



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

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

1 Welcome, Apologies & Declarations of Conflict

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

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

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

The meeting was declared as quorate.

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

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

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

Members **NOTED** the Matters Arising.

4 Chair's Update

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

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

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

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

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

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

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

5 **Chief Executive's Update**

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

Handover Reform and System Leadership

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

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

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

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

Departmental and SPPG Engagement

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

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

System and Strategic Leadership

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

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

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

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

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

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

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

Ministerial Visit Demand Management & Staff Safety

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

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

Culture and Staff Engagement

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

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

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

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

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

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

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

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

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

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

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

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

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

Governance and Learning

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

11 QI Programme Feedback

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

13 Any Other Business

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

14 Date & venue of next meeting

23 October 2025 at 10.00am at Ballymena HQ

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

A handwritten signature in black ink that reads "M. Haworth". The signature is written in a cursive style with a slight slant to the right.

SIGNED: _____

DATE: _____ **23-10-25** _____