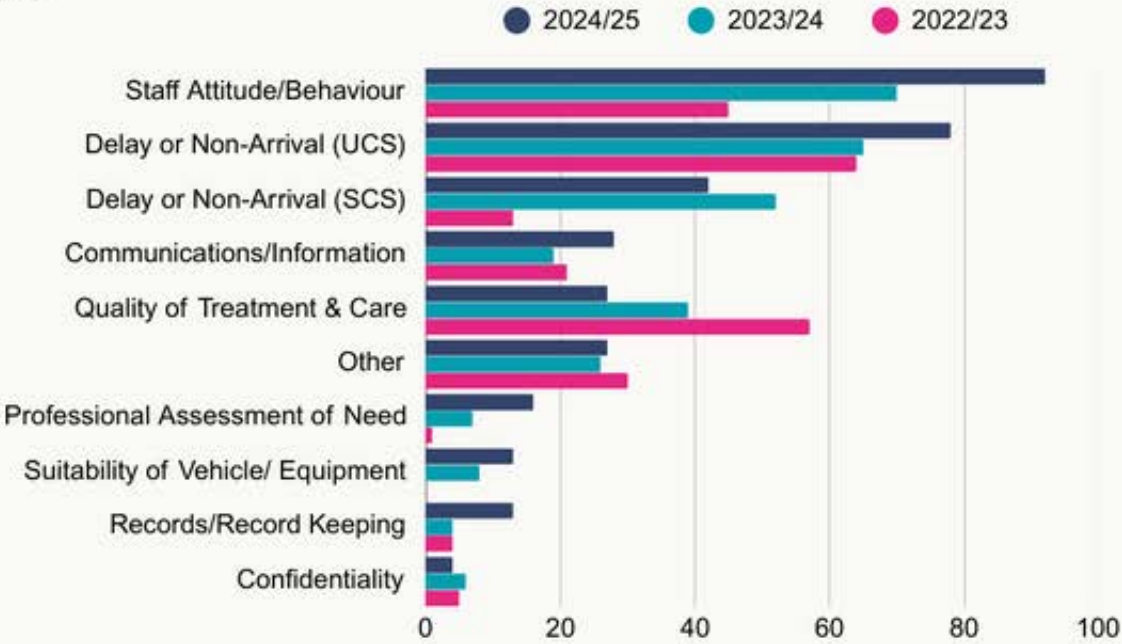
Number of complaints received

During 2024/2025, the Trust received **276** complaints, which is a **15% increase** from the previous year's total of **241**, and **33% increase** since 2022/23.



What people complained about

Some complaints are multifaceted which results in a higher number of concerns (347) recorded compared to the number of complaints received (276). The chart below shows the top 10 concerns people complained about during 2024/25 compared with the previous 2 years.



There have been notable increases in specific types of concerns raised, which primarily relate to:

- Reports of poor staff attitude and behaviour
- Delays in emergency ambulance response times
- Concerns about the manner in which ambulances were driven (classified under the 'Other' category)
- Dissatisfaction with paramedics' decisions not to transfer patients to an Emergency Department (recorded under the 'Professional Assessment of Need' category)

In contrast, 2024/25 has also seen a reduction in concerns relating to the quality of care provided and delays or non-arrival of non-emergency ambulances.

Effectiveness & Responsiveness of Complaints Handling Procedures

Openness & Honesty to our Service Users, Families and Carers

The Northern Ireland Ambulance Service is committed to delivering safe, high-quality care and fostering open, honest communication.

Open and Fair Culture

We recognise that a culture of openness is essential to improving safety and quality. Staff are encouraged to speak openly about concerns, with the assurance of fair treatment and accountability at all levels.

In responding to complaints, we aim to acknowledge, apologise, and explain when things go wrong, ensuring thorough investigations aligned with the wishes of the complainant. We strive to reassure service users, families, and carers that lessons learned will help prevent recurrence.

Monitoring the efficiency and responsiveness of our complaints process is vital to maintaining a culture where feedback is welcomed and drives continuous service improvement.



Timeliness of our Response to Complaints

During 2024/25, **48%** of the 266 complaints closed **were responded to within 20 working days**, a **4% increase** on the previous year. The chart below shows the timeliness of the complaints closed over a three year period.



Like other Health and Social Care organisations across Northern Ireland, NIAS continued to face system-wide pressures that impacted the timely completion of complaint investigations. During 2024/25, NIAS operated at REAP Level 2 (moderate pressure) for a total of nine weeks—from 8 April to 7 May and 13 May to 17 June 2024. For the remainder of the period, the service was predominantly at REAP Level 3 (major pressure), with three weeks at Level 4 (extreme pressure).

As complaint investigations are undertaken by senior frontline staff who are also heavily engaged in responding to REAP Level 3 and 4 escalation plans, their capacity to prioritise complaints is impacted in order to maintain operational readiness. During these periods of heightened pressure, it is also increasingly difficult to release operational crews to support complaint investigations.

NIAS remains dedicated to enhancing the quality of its complaints handling procedures and expediting the resolution of these complaints.

Complaints Referred as Serious Adverse Incidents

Where complaints are identified as potentially high risk, they are reviewed by a cohort of senior managers from Operations, Quality Safety and Improvement (SQI), Medical and Clinical teams (referred to as the Rapid Review Group). This multidisciplinary review considers whether the incident that led to the complaint meets the threshold to be referred and managed under the Serious Adverse Incident (SAI) process, ensuring appropriate escalation and oversight.

During 2024/25, 4 complaints met the criteria and were referred for progressing under the SAI process.

Re-visited Complaints

While we strive to provide responses that fully address all aspects of a complaint, there are occasions where individuals remain dissatisfied with the outcome. In 2024/25, the Trust re-opened 13 complaints for further investigation. This was due to complainants raising additional questions following the initial response, disagreeing with the content of the response letter, or identifying that some issues had not been addressed.

We actively encourage complainants to share any ongoing concerns so we can revisit their case and consider alternative ways to resolve the matter. Where appropriate, we also offer meetings to facilitate more in-depth, face-to-face discussions, which often help clarify issues and address outstanding questions.

Complainants are also informed of the free and confidential advice and advocacy services available through the Patient and Client Council.

Ombudsman Investigations

Complainants who remain dissatisfied with the Trust's response and feel that further engagement would not resolve their concerns have the option to refer their complaint to the Northern Ireland Public Services Ombudsman (NIPSO) for an independent review of the Trust's complaints handling process.

During the 2024/25 period, six complaints were referred to NIPSO for review. Of these, one was accepted for formal investigation. At the time of publication, the outcome of that investigation had not yet been received.





Internal Audit of NIAS Complaints

Procedure

During 2024/25, the NIAS complaints procedure was audited by the Business Services Organisation (BSO) Internal Audit team. The objective of the audit was to ensure that complaints are appropriately managed in line with Department of Health guidance. The audit provided Satisfactory Assurance, the highest level attainable, in relation to the management of complaints within NIAS.

This level of assurance attained reflects that complaints are generally handled in accordance with established procedures, with appropriate recording on the Datix system, and that records of investigations are retained. Investigations were found to address the issues raised, with evidence of learning and actions being implemented. The audit also confirmed that NIAS has effective governance and oversight arrangements in place through its assurance framework, including the Rapid Review Group, Learning Outcome Review Group, and the Safety, Quality, Patient Experience and Performance Committee, ensuring accountability and monitoring of learning outcomes from complaints.

A key finding from the audit related to complaints training, where it was noted that:

- At the time of the audit NIAS did not have visibility of how many staff have completed the mandatory complaints awareness training versus those who have not, due to the platform that hosts e-learning being updated. Access to this data is now available.
- There is a need to refresh training for staff involved in complaint investigations. Staff training is being taken forward as part of the wider implementation of the new NIPSO Model Complaints Handling Procedure (MCHP), as outlined at the end of this report.



Feedback from Service Users and Staff

In April 2024, an online survey—developed with support from the NIAS Patient Voice Forum—was launched to gather feedback and assess the effectiveness of the Trust’s complaints process. The survey is shared with both individuals who have used the complaints procedure and staff involved in managing complaints.

Surveys are distributed via email five weeks after a complaint is closed. During the 2024/25 period, 27 responses were received. While the response rate to this year’s feedback survey was low and therefore not fully representative of our service users’ experiences, the responses received have still provided valuable insight. The key findings from the feedback we did receive are as follows:

How easy was it to submit your complaint?



Effectiveness of Communication



Overall Experience



What you said about Your Experience of the Complaints Process

I was very satisfied that my complaint was actioned and the contact from NIAS was excellent.

I feel the complaint could have been answered earlier.

Due to ongoing resourcing challenges, NIAS responses to complaints often cite a lack of available ambulances or delays caused by hospital handover pressures. These explanations are consistently framed as the status quo, offering little assurance that improvements are forthcoming. The responses can appear indifferent, reinforcing the perception that nothing can be done. As a result, there is a lack of public confidence in the service's ability to respond effectively in life-threatening emergencies.

Very satisfied with how the complaint was handled throughout the process.

Effective process in challenging circumstances. Very well dealt with indeed.

[Service User Feedback team member] was so helpful and thoughtful about my dad's health as it was an emergency that caused this complaint.

The members of staff handling the complaint did so professionally and with empathy and understanding. However, the outcome was disappointing overall. Have more faith in the administrative side of NIAS than the service itself going forward.

Thank you for your service as your jobs are intense but I am happy my problem was handled properly and with speed.

It takes so long for the outcome.

Learning from Complaints

We see complaints as valuable opportunities to learn and improve the services we provide. Where appropriate, complaints are discussed with the staff involved to better understand what happened and identify areas for improvement. Staff are also supported by Divisional Training Officers and Clinical Support Officers to enhance service quality.

During 2024/25, 198 learning outcomes were identified through complaint investigations. By the end of March 2025, 146 (74%) of these had been implemented. Most of the recommendations focused on supporting staff through additional training or counselling to help prevent similar issues from happening again.

Examples of learning and support provided to staff following complaints include:

- **Communication skills:**
 - Managing difficult or confrontational situations.
 - Communicating effectively with patients' families.
 - Understanding how light-hearted comments can sometimes be misinterpreted or cause offence.
- **Handling 999 calls** in line with international, national, and regional protocols.
- **Documenting decisions** when emergency resources are dispatched outside normal guidelines.
- **Maintaining high standards of driving** when responding to emergency calls.
- **Carrying out musculoskeletal assessments** thoroughly, including the appropriate use of pain relief.
- **Completing clear and accurate patient records.**

In addition to individual staff learning, we also introduced wider service improvements, such as:

- **Within the Non-Emergency Ambulance Operations Centre:**
 - Improving how last-minute staff absences are handled to avoid missed transport for patients.
 - Strengthening communication with Health and Social Care partners and service users when transport cannot be provided or if the type of vehicle changes.
- **An Independent Ambulance Service provider:**
 - Delivered extra training to staff where gaps in knowledge were identified, particularly in how to use specific vehicle equipment.
- **Within the Emergency Operations Centre:**
 - Development of system improvements so that 999 call handlers can see real-time information on delays in the caller's area, enabling informed communication for those waiting for help.





Compliments

Whilst the Trust recognises that we don't always get things right, each year the Trust receives hundreds of letters of appreciation and expressions of thanks to acknowledge the excellent services provided.

We are proud of our staff and ensure that positive feedback is shared and celebrated. Our staff certainly appreciate feedback from their patients and clients, and knowing when things go well.

In 2024/25, the Trust received **450 compliments**.

The chart below illustrates the themes captured within the compliments received.



Compliments Received

Each week a sample of the compliments received during the week are shared with all staff through a Daily Bulletin. Here are a few positive experiences shared by service users and/or their families:

“Heartfelt appreciation”

We as a family wish to express our deepest gratitude for the incredible care and professionalism shown by NIAS personnel who responded to the call concerning our fathers passing. In our family's time of intense shock and sorrow, the presence and compassionate assistance given provided us with immense comfort. The prompt arrival alongside the empathy and sensitivity demonstrated by all went far beyond professional duty. Indeed, the respect and dignity shown to daddy made an indelible impression on our family. My daddy had great respect for NIAS having worked alongside them during many incidents within his role as a firefighter. May we take this opportunity to thank all the first responders for their unwavering dedication and remarkable service provided day in and daily to those in need. With heartfelt appreciation.”

“Remarkable”

“I would like to thank the ambulance crew for their fast and efficient job. Their knowledge in first aid is remarkable. My neighbour had a bad fall and when they took their blood pressure, they knew it was very high and explained everything. They saved his life.”

“Reassuring”

“On Monday I had to call 999 for an ambulance for my mum who appeared to be having a seizure.

The call handler was very reassuring, and the ambulance arrived quickly. The paramedic and Emergency Medical Technician were amazing! Both staff were very competent, confident, and reassuring. The care, support and attention mum received was second to none. An absolute credit to themselves, their jobs, and the service!

The medical emergency with mum was something I have never experienced before and was frightening but they both talked me and my dad through what was going on and what the next steps were. I honestly can't thank them enough for their service and working with mum whilst also managing both mine and dads fears about what was happening.

There are no words to explain my gratitude for them both, they are amazing, and I can't thank them enough. NIAS is very lucky to have them both.”

“A Credit”

“Two fantastic staff attended my call out. I had been lying on the floor with an injured back spasming for about 8 hrs. My partner let them in, and they reassured me, gave me gas and air to get me off the floor and helped me move. They then went through all the options with me, and the medications ordered by the GP for the following day.

The paramedic and Emergency Medical Technician had a great bedside manner reassuring and kind (I had been really scared and in pain) they are a credit to their job. Thank you both!”



Plans for 2025/26

Looking ahead, the Service User Feedback Team has several key priorities aimed at improving how we handle complaints and enhance service user experience:

- **Implementing a new complaints handling procedure:**

A new Model Complaints Handling Procedure (MCHP), developed by the Northern Ireland Public Services Ombudsman (NIPSO), was published on 1 July 2025. In line with NIPSO's implementation timeline, NIAS will adopt and embed this new approach by 1 January 2026.

This work will include:

- Developing our own complaints procedure in line with NIPSO's guidance.
- Creating online training for all staff to raise awareness of the new procedure and their responsibilities.
- Providing specialised training for staff who investigate complaints that have been escalated to Stage 2 of the process.
- Reviewing how people can raise a complaint, with a focus on making the process more accessible and inclusive.
- Building a staff resource hub with practical tools and guidance to help staff deliver a fair, timely, and consistent complaints service.

- **Improved complaint response times:**

We remain committed to responding to complaints more promptly. As part of the work to implement the new MCHP from NIPSO, we are reviewing our current processes to identify ways to improve efficiency while continuing to provide a thorough and high-quality service.

These changes are part of our ongoing commitment to listening, learning, and improving the care and services we provide.

