Agenda

1 Welcome, Apologies & Declarations of Conflict of Interest

For Information

Apologies: Michelle Lemon - Laura Turley deputising

Ann McQueen attending as an observer

Ruth Sutherland (PCC) attending for Item 6

2 Minutes of the previous meeting held on 11/12/25

For Approval

Note - The Chair has not reviewed these minutes

3 Matters Arising

For Noting

4 Chair's Update

For Noting

5 Chief Executive's Update

For Noting

6 People to Partners - Next Steps

For Noting

Ruth Sutherland (PCC) attending

7 Performance Report

For Noting

8 Finance Report (Month 9)

For Noting

9 Update on Comms Plan

For Noting

10 Corporate Risk Register

For Noting

11 Updated Committee ToR

For Approval

12 Standing Orders Update

For Approval

13 Risk Management Policy / Risk Appetite Review

For Approval

14 Committee Business:

15 Any Other Business

15.1 NIAS new Corporate Plan (SM)

For Noting

Verbal Update

16 Date & venue of next meeting:

30 March 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

Mr. John McPoland

Mr. Seamus Mullen

Ms. Maxine Paterson

Mr. Phelim Quinn

Dr. Nigel Ruddell

Mr. Neil Sinclair

Ms. Laura Turley

Northern Ireland Ambulance Service Health and Social Care Trust

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 incudes 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: _____

DATE: _____

Northern Ireland Ambulance Service
Health and Social Care Trust

TRUST BOARD – 11 December 2025

		INDIVIDUAL ACTIONING	UPDATE
	PUBLIC		
1	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.	Ms Beggs / Chair	Ongoing
2	Annual Quality 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.	Ms Charlton/Mr McPoland	QSI team have fromally met with J McPoland to proactively agree comms plan for future Annual Quality Report
3	The Chair suggested an update on the Comms Plan is provided for the February Trust Board meeting.	Mr Mullen/Mr McPoland	Comms Plan on agenda

PCC
PATIENT & CLIENT COUNCIL

20 January 2026

Dear Michele

RE: 'People to Partners - Developing a Unique Approach for Northern Ireland'

At the NICON Conference in October, PCC, in conjunction with NICON, launched a new report, 'People to Partners – Developing a Unique Approach for Northern Ireland'.

The report is the outcome of a high-level roundtable hosted by PCC and NICON at Hillsborough Castle on 3 September 2025, where senior health and care leaders, thought leaders, representatives from local government, the Community and Voluntary sector and leaders from wider Northern Ireland Government departments came together to explore the potential collaborative advantage of a new relationship with the public in delivering public sector goals. This discussion was framed by an acknowledgement of the urgent need to create sustainable and effective public services that meet contemporary demands and expectations whilst delivering the financial imperative. It recognised the growing body of evidence which suggests that harnessing the energy and agency of citizens as assets in resetting and reshaping public services, will deliver the best outcomes for governments and the public alike.

'People to Partners' was adopted within health and social care in Northern Ireland as the enabling 'fourth shift' and it was encouraging to see it reflected as a significant theme throughout this year's NICON conference. The report by PCC, its recommendations, and the associated call to action has the ambition of being the starting point for strategically shifting the nature of the relationship between the public and their health and social care services in Northern Ireland.

Building on the energy and commitment at NICON, PCC are embarking on a series of conversations with key stakeholders to shape understanding and momentum around People to Partners and to explore the opportunities to progress this agenda in partnership. As a first step, I would welcome the opportunity to engage with you, your Board and Executive team on this. Anna O'Brien, PCC Communications and Public Affairs Manager will be happy to make the necessary arrangements, please email: anna.obrien@pcc-ni.net.

In the meantime, I send my best wishes and look forward to seeing you at the upcoming NIAS Trust Board Meeting.

Yours sincerely,

Ruth Sutherland CBE

PCC Chairperson

CC:

Meadhbha Monaghan, PCC Chief Executive

Northern Ireland Ambulance Service Health and Social Care Trust

Northern Ireland Ambulance Service

Email: michele.larmour@nias.hscni.net

Telephone: 028 90 400999

Our Ref: AD-CE-02ML/SB

Date: 2 February 2026

Ruth Sutherland CBE
PCC Chairperson

Sent via email to:
execasst@pcc-ni.net

Dear Ruth,

Re: 'People to Partners – Developing a Unique Approach for Northern Ireland'

Thank you for your letter dated 20 January 2026 and the information regarding the next steps for developing a collaborative approach in shifting the relationship between the public and health and social care services in Northern Ireland.

NIAS welcome these developments, and we look forward to meeting you at our NIAS Trust Board Meeting on Thursday 19 February 2026, at NIAS Headquarters, Knockbracken Healthcare Park. My colleague Stacey Beggs has been in contact with Wesley McCullough to arrange this and she will confirm an exact time in due course, however, we anticipate it will be around 10.00am.

Your letter and information will be shared with NIAS Board Members to familiarise themselves in advance of our Board Meeting. To manage timings at the meeting, can you advise if you intend to present slides or verbally consult with the Board?

Yours sincerely

M. Larmour

Michele Larmour
NIAS Chair

Cc: Anna O'Brien
Meadhbha Monaghan
Stacey Beggs

Northern Ireland Ambulance Service
Health and Social Care Trust

MEETING PAPER COVER SHEET

Paper Title:	NIAS Trust Performance Report January 2026		
Paper For:	**Trust Board**	**Link to Strategic Objectives:**	
Meeting Date:	**05/02/2026**	Most appropriate clinical response	☒
Author:	Neil Walker	Work collaboratively with HSC partners	☒
Responsible Director:	Seamus Mullen	Deploy resources to meet patient needs	☒
Action Required:	**TO NOTE**	Support improved health outcomes	☒
Resource Implications:	No	Optimise organisational resilience	☒
Paper History:	N/A		

Recommendation

Trustboard to Note Trust Performance Report for submission to the Strategic Performance and Finance Committee

Executive Summary and Key Messages

Highlights:

- Severe response-time deterioration:
  - Category 1 mean 13mins increased from 12.4mins
  - Category 2 mean 107 increased from 85mins
  - Category 3 mean 257mins increased from 179mins
- Prolonged ED handovers (>15 mins) resulted in >10,000 hours (25% planned capacity), driving response delays and job-cycle impacts.

