



**Minutes of NIAS Trust Board held on Thursday 11 December 2025
at 10.30am, Simon Community, 3 Bedford Street, Belfast**

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)
	Dr N Ruddell	Medical Director
	Mr J Dennison	Non-Executive Director
	Mr P Quinn	Non-Executive Director
	Dr P Graham	Non-Executive Director
	Mr D Ashford	Non-Executive 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	Board Secretary (Temporary)
	Ms E Mullen	Chair of SHSCT

Apologies

1 Welcome, Apologies & Declarations of Conflict

The Chair welcomed members to the meeting and noted there were no apologies received. The Chair welcomed the Chair of the SHSCT and thanked her for taking the time out of a busy diary to attend.

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**

The minutes of the previous meeting held on 23 October 2025 were **APPROVED** on a proposal from Mr Dennison and seconded by Ms Paterson.

3 **Matters Arising**

Members **NOTED** the update to Matters Arising.

As part of the review of the new Committee Structure, Ms Beggs circulated the NED's feedback forms with Executive Directors and asked them to complete and return. There are a few outstanding responses and once all of them are received Ms Beggs will provide the Chair with a summary report to review and consider.

ACTION: Ms Beggs / Chair

Mr Mullen reviewed the other Trust's responses to the SCORR Assessment (NIAO Recommendations) and confirmed there wasn't strong evidence for cohorting and SPPG advised they couldn't instruct corridor cohorting. Ms Paterson elaborated that this is one of the elements of the recommendations from NIAO that was submitted to the DoH and SPPG and it was originally funded through non recurrent funding and therefore couldn't be directed by SPPG on behalf of Trusts. The Chair asked Ms Mullen if this is something that has been raised with the SHSCT Board and she confirmed that their Board consistently discuss unscheduled care and what actions are being taken. They are aware of the numbers, however, the relevant Committee delve into the detail and any particular concerns are raised at board level.

Dr Ruddell welcomes that the SHSCT board were hearing about handover issues, but was keen to ensure that they recognised the direct impact on SHSCT patients and queried whether there is an appreciation of this risk. Ms Mullen confirmed these issues are

what the whole system is creating and Hospital at Home pathway is increasing and making significant improvements, and there is a collective acceptance of patients being treated at home rather than going to hospital.

Ms Paterson was privileged to take a tour at Craigavon and found it helpful to have visibility of the community demand and pressures waiting outside. From a data point of view, Gareth Hampton and the ED team acknowledged they need to be proactive. Ms Charlton commended Pat McCaffrey's contribution and response to a pilot regarding consideration of the suitability of calls coming into the control room which may be suitable for Hospital at Home service, which demonstrates the benefits of working collaboratively, and she said that the team in the Southern Trust have been particularly leading in these areas and acknowledged the leadership..

The Board continued to discuss Hospital at Home and how this should be encouraged with the public.

4 **Chair's Update**

The Chair thanked all members for contributing and attending the Corporate Strategy workshop. She has since met with Mr Thompson and there has been further consolidation and the latest version has been circulated to Board Members for further comment.

Mr Henry is updating the NIAS standing orders to reflect the CiC (Committees in Common) requirements.

The Chair referred to a meeting with the new commissioner for public appointments which was positive and provided good insight from the commissioner who is open to look at the process and changes. The Chair subsequently met with Ms Mullen to discuss how they can be instrumental as Chairs regarding NED's moving into Chair roles as the responsibility and accountability is growing among chairs within the HSC.

The Chair met with Mr Colin Coffey, chair of PHA, to assist in informing our Strategy and ensure NIAS keep the Board informed long term to influence service and transformation.

The Chair along with Ms Paterson met with Age NI which was a really informative and engaging meeting, and Ms Paterson will discuss what NIAS are doing in collaboration with Age NI during her briefing.

The Chair advised the Board that the meeting with the Minister and Permanent secretary was mostly to discuss finance, Senior Executive posts and the number of remuneration committees in relation to that. The Chair advised they are engaging with an external company regarding the recruitment for the Chief Executive and Director of Finance posts which should commence in January.

The Chair met with AACE chairs at an in-person meeting in London at the end of November and then met with ambulance Chief Executives and Chairs that afternoon at the AACE Council Meeting. There were a number of issues discussed and a presentation from a paramedic student which reflected the work undertaken by Bron Biddle regarding sexual safety.

The Chair referred to staff concerns she has received via email and reassured the Board that she is seeking legal consultation, and in the meantime, she welcomes feedback from board members on same.

NED's have been offered a place at the upcoming ALF Conference in March and Dr Graham has nominated himself to attend.