NIAS C'TTEE ITEMS

PEQS – 11 Sep	SPF – 18 Sep	CTF – 18 Sep	PCOD – 25 Sep	GARAC – 9 October
<ul style="list-style-type: none"> • Identification of risk - Safeguarding team • EPRR /HART Update • Education Update • Pharmacy Quarterly Update • Safeguarding Position Report • Chaperone Policy • Complaints Annual Report • Self-Conveyance to ED • Involvement and Co-Production Update • Out of Hospital Cardiac Arrest (OOCA) Improvement 	<ul style="list-style-type: none"> • Performance Report • Budget Report and Finance Update • Capital Budget Forecast and Expenditure • Overtime Expenditure • Business Case Approval Limits Proposal • Business Case Register • Interim Fleet Business Case • Global Rostering System (GRS) Business Case • Intelligent Routing Protocol (IRP) - Business Case • Strategy Development Update 	<ul style="list-style-type: none"> • CTF ToR • Charitable Trust Funds Proposed Expenditure Plan • Summary of Activities • Charitable Trust Funds – Financial Policy • Charitable Trust Fund Financial Procedures Aug 2025 	<ul style="list-style-type: none"> • Operational Resilience and Enhanced Leadership (OREL) Progress Report • Monthly Workforce Information and Strategic HR Report (Including Health and Wellbeing and Learning and Development Updates) • Absence Management Update • Organisational Culture Programme Update • Sexual Safety (Management Response) • Vaccinations Briefing • Partnership Framework • Northern Ambulance Service (NIAS) Response for the 26/27 Pay Review Body Call for Evidence • HROD input to the strategy plan • Update on HROD Restructure 	<ul style="list-style-type: none"> • DAC Register • Fraud Update • IA Progress Report • Shared Service Audits briefing paper • Mid Year Follow Up • Head of Internal Audit Mid-Year Report • Final RTTCWG 24-25 • NIAO Letter of Understanding • Resource and Rota Management • Update on Unsocial Hours IA progress • IG and Cyber Security Update • Board Governance Self-Assessment Tool • NIAO Checklist • Mid-Year Assurance Statement

NIAS C'TTEE ITEMS

10.10.2025

161

Trust Board and Committee Forward Work Plan 2025-26

Trust Board

Meeting	15 May 2025	26 June 2025	28 August 2025	23 October 2025	11 December 2025	19 February 2026	2 April 2026
Agenda Items	/	<ul style="list-style-type: none"> AACES Presentation on Violence & Aggression Performance Update Finance Update Final Annual Report and Accounts Corporate Risk Register Board Assurance Framework 	<ul style="list-style-type: none"> Board Assurance Framework Cyber Board Training Trust Annual Safeguarding Position Report Presentation – QI Programme EPRR Core Standards. ORH Presentation Performance Report Finance Report 	<ul style="list-style-type: none"> Corporate Plan Mid-Year Progress Report Board Governance Self-Assessment Tool. Performance Update (Report) Finance Update (Report) Locality/winter planning [ORH presentation] <ul style="list-style-type: none"> TB/Committee business case approval threshold TBC LD Fleet Business Case (TBC) SM Sexual Safety – mgt response Performance Cell Update Complaints Annual Report RCC CiC Update Attendance Mgt 	<ul style="list-style-type: none"> Annual Quality Report Safeguarding Update [Staff Survey Results presentation] [Cyber Security/NIS Presentation] Finance Update (Report) Performance Update (Report) CiC Update 	<ul style="list-style-type: none"> Corporate Risk Register Performance Update (Report) Finance Update (Report) <ul style="list-style-type: none"> CiC Update 	<ul style="list-style-type: none"> Corporate Plan End Year Progress Report Board Assurance Framework Performance Update (Report) Finance Update (Report) <ul style="list-style-type: none"> CiC Update

10.10.2025

162

Governance, Audit and Risk Assurance Committee (GARAC)

Meeting	12 May 2025	24 June 2025	9 October 2025	9 December 2025	30 January 2026	Feb Date TBC	12 March 2026
Agenda Items	<ul style="list-style-type: none"> Corporate Risk Register Corporate Governance Code of Good Practice NI (2025) Draft Annual Report and Accounts Draft Charitable Trust Funds Trustees Annual Report DAC Register Fraud Update Internal Audit <ul style="list-style-type: none"> Progress report Recommendation f/up Shared Service note HIA Annual Report IA Strategy and 25/26 plan External Audit <ul style="list-style-type: none"> NIAO Handover Report 	<ul style="list-style-type: none"> Focus on Final Annual Report and Accounts [Draft RTTCWG report] [DAC Register] [Fraud Update] [Internal Audit] [External Audit] Update on Unsocial Hours IA progress. 2024-25 GARAC Annual Report. 	<ul style="list-style-type: none"> IGG and Cyber Security Update Board Governance Self-Assessment Tool. NIAO ARAC checklist. DAC Register Fraud Update Mid-Year Assurance Statement. Focus on any relevant risks on CRR. Internal Audit External Audit Update on Unsocial Hours IA progress. Resource and Rota Management (HR to attend) (notes 24-6-25) 	<ul style="list-style-type: none"> Focus on Internal Audit recommendations (Attendance Mgt IA) 	<ul style="list-style-type: none"> Corporate Risk Register DAC Register Fraud Update TORs review Internal Audit External Audit Risk Appetite Statement Review Review of SFIs Review of Standing Orders Update on Unsocial Hours IA progress. 	<p>Extra meeting requested as per notes 24-6-25 regarding Progress on IA</p>	<ul style="list-style-type: none"> IGG and Cyber Security Update DAC Register Fraud Update Internal Audit External Audit Update on Unsocial Hours IA progress.

10.10.2025

163

People, Culture and Organisational Development Committee (PCOD)

Meeting	3 April 2025	12 June 2025	11 August 2025	25 September 2025	4 December 2025	12 February 2026
Agenda Items	/	<ul style="list-style-type: none"> • Performance Report (on absence) • Trust Communications Activities Overview. • HR/OD Balance Scorecard • Organisational Cultural Improvement Update incl. sexual safety • Operations Restructure Update • Discussion about Unsociable Hours Payment IA assurance. • Violence and Aggression briefing 	Extraordinary Meeting re: Sexual Safety Improvement Update	<ul style="list-style-type: none"> • Performance Report (on absence) • HR/OD Balance Scorecard • Maximising Attendance Update • Organisational Cultural Improvement Update inc. sexual safety • Vaccinations Briefing • Partnership Framework • Workforce Health and Well being • Sexual Safety (Management Response) 	<ul style="list-style-type: none"> • Performance Report (on absence) • Assistance to study (c/f) • Monthly Workforce Information and Strategic HR Report • Organisational Cultural Improvement Update • Operations Restructure Update • Focus on any relevant risks on CRR. • Workforce profile and Recruitment Programme • Learning and Development • [Violence and Aggression briefing] • [Staff Survey Results presentation] 	<ul style="list-style-type: none"> • Performance Report (on absence) • TORs review • HR/OD Balance Scorecard • Maximising Attendance Update • Organisational Cultural Improvement Update • Employment Law Case annual Update • Equality, Diversity and Inclusion Report • Safeguarding Employment Update

Patient Experience, Quality and Safety Committee (PEQS)

10.10.2025

164

Meeting	24 April 2025	5 June 2025	11 September 2025	20 November 2025	22 January 2026
Agenda Items		<ul style="list-style-type: none"> • Performance Report (on SAls, complaints etc./clinical KPIS) • IPC Report • Pharmacy bi-annual report • SAI Report • OOCA improvement • HART capacity update • Discussion on de-escalation of corporate risk 833. • IAS report • EVC report Quality and Service Improvement – Quality Strategy update 	<ul style="list-style-type: none"> • Complaints Annual Report (notes 4-6-25) • Safeguarding Position Report • Co Production and Partnership • Training Update (every 6 months) • OOCA improvement • Self-conveyance to ED • EPRR (notes 4-6-25) • Chaperone Policy • Quarterly Pharmacy Update 	<ul style="list-style-type: none"> • Performance Report (on SAls, complaints etc./clinical KPIS) • Update on SAI Redesign (not full SAI report) • Quality and Service Improvement - Annual Quality Report update • Adverse Incident management report • IAS Assurance • EPRR update • EVC Report. • IPC report • Safeguarding Update • Learning from Deaths • Learning from Domestic Homicide Reviews' 	<ul style="list-style-type: none"> • Performance Report (on SAls, complaints etc./clinical KPIS) • Pharmacy bi-annual report. • TORs review • OOCA improvement • HART capacity update • SAI Report • Service User Feedback Report • Co-Production and Partnership • Safeguarding Update

10.10.2025

165

Strategic Performance and Finance Committee (SPF Committee)

Meeting	10 April 2025	19 June 2025	18 September 2025	27 November 2025	5 February 2026
Agenda Items	/	<ul style="list-style-type: none"> • Trust budget report and year-end forecast. • Detailed Directorate budget report. • 2025-26 Opening Budget Allocation • Performance Report • Deep Dive on Cat 1 and Cat 2 performance. • Focus on Strategic Plan Development. 	<ul style="list-style-type: none"> • Trust budget report and year-end forecast. • Detailed Directorate budget report. • Capital budget, expenditure and forecast. • Overtime budget and expenditure • Focus on Service Delivery Model. • Performance Report. • Corporate Plan Mid-Year Progress Report • Strategy Development Update. • Business Case Approval Threshold Limit • Fleet Business Case • IRP Business Case • GRS Business Case 	<ul style="list-style-type: none"> • Trust budget report and year-end forecast. • Detailed Directorate budget report. • Overview of Fleet and Estates. • Fleet Expenditure. • Budget and expenditure on IAS, Taxis and Voluntary Drivers • Focus on delivering value (efficiencies). • Performance Report. • Strategy Development Update. • Cat 2 response • H&T / S&T • Output of Perf Cell 	<ul style="list-style-type: none"> • Trust budget report and year-end forecast. • Detailed Directorate budget report. • Capital budget, expenditure and forecast. • 2026-27 Draft Financial Plan • Overview of Sustainability • Focus on Corporate Plan Implementation. • Performance Report. • Corporate Plan End Year Progress Report • Strategy Development Update. • TORs review

10.10.2025

Actions from last meeting		<ul style="list-style-type: none">• Proposal on appropriate threshold of business case approval.			
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Northern Ireland Ambulance Service
Health and Social Care Trust



**MINUTES OF THE GOVERNANCE, AUDIT AND RISK ASSURANCE
COMMITTEE HELD AT 9:30AM ON
TUESDAY 24 JUNE 2025 IN THE BOARDROOM, NIAS HQ**

PRESENT:	Dr P Graham	Committee Chair
	Mr D Ashford	Non-Executive Director
	Dr P Corrigan	Non-Executive Director
IN ATTENDANCE:	Mr S Mullen	Interim Director of Planning, Performance and Corporate Services
	Mr N Sinclair	Interim Director of Operations and Chief Paramedic Officer
	Ms L Donnelly	Interim Director of Finance
	Ms B McCauley	Assistant Director of Finance
	Mr M Smyth	Temporary Assistant Director of Finance
	Mr N Henry	Assistant Director Governance
	Ms C McKeown	Internal Audit, BSO
	Ms C Hagan	ASM
	Mr P O'Sullivan	Northern Ireland Audit Office
	Ms S Beggs	Temporary Board Secretary
APOLOGIES:	Ms L Charlton	Director of Quality, Safety and Improvement
	Mr D Charles	Internal Audit, BSO

1. Apologies & Opening Remarks

There were no apologies noted.

The Chair welcomed members to today's meeting.

2. Procedure

2.1 Declaration of Potential Conflict of Interest

No declarations were made.

2.2 Quorum

The Chair confirmed that the Committee was quorate.

2.3 Confidentiality of Information

The Chair confirmed and emphasised the confidentiality of information.

3. Previous Minutes

The minutes of the previous meeting on 12 May were **APPROVED** on a proposal from Mr Ashford and seconded by Mr Corrigan pending the following amendments:

It was noted that Mr David Charles should be recorded as an apology.

On page four, first sentence of the fourth paragraph should be amended to 'significant findings' instead of 'key findings'.

On Page Six, under agenda item 7.4 (Internal Audit follow up recommendations) it is useful to note that the overall opinion was satisfactory.

Ms Beggs agreed to make these amendments.

ACTION: Ms Beggs

4. Matters Arising

The actions arising from the previous meeting were **NOTED** as having been progressed.

Mr Corrigan pointed out there were a number of issues discussed in detail regarding rota management for Ops and HR and it was agreed that a representative from HR should attend a future GARAC meeting to provide assurance. Ms Beggs agreed to follow up with Ms Lemon.

ACTION: Ms Beggs

5. Chair's Business

The were no items of business discussed by the Chair.

6. Standing Items

6.1 NIAS Direct Award Contract Register

The Committee **NOTED** the update.

There has been further progress since the report has been drafted, and there is one new DAC which is the replacement of the servicing, maintenance testing and rolling out of the suction units for £400,000, which has been approved.

There has been further confirmation from PALS to confirm that AACE requires a DAC and Mr Corrigan advised this was picked up by external audit and it is important it is formalised. Mr Mullen confirmed that he and Mr Charlie Thompson are resolving.

6.2 Fraud Update

The Committee **NOTED** the update.

There were no new fraud incidents since the last meeting and there has been one case that counter fraud have concluded. Although they did consider that the employee had undertaken secondary employment whilst on sick leave, they didn't consider it was enough evidence to meet the threshold for prosecution and they have recommended NIAS seek to recover overpaid monies and confirm that an internal investigation took place and the employee has been issued with a final written warning. Ms McAuley agreed to provide an update on the recovery at the next meeting.

ACTION: Ms McAuley

Work continues on the national fraud initiative which shared services are looking at. These are in relation to the high value cases and the report provides an update of all the matches from the NIAS data today.

The Chair and Committee are pleased with the outcome of the NIAS Fraud Report.

7. Internal Audit

7.1 Progress Report

The Committee **NOTED** the report and Ms McKeown said that the work for 25/26 is progressing well at this stage.

7.2 HIA HSC General Annual Report 25/26

The Committee **NOTED** the report which is the general annual report across the HSC for the year and is designed to share learning, albeit at a very high level across the sector. Ms McKeown pointed out that the Executive Summary demonstrates that there is a much-improved position across the sector in terms of assurances that they have issued to the HSC organisations and SPPG that they continue to audit on behalf of the Department. She elaborated that there was 63% of all assurances across the sector wholly satisfactory in nature this year which is an improved position from 49% in the last couple of years.

When analysing the split assurances issued, the figure increases to 73% of assurances that are above the line being wholly or mainly satisfactory in nature, and the sectors had its best year since recording this. In terms of implementation of priority one and priority two audit recommendations, there are 85% of all recommendations being fully implemented at year end. As a consequence, the number of priority one recommendations has significantly dropped in 24/25 and there were just nine across the sector in terms of the reasons for limited assurance and there was just one unacceptable assurance across the sector this year.

Therefore, the level of assurance is spread quite evenly across the four main categories, albeit they're slightly all-encompassing in nature. Clinical and social care governance, contract management, procurement, corporate governance and patient journey were the four clear areas that they were found most

limited assurances for this year and identified some particular learning around patient journey.

Flow audits tend to be limited assurance in nature, but Ms McKeown says they are the most useful audits across the Trusts. Contract management and complaints management continue to be a persistent limited assurance theme.

This year, in terms of limited assurances, looking ahead, the challenge is to sustain the improved position right across the sector and which is not an easy ask.

Ms Keown thinks there is still a risk to the sustainability of some of the overall satisfactory assurances across the sector, but suggested waiting to see what the next year brings in terms of specific learning for NIAS.