Key Issues:

- Operational Capacity reduction from handovers and industrial action reducing available crews and lengthening response times.
- Workforce pressures with frequent late finishes (39% of shifts) and long delays, impacting on staff resulting in high sickness (FY 9.9%).

Top Risks & Mitigations:

- Patient-safety risk (response delays):
  - Mitigation: continued engagement on regional handover protocols with acute trusts, along with deploying targeted relief crews.
- Workforce sustainability risk:
  - Mitigation: accelerate recruitment to reduce vacancies, Design and Implement enhanced and staggered rotas to reduce late finishes.

Northern Ireland Ambulance Service
Health and Social Care Trust

TRUST CORPORATE SCORECARD

NORTHERN IRELAND AMBULANCE SERVICE

January 2026

For December 2025 Data and Performance

Northern Ireland Ambulance Service
Health and Social Care Trust

Executive Summary

Operational Performance:

Demand:

- Call answer demand in the EOC decreased by 7% in December 2025 compared to December 2024.
- Incident demand has seen an increased 4.4% in December 2025 when compared with December 2024.
- The daily average of patients conveyed to hospital was 309, representing a 6.3% increase compared to December 2024.

Response Times:

- Performance against national standards remained a significant challenge across all categories.
- Category 2 average response times were extremely concerning at 107 minutes, increasing from an already high outturn of 85 minutes in November 2024.

Actions to Address:

- Work continues to mitigate the operational impact of Action Short of Strike
- Performance cell continues to monitor operational performance across the organisation twice a week.
- Short term actions being taken within Performance Cell to mitigate deteriorating performance

Clinical Performance:

Clinical Hear & Treat and See & Treat

- Clinical Hear & Treat rose to 10.5% in December 2025. The total AQI Hear and Treat rate rose to 14.1%% for December 2025
- Clinical See & Treat slightly increased to 12.4%, the total AQI See and Treat rate was 26.7% for December 2025.

Complex Cases

- 5.6% 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 October 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 remains at 9.5% for YTD 2025.26; shockable rhythm survival also remains at 28.2% for YTD 2025.26.

Actions to Address:

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

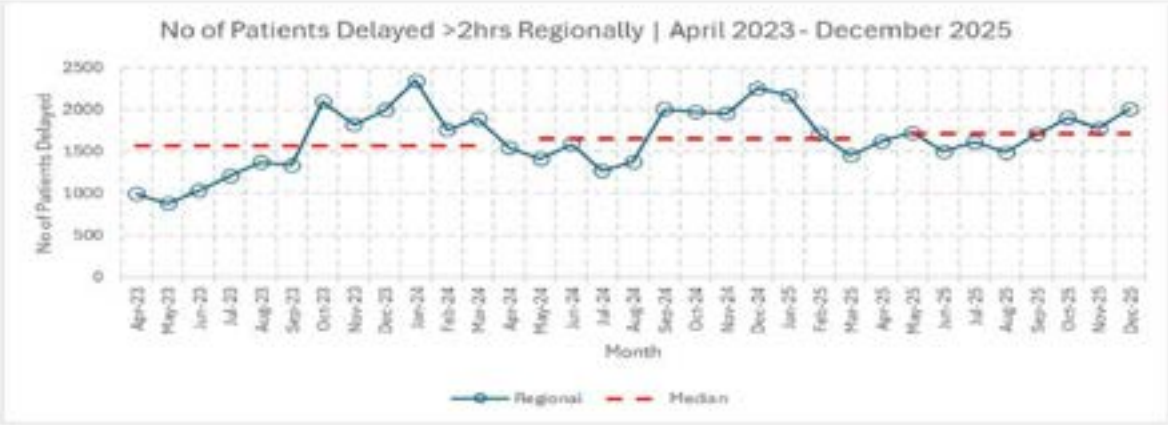
Northern Ireland Ambulance Service
Health and Social Care Trust

Executive Summary

System Performance:

Handover:

- Over 10,000 hours were lost due to handovers exceeding 15 minutes, 25% of NIAS Planned capacity was lost waiting at EDs across the region in November 2025
- Despite reduced patient conveyances, 19% of arrivals waited over two hours, an average of 16,65 patients per month for the current financial year.



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	Q3 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%	35.0%
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%	24.0%
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%	21.0%
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%	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%	13.0%
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%	19.0%

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
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Executive Summary

Non-Emergency Performance:

- KPI 1 – Inward Journeys (Arrival within 60 minutes of appointment): Performance remains below the 95% target at 41% and is showing common cause variation. 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%, below the target of 95%, with common cause variation being observed. Additional focus on discharge coordination is required.
- Cancellations: Despite targeted improvement actions, cancellations have risen above the upper control limit, suggesting a significant outlier. Additional resourcing triggers are now in place to protect critical pathways such as renal dialysis and oncology transport. There has been an increase in cancellations following GP withdrawl of routine bookings as well as an increase in cancellations by both patients and hospitals. Work is ongoing with SPPG to understand the impact and source solutions.
- Patient Experience and Complaints: 5 complaints were received in December 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: 49% of all non-emergency journeys in December were completed by NIAS resources, maintaining performance levels seen in December 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 is 1.48 patients per run, showing common cause variation. 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).
- IA usage has decreased following internal recruitment.
- 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.
- There has been an increase in cancellations following GP withdrawal of routine bookings as well as an increase in cancellations by both patients and hospitals. Work is ongoing with SPPG to understand the impact and source solutions

Independent Ambulance Performance:

Patient Experience

- KPI 1 Inward journeys – That 95% of inward journeys will arrive within the 60mins prior to an appointment time. Experiencing common cause variation but consistently failing the target
- KPI 2 Outward Journeys – 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

Productivity

- In December '25 IAS activity accounted for 24% of non-emergency activity down from 32% in December '24.
- Reduced use of IAs is part of an initiative to reduce the cost pressures within the service
- The number of journeys being completed per shift by independent ambulances is experiencing improving variation

