Agenda

1   Welcome, Apologies & Declarations of Conflict of Interest

For Information

Welcome colleagues from SHSCT Eileen Mullan (Chair) and Ruth Montgomery (Project Manager for System Assurance).

Welcome Ann McQueen attending as an observer.

2   Minutes of the previous meeting held on 23/10/2025

For Approval

3   Matters Arising

For Noting

4   Chair's Update

For Noting

5   Chief Executive's Update

For Noting

6   Trust Performance Report

For Noting

7   Finance Report (Month 6)

For Noting

8   Annual Quality Report

For Noting

9   Committee Business

For Information

- Committee/TB Forward Work Plan Attached
- Committee Minutes Attached for SPF and PEQS

PCOD/GARAC Minutes are not approved yet as the Committees take place next week

10 Any Other Business

11 Date & venue of next meeting:

19 February 2026 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 23 October 2025 at 12.40 in the Boardroom, Ballymena HQ 120-130 Antrim Rd, Ballymena BT42 2HD

Present:	Mrs M Larmour	Chair
	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)
	Mr J Dennison	Non-Executive Director
	Mr P Quinn	Non-Executive Director
	Dr P Graham	Non-Executive Director
	Dr N Ruddell	Medical Director
In Attendance:	Ms L Charlton	Director of Quality, Safety & Improvement (QSI)
	Mr S Mullen	Director of Planning, Performance & Corporate Services (Interim)
	Mr J McPoland	Comms Manager
	Ms S Beggs	Temporary Board Secretary
Apologies	Mr D Ashford	Non-Executive Director

1 Welcome, Apologies & Declarations of Conflict

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

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 (TB23/10/2025/01)

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

3   **Matters Arising (TB23/10/2025/02)**

Members **NOTED** the Matters Arising.

4   **Chair's Update**

The Chair updated Trust Board on matters since the previous meeting and advised she took part in a comms video to staff on the issues discussed at the Board meeting, facilitated by Mr McPoland on 4 September. She attended a PSCF Forward Planning Meeting, met with Mr Jim Wilkinson from DoH, RQIA Roundtable event regarding 'Being Human' framework on patient safety, AACE Council meeting and NHS Confed Meeting as well as other meetings.

The Chair attended a CEF event on 16 September which was regionally represented and was a very informative event about how AI is being used and the legal implications of this and advised as board members, there is the need to become more familiar with the possibilities and challenges. On the same day the Chair met with the NIFRS Chair and the PHA Chair Colin Coffey, discussing moving towards prevention of the reset plan and working collaboratively to achieve this.

The CiC meeting took place on 10 September and there are a number of meetings established between now and November to identify key challenges and priorities within the system with the expectation that Task and Finish groups will report back at the next CiC meeting in November. The Chair reminded Board Members that herself, The Chief Executive and Mr Quinn attend the CiC meetings to represent the NIAS Board, where the decision making authority still rests.

The Chair has asked Leahann Morgan from RQIA involved in the 'Being Human' Framework to speak at the NIAS Strategy Day and suggested it may also be useful ~~but will also seek~~ for her to present at a future Trust Board meeting.

At the meeting with the Permanent Secretary the Chair sought an update regarding the Korn Ferry review to address the interim positions in NIAS with the view the Board are keen to move to recruitment of permanent positions. She also raised the NED establishment and pending changes, seeking his support to fill emerging vacancies.

At the NED workshop on 9 October, they discussed the feedback from members regarding the new Committee structure and the Chair asked Ms Beggs to forward the feedback form to Executive Directors to seek the full board membership views feedback in relation to that and the intention is then to discuss as a Board and consider any recommendations and thoughts for implementation.

ACTION: Ms Beggs

The Chair visited the NIAS analytical team and has a follow up meeting planned in December. It is important to understand as an Organisation what NIAS have regarding data and how they are considering developments with IA and she recommended other members to visit Ms Averys team.

The Chair attended the two-day NICON Conference, which at a time of complexity and challenge across the health service, was one of the best NICON conferences in terms of all Trusts and stakeholders committing to working collaboratively.
Mr Corrigan conveyed he was impressed with the speakers at NICON and noted that despite the financial constraints within Trusts and the health service, the conference was well attended.

The Chair highlighted the preparatory work by the team for the Strategy Day tomorrow and reminded members to ensure they read the papers in advance of the Strategy Day which provide

extensive insight on consultation to date and to be fully prepared with an open mind to participate.

5   Chief Executive's Update

Strategic Overview
Since the August Board meeting, Ms Paterson's focus has been on maintaining stability and visibility across the organisation while progressing work that strengthens patient safety, staff wellbeing, and NIAS' role in system reform.

NIAS have continued to demonstrate credibility within the system and the ability to influence change constructively particularly in areas such as handover reform, culture, and leadership alignment.

NIAS continue regular engagement with the Department of Health and SPPG through formal accountability and bilateral processes. NIAS is recognised as a stable and constructive partner, with ongoing oversight of delivery, finance, and reform priorities.

Handover Reform and System Performance
As reported in August, NIAS participated in the Regional Handover Workshop, which initiated a coordinated approach to implementing the Department's guidance on eliminating handover delays exceeding two hours.

Since then, NIAS have established bi-weekly operational meetings with each Trust, coordinated by the RCC. The purpose is to monitor progress and address emerging barriers to the implementation of regional guidance on handovers. The RCC has been tasked with the implementation of the new protocols, ensuring consistent interpretation and delivery across all acute sites and NIAS.

Last Friday marked a very encouraging moment for the first time since early 2022, there were no ambulances waiting more than two

hours across any of the nine acute sites. While NIAS are under no illusion that the problem is solved, it demonstrates what is possible when teams across the system pull together around a common goal.

This progress directly supports the Reset Plan's system-wide objectives on flow and strengthens winter resilience.

Sustaining this progress will require continued collective focus and flexibility in how Trusts work. It also signals to staff and the public that improvement is achievable which is vital for confidence, morale, and winter readiness.

<u>System Leadership and External Engagement</u>
NIAS has continued to play a visible and constructive role across the wider HSC system and beyond. On 9 September, Ms Paterson represented NIAS at the Emergency Responders' Day Flag-Raising Ceremony in Lisburn, alongside blue-light and voluntary partners which was a valuable opportunity to reaffirm shared purpose and collaboration.

On 10 September, the Chair and Ms Paterson attended the first Committee-in-Common (CiC) meeting. Governance and assurance were the main focus, and NIAS will now lead the RCC as a Provider Collaborative, reporting formally in November. This is an important role for Trusts, ensuring operational delivery and system resilience remain connected at regional level. Preparatory work is now under way for the November meeting, where the RCC will be presented as one of the first live examples of shared accountability in practice.

Ms Paterson attended the Graduate Leadership Induction on 12 September, meeting new HSC trainees and reinforcing NIAS's commitment to developing people and growing future leaders.

On 15 September, Ms Paterson represented the Falls Workstream at the CMO/CNO Masterclass in Stranmillis, highlighting the

collaborative work under 'The Big Discussion' to reduce unnecessary conveyance and improve outcomes for older people.

On 16 September, Ms Paterson met Paramedic Science students at Magee, many of whom are NIAS EMTs advancing through to degree-level training, a strong signal of internal progression.

On 18 September, Ms Paterson participated in a Neighbourhood Health Model workshop at Stormont and chaired the NIAS Organisational Culture Programme Board the same day. The workshop explored prevention and community-based care, while the Culture Board focused on leadership behaviours, inclusion, and staff voice, aligning the internal culture work with system expectations.

On 19 September, Ms Paterson attended the Civil Service and Public Sector Chief Executives' Forum (CEF), discussing leadership across the public sector in the context of financial constraint.

Collectively, these engagements reflect NIAS's growing influence in system planning and its reputation for stability and partnership.

Partnerships, Public Voice and Learning
On 26 September, Ms Paterson attended the "This is Health" Steering Group chaired by Mike Farrar. This forum focuses on how the HSC communicates with the public about what services can provide and the shared responsibility we each have in sustaining health and care. NIAS has a clear role in this space given the visibility and public contract NIAS have particularly around responsible 999 use and understanding system pressures.

Ms Paterson also met with Siobhan Casey, Commissioner for Older People (COPNI), to explore opportunities for collaboration. With around half of NIAS emergency calls involving people aged 65 or over, this partnership offers valuable insight and advocacy for improving outcomes for older patients.

At the end of September, Ms Paterson met privately with a patient's family to listen to their experience of care. While the details remain confidential, the discussion was constructive and focused on learning and improvement. The case highlights the importance of openness, communication, and continued reflection in how NIAS deliver services.

Workforce, Culture and Engagement
Staff visibility, wellbeing, and partnership working have been at the forefront over recent weeks. On 1 October, Ms Paterson visited several Emergency Departments to listen to staff experiences, particularly around patient flow and collaboration with hospital colleagues. Really helpful insights and helps to take things forward.

Over recent weeks, there has been significant public and media attention on the work of the Emergency Operations Centre (EOC). Ms Paterson has been clear that NIAS stands behind their staff and that any learning will be taken forward sensitively and constructively. NIAS continue to engage closely with colleagues to support wellbeing and maintain confidence in their professionalism.

On 3 October, Ms Paterson met with Trade Union colleagues to reaffirm the partnership arrangements and discuss fatigue, safe staffing, and the wellbeing of colleagues impacted by recent media coverage. Engagement remains positive, and both are working together to ensure staff voices are heard and reflected in ongoing improvement work.

Ms Paterson has also recorded several staff VLOGs, focused on culture, wellbeing, and strategy which is a means of maintaining direct communication and connection across the organisation.

The Organisational Culture Programme Board has now moved from design into delivery, with clear priorities around wellbeing, inclusion, and leadership behaviours, aligned to the vision.

To aid in that, NIAS had a visit from Tracy Myhill, the former Welsh Ambulance Service Chief Executive, who met with a number of SLT to talk about her experiences (first as Dir of HR and then as Chief Executive) of implementing wide scale culture change in a uniformed organisation which has deep rooted behaviours. Ms Myhill conveyed her journey across five years. It was really beneficial, and Ms Myhill has been invited to speak to the NIAS Culture Board in November to share some of that learning.

On 7 October, the NIAS Senior Leadership Team (SLT) held a team development and strategy day. It was a valuable session that allowed us to reflect on how they lead collectively and strengthen the coherence and discipline needed to deliver in the significant challenging operational and financial environment.

On 17 October, Ms Paterson attended the Emergency Operations Centre Recognition Event, celebrating exceptional performance and teamwork across NIAS EOC and EMD colleagues. It was an inspiring occasion that captured the compassion and professionalism of NIAS people.

These activities reflect progress toward a more connected and values-led culture, supported by open dialogue and visible leadership.

Strategic Collaboration and Reform

On 30 September, NIAS and SPPG held the Bilateral Framework meeting, covering performance, handovers, workforce, and finance. NIAS will submit their ORH workforce optimisation plan at the end of October as evidence of the progress in aligning modelling, workforce, and service improvement.

On 3 October, Ms Paterson met Jenny Keane to discuss the national Urgent and Emergency Care (UEC) agenda, ensuring NIAS' priorities remain aligned to UK-wide reform.

That same week, Ms Paterson met Robert Morton (NAS) to progress the North/South Specialist Ambulance Response (NSSAR) programme, focusing on shared training and governance.

Earlier this month, NIAS also supported the Southern HSC Trust during a regional IT systems outage. The response was calm and coordinated, demonstrating strong contingency arrangements and effective collaboration through the RCC. A formal debrief will capture any learning to further strengthen system resilience.

Although Ms Paterson was unwell and unable to attend NICON 2025, NIAS presentations on the Falls Pathway, which is a key workstream in the Big Discussion and Cross-Border Collaboration, were very well received, highlighting tangible progress in system integration and cross-jurisdictional working.

These engagements underline NIAS's increasing role not just as a delivery partner but as a system leader in service transformation.

Summary

NIAS continues to demonstrate strong, values-based leadership within the system. Performance and reform efforts are showing early positive signs, staff wellbeing remains a central focus, and NIAS' reputation for collaboration and transparency continues to strengthen.

The Chair thanked Ms Paterson and commended her on taking time with the team and welcoming the findings and discussions to bring to the strategy day tomorrow. She welcomes her expertise, knowledge and input into tomorrow which is fundamental in bringing that forward.

Ms Paterson referred to the BMA scheduled care access, and whilst they manage the contractual challenges which is still in

progress, they have started to see some resolution and Dr Ruddell has developed a protocol with nursing homes.

6   Performance Report (TB23/10/2025/03)

Trust Board Members **NOTED** the Trust Performance Report and welcome the positive metrics and improvements compared to other ambulance service trusts.

In relation to H&T and S&T, Mr Sinclair said they have continued an upward trajectory and have set improvement measures. The challenges with long term sickness have now been resolved and they are getting into the improvement piece to ensure the standard of practice is continued.

Ms Charlton referred to the number of query SAI's being brought forward and advised that she planned to present a paper at the next Safety Committee in relation to notified SAI's, as there is a variation of cases to highlight to the Committee.

Mr Dennison asked to discuss board reporting at the Strategy Day to review what they need to see. They may not be required to see all of the risks included and perhaps just the higher level of risks. He is conscious of information overload and the need to think about outcomes and to find a better way of reporting. Mr Mullen advised that he is currently reviewing this function.

Mr Quinn referred to the issue regarding CAT 2 response times and notes there is going to be a verbal briefing. He recalled this was requested at the last Committee to be presented at Trust Board due to the significant concerns about perception of what is impacting on this. NEDs have always believed most of the influences are external but there may be some internal impacts and that changes the perception about what needs to happen and therefore welcomes the presentation.

Mr Corrigan referred to hospital handovers on slide 24 and he suggested at the SPF Committee for there to be focus on intervention for the two-hour backstop to be reflected in the Performance Report.

Ms Charlton added that they don't want to see the 45-minute performance deteriorating, and overall lost capacity is still very important. She understands the trajectory is vital, but they also want to see traction and improvement in other areas.

Mr Sinclair alluded to the increasing response times and that he and Mr Walker are meeting twice weekly with Unscheduled Care Directors in EDs to implement a new framework to include operational focus, variables and forecasting.

Mr Sinclair said that August 2025 had the same CAT 2 response times as November 2024 which was significant. They are starting to see improvements in some metrics and the work the team is doing is starting to impact the variables and increase productivity and staffing. There are plans within the next two to three weeks to have as much operational oversight on the ground as possible and hopefully extract. Mr Sinclair appreciates it is a verbal report, however, going forward it would be a tangible report via the SPF Committee and added to the forward Workplan.

7   **Finance Report (TB23/10/2025/04)**

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

Ms Donnelly reported that at August 2025 (Month 5) NIAS are working with a total allocation of £133.542m which includes that 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). There is a further assumed funding of £15.398m which includes £14.336m for WFP. The Month 6 figure is £133.439m, RRL £2.475m of savings and an additional £1m for shortfall in NIC allocation.

For the 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. The month six overspend (£413k) is mainly driven by IAS variance to the profiled budget which will be discussed with Operations at the FBP meeting next week.

NIAS is forecasting a break-even position at the end of the financial year and Capital Resource Limit (CRL) allocation for 2025-26 of £6.181m, which the majority is allocated to fleet. NIAS has developed a plan to deliver a breakeven position for 2025-26.

Work is still ongoing to finalise the business cases and once they are concluded that money will be released into the allocation.

Mr Corrigan conveyed his concern with the overspend reported at Month six and Ms Donnelly advised that SLT are fully aware and have developed templates to understand their plans to date and going forward to make sure NIAS are making the most of resources and finances. They continue to ensure a plan is in place to achieve a statutory break even.

The Board referred to the overtime spend and said that sometimes overtime becomes normal and expected and there needs to be more control to manage that. Mr Sinclair said that the team are managing the control regarding this to ensure it is as affective as possible and are actively recruiting which will assist in a tangible reduction in overtime.

Ms Paterson referred to the overspend information being new information and they need to investigate if this is a reporting matter or an actual overspend. Ms Donnelly added that in terms of 6.3% variance, it's not alarming but they need to be aware of the trajectory, if it becomes a consistent rate it's worrying. Dr Graham welcomes that the Board have been alerted to this as previously they haven't.

Ms Paterson advised that NIAS recognised this and flagged a number of issues to the Board that require spend and investment and there is a contingency pot if required.

8   **SCORR Assessment (NIAO Recommendations**

The Board **NOTED** NIAS's return to the DOH regarding progress made against the March 2025 NIAO hospital handover report. Letter

Each Trust were asked to give an update on the recommendations and eight of them applied to NIAS and the letter reflects NIAS' response and significant contribution.

The Board discussed recommendation 11 and cohorting at major ED's. Mr Mullen advised they haven't seen the other Trusts responses and queried if there have been any other discussions with the HSC about cohorting, and Ms Paterson responded that she has not seen any evidence of that. Mr Corrigan suggested that NIAS should encourage cohorting to be in place and Ms Paterson said it may fall in the space of corridor care and agreed to consider the point and understand the Board's position. Mr Mullen agreed to seek the other Trust's responses and share with the Board via email instead of waiting to the next Board Meeting and utilising meeting time.

ACTION: Mr Mullen

9   **Demand and Capacity Implementation Plan (TB23/10/2025/06)**

Trust Board Members **NOTED** the completed demand and capacity review for unscheduled care. This has provided a 10-year data driven model as to how NIAS can innovate and modernise the NIAS clinical/operational model.

Mr Sinclair has included a proposed governance slide and has provided this information to NEDs at their workshop on 9 October.

He advised this is for Board Members to note today and discuss in more detail at the Strategy Day tomorrow.

Mr Quinn alluded to the level of detail in the paper, which is quite complicated to read, and Mr Dennison agreed and that it is difficult for NEDs to note the information as they don't fully understand all of it. The Chair said that the Board have papers with in depth research and data which is challenging to understand and invites individuals to spend time with colleagues outside of the Board and Committee meetings to better understand, as there isn't time at these meetings to go into the detail.

10   Corporate Plan Mid-Year Progress Report (TB23/10/2025/07)

Trust Board Members **NOTED** the report which provides an updated position on the deliverables set out in the 24-26 Corporate Plan as at 29.09.2025.

Mr Mullen said this report sets out an assessment of where NIAS are in the final year of the corporate plan which will be discussed at tomorrow's Strategy Day. The Chair agreed and added that there is a session at the start about setting the scene so the content of this paper should be built into that session.

11   Board Governance Self-Assessment Tool

Trust Board **NOTED** the completed Annual DOH Board Governance Self-Assessment, which was also reported at the recent GARAC Meeting. The Board noted this is the last time NIAS need to complete it as it is no longer a statutory requirement and will move forward with a revised in-house version with guidance from the GARAC Committee.

12   Business Case Approval Threshold

Trust Board **APPROVED** the proposed New Business Case Approval Limits.

Ms Donnelly advised that the proposals were agreed at the recent SPF committee and explained that in some circumstances they may not have the gift of time to approve business cases at meetings and they will be approved via correspondence and presented at the next Trust Board for approval.

Mr Corrigan welcomes the improvement and level of governance which can be reviewed going forward.

12.1 Interim Fleet Business Case

Trust Board noted this has been shared with the SPF Committee, SLT and has been approved by the DoH and funds already received and is therefore retrospective approval.

Trust Board **APPROVED** the Interim Fleet Business Case on a proposal from Dr Graham and seconded by Mr Quinn.

13 Complaints Annual Report

Trust Board **NOTED** the annual report for the NIAS in relation to Service User Feedback (Complaints/ Compliments and Queries) which has been presented at the Safety Committee.

Board members commended and welcomed the report and Mr Dennison referred to the survey and that there were only 27 responses. Ms Paterson advised they try to improve responses with regular communication with other stakeholders e.g. Age NI.

Mr Corrigan referred to NIAS consistently failing to meet the 20-day target and that the new NIPSO model is going to be even tighter and sought assurance from Ms Charlton that NIAS will be able to achieve the new targets. Ms Charlton referred to previous year's compliance both regionally and internally with the 20-day timeframe and feedback to the NIPSO during the development of the new Model Complaints Handling Process regarding the

challenges with meeting the new timeframes. She advised that she was therefore not in a position to provide assurance that NIAS will meet the target but gave assurance that the team will do everything they can to try and meet the new guidelines. The Chair confirmed that progress will be reported to the Safety Committee to monitor.

14 **Committee Business (TB28/08/2025/06)**

The Board **NOTED** the forward workplan.

The Board commended the amount of work that has been achieved via the newly set up Charitable Trust Funds Committee.

Mr Corrigan reminded members to ensure papers are issued on time and for the turnaround of minutes to be issued sooner, however they understand the capacity challenges preventing this.

It was emphasised that often Committees don't have the right Directors in attendance to discuss issues and the SLT need to review what Committees Directors need to attend, and the Board agreed this should be discussed at the Strategy Day within the Board effectiveness section.

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.

14 **Date & venue of next meeting**

11 December 2025 at 9.30am, venue TBC

Board Members agreed to attend a Christmas lunch after the December Meeting and Mr Dennison offered to host the meeting at

Simon Community offices in Belfast. Mr Dennison will ask a colleague to liaise with Ms Beggs to confirm and book.

ACTION: Ms Beggs

Trust Board members remained to attend the Board Cyber training facilitated by BSO.

THIS BEING ALL THE BUSINESS, THE CHAIR CLOSED THE PUBLIC MEETING AT 2.05PM.

SIGNED: _____

DATE: _____

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

TRUST BOARD – 23 OCTOBER 2025

		INDIVIDUAL ACTIONING	UPDATE
	PUBLIC		
1	**Item 4** Feedback form for New Committee Structure to be sent to Executive Directors to discuss as a Board to take forward the recommendations and thoughts.	SB	Form circulated – two responses so far
	Item 8 Mr Mullen agreed to seek the other Trust's responses to the SCORR Assessment (NIAO Recommendations) and share with the Board via email instead of waiting to the next Board Meeting and utilising meeting time.	SM	Response received from SPPG.

Northern Ireland Ambulance Service Health and Social Care Trust

TRUST BOARD

PRESENTATION OF PAPER

Date of Trust Board:	11 December 2025
Title of paper:	Trustboard Performance Report
Brief summary:	This paper is presented to Trustboard for noting This report outlines the key performance metrics up to and including the 31 October 2025. The executive summary within the report outlines the Key Performance indicators and actions being taken to address performance throughout the trust.
Recommendation:	For Approval ☐ For Noting ☒
Previous forum:	If applicable
Prepared and presented by: **Date:**	Neil Walker (Head of Performance) Seamus Mullan (Director of PPCS) 03 December 2025

Northern Ireland Ambulance Service
Health and Social Care Trust

TRUST CORPORATE SCORECARD

NORTHERN IRELAND AMBULANCE SERVICE

November 2025

for October 2025 Data and Performance

Northern Ireland Ambulance Service
Health and Social Care Trust

Executive Summary

Operational Performance:

Demand:
- Call answer demand in the EOC increased by 10% in October 2025 compared to October 2024.
- Incident demand has seen an increased 9.3% in October 2025 when compared with October 2024.
- The daily average of patients conveyed to hospital was 332, representing a 2% increase compared to October 2024.

Response Times:
- Performance against national standards remained a significant challenge across all categories.
- Category 2 average response times were notably concerning at 78 minutes, increasing from 59 minutes in October 2024.

Actions to Address:

- Automated Category 1 dispatch is live within EOC and monitoring of the impact is currently under review.
- Work continues to mitigate the operational impact of emergency leave and sickness absence.
- A demand and capacity review of operational staff has complete, and a strategic implementation plan has been developed for the next 3 years.

Clinical Performance:

Clinical Hear & Treat and See & Treat
- Clinical Hear & Treat fell to 5.8% in October 2025. The total AQI Hear and Treat rate fell slightly to 9.6%% for October 2025
- Clinical See & Treat slightly increased to 11.6%, the total AQI See and Treat rate was 25.4% for October 2025.

Complex Cases
- 7% 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 September 2025 due to data lag.
- Median ROSC for all arrests fell from 31.1% to 29.6% for YTD 2025.26.
- Median Shockable rhythm ROSC decreased from 56.8% to 53.4% for YTD 2025.26.
- Median 30-day survival for cardiac arrest decreased from 8.5% to 8.4% for YTD 2025.26; shockable rhythm survival decreased from 26.1% to 25.5% YTD 2025.26.
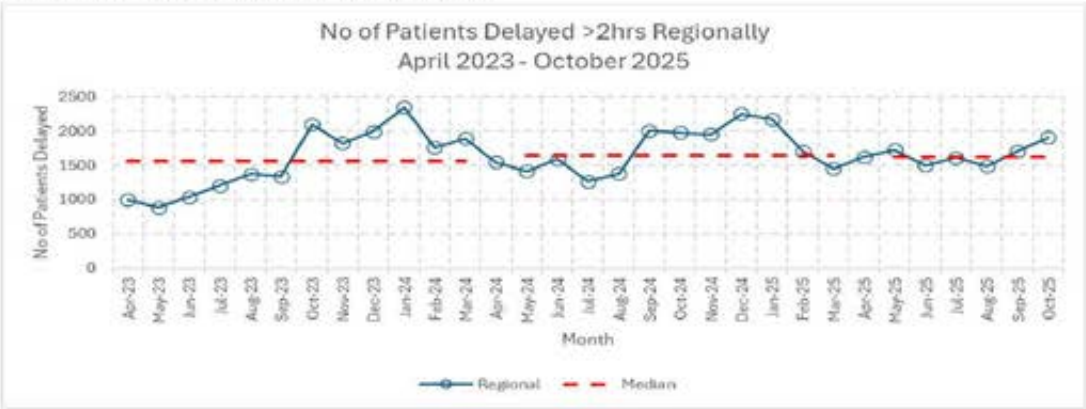
Actions to Address:

- 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.

HSC Northern Ireland Ambulance Service
Health and Social Care Trust

Executive Summary

System Performance:

Handover:

- Over 11,000 hours were lost due to handovers exceeding 15 minutes, a 10% increase from September 2025.
- Despite reduced patient conveyances, 19% of arrivals waited over two hours
- The Median number of patients delayed >2hrs to handover at hospital has remained the same when comparing Financial Year 2025.26 to Financial year 2024.25. It must be noted that the winter period has yet to reflected within the figures for Financial year 2025.26.

No of Patients Delayed >2hrs Regionally
April 2023 – October 2025

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	Q2 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%	32.0%
Northern	5.4%	7.2%	17.2%	17.3%	11.5%	11.1%	16.6%	20.7%	23.5%	18.9%	15.0%	19.0%
Southern	9.5%	18.8%	20.2%	21.6%	17.3%	17.5%	17.8%	25.5%	22.7%	20.4%	21.0%	17.0%
Western	2.8%	5.3%	8.1%	11.1%	6.8%	5.7%	6.5%	8.2%	9.2%	7.4%	9.0%	10.0%
Belfast	6.6%	9.8%	18.9%	20.1%	13.5%	14.6%	14.0%	23.9%	17.7%	16.7%	14.0%	10.0%
Region	8.8%	12.2%	19.2%	20.5%	15.0%	14.9%	16.1%	21.8%	19.2%	18.0%	16.0%	16.0%

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.

Northern Ireland Ambulance Service
Health and Social Care Trust

Executive Summary

Non-Emergency Performance:

- KPI 1 – Inward Journeys (Arrival within 60 minutes of appointment): Performance remains below the 95% target but is showing improving variation, with the last nine data points above the mean. Ongoing recruitment of Ambulance Care Attendants (ACAs) and the deployment of new Scheduled Care Team Leaders are expected to improve compliance.
- KPI 2 – Outward Journeys (Departure within 60 minutes of readiness): Compliance is at 68%, well below the target of 95%, with common cause variation observed. Additional focus on discharge coordination is required.
- Cancellations: Despite targeted improvement actions, cancellations have continued to rise since February 2025, breaching the 3.2% improvement target in July and September. Additional resourcing triggers are now in place to protect critical pathways such as renal dialysis and oncology transport.
- Patient Experience and Complaints: Six complaints were received in October 2025, primarily concerning relating to non-arrival/non-provision of transport. Two have been resolved locally. Work continues through the Co-Production Partnership to redesign the patient experience KPIs with service user input.
- Activity: 43% of all non-emergency journeys in October were completed by NIAS resources, maintaining performance levels seen in October 2024. A new improvement target of 5% increased PCS efficiency compared with 2024/25 has been established.
- Loading Factor (outpatients only): The outpatient loading rate has continued at 1.45 patients per run, showing concerning variation across recent months. This measure reflects reduced operational efficiency and will form part of the Scheduled Care transformation programme review.

Actions to Address:

- Data reliability remains under review due to CAD system transition.
- Persistent non-compliance with journey timeliness targets (KPI 1 & 2).
- Increasing reliance on IAS and declining patient loading rates indicate capacity and planning challenges.
- Improvement actions include continued ACA recruitment, implementation of new planning models, reinforcement of cancellation mitigation protocols, benchmarking against UK partners and co-produced revisions to the patient experience framework.

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 – 2025/26 YTD average of 58% compliance, an increase from 45% in same period 24/25.
- KPI 2 Outward Journeys – 2025/26 YTD average of 67% compliance, an increase from 53% in same period 24/25.

Productivity
- In October '25 IAS activity accounted for 30% of non-emergency activity up from 28% in October '24.
- Increased use of IAS is due to vacancies within the tier, deployment of specific discharge vehicles and a targeting of reducing cancellation rates.

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Executive Summary

Service Quality and Our People:

Serious Adverse Incidents, Complaints, Compliments and Care Opinion:

- There have been 5 potential SAIs reviewed, with the Trust notifying 3 during October 25. The 8-week timeframe for submission of SAI reports to SPPG remains challenging and the current average time for completion has increased to 97 days (19 weeks) which is significantly protracted from the 8 week requirement. 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. SAI training has been scheduled for January 2026 in conjunction with the HSC Leadership Centre which will improve understanding of the SAI process and provide the necessary skills and training to support our review officers, which will positively impact the timeliness of the SAI process. 2 SAI's have been accepted by NIPSO for investigation.
- In October 2025, the Trust received 19 complaints and 7 Care Opinion stories. Compliments remain unprocessed due to the backlog created during a staffing vacancy, with a new team member now in post from 6 October to support recovery. Acknowledgement performance remained strong at 100%, though timeliness of responses fell to 39% (YTD) compared with 48% last year. This reflects ongoing training of new staff, preparation for MCHP implementation, and delays in call-audit processes.
- Safeguarding demand continues to rise, with sustained referral growth, ongoing workforce and digital pathway pressures, and steady progress in training delivery as the team maintains service oversight and develops collaborative approaches to complex case management.

Actions to Address:
- The trial of a dedicated part-time (bank) investigator in Operations continues, supporting timely completion of frontline complaint investigations and easing pressure at Station Officer level.
- The new staff member will prioritise clearing the backlog of compliments.
- SUFT supervisor will continue to identify opportunities to locally resolve low-complexity complaints at the earliest opportunity.
- 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 9.92% for the trust. October 2025, monthly sickness absence rate has decreased to 11.11% from 11.53% in September
- 67% 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.