NIAS is Organisation six on the report and has the lowest proportion of wholly satisfactory assurances compared to the other Trusts. Ms McKeown referred to page seven which shows the majority of limited assurances in NIAS this year were first time audits rather than previous limited or satisfactory and on Page 10 and 11 NIAS had the highest full implementation rate across the six trusts.

In terms of recommendations and the number of outstanding recommendations, in general, and significant recommendations, NIAS are specifically low in comparison to most other organisations.

Dr Graham thanked Ms McKeown for the informative update and welcomes the positive achievements, he agreed that is difficult to maintain these positions and that the Committee, Board and NIAS will continue their efforts to maintain the position for next year.

Mr Corrigan added that in terms of closing out the outstanding recommendations, he welcomes the excellent result on the highest amongst the six trusts and one of the highest across the sector. He referred to the spread of assurance on chart 5.5 which demonstrates NIAS are almost bottom within the six organisations, in terms of having wholly satisfactory assurances

and that there is a case for complacency, as only 50% approximately of audits were fully satisfactory, and the rest of them are either limited or split satisfactory limited so there is still improvement to be made. However, he noted the excellent performance and close out of the recommendations.

Mr Ashford pointed out that as the limited assurance are new and that NIAS are no longer dealing with historic ones, it is a real bonus and commended the team on this position.

Ms Paterson reiterated the positive comments and conveyed thanks to Ms McKeown and her team for the effort, the relationships and how that has developed over the last couple of years working with the teams.

The Chair endorsed his thanks on behalf of the Committee for Internal Audit's hard work and good relationship. He also thanked the team within NIAS for the achievements and is assured they are mindful of the previous challenges and are doing everything they can to maintain the current position. He referred to the next year in terms of internal audit and the committee's findings and how they are going to review the various divisions within that as the year progresses and how they're performing against their deliverables.

Ms McKeown thanked members for their comments and agreed to convey to her colleagues. She agreed that there is a strong trusted relationships across the organisation.

7.3 Updated internal audit annual plan 25/26

The Committee **NOTED** the update.

Since the last meeting the report now includes the HART audit in 25/26 and to accommodate this the PCS audit has been carried forward to 26/27.

The training audit has been extended to another element that was on the original plan as a possible audit of mandatory training and may be looking at mandatory training and driver training in that particular assignment. Five days have been added onto the

absence management audit which has been completed and took longer than initially anticipated.

Mr Ashford welcomes the update plan as if this hadn't been adjusted it would have been a full three years between reports and receiving assurance. He is also pleased that this provides an unintended benefit in terms of enhancing the mandatory training, however, there is a risk in releasing staff to top up their training.

Ms Charlton conveyed her thanks to Mr David Charles and Ms Catherine McKeown for the responsive way in which they engaged with NIAS to try and amend the plan to make it the most efficient and effective way of working. She reiterated that the PCS and IAS audit will be in the first quarter of 26/27 and there has been an extensive discussion at the Safety Committee regarding this.

Dr Graham pointed out that it also demonstrates the good governance between Committees to ensure this was followed up and is a good exemplar of how things can be moved and the flexibility of the internal audit system.

Mr Corrigan said it is important to have HART included and although it would have been ideal to keep PCS, he is content with the revised plan as it is more realistic.

He agreed with Mr Ashford's comments regarding the inclusion of mandatory training and that it will be helpful for the Committee to get assurance on same due to the challenges of NIAS meeting the internal targets, which was discussed at the Safety Committee.

The updated internal audit annual plan 25/26 was **APPROVED** on a proposal from Mr Ashford and seconded by Mr Corrigan.

8. External Audit

8.1 To advise on key issues

No matters discussed.

8.2 Draft Report to Those Charged With Governance

Ms Christine Hagan conveyed her thanks to Ms Donnelly and Ms McAuley for their input during the audit process with her colleagues on site, and she confirmed they are almost at the completion stage in terms of all of the audit enquiries.

She referred to section one of the report and that there are a lot of good news within it and therefore propose that the C&AG will certify audit opinion the financial statements for both the public funds and the charitable trust funds with an unqualified audit opinion without modification. She also confirmed there were no adjustments to the numbers in the financial statements and there was one uncorrected misstatement in the public funds, but it is a nil effect on the non-assets of the accounts.

There was no irregular expenditure and there's no proposed C&AG report on the account, as well as no priority one recommendations in the report.

There are a number of small enquiries that they are following up and will do their final review of the annual report and accounts following today's meeting, in the event there is any further changes. In terms of messaging, they have to confirm to the Committee that they are independent to complete the audit and note regarding the National Fraud Initiative.

In terms of management information and personal data Ms Hagan confirmed they have discharged their responsibilities under GDPR for the processing of personal data received during the audit and have also disclosed in the NIAS report and accounts any data handling incidents that have occurred.

Ms Hagan referred to the bottom of page three, which are two actions for members attention. The first one is to review the findings in the report, including both the letter, draft letter of representation and the draft audit certificates, and also to consider whether the uncorrected misstatement remains uncorrected at this stage.

Section two of the report is highlighting that there were no new matters in terms of how they planned but they highlight the

change in materiality used for the charitable trust funds, once those final numbers became available.

Section three of the report is a response to significant risks that were presented at the last meeting with the audit strategy, and the significant risk was to do with management over out of control and reporting no issues with regard to their audit work in that regard. They note that while the forecast deficit position was anticipated, there was additional funding throughout the year to achieve break even. The other significant risk was to do with the internal control environment and board governance arrangements and they are not highlighting any significant internal control issues as part of their work. The report also refers to the positive head of internal audit opinion that's been provided to NIAS this year, particularly around the clearance of the prior year recommendations but also highlighting that there are a number of areas that NIAS still need to improve and maintain.

A significant risk noted was regarding the PSNI holiday pay provision and again they have set out how they have come to an agreed position right across the region in terms of how the model was used. They had a regionally agreed model and that was designed based on prior knowledge, and there are a number of areas of uncertainty within that.

This was part of NIAS' disclosures, and they are confirming that they have challenged the methodology and the method used to ensure consistency both with the regional model and the data that NIAS made available for audit. They also confirmed the disclosure and reporting accounts and there is an extensive change in the disclosure from last year.

Within section 4 of the report, it refers to accounting policies not being changed since last year and there are a number of figures in NIAS' accounts that are reliant on estimates, not exact figures. Therefore, they referred to the reliance they place on DLS for the clinical negligence and non-property services for the valuation of land and property. They also noted the degree of uncertainty regarding the PSNI holiday pay provision.

In relation to the clinical negligence, disclosures are broadly fine, and they made a number of suggested changes which will form part of their final audit enquiries.

Ms Hagan pointed out that within the Accounts NIAS is shown in a negative reserves position which is largely to do with the PSNI holiday pay provision and there is a disclosure within the revised accounts for that. They also highlighted that the funding outlook into next year looks constrained, which is constrained across the region, however there is nothing that's concerning from an ongoing concern perspective.

The Annual Report, Accountability Report and Governance Statement form part of the narrative responses they made for changes or proposed changes back to management, which has largely been accepted.

They have highlighted that within the accountability and audit report for internal control reporting there are no material weaknesses and no significant matters.

There were a number of audit recommendations that they proposed, the first one is to do with the governance arrangements, and they are highlighting that when the Director of Finance retired effectively in November and prior to that a period of leave from August 24, there was no Director of Finance in place. There were interim arrangements provided, however in line with the terms of reference for that arrangement, that individual was not to be an office holder and was not to have any decision making authority, and they then noted throughout the audit that arrangements changed and the Chief executive had delegated authority for decision-making and again on that basis, they have indicated that disclosures were required then in the remuneration report for that arrangement. It was also noted more generally a lack of clarity both within NIAS and among external stakeholders regarding the nature of the individual's role and the position they held, in the senior management team and the extent of the delegated authority, so during the audit they noted inconsistencies in documentation. The recommendation in this instance is a priority two and it looks to the future in terms of when senior positions are being planned for in a contingency way.

The other finding is regarding direct award contracts highlighting over the course of last year, there were six new direct award contracts, all approved retrospectively, and three of those were approved by Ms Paterson in her role as Interim Chief Executive, which didn't happen until a day later, which is updating retrospective payments that had already been paid.

Ms McAuley has confirmed that going forward, a DAC will be required for that arrangement and the last paragraph highlights good practice that should be improved in advance for any expenditure in exceptional circumstances recognising the nature of the work that NIAS do, but continued reliance on it can increase the risk.

The next finding is priority three regarding a new starter on payroll and their contract of employment was not signed by the individual.

Section five of the report sets out those misstatements and one matter to report is the uncorrected misstatement, which is a difference between accruals and provisions and therefore it doesn't have any impact on the bottom line.

The Annex is the draft letter of representation that Ms Paterson will sign along with the annual report and accounts and Appendix two is the draft audit certificates for the public funds and the charitable trust funds. The C&AG will sign Appendix 3 which is updating on the priority one finding last year regarding the PSNI holiday pay provision which states that it is effectively resolved now in this year's accounts.

Ms Hagan drew members attention to the bottom of Section 1 which are two actions for the audit Committee.

Mr Corrigan commented that in terms of the various findings and recommendations the management response, at the moment, is still blank and queried what the process for that response is including target dates against the various recommendations to inform the GARAC Committee.

Ms Donnelly confirmed that they are engaging with the relevant directorates to provide a management response which will be shared with the external auditors. Within that response they will include the target completion date, however there is no set time to conclude this but the sooner the better. The final report of those charged with governance, with management comments will come to the next GARAC meeting.

ACTION: Ms Donnelly

Ms Paterson referred to the management response and that this is the opportunity for NIAS to learn from that going forward and ensure that they don't fall into the trap of repeating something which is not considered good practice. Ms Paterson thanked external audit for highlight those issues.

The Chair thanked external audit for their excellent work and welcomes their involvement and comments. It was confirmed that the uncorrected misstatement was corrected.

The Committee **NOTED** the report.

9. Annual Report and Accounts 2024-25

9.1 Letter of Representation: NIAS public funds for the year ended 31 March 2025

Ms Donnelly advised that the draft Annual Report and Accounts were presented to the GARAC Committee on 12 May and thanked Ms Christine Hagan and the team who have progressed the audit and NIAS have now received the draft report to those charged with governance with a positive outcome, whereby there's a proposal that the Comptroller and Auditor General will certify the 24/25 financial statements with an unqualified audit opinion without modification. NIAS are delighted with the outcome and grateful for the engagement and positive relationship with external audit and the support that they have provided to NIAS throughout this process.

The Committee are asked to note the accounts and the report of those charged with governance and to approve the draft accounts and the draft representation for submission to Trust

Board for review, approval, signature, and then submitted to the Department of Health in advance of summer recess.

The Chair acknowledged that these have been rehearsed extensively at the last GARAC meeting, at which point they were being submitted to external audit, and the Committee are very content with the response from them.

Ms Donnelly conveyed her thanks to all of the NIAS staff for their support getting to this point as it is a real collaborative effort across all directorates.

Ms Donnelly referred to the assurance letter from BSO listed under AOB which is referred to in the annual report and accounts under Section 10, which effectively is assurance for the shared services that are delivered by BSO and is for the Committee to note.

The Chair thanked Ms Donnelly for pointing this out and commented that it's been a difficult year for NIAS to improve on the previous unsatisfactory position. A lot of hard work has been done behind the scenes, and on behalf of the Committee the Chair commended everybody who contributed to achieving this outcome.

Mr Ashford referred to some typos and grammar within the annual report that should be reviewed, and Ms Donnelly confirmed that the narrative will be reviewed as well as the design as a public facing document. The Chair advised that there is currently a small team of staff within Communications, and they are currently creating a Communication Strategy which the Chair is assisting with.

The Chair said that Communications will sit within the remit of the GARAC Committee, however, there is flexibility, and it can be moved to another Committee if required.

Ms Paterson echoed the positive comments and acknowledged the amount of effort that the team have put in to the statements.

The letter of representation for the NIAS public funds for the year ended 31 March 2025 was **APPROVED** on a proposal from Mr Ashford and seconded by Mr Corrigan.

9.2 Draft, Audited, Uncertified Annual Report & Accounts for the year ended 31 March 2025

The Draft, Audited, Uncertified Annual Report & Accounts for the year ended 31 March 2025 was **APPROVED** on a proposal from Mr Ashford and seconded by Mr Corrigan.

9.3 Draft, Audited, Uncertified, Charitable Trust Funds Trustee's Annual Report for the year ended 31 March 2025

Ms Donnelly explained these were also reviewed at the GARAC meeting on 12 May and the report of those charged with governance covers both the public funds and the Charitable Trust Fund and therefore the unqualified opinion applies to the charitable trust funds as well.

The Committee were asked to approve this for presentation to Trust Board and hopefully Trust Board will be content to approve to be signed and submitted to the Department of Health in advance of summer recess.

Mr Corrigan advised that the Charitable Trust Funds Advisory Committee has been established as a subcommittee of the SPF Committee and one meeting has taken place within the current financial year.

The Draft, Audited, Uncertified, Charitable Trust Funds Trustee's Annual Report for the year ended 31 March 2025 was **APPROVED** on a proposal from Mr Corrigan and seconded by Mr Ashford.

10. GARAC Annual Report

The Committee **NOTED** the Report.

Ms Hagan referred to the last paragraph on page 7 should be updated to 'Sumer NI Accountants'.

ACTION: Ms Donnelly

11. Board Assurance Framework

Ms Paterson confirmed for the Chair that the Committee are asked to approve the Board Assurance Framework to be submitted to Trust Board in October although it is a live document and is in development.

The Chair advised Committee members that Mr Henry is content to speak to NED's on a one to one basis, to provide more detail, if required.

Ms Paterson advised the Committee that this framework emanated from a conversation with Internal Audit a number of years ago from a risk perspective and was surfaced via a workshop with Non-Executive Directors.

Mr Mullen highlighted the main points on the assurance framework which identifies the strategic risks that might threaten NIAS priorities and provides the controls as chair and the effectiveness of those controls.

He referred to page two and clarified that the difference between this framework and the corporate risk register is that the framework looks at strategic risks that might threaten the organisation's desired objectives, whereas the risks in the corporate risk register are those most potentially serious operational risks. There are eight different strategic risks that have been highlighted towards the back of the report and there are a series of recommendations to strengthen internal controls and assurance on pages 5 to 7.

He referred to recommendation one, which is that a number of management groups should be established to provide a first line assurance across a number of the strategic risks which some of have been discussed at various committees over the last couple of months, for example, Cyber security, vehicle and driving and management of estates.

Management is one of the significant risks identified later on in the document in terms of Performance Management, strategic Workforce and Strategy Delivery Group, and there is currently an Assistant Director Forum across the organisation that meets

weekly and Mr Henry is considering how that group meets to build in more structure it in terms of the significant risks.

Recommendation three focuses on the plans that need to be put in place to strengthen clinical audit capacity within the Trust with a view to establishing key parameters.

Recommendation Four is reviewing clinical KPI's and the measures reported on the other ambulance services to develop a road map.

Recommendation five is focused on the Trusts benchmark and its ability to abstract operational staff to undertake refresher training, which has been discussed at SMT and other Committees.

Recommendation eight is a mechanism that should be put in place to ensure key organisational documents, policies, procedures etc. are reviewed and updated regularly and aligned with national standards.

These are the five recommendations that NIAS felt was important to draw the Committee's attention to.