Northern Ireland Ambulance Service
Health and Social Care Trust

Executive Summary

Service Quality and Our People:

Serious Adverse Incidents, Complaints, Compliments and Care Opinion:

- There have been 16 potential SAIs reviewed, with the Trust notifying 3 during December 25. The 8-week timeframe for submission of SAI reports to SPPG remains challenging and the current average time for completion remains at 97 days (19 weeks) which is significantly protracted from the 8 week requirement. Operational demands and the sustained move into REAP 4 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 December 2025, the Trust received 34 compliments, 25 complaints & 13 Care Opinion stories. Acknowledgement performance remained strong at 100%, though timeliness of responses within 20 working days continues to struggle at 39% (YTD) compared with 48% last year. This reflects the impact of the team having a vacancy for three months, along with the preparatory work required for MCHP implementation, and delays in call-audit processes. Of the 15 complaints closed, 58% were upheld or partially upheld, highlighting learning in EOC call handling, communication, abdominal pain assessment, and driving standards.
- 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.
- SUFT supervisor will continue to identify opportunities to locally resolve low-complexity complaints at the earliest opportunity.
- With the majority of MCHP implementation completed by the end of Q3, the SUFT Manager will be able to refocus capacity on addressing the complaints backlog and process delays.
- 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

Northern Ireland Ambulance Service
Health and Social Care Trust

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

Indicator	System Oversight Measures (SOMs)	SOMs Target 2025.26	Outturn Position 2024.25	Latest Reported Period: This Month Outturn	Measure Trend	This Month (RAG)
Response Times						
1.1	Category 1 (mean) (minutes)	10 mins	11	13		A
1.2	Category 1 (90th Percentile) (minutes)	21 mins	22	25		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	107		R
1.6	Category 2 (90th Percentile) (minutes)	60 mins	129	254		R
1.7	Category 2 (50th Percentile) (minutes)	233 mins	305	776		R
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%	10%		A
3.2	Percentage of Patients Conveyed	80%	81%	77%		A
4.1	Percentage of Calls Answered within 5 Seconds	90%	91%	73%		G
4.2	Number of Calls Answered	NIA	17,299	22,599		

Hospital Delays						
2.1	Total Number of Patients Conveyed	NIA	9,606	9,577		
2.2	Percentage of Patients <= 15 minutes	25%	8%	8%		R
2.3	Percentage of Patients <= 30 minutes	45%	31%	27%		R
2.4	Percentage of Patients <= 60 minutes	85%	66%	58%		R
2.5	Percentage of Patients > 2 hours	0%	14%	21%		R
2.6	Number of Ambulance Turnarounds	tbc	10,153	9,577		
2.7	Percentage of Ambulance Turnarounds within 30 mins	50%	15%	14%		R
2.8	Average Handover Time at Type 1 ED (mins)	NIA	72	91		
2.9	Lost Hours from Handover delays > 15mins (hrs)	NIA	10,570	11,972		

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** | **December 2025**

Corporate KPIs - Our People						
6.1	Monthly Percentage of Hours Lost	tbc	8.5%	12.6%		
6.2	Cumulative % Hours lost from Sickness	tbc	10.5%	10.2%		
6.3	Cumulative % Hours lost from Short Term Sickness	tbc	2.2%	2.0%		
6.4	Cumulative % Hours lost from Long Term Sickness	tbc	7.9%	8.3%		
Corporate KPIs - Our Communities will continue to value and trust us						
7.1	Number of potential SAIs reviewed	N/A	11	16		
7.2	Number of SAIs notified	N/A	10	3		
7.3	Number of Complaints	N/A	18	25		
7.4	Number of Compliments	N/A	27	34		
7.5	Number of patient stories received	N/A	10	13		
8.1	Forecast Revenue Expenditure	£ -	£ -	£ -		G

RAG Status Key

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

Northern Ireland Ambulance Service
Health and Social Care Trust

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

- **December 2025** has seen a decrease in demand levels of 7% when compared with December 2024. The call answer demand into EOC for 2025.26 Financial Year to date has an increase of 0.1% when compared with Financial Year 2024.25.
- **December 2025** saw an average of 729 '999' calls per day being answered by EAC which is a decrease from 783 calls per day in December 2024.
- **Call Answering performance** decreased slightly in December from the expected outturn position. **December 2025 call answering performance was 72.6%** for the month, compared with **December 2024** where it was **85.9%**.
- **Duplicate Calls** decreased in **December 2025** to 10,970 which is a decrease of 17% when compared with **December 2024**.

Northern Ireland Ambulance Service
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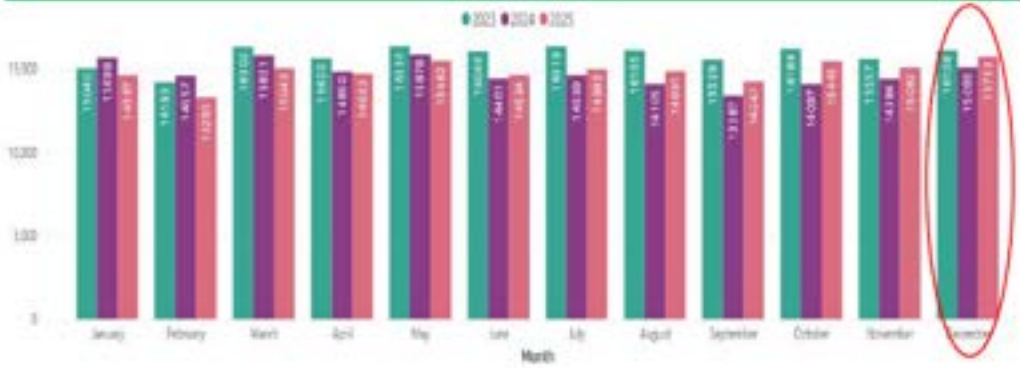
Our Patients | Emergency Demand Performance | Operational Demand