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

HSC Northern Ireland Ambulance Service
Health and Social Care Trust

| Corporate Scorecard | System Oversight Measures (SOMs) | October 2025 |

Indicator	System Oversight Measures (SOMs)	SOMs Target 2025.26	Outturn Position 2024.25	This Month Outturn	Measure Trend	This Month (RAG)
Response Times						
1.1	Category 1 (mean) (minutes)	10 mins	11	12		A
1.2	Category 1 (90th Percentile) (minutes)	21 mins	22	23		A
1.3	Category 1T (mean) (minutes)	15 mins	15	15		G
1.4	Category 1T (90th Percentile) (minutes)	30 mins	30	28		G
1.5	Category 2 (mean) (minutes)	36 mins	58	78		R
1.6	Category 2 (90th Percentile) (minutes)	80 mins	129	177		R
1.7	Category 3 (90th Percentile) (minutes)	233 mins	305	488		R

Indicator	Demand Management					
3.1	Percentage of Patients Seen and Treated by NIAS	15.5%	13%	12%		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%	78%		G
4.2	Number of Calls Answered	N/A	17,299	21,223		

Hospital Delays						
2.1	Total Number of Patients Conveyed	N/A	9,606	10,299		
2.2	Percentage of Patients <=15 minutes	25%	8%	7%		R
2.3	Percentage of Patients <=30 minutes	45%	31%	2740%		R
2.4	Percentage of Patients <=60 minutes	85%	66%	62%		R
2.5	Percentage of Patients >2 hours	0%	14%	18%		R
2.6	Number of Ambulance Turnarounds	tbc	10,153	10,099		
2.7	Percentage of Ambulance Turnarounds within 30 mins	51%	1%	13%		R
2.8	Average Handover Time at Type 1 ED (mins)	N/A	72	82		
2.9	Lost Hours from Handover delays >15mins (hrs)	N/A	10,570	11,264		

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
Health and Social Care Trust

Corporate Scorecard	Key Performance Measures	October 2025

Corporate KPIs - Our People					
6.1 Monthly Percentage of Hours Lost	tbc	8.5%	11.5%		
6.2 Cumulative % Hours lost from Sickness	tbc	10.1%	9.7%		
6.3 Cumulative % Hours lost from Short Term Sickness	tbc	2.2%	1.9%		
6.4 Cumulative % Hours lost from Long Term Sickness	tbc	7.9%	7.8%		
Corporate KPIs - Our Communities will continue to value and trust us					
7.1 Number of potential SAIs reviewed	N/A	11	5		
7.2 Number of SAIs notified	N/A	10	3		
7.3 Number of Complaints	N/A	18	19		
7.4 Number of Compliments	N/A	27	-		
7.5 Number of patient stories received	N/A	10	7		
8.1 Forecast Revenue Expenditure	£ -	£ -	£ -		G

RAG Status Key:
Green = On or exceeding target
Red = Out with 5% of Target
Amber = within 5% of target
No Target Agreed

Operational Performance

Northern Ireland Ambulance Service
Health and Social Care Trust

| 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

999 Calls Answered

Call Answering Performance and Duplicate Calls
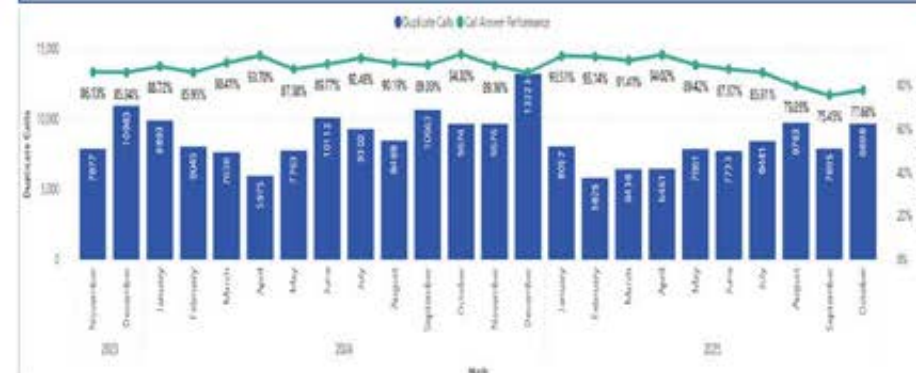
- **October 2025** has seen an increase in demand levels of 10% when compared with October 2024. The call answer demand into EAC for 2025.26 Financial Year to date has an increase of 0.9% when compared with Financial Year 2024.25.

- **October 2025** saw an average of 684 '999' calls per day being answered by EAC which is an increase from 625 calls per day in October 2024.

- **Call Answering performance** increased in October from the expected outturn position. **October 2025 call answering performance was 78%** for the month, compared with **October 2024** where it was **94%**.

- **Duplicate Calls** increased in **October 2025** at 9,698 which is an increase of 0.25% when compared with **October 2024**.

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Northern Ireland Ambulance Service
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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
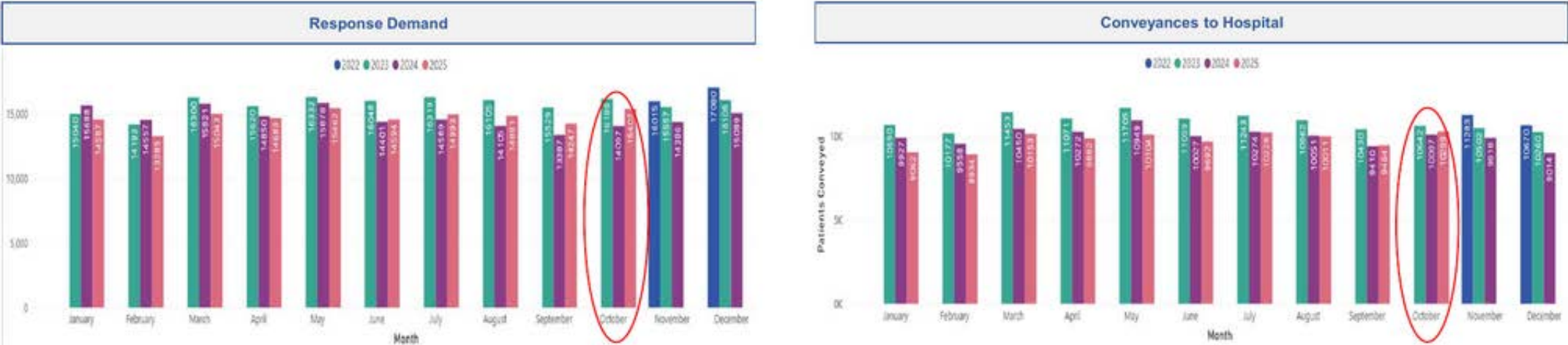
- **October 2025** has seen an increase in Incident levels of 9.3% when compared with October 2024. The incident demand for 2025.26 Financial Year to date is very similar <2.9% increase when compared with Financial Year 2024.25.

- **October 2025** saw an average of 497 incidents per day requiring an ambulance clinical response.

- **October 2025** conveyances increased by 2% when compared with October 2024. The numbers of patients conveyed to hospital 2025.26 Financial Year to date has also decreased by 2.0% compared with Financial Year 2024.25.

- **October 2025,** saw an average of 332 patients conveyed to hospital per day.

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| Our Patients | 999 Response Time Performance | Response Times Scorecard |

Latest Month	Oct-25

		Current Performance			Benchmarking (Latest Month)		
	Target	**Latest Month**	**YTD (from April)**	**Rolling 12 Month**	**National Data**	**Best in Class**	**Ranking (out of 12)**
Category 1 response - Mean	8 Minutes	00:12:16	00:12:18	00:12:16	00:08:01	00:06:15	12
Category 1 response - 90th Centile	15 Minutes	00:23:29	00:22:59	00:23:09	00:14:18	00:11:01	12
Category 1T response - Mean	19 Minutes	00:15:04	00:15:10	00:15:29	00:09:45	00:06:58	12
Category 1T response - 90th Centile	30 Minutes	00:28:26	00:28:00	00:29:05	00:17:35	00:12:04	12
Category 2 response - Mean	18 Minutes	01:17:56	01:10:02	01:09:58	00:32:37	00:21:14	12
Category 2 response - 90th Centile	40 Minutes	02:57:09	02:37:41	02:37:45	01:07:19	00:41:29	12
Category 3 response - Mean	Not a target	02:51:07	02:25:03	02:26:47	02:04:01	00:58:39	10
Category 3 response - 90th Centile	2 Hours	08:08:23	06:40:20	06:39:10	04:53:07	02:15:22	11
Category 4 response - Mean	Not a target	02:19:29	02:16:14	02:03:06	02:35:15	01:19:11	5
Category 4 response - 90th Centile	3 Hours	04:13:24	03:07:02	03:30:14	06:12:34	03:02:06	1

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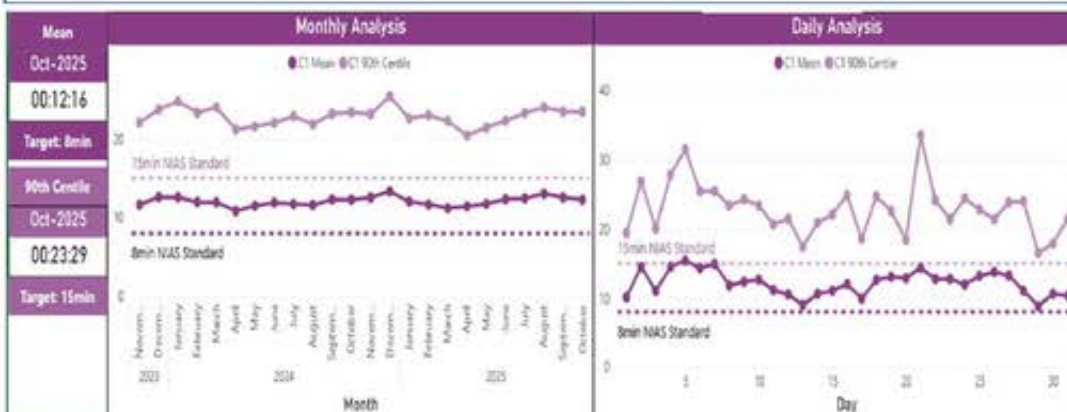**Health and Social Care Trust**

| 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

| Mean |
| Oct-2025 |
| 00:12:16 |
| Target: 8min |
| 90th Centile |
| Oct-2025 |
| 00:23:29 |
| Target: 15min |

CATEGORY 2 Performance

| Mean |
| Oct-2025 |
| 01:17:56 |
| Target: 18min |
| 90th Centile |
| Oct-2025 |
| 02:57:09 |
| Target: 40mis |

Category 1
- October 2025 Category 1 mean response time was 12 minutes 16 seconds; while the Category 1 90th centile was 23 minutes 29 seconds.
- October 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
- October 2025 Category 2 mean response time was 77 minutes 56 seconds; while the Category 2 90th centile was 2 hours 57 minutes.
- Both the Category 2 mean and 90th centile response times remained challenging through October 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.
    - Releasing 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

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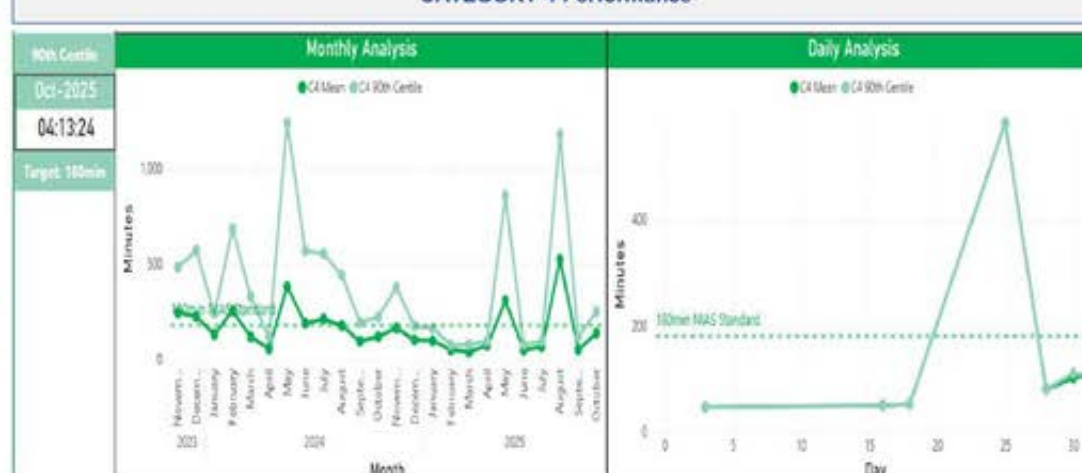| Our Patients | 999 Response Time Performance | Response Times |

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

CATEGORY 3 Performance — Monthly Analysis / Daily Analysis

90th Centile: Oct-2025 — 08:08:23 — Target: 120min

CATEGORY 4 Performance — Monthly Analysis / Daily Analysis

90th Centile: Oct-2025 — 04:13:24 — Target: 180min

Category 3
- October 2025 Category 3 mean response time was 2 hours 51 mins; while the Category 3 90th centile was 8 hours 08 minutes, **over 6 hours above target.**
- As outlined in the previous slide, category 3 response times are impacted by the same root causes.

Category 4
- October 2025 Category 4 mean response time was 2hrs 19 minutes; while the Category 4 90th centile was 3 hours 43 minutes – however 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.

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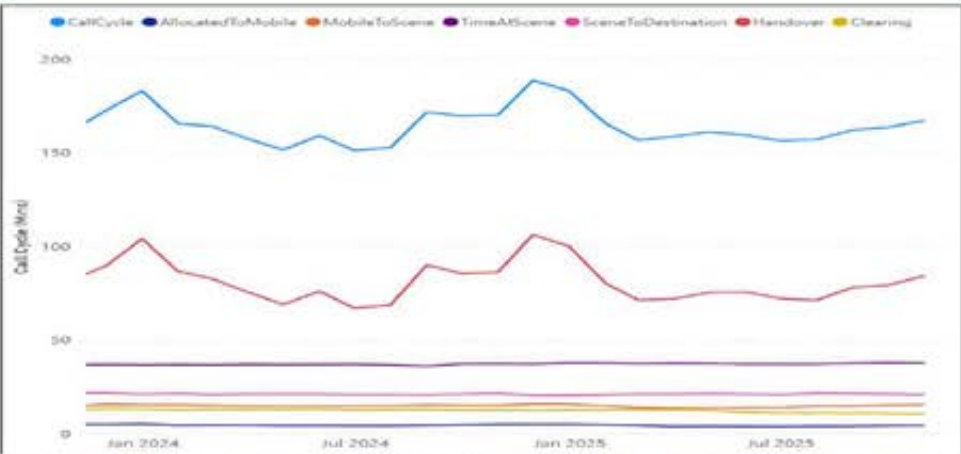**Health and Social Care Trust**

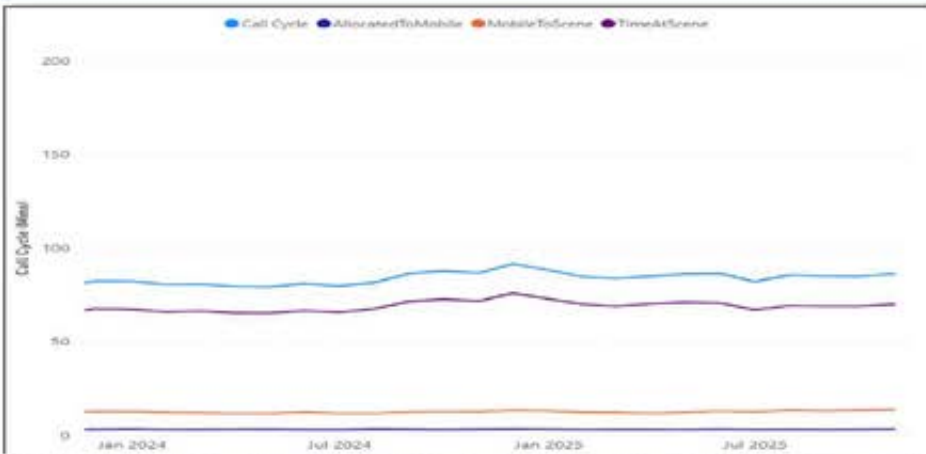| Our Patients | 999 Response Time Performance | Emergency Job Cycle Times |

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 Job Cycle Times | Non-Conveyed Job Cycle Times |

Conveyed Average Job Cycle Times
- October 2025 Conveyed average job cycle time was 2 hours 43 mins (163mins), when compared with October 2024 the average job cycle time was 2 hours 49mins (169mins).
- The 2025.26 YTD conveyed average job cycle time is 2 hours 39mins , whilst in 2024.25 the average job cycle time was 2 hours 39mins. Showing consistent performance year-on-year.

Non-Conveyed Average Job Cycle Times
- October 2025 Non-Conveyed average job cycle time was 1 hour 25mins (85mins), when compared with October 2024 the average job cycle time was similar at 1 hours 26mins (86mins).
- The 2025.26 YTD Non-Conveyed average job cycle time is 1 hour 25mins, whilst in 2024.25 the average job cycle time was 1 hours 22mins. This is an increase of 3 mins between the two periods.

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Our Patients	999 Response Time Performance	Late Finishes

Staff finishing their shift on time is a key health and wellbeing metric.

Below is an analysis of the late finishes experienced by our staff in the Emergency tier.

- **33.7% of shifts ended in a late finish**. This is a decline of 0.5 percentage points from the September 2025 position and similar to the baseline year (FY 2024/25) overall position (33.4%).

- The **average late finish duration was 1 hour 10 minutes** – a slight decrease of <1 minute from the previous month's performance and similar to the baseline 2024/25 position. Since reporting commenced in May 2025, the median late finish duration has remained at 1 hour. This is the same as the 2024/25 baseline position.

- **Total of 833 compensatory rest hours** because of late finishes. This is 25 hours more than the baseline 24/25 performance of 808 hours.

- **North Division** has the highest proportion of late finishes (35.31%) for October 2025 followed by East (20.61%) and South Divisions (17.28%).

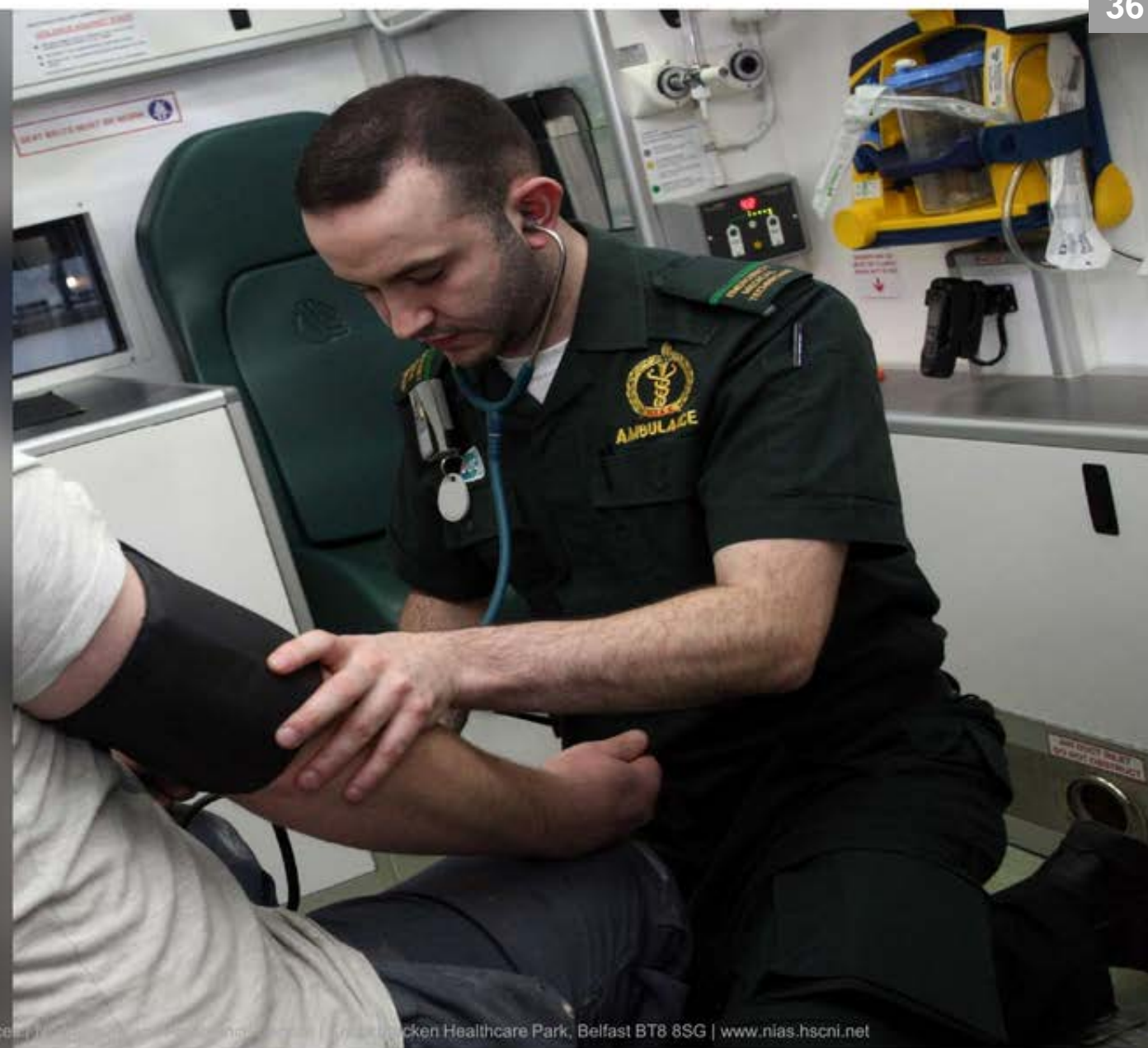**HSC** Northern Ireland Ambulance Service
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Our Patients	Operational Performance	Actions to Improve Performance

- 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 has been 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

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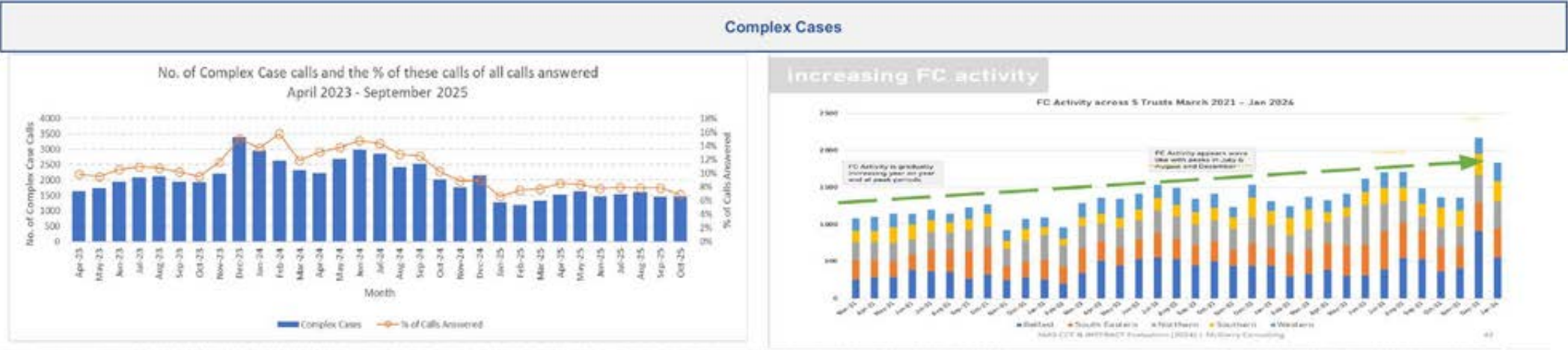Health and Social Care Trust

Clinical Performance

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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

Complex Cases

No. of Complex Case calls and the % of these calls of all calls answered
April 2023 - September 2025

Increasing FC activity

FC Activity across 5 Trusts March 2021 – Jan 2024

October 2025 saw Complex Case calls at 7% of all the calls answered within the control room, a total of 1,465 calls were made by complex cases.

When comparing **October 2025**, there was a **27% decrease** in activity from these service users than the activity in **October 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.

Northern Ireland Ambulance Service
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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

Clinical Hear & Treat

Monthly Hear and Treat %

Clinical See & Treat

Monthly See & Treat %

October 2025 saw the Clinical Hear and Treat rate fell short of target at 5.82%, 725 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 9.6% in October 2025

Clinical H&T for 2025.26 YTD outturn position is 8.27%, the total Hear & Treat rate YTD is 10.24%

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%.

October 2025 Clinical See & Treat rate was 11.6%, whilst the total See & Treat rate for the trust is 25.4%. Work is ongoing to work with Trusts to improve performance with See & Treat.

Clinical See & Treat for 2025.26 YTD outturn position is 11.18%, the total See & Treat rate YTD is 25.1%

The Acute Ambulatory Unit has recently opened within the Causeway Hospital 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%.

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| 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

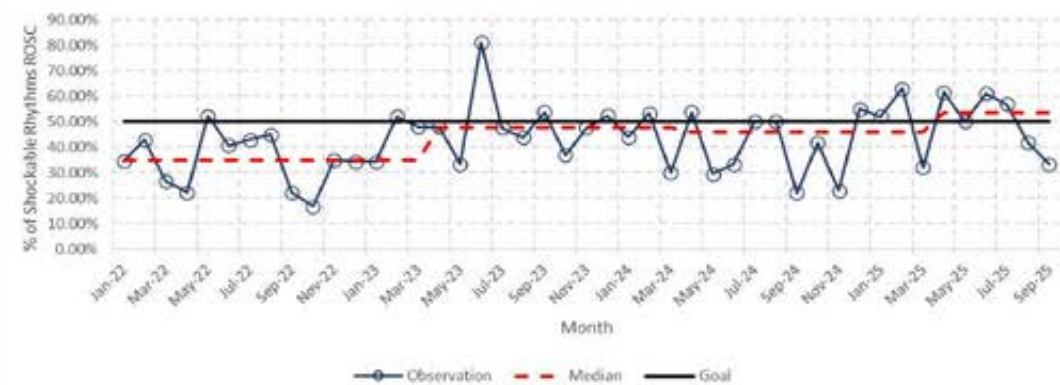### ROSC Percentage of OHCA for all Workable Arrests

NIAS Percentage of OHCA All Workable Arrests ROSC
January 2022 - September 2025

ROSC Percentage of OHCA for Shockable Rhythms

NIAS Percentage of OHCA Shockable Rhythms ROSC
January 2022 - September 2025
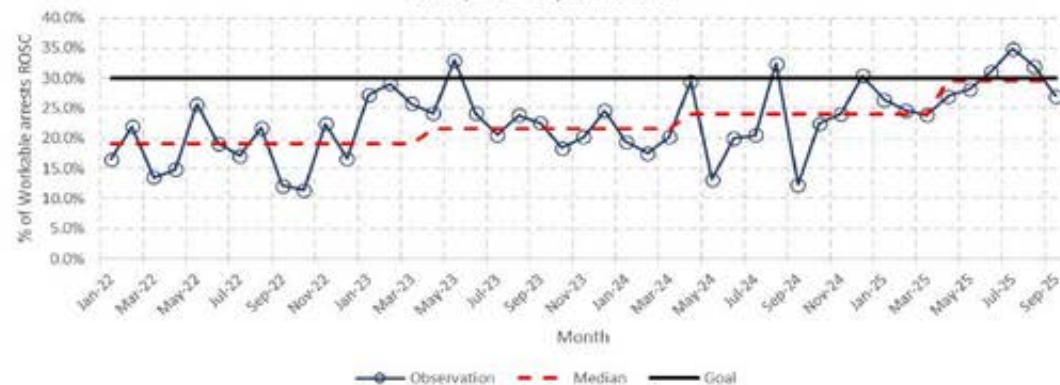
- The goal of 30% is taken from benchmarking other UK trusts. The **Median** for **YTD 2025.26** is **29.6%**
- This graph demonstrates a shift in the median of ROSC onwards from 16.9% in 2022, to 22.54% in 2023 and 21.24% in 2024.
- The impact of annual education delivery from across 2024 and 2025, 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.
- The variance experienced in the latter half of 2024 is attributed to slower response times, as patients remain shockable for less than 10mins post arrest.
- 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 **53.4%**
- 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.

Northern Ireland Ambulance Service
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| 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
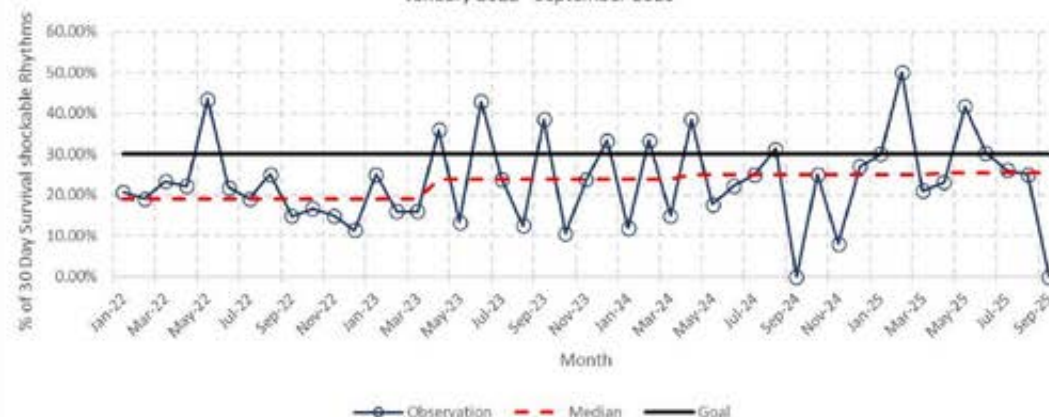
OHCA 30-day Survival

NIAS Percentage of OHCA 30 Day Survival
January 2022 - September 2025

OCHA 30-day Survival Shockable Rhythms

NIAS Percentage of OHCA 30 Day Survival for Shockable Rhythms
January 2022 - September 2025
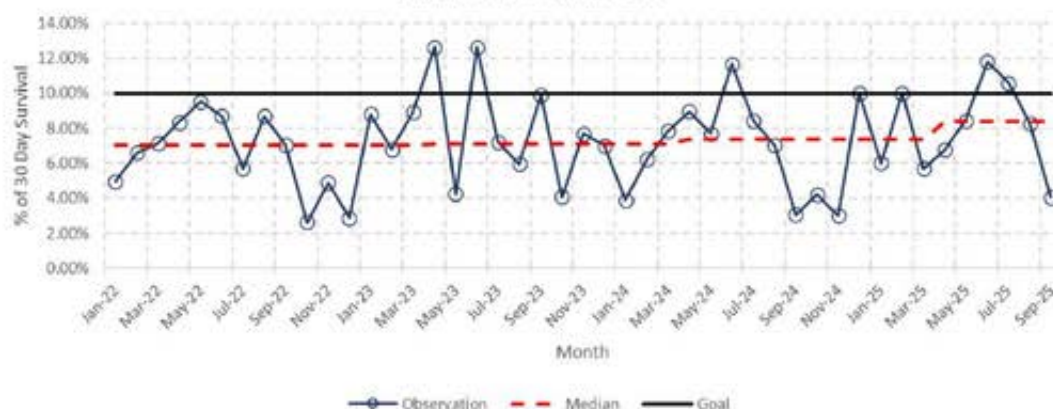
- The goal of 10% survival is taken from benchmarking other UK ambulance trusts outcome performance. The **Median** for **YTD 2025.26** is **8.4%**
- There is an increase in survival from 5% in 2022, to 6.8% in 2023 and 6.7% in 2024
- A positive development for the initial years of the improvement programme and onwards trajectory to a minimum of 10% is the focus for the next two years.
- In 2024 a new checklist has been developed to support on scene support for patients with a cardiac arrest

- 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. This is attributed to varying response times. For every minute without CPR and defibrillation, the chance of survival decreases by about 10%.
- 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 **25.5%**
- Ongoing work is analysing who to ensure there is consistency with these outcomes and we optimise all opportunities to increase survival.