It is detailed in the document which strategic objectives align to the corporate plan, including any gaps in assurance, and the first, second- and third-line assurance procedures that are in place for that.

The Chair thanked Mr Mullen for the highlights and is fully supportive of this framework and its direction of travel, it is good for the organisation and is an excellent document.

Mr Ashford fed back that it is a good clear document and a good structure to work to. He referred to risk number 6 (HART) and the framework states it is recorded as adequate in terms of risk; however, he is concerned that this is not adequate due to NIAS not being able to provide the service 24 hours a day and doesn't currently have the required capacity. Mr Ashford acknowledges there is work ongoing to enhance capabilities with a business case however, it's not helpful if the framework states NIAS' current provision is adequate.

Ms Paterson reminded the Committee that this is the reason there is a Board Assurance Framework, for members to be intrusive and ask questions. She explained this will be dealt with within the appropriate committee and this framework has been developed to help guide and support the scrutiny function of Committees within the organisation and improve the control environment overall.

Ms Charlton referred to Ms Paterson's comment regarding the framework being an evolving document which relates to the first recommendation as this reflects safe care in terms of adequate risks for the level of response and protracted response times. Ms Charlton is very supportive of the framework but agrees that there is further discussion required around the methodology for arriving at the level of assurance to try and understand if it is a fair reflection.

Mr Corrigan said there is lot of detail and more than the Committee can go through adequately today, but he referred to the recommendations to strengthen controls about the establishment of a number of management groups at that first line level, which he would endorse, but this needs aligned to the current committee structure. He suggested that the outputs from the groups and meetings should be fed through to the respective Committees so the Assurance Framework is joined up. Mr Corrigan has spoken with Mr Henry about the overall ownership of those particular committees but acknowledges these structures may change. Mr Corrigan suggested that as time goes on, he would to see the framework on a quarterly position and that maybe the reports from those committees come together in one report, probably via SMT, and come up to the GARAC committee so they can see the overall picture.

Ms Paterson pointed out that similar to a risk register it is really helpful to see where change happens and when it happens and it's about having that measurement through the year and being able to highlight where something that goes from adequate to limited or the movement of the same which demonstrates the effort and the focus on each of those areas as well as the additional scrutiny or support from the Committees.

She continued to say that the framework is valuable as it provides responsibility to the next layer of management in order for them to review what they're doing and what their outputs are and what fits into the great scheme of things on the overall strategy and deliverables.

The Chair confirmed the Committee are supportive to move forward with it and acknowledge there are likely to be changes when it is reviewed again in October.

The Committee **APPROVED** the Board Assurance Framework.

12. DoH correspondence

There were no items of correspondence tabled.

13. GARAC Forward Work Plan

The Chair welcomes the helpful work plan and suggested that next year for the meeting in June to be a solely accounts meeting with internal and external audit and signing off the various papers to take forward to the Board and therefore nothing else on the agenda. He also suggested conducting the meeting via MS Team depending on the external audit's opinion on that, as it should be a relatively short meeting.

The Chair referred to the meeting in February being cancelled this year and suggested including a meeting in February next year in case it is needed as a backstop for progression on internal audit. If there is a particular division that has a lot of outstanding recommendations, they may use that meeting to drill down and identify any additional work required to be completed before the end of the year.

14. Any other Business

14.1 BSO Annual Assurance 2024/25

The Committee **NOTED** the BSO Annual Assurance letter for 24/25 and Ms Paterson explained that as she was involved in implementing shared services, it is a very important document as it provides assurance around all the transactions that happen

within the organisation in regards to the financial, payroll and recruitment transactions.

The Chair thanked all members for all the work over the year and their attendance at meetings.

The Chair thanked Ms Beggs for stepping in to cover the additional work this year at Boards and Committees.

15. Closed Meeting

16. Date of Next Meeting

9 October 2025

THIS BEING ALL THE BUSINESS, THE CHAIR DECLARED THE MEETING CLOSED AT 11.30AM



SIGNED: _____

DATE: 9.10.25



**Northern Ireland Ambulance Service
Health and Social Care Trust**



**MINUTES OF THE PEOPLE, CULTURE AND ORGANISATIONAL
DEVELOPMENT COMMITTEE HELD AT 9.30AM ON
THURSDAY 12 JUNE 2025 IN THE BOARDROOM, NIAS HQ**

PRESENT:	Mr J Dennison	Committee Chair
	Mr P Corrigan	Non-Executive Director
	Mr P Quinn	Non-Executive Director
IN		
ATTENDANCE:	Ms M Lemon	Director of HROD
	Ms S Beggs	Manager of Chair and Chief Executive Office
	Mr N Sinclair	Director of Operations (Interim)
	Mr M Riddell	Deputy Director of HROD
	Mr N Henry	Assistant Director of Governance, Risk and Assurance
	M J McPoland	Comms and Media Manager
	Mr S Mullen	Director of Planning, Performance and Corporate Services
	Mr R Sowney	Senior Clinical Advisor
	Ms L Turley	Deputy Director HROD
APOLOGIES:		

1 Apologies & Opening Remarks

The Chair welcomed members to the meeting.

2 Procedure

2.1 Declaration of Potential Conflicts of Interest

The Chair asked those present to declare any potential conflicts of interest now or as the meeting progressed.

No declarations of conflict of interest were made.

2.2 Quorum

The Chair confirmed the Committee as quorate.

2.3 Confidentiality of Information

The Chair emphasised the confidentiality of information.

3 Previous Minutes – 03/04/2025 (PC12/06/25/01)

The minutes of the previous meeting held on 3 April 2025 were **APPROVED** on a proposal from Mr Corrigan and seconded by Mr Quinn

4 Matters arising (PC12/06/25/02)

The Committee **NOTED** the update to the matters arising from the last meeting.

Updated Organisational Chart

There is still some fluidity in the structure including recent changes in Fleet and Estates, Clinical and Ops and the team will provide an update at the next meeting.

ACTION: Ms Lemon/Ms Turley

HROD Balance Scorecard

Suggested revisions to this report were discussed at the last meeting and Ms Lemon advised the new report is included at today's meeting. Mr Michael Riddell commences in July and she has discussed with him regarding a benchmarking and evolutionary update and is mindful of ongoing work and therefore a further updated reporting structure will be provided at the September meeting.

ACTION: Ms Lemon/Ms Turley

Comms Activities – HROD Balance Scorecard

The Committee asked to be sighted on the communication activities in the Trust and relevant strategies and proactive engagement with the public and independent sector and various issues i.e. clinician practicing despite their registration being lapsed. Ms Lemon advised that this is in progress with an update on today's agenda which includes an initial outline of the comms function and priorities with a more detailed plan at the next meeting.

ACTION: Ms Lemon/Ms Turley

At the last meeting, the Committee suggested that NIAS periodically liaise with other Organisations not affiliated with NIAS, to learn different things. Mr Sinclair said that engagement and benchmarking is ongoing and Ms Lemon advised in respect of the HROD Scorecard, this is under review, pending the new Deputy Director appointment.

Absence Management

The Committee requested that the Occupational Health Review should remain on the Strategic highlight review report and Ms Lemon advised that KPI's are in place for occupational health but are still a work in progress. They have been given an average performance across the HSC but not actual performance which is therefore not helpful, however, they are hoping to get better information in time for the next Committee.

At the meeting on 3 April, Ms Byrne agreed to seek clarity on whether resilience is captured/assessed as part of clinical supervision. Ms Lemon said she will continue to pick this up with Mr Sinclair and ensure it is built into mental health work but needs to be ongoing. Mr Quinn said it would be useful to understand what resilience looks like in terms of recruitment and ongoing progression as the roles within NIAS are particularly difficult and it is important to build this into the competency profile for people and queried if NIAS should be doing something more proactively to ensure staff are more resilient.

Ms Lemon advised that they inform staff and candidates about the reality of the job including occupational health work and they are trying to improve on this. She said the pre-employment assessment is a significant piece of work and agreed that she and Mr Sinclair would liaise with Ms Annmarie McStocker and report back to the Committee. Mr Sinclair added that NIAS need to ensure staff have a clear expectation of the role and said that he saw a presentation regarding psychometric training which could be considered.

HR were asked to consider how Committee members can get the level of information they need from graphs on the report which has been considered in the new reporting structure and Mr Michael Riddell has shared useful information and systems with Ms Lemon to facilitate this.

Staff Assaults

At the last Committee it was requested that staff assaults should be captured and reported to this Committee. Ms Lemon updated that these are on the agenda and that they are also reported to the Safety Committee and therefore they need to ensure this information is not being duplicated at different Committees.

Employee Relations

The Committee asked for further information regarding the total number and longest duration of cases reported. Ms Lemon confirmed this is referenced in the Scorecard Report.

5 **Management of Violence and Aggression Update**

PCOD requested a briefing on NIAS's activities to help manage the risks associated with violence and aggression and Mr Henry provided the report on today's agenda to advise the background to the level of threat faced by staff, the themes/contributory factors to incidents, NIAS's key control measures and gaps and priority areas for action.

Mr Mullen made the Committee aware that in terms of content, this subject is also reported at the Safety Committee but there have been a number of conversations about how this feeds into the wellbeing of staff. It was suggested that there should be an annual update on this subject at the Committee.

Ms Beggs/Mr Mullen

Violence and aggression have received quite a lot of attention from the health system in the last number of months and the Health Committee has sought data on violence and aggression in terms of the Aggression framework. On 26 June there will be a presentation from AACE on the national work to try and support and reduce the risks associated with violence and aggression. As well as this the Minister is visiting NIAS in July specifically regarding violence and aggression.

The report indicates there is on average 600-700 reports each financial year, however, this doesn't reflect the true total as there are such incidents not reported by staff. Mr Dennison queried why this happens and Mr Mullen said there are a few contributing factors including the consensus that it's part of the job, nothing can be done and there is an element of bureaucracy regarding the process and it

may be perceived that nothing will be done which requires education and encouragement.

It is noted in the report that there are common themes including many incidents involving alcohol or drug use by the perpetrator. There are incidents of damage to vehicles or equipment and there has been an increase in the number of incidents with weapons present, and the potential for them to be used.

The main strategies to address the risks include markers placed on addresses of previous incidents of violence and aggression and depending on the nature of assistance required, NIAS might seek assistance from the PSNI. There is resolution training provided upon induction and body worn cameras for all operational staff.

Mr Frankie Dillon, Violence and Reduction Officer has advised that they sign post staff to psychological support if required following incidents. Mr Dillon said that NIAS prosecute individuals via operational procedures along with the PSNI to ensure the appropriate action is taken.

There have been a few challenges with controls identified including Information Markers not being updated sufficiently and they are currently carrying out a data cleanse but will need to consider a recurrent process to review these routinely. There needs to be refresher training for staff as NIAS is the only service that hasn't supplied this. While NIAS have BWV cameras, some staff are more keen to use than others and this can be quite variable.

There are two immediate priorities which include doing a staff survey along with AACE, the Welsh Ambulance Service and Scottish Ambulance Service which should be rolled out in July. The other priority is to consider the resource implications if refresher training is carried out.

Mr Corrigan referred to the low uptake of staff using BWV despite the significant investment and programme of education and awareness. It is reported around 30% of staff are using it, which is higher in Belfast and Derry, and he queried how NIAS plan to improve this. Mr Henry advised there are quarterly meetings and they are improving the reporting and education in terms of why it's important for staff to use. Mr Mullen added that last year they put an action plan in place and the Violence and Aggression Group was

set up via AACE. He said that operational crews perceived that the cameras may be used to observe clinical practice and they have worked with Comms for targeted communication to address this. Mr Dillon engages with stations and staff to advise and get the message across that BWV are not used for clinical use, and since this there has been an increase in usage.

Altanagelivin currently has the highest sign out rates of any station and this has been assisted by the station officer encouraging their staff. Mr Sinclair added that each station may have their own culture and they intend to improve this alongside the ongoing culture and leadership work to set standards and expectations.

Mr Quinn enquired about collaboration with the PSNI and feedback regarding conviction rates of violence and aggression across the health and social care and asked if NIAS have any sense of conviction rates to act as a deterrent to ensure staff understand by the collection of evidence it is a deterrent and how is this is communicated with the public to act as a deterrent. Mr Henry advised that NIAS have a good relationship with stakeholders when it happens and as prosecutions are carried out by the PPS NIAS only receive the information via victims. When NIAS receive feedback the Comms Team have used that and advise the public of the prosecution. There is an aspiration to have a formal arrangement with PSNI and stakeholders to share this data.

The Committee suggested engagement with the Minister of health so there is political engagement not just for NIAS, as this is intolerable circumstances.

Mr John McPoland and his team have made a video that Mark Cochrane was involved in and there is a strategic plan to get more comms out to the external environment. Mr Henry and the team work closely with Comms in terms of social media but acknowledge it is critical to have a formalised plan for external/internal comms.

Mr Sowney welcomes the focus on information markers and enquired if these are still put on by control room staff as there are different ways this can be done and asked if there is a process of reviewing these within 24 hours.

Mr Henry said that these incidents are typically out of hours and if control staff can't place an immediate marker on an address, it will

be reviewed by a Senior Manager within 48 hours, which is being reviewed.

6 **Sexual Safety Workstream**

Ms Lemon welcomed Ms Bron Biddle, National Ambulance Sexual Safety Lead, to provide a high-level overview of the work she is undertaking within NIAS. This will be followed by a further update at a future meeting to outline the key recommendations to move the work forward. She said Ms Biddle's expertise is of huge value and beyond that review it is giving some steer on key cases. In the past, cases were looked at in a certain way and not from a sexual safety lense and Ms Biddle will be providing mentorship and coaching within the Organisation.

Ms Biddle introduced herself and said that she is working with AACE to represent the entire ambulance sector with the aim of improving misogyny and reducing sexual safety. There has been a focus for the last couple of years led by the Association to provide peer support, policy development and ongoing development for key activities in the workspace across the ambulance services, and both forums report to Chief executives and Chairs and remains a strategic priority for all ambulance services.

Ms Biddle has worked two days per week for NIAS, 14 days in total and will be back in July. She has spoken to nearly 100 colleagues on an individual basis, some of which have reached out and got in touch with her. She has taken an open approach to listening to understand staff experiences of working in the Organisation and produced a short report of findings and insight contextualised and unique for NI. She has considered the findings as a systemic risk and identified risk factors to offer solutions. There are 20 structured recommendations fitted into domains aligned in the national programme and are grounded in evidence, rationale, prioritised and are pragmatic to offer a way forward to draw on everything that hasn't gone well for the sector. The national programme offers learning of what has and hasn't worked, and should be supportive to NIAS moving forward.

Mr Mullen and Mr Henry have supported Ms Biddle and they need to spend time with Ms Lemon to go through the recommendations to furnish the Board with the answers as to how this can practically work for NIAS. Some additional resource has been identified which

overlaps with the wider culture piece and is explained that this isn't just an issue by itself but influenced by wider initiatives.

Ms Biddle referred to an Employee Voice Network, which is a model used by the Wales Ambulance Service connecting and amplifying voices about inclusiveness, not just sexual safety. Colleagues from AACE will be visiting NIAS in July and will share the work undertaken for oversight and understanding before their visit.