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

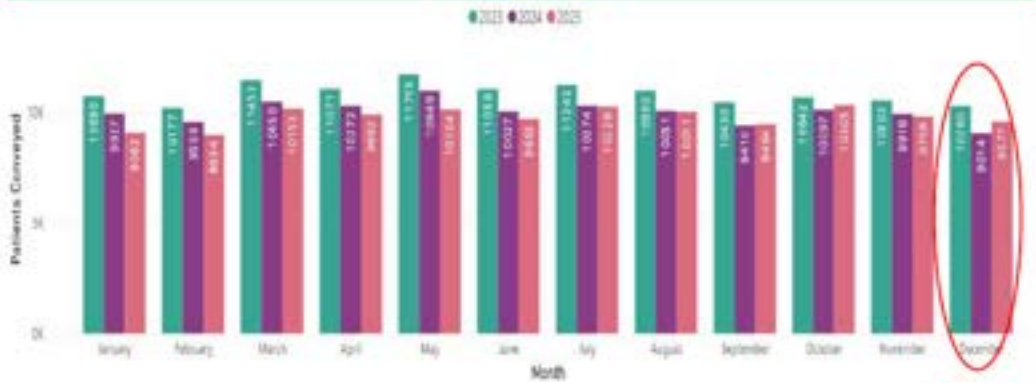
Response Demand

Monthly Incidents (A7)



Conveyances to Hospital

Patients Conveyed per Month



- **December 2025** has seen an increase in Incident levels of 4.4% when compared with December 2024. The incident demand for 2025.26 Financial Year to is 3.3% higher when compared with Financial Year 2024.25.
- **December 2025** saw an average of 508 incidents per day requiring an ambulance clinical response.
- **December 2025** conveyances increased by 6.3% when compared with December 2024. The numbers of patients conveyed to hospital 2025.26 Financial Year to date has also decreased by 1.1% compared with Financial Year 2024.25.
- **December 2025,** saw an average of 309 patients conveyed to hospital per day.

Northern Ireland Ambulance Service
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Our Patients | 999 Response Time Performance | Response Times Scorecard

Latest Month	Dec-25

	Target	Current Performance			Benchmarking (Latest Month)		
		Latest Month	YTD (from April)	Rolling 12 Month	National Data	Best in Class	Ranking (out of 12)
Category 1 response - Mean	8 Minutes	00:13:00	00:12:25	00:12:15	00:07:59	00:06:20	12
Category 1 response - 90th Centile	15 Minutes	00:24:58	00:23:24	00:23:13	00:14:14	00:10:49	12
Category 1T response - Mean	19 Minutes	00:15:01	00:15:07	00:15:01	00:09:44	00:07:02	12
Category 1T response - 90th Centile	30 Minutes	00:28:02	00:28:05	00:28:04	00:17:31	00:12:15	12
Category 2 response - Mean	18 Minutes	01:47:11	01:16:01	01:11:49	00:32:43	00:25:03	12
Category 2 response - 90th Centile	40 Minutes	04:14:03	02:51:37	02:42:56	01:08:48	00:50:51	12
Category 3 response - Mean	Not a target	04:17:57	02:39:39	02:31:10	02:01:17	01:13:12	12
Category 3 response - 90th Centile	2 Hours	12:55:32	07:29:26	06:53:47	04:48:28	02:56:54	12
Category 4 response - Mean	Not a target	01:24:13	03:18:01	02:54:17	02:29:38	01:29:41	1
Category 4 response - 90th Centile	3 Hours	03:25:34	03:26:34	03:20:24	05:48:57	03:37:46	1

Northern Ireland Ambulance Service
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Our Patients | 999 Response Time Performance | Response Times

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

CATEGORY 1 Performance

CATEGORY 2 Performance

Category 1

- December 2025 Category 1 mean response time was 13 minutes 0 seconds; while the Category 1 90th centile was 24 minutes 58 seconds.
- December 2025 saw a challenging period Category 1 mean response position for the Trust, with an inconsistent daily performance, with a daily average peaking at 19mins and a low of 9mins. This was replicated by the Category 1 90th centile performance.

Category 2

- December 2025 Category 2 mean response time was 1hour 47 minutes; while the Category 2 90th centile was 4 hours 14 minutes.
- Both the Category 2 mean and 90th centile response times remained challenging through November 2025. There are a number of actions that have been particularly impactful on performance:-
- The delay in this category 2 response time is having a significant impact on patient safety

Key Contributing factors to C2 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.*

Northern Ireland Ambulance Service
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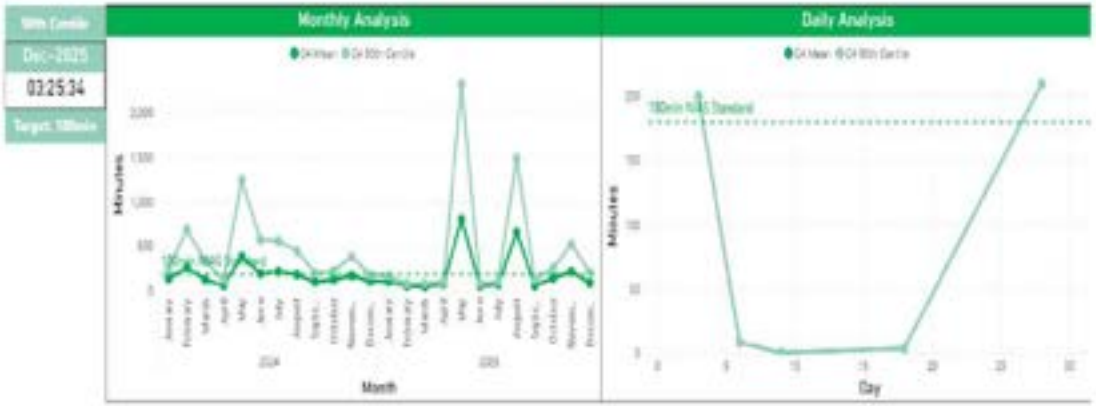
Our Patients | 999 Response Time Performance | Response Times

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

CATEGORY 3 Performance

CATEGORY 4 Performance



Category 3

- December 2025 Category 3 mean response time was 4 hours 17 mins; while the Category 3 90th centile was 12 hours 55 minutes, **over 10 hours above target.**
- As outlined in the previous slide, category 3 response times are impacted by the same root causes.