Northern Ireland Ambulance Service
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| 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

ePCR Compliance

Trust Compliance with EPCR usage

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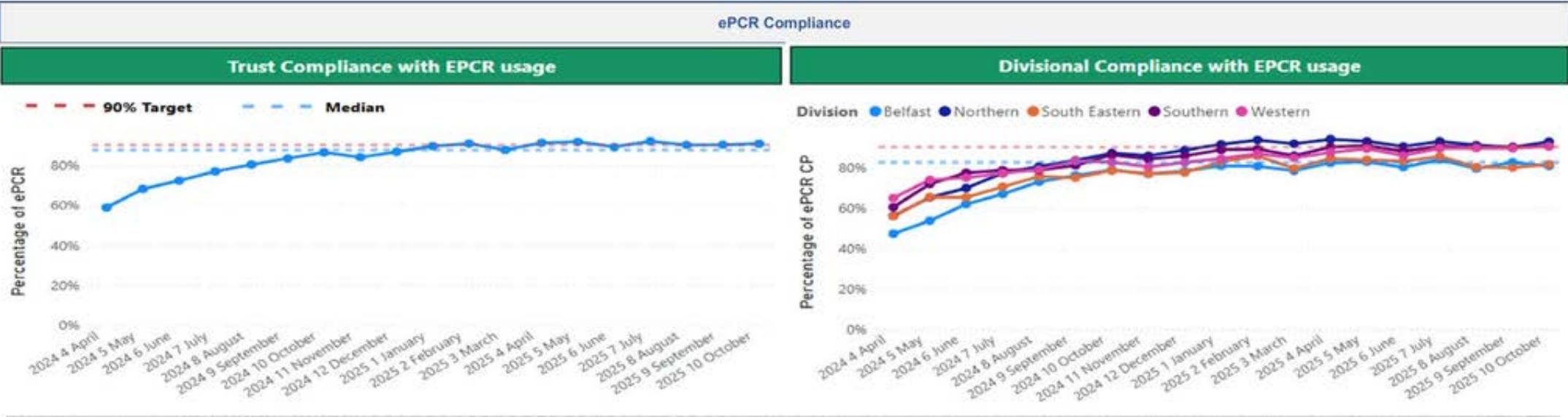
The chart demonstrates the progress made across the organisation with the uptake of ePCR usage across the Trust.

October 2025 compliance across the trust is **91%** against an internal trust standard of 95%. Q2 2025.26, all divisions are showing ePCR compliance in excess of 80% compliance.

Financial Year 2025.26 compliance within the Trust is **90%** 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.

Northern Ireland Ambulance Service
Health and Social Care 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
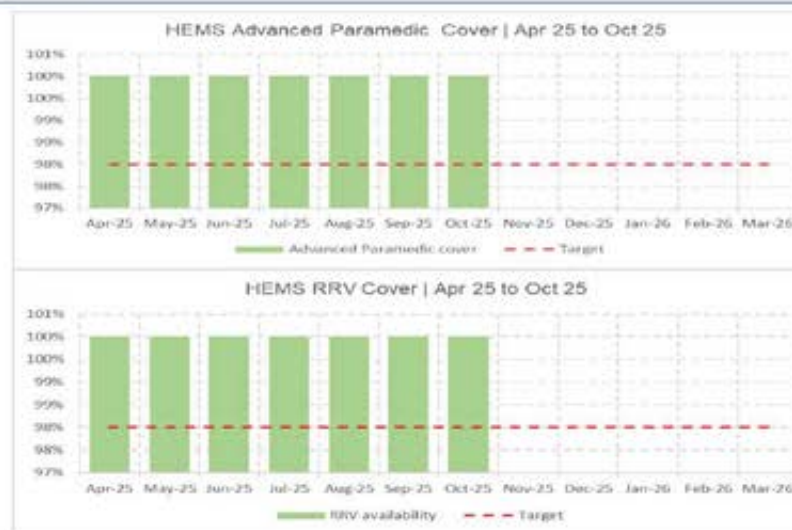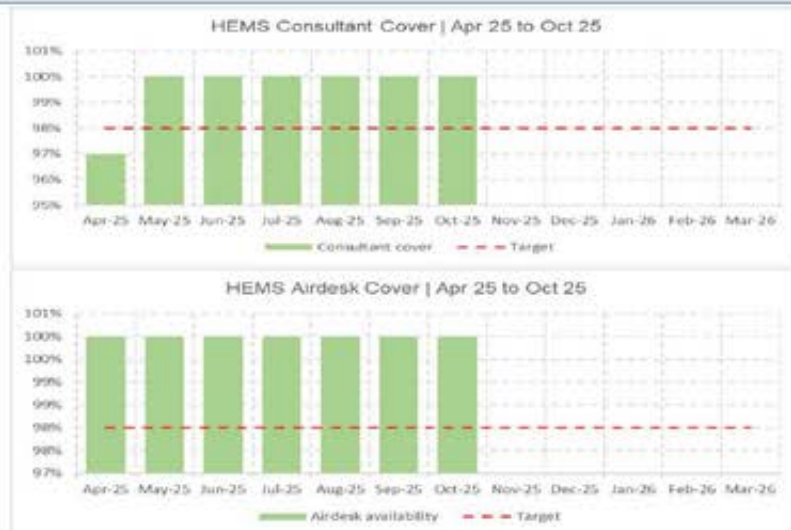
The Helicopter Emergency Service has a target of 98% cover for all the elements that make up the service.

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 in now implemented to support crews with clinical decision making and alterative pathways for suitable patients.

- Key focus pathways to support the wider HSC system for 2025.26 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 2025.26 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

Northern Ireland Ambulance Service
Health and Social Care Trust

Directorate of Planning, Performance & Corporate Services | Northern Ireland Ambulance Service

Northern Ireland Ambulance Service
Health and Social Care Trust

| 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

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	15478	15477	14405	93.07%	7426	47.98%	27,180.05	120.09
CRAIGAVON AREA	14585	14584	13520	92.70%	5959	40.86%	20,660.66	90.73
CAUSEWAY	6853	6853	6525	95.21%	3096	45.18%	9,484.82	97.83
ANTRIM AREA	18230	18229	17196	94.33%	6176	33.88%	21,549.62	85.72
ROYAL GROUP	23841	23841	22115	92.76%	10798	45.29%	24,857.09	77.20
ALTNAGELVIN	13301	13299	12658	95.17%	5417	40.73%	12,020.87	69.01
DAISYHILL	6508	6508	6134	94.25%	1896	29.13%	4,711.36	58.21
SOUTH WEST	7549	7549	7119	94.30%	2146	28.43%	4,779.16	52.73
MATER	5792	5792	5218	90.09%	1298	22.41%	3,495.79	50.85
BELFAST CITY	478	478	374	78.24%	19	3.97%	101.13	26.63
RBSC	1304	1304	838	64.26%	58	4.45%	248.50	24.54
LAGAN VALLEY	828	828	553	66.79%	20	2.42%	147.02	24.24
DOWNE	386	386	257	66.58%	9	2.33%	57.82	22.68
Total	**115133**	**115128**	**106912**	**92.86%**	**44318**	**38.49%**	**129,302.91**	**82.08**

Total Time Lost (Hours) – Last 12 months

129,302.91
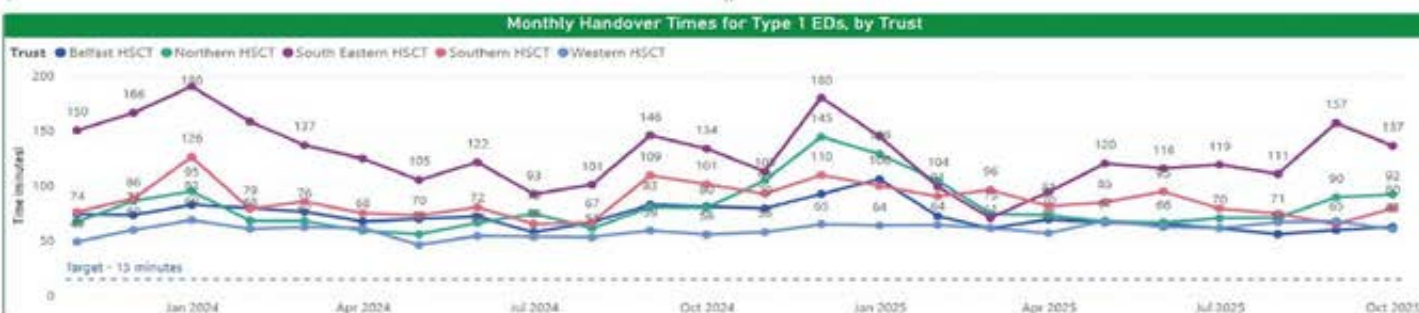
In October 2025, NIAS experienced a total of 11,264 lost hours. This is the equivalent of 30 shifts per day where crews are waiting with patients outside EDs; 26% of our planned capacity.

These lost hours were experienced from 9,409 instances where our crews waited longer than 15mins to handover their patient at ED. 4,052 handovers took longer than an hour in October 2025

In October 2025, >70% of the 11,264 lost hours occurred at the four ED sites listed below in order of hours lost:

- Ulster Hospital (2.7k hours; 94% > 15min; 53% > 1hr)
- Antrim Area (2.2k hours; 94% > 15min; 42% > 1hr)
- Royal Victoria Hospital (1.9k hours; 90% > 15mins;46% > 1hr)
- Craigavon Hospital (1.7k hours; 93% > 15min; 43% > 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 October 2025 is a decrease of 415 hrs or 3.6% from October 2024, whilst the number of instance of delayed handovers increased by 2% in the same period.

Monthly Handover Times

Monthly Handover Times for Type 1 EDs, by Trust

Trust: Belfast HSCT, Northern HSCT, South Eastern HSCT, Southern HSCT, Western HSCT

Northern Ireland Ambulance Service
Health and Social Care Trust

| 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	Q2 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%	32.0%
Northern	5.4%	7.2%	17.2%	17.3%	11.5%	11.1%	16.6%	20.7%	23.5%	18.9%	15.0%	19.0%
Southern	9.5%	18.8%	20.2%	21.6%	17.3%	17.5%	17.8%	25.5%	22.7%	20.4%	21.0%	17.0%
Western	2.8%	5.3%	8.1%	11.1%	6.8%	5.7%	6.5%	8.2%	9.2%	7.4%	9.0%	10.0%
Belfast	6.6%	9.8%	18.9%	20.1%	13.5%	14.6%	14.0%	23.9%	17.7%	16.7%	14.0%	10.0%
Region	8.8%	12.2%	19.2%	20.5%	15.0%	14.9%	16.1%	21.8%	19.2%	18.0%	16.0%	16.0%

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

- **Q2 2025.26** 2hr handovers have **decreased by 0.1%** when compared to **Q2 2024.25**
- **Q2 2025.26** 2hr handovers have **increased by 3.8%** compared with **Q2 2023.24**

Daily Number of Handover >2hrs across the Region | Jan 2024 - September 2025

Legend: —○— >2hrs delays · — Mean · ----- UCL · ----- LCL
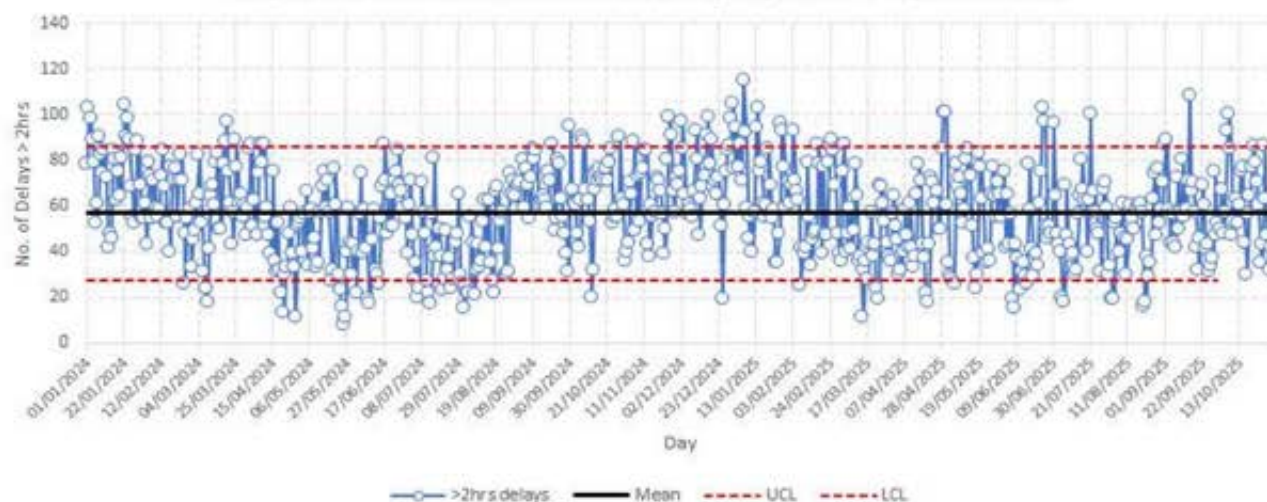
The chart to the left is a statistical Process Control (SPC) chart, outlining the variation in the handover process. Since March 23, the has been a step decline in the 2hr backstop performance.

The trust is now experiencing an average 57 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

Directorate of Planning, Performance & Corporate Services | Northern Ireland Ambulance Service | Knockbracken Healthcare Park

HSC Northern Ireland Ambulance Service
Health and Social Care Trust

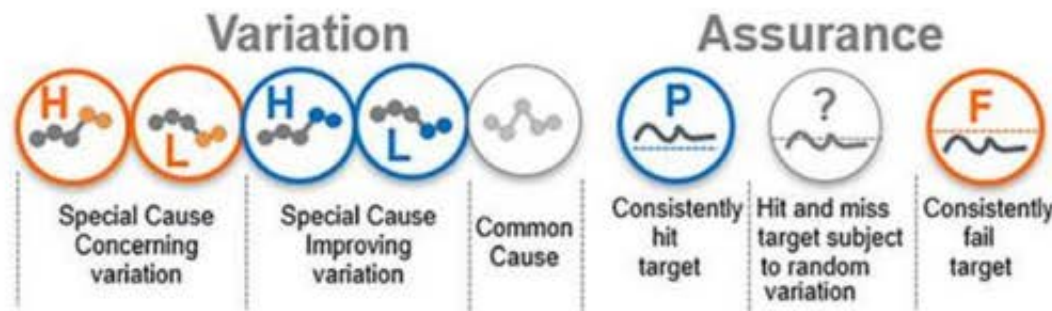| Our Patients	Non - Emergency Performance	Actions to improve Performance

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:

Variation

Special Cause Concerning variation	Special Cause Improving variation	Common Cause

Assurance

Consistently hit target	Hit and miss target subject to random variation	Consistently fail target

Northern Ireland Ambulance Service
Health and Social Care Trust

Variation   Assurance

| Our Patients | Non - Emergency Performance | Summary Sheet |

Improvement Summary/Actions

Improving variations are identified in 1 of the 7 measures this month. With 2 of the 7 measures experiencing **concerning variation**.

NB. Any Performance Data shown from March '25 to September '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.

Following engagement with the service, the KPIs around staffing levels and absences have been removed this month

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
KPI 1 Arrivals	Oct 25	46.33%	95.00%			42.91%	38.30%	47.51%
KPI 2 Departures	Oct 25	68.00%	95.00%			68.12%	61.30%	74.93%
PCS Journeys	Oct 25	6492	5750			5723	4654	6793
Cancellations	Oct 25	599	438			383	207	559
Loading Factor Outpatients	Oct 25	1.45	1.80			1.46	1.37	1.55
PCS Complaints	Oct 25	6	0			6	-3	15

Northern Ireland Ambulance Service
Health and Social Care Trust

Variation

Special Cause Concerning variation | Special Cause Improving variation | Common Cause

Assurance

Consistently hit target | Hit and miss target subject to random variation | Consistently fail target

| 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 improving variation with the last 9 data points being above the mean. With Oct'25 seeing 1,735 journeys arriving before or on the 60mins 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.
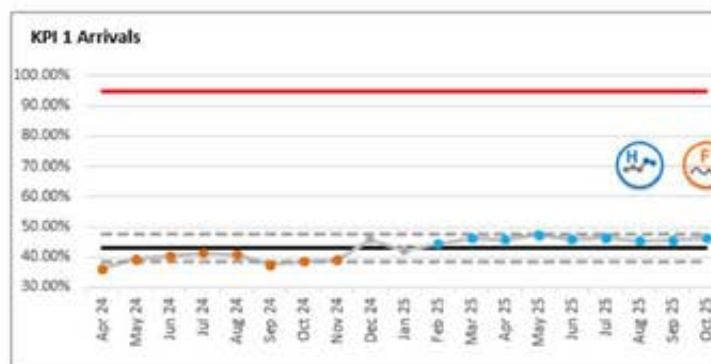
KPI 1 Arrivals

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 68% remains below the required level of 95% with common cause variation.

Note: KPI 1&2 25/26 data may have data qualify concerns due to data issues since implementation of the new CAD system.

KPI 2 Departures

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.
- Since Feb'25, cancellations have been steadily rising (concerning variation), with the months of July'25 and Sep'25 rising above the agreed target

Cancellations

Step Change — New Rota Lines
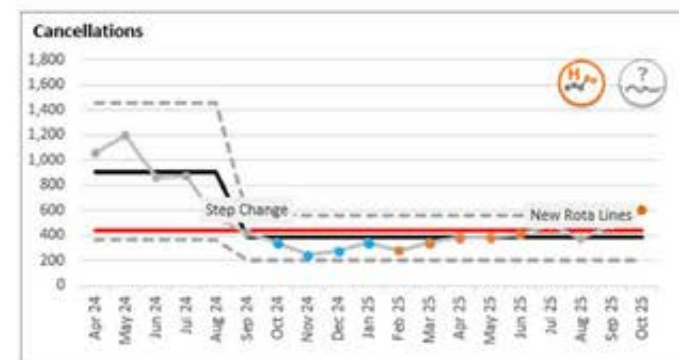
Complaints

- In Oct '25 6 complaints were received relating to Non-Emergency services, with the most common complaint (4) relating to non-arrival/non-provision of transport
- 2 of the 6 complaints have been resolved locally
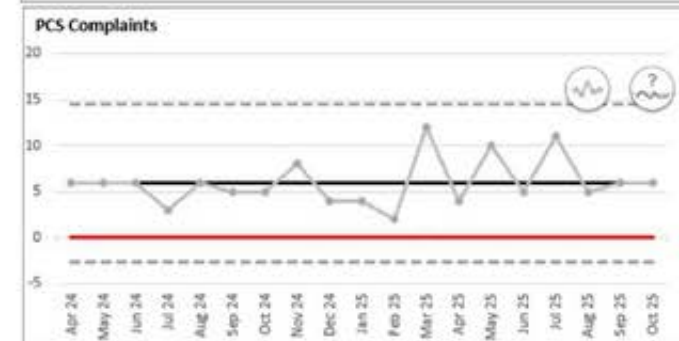
PCS Complaints

Northern Ireland Ambulance Service
Health and Social Care Trust

Our Patients → **Non-Emergency Performance**

Variation

Special Cause Concerning variation | Special Cause Improving variation | Common Cause

Assurance

Consistently hit target | Hit and miss target subject to random variation | Consistently fail target

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 Oct '25, 43% of the journeys were completed by a NIAS Ambulance and overall activity equalled 96% of demand compared to 98% in Oct '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.

Non Emergency Activity by Provision

14564   15248
14234   14649
6027   6492
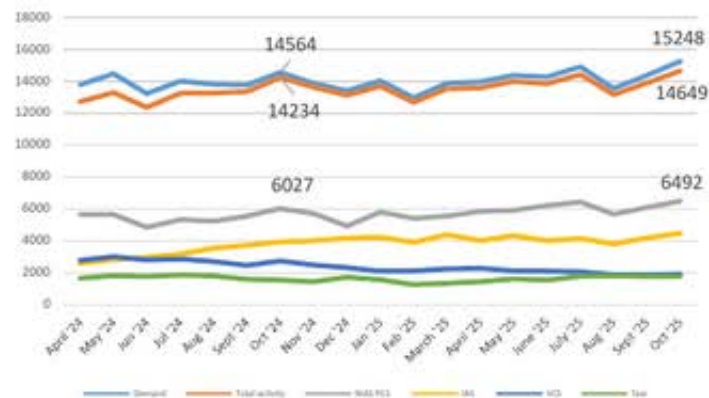
Non-emergency transport Journeys completed by PCS

- 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 for PCS efficiency has been set as 5% above the level achieved in 2024/25

- It is currently subject to 'hit and miss' as to whether the target will be reached

- This indicator is currently experiencing common cause variation
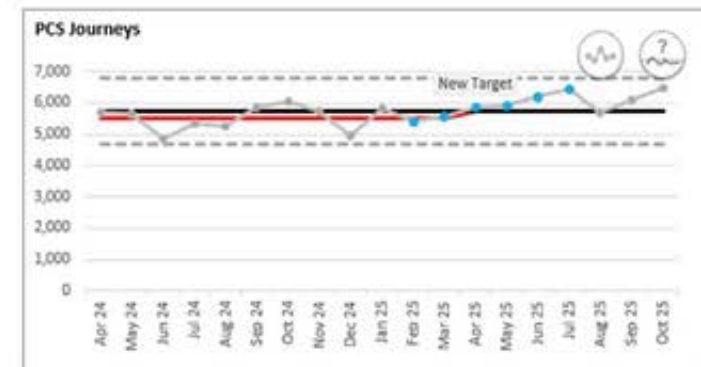
PCS Journeys

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.

- Oct '25 rate was 1.45 patients being facilitated per ambulance run.

- This measure is currently experiencing concerning variation with the last 8 data points running below the mean, in contrast to Q3 and Q4 of 24/25 that saw improving variation.
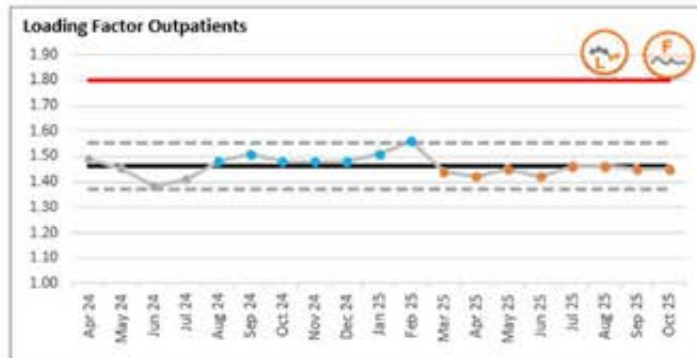
Loading Factor Outpatients

Independent Ambulance Performance

Northern Ireland Ambulance Service
Health and Social Care Trust

Directorate of Planning, Performance & Corporate Services

Northern Ireland Ambulance Service
Health and Social Care Trust

Variation

Special Cause Concerning variation | Special Cause Improving variation | Common Cause

Assurance

Consistently hit target | Hit and miss target subject to random variation | Consistently fail target
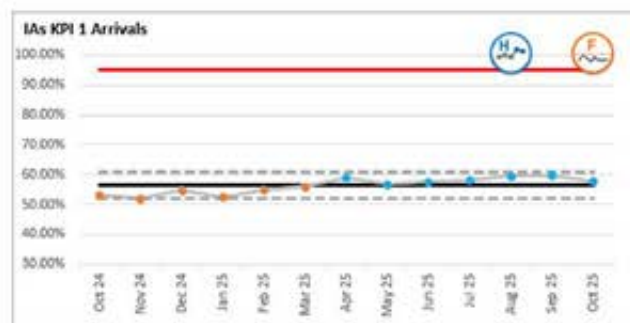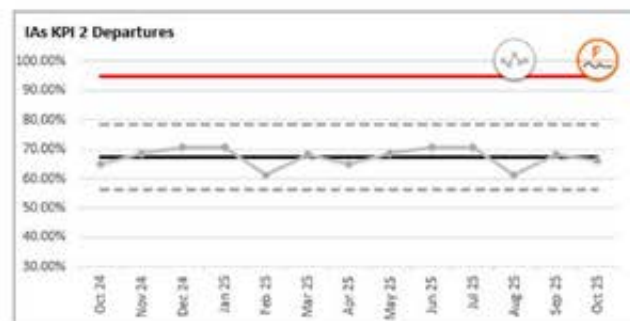
| Our Patients | Non-Emergency IAS Performance | Patient Experience |

KPI 1 - That 95% of inward journeys will arrive within the 60mins prior to an appointment time. Experiencing improving variation but consistently failing the target
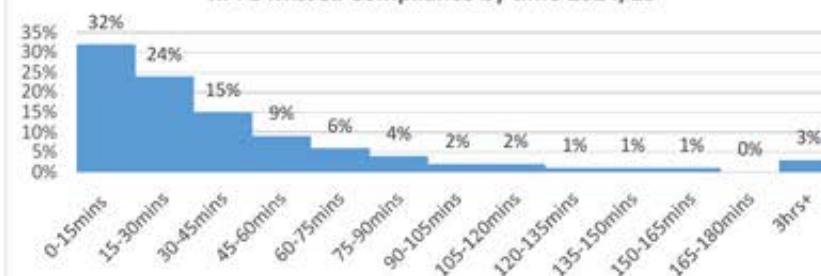
IAs KPI 1 Arrivals

KPI 2 - That 95% of outward journeys will start within 60 minutes of the patient being booked as ready by the clinic/hospital Experiencing common cause variation but consistently failing the target

IAs KPI 2 Departures

KPI 1 Missed Compliance by time 2024/25

KPI 2 Missed Compliance by Time 2024/25
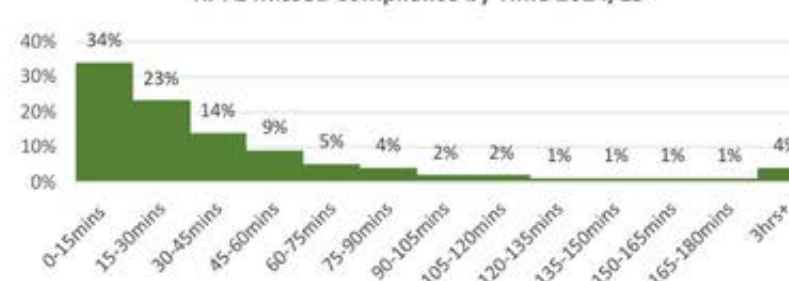
Analysis – 2024/25

- 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.

Data Quality Concern

Data dashboard only reports back to October 2024. Previously collected data by the Strategic Transformation Team is used to bridge data to April 2024. April 2025 onwards is verified by the BI team.

Northern Ireland Ambulance Service
Health and Social Care Trust

Variation

Special Cause Concerning variation | Special Cause Improving variation | Common Cause

Assurance

Consistently hit target | Hit and miss target subject to random variation | Consistently fail target

| Our Patients | Non-Emergency IAS Performance | Productivity Performance |

IAs Loading Factor

IAs Journeys per Shift

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
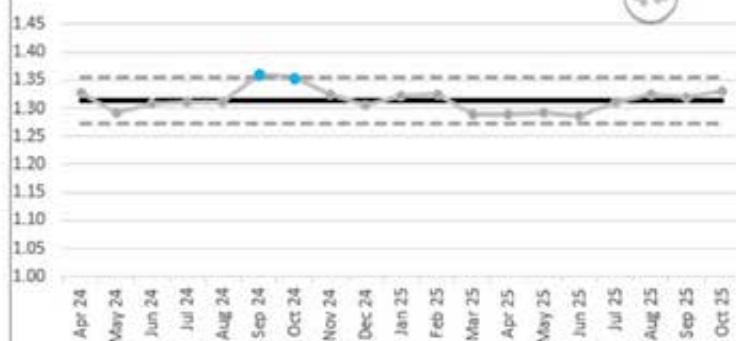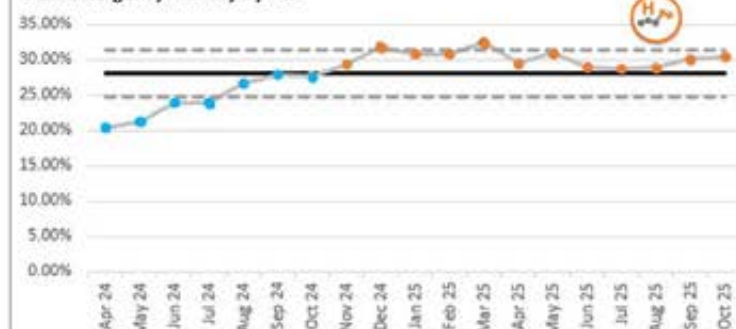
Non Emergency Activity by IAs
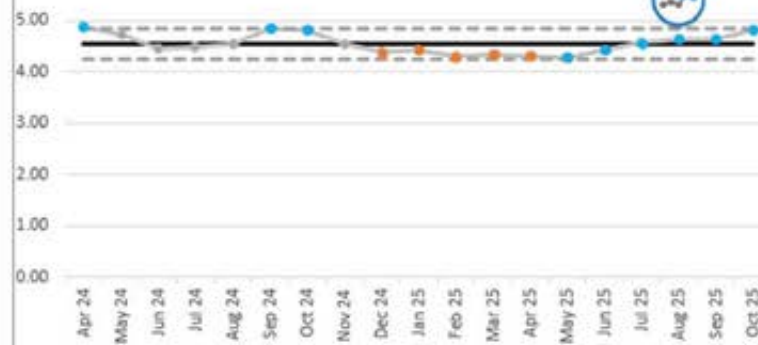
Activity and IAS Share

The proportion of non-emergency activity completed by Independent Ambulances is experiencing concerning variation with the last 12 data points being above the mean of 28%.

This has been primarily attributed to covering 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 Oct '25 IAS activity accounted for 30% of non emergency activity, compared to 28% in Oct '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. It is currently experiencing Improving variation with the last 6 data points improving

Patients Transported Per Run
This measure also known as loading factor follows a similar pattern as the journeys per shift measure. It is currently experiencing common cause variation

Northern Ireland Ambulance Service
Health and Social Care Trust

Service Quality and Our People

Directorate of Planning, Performance & Corporate Services | Northern Ireland Ambulance Service | Knockbracken Healthcare Park, Belfast BT8 8SG | www.nias.hscni.net

HSC Northern Ireland Ambulance Service Health and Social Care Trust

| Our Patients | SAIs & Complaints |

Serious Adverse Incidents

During October 2025 , the Trust reviewed 5 potential SAI's resulting in 3 notifications to SPPG.

There are currently 25 ongoing SAI's, all of which are being reviewed at Level 1. 18 of the 24 are currently overdue for submission.
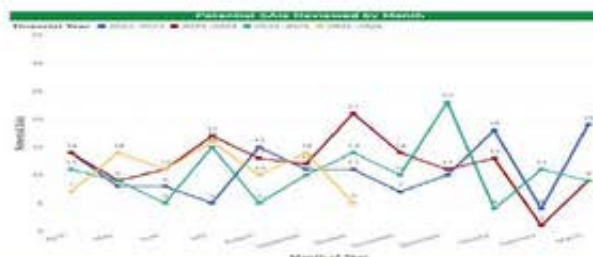
Themes

Early review of the 3 SAI's notified in October has identified the following themes:

- Delayed response out with standard
- Error with vehicle mapping/routing resulting in delayed response
- Spinal immobilization

Full review of all incidents is still ongoing which may result in identification of additional themes.

Timeliness of process

100% of SAI's were notified to SPPG within the 72 hour reporting timeframe, in line with agreed KPI's.

No SAI's were closed within October 2025 and the average time for completion of a Level 1 review remains at 19 weeks, which is out with the required completion time of 8 weeks. Work is continuing with all relevant Directorates to improve performance. SAI training is scheduled for January 2026 which will improve understanding of the SAI process and provide support to review officers.

Recommendations & Learning

No SAI's were closed within October 2025, therefore no new recommendations or actions were identified.

Implementation and evidencing of SAI recommendations remains an area of focus and to date we have completed and evidenced 96% of the outstanding SAI recommendations.

Of the remaining 4%, 2% have not yet reached their due date and are actively advancing.
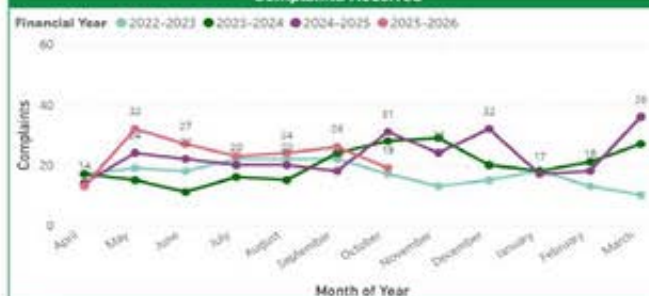
The remaining 2% have exceeded their due date and are currently being reviewed.