The Chair recently attended the CEF accountability and governance training and encouraged NEDs to attend. The Chair reminded Executive Directors that as they are also Board Members it is important for them to attend this training and asked members to feedback to Ms Beggs if they have attended such training. Dr Graham suggested it would be worthwhile feeding back to the

Organisation to advise that the training is different for Organisations with Directors as Board members and the Chair agreed. Ms Mullen agreed and suggested that Chairs relay this to the organisers to ensure all board members have access to appropriate training.

Ms Charlton and Ms Paterson confirmed they have attended this course and that it was very useful.

The Chair participated in the Women in Leadership Conference within her role as NIAS Chair and has shared this positive event with Mr McPoland to showcase NIAS.

The Chair welcomes engagement within the strategy regarding violence against women and girls and notes she has seen a significant increase on impact of NIAS' work within this area, particularly within safeguarding. Mr Quinn referred to a meeting with the PHA and attended a steering group regarding this area of ongoing development and the Chair agreed it is important for NIAS to link with the PHA regarding the regional work on same.

5 Chief Executive's Update

Ms Paterson updated Trust Board on various events and meetings since the last Trust Board meeting and that much focus has been on staff and strengthening relationships across the HSC to address the challenges in responding to patients.

At the end of October Ms Paterson attended a tour of the Western division and visited four stations which involved open and candid discussions with staff regarding potential improvements. Ms Paterson was pleased to attend the opening ceremony of the new Strabane Station which was well attended including local residents and local manufacturers as well as stakeholders and staff.

Ms Paterson visited the HEMS service which included a demonstration of the new equipment and also met a student on

placement from Edinburgh, who confirmed they have had a very positive experience so far. In the afternoon, Ms Paterson visited the HART team which have seven new staff members as a result of the new investment, and they are all eager to demonstrate and show the valuable service HART provides to patients.

Ms Paterson met with station officers last Friday and received good feedback and insight. She said that these are the gatekeepers to staff in terms of delivering an excellent service and enhancing good culture within NIAS, and the key area they requested for improvement was communication.

Ms Paterson met with a number of staff in November who shared their personal experiences which have had a detrimental impact on their wellbeing, and it provided an insight into the challenges staff face and how NIAS can help give them a safe space to operate and do their work.

Ms Paterson attended the Advancing Healthcare awards which is very valuable for NIAS staff. It was a proud moment when a NIAS paramedic won the overall award evidencing why investment into research enables staff to innovate within their roles.

The Shared CiC (Committees in Common) took place in November and there was a positive discussion about how the Committee can add value to the system and there was some encouraging progress on aligning tasks, risks and opportunities across the system, that NIAS can contribute to.

There was a meeting with Alan Moore on 4 November which also linked to a meeting with the NSSAR to advance the work to achieve an all-island response to incidents. Both Ministers plan to attend the humanitarian disaster event, hosted by CAWT, which NIAS will be attending and presenting at.

Ms Paterson met with Anna Parry from AACE on 4 November as well as Emma Wood and Jenny Keane to maintain and align

knowledge and evidence with national and regional services to collaborate on service approaches and learning.

The Permanent Secretary attended the recent Chief Executive Meeting which was positive in terms of ensuring Trusts are making effective decisions on performance and collaborating on achieving improvements within the system. NIAS has been given a portfolio to deliver on and that was present at the meeting.

There is significant ongoing work by SPPG on planning guidance which Mr Mullen is involved in, and they expect to see the outputs of this in January.

Dr Ruddell and Mr Sinclair attended a very useful meeting with Emma Cubit to discuss how NIAS support those with autism. NIAS have practices in place and Ms Cubit was complimentary of the work that NIAS do.

The Chair thanked Ms Paterson for her update which was **NOTED** by Trust Board Members.

6 **Performance Report**

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

Mr Mullen confirmed that changes to the report have been discussed previously and is meeting with the Chair of SPF to discuss and review the changes.

The Committee noted the significant increase in call demand and incident demand, along with repeat calls coming into the service. Cat 1,2, and 3 calls response times are significantly deteriorating and referenced late finishes. Mr Mullen highlighted the figures on hospital handover delays, equating to 11,000 lost hours, 30 shifts per day, which is an increase of 10% from the previous month.

Mr Mullen explained that staff absence has increased slightly and the main reason for this is mental health and well-being. Ms Lemon advised there was a detailed conversation at PCOD yesterday and the Committee received assurance that the dedicated work to improve absence is still continuing.

Mr Quinn said that it is concerning that there has been a deteriorating trend in absence since April and there are also concerns regarding the non-sickness findings within the recent internal audit findings.

The Chair welcomes the assurance from Ms Lemon and that NEDs have the opportunity to scrutinise the absence figures. There has been so much effort into improving absence and NIAS have been recognised and referred to at the highest level about this good work. This improvement needs to be sustained which will work hand in hand with the ongoing culture developments.