Category 4

- December 2025 Category 4 mean response time was 3hrs 25 minutes; while the Category 4 90th centile was 3 hours 25 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.

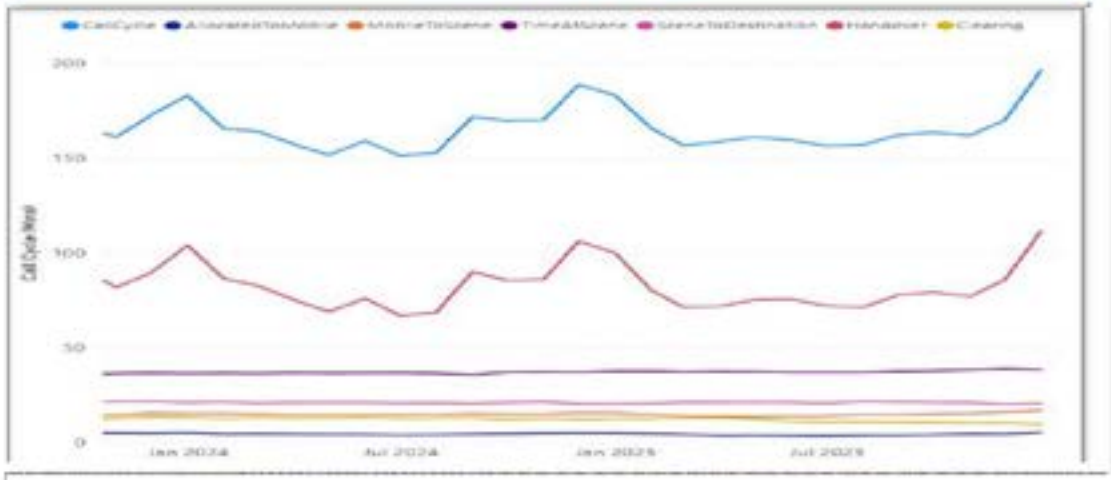
Northern Ireland Ambulance Service
Health and Social Care Trust

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

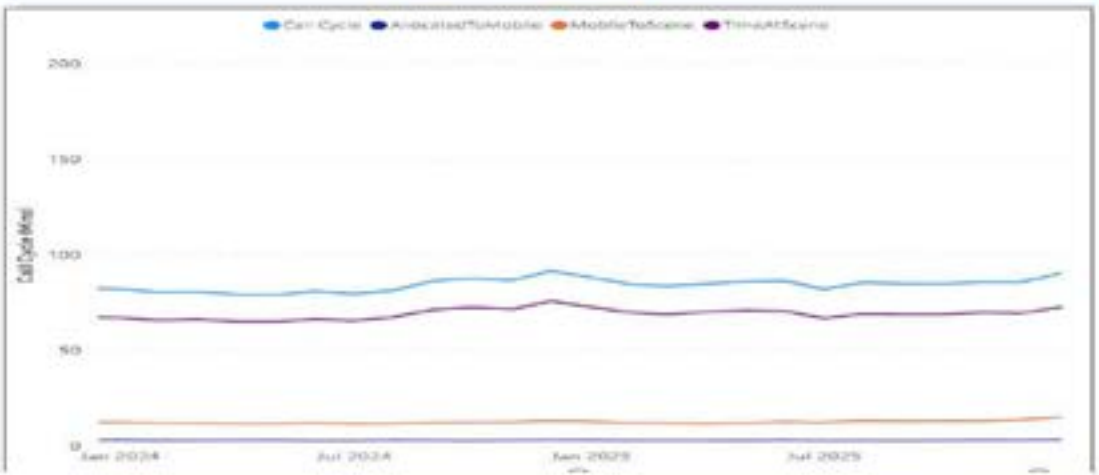
Efficient Job cycle times are critical to our response to patients across the region.

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

- December 2025 Conveyed average job cycle time was 2 hours 49 mins (169mins), when compared with December 2024 the average job cycle time was 3 hours 8mins (188mins).
- The 2025.26 YTD conveyed average job cycle time is 2 hours 41mins , whilst in 2024.25 the average job cycle time was 2 hours 43mins. Showing consistent performance year-on-year.

Non-Conveyed Average Job Cycle Times

- December 2025 Non-Conveyed average job cycle time was 1 hour 25mins (85mins), when compared with December 2024 the average job cycle time was similar at 1 hours 31mins (91mins).
- 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 23mins. This is a increase of 2 mins between the two periods.

Northern Ireland Ambulance Service
Health and Social Care Trust

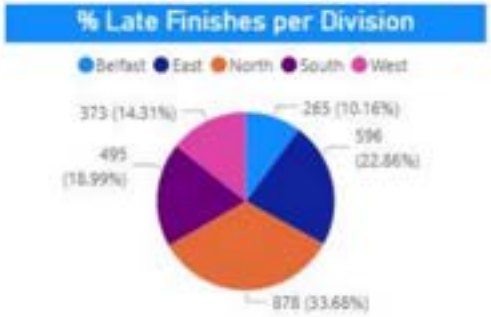
Our Patients | 999 Response Time Performance | Late Finishes

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.

	Shifts Ending in Late Finish Claims	Average Late Finish Duration (HH:MM)	Median Late Finish Duration (HH:MM)	Total Compensatory Rest (hours)
2024/25	33.4%	01:09:49	01:00	808
December 2025	39.0%	01:13:57	01:00	1,038
CHANGE FROM November 2025	4.4%	00:01:18	00:00	142.83

NO CHANGE



- **39.0% of shifts ended in a late finish**. This is an increase of 4.4 percentage points from the November 2025 position and is higher then baseline year (FY 2024/25) overall position (33.4%).
- The **average late finish duration was 1 hour 14 minutes** – a slight increase of 1 minute from the previous month's performance and 4 minutes higher then 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 1038 compensatory rest hours** because of late finishes. This is 230 hours more than the baseline 24/25 performance of 808 hours.
- **North Division** has the highest proportion of late finishes (33.7%) for December 2025 followed by East (22.88%) and South Divisions (19%).