Complaints, Compliments & Care Opinion

During October 2025, **0 compliments**** & **19 complaints** were received and **0 NIPSO complaints** were accepted for investigation. (** The SUFT continues to work through the backlogs of compliments that have been received.)

Compliments Received not updated since June 2025 admin working on updating

Timeliness of Process

14 complaints were closed during October 2025.

At the end of October 2025, 49 complaints remained opened with the average number of days opened being 41 working days.

Trends &Learning: Of the 14 complaints closed, 64% were upheld/ partially upheld with some of the following learning outcomes identified: Acetech telemetry software specification review re accurately recording when lights/siren turned off; formal staff guidance for actions to take when patient not a scene (SCS&ECS); communication; ePRF quality, EOC call handling, and ICH protocol review for checking clinical signs of life.

Service Improvement Plans 2025/26

- 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.

Care Opinion

During October 2025, 7 stories were submitted via Care Opinion. By 3rd of Nov these stories were viewed 697 times. The main areas of feedback were:

➤ What's good – Staff/ kindness/ treatment
➤ Improvements – advice
➤ Feelings – Appreciative/ Safe/ cared for

Northern Ireland Ambulance Service
Health and Social Care Trust

Our Patients | **Safeguarding Education, Training and Referrals**

Safeguarding & Welfare Referrals
- Referral rates have continued to show sustained growth (^30%) throughout 2025.
- At present, there is insufficient data to provide a comprehensive analysis of quarter three; however, data from quarters one and two continue to demonstrate sustained increases in referrals and case activity.

Workload & resourcing
- We continue to experience significant challenges in maintaining service delivery amid increased demand and limited staffing infrastructure. This ongoing pressure impacts both timeliness and capacity for case management and development work.

Digital pathway & referral management
- Progress on establishing a digital pathway and case management system remains paused. To date, no available platform has met the specific operational and governance needs of the service. However, some potential options have been identified for further exploration and enquiry in the coming period.

Themes
- The thematic profile of safeguarding activity remains broadly consistent with previous months.
- One new domestic homicide review request have been received during this period.
- The management of complex children's cases continues to present challenges due to the absence of appropriate digital and staffing infrastructure to support consistent oversight and coordination.

Collaborative working
- The safeguarding and complex case team have planned and coordinated the first joint visit to a shared service user. This marks an encouraging step towards enhanced integration, improved communication and a unified approach to case management and efficient use of ambulance services.

Total Number of Safeguarding Referrals May 24 - Oct 25

Legend: Total No. of Referrals — Median

Safeguarding Education
- The NIAS Safeguarding Training & Education Strategy has now concluded its second year of implementation with a total of 755 staff having attended face-to-face education.
- Two additional courses are scheduled to take place over the Winter months to accommodate approximately 50 newly recruited staff as part of their induction programme.
- Planning is required to orchestrate Level 3 education for the ACA cohort, ensuring appropriate access and alignment with wider safeguarding competency frameworks.
- Progress on the Level ½ e-learning package has been delayed, as current staffing capacity does not allow this workstream to be advanced at present.

Northern Ireland Ambulance Service
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Our People	Absence	Sickness

The monthly sickness absence rates for 25/26 have seen a gradual increase each month. The monthly figure of 11.11% being reported for October 2025, is also a 1.06% increase compared to the same reporting period last year (October 2024). The cumulative total absence figure of 9.92% to October 2025, however; shows a reduction against a cumulative figure of 10.68% reported for the same period in October 2024. The October 25 monthly figure (11.11%) has decreased from September 25 (11.53%). The figures indicate an increase in long-term absence rates across most operational divisions since July 25, which is impacting on NIAS overall cumulative figure of 9.92%, which is above the Trust's target (9.53%) for the year.

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.

From the Top 50 long-term absentees in the reporting period, for September, 12 of the long-term absentees returned to work. There are 4 employees who are on long-term sick leave at various stages of the ill health retirement process. There are 3 staff members who have been either temporarily or permanently redeployed. Finally, there are 29 employees who will remain on long-term sick.

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.

Top 5 Sickness Categories 2025/26*	
Mental Health	31.49%
Accident/Untoward Incident	11.38%
Injury, Fracture	10.20%
Back Problems	7.51%
Miscellaneous	7.12%

* Accounts for 67.70% of absence
\# Miscellaneous includes General Debility (1.02%); Hospital Investigations (1.18%); Post Surgical Debility (3.74%); Post Viral Fatigue (1.19%); Chronic Fatigue (0.00%)

Mental Health Reasons	
Stress	14.26%
Stress-Work Related	8.10%
Grief/Bereavement	4.63%
Anxiety	2.33%
Other Mental Health	1.59%
Panic attacks	0.00%
Insomnia	0.46%
Depression	0.13%

Sickness absence due to mental health reasons continues to present the highest reason for absence with a figure of 31.49% for the reporting period, with stress and work-related stress accounting for 14.26% and 8.10% 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.

	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						9.92% ↑						
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%	9.71%	9.92%					
4.1	Cumulative % hours lost (25/26) Short-Term	2.19%	2.13%	2.05%	1.91%	1.88%	1.91%	1.93%					
4.2	Cumulative % hours lost (25/26) Long-Term	6.34%	6.72%	6.94%	7.14%	7.47%	7.81%	7.99%					
5.	Monthly % hours lost (25/26) Total	8.53%	9.17%	9.30%	9.21%	10.57%	11.53%	11.11%					
6.	Average standard working days lost/employee/month	1.82	1.95	1.89	2.04	2.14	2.44	2.41					
7.	Average estimated cost per month (£'000)	£609	£633	£628	£632	£729	£845	£768					

↑ 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.

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TRUST BOARD

PRESENTATION OF PAPER

Date of Trust Board:	11 December 2025
Title of paper:	Month 6 Finance Report – September 2025
Brief summary:	Background The SPF committee have requested a more detailed Finance Report than that presented to SMT on a Monthly basis. The month 6 report, therefore, includes additional information on Capital as well as detailed Directorate budget information. In addition, a slide has been included regarding the contingency and a Frontline expenditure slide has replaced the information on Overtime and Independent Ambulance Providers. Recommendation; TB are asked to: • note the total funding allocation as at September 2025 is £133.462m and incudes assumed funding of £15.200m and projected income of £2.029m. • note for period ending September 2025, the Trust is reporting year-to-date (YTD) expenditure of £66.627m, resulting in a year-to-date overspend of £0.413m when compared to the profiled budget. • note the Trust has to achieve £3.475m of savings in 2025-26 and that this savings target has been included within the current 2025-26 financial plan. • note that as at September 2025, the Capital Resource Limit (CRL) allocation for 2025-26 is £6.181m.

	• note that NIAS is currently forecasting a break-even position at the end of the financial year for both revenue and capital. • note that a forecast exercise is ongoing.
Recommendation:	**For Approval** ☐ **For Noting** ☒ *Click the appropriate box*
Previous forum:	SLT 18 November 2025 / SPF Committee 27 November 2025
Prepared and presented by: **Date:**	William Abernethy, Wendy McVeigh Leahann Donnelly – Director of Finance (Interim) 2 December 2025

NIAS Finance Report

September 2025 (Month 6)

Northern Ireland Ambulance Service
Health and Social Care Trust

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* Executive Summary
* Financial Performance – September 2025 (Month 6)
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* YTD Variances (>£50k)
* Expenditure Trends
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* Contingency Allocation
* Capital Resource Limit
* Prompt Payment of Invoices
* Statutory Financial Performance Targets
* Annex A – Detailed Directorate Reports

HSC Northern Ireland Ambulance Service
Health and Social Care Trust

Executive Summary

* As at September 2025, the Trust has received a funding allocation from SPPG of £116.233m (inclusive of £0.104m from PHA and net of £2.475m of savings).

* At this stage of the financial year there is an assumed funding number of £15.200m. This funding includes £14.336m in relation to the Workforce Plan, which will be included in the confirmed funding allocation once the Business Cases have been approved. The remaining assumed funding allocation relates to Ulster University students and Paramedic Educators £0.864m.

* 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 £2.029m.

* As such, Directorate budgets have been updated to reflect total funding of £133.462m. This is a decrease of £(0.080)m on the month 5 allocation of £133.542m. The decrease relates to a reduction in funding for R&D (initially assumed full year, but only receiving for 4 months).

* As the year progresses, the total funding position may change once final allocation and income figures are confirmed.

HSC Northern Ireland Ambulance Service
Health and Social Care Trust

Financial Performance September 2025 (Month 6)

* For period ending September 2025, the Trust is reporting year-to-date (YTD) expenditure of £66.627m, resulting in a year-to-date overspend of £(0.413)m when compared to the profiled budget. A summary of each Directorate's position is included on the next slide.

* The overspend compared to budget is driven by the expenditure in Operations, which is £(1.151)m over budget and offset by the slippage of £0.738m from the other directorates. Prior to Month 6, there was sufficient slippage in other NIAS Directorates to absorb the Operations overspend (Operations over spend of £(0.733)m offset by total £0.737m under spend at Month 5). However, this slippage reduced in Month 6, resulting in an overall Trust overspend of £(0.418)m.

* The Operations overspend of £(1.151)m is largely driven by the total spend for Frontline pay, Overtime spend, and IAS being over budget for the 6 months to September 2025.

* There is a forecast exercise ongoing to ensure that NIAS achieves break- even by the end of the financial year. This exercise will consider year to date expenditure, variances to budget and forecast to the year end for each directorate to ensure the Trust lives within the funding allocation.

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Health and Social Care Trust

Summary of Directorate Positions

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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	(48)	113	65	669	9%	1,455	1,455	0
Director of Finance	72	7	79	1,063	7%	2,299	2,299	0
Director of Human Resources	66	119	185	1,231	13%	2,850	2,850	0
Medical Director	(33)	3	(30)	309	-11%	558	558	0
Clinical Director	105	138	243	6,661	4%	14,847	14,847	0
Director of Safety, Qual & Imp	32	17	49	1,553	3%	3,192	3,192	0
Director Of Plan, Perf & Corp Services	(90)	237	147	4,354	3%	9,113	9,113	0
Director of Operations	944	(2,095)	(1,151)	50,787	-2%	99,191	99,191	0
Operations HQ	(6)	88	82	1,847	4%	4,393	4,393	0
Unscheduled Care	520	(38)	483	36,512	1%	74,437	74,437	0
Scheduled Care	430	(158)	272	7,115	4%	14,758	14,758	0
Independent Ambulance Service		(1,987)	(1,987)	5,313	-60%	5,603	5,603	0
Revenue Total	1,048	(1,461)	(413)	66,627	-0.6%	133,505	133,505	0
Contingency			0			173	173	0
Contingency - GRS Allocation			0			183	183	0
Other Income			0			(400)	(400)	0
NIAS Total	1,048	(1,461)	(413)	66,627		133,462	133,462	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 are discussed with Directors at monthly finance meetings.

*   Detailed Directorate budget information is attached in Annex A.

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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). Also, lower AACE costs in 2025/26 compared to projected requirements.
* **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 extension Business Case.
* **PPCS** – underspend in relation to Minor Schemes £75k (timing of invoice receipts, plan in place to utilise these funds before the year end); Fleet Management £85k (vehicle maintenance underspend, and £30k for Ceremonial Uniforms yet to be invoiced); Planning, Performance and Corporate Services £56k (timing of costs in relation to BSO management fee, and £30k PWC costs), and IT cost centre underspend £34k.
* **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.
* **Scheduled Care** – increasing vehicle maintenance costs due to older fleet, and taxis costs.
* **Independent Ambulance Service** - increased spend due to increased activity. Partially offset by frontline vacancies. A detailed review of the pay bill, overtime and the use of the IAS is underway to understand the variance and to develop a plan to ensure the Trust lives within the budget allocation (see slide 8).

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Expenditure Trends

Monthly Expenditure £
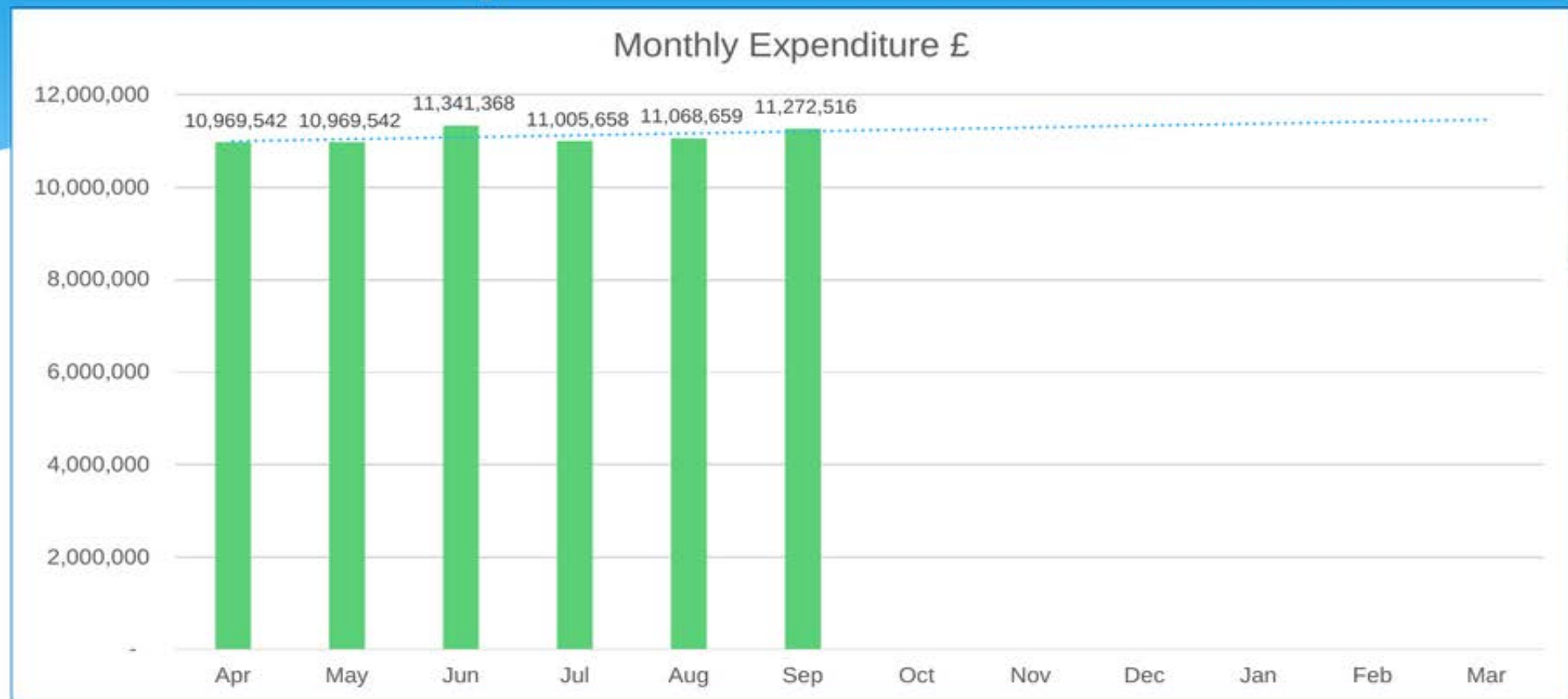
- * YTD expenditure is averaging £11.105m a month (month 1 and month 2 have been split equally as year-end-accounts were prioritised over month end work at this time).
- * Monthly finance meetings have been held with Directorates to discuss year-to-date performance and to identify any areas that need investigating. There is also an ongoing forecast exercise which will consider year to date expenditure, variances to budget and full year forecasts will be updated for each directorate to ensure the Trust lives within the funding allocation.

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Frontline Expenditure

The chart below provides year-to-date cumulative spend for Frontline Operations (Basic Pay, Overtime and IAS) versus budget
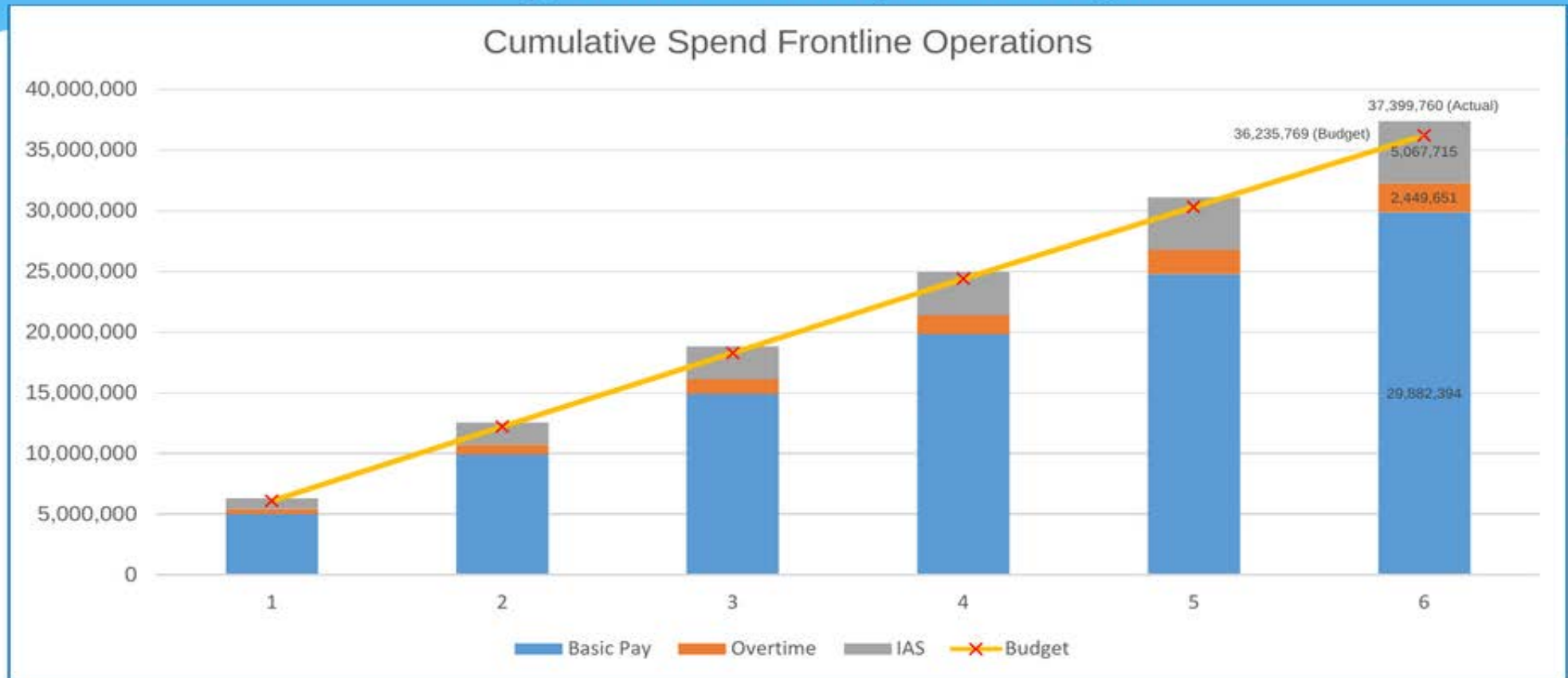
* Overall Frontline Operations is showing an overspend to budget of £1.164m year-to-date.

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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
GRS Migration	-183
Current Balance	173

As part of the ongoing forecast exercise, all directorates have been asked to identify all inescapable pressures over and above their allocated budget. Upon completion of this information gathering exercise, the pressures identified will be considered together with the forecast information to ensure the appropriate allocation of the remaining contingency amount.

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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 financial plan to deliver a breakeven position for 2025-26.

* In October 2025, £0.250m for ICT Small Projects was transferred to BSO as this funding relates to the Small Business Research Initiative (SBRI) which is managed by BSO for all Trusts. The Trust's CRL allocation will be reduced to reflect this budget transfer.

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Capital Resource Limit

Description	Confirmed CRL & Pending Adjustments £k	Revised Forecast Spend £k	Total Spend to Date £k	(Over)/Under Revised Forecast £k
Fleet	5,450			
A&E Chassis x 23		1,097	0	1,097
A&E Conversion x 23		2,031	0	2,031
PCS Chassis x 22		589	0	589
PCS Conversion x 22		972	0	972
Car Chassis x 11		284	0	284
Car Conversion x 14		318	0	318
NISTAR Conversion x 1		71	0	71
Patient Handling & Lifting Equipment		29	0	29
HART Conversion		60	0	60
Estates	250			
2025-26 Strabane Modular		250	193	57
Backlog Maintenance	125			
Foyle Villa - Second floor refurb for IT Team		125	0	125
Total Fleet & Estate	**5,825**	**5,825**	**193**	**5,632**
Specific ICT	60			
Dual port Emulex 32GB FC Cards (VM environment)		15	16	(1)
Laptops and peripherals		25	24	1
ICT		15	0	15
ICT hardware		5	0	5
Total Specific ICT	**60**	**60**	**40**	**20**
Research & Development	46			
Research Support		46	0	46
Total Research & Development	**46**	**46**	**0**	**46**
ICT Small Projects	250			
Dynamic Resource Optimisation		250	0	250
Total ICT Small Projects	**250**	**250**	**0**	**250**
Grand Total	**6,181**	**6,181**	**233**	**5,948**

* Capital meetings occur monthly to discuss year-to-date performance; to identify any areas that need investigating; and to discuss the full year forecast position with capital budget holders.

* The £0.250m for ICT Small Projects was transferred to BSO in October as this funding relates to the Small Business Research Initiative (SBRI) which is managed by BSO for all Trusts.

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Prompt Payment of Invoices

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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

Number	Final 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	3,848							19,988	
Total bills paid within 30 calendar days of receipt of undisputed invoice	3,396	2,876	2,863	3,833	2,775	3,726							19,469	
% bills paid on time 30 days	97.5%	97.3%	97.8%	98.0%	96.9%	96.8%							97.4%	>95%
Total bills paid within 10 working days (14 calendar days)	2,653	2,240	2,373	3,178	2,387	3,394							16,225	
% bills paid on time 10 days	76.2	75.8%	81.1%	81.2%	83.4%	88.2%							81.2%	>70%

Targets

30 days	>95%	>90%	<90%
10 days	>70%	>65%	<65%

Northern Ireland Ambulance Service
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N.I.A.S.

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Statutory financial performance targets The position outlined in this report, and the associated RAG status, is subject to several assumptions.	RAG status
Manage within allocated Revenue Resource Limit (RRL) / Achieve financial break-even	
For period ending September 2025, the Trust is reporting YTD expenditure of £66.627m. 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	0.500	1.000	0.00
Non-Frontline Vacancy Management	1.000	0.355	0.711	-0.29
Regional Control Centre savings due to vacancies	0.500	0.376	0.753	0.25
Patient Taxis / Ambulance Transport	0.325	0.054	0.325	0.00
Uniforms	0.150	0.099	0.182	0.03
Travel and Expenses	0.100	0.052	0.104	0.00
TOTAL ALLOCATED IN CP	3.075	1.437	3.075	0.00
Income	0.300	0.075	0.300	0.00
Sale of End-of-Life Vehicle	0.100	0.033	0.100	0.00
TOTAL OTHER INCOME	0.400	0.108	0.400	0.00
TOTAL	3.475	1.545	3.475	0.000

The savings plan will be closely monitored as the year progresses.

Prompt payment target-95% of suppliers within 30 days	

Cumulative performance is 97.4% for the period ended 30 September 2025.

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Annex A

Detailed Directorate Reports

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Chief Executive's Office Financial Performance – Month 6

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Nominals	CURRENT PERIOD			YTD			WHOLE TIME EQUIVALENT			FULL ALLOCATION
	BUDGET	ACTUALS	VARIANCE	BUDGET	ACTUALS	VARIANCE	BUDGET	ACTUALS	VARIANCE	
F4EXP000 - EXPENDITURE	127,755	116,657	11,097	734,106	669,491	64,615	9.00	7.00	2.00	1,454,553
F5NP0000 - NONPAYROLL	102,804	79,511	23,294	584,399	471,821	112,578	0.00	0.00	0.00	1,155,026
F6NP1000 - MEDICAL EQUIP & SUPPLIES	11	0	11	65	127	-62	0.00	0.00	0.00	129
F6NP2000 - ESTATE	74	0	73	442	0	441	0.00	0.00	0.00	883
F6NP3000 - IT & COMMS	38	-1	39	227	38	190	0.00	0.00	0.00	455
F6NP5000 - UNIFORMS & OFFICE EQUIP	140	0	140	839	0	839	0.00	0.00	0.00	1,677
F6NP6000 - TRAINING	929	0	929	5,574	810	4,764	0.00	0.00	0.00	11,147
F6NP7000 - TRAVEL & SUBSISTENCE	551	831	-281	3,303	1,304	1,999	0.00	0.00	0.00	6,607
F6NP8000 - LEGAL EXPENSES & OTHER SERVICE	101,063	78,680	22,382	573,950	469,542	104,408	0.00	0.00	0.00	1,134,127
F5PAY000 - PAYROLL	24,950	37,147	-12,197	149,706	197,670	-47,963	9.00	7.00	2.00	299,527
F6PAY300 - BOARD MEMBERS	17,326	22,015	-4,688	103,963	121,310	-17,346	7.00	7.00	0.00	208,006
F6PAY500 - ADMIN & CLERICAL	7,624	15,132	-7,508	45,743	76,360	-30,617	2.00	0.00	2.00	91,521

* Year to date for the Directorate there is an overall favourable variance of £65k, split £113k favourable variance for non-payroll and £(48)k adverse variance for payroll.

* Includes RCC.

* Established funding WTE is 9 compared to actuals 7 (7 substantive staff).

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Director of Finance
Financial Performance – Month 6

Nominals	CURRENT PERIOD			YTD			WHOLE TIME EQUIVALENT			FULL ALLOCATION
	BUDGET	ACTUALS	VARIANCE	BUDGET	ACTUALS	VARIANCE	BUDGET	ACTUALS	VARIANCE	
F4EXP000 - EXPENDITURE	190,359	183,508	6,852	1,142,164	1,063,077	79,087	24.22	16.06	8.16	2,299,276
F5NP0000 - NONPAYROLL	34,457	46,412	-11,955	206,741	199,788	6,953	0.00	0.00	0.00	427,856
F6NP1000 - MEDICAL EQUIP & SUPPLIES	608	0	608	3,648	0	3,648	0.00	0.00	0.00	7,296
F6NP2000 - ESTATE	1,906	2,975	-1,068	11,437	17,382	-5,945	0.00	0.00	0.00	22,874
F6NP3000 - IT & COMMS	365	406	-41	2,192	1,552	640	0.00	0.00	0.00	4,385
F6NP4000 - TRANSPORT	1,086	1,336	-250	6,517	7,523	-1,006	0.00	0.00	0.00	13,035
F6NP5000 - UNIFORMS & OFFICE EQUIP	3,046	836	2,210	18,278	961	17,318	0.00	0.00	0.00	36,557
F6NP6000 - TRAINING	80	0	80	479	0	479	0.00	0.00	0.00	958
F6NP7000 - TRAVEL & SUBSISTENCE	55	2,026	-1,971	331	1,975	-1,644	0.00	0.00	0.00	662
F6NP8000 - LEGAL EXPENSES & OTHER SERVICE	29,073	38,832	-9,760	174,435	170,395	4,041	0.00	0.00	0.00	348,871
F6NP9999 - NONPAY RESERVES L6	-1,763	0	-1,763	-10,578	0	-10,578	0.00	0.00	0.00	-6,781
F5PAY000 - PAYROLL	155,903	137,096	18,807	935,423	863,289	72,134	24.22	16.06	8.16	1,871,420
F6PAY300 - BOARD MEMBERS	9,318	9,315	3	55,912	56,448	-537	1.00	1.00	0.00	111,865
F6PAY400 - SENIOR MANAGERS	55,721	39,694	16,027	334,328	301,072	33,256	8.00	3.00	5.00	668,921
F6PAY500 - ADMIN & CLERICAL	55,864	53,291	2,573	335,183	329,365	5,818	15.22	12.06	3.16	670,634
F6PAY700 - GEN PAYROLL	35,000	34,796	204	210,000	187,039	22,961	0.00	0.00	0.00	420,000
F6PAY999 - PAYROLL RESERVES L6	0	0	0	0	-10,636	10,636	0.00	0.00	0.00	0

* Year to date for the Directorate there is an overall favourable variance of £79k, split £7k favourable variance for non-payroll and £72k favourable variance for payroll.

* Includes year-to-date savings target of £(21)k.

* Established funding WTE is 24.22 compared to actuals 19.8 (16.1 substantive staff and 3.7 agency staff).

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Director of Human Resources Financial Performance – Month 6

Nominals	CURRENT PERIOD			YTD			WHOLE TIME EQUIVALENT			FULL ALLOCATION
	BUDGET	ACTUALS	VARIANCE	BUDGET	ACTUALS	VARIANCE	BUDGET	ACTUALS	VARIANCE	
F4EXP000 - EXPENDITURE	236,517	256,010	-19,493	1,415,644	1,230,602	185,042	39.00	28.61	10.39	2,849,972
F5NP0000 - NONPAYROLL	59,142	37,927	21,215	351,384	232,353	119,031	0.00	0.00	0.00	720,609
F6NP2000 - ESTATE	0	465	-465	0	465	-465	0.00	0.00	0.00	0
F6NP3000 - IT & COMMS	248	1,702	-1,455	1,487	1,832	-345	0.00	0.00	0.00	2,974
F6NP4000 - TRANSPORT	80	827	-746	483	4,446	-3,963	0.00	0.00	0.00	965
F6NP5000 - UNIFORMS & OFFICE EQUIP	163	140	23	976	166	810	0.00	0.00	0.00	1,952
F6NP6000 - TRAINING	1,294	573	721	7,763	4,706	3,057	0.00	0.00	0.00	15,526
F6NP7000 - TRAVEL & SUBSISTENCE	624	733	-110	3,743	2,016	1,726	0.00	0.00	0.00	7,485
F6NP8000 - LEGAL EXPENSES & OTHER SERVICE	56,733	33,487	23,247	336,933	218,721	118,212	0.00	0.00	0.00	677,333
F6NP9999 - NONPAY RESERVES L6	0	0	0	0	0	0	0.00	0.00	0.00	14,375
F5PAY000 - PAYROLL	177,375	218,083	-40,708	1,064,260	998,249	66,010	39.00	28.61	10.39	2,129,363
F6PAY100 - FRONT LINE STAFF	0	-44	44	0	0	0	0.00	0.00	0.00	0
F6PAY300 - BOARD MEMBERS	8,917	23,310	-14,393	53,502	64,853	-11,351	1.00	1.00	0.00	107,048
F6PAY400 - SENIOR MANAGERS	78,689	100,259	-21,571	472,139	409,869	62,269	12.00	10.00	2.00	944,648
F6PAY500 - ADMIN & CLERICAL	112,060	94,558	17,502	672,359	523,527	148,832	26.00	17.61	8.39	1,345,255
F6PAY999 - PAYROLL RESERVES L6	-22,290	0	-22,290	-133,740	0	-133,740	0.00	0.00	0.00	-267,588

* Year to date for the Directorate there is an overall favourable variance of £185k, split £119k favourable variance for non-payroll and £66k favourable variance for payroll.

* Includes year-to-date savings target of £(134)k.

* Established funding WTE is 39 compared to actuals 33.1 (28.6 substantive staff and 4.5 agency staff).