Mr Ashford referred to there being a 10% increase in calls but only a 2% increase in conveyance and a conversation ensued about ambulance handovers. Board members are frustrated that there have been ongoing discussions and commitment for Trusts to sign up to a two hour back stop by December which hasn't been achieved and queried what can be done differently from a Chair's perspective.

Ms Mullen acknowledged the frustrations and anxiety for NIAS and that the Southern Trust fully support any changes and assistance. She assured the Board there is momentum and they are supporting by creating additional pathways for emergency care. She suggested encouraging public engagement with interactions of HSC to release the pressure within ED, and hopefully they will see some developments coming from the DoH with meaningful campaigns to use in the most appropriate way and consider how to utilise the total resource across the region.

Mr Quinn referred to the impact and deterioration of Category twos in relation to handovers and emphasised for this to be noted in the public section of the meeting.

At the last Trust Board meeting members acknowledged that NIAS have dealt with the internal issues on the impact of cat 2,3, and 4 calls and received a detailed presentation on the performance cell, which needs to be maintained as well as the external factors.

Members referred to earlier discussions and reiterated that handovers should remain a priority at the Committees in Common (CiC) meetings.

Ms Lemon reminded the Board that NIAS remain in ASOS in response to safe staffing concerns, which is having a significant impact. The TU view is regarding ED handover pressure on staff and as a consequence they have asked the Minister for a 'release to rescue' procedure and are seeking a ministerial letter to provide some easement.

The Chair emphasised the genuine concern about the length of time it is taking to tackle the ambulance handover piece. This is impacting on staff not knowing when they will get a break or finish their shift and she is concerned about the impact on staff mental health.

The continuing nature is challenging for the NIAS board as it has been a significant risk for a long period of time. There have been glimmers of positive direction of travel to reduce the hours but are consistently discussing the impact on financial stability and delivering services within budget, and the Chair would like to put into context and understand the complexity of Southern Trust. The Chair welcomes Ms Mullen attending which is seen as a positive to share the issue but ultimately as NIAS don't see the traction it becomes more difficult to mitigate. The Chair sought assurance that the Southern Trust Board is sitting as perplexed as NIAS regarding the whole system impact and are they aware of the risks NIAS carry to those patients in the system and the length of time

they have to wait, who are critically ill, not just for those patients outside. The Chair conveyed her keenness to ensure that other trust boards are in the space of inter dependency and if they have the knowledge of the risk to the community.

Ms Mullen advised that Pat McCaffrey attended an unscheduled care meeting on 29 November to discuss how to manage the old and frail and reassured the board that they consistently provide focus on patient harm which occupies their time, discussions and agenda. The Trust may not be fully aware of the risks and asked the NIAS Chief Executive and Chair to attend and share these challenges with the SHSCT Board. The NIAS Chair welcomes the offer to widen that level of understanding around the risk and assurance.

Ms Paterson welcomed Ms Mullen's feedback and advised that she meets regularly with the Southern Trust Chief Executive, who has been very supportive and provided understanding of his previous roles to encourage traction on the implementation of handover reform in totality.

Ms Charlton appreciates the Southern Trust working alongside NIAS directly in relation to corridor care. The collaboration is there but there is a need to increase that awareness among all groups.

7 **Finance Report**

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

Ms Donnelly highlighted that at Month 6 the total funding allocation as at September 2025 is £133.462m and includes assumed funding of £15.200m and projected income of £2.029m.

For the 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.

Following the completion of Month six, finance have worked with Directorates to understand the cost drivers. The main driver behind the overspend at Month six, which has continued to month seven, is in the operations space and is in response to the pressures facing the wider HSC system. As noted, earlier NIAS lost 11,000 hours last month at ED, forcing NIAS to utilise overtime and IAS to maintain safe service delivery.

Finance has also progressed a forecasting exercise over the past few weeks and the current outworkings of this exercise are demonstrating a projected pressure for the rest of the financial year.

Finance continue to work with Directorates to develop proposed actions to address the pressures and to understand the risks and impacts of same. The aim is to conclude this work as soon as possible and to develop an updated financial plan for the rest of the year, and NIAS will engage with SPPG as this work progresses.

Ms Paterson advised to reduce spending in an area to mitigate 11000 lost hours would be a catastrophic impact on service delivery and they need to take a balanced view on the risk assessment and look at opportunities for gradient risk and if there is an opportunity to turn off independent ambulances to balance this. There is a statutory obligation to break even across the HSC system, and all partners are challenged within the same place. NIAS need to illustrate with SPPG the impact that will have and further highlight to other Trusts what cost pressures NIAS are absorbing due to system pressures

Mr Quinn emphasised the need for more stringent governance oversight and that members have agreed to have an additional SPF meeting. The Chair agreed and said that the Board are not comfortable with the position presented today, they appreciate and understand the assurance regarding what is being done to address the situation and agreed that an additional SPF Meeting should be arranged to ensure there is additional governance to monitor this.