Northern Ireland Ambulance Service
Health and Social Care Trust

Our Patients | Operational Performance | Actions to Improve Performance

- Performance Cell continues to take the lead within the organisation to review and mitigate Operational performance issues twice a week.
- 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 of abstraction 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.
- Challenges with Duplicate Call continue to persist at a high levels within EOC as outlined earlier in this report. EOC has reviewed the process and how it can be address, with the review of the delay scripts within EOC to deal with these callers, whilst ensuring patient safety. Alongside this, SMS messaging continues to be sent to 999 callers (with exception of Category 1 and HCP calls) from mobile phones informing the caller to only call back if there is a change in the patient's condition.
- A dashboard has been designed for utilization within EOC, to enable the EMD's, ICH and Control Officers real time data to inform patients of the mean response times within the area based on the last 24 hours. Further benefits include early indication of CSP escalation divisionally and regionally amongst other areas of benefit to operations

Northern Ireland Ambulance Service
Health and Social Care Trust

Clinical Performance

Northern Ireland Ambulance Service
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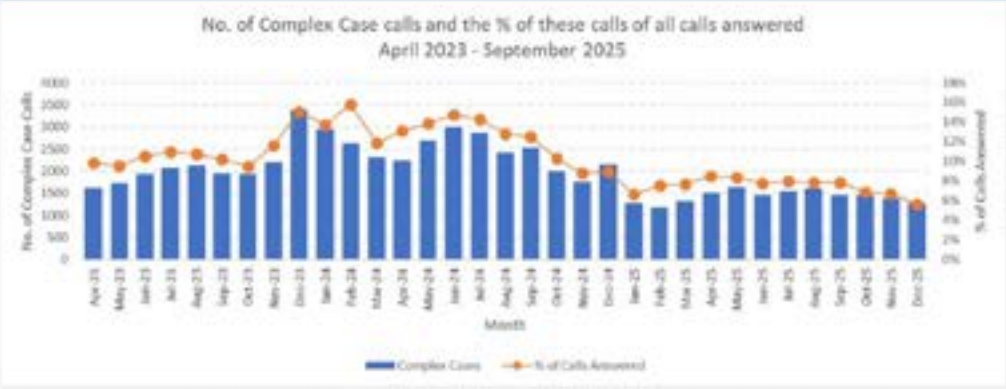
Our Patients | Demand Management | Prevention

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



December 2025 saw Complex Case calls at 5.6% of all the calls answered within the control room, a total of 1,274 calls were made by complex cases.

When comparing **December 2025**, there was a **40.9% decrease** in activity from these service users than the activity in **December 2024.**

An 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
Health and Social Care Trust

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

December 2025 saw the Clinical Hear and Treat rate surpassed the target at 10.46%, 1294 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 14.19% in December 2025.

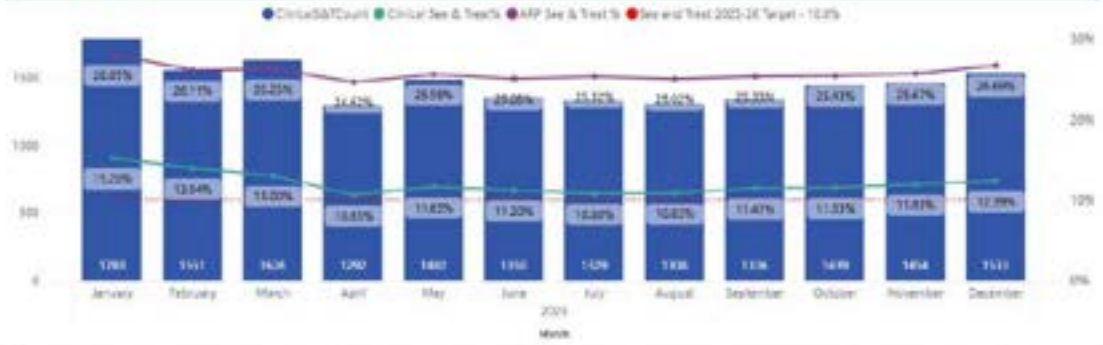
Clinical H&T for 2025.26 YTD outturn position is 7.61%, the total Hear & Treat rate YTD is 10.46%

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 consistently reach a Hear & Treat rate of 10%.

Clinical See & Treat



December 2025 Clinical See & Treat rate was 12.39%, whilst the total See & Treat rate for the trust is 26.69%. Work is ongoing to work with Trusts to improve performance with See & Treat.

Clinical See & Treat for 2025.26 YTD outturn position is 11.38%, the total See & Treat rate YTD is 25.26%

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%.

Northern Ireland Ambulance Service
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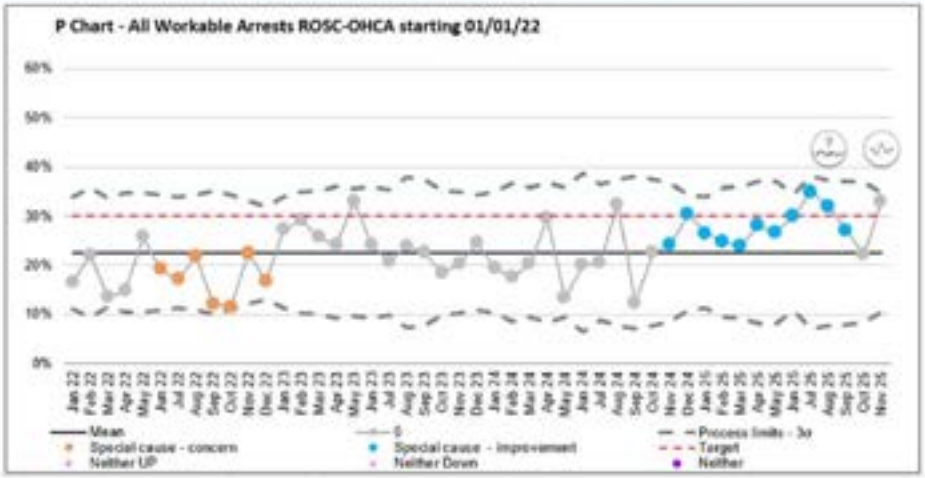
Our Patients | Clinical Care Performance | Out of Hospital Cardiac Arrest (OHCA)

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.