HSC Northern Ireland Ambulance Service
Health and Social Care Trust

Medical Director
Financial Performance – Month 6

Nominals	CURRENT PERIOD			YTD			WHOLE TIME EQUIVALENT			FULL ALLOCATION
	BUDGET	ACTUALS	VARIANCE	BUDGET	ACTUALS	VARIANCE	BUDGET	ACTUALS	VARIANCE	
⊟F4EXP000 - EXPENDITURE	46,946	53,876	-6,930	279,171	309,151	-29,980	6.20	5.80	0.40	558,066
⊟F5NP0000 - NONPAYROLL	1,707	667	1,040	7,742	4,510	3,232	0.00	0.00	0.00	14,984
⊞F6NP1000 - MEDICAL EQUIP & SUPPLIES	72	0	72	432	4	428	0.00	0.00	0.00	864
⊞F6NP2000 - ESTATE	6	0	6	36	0	36	0.00	0.00	0.00	72
⊞F6NP3000 - IT & COMMS	124	-28	152	744	31	713	0.00	0.00	0.00	1,488
⊞F6NP4000 - TRANSPORT	260	251	9	1,561	1,180	380	0.00	0.00	0.00	3,121
⊞F6NP5000 - UNIFORMS & OFFICE EQUIP	26	50	-24	157	50	107	0.00	0.00	0.00	313
⊞F6NP6000 - TRAINING	461	172	289	2,765	1,545	1,221	0.00	0.00	0.00	5,530
⊞F6NP7000 - TRAVEL & SUBSISTENCE	748	222	526	1,991	1,671	320	0.00	0.00	0.00	3,482
⊞F6NP8000 - LEGAL EXPENSES & OTHER SERVICE	10	0	10	57	29	28	0.00	0.00	0.00	114
⊟F5PAY000 - PAYROLL	45,239	53,209	-7,970	271,429	304,642	-33,213	6.20	5.80	0.40	543,082
⊞F6PAY100 - FRONT LINE STAFF	0	0	0	0	0	0	0.00	0.00	0.00	0
⊞F6PAY340 - CONSULTANTS	21,795	27,987	-6,192	130,763	160,162	-29,399	1.60	1.20	0.40	261,635
⊞F6PAY350 - P & T PAYROLL	13,253	14,160	-907	79,514	86,986	-7,472	2.60	2.60	0.00	159,095
⊞F6PAY400 - SENIOR MANAGERS	6,903	7,773	-870	41,417	37,752	3,666	1.00	1.00	0.00	82,868
⊞F6PAY500 - ADMIN & CLERICAL	3,289	3,290	-1	19,734	19,742	-8	1.00	1.00	0.00	39,485

* Year to date for the Directorate there is an overall adverse variance of £(30)k, split £3k favourable variance for non-payroll and £(33)k adverse variance for payroll.

* Established funding WTE is 6.2 compared to actuals 5.8 (5.8 substantive staff).

HSC Northern Ireland Ambulance Service
Health and Social Care Trust

Clinical Director
Financial Performance – Month 6

Nominals	CURRENT PERIOD			YTD			WHOLE TIME EQUIVALENT			FULL ALLOCATION
	BUDGET	ACTUALS	VARIANCE	BUDGET	ACTUALS	VARIANCE	BUDGET	ACTUALS	VARIANCE	
F4EXP000 - EXPENDITURE	1,156,099	1,169,842	-13,743	6,904,279	6,661,092	243,187	162.60	184.04	-21.44	14,846,810
F5NP0000 - NONPAYROLL	97,962	90,460	7,501	634,120	495,697	138,423	0.00	0.00	0.00	1,430,529
F6NP1000 - MEDICAL EQUIP & SUPPLIES	9,800	8,336	1,464	58,801	34,587	24,214	0.00	0.00	0.00	117,601
F6NP2000 - ESTATE	1,463	1,590	-127	8,780	9,539	-759	0.00	0.00	0.00	17,560
F6NP3000 - IT & COMMS	39,915	32,472	7,443	293,341	194,862	98,479	0.00	0.00	0.00	581,421
F6NP4000 - TRANSPORT	6,063	8,645	-2,583	47,376	72,069	-24,693	0.00	0.00	0.00	83,753
F6NP5000 - UNIFORMS & OFFCE EQUIP	3,042	3,103	-62	18,249	13,551	4,698	0.00	0.00	0.00	36,498
F6NP6000 - TRAINING	18,855	24,909	-6,054	135,628	96,744	38,884	0.00	0.00	0.00	431,787
F6NP7000 - TRAVEL & SUBSISTENCE	7,570	8,625	-1,055	34,420	28,296	6,124	0.00	0.00	0.00	90,840
F6NP8000 - LEGAL EXPENSES & OTHER SERVICE	14,401	2,780	11,621	56,408	46,048	10,361	0.00	0.00	0.00	106,164
F6NP9999 - NONPAY RESERVES L6	-3,147	0	-3,147	-18,884	0	-18,884	0.00	0.00	0.00	-35,094
F5PAY000 - PAYROLL	1,058,138	1,079,382	-21,244	6,270,158	6,165,395	104,764	162.60	184.04	-21.44	13,416,281
F6PAY100 - FRONT LINE STAFF	750,030	807,617	-57,586	4,528,440	4,402,321	126,119	112.00	143.54	-31.54	9,822,521
F6PAY200 - CONTROL	5,524	-67,696	73,220	33,143	-43,150	76,293	1.00	0.00	1.00	33,169
F6PAY340 - CONSULTANTS	31,161	50,952	-19,791	186,966	276,217	-89,251	0.60	0.00	0.60	383,082
F6PAY400 - SENIOR MANAGERS	236,428	214,743	21,685	1,184,505	1,139,005	45,500	31.00	27.50	3.50	2,503,018
F6PAY500 - ADMIN & CLERICAL	47,880	73,766	-25,886	414,415	391,002	23,413	18.00	13.00	5.00	829,176
F6PAY999 - PAYROLL RESERVES L6	-12,885	0	-12,885	-77,311	0	-77,311	0.00	0.00	0.00	-154,686

* Year to date for the Directorate there is an overall favourable variance of £243k, split £138k favourable variance for non-payroll and £105k favourable variance for payroll.

* Established funding WTE is 162.6 compared to actuals 188.84 (184.04 substantive staff and 4.8 agency staff).

* Actuals include 39.6 WTE Band 5 in the NIAS Training Centre that are not included in the Funded Establishment.

Northern Ireland Ambulance Service
Health and Social Care Trust

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Director of Safety, Qual and Imp Financial Performance – Month 6

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Nominals	CURRENT PERIOD			YTD			WHOLE TIME EQUIVALENT			FULL ALLOCATION
	BUDGET	ACTUALS	VARIANCE	BUDGET	ACTUALS	VARIANCE	BUDGET	ACTUALS	VARIANCE	
F4EXP000 - EXPENDITURE	264,884	290,983	-26,099	1,601,743	1,553,098	48,645	65.00	56.38	8.62	3,192,387
F5NP0000 - NONPAYROLL	8,621	12,542	-3,921	63,959	47,308	16,651	0.00	0.00	0.00	116,464
F6NP1000 - MEDICAL EQUIP & SUPPLIES	54	0	54	320	0	320	0.00	0.00	0.00	2,145
F6NP2000 - ESTATE	479	0	479	2,870	696	2,174	0.00	0.00	0.00	5,740
F6NP3000 - IT & COMMS	2,168	1,336	832	13,004	8,048	4,956	0.00	0.00	0.00	26,008
F6NP4000 - TRANSPORT	6	668	-662	36	3,932	-3,896	0.00	0.00	0.00	72
F6NP5000 - UNIFORMS & OFFICE EQUIP	430	24	406	2,582	2,001	581	0.00	0.00	0.00	5,164
F6NP6000 - TRAINING	686	5,000	-4,314	17,072	8,723	8,349	0.00	0.00	0.00	21,184
F6NP7000 - TRAVEL & SUBSISTENCE	4,826	4,489	338	27,248	19,666	7,582	0.00	0.00	0.00	54,496
F6NP8000 - LEGAL EXPENSES & OTHER SERVICE	1,284	1,026	258	8,702	4,242	4,460	0.00	0.00	0.00	17,404
F6NP9999 - NONPAY RESERVES L6	-1,312	0	-1,312	-7,875	0	-7,875	0.00	0.00	0.00	-15,750
F5PAY000 - PAYROLL	256,262	278,441	-22,178	1,537,784	1,505,789	31,995	65.00	56.38	8.62	3,075,924
F6PAY100 - FRONT LINE STAFF	0	0	0	0	13	-13	0.00	0.00	0.00	0
F6PAY200 - CONTROL	0	1	-1	0	127	-127	0.00	0.00	0.00	0
F6PAY300 - BOARD MEMBERS	10,256	11,413	-1,156	61,537	73,110	-11,574	1.00	1.00	0.00	123,123
F6PAY400 - SENIOR MANAGERS	75,092	69,882	5,210	450,554	413,199	37,354	12.00	10.92	1.08	901,463
F6PAY500 - ADMIN & CLERICAL	40,693	67,108	-26,415	244,161	285,711	-41,550	11.00	9.50	1.50	488,514
F6PAY750 - SUPPORT SERVICES	130,222	130,038	184	781,533	733,629	47,904	41.00	34.96	6.04	1,562,823

* Year to date for the Directorate there is an overall favourable variance of £49k, split £17k favourable variance for non-payroll and £32k favourable variance for payroll.

* Includes year-to-date savings target of £(8)k.

* Established funding WTE is 65 compared to actuals 60.31 (56.38 substantive staff and 3.93 agency staff).

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Director of Plan, Perf & Corp Services Financial Performance – Month 6

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Nominals	CURRENT PERIOD			YTD			WHOLE TIME EQUIVALENT			FULL ALLOCATION
	BUDGET	ACTUALS	VARIANCE	BUDGET	ACTUALS	VARIANCE	BUDGET	ACTUALS	VARIANCE	
F4EXP000 - EXPENDITURE	731,490	681,623	49,867	4,501,147	4,353,916	147,232	86.65	56.74	29.91	9,112,996
F5NP0000 - NONPAYROLL	323,079	229,745	93,333	2,050,680	1,813,816	236,864	0.00	0.00	0.00	4,210,102
F6NP1000 - MEDICAL EQUIP & SUPPLIES	9,167	576	8,591	55,000	9,305	45,695	0.00	0.00	0.00	110,260
F6NP2000 - ESTATE	54,574	-13,680	68,254	326,516	284,377	42,139	0.00	0.00	0.00	652,982
F6NP3000 - IT & COMMS	123,387	137,781	-14,394	970,922	930,912	40,010	0.00	0.00	0.00	2,069,309
F6NP4000 - TRANSPORT	66,907	68,371	-1,464	401,340	364,500	36,840	0.00	0.00	0.00	811,278
F6NP5000 - UNIFORMS & OFFICE EQUIP	1,561	6,915	-5,354	40,466	18,511	21,955	0.00	0.00	0.00	49,990
F6NP6000 - TRAINING	4,855	-1,541	6,396	14,621	38,547	-23,926	0.00	0.00	0.00	36,713
F6NP7000 - TRAVEL & SUBSISTENCE	4,693	4,093	600	14,452	14,287	165	0.00	0.00	0.00	26,083
F6NP8000 - LEGAL EXPENSES & OTHER SERVICE	57,934	27,231	30,703	227,363	153,377	73,986	0.00	0.00	0.00	453,487
F5PAY000 - PAYROLL	408,411	451,878	-43,466	2,450,467	2,540,099	-89,632	86.65	56.74	29.91	4,902,894
F6PAY100 - FRONT LINE STAFF	0	-231	231	0	1,428	-1,428	0.00	0.00	0.00	0
F6PAY200 - CONTROL	0	0	0	0	239	-239	0.00	0.00	0.00	0
F6PAY300 - BOARD MEMBERS	11,705	10,748	957	70,230	64,698	5,532	1.00	1.00	0.00	140,516
F6PAY400 - SENIOR MANAGERS	197,005	244,527	-47,522	1,182,036	1,213,455	-31,418	30.50	23.23	7.27	2,365,010
F6PAY500 - ADMIN & CLERICAL	194,973	172,258	22,715	1,169,836	1,136,162	33,674	50.15	30.51	19.64	2,340,614
F6PAY600 - MAINTENANCE	16,499	20,918	-4,419	98,991	107,057	-8,066	4.00	2.00	2.00	198,064
F6PAY750 - SUPPORT SERVICES	2,656	3,658	-1,002	15,936	17,061	-1,125	1.00	0.00	1.00	31,886
F6PAY999 - PAYROLL RESERVES L6	-14,427	0	-14,427	-86,563	0	-86,563	0.00	0.00	0.00	-173,195

* Year to date for the Directorate there is an overall favourable variance of £147k, split £237k favourable variance for non-payroll and £(90)k adverse variance for payroll.

* Includes year-to-date savings target of £(87)k.

* Established funding WTE is 86.65 compared to actuals 85.15 (56.74 substantive staff and 28.41 agency staff).

HSC Northern Ireland Ambulance Service Health and Social Care Trust

Operations Directorate

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* The Financial Performance for the Operations Directorate as at Month 6 is broken down over the following budget areas on the following slides:

* Operations HQ
* Unscheduled care
* Scheduled care
* Independent Ambulance Service

HSC Northern Ireland Ambulance Service
Health and Social Care Trust

Operations HQ
Financial Performance – Month 6

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Nominals	CURRENT PERIOD			YTD			WHOLE TIME EQUIVALENT			FULL ALLOCATION
	BUDGET	ACTUALS	VARIANCE	BUDGET	ACTUALS	VARIANCE	BUDGET	ACTUALS	VARIANCE	
F4EXP000 - EXPENDITURE	343,862	324,985	18,878	1,929,032	1,846,953	82,079	62.00	41.73	20.27	4,392,780
F5NP0000 - NONPAYROLL	64,859	44,394	20,465	318,588	230,603	87,985	0.00	0.00	0.00	761,030
F6NP1000 - MEDICAL EQUIP & SUPPLIES	13,130	11,178	1,952	78,780	63,330	15,450	0.00	0.00	0.00	157,561
F6NP2000 - ESTATE	17,305	4,653	12,652	59,256	33,549	25,707	0.00	0.00	0.00	163,087
F6NP3000 - IT & COMMS	15,690	5,709	9,981	44,141	22,513	21,628	0.00	0.00	0.00	81,573
F6NP4000 - TRANSPORT	11,515	17,333	-5,818	69,090	78,110	-9,021	0.00	0.00	0.00	138,179
F6NP5000 - UNIFORMS & OFFICE EQUIP	2,916	1,524	1,392	17,498	6,704	10,794	0.00	0.00	0.00	124,997
F6NP6000 - TRAINING	3,932	1,036	2,896	23,590	12,278	11,311	0.00	0.00	0.00	67,179
F6NP7000 - TRAVEL & SUBSISTENCE	1,387	1,774	-387	32,333	6,204	26,129	0.00	0.00	0.00	40,655
F6NP8000 - LEGAL EXPENSES & OTHER SERVICE	1,113	1,187	-73	6,679	7,913	-1,234	0.00	0.00	0.00	13,358
F6NP9999 - NONPAY RESERVES L6	-2,130	0	-2,130	-12,779	0	-12,779	0.00	0.00	0.00	-25,558
F5PAY000 - PAYROLL	279,004	280,591	-1,588	1,610,444	1,616,350	-5,906	62.00	41.73	20.27	3,631,750
F6PAY100 - FRONT LINE STAFF	148,252	141,503	6,749	889,507	855,845	33,662	32.00	18.80	13.20	2,125,743
F6PAY300 - BOARD MEMBERS	10,255	13,024	-2,768	61,530	82,951	-21,421	1.00	1.00	0.00	123,111
F6PAY400 - SENIOR MANAGERS	67,295	72,536	-5,240	340,207	365,890	-25,683	9.00	7.00	2.00	744,234
F6PAY500 - ADMIN & CLERICAL	68,302	53,529	14,773	409,801	311,664	98,137	20.00	14.93	5.07	819,939
F6PAY999 - PAYROLL RESERVES L6	-15,100	0	-15,100	-90,601	0	-90,601	0.00	0.00	0.00	-181,277

* Year to date for the Directorate there is an overall favourable variance of £82k, split £88k favourable variance for non-payroll and £(6)k adverse variance for payroll.

* Includes year-to-date savings target of £(91)k.

* Established funding WTE is 62 compared to actuals 43.6 (41.7 substantive staff and 1.8 agency staff).

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Health and Social Care Trust

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Financial Performance September 2025 (Month 6) – Unscheduled Care

Nominals	CURRENT PERIOD			YTD			WHOLE TIME EQUIVALENT			FULL ALLOCATION
	BUDGET	ACTUALS	VARIANCE	BUDGET	ACTUALS	VARIANCE	BUDGET	ACTUALS	VARIANCE	
F4EXP000 - EXPENDITURE	6,134,946	6,071,238	63,708	36,994,786	36,512,213	482,574	1,048.60	857.65	190.95	74,437,094
F5NP0000 - NONPAYROLL	763,436	785,239	-21,803	4,766,073	4,803,998	-37,925	0.00	0.00	0.00	9,346,693
F6NP1000 - MEDICAL EQUIP & SUPPLIES	215,731	226,557	-10,827	1,508,158	1,564,947	-56,789	0.00	0.00	0.00	2,802,541
F6NP2000 - ESTATE	167,332	161,864	5,468	1,003,992	920,368	83,624	0.00	0.00	0.00	2,007,985
F6NP3000 - IT & COMMS	104,180	73,715	30,465	596,758	529,769	66,990	0.00	0.00	0.00	1,221,836
F6NP4000 - TRANSPORT	228,215	271,043	-42,827	1,369,292	1,520,116	-150,824	0.00	0.00	0.00	2,738,585
F6NP5000 - UNIFORMS & OFFICE EQUIP	22,151	17,748	4,403	132,906	96,592	36,314	0.00	0.00	0.00	265,813
F6NP6000 - TRAINING	3,631	10,472	-6,840	21,788	31,871	-10,083	0.00	0.00	0.00	43,576
F6NP7000 - TRAVEL & SUBSISTENCE	9,868	6,805	3,063	59,206	44,145	15,061	0.00	0.00	0.00	118,412
F6NP8000 - LEGAL EXPENSES & OTHER SERVICE	19,023	17,037	1,986	114,135	96,189	17,946	0.00	0.00	0.00	228,273
F6NP9999 - NONPAY RESERVES L6	-6,694	0	-6,694	-40,164	0	-40,164	0.00	0.00	0.00	-80,327
F5PAY000 - PAYROLL	5,371,510	5,285,999	85,511	32,228,713	31,708,215	520,498	1,048.60	857.65	190.95	65,090,402
F6PAY100 - FRONT LINE STAFF	4,905,529	4,613,237	292,292	29,432,802	27,717,834	1,714,967	908.00	734.80	173.20	59,377,168
F6PAY200 - CONTROL	583,338	545,611	37,727	3,500,035	3,208,699	291,336	113.60	101.96	11.64	7,002,866
F6PAY340 - CONSULTANTS	0	0	0	0	15	-15	0.00	0.00	0.00	0
F6PAY400 - SENIOR MANAGERS	63,059	83,961	-20,902	378,366	514,250	-135,884	9.00	10.00	-1.00	757,024
F6PAY500 - ADMIN & CLERICAL	60,598	37,619	22,979	363,590	245,183	118,407	18.00	10.89	7.11	727,465
F6PAY750 - SUPPORT SERVICES	0	5,571	-5,571	0	22,233	-22,233	0.00	0.00	0.00	0
F6PAY999 - PAYROLL RESERVES L6	-241,014	0	-241,014	-1,446,079	0	-1,446,079	0.00	0.00	0.00	-2,774,122

* Year to date for the Directorate there is an overall favourable variance of £483k (split £(38)k adverse variance for non-payroll and £520k favourable variance for payroll).

* Includes savings targets for the year of £(2,921)k (under Payroll and Non-Payroll Reserves). Also includes a reserves number £66k in month 12 relating to the Operations Restructure, to be reallocated once posts being to be filled.

* Established funding WTE is 1,048.6 compared to actuals 857.65.61 for substantive staff.

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Financial Performance September 2025 (Month 6) – Scheduled Care

Nominals	CURRENT PERIOD			YTD			WHOLE TIME EQUIVALENT			FULL ALLOCATION
	BUDGET	ACTUALS	VARIANCE	BUDGET	ACTUALS	VARIANCE	BUDGET	ACTUALS	VARIANCE	
F4EXP000 - EXPENDITURE	1,227,791	1,311,209	-83,419	7,386,667	7,114,967	271,700	322.50	258.39	64.11	14,758,333
F5NP0000 - NONPAYROLL	202,720	317,835	-115,115	1,236,212	1,394,284	-158,071	0.00	0.00	0.00	2,452,534
F6NP1000 - MEDICAL EQUIP & SUPPLIES	228	-610	838	1,368	348	1,020	0.00	0.00	0.00	2,736
F6NP2000 - ESTATE	1,916	1,368	548	11,495	12,826	-1,330	0.00	0.00	0.00	22,991
F6NP3000 - IT & COMMS	3,697	-85	3,781	22,179	1,073	21,106	0.00	0.00	0.00	44,358
F6NP4000 - TRANSPORT	219,390	311,226	-91,836	1,316,337	1,343,304	-26,966	0.00	0.00	0.00	2,632,675
F6NP5000 - UNIFORMS & OFFICE EQUIP	7,436	2,444	4,992	44,617	14,686	29,931	0.00	0.00	0.00	89,235
F6NP6000 - TRAINING	440	156	284	2,640	2,291	349	0.00	0.00	0.00	5,280
F6NP7000 - TRAVEL & SUBSISTENCE	3,541	2,947	594	21,246	18,560	2,686	0.00	0.00	0.00	42,493
F6NP8000 - LEGAL EXPENSES & OTHER SERVICE	601	390	211	3,604	1,196	2,407	0.00	0.00	0.00	7,207
F6NP9999 - NONPAY RESERVES L6	-34,528	0	-34,528	-187,275	0	-187,275	0.00	0.00	0.00	-394,441
F5PAY000 - PAYROLL	1,025,070	993,374	31,696	6,150,454	5,720,683	429,771	322.50	258.39	64.11	12,305,800
F6PAY100 - FRONT LINE STAFF	1,008,438	832,531	175,906	6,050,651	4,876,523	1,174,128	285.50	223.76	61.74	12,106,121
F6PAY200 - CONTROL	126,595	127,083	-488	759,577	750,376	9,201	32.00	32.63	-0.63	1,519,756
F6PAY400 - SENIOR MANAGERS	12,143	6,445	5,698	72,857	38,683	34,174	2.00	1.00	1.00	145,772
F6PAY500 - ADMIN & CLERICAL	9,075	27,314	-18,239	54,451	55,100	-649	3.00	1.00	2.00	108,947
F6PAY999 - PAYROLL RESERVES L6	-131,181	0	-131,181	-787,082	0	-787,082	0.00	0.00	0.00	-1,574,796

* Year to date for the Directorate there is an overall favourable variance of £272k (split £(158)k adverse variance for non-payroll and £430k favourable variance for payroll).

* Includes savings targets for the year of £(1,969)k (under Payroll and Non-Payroll Reserves). This reflects budget transferred to Independent Ambulance Service, and to help NIAS meeting savings target.

* Established funding WTE is 322.5 compared to actuals 258.39 for substantive staff.

HSC Northern Ireland Ambulance Service
Health and Social Care Trust

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Financial Performance September 2025 (Month 6) – Independent Ambulance Service

Nominals	CURRENT PERIOD			YTD			WHOLE TIME EQUIVALENT			FULL ALLOCATION
	BUDGET	ACTUALS	VARIANCE	BUDGET	ACTUALS	VARIANCE	BUDGET	ACTUALS	VARIANCE	
F4EXP000 - EXPENDITURE	417,567	812,585	-395,018	3,325,705	5,312,724	-1,987,019	0.00	0.00	0.00	5,602,643
F5NP0000 - NONPAYROLL	417,567	812,585	-395,018	3,325,705	5,312,724	-1,987,019	0.00	0.00	0.00	5,602,643
F6NP4000 - TRANSPORT	417,567	812,585	-395,018	3,325,705	5,312,724	-1,987,019	0.00	0.00	0.00	5,602,643
F7NP4100 - VEHICLE EXPENSES	0	562	-562	0	1,594	-1,594	0.00	0.00	0.00	0
F7NP4200 - VOL CAR SERVICE	0	1,295	-1,295	0	15,115	-15,115	0.00	0.00	0.00	0
F7NP4300 - INDEPENDENT AMB PROVIDERS	417,567	810,728	-393,161	3,325,705	5,296,015	-1,970,310	0.00	0.00	0.00	5,602,643

* Year to date for the Directorate there is an overall adverse variance of £(1,987)k.

Northern Ireland Ambulance Service
Health and Social Care Trust

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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:	11.12.25
Title of paper:	Annual Quality Report
Brief summary:	This Annual Quality Report has been prepared by the NIAS QSI Directorate and the Corporate Communications Team to bring together all of the activities that have occurred within NIAS during the financial year 24/25 which have contributed to the quality of care and service that our patients have experienced and that our staff have delivered. The production of an Annual Quality Report (AQR) is a requirement for all HSC Trusts under the 5 headings of Transforming the Culture, Strengthening the Workforce, Measuring the Improvement, Raising the Standards and Integrating the Care. The report will be published on the 13.11.25, during World Quality Week, as per Department of Health requirements. In addition to the AQR to being a requirement for reporting, it is an opportunity to take a step back and to reflect on the quality of the care that is provided by NIAS to our patients and within our communities. However, to do this, the challenging situational and operational context for NIAS as the only regional HSC Trusts must be acknowledged, particularly our deteriorating performance across all call categories. Despite these challenges we remain committed working with our system partners to deliver high quality scheduled and unscheduled ambulance care across Northern Ireland.

	We are proud of this report, and of the individuals and the teams that have contributed to the work and projects that are taking quality forward within our service, for our staff, for our patients and for our community.
Recommendation:	For Approval ☐ For Noting ☒
Previous forum:	SLT 04.11.25 and PEQS 20.11.25
Prepared and presented by:	NIAS Corporate Communications Team Ann McQueen – Quality and Service Improvement Lead Ruth Finn – ADQSI Lynne Charlton – DQSI
Date:	03.12.25

Northern Ireland Ambulance Service
Health and Social Care Trust

Annual Quality Report
2024-2025

Foreword

It gives me great pride to present my first Annual Quality Report for 24/25, which provides a comprehensive overview of our commitment to delivering safe, effective, and compassionate care to the people of Northern Ireland. This past year has once again demonstrated the extraordinary dedication and resilience of our staff, who have continued to respond to the increasing and complex health needs of our communities with unwavering professionalism. This report is a testament to the hard work and tireless commitment of every member of our organisation—from our frontline clinicians and call handlers to our support staff and corporate teams. They are the essential backbone of our service, and their actions every day make a tangible and positive difference in the lives of those we serve.

In 2024/25, we have made significant advancements in both patient care and service modernisation. Our progress includes bolstering our emergency response model through the successful graduation of Associate Ambulance Practitioner (AAP) Cohort 16, which added 23 new Emergency Medical Technicians (EMTs). We have also strategically expanded our Integrated Clinical Hub to five sites, enhancing our "hear and treat" and "see and treat" capabilities and supporting patients to access the most appropriate care pathway. These initiatives, along with improved safeguarding arrangements, represent tangible clinical progress.

Our strategic investment in new technologies, such as our updated Computer-Aided Dispatch (CAD) system, provides a modern and reliable platform that enhances our operational performance and aligns with our key quality objectives. This was complemented by our renewed focus on staff wellbeing and safety through the establishment of our dedicated Health and Wellbeing team, recognising that a healthy and supported workforce is foundational to delivering high-quality care. As a vital community partner, we continue to strengthen our partnerships with Community First Responders and other health and social care providers, reinforcing our role in building a more resilient and integrated system.

While we celebrate our progress, we also remain acutely aware of how our performance in all category calls has deteriorated. Delays at handing over patients at Emergency Departments has resulted in significant lost clinical hours for the service and directly constrains our capacity to deliver timely care, fundamentally impacting both our response times and the availability of resources for patients waiting in the community. This systemic issue poses a significant risk to patient safety and quality of care across the entire service and requires collaborative, system-wide solutions.

The pursuit of improvement is a continual and evolving journey. Our focus for the year ahead will be to build upon the foundations we have laid, ensuring that we learn and move forward.

I extend my sincere thanks to all our staff, our partners across the health and social care landscape, and the communities we serve. Your trust in us is the driving force behind our ambition, and I look forward to working together to deliver an even higher standard of care in the year ahead.

Maxine Paterson
Interim Chief Executive

OUR MISSION

TO CONSISTENTLY SHOW

COMPASSION
PROFESSIONALISM
&RESPECT

TO THE PATIENTS WE CARE FOR.

OUR VALUES

WORKING TOGETHER

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

EXCELLENCE

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

OPENNESS AND HONESTY

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

COMPASSION

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

02

Facts and Figures in 2024/25

CREWS DEPLOYED TO

160,481
INCIDENTS

232,142
CALLS ANSWERED

95%
OF CALLS WERE ANSWERED WITHIN 5 SECONDS

13,214
PATIENTS PROVIDED WITH ADVICE BY CONTROL ROOM AND CONTACT RESOLVED

1,400 STAFF

408 VOLUNTEER FIRST RESPONDERS

100 VOLUNTARY CAR SERVICE DRIVERS

115,966 PATIENTS
CONVEYED TO HOSPITAL

43 RAPID RESPONSE / OFFICER AMBULANCE CARS

450 COMPLIMENTS RECEIVED

116 DOUBLE CREWED EMERGENCY AMBULANCE VEHICLES

115 NON-EMERGENCY AMBULANCE VEHICLES

BUDGET

NIAS HAS AN ANNUAL BUDGET OF CIRCA £110M

FIVE OPERATING DIVISIONS

59 AMBULANCE STATIONS OR DEPLOYMENT POINTS

What is an Annual Quality Report?

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

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

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

1.Transforming the Culture -

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

2.Strengthening the Workforce -

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

3.Measuring the Improvement -

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

4.Raising the Standards -

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

5.Integrating the Care -

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

Theme 1: Transforming the Culture

Objective 1:

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

Objective 2:

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

Contents:

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

Quality Strategy

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

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

13 projects
to date have been
delivered

2 projects
currently in
progress

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

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

Northern Ireland Ambulance Service
Health and Social Care Trust

Northern Ireland
Ambulance Service
Quality Strategy

To consistently
show compassion,
professionalism
and respect to the
patients we care for
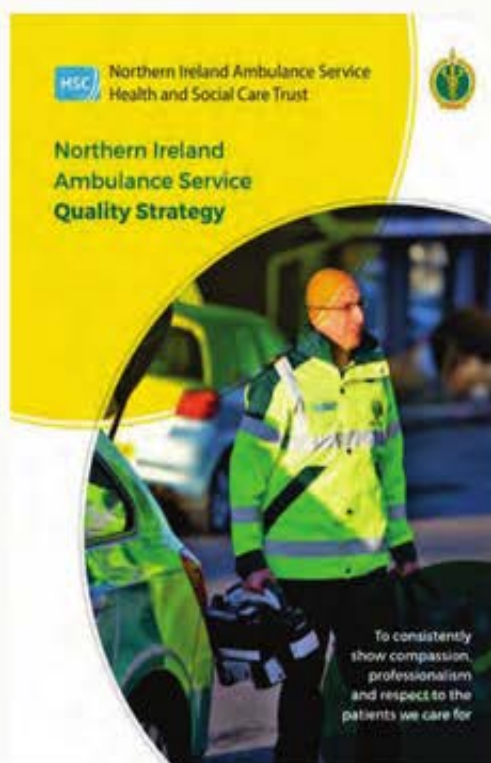
NIAS Quality Strategy

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

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

Quality Improvement

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

- In October 2024, NIAS introduced its first internally delivered Safety and Quality Improvement Level 2 course, Safety and Quality – SQ2. This marked a significant milestone in embedding QI training within the organisation.
- Thirteen staff successfully completed the 9-month programme, becoming the first cohort to graduate from the in-house initiative.