Ms Biddle is visiting NIAS in July and aims to table a recommendation paper at SMT in July to see what the implementation of recommendations will look like to bring an update to the Committee.

Mr Quinn sought clarity on the significance of the findings to understand if the Trust have the capacity, competencies and capability to deal with the outworkings of them.

Ms Biddle reassured the Committee that within each recommendation identified, based on learning from all of the sector, if additional resource or subject matter is needed, she has assigned herself to recommendations like building a trauma informed investigation service within the Organisation. NIAS will work with South West who are leading the way with trauma investigations and Ms Biddle will make sure the foundational staff is dealt with appropriately.

One of the key recommendations is to have a new role within the Organisation referred to as 'a speaking up safely lead', that currently isn't in place but has been in place in other parts of the UK. Ms Biddle will have oversight of the network building to identify who and how this is brought in practically.

Ms Lemon said they have had ongoing discussions whilst doing work in terms of key themes, for example, investigations take too long and NIAS don't have the skill set to deal with investigations and staff do not have faith or confidence that it will be dealt with. Therefore, some of the recommendations are to try and address that, in terms of what does leadership look like and how NIAS will equip and develop staff to deal with investigations.

Mr Corrigan appreciates the Committee doesn't have the experience or insight that Ms Biddle has from across the UK and

sought clarity on where NIAS sits within the spectrum of all ambulance services. Ms Biddle advised that there hasn't been a formal sector wide benchmarking exercise for sexual safety and there is limited sexual safety data within the organisation. There is violence and aggression data but not specific experience, unless that has gone through a formal process so it's difficult to answer.

Climate surveys have taken place in other organisations and if NIAS were to do one, it is expected to see a similar pattern emerge. About a quarter of the workforce have experienced or witnessed sexual matters in the workplace.

Loyalty is a theme within the Organisation and it has been observed that at times concerns are addressed more like a family rather than via a rigorous process. It is important that this will surface and the identified risk factors are prevalent and observed in NIAS as well.

The role of status is unexplored across uniformed services in terms of cultural challenges, examples are traits like traditions, ranks from hierarchy, military traditions and more traditional leadership styles. There are unhealthy coping strategies in teams described as banter and high exposure to trauma in roles likely to see normalisation to incidents and there is an education piece required across the sector for middle management.

Mr Quinn pointed out that when an initiative is opened like this the intended objective is looking at sexual safety but wondered if it has raised other issues i.e. racism or sectarianism. Ms Biddle agreed it provides a platform of disclosure and has opened up other incidents for the Organisation to deal with. Staff have been signposted for dedicated sexual safety if sensitive information has been divulged, however, it has been recognised that if there is no trust for staff it can compound harm for people to speak up and a trauma formed approach is a big priority.

7 **Organisational Culture Update**

The Organisational Culture Board will be chaired by Ms Paterson and are due to meet on 16 June. The intention of the first meeting is to discuss what NIAS intend to achieve, strategy mapping and the key priorities in the first year. Ms Lemon said the Organisation need to be real about what can be achieved and emphasised that it is a

cross-directorate responsibility with shared ownership. Ms Lemon has discussed with Directors to assist in building this into the delivery plan so staff know there is a vision for culture and what it will look like and mean for them. It will be based on an equality, diversity and rights-based approach, but also about how NIAS provide a good service to patients. On Monday they will agree what the highlight reports will look like to go to PCOD and then on to Trust Board.

There will be potentially 6-week intervals for meetings and Ms Lemon hopes by the next Committee the Culture Board should have had two or three meetings so should have a significant highlight report. Ms Lemon is grateful for Mr Quinn and Mr Sowney's time commitment regarding this.

Mr Quinn has spoken with the Chair and expressed his frustration regarding the momentum behind the work. What happened recently within the BHSCT may be a potential for contagion within the HSC to reach across other Trusts and links to some of the work Ms Biddle is doing, that may start to highlight things and prompt staff to speak out.

Ms Lemon spoke about the outline plan and that the Programme board needs to agree this but it would be good to share the plan with PCOD members when it is complete.

Ms Lemon referred to there being a year one activity as a diagnostic and then potentially conducting a survey. Culture is wider and is also about how NIAS are perceived by stakeholders and partners, which could be combined into strategies if asking stakeholders for opinions.

Ms Lemon referred to the BHSCT incident which has already led to some questions and ministerial questions and there has been reference to some work Peter McBride might do within that space.

Ms Lemon referred to how the Organisation gain the buy in and faith from staff and mainstream and make it real. She continued that it needs to be reflected at every layer of management and it is clear that the middle tier of management is really critical.

Mr Sowney agrees and concurs with Mr Quinns comments and also agreed it is important for this initiative to be cross directorate. It's

about a buy in at all levels particularly at senior level to set that tone and culture. Compassionate leadership is really important to build resilience from dealing with cumulative small incidents, in terms of compassionate leadership. Every Trust are now coming forward with issues, particularly BHSCT. This will be ongoing and NIAS need to make sure the right people and management are engaged and understand what NIAS are trying to do and that is where staff will see the difference.

Ms Lemon added that it is also about how NIAS live the values and what that means, in terms of leaders, which will be touched on in other agenda items such as absence management and the development of formal processes but there isn't always that leadership compassionate conversation to build resilience and support to staff.

Mr Dennison said NIAS need to support and develop managers to do this and ensure the communication is right and two way.

Mr Corrigan referred to reporting and that they need to manage the reporting element as this is quite new within the new Committee structure. This Committee may want to give some direction and input into the highlight report, but it's important that Trust Board will also want to be kept sighted. The Committee don't want replication but at the same time want to give each level their place.

Mr Corrigan referred to his experience within previous Organisations e.g. Royal mail and NHSCT when doing this work and that NIAS doesn't have one culture, HQ will have a culture, Altnagelvin will have a culture, other stations will have a culture and these are called 'micro cultures', which are not represented across every trust. He acknowledged there is an organisational culture but it should be recognised that behaviours and attitude could be different from station to station.

Ms Lemon agreed that this is an important level of diagnostic for NIAS to drill down to the applicable levels. They are looking at dashboards to see what disciplinary, absence etc. looks like in that area which will identify those micro cultures and themes.

Ms Dennison thanked Ms Lemon and the team for the update.

8 Monthly Workforce Information and Strategic HR Report

Ms Lemon referred to the monthly report which outlines the key activity undertaken since the last Committee meeting and highlights areas for focus going forwards including Workforce Information (April 2025 Data), Strategic HR Updates and Additionally Provided PCOD Specific Briefing Papers.

Ms Lemon has discussed Statutory mandatory training this week with SMT to find a way to get dedicated stand down time for staff to do the training. She hopes to provide the Committee with a more detailed report.

Ms Lemon said they hope to provide a more detailed report on employee relations to understand the reasons staff are raising grievances when they are not content with something. They have appointed a new employee relations and absence manager and Ms Turley, the new deputy director is looking at issues regarding complex cases, NIAS resource and suspensions. There have been instances of suspension matters going on for three years which is not acceptable as they should be reviewed on a monthly basis. .

Mr Sowney said that he has had experience of particularly difficult suspensions and investigations and they shouldn't be a long and drawn-out process.

Ms Lemon and Mr Sinclair are starting to meet regularly and address this at their meetings, they also intend to bring in a new team and strategy to approach this.

Grievances is an example of culture within the Organisation as historically, they had managers who didn't manage staff appropriately, if staff had a grievance they were told to submit it as a grievance, as opposed to it being dealt with outside of this procedure.

Ms Lemon said that ASOS still exists and they have asked TUs for further derogations and the Minister has offered to meet them on 23 June along with NIAS.

Ms Lemon referred to the introduction of new HR and finance systems across the HSC and the huge impact this will have on capacity which Mr Riddell will be involved in.

Mr Quinn welcomes the format of the report and thanked the team.

Mr Dennison noted that mandatory training is still not at a good level.

The Committee **NOTED** the Update.

9 **Absence Management Update**

The Committee **NOTED** the update and that in 2024-25 the Trust final cumulative absence figure at the year-end (following year end rerun) was 10.30%. This was a significant improvement from the 2023-24 year. However, the figure remains high and as such the Trust is continuing to prioritise the management of absence and ensuring the associated performance management and governance arrangements.

The in-month figure for absence in April was 8.53%. Although slightly up from the previous month figure of 8.48%, this represents a marked improvement from the previous year absence was at 10.25 in April and even more significantly from the April 2023 figure of 14.26%.

There is some key learning in terms of organisational culture which requires effort from all Directorates to make it work.

Some of the particular issues and themes are around leadership and middle management re: leadership conversations and the manner in which it is delivered. There has been an increase in disability related discrimination, however there has been good progress in relation to redeployment but the expectation is still high. NIAS have a legal obligation to consider reasonable adjustments but doesn't mean they can always accommodate them and leads to the space of litigation.

An important focus going forward is supporting leadership conversations for management focus and training which is going to be discussed at GARAC in terms of NIAS providing assurance that it is being addressed.

There have been reference previously to hotspots, particularly in the south division within PCS, which has displayed disproportionately high figures and have since closed some which should make a

difference. There are 17 redeployments on the register with some currently being considered, there is an 8-week process time which was previously longer.

Mr Dennison welcomes the improved figures and acknowledged the great work going on.

10 **HROD Restructure and 2025-26 Planning**

Ms Lemon has referred to HR being in the process of restructuring and reorganising.

The Committee **NOTED** the update and that there have been two new AD roles established and they are considering further capacity regarding Employee relations.

Workforce planning and resourcing hasn't sat within HR in a while, as it previously sat within Mr Mullen's remit but Ms Lemon and Mr Sinclair are working closely to consider this area and recruitment for dedicated support within HR.

The team are considering how to measure the impact and success going forward i.e. if they need to re-band or what the offering of the Organisation looks like. They have had a workshop with the team in the last few weeks about this and suggested potentially establishing a helpdesk to modernise the service and help free up capacity to make it more effective.

Mr Dennison asked to see timelines to see the chronology of this development and Ms Lemon said they are developing a plan to address these and will share with the Committee.

ACTION: Ms Lemon

Ms Lemon confirmed that Industrial relations and relationships with TU's falls under partnership working. Ms Lorraine Gardner has been redeployed to another role to focus on what a partnership framework looks like and the governance about release and management. Mr Riddell previously worked with the Labour Relations Agency and is going to support Ms Gardner within this space.

She continued that NIAS are trying to establish a function that will deliver a service but it requires appropriate functions, systems and processes to collaboratively work with other departments.

Mr Quinn sought clarity on building capacity around recruitment in terms of liaising with BSO and is conscious of the potential recruitment figures in the previous paper. He didn't want to labour the point any further but asked the team to get a sense of the recruitment performance with BSO and the level of satisfaction of that and any potential sticking points, in particular the timeliness regarding job evaluation as it affects planning. Ms Lemon agreed to provide a sense of that for another meeting.

ACTION: Ms Lemon

11 Ops Restructure Update

The Committee **NOTED** the update provided by Mr Sinclair. Mr Sinclair said there are a few areas they want to ensure there is focus and direction on and this is one of the key areas. There is a Gantt chart embedded and Mr Sinclair agreed to circulate it following the meeting.

ACTION: Mr Sinclair

Mr Sinclair is leading the cross-directorate meetings and Mr Mullen's team is supporting in terms of project and governance oversight. In terms of successes the AD scheduled care has been progressed and a Team leader appointed.

The key next steps will be the management of change discussions, which will be addressed in the next few weeks.

Mr Sinclair highlighted that some of the outlined risks are staff capacity as HR has released capacity for two days a week. There will be a Project manager released next week.

Mr Quinn is keen to see the Gantt chart to get a sense of where and how things will happen.

Mr Corrigan highlighted that one of the risks is recurrent funding as there is approval for allocated funding for year one but a question over subsequent funding.

Mr Sinclair elaborated that they have earmarked funds from the £13 million which will pay for some staff and then the balance will be made up by other factors such as managing absence to release funds, as in-month figures for absence in April was 8.53%. Although slightly up from the previous month figure of 8.48%, this represents a marked improvement from the previous year absence which was at 10.25 in April and even more significantly from the April 2023 figure of 14.26%. Mr Corrigan said that there may still not be enough for the entire focus.

Mr Sinclair confirmed they are hoping to have one team leader to 25 staff but intend to change to one to 40 staff.

12 Media and Communications Team Overview

Mr Mullen presented the Committee with an overview of the key activities of the Media and Communications team and the additional priorities to be included in 2025/26.

The Committee **NOTED** the Overview.

Mr McPoland advised the Committee that in recent years there was too much information going out in the daily bulletin and his team have adapted it so staff can easily look at the front page and see what they are interested in reading. The biggest step forward is the WhatsApp group set up for staff to access, which is particularly helpful in sending out urgent messages. NIAS employ around 1500-1600 and there is around 1000 on the WhatsApp group.

Mr McPoland has strong relationships with the external media and understands the importance of managing the reputation of the Trust. There were 400 press releases last year and 14 media broadcast interviews which were mostly about hospital turnaround times. Even though this has been caused by other matters outside of NIAS' control, NIAS put staff up which was received positively.

Mr McPoland elaborated that in terms of media relations they can't plan and the media are not interested in positive stories. However, the team control social media which they rely on teams providing information for. They are educating managers to get the flow of information to comms and Mr McPoland commended the wider team, Caitlyn Robin and Claudia Greene.

Going forward they have developed a six-month plan for social media and want to focus on social media to get the public talking about ambulance services. The team plan to move towards the Instagram platform.

Mr McPoland said they have trained a lot of staff, Directors and AD's on media but is keen to train more front line staff.

Mr Dennison fed back that there is a huge risk in terms of relationship with the media and sought clarity on who retains this if Mr McPoland is absent or leaves the Organisation. Mr Quinn agreed and recognises that this could be a single point of failure due to the knowledge Mr McPoland has and the size of the team, which is why the NEDs have taken a specific interest as well as other reasons.

Mr McPoland agreed and said that he needs to get everything out of his head and on paper but they also need to consider how the team is structured.

Mr Quinn was shocked at the banding for this role and from a succession planning perspective it is incredibly low and the Organisation would struggle to attract someone of that caliber.

Mr Mullen confirmed there has been a submission around this as it is a live risk and they aware it needs to be addressed urgently as it has been ongoing for a while. Mr Mullen is concerned regarding the permanency of that team and commended the team as their quality of work is very good.

Mr Mullen advised the Committee he has had external organisations ask who has been carrying out the Media and Comms work for NIAS as they were impressed, which is a huge acknowledgement to the team. Mr McPoland added that the team are taking on everything leaps and bounds and is pleased that another organisation has recognised that work.

Mr Corrigan referred to the issue of delayed ambulance handover and that it is the single biggest issue as a Trust. It had been referenced a couple of months ago when NIAO issued their report and NIAS put up a spokesperson when other Trusts didn't, and the public still perceive this as a NIAS issue and queried how this can be changed and suggested being more robust and call it out more that the issue of delayed handovers is down to other Trusts.

Mr McPoland said that NIAS do try to speak as one voice across the HSC and NIAS did try to change the terminology to hospital handover times. The proposal of W-45 would reduce this issue and Mr Mullen said that perhaps speaking with one voice may prevent NIAS getting the crucial messages across. Mr McPoland isn't sure that there would be a long-term benefit of doing this.