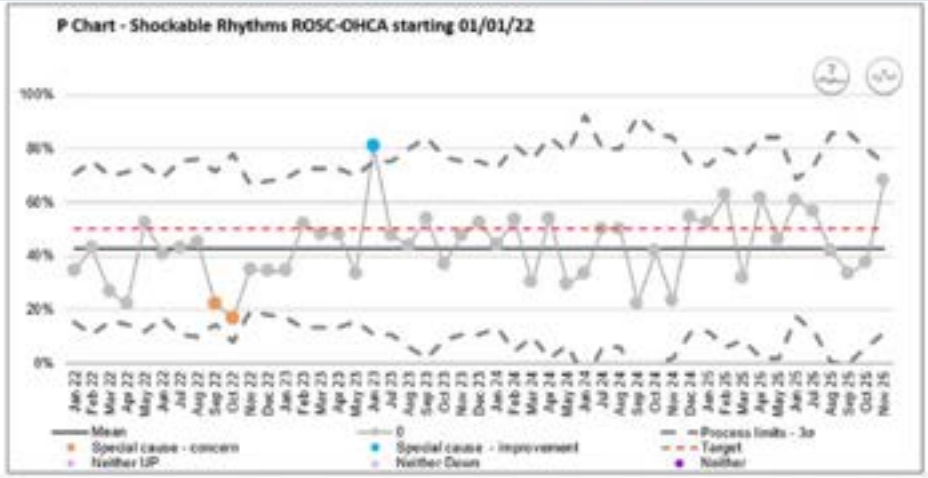
The analysis below describes: NIAS Return of Spontaneous Circulation (ROSC) Rates for Workable Arrests and Shockable Rhythms

ROSC Percentage of OHCA for all Workable Arrests



- The goal of 30% is taken from benchmarking other UK trusts. The **Median** for **YTD 2025.26** is **29.6%**
- This indicator is experiencing common cause variation and is hit or miss as to whether it will meet its target of 30%.
- 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.

ROSC Percentage of OHCA for Shockable Rhythms



- The goal of 50% is taken from other UK trusts outcome performance.
- December performance was 68.2% of Shockable Rhythms resulted in ROSC
- This graph demonstrated an increase in the median for ROSC for shockable cardiac rhythms from 35% in 2023, to 47.6% in 2023 and 45.8% in 2024. The YTD median for 25/26 is 53.4%
- This indicator is experiencing common cause variation and is hit or miss as to whether it will meet its target of 50%.
- 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.

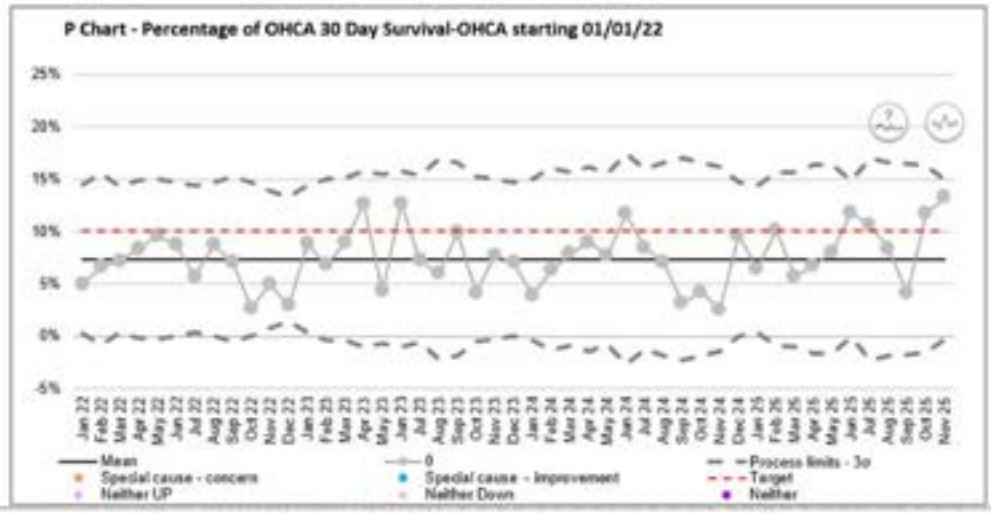
Northern Ireland Ambulance Service
Health and Social Care Trust

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.

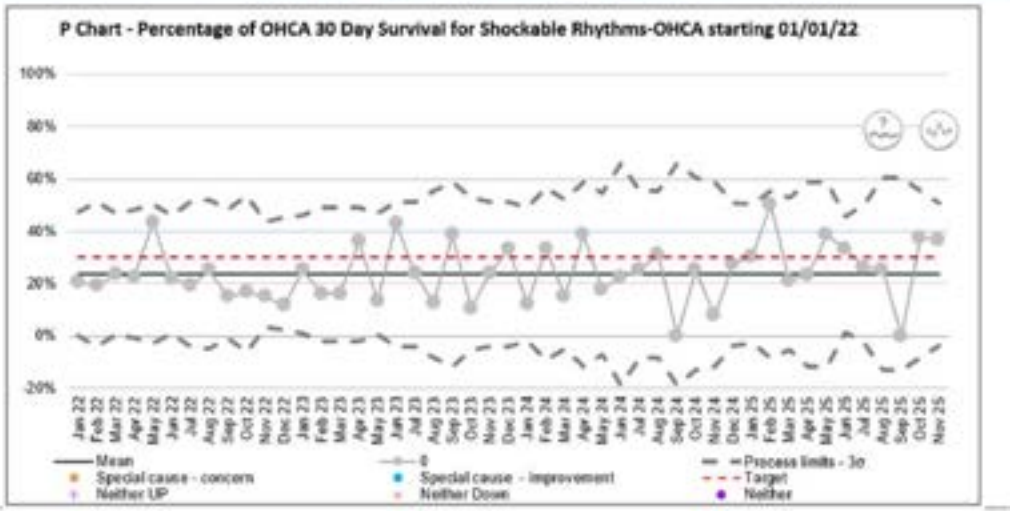
The analysis below describes: NIAS OHCA 30-day Survival and 30-day Survival Shockable Rhythms