- NIAS also actively contributed to both a regional and organisational Q Exchange program, benchmarking and identifying how to leverage capacity for improvement in HSCNI. (Winter 24/25) fostering collaboration, shared learning, and innovation in quality improvement.
- A new QI Virtual Learning Platform was developed and launched on NIAS SharePoint, providing staff with accessible, on-demand resources to support continuous learning and development.

The NIAS Safety and Quality Improvement Level 2 Class of 25' Year Book is ready to view.

Strengthening QI Capacity Across NIAS

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

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

389
Level 1 staff trained

39
Level 2 staff trained

8
Level 3 staff trained

Supported 3 Corporate improvements

PCS

Late Finishes

Urgent Care
Pathways

Organisational mapping of Level 2 staff by directorate

Medical
1

HR & OD
2

Operations
18

Performance
and Planning
3

QSI
9

Clinical
11

11
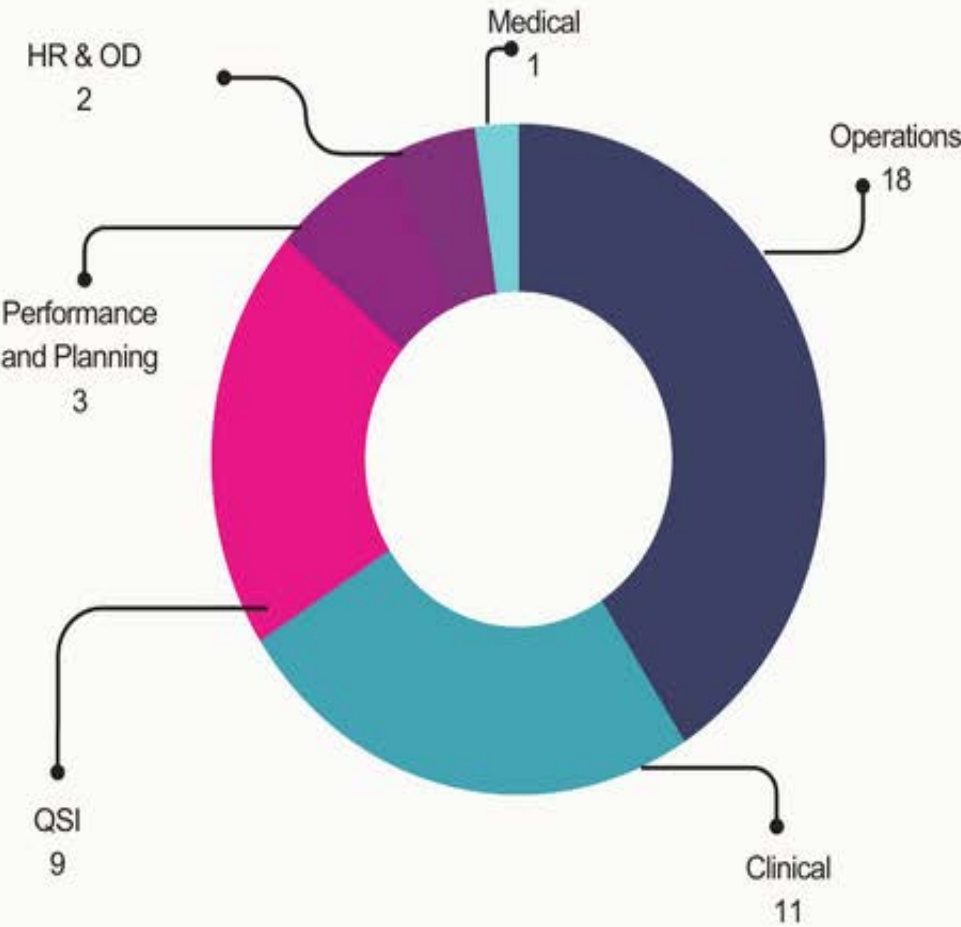
NIAS hosted 4 Learning events within 24/25

National QI Week

Training session with our Trade Union partners

Lunch and Learn event held in the South Eastern division

System wide survey for QI late finish improvement work

Northern Ireland Ambulance Service
Health and Social Care Trust

LUNCH & LEARN

FRIDAY 10 MAY, 2024 | 12 NOON

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

Would you like to learn more about quality improvement?

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

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

https://forms.office.com/e/rfDsr7brv9

Registration closes @ 6pm May 4th

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

Northern Ireland Ambulance Service
Health and Social Care Trust

Proposed Changes To Roster In SE Division Survey Results

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

**Response Rate:
70/152**

43%

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

World Quality Day

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

Strengthening data driven Reporting using QI methodology

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

13
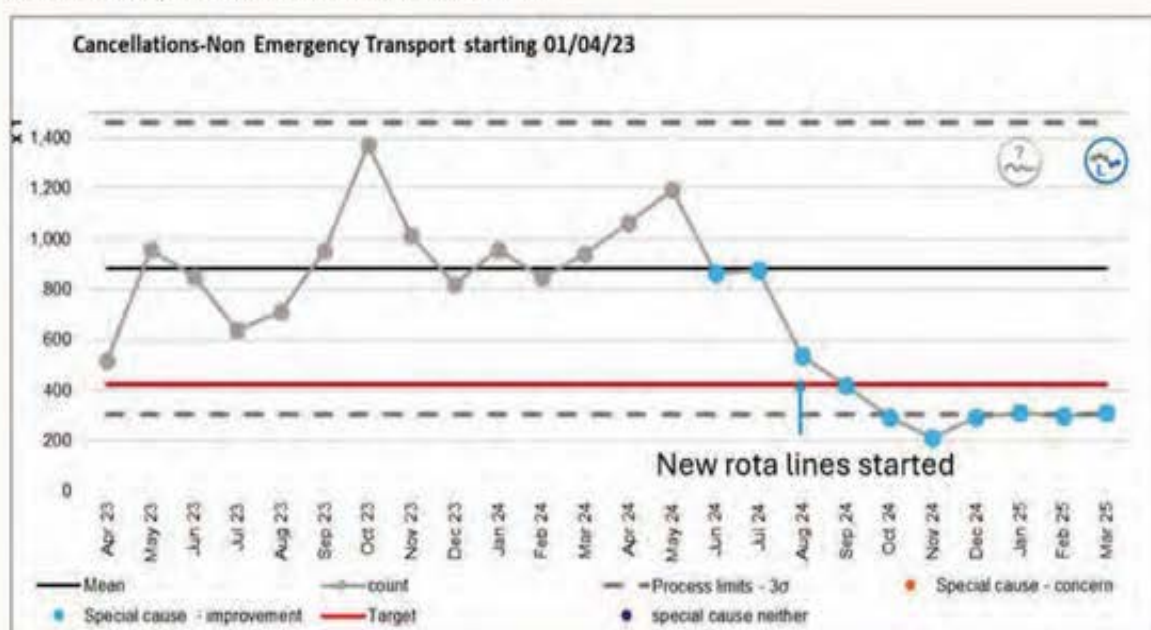
Patient Public Involvement

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

Improving Dialysis Transport through service user engagement.

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

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

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

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

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

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

The Patient Care Service (PCS) undertook a programme of strategic and operational transformation during 2024/25. Crucially, the patient voice—particularly from our dialysis patients—was embedded into this process, guiding the development of a more patient-centred service model and the new web-based booking system. This foundation of engagement will be expanded in 2025/26 through a partnership with the Public Health Agency to conduct a 10,000 More Voices Survey, ensuring our work continues to inform the new Department of Health Transport Strategy.
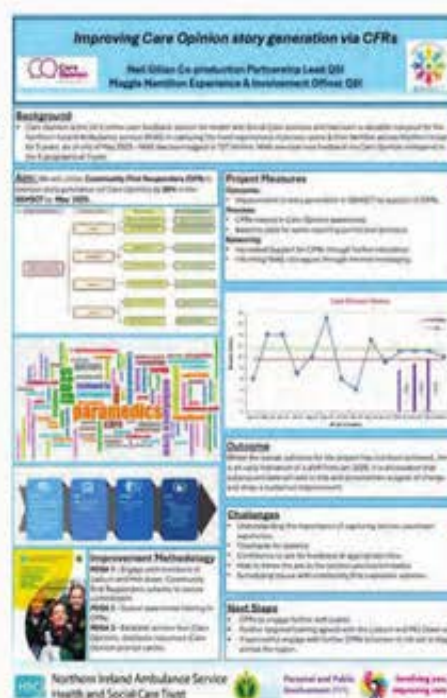
Care Opinion Facts and Figures 24/25

Care Opinion
What's your story?

2,648
members of the public
actively engaged with NIAS

122
stories submitted via
Care Opinion

21,733
times stories were
viewed

563
staff members completed
mandatory PPE e-learning

92
staff members completed
face-to-face PPE/PPI
training

Quality Impact from Care Opinion

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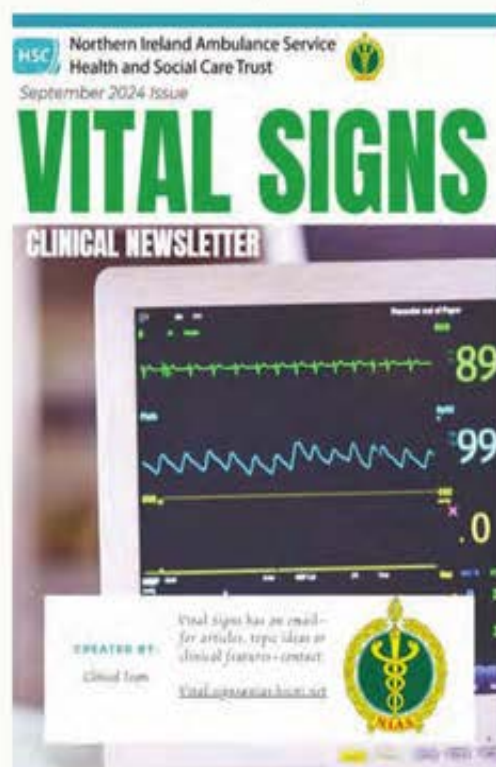
DIABETIC KETOACIDOSIS (DKA) AND PRE-HOSPITAL KETONE MEASUREMENT

02

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

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

What about Euglycaemic Diabetic Ketoacidosis?

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

03

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

Clinical Presentation

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

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

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

Certain medications:
- Corticosteroids
- Thiazides
- Pentamidine
- Sympathomimetics
- Anti-psychotics
- Immunotherapy medications
- SLGT2 inhibitors (the 'flozins')

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UK wide Handover Delay survey summary

ASSOCIATION OF AMBULANCE CHIEF EXECUTIVES

QIGARD
Quality Improvement, Governance and Risk Group

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

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

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Using our data to drive forward Quality

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

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

Service User Feedback

In the year 2024-2025:

276 Complaints received
↑ +15%

450 Compliments received
↑ +14%

6
Complaints to Northern Ireland Public Services Ombudsman (NIPSO)

1
Complaint accepted for investigation by NIPSO, the outcome of which has not yet been received.
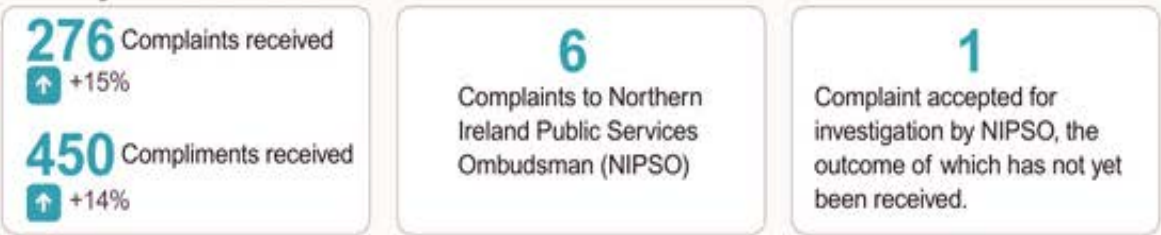
During May and June 2024 complaints management process received the highest available assurance rating of **satisfactory** from BSO Internal Audit.

100% of complaints were acknowledged within 2 working days.

48% of complaints were responded to within 20 working days
↑ +4%

4% of total complaints closed were re-opened.

Top 3 Issues of Complaint:

Transportation
late/non-arrival/journey time

Staff attitude/ behaviour

Quality of treatment and care provided

Top 3 Key Themes from Compliments:

Caring and compassionate staff

Outstanding patient care

Knowledge and skills

20

Quality Impact from Service User Feedback

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

- Updated regional guidance on the safe conveyance of guide dogs and assistance dogs
- Updates to Emergency Ambulance Control SOPs to provide further clarity on script usage when Clinical Safety Plans are in operation.
- Improved Non-Emergency Ambulance Operational Control processes for responding to changes to available resources to reduce the impact on service users.
- Updated vehicle disposal procedures to ensure that all NIAS identifiable references are removed.
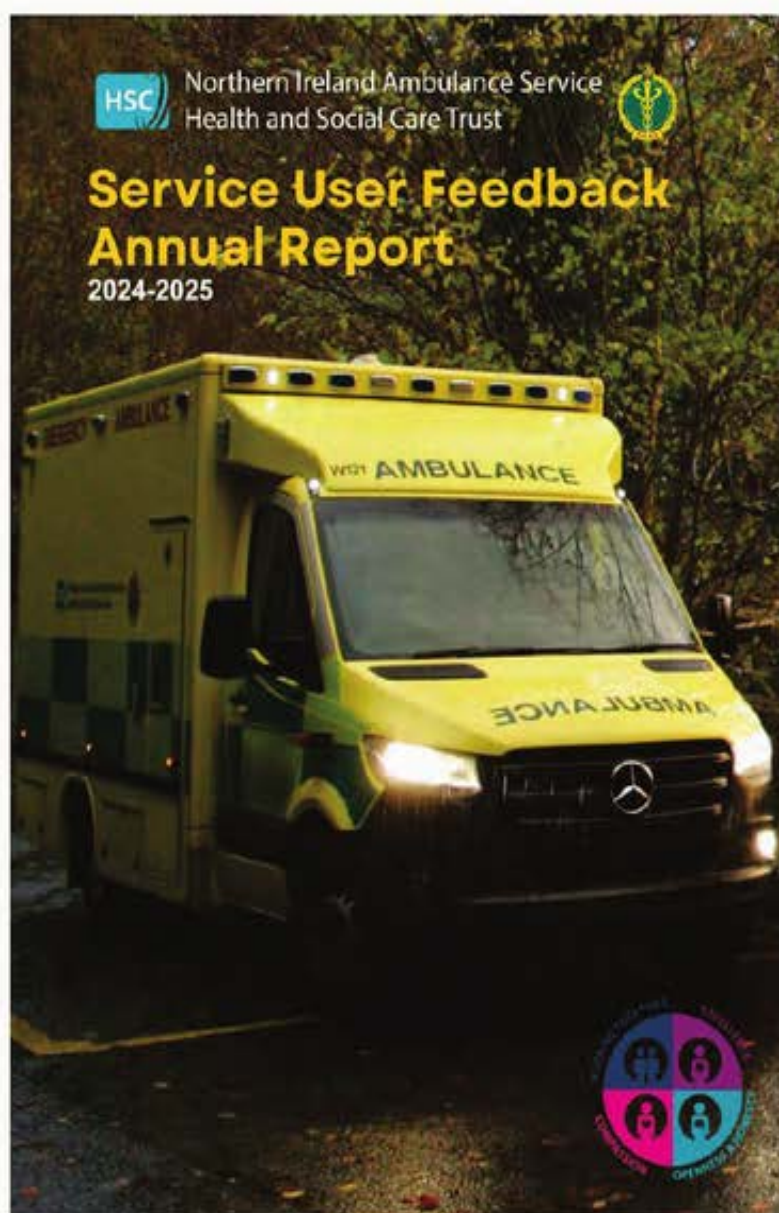
Service User Feedback Annual Report 2024-2025

SAI's/incidents and Datix

➡ **6,255** incidents reported

➡ **123** incidents reviewed as potential SAI's

➡ **38** incidents reported as SAI's

➡ **9** SAI reviews NIAS participated in led by other NI Health Trusts

➡ **53** new recommendations

➡ **107** recommendations completed

➡ **95%** of all SAI recommendations were completed before their due date in 24/25, an increase of 65% in previous year.

➡ **28%** reduction in number of open recommendations in 24/25 against the baseline year of 22/23

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

System improvements

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

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

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

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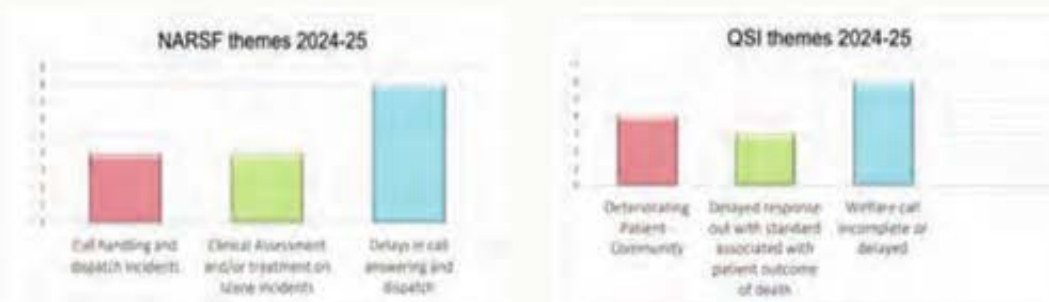
To enhance learning and allow for both UK benchmarking across Ambulance services and our own HSC system SAI's are themed using are two criteria sets. However, the development of new NIAS sub themes in 24/25 termed Quality safety and improvement (QSI) themes provide a more robust depiction and are invaluable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

The top 3 QSI themes identified within 24/25
- Deteriorating patient in the community
- Delayed response out with standard
- Welfare Call incomplete or delayed

Quality Impact from SAI learning

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

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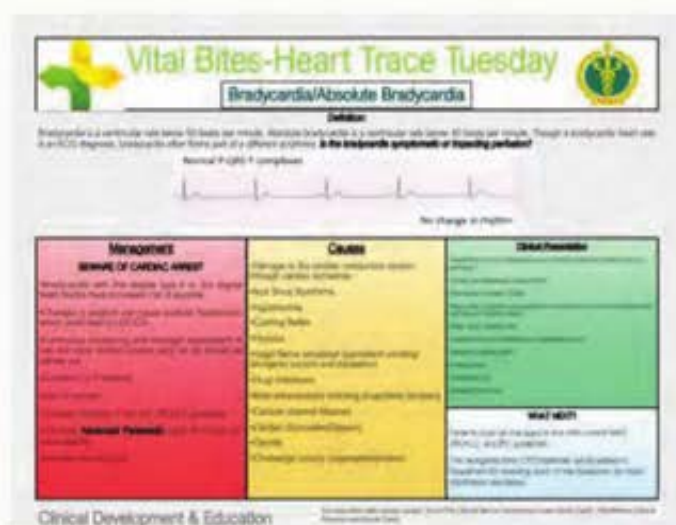
Information Governance

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

2,094
requests received

2,394
requests completed

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

Number of IG requests open- NIAS starting 01/04/24
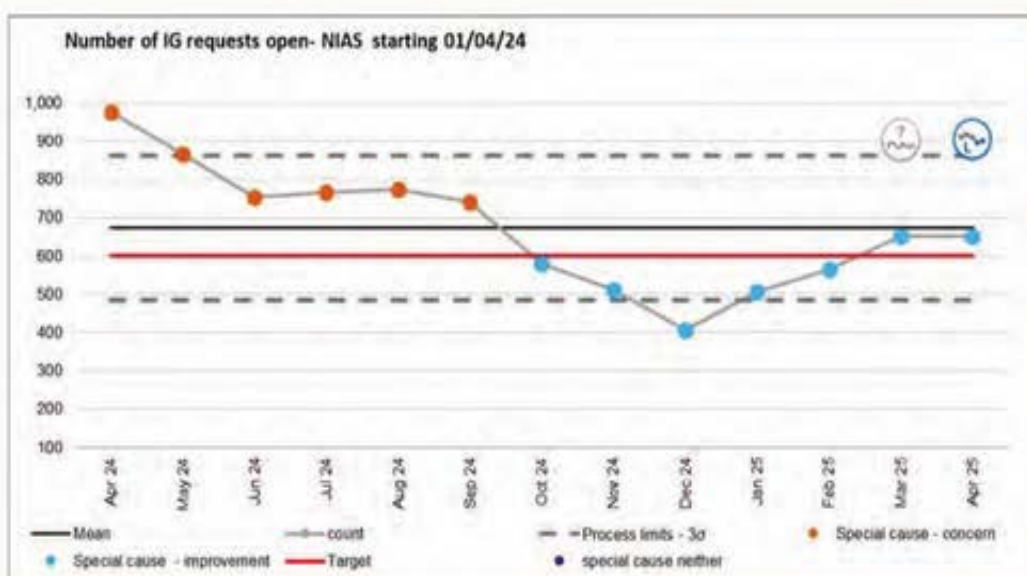
Pivotal to this improvement is IG Training and Awareness, with the IG Team completing the NIAS Level 2 Quality Improvement Programme during 2024/2025. The team undertook a project to effectively support the strategic need to improve information governance awareness training requirements throughout the organisation. The aim was successfully met in Dec 24 and work continues within the team on further PDSA cycles.

Leading with Care

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

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

Achievements for 24/25 include:
- Development of further OH pathways for staff for support.
- Appointment of a Critical Incident Stress Management (CISM)/Peer Support and Wellbeing team.
- Introduction of health, wellbeing, and critical incident stress management awareness to the corporate welcome to improve organisational literacy around incident management and trauma.
- A Proud to work for NIAS forum was established with a positive cultures and inclusion workshop held in Feb 25, resulting in an organisational culture programme board established. This group will take this work forward during 25/26.

Working together for a safer workspace

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

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

Theme 2: Strengthening the Workforce

Objective 3:

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

Objective 4:

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

Contents:

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

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

Clinical Education Team

Newly Qualified Paramedics (NQP) Programme.

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

Ambulance Care Attendant (ACA) Programme

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

Associate Ambulance Practitioner Cohort 16
1st November 2024

This year Cohort 16, which consisted of 23 students, successfully completed their course in November 2024. 2025/25 saw the development of a robust IQA and EQA strategy and processes to support quality assurance of the course.

Clinical Education 24/25 in Numbers

Practice Based Learning

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

Ulster University

Clinical Inductions Delivered

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

Driver Training

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

Continuing Clinical Educations (CCE) Delivered by CED Faculty

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

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

Work Experience Week

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

Supporting Staff

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

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

Regional Learning Management System (LMS)

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

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

Mandatory training

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

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

Assistance to Study Programme

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

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

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

Developing Leadership Capability

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

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

We continue to support staff to grow in leadership skills through courses such as
- Accelerated Management Programme
- Aspire
- Acumen
- Having Difficult Conversations
- Interview Skills
- Masters in Business Improvement
- Post Graduate Diploma in HSC Management
- Proteus

Coaching and Mentoring

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

Improving health and wellbeing

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

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

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

Improving Staff Health

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

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

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

Flu Vaccination Programme

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

Improving staff spaces

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

Support for staff in Crisis

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

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

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

Supporting equality and diversity and inclusion (EDI)

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

Staff Communication

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

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

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

141
original posts to both Facebook and X, while also reposting info from other sources.

506
responses provided to media enquiries

24
requests for broadcast media interviews

150
school visits attended

11
career evenings/events for post 16 students

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Staff Absenteeism

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

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

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

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

Cumulative % hours lost due to sickness- NIAS starting 01/04/23
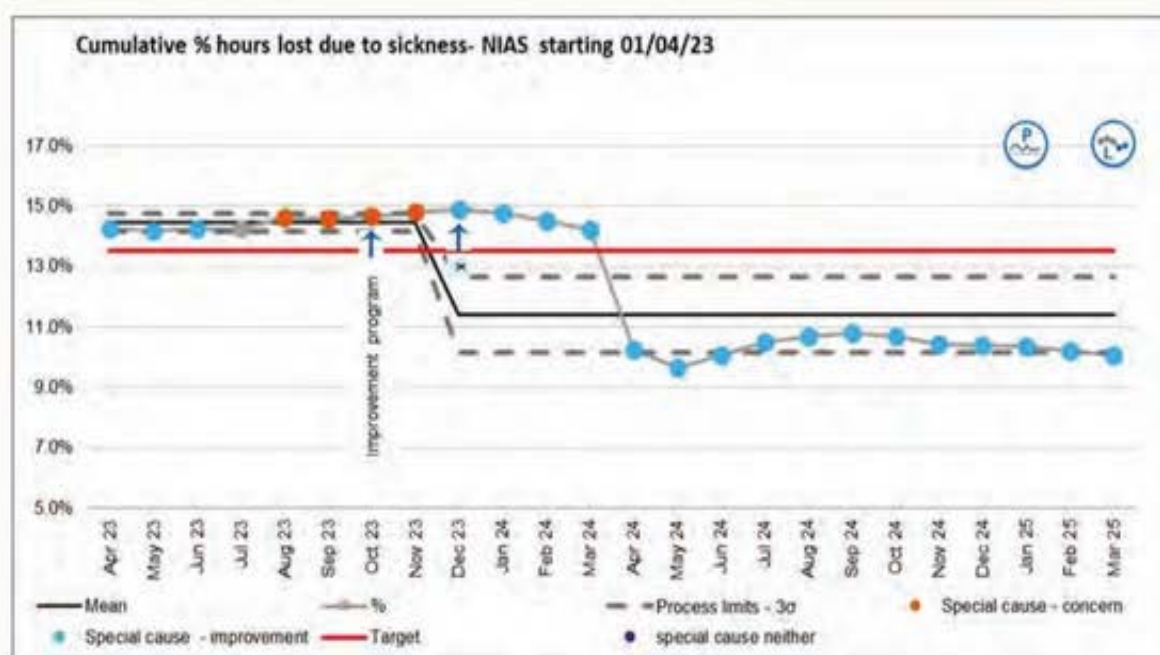
Staff Achievements

Kings Birthday Lists
14th June 2024

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

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

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

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

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

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

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

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

Dr Stephen Reaney awarded MBE.

Nathan Chambers awarded British Empire Medal.

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

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

Recognition Events

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

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

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

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

Theme 3: Measuring Improvement

Objective 5:

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

Objective 6:

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

Contents:

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

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

Cardiac Arrest

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

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

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

30 day Survival Rates for general cardiac arrests
2022/23 - 5.5%
2023/24 - 6.8%
2024/25 - 7%

30-day Survival Rates for patients with shockable cardiac arrest rhythms
2022/23 - 19.9%
2023/24 - 23.8%
2024/25 - 25%

Return of Spontaneous Circulation (ROSC) Rates for general cardiac arrests
2022/23 - 19%
2023/24 - 21.6%
2024/25 - 24%

Return of spontaneous Circulation (ROSC) for shockable Cardiac Rhythms
2022-23 - 34.5%
2023-24 - 47.6%
2024-25 - 45.8%

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

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

NIAS Percentage of OHCA All Workable Arrests ROSC
January 2022 - July 2025

44

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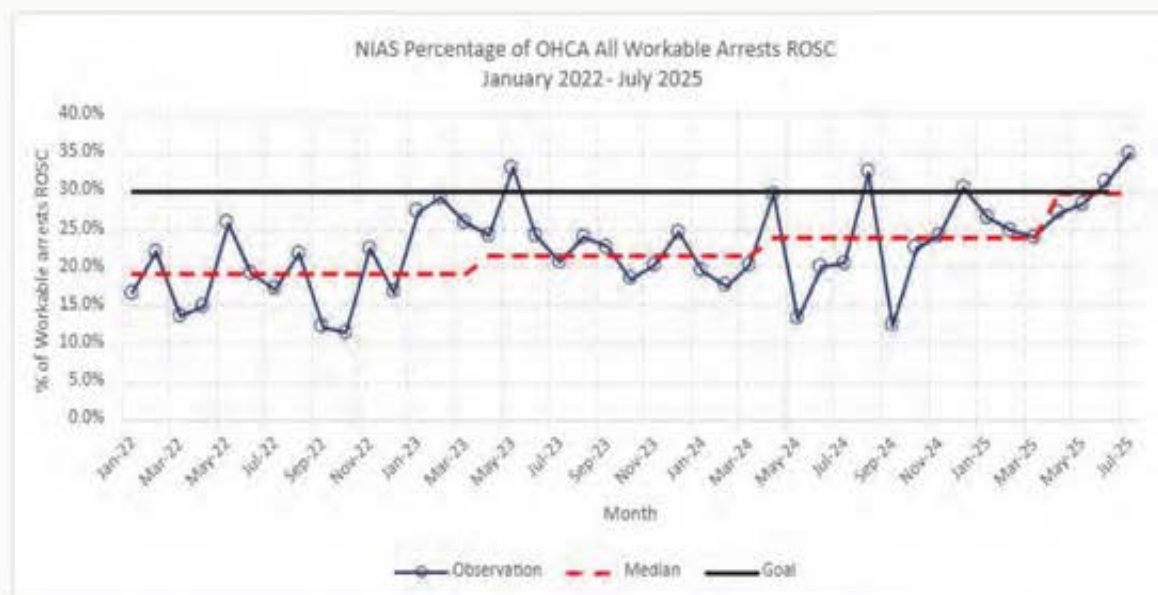
Electronic Patient Care Records (ePCR)

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

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

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

In 2024-25, a project team's targeted improvement plan drove a significant increase in trust compliance towards the 95% target. This was achieved by developing new educational resources, such as video guidance, to boost engagement and confidence in using the ePCR, alongside establishing clinical audits and reporting structures through the Urgent Care Oversight Group (UCOG) to enhance reporting practices.
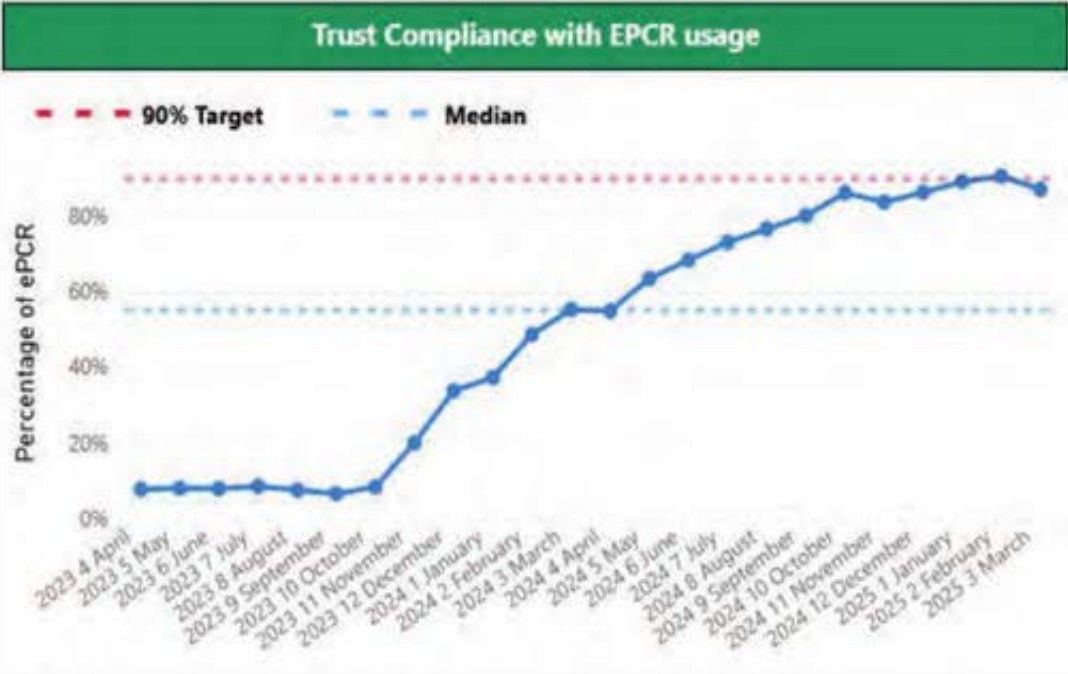
Throughout 2024/25, the service made commendable progress in compliance performance. This positive trend was demonstrated by a significant rise to 90% in the final quarter, reflecting a strengthened approach to meeting our requirements.