Mr Quinn has had a conversation with the Chair and Dr Graham and agreed that Dr Graham is the identified lead for Comms and Comms would fall within the remit of the GARAC Committee.

Mr Quinn referred to an earlier discussion about the Minister visiting NIAS and had heard at the last Safety Committee that Mr Philip McGuigan had visited. Mr Quinn queried if it is the Comms team that are responsible for liaising with politicians on matters and political engagement. Mr McPoland said this is an important priority and for many Trusts this is a Comms function and there is perhaps a mis communication within NIAS whether it is a corporate function or comms function.

Mr Dennison said it would be beneficial to have Mr McPoland attend PCOD periodically to get an update.

ACTION: Mr Mullen/Mr McPoland/Ms Beggs

13 PCOD Forward Work Plan

The Committee **NOTED** the items on the forward workplan and acknowledged it is a good start whilst adopting the new Committee structure.

14 AOB

Internal Audit Recommendations / GARAC (Michelle Lemon)

Ms Lemon said there was a discussion at GARAC which raised issues around terms and conditions and legacy arrangements in bargaining going forward including compensatory rest.

There was concern around assurances if someone is on leave or off sick to ensure recommendations are being picked up and being addressed and Mr Henry is reviewing the processes to ensure these assurances are in place.

The Committee discussed late finishes as there appears to be a legacy arrangement in place for many years. The working time directive says there should be 11 hours in between shifts and NIAS are providing 12 however, TUs have raised it as a Health and Safety risk as a breach of H&S Legislation.

Ms Lemon is concerned with the health and safety of the workforce and the impact of staff wellbeing. There has been a new health and safety manager appointed under Mr Henry's remit to help ensure NIAS are in line with terms and conditions, part of the bargaining conversations and context with health and safety.

Mr Corrigan referred to GARAC and that there was a limited finding by internal audit for rota management and resourcing. Clearly there are some issues highlighted and audit are concerned that it wasn't just Ops related and there were a number of HR elements and the GARAC Committee want to ensure HR are working on it.

The Committee discussed the basic processes for the management of bank, it's not a big resource for NIAS but there was a point about the management of that isn't where it should be.

Mr Quinn said it is useful to get an update on how NIAS are taking this forward and have this matter rehearsed at PCOD as well as GARAC.

Ms Lemon referred to the current unrest in Ballymena and that this has had a significant impact on staff in many ways. There is a public order response team within HART and staff are being transported in police land rovers to provide support.

Ms Lemon put a staff notice out last night and today about culture alluding to workplace conversations and sensitives which are critical to ensure staff are safe. The notice is multilayered, asking staff to look after themselves, use cameras, report issues, and to remember the values and conduct for NIAS.

Next meeting:

25 September 2025, 9.30am NIAS Headquarters, Boardroom

THIS BEING ALL THE BUSINESS, THE CHAIR DECLARED THE MEETING CLOSED AT 11.45AM

A rectangular box containing a handwritten signature in black ink. The signature appears to be 'J. H. Smith'.

SIGNED:

25/9/25

DATE:

FINAL



**Northern Ireland Ambulance Service
Health and Social Care Trust**



**MINUTES OF THE PATIENT EXPERIENCE, QUALITY AND SAFETY
(PEQS) COMMITTEE HELD AT 9:30AM ON
THURSDAY 4 JUNE 2025 IN THE BOARDROOM, NIAS HQ**

PRESENT:	Mr D Ashford	Committee Chair
	Mr P Quinn	Non-Executive Director
	Dr P Graham	Non-Executive Director
IN ATTENDANCE:	Ms L Charlton	Director of Quality, Safety & Improvement
	Mr N Sinclair	Chief Paramedic Officer
	Dr N Ruddell	Medical Director
	Ms S Beggs	Temporary Board Secretary
	Ms R Finn	Assistant Director QSI
	Ms R Robb	Infection Prevention and Control Lead
	Ms C Hanna	Lead Pharmacist

APOLOGIES:

1. Apologies & Opening Remarks

Members noted there were no apologies.

The Chair welcomed members to today's meeting.

2. Procedure

2.1 Declaration of Potential Conflict of Interest

No declarations were made.

2.2 Quorum

The Chair confirmed that the Committee was quorate.

2.3 Confidentiality of Information

The Chair confirmed and emphasised the confidentiality of information.

3. Previous Minutes

The minutes of the previous meeting on 24 April 2025 were **APPROVED** on a proposal from Mr Quinn and seconded by Dr Graham.

4. Matters Arising

Committee members **NOTED** the update on Matters Arising.

RQIA Comms: Independent Ambulance Service inspections

Ms Charlton updated members that the DoH have been in touch and written formally to advise they are reviewing the 2007 Transportation Strategy including eligibility criteria for non-emergency transport and have advised that in parallel there is an intention to review regulation of Independent Ambulance Providers (IAP).

Internal Audit have revised their audit plan for 2025-26 to include a review of IAS providers and PCS, with the intention to undertake this in Q1 2026-27. Ms Charlton further advised that a Quality Assurance Manager has been recently appointed to strengthen NIAS's assurance and oversight in respect of IAP. Ms Charlton has discussed with Dr Graham as chair of GARAC and it was agreed that a response should be provided to RQIA 's previous correspondence to continue to keep a focus on regulation of IAP.

The Committee **AGREED** that correspondence should be sent to initiate further discussions in respect of IAP oversight.

ACTION: Ms Charlton

5. Standing Items

(i) **Identification of Risk**

Ms Charlton referred to Risk Number 833 (HCID) which had been proposed for potential de-escalation from the Corporate Risk Register. The Committee discussed and agreed that it should remain on the Corporate Risk Register.

ACTION: Mr Sinclair

(ii) **PEQS Forward Work Plan**

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

The Committee requested an update on EPRR at the September meeting.

ACTION: Mr Sinclair

Ms Charlton agreed to review the work plan and take forward suggested amendments via SMT, in advance of Committee approval.

ACTION: Ms Charlton

The Committee welcomes the workplan which provides them with an outlook of agendas in advance of meetings.

6. **EPRR / HART Update**

EPRR

Mr Sinclair reported that EPRR continues to develop and commended the team on the progress to date. Mr Sinclair advised that work is ongoing in respect of the recommendations from various reports made in relation to EPRR in recent years.

AACE visited NIAS last week and are completing their review of NIAS's progress against their recommendations. Mr Ashford queried when the Committee would have sight of AACEs' updated assessment and Mr Sinclair advised that the Committee would be briefed following receipt of AACEs correspondence to the Chief Executive on the same.

Mr Sinclair updated on the ongoing work to assess NIAS's compliance with the HSC Core Standards for Emergency Planning,

and the development of Business Continuity Planning in the Trust with the support of Angela Vinand.

Mr Sinclair agreed to advise the Committee on progress for the Commander training in London.

ACTION: Neil Sinclair

HART

Mr Sinclair reminded the Committee that there is a need to increase capability and capacity within HART and there is ongoing collaboration with NAS to explore the potential for an “all island” model of specialist response.

The Committee discussed the Corporate Risk regarding HART capacity. Mr Ashford expressed disappointment that the Committee had been under the impression that funding had been allocated from DoH for this, when this is not in fact the case, and queried how long it will take to reach the required staffing levels.

More broadly, the Committee sought further information around the plans to develop and enhance HART capacity so that it can provide assurance to Trust Board that the risk is being managed appropriately. Mr Ashford requested a project plan with clear milestones and timeframes and suggested that the level of risk is so great that it should be escalated to the DoH for special measures.

Mr Sinclair explained that work is ongoing within the Trust to identify ways to stabilise the HART team in the short-term and that additional resource has been allocated to support HART with their assurance and governance activities. Mr Sinclair agreed to brief Mr Ashford in due course after plans have been developed, with a further, more comprehensive briefing to be made to the Committee at its next meeting.

Mr Sinclair advised that the HART team need to move from the existing location in Lissie and Ms Sharpe is currently seeking alternative arrangements.

ACTION: Mr Sinclair

8. Quality Strategy 22-26

Ms Finn presented the paper that highlights the progress to date against the key initiatives set out in the NIAS Quality strategy 22-26. The paper details the process for determining these initiatives and the method for assessing the status of the project to date. Key risks are highlighted, with ED handovers and system patient flow identified as barriers to achievement in relation to three projects. Evidence for status assessment is provided in the appendix as these are too lengthy for inclusion in the body of the report but are required for the purpose of adequacy of assurance.

Ms Finn said there were 17 projects identified, one of which is suspended. Each project has a score card and metrics behind it i.e. outcomes, process measures and balance measures.

Alongside this the team are conducting audits e.g. patient report forms are being audited more frequently and there is a new oversight group set up to monitor same. There is a Clinical Governance Group set up by Mr Sinclair to provide governance and assurance for clinical standards.

Ms Finn said there are some projects in progress that cannot be achieved, primarily in relation to response times, that as an Organisation are struggling with and projects are affected by that. For example, independent bodies have reviewed the GIRFT Report and agreed it is the single biggest risk.

Mr Quinn said the report is excellent and provides a concise explanation, however the use of domains is confusing slightly and, in some ways, using domains in this way may create a dis service. He used an example of cardiac arrest which could be an initiative across any or all of them, and the structure was a bit confusing. If a regulator was carrying out an assessment, they would assess across all of the domains. Ms Finn agreed and said that this has constrained NIAS, which will be addressed for the next Strategy. Mr Quinn added that he isn't saying not to use those headers but perhaps reframe them.

Ms Charlton said they would like to reflect on what was positive i.e. staff engagement and engaging with the public and does it reflect quality and safety across the whole spectrum and how they would do it differently again, which has been really challenging. They

would like to reflect how culturally people feel supported, which would be a strong quality measure but not reflected in this.

Dr Graham said he is very assured by the figures, and it is interesting how it dovetails and provides another level of assurance in parallel with the risk register.

9. NIAS Hand Hygiene (HH) Policy

Discussed under Item 12.

10. Service User Feedback Complaints Update

Ms Charlton provided the Committee with a short presentation on 24/25 complaints and compliment position including the key learning and actions arising from complaints.

As expected, ambulance handover delays feature heavily and the associated knock-on for delayed response, particularly patients who have experienced a long lie following a fall. There is also a high number of complaints about driving, including with PCS transport.

Ms Charlton highlighted there has been a reduction in complaints regarding the quality of care provided by PCS.

In terms of the timeliness of closed complaints, there were 276 closed last year which is an 11% increase from the previous year and over three years that is a 33% improvement.

Ms Charlton advised that there is a new regional complaints procedure being implemented this year by the office of the NI Public Service Ombudsman. This will run in parallel with the extant complaint's procedure for a period of six months.

Ms Charlton explained the reporting timeframes under the new procedure and that HSC Trusts have highlighted concern about their ability to deliver on these, which has been escalated to the DoH. There will be a need to change internal complaints management processes, and work is ongoing to amend Datix to accommodate the new procedure. Ms Clare McVeigh will provide a further update in September.

ACTION: Ms Charlton

In terms of compliments there is a 14% increase from last year, and they are being shared via the daily bulletin. The Communications team are also going to share these via social media. Mr Quinn suggested caution on sharing compliments on social media and ensure there is a balance in a constructive way to describe learning.

In terms of learning, Ms Charlton reported that there were 198 learning outcomes against complaints, most of which were to support staff members through training and communicating effectively with patients, handling 999 calls and procedures. There were also themes around driving practice.

Ms Charlton noted work across ambulance services to identify and improve driving standards. This is an issue which affects all Trusts and some services have introduced "points-based" systems to try and enhance driving quality.

The Committee raised concern about the reporting timeframes under the new complaints procedure, and that it could inadvertently lead to lower quality investigations and responses, if organisations are compelled to meet the 5 day turnaround.

11. Environmental and Vehicle Cleanliness (EVC) Update

Ms Finn presented an update on the work of the EVC team during the period May 24 to April 25: all KPIs have been met and NIAS are operationally in a good place in terms of recruitment.

Ms Finn referred to the recommended changes in relation to audit practices and that NIAS are close to implementing these.

The Committee **NOTED** the Update.

The Committee **APPROVED** the NIAS Hand Hygiene (HH) Policy Hand.

12. Infection Prevention and Control Annual Report

Ms Finn advised that this report is part of the NHS England Board Assurance Framework and Infection Prevention and Control Teams are required to produce an annual report of activity for the purposes of supporting assurance and governance.

Ms Finn advised that 90% of KPIs were achieved, with main areas of underperformance including bare below the elbow, wearing of watches and gel nails/nail varnish.

The PPE Audit highlighted the overuse of gloves, which the Committee is already aware of. NIAS are continuing to provide education and support through front line staff and focus education with line managers who are in a position to hold others to account.

Ms Finn explained that a QI project has been running throughout May to swab watches within EDs for infection, and that NIAS has been participating in this. Results will be reported back to the Committee when they are available.

Separately, a survey has been carried out with staff regarding adherence with IPC practices and policy. Generally, participants consider themselves to be compliant, and expressed frustration that those members of staff who do not comply are not sanctioned.

The results of the PPE audit and the findings from the staff survey have been incorporated into the revised and updated Infection Prevention and Control Policy.

Ms Finn added that random spot checks are being carried out at EDs by Ciaran McKenna, Assistant Director of Operations, in recognition of the fact that IPC compliance is the responsibility of all staff, and does not rest within QSI.

The Committee discussed the challenges around enforcing compliance with the IPC policy and practices and Ms Finn and Ms Robb explained that other ambulance services face similar issues, and that discussions are ongoing with Trade Union colleagues and HR about introducing an appropriate method of escalating concerns.

Ms Robb noted the risks around mandatory training compliance and Ms Charlton added that IPC has been included in the mandatory training requirements, along with safeguarding. The

Committee discussed the overarching challenges across the Trust in terms of mandatory training completion, and that PCOD will be seeking assurances on this.

Mr Ashford said that training is featuring a lot and is a key priority

The Committee **NOTED** the Report.

13. Independent Ambulance Service Assurance and Governance Update

Ms Charlton introduced the Independent Ambulance Service (IAS) Update Paper which outlines the role of IAS in supporting the Northern Ireland Ambulance Service (NIAS) with scheduled Patient Care Services and non-emergency transport. The report highlights the procurement process and implementation of a new Framework Agreement (SS71), introduced in November 2023. The report details the processes for monitoring and auditing the performance of IAS providers, including regular inspections, quarterly governance meetings, and key performance indicators.

The paper concludes with an update on the governance and assurance processes since the new framework's implementation, noting that inspections and unannounced audits are ongoing, and all IAS providers have engaged to ensure compliance with the standards required.

Ms Charlton drew the Committee's attention to section five in relation to inspections of IAS providers and that a need has been identified to have a dedicated resource to assist in providing assurance. and have formed quarterly meetings with providers to ensure NIAS meet specification, which also demonstrates a record that they are ensuring the framework is met.

Mr Quinn said that the beginning of any regulation is about recognising vulnerabilities and Ms Charlton said they will ensure they bring any concerns to the Committee's attention.

The Committee **NOTED** the Update.

14. Corporate Risk 833: management of a HCID

Discussed under Agenda item 5.1

15. NIAS Pharmacy Biannual Report

Ms Catherine Hanna presented the key reporting areas and noted the progress made against PGDs, with only a few remaining to follow-up on

Control Drugs Management

Ms Hanna highlighted that recent audits have had an increasing trend of non-compliance, which is in part due to the absence from work of supervisors. Findings include inappropriate or lack of recording. Audit data has now been made available for Area Managers so they have greater visibility over areas of non-compliance.