Ms Paterson advised NIAS will return the action plan to SPPG today to seek endorsement and highlighted that decisions may need a quick turnaround and welcomes board members participation in an additional meeting.

Ms Charlton emphasised that it is importance of ensuring that quality and safety considerations are integral to decision making and Dr Graham requested that the impact on the risk register is also considered.

Capital

Ms Donnelly confirmed that as at September 2025, the Capital Resource Limit (CRL) allocation for 2025-26 is £6.181m and NIAS is currently forecasting a break-even position for capital.

8 Annual Quality Report

Trust Board Members **NOTED** the Annual Quality Report 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 NIAS patients have experienced and that staff have delivered.

Ms Charlton explained that the report has been reviewed by the Safety Committee and is in a format requested by the DoH. It is important to note that they have made it very clear how system wide pressures have an impact on how NIAS respond and the quality of service to patients.

Mr Quinn referred to discussions at the Safety Committee about a more explicit reference required in the report about the statutory duty of quality and the impact, however, the report was already published before that was suggested, which Ms Charlton confirmed the team will consider for the next report.

Mr Dennison added that the report is lengthy but easily digested and suggested a comms plan to share with the general public and Ms Charlton and Mr McPoland agreed to liaise about this.

ACTION: Ms Charlton/Mr McPoland

Mr Mullen advised the Board that they have a comms plan drafted and are currently creating different areas in line with the Strategy and Mr McPoland will share the plan with SLT in the next few weeks. The Chair welcomes this as aligning communication is consistently raised at Trust Board and asked for it to be included in the forward work plan as soon as possible. The Chair suggested an update on the Comms Plan is provided for the February Trust Board meeting.

ACTION: Mr Mullen/Mr McPoland

Ms Paterson agreed with this approach and explained that the team consists of Mr McPoland plus one full time equivalent and they may need to consider how they achieve the capacity required whilst conscious of the financial situation. Mr Mullen reminded colleagues that the culture and narrative should be generated by the subject matter expert and is therefore also about the wider capacity and others within their roles, and Comms are an outlet facilitating that.

Mr Dennison suggested the approach should be to try and change the public narrative and be proactive by reporting positive stories and information. Mr McPoland advised board members that they are creating podcasts, which have been well received, and they have recently shared the fifth podcast featuring Dr Ruddell about triaging calls.

9 Committee Business

The Board **NOTED** the forward workplan.

There has been a regional agreement to align Trust Board meetings from September to ensure adequate and timely decision making from the CiC.

Mr Dennison highlighted that sickness absence was identified as a concern at the recent PCOD meeting and significant challenges regarding employee relations. There are also risks with the implementation of the new system EQUIP that will be escalated as a corporate risk due to the significant capacity requirements. The Committee also raised their concern about the lack of momentum with the Ops restructure but welcome the positive improvements as a result of Ms Lemon's new team members in operation which is reassuring.

Ms Paterson added that Chief Executives have discussed concerns regarding EQUIP with Karen Bailey which has been escalated, and Ms Paterson agreed it should be added to the corporate risk register.

Mr Ashford advised Board Members that the Safety Committee agendas remain very busy and welcomes the improvements within the HART Team, but there are some concerns with education in relation to the increase in demand.

Dr Graham advised that GARAC met on Tuesday to discuss outstanding internal audit recommendations and was pleased with the number of attendees, and they received detailed updates from Directors directly. Dr Graham thanked Ms McAuley for her ongoing work in progressing and striving to close recommendations and the Committee acknowledged that some recommendations are out of NIAS' control. Internal Audit are meeting with Directors to consider the plan for the next three years.

The Chair was pleased with this level of assurance and Ms Paterson agreed the meeting was positive and demonstrated the amount of work achieved, which Internal Audit also acknowledged.

13 Any Other Business

Ms Charlton referred to the current regional flu position and advised that they have been engaging nationally and regionally about the impact of flu including PPE requirements and Boards and Committees will be kept updated with any developments.

14 Date & venue of next meeting

19 February 2026 at 9.30am, venue TBC

The Chair thanked Mr Dennison for hosting the meeting and providing hospitality.

The Chair thanked Ms Mullen for her openness and transparency and welcomed her to attend another future Board Meeting. Ms Mullen thanked the Board members for the opportunity to engage and welcomed NIAS board to utilise their premises at Craigavon once the flu season is over and perhaps include a service visit.

THIS BEING ALL THE BUSINESS, THE CHAIR CLOSED THE PUBLIC MEETING AT 1.00PM.

SIGNED: _____

M. Lammour

DATE: _____

19/2/26