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

Medication Data

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

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

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

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

Other Improvement work has focused on reduction in Paramedic pack usage, utilising retagging packs, new audit tool and removal of IV paracetamol. This is highlighted in the graph below
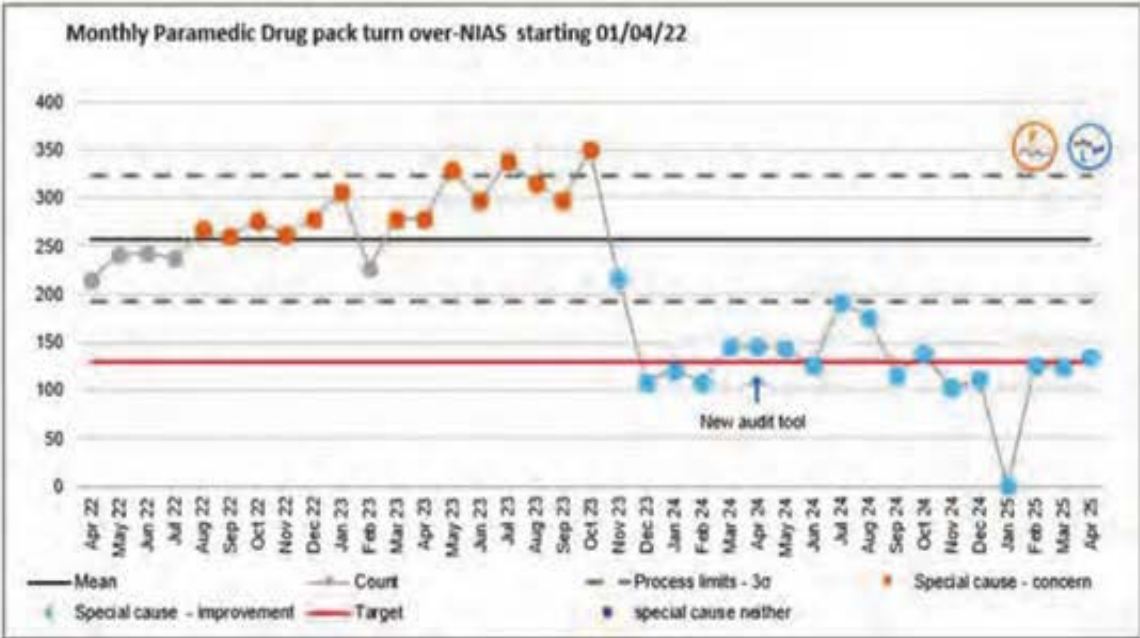
To further support medicine safety in 2024-25, new practices were implemented to increase staff engagement with safety information. This involved a multi-channel communication approach, distributing key updates through staff social media, Vital Bites posters, Vital Signs, and regular clinical notices.

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

PCS

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

Data Analytics

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

67
dashboards

158
dashboard requests

Theme 4: Raising the Standards

Objective 7:

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

Objective 8:

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

Contents:

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

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

New Incident Response Plan

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

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

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

Infection, Prevention and Control

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

51 hand hygiene audits completed

26 PPE audits completed

38 staff trained as ANTT assessors

Delivered training on ANTT, Induction and Mpox to **600 staff**

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

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

Accreditation

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

Research and Development

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

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

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

8
Academic
publications

12
Poster
submissions

5
Oral presentations

47
Opportunities
supported to attend 8
conferences

Innovation

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

Innovation Toolkit

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

Technology

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

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

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

The modernisation of our Computer-Aided Dispatch (CAD) system and other technologies represents a thoughtful and strategic advancement for our service. By harnessing improved data analytics and real-time information, we can continually learn from our performance, refine our operational approaches, and evolve our service delivery to better respond to the unique needs of the communities we serve.

Theme 5: Integrating the Care

Objective 9:

We will develop integrated pathways of care for individuals.

Objective 10:

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

Contents:

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

ICH and urgent care pathways

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

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

ICH Hear and Treat %

Clinical See and Treat % by month 2024/5

NIAS See and Treat %
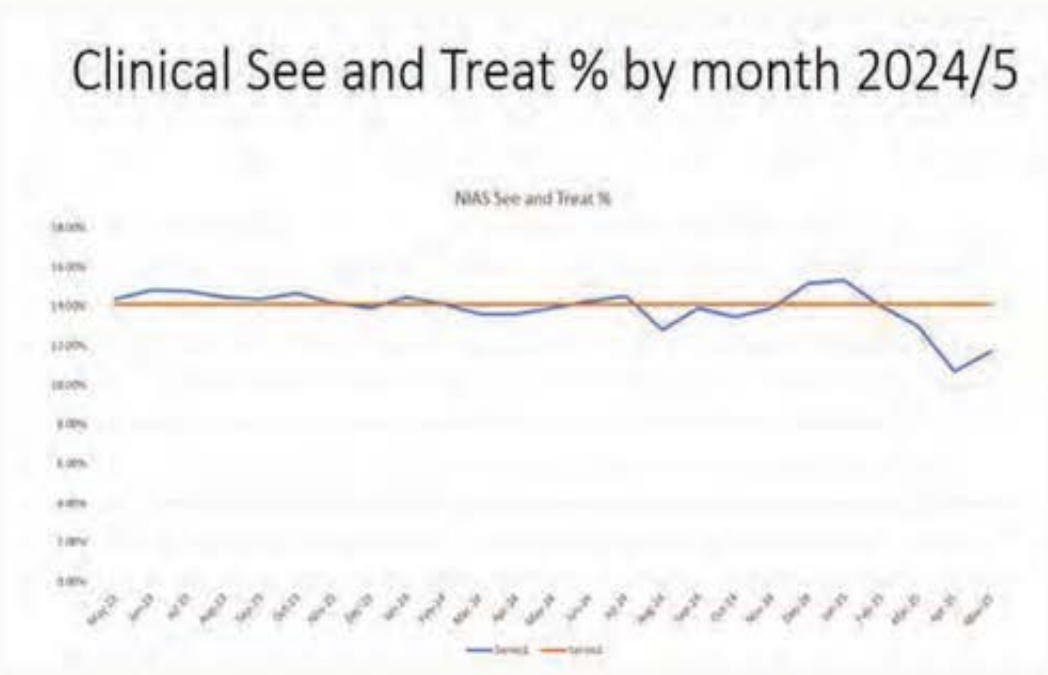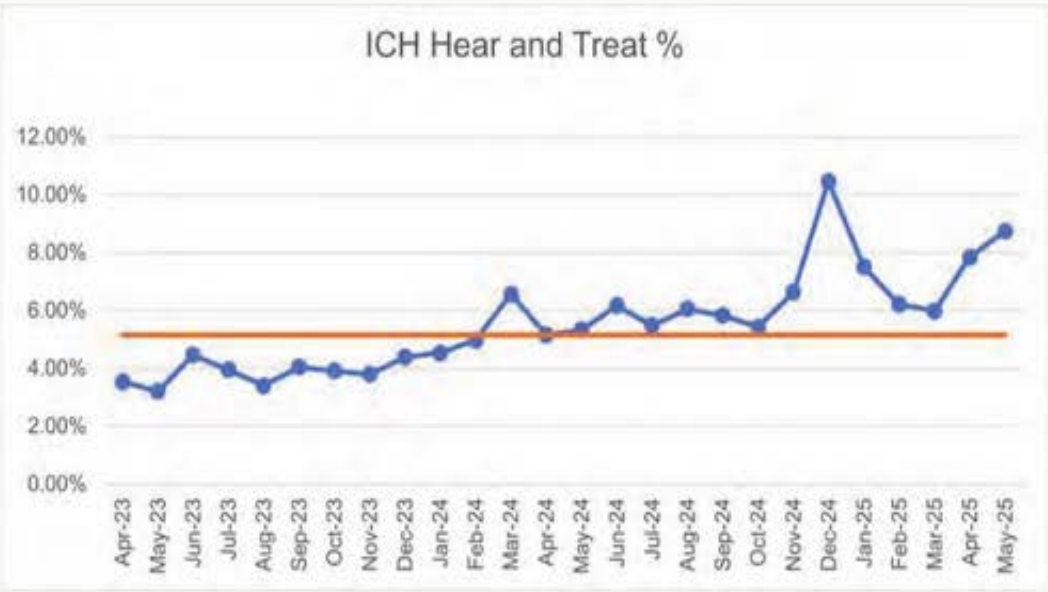
Integrated Clinical Hub

45% ➡ 45,941
CASES IN 2024

enhancing service user safety and aiding operational staff welfare.

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

Ballymena

Castlederg

Armagh

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

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

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

See and Treat Improvement Areas 2025

Target Areas:	Pathway: -Use -Access -Growth	Condition specific practice influence -Diabetes	Influencing practice -Station level -Individual level	Introduce new level of practitioner -APUC

Hear and Treat Improvement Areas 2025

Target Areas:	Increase access and time to triage more 999 patients	Continue to support and refine CSM practice	Support ICH clinician practice to ensure consistency	Continue to grown MHP and other MDT options
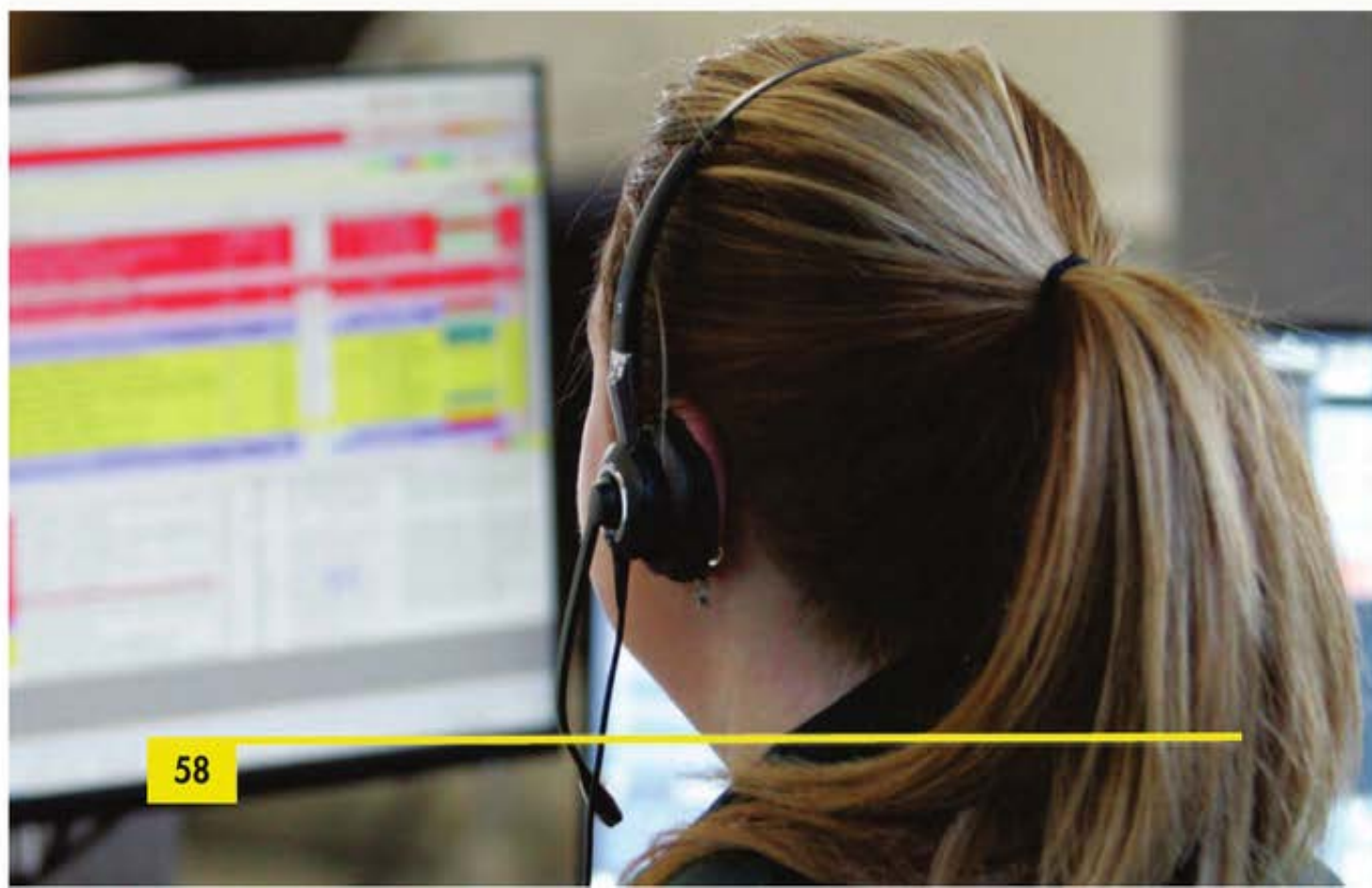
Community Partnership

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

Complex Case Team

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

23,383
emergency calls made by 1,725 individuals who met the criteria for intervention as an FSU

833
new FSUs were identified

77
management plans in place reducing ambulance response and ED attendance

10% of all emergency calls

1,387 interventions with FSUs

The CCT launched a new series of improvement initiatives this year including:
Amendment to The Frequent Service User (FSU) definition in October 2024.

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

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

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

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

Active number of frequent callers- NIAS starting 01/04/24

Active number of 999 calls - NIAS starting 01/04/24
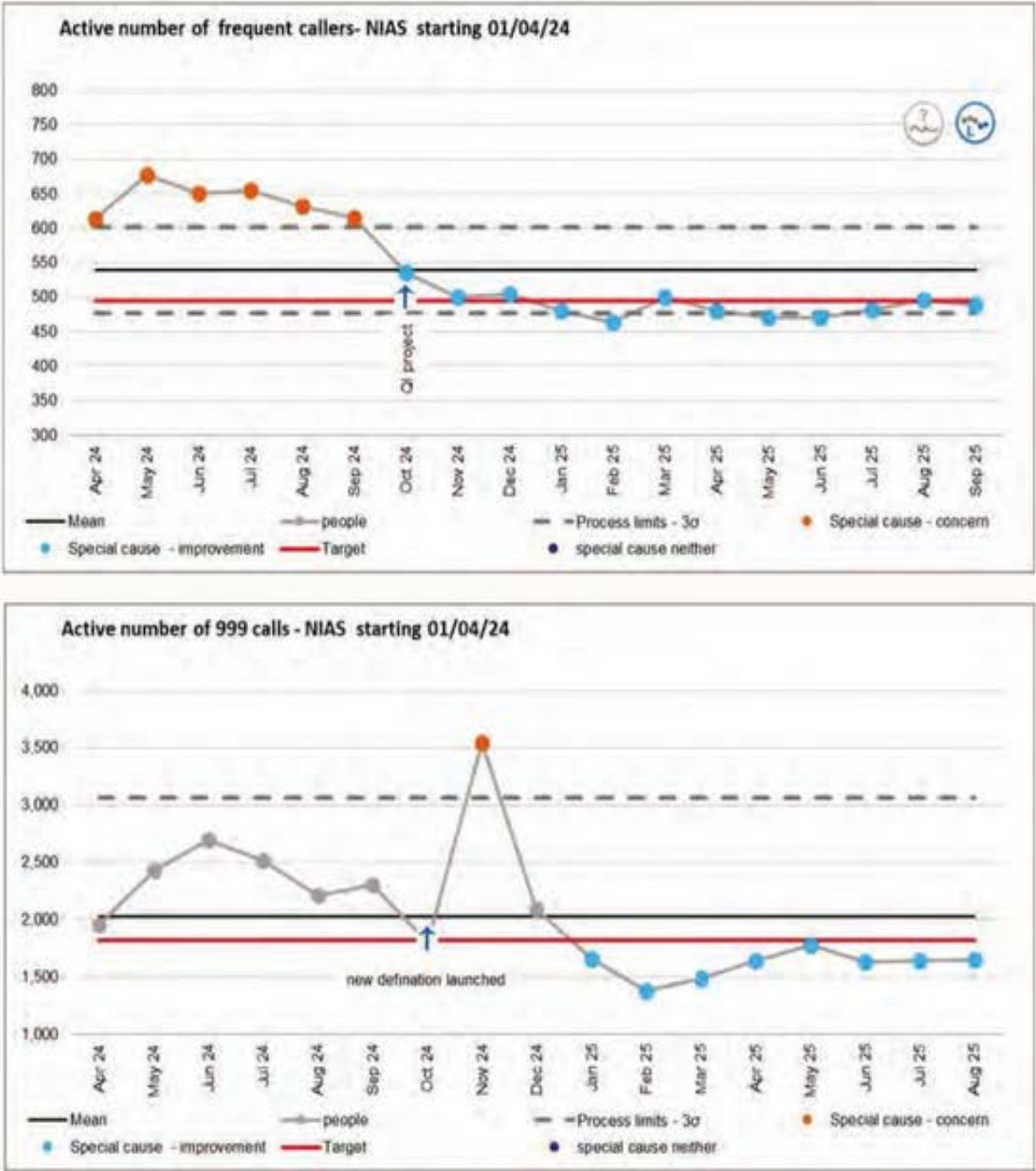
Quality Impact

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

Community Resuscitation Team

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

Active Community First Responders

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

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

448
Active Community First Responders

Community of Lifesavers Education Programme

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

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

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

646
Teachers have attended Community of Lifesavers training

Public Engagement & Awareness Sessions

3,423
People with hands-on experience of CPR

GoodSAM
2,500
GoodSAM responders

The circuit
The National Defibrillator Network
3,848
AED's on The Circuit

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

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Volunteer Car Service

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

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

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

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

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

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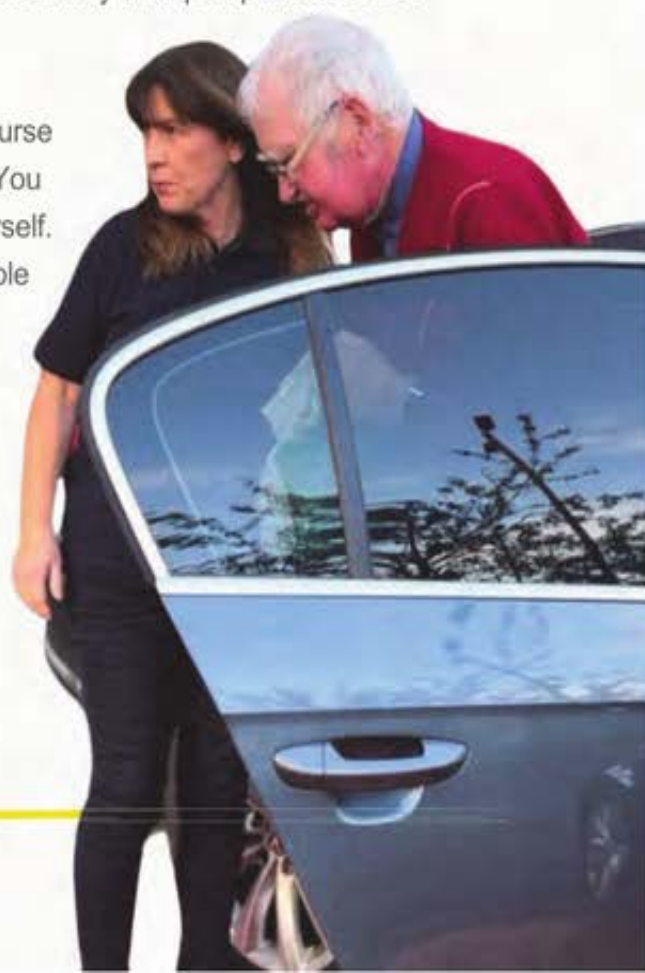
During 2024/25, NIAS and the Department of Health provided two decommissioned ambulances to the "Ukrainians in Northern Ireland" community group. This initiative was a direct response to a request from the group, which demonstrated the valuable use of the first vehicle in Ukraine. The donation of a second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

Intersectoral Working

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

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

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

Safeguarding

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

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

1,391

Safeguarding incidents reported by NIAS staff from 01 April 2024 to 31 March 2025
(25% increase on same period in 2023/24 and 50% increase on 2022/23)

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

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

Number of Safeguarding referrals - NIAS crews starting 01/04/21

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

Safeguarding through policies and practice

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

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

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

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

Northern Ireland Ambulance Service
Health and Social Care Trust

Working together   Excellence   Openness & Honesty   Compassion

03.12.2025

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	/	• AACES Presentation on Violence & Aggression
		
		• Performance Update
		
		• Finance Update
		
		• Final Annual Report and Accounts
		
		• Corporate Risk Register
		
		• Board Assurance Framework
			• Board Assurance Framework
			
			• Cyber Board Training
			
			• Trust Annual Safeguarding Position Report
			
			• Presentation – QI Programme
			
			• EPRR Core Standards.
			
			• ORH Presentation
			
			• Performance Report
			
			• Finance Report
				• Corporate Plan Mid-Year Progress Report
				• Board Governance Self-Assessment Tool.
				• Performance Update (Report)
				• Finance Update (Report)
				• Locality/winter planning
				• [ORH presentation]
				  • 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
					• Annual Quality Report
					• Safeguarding Update
					
					• [Staff Survey Results presentation]
					
					• [Cyber Security/NIS Presentation]
					
					• Finance Update (Report)
					
					• Performance Update (Report)
					
					• CiC Update
					•
						• Corporate Risk Register
						
						• Performance Update (Report)
						
						• Finance Update (Report)
						
						  • CiC Update
						
						•
							• Corporate Plan End Year Progress Report
							
							• Board Assurance Framework
							
							• Performance Update (Report)
							
							• Finance Update (Report)
							
							• CiC Update
							•

03.12.2025

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Governance, Audit and Risk Assurance Committee (GARAC)

Meeting	12 May 2025	24 June 2025	9 October 2025	9 December 2025	29 January 2026	Feb Date TBC	12 March 2026

Agenda Items	• 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
	  • Progress report
	  • Recommendation f/up
	  • Shared Service note
	  • HIA Annual Report
	  • IA Strategy and 25/26 plan
	• External Audit
	  • NIAO Handover Report
		• 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.
			• 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)
				• Focus on Internal Audit recommendations
				• (Attendance Mgt IA)
					• 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.
						Extra meeting requested as per notes 24-6-25 regarding Progress on IA	• IGG and Cyber Security Update
							• DAC Register
							• Fraud Update
							• Internal Audit
							• External Audit
							• Update on Unsocial Hours IA progress.

03.12.2025

People, Culture and Organisational Development Committee (PCOD)

Meeting	3 April 2025	12 June 2025	11 August 2025	25 September 2025	10 December 2025	12 February 2026
Agenda Items	/	• Performance Report (on absence) • Trust Communications Activities Overview. • HR/OD Balance Scorecard • Organisational Cultural Improvement Update incl. sexual safety • Operations Restructure Update • Discussion about Unsocial Hours Payment IA assurance. • Violence and Aggression briefing	Extraordinary Meeting re: Sexual Safety Improvement Update	• 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)	• Performance Report (on absence) • 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	• 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 • [Violence and Aggression briefing] c/f • Staff Survey Results presentation] c/f • Assistance to study (c/f)

03.12.2025

Patient Experience, Quality and Safety Committee (PEQS)

Meeting	24 April 2025	5 June 2025	11 September 2025	20 November 2025	22 January 2026
Agenda Items		• Performance Report (on SAIs, 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	• 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	• Performance Report (on SAIs, complaints etc./clinical KPIs) • Update on SAI Redesign (not full SAI report) • Quality and Service Improvement - Annual Quality Report update • IAS Assurance • EPRR update • EVC Report. • IPC report • Safeguarding Update • Learning from Deaths • Learning from Domestic Homicide Reviews'	• Performance Report (on SAIs, complaints etc./clinical KPIs) • Pharmacy bi-annual report. • TORs review • OOCA improvement • HART capacity update • Service User Feedback Report • Co-Production and Partnership • Safeguarding Update • Adverse Incident management report (SM/NH) • Management of Events SOP (NS) • Severe Weather Guidance (NS) • Fuel Disruption (NS)

03.12.2025

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	/	• 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.	• 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	• Trust budget report and year-end forecast. • Detailed Directorate budget report. • Overview of Fleet and Estates. • Fleet Expenditure. • Performance Report. • Strategy Development Update. • Cat 2 response • H&T / S&T • Output of Perf Cell • HART Lease business case • RTTCWG 24/25	• 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 • Budget and expenditure on IAS, Taxis and Voluntary Drivers • Focus on delivering value (efficiencies). •

03.12.2025

Actions from last meeting		• Proposal on appropriate threshold of business case approval.			

Northern Ireland Ambulance Service
Health and Social Care Trust

MINUTES OF THE STRATEGIC PERFORMANCE & FINANCE COMMITTEE HELD AT 9.30AM ON THURSDAY 18 SEPTEMBER 2025 IN THE BOARDROOM, NIAS HQ

PRESENT:	Mr P Corrigan	Committee Chair
	Mr J Dennison	Non-Executive Director
	Mr P Quinn	Non-Executive Director

IN ATTENDANCE:	Ms L Donnelly	Interim Director of Finance
	Mr N Sinclair	Interim Director of Operations
	Ms S Beggs	Manager of Chair and Chief Executive Office
	Mr A Arandia	Assistant Director of Planning Performance and Corporate Services
	Mr W Abernethy	Management Accountant
	Mr N Henry	Assistant Director of Governance, Risk and Assurance
APOLOGIES:	Mr S Mullen	Interim Director of Planning, Performance and Corporate Services
	Mr B Snoddy	Fleet Manager

1   Apologies & Opening Remarks

The Chair welcomed members to the meeting.

Apologies from Mr Seamus Mullen, Mr Nick Henry 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 – 19/6/25

The minutes of the previous meeting held on 19 June 2025 were **APPROVED** on a proposal from Mr Dennison and seconded by Mr Quinn.

Mr Quinn pointed out that Mr Seamus Mullen was listed as an apology at the last meeting but was mentioned in the minutes as commenting. Ms Beggs agreed to check and confirm.

ACTION: Ms Beggs

Mr Dennison highlighted an action on page six regarding the Fleet business case that should be listed within the matters arising document. Ms Donnelly confirmed that this action is being addressed within the agenda items today.

4 Matters Arising

The Committee **NOTED** the updates to the matters arising contained in the papers.

At the last meeting it was agreed that there should be a deep dive into Service Delivery. Mr Sinclair has discussed service delivery with Ms Paterson and agreed it would be useful to consider this in one picture including different areas of operational practice, recruitment plan and DCA Cover etc.

Mr Corrigan suggested that the meaning of service delivery is in relation to how NIAS operate, i.e. the operational model and there is more that the team need to consider before meeting to do a deeper dive. Mr Corrigan also suggested in terms of governance going forward, they need to consider where it sits within the Committee structure and schedule a deep dive overview at an appropriate

forum. Mr Sinclair reminded the Committee that the Chair had requested at the last Trust Board meeting for him to attend the upcoming NED Workshop to provide more detail on ORH and Service Delivery. Committee members were concerned that this may not be the most appropriate forum as it is a development day for NEDs and there may not be sufficient time to focus on the time needed for a deep dive into service delivery. The Committee also pointed out that it would be beneficial for them to have this deep dive ahead of the Strategy Planning Day on 24 October. Ms Beggs and Mr Sinclair agreed to confirm with the Chair if it is still the intention for this to be included at the NED Workshop.

ACTION: Ms Beggs/Mr Sinclair

Mr Corrigan confirmed that it has been agreed with Dr Graham that cyber security should be reported via the GARAC Committee.

5   Performance Report

Mr Henry presented the Performance report which outlines the Trusts Corporate scorecard for approval by SPF before submission to Trust Board. The report outlines the key performance metrics up to and including the 31 July 2025. The executive summary provided advises the key performance indicators and actions being taken to address performance.

Mr Henry emphasised that response times remain a significant challenge and in particular Category two response times were of specific concern as they are up from 51 minutes in July to 66 minutes currently.

In terms of handover delays, there were over 9,000 hours lost due to handovers exceeding 15 minutes, a 1.2% reduction from June 2025. Despite the reduced patient conveyances, 16% of arrivals waited over two hours at ED. It is an increasing deteriorating picture, and a significant piece of work is being undertaken with colleagues across the region to bring this in to focus, which has ultimately led to a commitment to a 2-hour handover position this year.

In relation to the clinical performance Hear and Treat decreased to 5.8% in July 2025. The total AQI Hear and Treat rate was 8.4% for July 2025. Clinical See and Treat decreased to 10.8%, the total AQI See and Treat rate was 25.2% for July 2025. Mr Henry said

that there is ongoing work in the background to improve the performance, including mental health support being broadened in the hub.

The Out of Hospital Cardiac Arrest has improved from 21.6% to 24.4%.

Mr Henry advised that complex case calls are 8% of all control room calls which has decreased from 14%. The team are considering capacity to improve response strategies to enhance performance.

In terms of workforce, sickness absence continues to meet the target and from July 2025 the monthly sickness absence rate has decreased to 9.21% from 9.30% in June. There has been a marked improvement in comparing the July year on year positions, where July 2024 was 10.49%. The largest category for sickness absence within the trust is for mental health reasons, with stress being the prevalent reason. All teams continue to maintain progress to meet the target.

Mr Sinclair added that the team are working tirelessly to address category two response times and are monitoring performance weekly which is reported to SMT via an operational performance update. Mr Walker said that they are implementing a new 'Performance Cell' Group to understand what the measures and variables are that are pushing out these response times and creating a concerning picture.

Mr Corrigan referred to the fact that the specific reason of poor performance is unknown. Mr Sinclair alluded to multiple factors contributing to poor performance including hospital handovers, staffing and ASOS but the team are reviewing to consider why there has been an upward trajectory in the last few months and if there are human behaviours in practice contributing to this.

Mr Corrigan pointed out that it may be challenging for NIAS if hospital turnaround times improve but category two response times continue to not improve.

Mr Corrigan queried if there has been any impact or evidence that Trusts are trying to improve hospital handovers and Mr Dennison suggested December being the target for stabilisation of turnover times. Mr Quinn asked how this is being managed and overseen, in terms of a provider collaborative formal approach on a regional

basis. He further suggested NIAS may need to seek regional oversight once the internal 'housekeeping' is complete.

Mr Sinclair confirmed that no impact is evident yet. There was a workshop held in Stormont with Trusts and Stakeholders three weeks ago and there was an agreement that this would be implemented from 1 September, however, there hasn't been much progress with this from SPPG and DoH. There needs to be clear guidelines for all staff involved and Mr Sinclair is concerned that if there isn't a tangible change there will be further Industrial Action.

Mr Sinclair reiterated that Trusts are waiting for hard guidelines and protocols and that there were guidelines developed by NIAS and other versions however there is no implementation as yet. Mr Corrigan suggested that the protocol should be very clear and state as part of those instructions that crews will hand over the patient at two hours. Mr Quinn suggested that SPPG need to drive this to progress implementation and that perhaps this should be raised at the next Committee in Common (CiC), as it is a significant impact.

Mr Corrigan recalls previous discussions and that his understanding is that SPPG were focused on this and were going to build it in as part of matrix and performance reviews and hold Trusts to account. Mr Quinn said Someone from SPPG is to attend the next CiC; some of the CiC described commissioning as questionable and informal.