Mr Quinn welcomes the significant progress made and queried the professional accountability. Ms Hanna said that some staff may not understand the legislation behind PGDs Mr Quinn agreed that it is about them understanding what it means for them and the implications from a professional accountability if they are not adequately recording.

Ms Hanna advised that Internal Audit are at NIAS this week and have reported back that some NIAS staff do not have a full understanding of audits and find SharePoint difficult to understand and navigate.

The Committee acknowledged the progress achieved by Ms Hanna and the team and how much assurance this has provided.

Mr Ashford referred to training being a stumbling block and there are clear themes that medicine training is required but hasn't been planned for on the education plan. Ms Hanna agreed, particularly regarding new medicines, and that there needs to be more education established to safely make changes. Mr Sinclair agreed to follow this up and link with Ms Hanna.

ACTION: Mr Sinclair

Dr Ruddell referred to NQPs and is surprised undergraduates are not trained on dosing 'calculations' and are vulnerable if they don't know the basics of pharmacology. He referred to linking with

Universities via HCPC and College of Paramedics, and there is a piece of work that should be finished at the end of June which will be shared with the Committee.

ACTION: Dr Ruddell

16. NIAS Controlled Drugs Policy

Ms Hanna presented the Policy and confirmed that the amendment is mainly a licence update.

The Policy was written in February 2024 and only valid for one year, which has been approved by SMT. She confirmed there is nothing significant to highlight.

Dr Ruddell highlighted significant clinical improvements in terms of better pain relief for children and logistical simple changes within the process in managing drugs and turnover of drugs and savings with drugs.

The Committee commended Ms Hanna and noted the Policy shouldn't need to be reviewed for another few years.

The Committee **APPROVED** the updated policy.

17. NIAS Medicines Policy

The Committee **APPROVED** the updated Policy.

18. Date of Next Meeting

5 June 2025, 9.30am, NIAS HQ

19. Any Other Business

THIS BEING ALL THE BUSINESS, THE CHAIR DECLARED THE MEETING CLOSED AT 11.35 AM

SIGNED: 

DATE: 11/9/25

FINAL



**Northern Ireland Ambulance Service
Health and Social Care Trust**



**MINUTES OF THE STRATEGIC PERFORMANCE & FINANCE
COMMITTEE HELD AT 9.30AM ON
THURSDAY 19 JUNE 2025 IN THE BOARDROOM, NIAS HQ**

PRESENT:	Mr P Corrigan Mr J Dennison Mr P Quinn	Committee Chair Non-Executive Director Non-Executive Director
IN ATTENDANCE:	Ms L Donnelly Mr N Sinclair Ms S Beggs Mr N Walker Mr M Smyth	Interim Director of Finance Interim Director of Operations Manager of Chair and Chief Executive Office Head of Performance, Planning and Corporate Services Interim Assistant Director of Finance
APOLOGIES:	Mr S Mullen	Interim Director of Planning, Performance and Corporate Services

1 Apologies & Opening Remarks

The Chair welcomed members to the meeting.

Apologies from Mr Seamus Mullen, Mr Neil Walker attended in his absence.

2 Procedure

2.1 Declaration of Potential Conflicts of Interest

The Chair asked those present to declare any potential conflicts of interest now or as the meeting progressed.

No declarations of conflict of interest were made.

2.2 Quorum

The Chair confirmed the Committee as quorate.

2.3 Confidentiality of Information

The Chair emphasised the confidentiality of information.

3 Previous Minutes – 10/04/25

The minutes of the previous meeting held on 10 April 2025 were **APPROVED** on a proposal from Mr Dennison and seconded by Mr Quinn.

The Committee confirmed that Ms Byrne didn't attend the last meeting and Ms Beggs agreed to update the minutes to reflect this.

4 Matters Arising

The Committee **NOTED** the updates to the matters arising contained in the papers.

5 Performance Report (up to end of April)

Mr Walker said that the format has changed since the last meeting to reflect the feedback from Committee members. It includes an Executive Summary to highlight significant matters for the Committee's attention with full details contained in the report if members wish to refer to it.

Mr Walker highlighted that Category 2 response performance was significantly challenged at 54 minutes for April and were lengthier again in May. Hospital handover performance is not improving. However, the Department of Health has engaged with other HSC Trusts to work towards a two-hour handover backstop.

Mr Walker advised that the automated C1 despatch system is being trialled which could save seconds by automatically allocating the closest NIAS resource.

Mr Walker referred to the corporate scorecard on slide five which are the system oversight measures set by SPPG for the year ahead, and he drew members attention to targets that SPPG are

expecting. Mr Corrigan queried what data SPPG have used to determine the figures.

Mr Corrigan highlighted concern that the 2-hour backstop would become the extant performance measure, and there may not be any further drive to improve timeliness of hospital handover. He added that the system oversight measures for other trusts should include hospital handover performance, and reflect the impact they are having across HSC.

Mr Corrigan referred to the Executive Summary and highlighted that the Committee recognised they didn't want to create different reports for different forums and that this same report should go to Trust Board, with the Committee doing a deep dive into specific areas. Mr Quinn said that the format of the report is helpful, and the supporting information is also helpful to cross reference if required.

Mr Corrigan added that the Committee welcomes the Executive Summary and the key issues pulled out and highlighted but it is also useful for them to have the ability to go to the relevant chart if they need more detail.

Mr Quinn referred to the Committee Forward Workplan which includes the areas to be discussed going forward, he said any areas of improvement can be discussed further at the NED's workshop.

Mr Quinn concluded by suggesting they get Trust Board's view next week on the revised Performance Report.

6 Cat 1 and Cat 2 Performance

Mr Walker introduced the paper which examines the performance and operational processes of the Trust's Category 1 and 2 call response system. It provides an analysis of the volume of calls received, evaluates performance across key components of the response process, and highlights areas requiring improvement.

Mr Walker explained the ARP (Ambulance Response Programme) which was introduced into the Emergency Operations Control Room in 2019, how incoming calls are coded and when timepoints are triggered for the clock starting and stopping in relation to a call.

Mr Sinclair advised that NIAS response times have always been an outlier, which has been exacerbated by the lack of focused improvement in relation to the targets.

Mr Walker pointed out that duplicate calls still need answered within 30 seconds and the complex case team continue to try and manage these to assist. Mr Sinclair added that 90% of calls are frequent callers and they have doubled the complex case team to try and improve this and support these patients to signpost them appropriately.

Mr Corrigan agreed that NIAS are an outlier on activation and mobilisation and welcomes the team trying to understand the elements that are within NIAS' control. Mr Sinclair agreed there are multiple factors and the team need to ensure the baseline processes are efficient as possible - mobilisation is something NIAS should be tackling on a daily basis.

Mr Sinclair highlighted that NIAS is assessed annually regarding compliance with dispatch protocols.

The Committee **NOTED** the report and of the continued value of undertaking a deep dive on certain issues.

7 2024-25 Finance Update

Mr Corrigan asked Ms Donnelly to give a verbal update on the close out of the last financial year.

Ms Donnelly advised the Committee that work is ongoing to finalise the accounts at present but the main points are that income from SPPG was £124m, other income was £1.8m and the Trust is reporting a surplus of £28k (within the limit of 0.25 of 1% of income). Capital expenditure of £8.7m was also incurred and this was predominantly spent on refreshing the Trust's fleet. There was a capital surplus of £1k (maintaining expenditure within the limit set by the DoH).

The accounts will be presented to GARAC on Tuesday and then to Trust Board on Thursday. Once finalised and approved the accounts will be submitted to the DOH.

Mr Corrigan sought clarity on whether there was anything significant identified by external audit. Ms Donnelly said she expects some findings and recommendations regarding DACS but there were no significant concerns raised. Ms Donnelly agreed to advise the Committee if anything significant arises.

8 Business Case Update

Ms Donnelly presented the current Business Case Guidance and Procedure, the current Business Cases Register and the current business cases in progress. She said there are currently 14 live business cases on the register.

Mr Corrigan explained that he is not clear as to process for Board/Committee oversight of business cases and that this needs to be finalised to ensure appropriate governance.

At GARAC they discussed a proposal about delegated authority and Ms Donnelly suggested it would be beneficial for the team to consider and understand this further to ensure they are utilising the Committees time effectively. Mr Corrigan added that the Committee need to sign off and agree the limits and that the DoH guidance is applicable across all of the HSC Trusts. Ms Donnelly agreed to review and consider this within the proposal.

Mr Corrigan referred to the business case register and that they remain on the register until the PPE is completed, which typically happens at 12 months following delivery of the business case outcomes. Ms Donnelly advised that PPE completion would be monitored via the Directorate Accountability meeting structure that has been established.

Mr Quinn reflected on a conversation at the Safety Committee regarding the emergency planning business case and that there was an understanding there would be an allocation for HART to support movement towards the extant service specification standard applied to other ambulance services in the UK. Mr Sinclair advised the Committee that Mr Bloomfield wrote to the DoH and liaised with SPPG to secure interim funding however SPPG have stated if HART capacity is a priority, NIAS would need to allocate funding internally via slippage or reprofiling. In the meantime, there is a business case for ongoing development in process.

Mr Quinn advised that Mr Ashford plans to raise concern at Trust Board regarding this matter and if NIAS are expected to find allocation from existing resources that the Board may need to escalate.

Mr Quinn continued that Mr Ashford's understanding at Safety Committee was that NIAS would be receiving £600k to provide additional capacity and is concerned that this has not materialised.

Ms Donnelly reiterated that following a conversation with SPPG NIAS will not be receiving an allocation to bolster HART capacity this year. However, there is a plan to identify natural slippage or opportunities for re-allocation of funding towards HART. However, cannot sustain this recurrently, and the DoH need to be informed that there is a long-term commissioning need. Mr Quinn thanked Ms Donnelly and Mr Sinclair for the explanation but would like to see that decision challenged and a formalised response to the DoH to escalate the matter. Mr Sinclair confirmed that NIAS are raising it at the upcoming Ground Clearing Meeting with the DoH.

Mr Dennison queried the importance of timing for this particular item and the work ongoing on the fleet business case which needs approved to spend from 1 April 2026. Ms Donnelly agreed to find out if it needs to be approved before the next SPF Committee.

ACTION: Ms Donnelly

9 Draft Opening Budget Allocation

Ms Donnelly presented the overview of the opening Indicative Allocations 2025-26 for both Revenue Resource Limit and Capital Resource Limit. In February 2025, a draft Financial Plan was developed based on indicative budgetary envelope of £122.5m for the 2025-26 financial year, as provided by the Acting Director of Finance in Strategic Planning and Performance Group (SPPG). On 5 February 2025, the NIAS Chief Executive provided a copy of NIAS' officer draft 2025-26 Financial Plan to the Permanent Secretary of the Department of Health. This draft 2025-26 Financial Plan was based on indicative budgetary envelope of £122.5m for the 2025-26 financial year, as provided by the Acting Director of Finance in Strategic Planning and Performance Group (SPPG). The Committee noted the breakdown of this allocations within the paper.

This draft plan outlined the deployment of the indicative budgetary envelope of £122.5m and the response to the requirement to breakeven in the financial year 2025-26.

On 23 May 2025, SPPG provided an updated indicative allocation of £128.099m. The main changes included:

- An additional allocation of £5.222m relating to the 2024-25 pay award;
- An additional allocation of £0.508m relating to non-pay inflation; and
- A reduction of £0.140m of PPE funding.

This updated indicative allocation remains in effect a 'roll forward' of the funding provided in the 2024-25 financial year.

SPPG is not yet in receipt of a final allocation letter and to avoid further delays in the financial planning and budget management process, it has been agreed with SPPG that NIAS will proceed to develop a financial plan and set budgets based on this updated indicative allocation. This plan will be updated upon receipt of the final allocation from SPPG.

Opening Allocation

In addition to the £128.099m indicative allocation from SPPG, the opening budget allocation factors in £4.975m of anticipated additional income. This mainly relates to assumed funding allocations from the SPPG and DOH and recharges to other HSC Trusts.

This additional assumed income increases the indicative opening budget allocation to £133.074m.

NIAS has a high level of certainty that all of the assumed funding listed will be realised apart from the £1.261m required to support the prospective pressures regarding the holiday pay. If this funding is not available to Trusts, SPPG will expect Trusts including NIAS to deliver additional savings to cover the increased costs. SPPG has agreed that NIAS can assume that this funding will be provided pending a final decision.

Savings

During the last two financial years SPPG has recurrently reduced NIAS allocation by £2.475m (£1.975m in 2023-24 and a further £0.5m 2024-25) expecting NIAS to deliver this amount as efficiency without materially impacting service delivery.

Furthermore, SPPG has only been able to indicate to Trusts that one third of the increased employer national insurance contribution cost pressure can be supported at this time. SPPG expect Trusts to cover this cost pressure with additional savings. This will increase NIAS savings requirement to £3.675m in 2025-26 and is factored into 2025-26 budgets.

Due to the extreme pressure that NIAS has been under, predominantly due to the delays at HSC Trust Emergency Departments, NIAS to date has been unable to convert the recurrent saving requirement into a recurrent plan. Subsequently, NIAS has delivered this saving through non-recurrent contingency measures. NIAS will continue to adopt this approach for 2025-26 and until the handover times at Emergency Departments return to acceptable levels.

The delivery of savings of this magnitude will continue to be a challenge for NIAS and will require specific action and monitoring during the year. A number of schemes have yet to be identified to deliver the full savings required in 2025-26.

Mr Corrigan said he is aware NIAS have a bigger target and therefore more structure is required for a savings plan to identify where needs to be monitored. Ms Donnelly agreed and highlighted that there will be clarity for budget holders to identify the opportunities after one or two months and identify the savings for each Directorate as well as being mindful of their expenditure planning.

The Committee queried if the sale of end-of-life vehicles can go into the resource budget and Ms Donnelly confirmed it can if it is profit to provide increased spending power.

Mr Corrigan said this is part of the SPF committee remit and would like to see a more developed savings plan and performance against that, as he is aware as the months go by there is less opportunity. Ms Donnelly confirmed that the budget will have to be flexed as the year progresses which is normal practice.

Workforce Plan

The indicative allocation of £128.099m from SPPG includes funding of £13.0m for 2025-26 for the NIAS Workforce to support NIAS in continuing to deliver its transformation strategy. NIAS continues to work closely with SPPG on these projects. Drafts of business cases for all initiatives have been shared with SPPG and NIAS continue to engage with SPPG regarding the content.

NIAS has experienced slower than expected implementation of these initiatives mainly due to recruitment timelines. This has, and will continue to, necessitate a higher than anticipated expenditure on overtime and the use of the Independent Ambulance Service (IAS) to offset the vacant roles. However, this will steadily reduce during the year as the implementation and associated recruitment progresses.

Having considered the current retirement and attrition rates at NIAS, the paramedic workforce supply in Northern Ireland and the headcount required to deliver the new Service Delivery Model in line with the Strategic Plan, NIAS will require additional paramedics.