Mr Corrigan referred to the Performance Report being in the same format as the one that goes to Trust Board and sought clarity on how this is different in terms of how the Committee deal with the report compared to Trust Board. The Committee agreed that there is more opportunity at SPF for scrutiny and discussion on the metrics than at Trust Board.

Mr Quinn referred to earlier comments and reiterated that there should be a deeper dive into the variables for Category two response times, however, NIAS need to have a look into the housekeeping element first. Mr Sinclair referred to Mr Walkers earlier comment that the Performance Cell Group is meeting weekly and suggested that they present to the Committee once established.

ACTION: Mr Sinclair

Mr Quinn referenced the measures for Hear and Treat / See and Treat continue to take a dip and it would be useful for the Committee to understand the measures. Mr Sinclair agreed to provide further detail on these as well as an update from the Performance Cell Group.

ACTION: Neil Sinclair

Mr Quinn raised concern with the vacancy rate within Operations and Mr Sinclair confirmed that he hopes to address this and provide a rationale within the ongoing reviews.

Mr Corrigan raised concern regarding the two-hour starting point and it should be emphasised that two hours is not the end goal. He queried what the timescales are for the different milestones and if the Committee would have oversight of the trajectory of improvement. Mr Sinclair responded that it is simple to retrieve the information but reiterated at the minute they need to know the trajectory. Mr Sinclair is concerned with the Category two response times, particularly coming into winter and there will be more pressure on the service.

Mr Sinclair referred to questions being asked by a coroner in court this week about the hospital handover status and the coroner recalled that the two hour back stop was implemented in 2022 and is concerned that this previous protocol has made no difference since. Mr Sinclair highlighted that NIAS need to push back to sponsors that something needs to happen as soon as possible.

Mr Corrigan queried that due to the current media attention is it possible that there is a danger that call handlers could become more risk adverse and lean more towards categorising calls to category one rather than two.

Mr Sinclair responded that human factors may cause this to happen and that this is a new request in terms of coroners asking for call handlers to attend court. There is an audit system in place now and random audits are taking place, therefore any specific trends should be identified. Mr Sinclair said it is unfortunate names of staff are publicised in papers and reassured the Committee that NIAS are doing everything in terms of welfare for the staff.

Mr Henry referred to regional oversight of Category two's and advised the Committee that there are channels NIAS flag handover times to Trusts as adverse and suggested that NIAS change this 'flag' to every handover that exceeds two hours. It is done on a weekly basis and wouldn't be a significant change for the team to implement but would improve focus on the two hours. This is reported as an adverse incident rather than an SAI, and Mr Corrigan welcomes the term 'breach' in relation to them being referred to as breaching a guideline.

Mr Henry confirmed NIAS can arrange this in house to show evidence of breaching the two hours without seeking regional approval, and if there is a particular case with profound delay it is treated as an SAI.

Mr Dennison asked if the Committee could see these figures cumulatively Trust by Trust and Mr Quinn agreed that in terms of informatics that would be useful.

Mr Arandia said that the Performance Cell will be reviewing all the variables in the next few weeks and months to identify any other methods of measuring. Mr Quinn said that from an oversight perspective the Committee need to express their concern in the deterioration of category two responses and seek early information and route analysis from the Performance Cell and this information should be coming to the next Performance Report at the next Trust Board meeting.

Mr Corrigan supports the proposal from Mr Henry regarding how NIAS report and categorise breaches and build in a metric into the performance report of breaches going forward.

ACTION: Mr Henry

Mr Quinn acknowledged the improvement of the cardiac arrest figures and reiterated that he would like to see more detail at the next meeting regarding Hear and Treat/See and Treat.

ACTION: Mr Sinclair

The Committee **NOTED** the report.

6 Budget Report and Finance Update

7 Capital Budget Forecast and Expenditure

8 Overtime Expenditure

Ms Donnelly presented items 6, 7 and 8 collectively together and advised that at the previous SPF Committee, members requested a more detailed Finance Report than that presented to SMT on a Monthly basis. The month four report, therefore, includes additional information on Capital as well as detailed Directorate budget information. In addition, a slide has been included regarding the contingency.

Ms Donnelly confirmed for Mr Corrigan that the update that went to the last Trust Board Meeting was up to month three and this update is up to month four. Unfortunately, month five is still a work in progress exacerbated by IT issues this week which has set the team back a day or two.

Exec Summary
As at July 2025, the Trust has received a funding allocation from SPPG of £115.953m (inclusive of £0.104m from PHA and net of £2.475m of savings).

At this stage of the financial year there is an assumed funding number of £15.405m. This funding includes £14.336m in relation to the Workforce Plan, which will be included in the confirmed funding allocation once the Business Cases have been approved. The remaining assumed funding allocation 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 £2.128m.

As such, Directorate budgets have been updated to reflect total funding of £133.485m. This is an increase of £0.076m on the month three allocation of £133.410m. The increase in funding relates to the Open golf recharge.

As the year progresses, the total funding position may change once final allocation and income figures are confirmed. As per discussions with SPPG monies are still a work in progress for business cases.

Expenditure

Ms Donnelly pointed out that it is important to note variance is driven by the quality of profiles provided and the Finance team continue to meet with each directorate to review their plans to ensure they are robust, and when there are variances, they are discussed with the appropriate directorate business partners so they are aware of the variance and slippage.

Mr Corrigan pointed out that that there is a £220K underspend currently at month four, if this continues there may be a significant underspend and queried if there are projects that require funding arising in the second half of the year.

Ms Donnelly advised that the finance team are undertaking scenario planning, and the feedback to date is that NIAS are going to break even. NIAS Finance will also complete an expenditure review and forecast exercise at the six-month stage to ensure that NIAS remains on track to achieve break even.

Ms Donnelly has spoken with Mr Sinclair and they predict that overtime costs are due to reduce due to a new cohort of paramedics joining next month and therefore the independent costs should reduce also.

Mr Sinclair confirmed that independent services don't respond to emergencies and that they respond to calls via NEAC. Mr Sinclair said that a recruitment plan was signed off by SMT yesterday which should reduce scheduled care and increase to full capacity.

The Committee pointed out that in the last five years, the quantum of independent capacity has become embedded, and they queried how NIAS can reduce this. Mr Sinclair suggested that NIAS should govern this and Mr Dennison queried if the costs are less in doing so and Mr Sinclair confirmed NIAS are figuring this out as part of the demand and capacity review. NIAS would prefer to manage this in house, as it worked well in Scotland however, they acknowledge they need to be transparent to identify if it is the right thing to do.

Mr Quinn fed back that it is a really useful report and that the latter slides provide more insight into the rationale. He highlighted that in terms of vacancies NIAS are projecting an underspend but he queried if recruitment is accelerated, what impact that would have for the whole time equivalent and Mr Sinclair confirmed 50.

Ms Donnelly added that NIAS have a funded establishment and the slippage in the pay bill is being utilised for overtime and IAS. Ms Donnelly explained that the finance team have restricted capacity at present but hope to review the wider picture piece with Mr Sinclair in the next few weeks. Budgets in HSC wide are allocated to funded establishment figures and will always have a variance due to the system limitations.

Mr Quinn acknowledged the impact that will have on NIAS and stated that the figures are stark and appreciates it is a balancing act.

Mr Sinclair plans to revise the focus on recruitment and workforce planning and is aware there is one course coming through in NI which engages with paramedics across the UK.

Slide 8 – Overtime expenditure
The Committee noted that NIAS are still over budget due to vacancy levels and Mr Corrigan acknowledged how the process works, and budget setting is based on establishment, however, he said that Directors should know what their staff in post is and if they have vacancies. Ms Donnelly further explained that when NIAS put budgets on the system they are limited by how payroll budgets are built on the system. Ms Donnelly plans to meet with Mr Sinclair to understand how they can present the information better to make it more meaningful.

Mr Corrigan suggested that Directorates need to explain why there are variances on budgets and that budgets appear to be based on funded establishment rather than reality, and this should be monitored on a monthly basis. Mr Abernethy said the finance team review payroll individually in detail and Mr Quinn suggested that it is a presentational issue. Ms Donnelly agreed with this as they are challenged with the system and opportunities to present information in a more meaningful way. The quality of profiles does make a difference to the picture when presented in graphs and Ms Donnelly agreed that the Finance team will pull together and share with the Committee.

ACTION: Ms Donnelly

Mr Corrigan added that overtime is going to become off the scale and therefore the team need to ensure there are tight controls to manage it as staff get used to it and it becomes a cultural thing.

Mr Dennison queried if NIAS challenge the system when submitting budgets and Ms Donnelly confirmed they have raised this challenge as they are building budgets on the current staff position. They have been advised that they can only make manual adjustments due to the way the system is designed which would entail them continually making budget adjustments. The Committee agreed that the system is not fit for purpose and Mr Henry advised this is the system used across all Trusts. Mr Corrigan pointed out that it has a larger impact on NIAS as they are smaller than the other Trusts.

Ms Donnelly referred to the second bullet point which notes the exclusion of the expenditure for BHSCT as there is an agreement for NIAS to recover these costs.

Mr Arandia explained that Trusts make their own bookings, but BHSCT have asked NIAS to do this for them and confirmed there is no impact financially.

Mr Corrigan said this is part of a bigger picture and NIAS need to investigate the wider detail including who is responsible to discharge a patient who requires an ambulance. IAS spend is only part of the picture and the independent sector is increasing with more demand in their service. Mr Henry confirmed that it is the other trusts responsibility to discharge a patient via transport.

Mr Quinn queried what NIAS are commissioned to provide and Mr Corrigan said this is unknown, historically NIAS provided non-emergency transport for various services and at some point, there was an arrangement for other trusts to contact NIAS.

Mr Arandia explained that the challenge with independent services is not only NIAS, and it has been discussed with the DoH that this is a challenge with all Trusts and they are trying to work on a non-emergency solution for all Trusts. There was engagement three years ago, but nothing has materialised. Mr Corrigan said that Ms Charlton has provided updates at another Committee and alluded to the DoH carrying out a review to re-set who is eligible for this.

Slide 10 – independent expenditure for emergency and non-emergency
The Committee suggested detailing percentages into this graph.

ACTION: Ms Donnelly

Slide 11 – capital
Mr Corrigan welcomes the level of detail contained in this slide and highlighted one issue is ensuring NIAS can spend within the financial year, as time goes on this needs to be managed and consideration into other potential projects being ready to commence.

Ms Donnelly said that due to governance there needs to be business case approval to spend money and this process can result in delays. They are therefore trying to identify the best way forward which they are currently considering for fleet.

Monthly capital budget meetings occur and these meetings hold budget holders to account. In the event there is slippage, there are expenditure opportunities in Estates and IT at short notice, and Ms Donnelly confirmed that if there was a risk with a large amount of money there would be engagement with Committees.

Mr Quinn referred to a recent staff survey and was surprised at comments regarding the conditions of ambulance stations and he queried where and how decisions are taken in relation to Estates development in terms of their working conditions. Ms Donnelly responded that this would be linked to the Estates Strategy and built into a business case which Mr Mullen is currently reviewing. Mr Abernethy added that some stations may not be owned by NIAS and Mr Quinn said that NIAS have a responsibility for staff working conditions. Ms Donnelly said NIAS need to be proactive with Trusts and make them aware of the issues and how they can be resolved.

The Committee confirmed that there should be a deep dive into Estates at the next meeting.

ACTION: Mr Mullen

Ms Donnelly confirmed that Estates is within the planning and performance budget and there is an ask for an additional £100K which will be requested via SMT for minor schemes, however, if it turns out to be capital, NIAS can raise a bid via monitoring rounds. In terms of fleet, Finance is working with Mr Coulter.

Mr Arandia said there is going to be a workshop on 13 October regarding creating a strategy and plan which will be timely for this to

be reported on at the next SPF meeting to get a deeper dive into fleet and estates.

Ms Donnelly referred to slide 14 (key performance targets) and that NIAS are due to break even, the team continue to look at the savings plan in more detail and will continue to review and monitor.

Ms Donnelly highlighted the slide regarding contingency and that NIAS need to have a plan to spend this which will be part of the six-month review. Mr Corrigan welcomes the upfront and transparent information regarding contingency allocation.

Ms Donnelly referred to Annex A which is a Directorate Report, broken down into divisions and she explained that each budget holder and AD have full visibility on their costs to ensure they have robust plans in place. Mr Corrigan is pleased with this report as it gives the Committee assurance that this level of detail is there and it is being monitored and each directorate is sighted on what they need to do.

Mr Corrigan said the Committee are content on the structure of the report, there is a lot of detail and they may continue to tweak going forward but they are broadly content.

The Committee **NOTED** the report

9   **Business Case Approval Limits Proposal**

Ms Donnelly presented the proposed new Business Case Approval Limits which the Committee requested to provide clarity in terms of the governance for the processes and limits for business cases.

Ms Donnelly explained that they propose to align the thresholds with the DoH business case thresholds and are broken down by Minor (signed off by SMT), Moderate (requiring scrutiny at SPF), and Major (required to go to Trust Board). The Committee are asked to agree the recommendations in order for this proposal to go to the next Trust Board meeting.

Mr Dennison is unsure if it is within the Committees remit to approve the proposal and Mr Corrigan suggested that the Committee recommend the proposal for Trust Board to approve.

The Committee sought clarity in relation to major business cases and if the Board would be able to scrutinise them, Ms Donnelly confirmed they would be submitted to Committee level first before going to Trust Board.

Mr Quinn confirmed he is content to recommend the proposal to Trust Board and Mr Corrigan agreed.

Mr Dennison queried if waiting for Committee approval would slow down the process for business cases and the Committee agreed to add a line in to suggest that if a business case required swiftly, SMT will have the authority to approve in the first instance with a note to the DoH that it still requires Committee approval, which has been the current process for the fleet business case.

The Committee also suggested seeking approval outside of the Committee via correspondence if required and Ms Donnelly suggested adding this into the proposal.

Mr Dennison asked if the Committee are being asked to approve business cases today and Mr Corrigan suggested they approve them on the basis of the proposal going ahead. The Committee agreed to the business cases in principle, subject to further Trust Board approval of the business case threshold limits
Ms Donnelly confirmed she will change the proposal as agreed and submit to Trust Board for final approval with the intention of reviewing in time to ensure it is working.

ACTION: Ms Donnelly

Mr Henry advised that the ToR and standing orders will need to be revised to reflect the changes.

ACTION: Mr Henry/Mr Mullen

10   Business Case Register

Ms Donnelly explained that they are providing a business case register in response to feedback at a previous SPF meeting to give the Committee more information on business cases which provides governance and assurance to the Committee.

Business cases are a standing agenda item at directorate meetings and Mr Corrigan suggested that they need to be a standing item at SPF meetings and welcomes this useful information.

ACTION: Ms Beggs and Ms Donnelly

Mr Corrigan suggested that this needs to tie in with approval levels and therefore business case owners should be encouraged to align this into timeframes for SPF Committee dates and it should therefore be shared at Directorate meetings. Mr Henry suggested having an SOP and flowchart once this has been agreed.

ACTION: Mr Henry/Ms Donnelly

Mr Corrigan referred to Annex B and that there were five business cases and now four and asked if any had been missed as he would like these to go to Trust Board for overview.

Mr Quinn queried if there are any others that have been missed and Ms Donnelly said she would check and confirm.

ACTION: Ms Donnelly

Mr Corrigan suggested that as this approval process starts to roll out, Directorates will realise they need to be transparent and that an SOP will assist in notifying the business case register.

The Committee **NOTED** the Business Case Register.

10.1 Interim Fleet Business Case

The Chair welcomed Mr Bryan Snoddy to the Committee. The Business Case has been submitted to the DoH in August and it was discussed at the last Trust Board.

The DoH were happy to receive the business case early due to the circumstances.

Mr Snoddy explained that this is an interim business case for one-year (25/26) and they intend to convert the chassis in 26/27 and that the £8.5 million is split over two financial years.

NIAS would like to replace a fifth of fleet over a five-year cycle and also maintain ambulances to ensure sufficient cover.

Mr Snoddy said that in terms of the quantity needed, there will be in excess of 85 in March over seven years old and by the end of July there are 410 vehicles going out of service. Out of those 410, 190 are sitting outside of their normal replacement time.

Mr Corrigan queried if there is a manufacturer that provides both elements (buying and converting chassis) instead of doing over a two-year period. Mr Snoddy confirmed that there isn't and that they buy the cab from Mercedes which is then converted. He explained that the reason for two years is due to the timeline for supply, it is typically 12 weeks/3 months' lead time for supply and in most cases, this is extended. The team were only given the go ahead in the summertime and therefore require approval as soon as possible in order to meet the goal of the end of March. When NIAS submit their order, they are given a production slot but the manufacturer may not start production until month or two which extends the 12 week/3 month lead time. This has been a cycle for the last few years and there is a risk they may not get it done in the current financial year.

Mr Snoddy confirmed that RRV vehicles and cars are much quicker to order and that NIAS have never leased due to the risks if they break down or get written off, however, they keep this under review.

In relation to revenue for the disposal of vehicles, Mr Snoddy confirmed the vehicles have a five-year lifespan and NIAS receive some money through them via auction, however, older vehicles get less, and he emphasised that the market for older ambulances is minimal.

Mr Dennison queried if any of the independent services would be interested in buying them and Mr Snoddy confirmed that NIAS used to give them first sight but a lot of them are buying vehicles from other places in the UK.

Mr Quinn queried why NIAS are requesting for one year if they know at the end of the five-year period that the lease was coming to an end, and could this have been planned more in advance.

Mr Snoddy said that five years ago they wouldn't have been aware of the service requirements now. They did commence reviewing this, but ORH hadn't started reporting, therefore, it wasn't that they waited but that there were things to confirm before proceeding. Department approval for a larger case requires 9 months and NIAS thought they wouldn't get a 5-year business case on time and therefore thought it would be best going with an interim one. The team are currently working on the larger case.

Mr Snoddy confirmed for the Committee that they will consider electric / sustainable vehicles and address fully within the five-year case. Mr Quinn suggested that the Strategy will also need to reflect this in terms of sustainability and Mr Snoddy agreed that the fleet business case should follow the organisational strategy. The first round of queries has come back and they are hoping to get those returned in the next weeks, however, in the meantime, work continues on the five year case which will be shared with the SPF Committee.

10.2 Global Rostering System (GRS) Business Case

Mr Sinclair advised the Committee that the GRS is a key system to manage staff rostering and rota management. This continuity of service is the first and foremost business need and it is critical to ensure that scheduling solutions are in place for all operational service lines and includes access for approximately 1500 current users in NIAS to be able to access rotas and work schedules, with capacity for service expansion.

A business case has been developed and approved in principle at SMT on 18 August 2025. Due to the critical nature of this system and timeline pressures, this was shared with SPPG on 21 August 2025 following SMT, noting that the SPF committee approval would be required. The Committee are asked to approve Option 2b to migrate all current users of GRS to GRS Cloud with 24/7 support for Priority one issues only. Total revenue costs are £970,500, resulting in additional revenue funding of £851,200 over a four-year period. Mr Sinclair pointed out the challenge with the increase in financial costs and that NIAS are trying to find formal routes on whether they get funding for this, however, there is a timeline issue of next week as the provider may move to another price. It is a challenging picture, and this should have been set up earlier, however once funds become available it should be straightforward to set up a framework.

Mr Corrigan queried if all ambulance services across the UK are doing this, and Mr Sinclair confirmed that Total Mobile is a Belfast based company and all services have already moved over to the cloud service from this provider.

Mr Corrigan asked, in terms of finances, if this is for additional money over and above the base. Ms Donnelly confirmed that there is that risk and they are reviewing and chasing due to the time pressures. Given the value of this business case NIAS need them to fund, and if they don't NIAS will need to re-prioritise the budget as this is an extremely important service for NIAS. Ms Paterson is aware of the financial challenges and has discussed the options at SMT about sacrificing money to re-allocated.

Mr Quinn asked how long they can wait for approval and Mr Sinclair confirmed that they will amend the offer in a weeks' time which SPPG are aware of. Ms Donnelly added that NIAS are tied as they have to comply with the process and if they enter that contract without approval there is a risk of irregular spend. Ms Donnelly has been putting pressure on finance contacts as well as Mr Sinclair liaising with SPPG.

Mr Corrigan confirmed that the Committee is content to retrospectively approve as it has already gone to SPPG, and Ms Donnelly agreed to provide an update at the next Committee.

ACTION: Ms Donnelly

10.3 Intelligent Routing Protocol (IRP) - Business Case

Mr Sinclair advised the Committee that the IRP system reroutes calls to another service (with capacity), at times of pressure, which has been in place since 2022.

In June 2025 NHS England withdrew funding for the IRP and AACE coordinated a proposal for cost-sharing among UK ambulance services to sustain IRP. All UK ambulance services except West Midlands agreed to join. The Committee are asked to approve the business case for the preferred option (4) to participate in the IRP Collaboration.

Ms Donnelly is engaging with SPPG to secure funding for next year and Mr Sinclair, along with Mr Carson are identifying other methods to increase staffing and build national links to become more efficient and governed internally.

Mr Corrigan pointed out that the Committee don't have any other option to proceed, which clarifies NIAS are funding the revenue cost out of contingency but the business case with SPPG is next year.

The case has already been submitted to SPPG and retrospective approval is sought from the Committee.

The Committee **APPROVED** the IRP Business Case retrospectively.

11   Strategy Development Update

The Committee **NOTED** the Strategy Development Update from Mr Charlie Thompson iterated by Mr Henry.

There was a survey released to staff towards the end of July about how the new Strategy could encompass to explore their awareness and engagement, and high-level feedback was that staff would like to be actively involved, as well as better communication and engagement. This feedback will be used to guide the strategy going forward and there will be a mapping exercise to identify other groups and organisations to develop with.

There is a Board Strategy Day scheduled on 24 October for all Board members to get together and take forward before the end of the financial year.

Mr Quinn is part of the Strategy Development Steering Group and said that the key issues arising are the capacity for the Organisation to meet the timelines and ability for the Organisation to engage with stakeholder groups, both internal and external, in a meaningful way.

There are three pillars to inform strategy development including benchmarking with other services, here and abroad. There is a significant exercise to make the work required more meaningful and inter strategy analysis that has come back to the steering group. The Steering Group are ensuring that the Trust Board have a well refined picture and Mr Quinn is concerned about the timeline not being realistic. It has been asked if the Organisation can operate without a Strategy and Mr Dennison said it is a self-imposed deadline and it is not unusual for them to be extended. Mr Quinn added that it will be staged with checkpoints for a review of the strategy. Mr Arandia said that it should be a vision for where NIAS want to be in 10 years with more tangible and measurable plans to align with demand and capacity.

Mr Henry reminded the Committee that the highest level of risk is in strategy development and there might be a bit more flex about extending the strategy.

Mr Quinn is concerned due to the lack of the substantive post of Chief Executive and that plans to recruit for this post was due to be at the end of June and then extended to the end of Summer.

Mr Corrigan asked Mr Quinn for clarity on the role of the SPF Committee in terms of oversight of strategy and acknowledges NIAS are in a transitional period. Mr Quinn confirmed that the Committee has a performance oversight of the development of the strategy and Trust Board needs to sign it off which is briefed by the SPF Committee.

12 Committee Forward Workplan

The Committee **NOTED** the Forward Work Plan.

The Chair acknowledged that a focus on the service delivery model wasn't covered today and that there should be an overview on fleet and estates at the next meeting. Mr Henry agreed to liaise with Seamus Mullen and Mr Coulter to ensure this is provided at the next meeting.

ACTION: Mr Henry/Mr Mullen

The Chair emphasised that the Committee need papers in advance and that documentation is a good explanation of what the organisational approach to fleet and estates is, laying out the key information, as it has been blindsided and needs to be robust in terms of information so this Committee can feedback that they have a good line of sight. He asked to ensure the relevant staff have expectations and papers include fleet expenditure. Ms Donnelly agreed to consider and provide information of costs for NIAS to run fleet.

ACTION: Ms Donnelly

The Committee enquired if there is a separate forum on delivering value and Mr Arandia confirmed that this programme no longer exists, however, it is part of the monthly report and doesn't require a separate item.

The Committee suggested more detail in relation to Category 2 responses and the Chair agreed for this to be discussed at the next meeting.

ACTION: Mr Sinclair

Mr Corrigan referred to earlier conversations about the new Performance Cell Group and suggested that Mr Sinclair provides an update at Trust Board and the next SPF meeting on progress of this group.

ACTION: Mr Sinclair

The Committee agreed for an update on H&T and S&T to be shared at the next SPF Committee.

ACTION: Mr Sinclair

13 Any Other Business

Ms Beggs will be issuing a feedback survey regarding the new Committee structure to NEDs, which can be discussed at the NED Workshop on 9 October.

Mr Henry is discussing the Self-Assessment tool with the DoH this afternoon to determine if it is a mandatory requirement going forward.

14 Next meeting:

27 November 2025 at 09.30am

THIS BEING ALL THE BUSINESS, THE CHAIR DECLARED THE MEETING CLOSED AT 11:40AM

SIGNED: _____

DATE: _____27-11-25_____

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 11 September 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 R Finn	Assistant Director QSI
	Ms A McQueen	Quality and Service Improvement Lead
	Ms C Hanna	Lead Pharmacist
	Ms H Rob	Senior Secretary
APOLOGIES:	None	

1. Apologies & Opening Remarks

Members noted there were no apologies.

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

2. Procedure

2.1 Declaration of Potential Conflict of Interest

No declarations were made.

2.2 Quorum

The Chair confirmed that the Committee was quorate.

2.3 Confidentiality of Information

The Chair confirmed and emphasised the confidentiality of information.

3. Previous Minutes

The minutes of the previous meeting on 4 June 2025 were **APPROVED** on a proposal from Mr Quinn and seconded by Dr Graham.

4. Matters Arising

Committee members **NOTED** the update on Matters Arising.

RQIA Comms: Independent Ambulance Service inspections

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

ACTION: Ms Charlton

Progress for the Commander training in London

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

ACTION: Mr Sinclair

Relocation of HART Team

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

ACTION: Mr Sinclair

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

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

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

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

ACTION: Ms Charlton

Medicine Training

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

HCPC and College of Paramedics

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

5.   **Standing Items**

(i)   **Identification of Risk**

Safeguarding Team Capacity Risk Assessment

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

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

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

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

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

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

ACTION: Ms Charlton

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

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

Ms Charlton agreed to review the work plan and take forward suggested amendments via SMT, in advance of Committee approval.

ACTION: Ms Charlton

The Committee welcomes the workplan which provides them with an outlook of agendas in advance of meetings.

6. EPRR / HART Update

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

Mr Sinclair advised new workplans to align to the new HSC Core Standards as well as the AACE and Manchester Arena recommendations are in development.
Ms M Garland is now in post as Operations Business and Performance Manager. Ms Garland has been a great support. This has allowed Ms H Sharpe to focus and be subject matter expert.

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

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

Exercise Pegasus

Work is ongoing regarding the national 'Pegasus' exercise. Dr Ruddell is the lead Director for this supported by Heather Sharpe (EPRR) and Ruth Finn (AD QSI). It will commence in September 2025 including the establishment of a NIAS pandemic preparedness working group with representation from all directorates.
A self-assessment checklist return was submitted to SPPG on 29 August 2025 as part of information gathering to aid with planning.

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

EPRR/ HART Premises
A Business Case has been developed and submitted to DoH for new lease premises for EPRR/ HART.
Engagement is ongoing with DoH colleagues with the move to new premises anticipated towards the end of the year.

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

Recruitment
Mr Sinclair reported the positive development with recruitment. A number of posts have now been filled, and training is due to commence in the coming weeks.
Business Continuity Job Description has gone through job evaluation and matched to a Band 7. The secondment of the Business Continuity Consultant from YAS has been extended to March 2026. The Operations Business and Performance Manager has been aligned to support the work of EPRR over the next 6 months.

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

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

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

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

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

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

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

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

Action: Mr Sinclair

7. **Education Update**

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

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

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

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

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

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

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

8.

Pharmacy Quarterly Update
Ms Hanna presented the paper that highlights and updates on new developments aimed at improving clinical care to patients. Improvements have been made and compliance adjusted for number of Supervisor admin days for the Stations.
Internal Audit Recommendations have been implemented and has had positive outcomes.
- Monthly compliance spreadsheet shared with Operations.
- Non-operational managers engaged and trained to undertake audits of Paramedics they manage e.g. CSOs, ICH Paramedics etc.
- Training offered and undertaken by Pharmacy Technician, with Supervisors who want support.

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

Medicine optimisation, Temperature Monitoring Project is ongoing.

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

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

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

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

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

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

9. Safeguarding Position Report

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

She did however wish to bring to the Committees attention the information relating to safeguarding allegations within the report. She advised that the Trust Safeguarding Allegation policy had been operational since July 24 and that a review was ongoing to incorporate learning from the early implementation stages. She advised that there have been 15 cases referred for safeguarding planning meetings, 11 cases are of sexual safety in the workforce, 2 adult safeguarding, and 2 child safety concerns.
She highlighted that of concern is that 4 of the cases related to sexual safety allegations involving students. Ms Charlton advised that there is a close relationship with the university when this is the case and Paul Corns in his role in education and with a background of academic understanding from working in the university is a real support.

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

10. Chaperone Policy

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

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

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

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

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

12. Self-Conveyance to ED

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

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

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

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

explained that this is a UK wide approach. The 4 levels of pressure as per the Clinical Safety Plan (CSP) are:
Level 1 – Green – Normal Operating Levels
Level 2 – Amber – Moderate Pressure
Level 3 – Red – Severe Pressure
Level 4 – Black – Extreme Pressure

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

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

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

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

MS Finn explained that there has been a process introduced in the control room in relation to the logging of scripts and it was agreed that this was helpful and would aid triangulation if an incident were to occur going forward.
Mr Quinn mentioned in looking at the wicked problems is a mature approach and noted the willingness to review incidents as being positive in terms of the culture around patient safety.

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

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

Dr Ruddell stated we are facing situations where both control room staff and patients and their families may be required to make judgement calls with the aim of a patient reaching definitive care as quickly as possible and this is having to be balanced against the risks of waiting for an ambulance.
Mr Sinclair stated the solution is to become more efficient and to work with the system to endeavour to improve the system issues. Work that NIAS is involved in with RCC/ SPPG/ DoH and through the Big Discussion was referenced in respect of what is currently being done to attempt to mitigate these issues.

The Committee **NOTED** the Report.

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

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

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

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

The Committee **NOTED** the Update.

14. Out of Hospital Cardiac Arrest (OOCA) Improvement

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

Two further new posts have been developed within the Acute Care team. The team are working hard to continue to finalise ePCR use for OHCA. Any persons still using paper reports are being supported to use electronic reporting.
The access to outcome data continues to be achieved via approval for use of the Northern Ireland Electronic Care Record (NIECR) clinical record system on a case-by-case basis, this approach is achievable due to the relatively small volume of cardiac arrests in NI, which is perceived as a benefit to this approach.
We are now in a position where we understand the base line of patient outcome on a regular basis, and this is part of the trust board report.

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

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

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

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

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

Mr Sinclair highlighted areas of Current Performance/Patient Outcome Data. Which demonstrates the impact of the OHCA improvement programme on patient outcomes. Though there is an overall increase and improvement, the data at points remains unstable, but is now becoming more stable as practice stabilises.
Graph B demonstrated in ROSC for shockable cardiac rhythms from 34.74% (2022-2023) to 50% (2024-2025). A good improvement.
Graph C shows an increase in survival from 2022 onwards with an increase from 5% to 7.4%.
Graph D shockable rhythms show marked change of practice 2022 onwards, with an increase in the median from 19.98% (2022-2023) to 23.81% (2023-2024) to 25% (2024-2025).

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

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

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

Action: Mr Sinclair

15. **Date of Next Meeting**

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

16. **Any Other Business**

None.

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

SIGNED: _____

DATE: 20/11/25 _____