It is anticipated that this may not be fully achieved until the next cohort of newly qualified paramedics join NIAS halfway through the 2025-26 financial year. This is reflected in the updated plan. NIAS will continue to incur additional overtime and IAS until the funded establishment staff numbers are fully embedded. However, given the planned increase in capacity in 2025-26 it is expected that payroll costs will increase and the levels of overtime and IAS will reduce. This has been factored into the budget setting process and reflected in the budgets presented. The revised IAS and overtime budgets for 2025-26 are highlighted in the paper.

Mr Corrigan queried the future anticipated role and usage of independent sector resources by NIAS. Mr Sinclair advised that the long-term strategic model may see a reduction in use of independent sector services, with a transition of this activity being managed in house.

Hazardous Area Response Team (HART)

NIAS' draft 2025-26 Financial Plan that was submitted to SPPG and the DoH in February 2025 recommended that a small amount of recurrent additional funding of circa £0.600m was earmarked by

SPPG for NIAS in the 2025-26 financial year to bolster HART in the short-term pending the completion of the business case. SPPG has since confirmed that there are no funds available. As such this pressure remains unfunded. NIAS SMT are considering options in the short term to take this pressure forward in the absence of funding from SPPG pending the completion of a business case for DoH to consider.

Proposed Allocations

The proposed opening Revenue Resource allocations for each Directorate have been agreed.

The Trust continues to face significant pressures that will need to be managed in-year. In order to achieve a breakeven position, the opening allocations take account of numerous measures to contain expenditure on third party providers and overtime.

Whilst the proposed opening budget allocation factors in £4.975m of anticipated additional income and is based on several assumptions - there is no certainty as to whether or not further funding will be allocated during the 2025-26 financial year. Consequently, the opening budget allocations may have to be flexed and difficult decisions may have to be taken as the year progresses to ensure that the Trust delivers its services within this allocation.

Given the uncertainties at this stage of the financial year, £0.496m has been retained by Finance Directorate as a contingency. This funding is therefore available for consideration to potentially fund in year pressures.

2025-26 Capital Resource Allocation

On 30 May 2025, the Department of Health advised that the approved Capital Resource Allocation (CRL) allocation for NIAS for 2025-26 is £5.885m (2024-25 £5.883m). The breakdown of this allocation is provided in paper.

Proposed Allocations

Work is ongoing to understand the Trust's capital funding requirements for 2025-26. The evidence collated to date suggests that the approved CRL allocation for 2025-26 of £5.885m is insufficient and this may have knock-on consequences for service delivery. Upon collation of robust evidence, the Finance Directorate

will liaise with the DoH to discuss the capital funding pressures facing the Trust.

Governance Arrangements

Given the prevailing financial climate, it is essential that the Trust ensures that strong financial controls are in place throughout the organisation. Governance and accountability arrangements will continue unchanged and NIAS Finance will continue to provide up to date Finance Reports to SMT (monthly), SPF (at each meeting), Trust Board (at each meeting), and SPPG/DoH (monthly) in line with existing protocols.

Mr Corrigan commended Ms Donnelly and the team on the excellent reporting in terms of the transparency and upfront information for allocation, spending and planning which puts NIAS in a good position.

Mr Quinn agreed and added that the information is very clear - he queried if the allocations were planned and projected before the chancellor's latest budget statement and if there is an additional allocation to NI and can NIAS get a sense of that additional allocation that may impact in terms of these figures.

Ms Donnelly said that at this stage NIAS can only plan based on the information received from from SPPG/DoH. NIAS continues to meet regularly with them. Any additional allocations that may become available throughout the year, through whatever process, would be factored in accordingly. She acknowledged the concerns are valid and would be helpful to highlight that pressure recurrently on a long-term basis, particularly for HART, with significant risks and should therefore be prioritised.

Mr Corrigan enquired if the proposed allocations by directorate are built within the organisational structure and if Ops and Clinical directorates are separate - Mr Sinclair and Ms Donnelly confirmed they are separate at present in terms of budget allocation.

The Committee **APPROVED** the Draft Opening Budget Allocation to be tabled at Trust Board next week.

10 Focus on Strategic Plan Development

Mr Quinn provided the Committee with a verbal update and advised that the Steering Group has met on a couple of occasions. There are some issues getting a Project Manager on board and identifying who else should be on the Committee. However, there was full attendance at yesterday's meeting.

The Steering Group received a presentation outlining the findings of initial benchmarking against other ambulance service strategies, and further work is required on this.

The Committee recognise it is important to focus on stakeholder engagement, particularly internally with staff to develop the strategic plan and ensure alignment with staff, aims, objectives and the Trust's values. Mr Neil Gillan is leading on this and has got a good sense of plan.

AI and digital intelligence will play a big part of the strategy. The Group meet monthly which is challenging in the current climate with operational pressures. Mr Quinn has asked Mr Sinclair to ensure support from operations is fed into the Group.

From an assurance perspective, the group is up and running and Mr Charlie Thompson has been appointed as the new AD within this remit.

Mr Corrigan referred to it being a 10-year strategy and if there will be a particular focus on three or five years. Mr Quinn confirmed that it will be rolled out on a staged process.

Mr Corrigan asked in terms of benchmarking and stakeholder engagement if the DoH and Interim permanent secretary have a strategy and vision that NIAS can align to. Mr Quinn confirmed that this will be taken into account as well as taking a public health approach and the PHA are providing someone to assist in providing public health expertise. He continued to say that work has already been done and will be enhanced further to consider what role the Ambulance Service will have in the health sector in the future.

Mr Corrigan asked how the Steering Group will interact alongside this Committee as this will be part of the Committee's remit to have oversight of strategy development, but also appreciated they don't want to replicate on what the steering group is doing.

Mr Quinn confirmed the Steering Group will brief the Committee at critical stages to ensure the Committee is able to provide assurance to Trust Board.

11 SPF Forward Work Plan

The Committee **NOTED** the current forward work plan and that there is a focus on the service delivery model.

The Committee agreed that service delivery would be a good area to do a deep dive into and Mr Walker agreed to consider.

ACTION: Mr Walker/Mr Mullen

Mr Corrigan referred to implementation of Internal Audit recommendations, and there was a discussion about whether respective Committees should have specific oversight of Internal Audit recommendations within their remit.

The Committee noted a comment from IA regarding BCP not being as robust as it should be, which should be addressed at this Committee. Mr Quinn and Mr Corrigan discussed the potential Committees for considering Cyber security and suggested it sits within the GARAC Committee. Mr Corrigan agreed to discuss with Dr Graham to confirm this.

ACTION: Mr Corrigan

Mr Corrigan suggested that a more focused discussion is required in relation to independent ambulance spend and Ms Donnelly suggested that this could be provided at the September meeting if helpful and time permitting. She suggested they could consider the overtime expenditure and independent spend as both are linked to slippage and payroll, which is already in the forward work plan.

The Committee agreed it would be useful for them to understand the NIAS approach to fleet and estates which is under Mr Mullen's remit. Mr Mullen is currently linking with colleagues to produce a paper to stabilise staff gaps in the estates team. Mr Quinn agreed it would be useful to have an idea of the estate challenges within the Trust.

12 Any other business

There was no other business.

13 Next meeting:

18 September 2025 at 09.30am

**THIS BEING ALL THE BUSINESS, THE CHAIR DECLARED THE
MEETING CLOSED AT 11:40AM**

SIGNED:



DATE:

18-9-25

FINAL



**Northern Ireland Ambulance Service
Health and Social Care Trust**



**MINUTES OF THE CHARITABLE TRUST FUNDS COMMITTEE AT
11.45 AM ON
THURSDAY 10 APRIL 2025 IN THE BOARDROOM, NIAS HQ**

PRESENT:

Mr P Quinn	Committee Chair
Mr J Dennison	Non-Executive Director
Mr P Corrigan	Non-Executive Director

IN ATTENDANCE:

Ms L Donnelly	Interim Director of Finance
Ms S Beggs	Manager of Chair and Chief Executive Office
Mr B McAuley	Assistant Director of Finance

1 Apologies & Opening Remarks

The Chair welcomed members to the first meeting of the CTF Committee, which will provide oversight of the Charitable Trust Funds and how it is spent. The Committee will meet three times a year.

The Chair thanked Ms McAuley for preparing today's papers.

2 Procedure

2.1 Declaration of Potential Conflicts of Interest

The Chair asked those present to declare any potential conflicts of interest now or as the meeting progressed.

No declarations of conflict of interest were made.

2.2 Quorum

The Chair confirmed the Committee as quorate.

2.3 Confidentiality of Information

The Chair emphasised the confidentiality of information.

3 Terms of Reference (CTF10/04/25/01)

Members agreed they are content with the current membership of the Committee.

Ms McAuley confirmed that the charities registration application is based on NIAS having one core service and one fund. All other trusts have multiple funds. Mr Quinn queried if it would be problematic to only have one fund and Ms McAuley responded that she did not believe so. Ms McAuley further explained the process for donations received, including those that are restricted and discussed potentially amending the ToR in relation to restricted donations. Mr Quinn confirmed that there is no implication to keeping this in as the likelihood is small.

Once registered as a Charity, Ms McAuley confirmed that NIAS will provide an annual report and accounts that describes the charitable objectives and how it's used against those objectives. Ms McAuley is not sure of the process at this early stage and Mr Dennison offered any help in this respect.

Mr Dennison queried what role this committee has on the spend of the charitable trust funds. Ms McAuley is unsure but confirmed that in terms of spend, the current process is that an area manager makes a request and their respective director or SMT member approves it. Historically, NIAS has not had significant funds within the charitable trust funds with donations of around a few thousand pounds per year. However, there was a large donation of £250k in 2018-19. This has resulted in a larger balance in recent years.

The fund has been utilised recently to fund a paramedic researcher for around £40k which was approved via SMT. Ms McAuley advised that lower value requests are usually signed off by Directors.

Members noted that it is not stipulated what is an appropriate level for them to go to SMT and issues may arise if someone is turned down so therefore decisions need to be justified. Mr Corrigan referred to section six within the remit which states that spending

remains within SMT, and the Committee have oversight and assurance rather than approving specific spend.

Mr Quinn asked how well known the fund is within the Organisation and he suggested that the organisation think about how the fund can be made known to staff so they don't feel disenfranchised. Mr Quinn said that there are opportunities to apply for funding and grants. This would reduce reliance on donations alone. Ms McAuley confirmed that NIAS have made applications over the last few years in relation to staff well-being.

Mr Dennison asked if NIAS have considered how to invest the funds in the right way, however Mr Quinn believes the funds should be expended. Ms McAuley said there needs to be more focus on how NIAS apply for grants and suggested that a process should be approved by SMT to ensure there is a robust procedure for these matters.

Ms Donnelly agreed to take the feedback on board and put a proposal together for SMT to approve. She agreed that awareness is key to ensure the fund is available and will discuss further with SMT.

ACTION: Ms Donnelly

4 **Charitable Trust Funds Procedures (CTF10/04/25/02)**

Ms McAuley explained that the financial procedures detail the processes that should be followed by all staff in relation to the management and control of charitable trust funds. They include processes for the receipt of donations and the approval and payment of charitable trust fund expenditure.

This year there has been some advertising and money set aside for a 'dragons' den' approach to identify different ideas. The Ideas were considered and given authority to spend money based on their application.

Mr Quinn alluded to income generation and asked how NIAS actively seek funds, which perhaps needs added to the procedures.

Mr Dennison said that the process should be managed by staff and asked how this will be communicated with staff. He suggested sharing a condensed version as most of it is finance related,

advising what staff should do if they wish to make an application for funded expenditure. The Committee suggested a one-page document to include a flow diagram. Ms McAuley agreed to consider and bring back to the Committee.

ACTION: Ms McAuley

5 Charitable Trust Funds – Financial Policy (CTF10/04/25/03)

Ms McAuley presented the CTF financial policy which provides an overview on the Trusts CTF objective and activities including their spending policy and investment policy. This was produced two years ago as a result of audit recommendations and SMT requested that it is called a Policy. Mr Quinn said this document is useful for the charity's regulator as a statement of intent.

Ms McAuley confirmed that the regulator has received what NIAS' purpose is and public benefit statement, and they are content. She explained that the public benefit statement has been signed off and agreed to circulate as part of the registration process.

The Committee suggested that another paragraph is added into the Policy about raising awareness of the fund to staff and what the decision-making process is.

ACTION: Ms McAuley/Ms Donnelly

6 Charitable Funds Finance Report (CTF10/04/25/04)

Ms McAuley presented the update on income and expenditure relating to the Charitable Trust Funds for the 11 months ending February 2025. Ms McAuley explained that NIAS money is amalgamated and managed via Belfast Trust. Ms McAuley has requested an update on the current balance of the NIAS investments.

Mr Corrigan pointed out there is a big difference for NHS grants compared to last year. Last year £111,185 was received and this year £16,500.

Ms. McAuley explained that 'the service' applies for grants as opposed to the finance team and is unsure why there was less opportunity. Mr Corrigan asked that the well being team provide an overview of their approach to applying for grants. Mr Quinn asked if there is a source to manage this, he appreciates it is an ad hoc

process and doesn't want to make an industry but there is potential for income generation and how it is best managed and organised within the Trust. Ms McAuley agreed to discuss with SMT to think about how this is centrally managed.

ACTION: Ms McAuley

Ms McAuley referred to a donation of legacy money with a specific request for the funding to be used towards an Ambulance in the North. Ms McAuley advised that NIAS used this donation to part fund an Ambulance in the Northern area.

Mr Quinn referred to earlier discussions and suggested a balanced approach between expending the fund and investing for future returns.

Ms Donnelly responded that there are opportunities to improve the management and use of the Charitable Trust Funds. Ms Donnelly agreed to bring a paper to SMT outlining the current position, recommended next steps and to seek the views and insights of SMT's.

ACTION: Ms Donnelly

Mr Corrigan discussed targeted communication and said there may be opportunities for area managers to utilise this fund, over and above the normal spend, if there is a specific reason for it, whilst ensuring it is not a free for all.

Mr Quinn concluded by saying there is nothing for the Committee to be concerned about, and having these conversations highlights improvements to ensure best practice. Mr Corrigan agreed and added that now this Committee has been implemented it will help to improve the process going forward.

7 Update on Charity Commission Registration

Ms McAuley advised that the EOI to apply for charity registration was issued this week. The DLS solicitor has liaised with the Charities Commission, who are content for NIAS to proceed and agreed the purposes and public benefit statement to complete the registration. The application process can take eight weeks and Commissioners will be asking Trust Board for written confirmation.

Ms McAuley confirmed for Mr Corrigan that the projected timescale for registration could be into the next financial year.

Mr Corrigan asked if there are any practical differences to how NIAS operate once registered and Mr Quinn said there will be obligations in terms of governance and procedure. Ms McAuley advised that NIAS don't have the power to actively fund raise.

Mr Corrigan referred to the Belfast Trust administering NIAS funds and queried if the Charity Commission would have a problem with that arrangement. Mr Quinn said that it wouldn't be an issue making a grant application and that Trust Board are corporate trustees. Mr Quinn said there may be additional obligations for the Board once NIAS is registered.

8 Any other business

No matters discussed.

9 Next meeting:

18 September 2025

THIS BEING ALL THE BUSINESS, THE CHAIR DECLARED THE MEETING CLOSED AT 2.30PM

SIGNED:



DATE:

18/9/25