OHCA 30-day Survival



- The goal of 10% survival is taken from benchmarking other UK ambulance trusts outcome performance. The **Median** for **YTD 2025.26** is **9.5%**
- This indicator is experiencing common cause variation and is hit or miss as to whether it will meet its target of 10%.
- 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

OCHA 30-day Survival Shockable Rhythms



- The 30% survival aim is benchmarked from other UK ambulance trusts outcome performance. The **Median** for **YTD 2025.26** is **28.2%**
- 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%.
- This indicator is experiencing common cause variation and is hit or miss as to whether it will meet its target of 50%.
- 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
Health and Social Care Trust

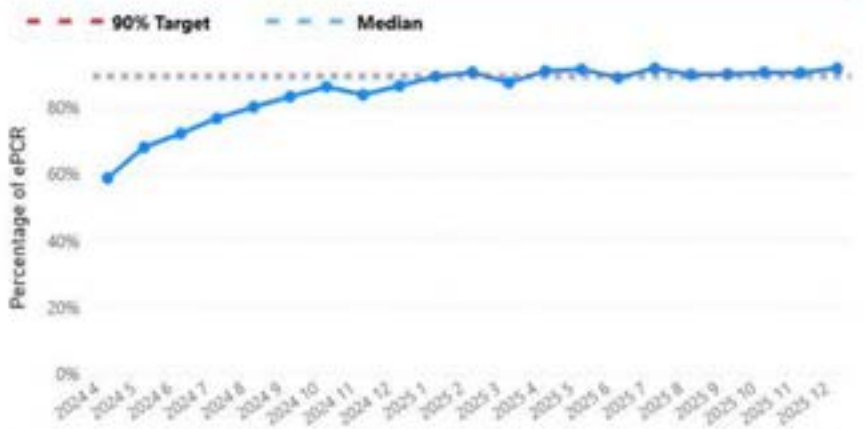
Our Patients | Electronic Patient Care Records | ePCR Compliance

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.

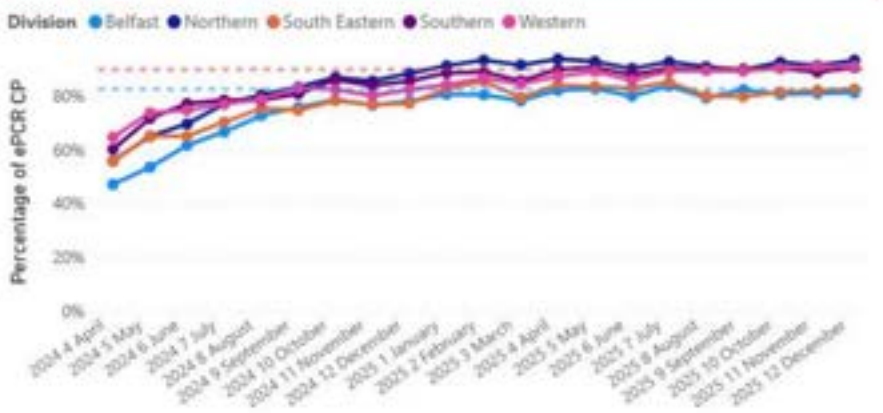
The analysis below describes: NIAS ePCR Compliance

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.

December 2025 compliance across the trust is **92%** against an internal trust standard of 95%. Q3 2025.26, all divisions are showing ePCR compliance in excess of 80% compliance.

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

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

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.
- 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.


Northern Ireland Ambulance Service
Health and Social Care Trust
System
Performance
Directorate of Planning, Performance & Corporate Services | Northern Ireland Ambulance Service

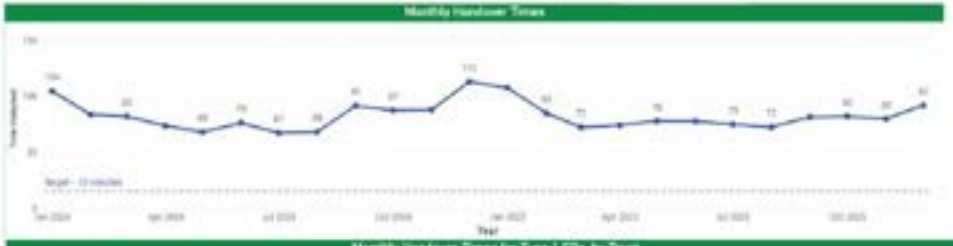
Northern Ireland Ambulance Service
Health and Social Care Trust

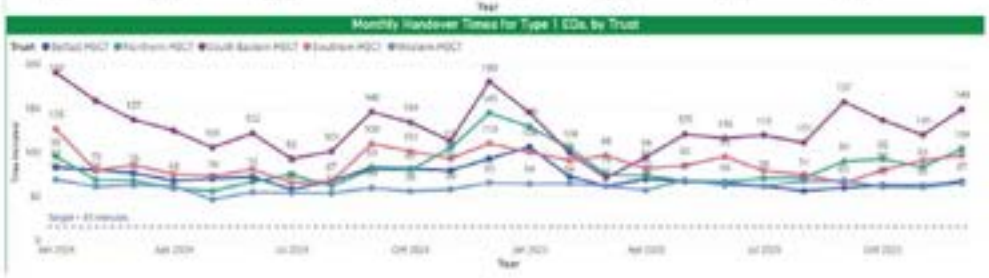
Our Patients | Emergency Performance | Hospital Handover Performance

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	1279	1279	1197	94.53%	749	58.64%	2,035.72	148.37
ANTRIM AREA	1511	1511	1406	93.05%	601	39.77%	2,290.83	105.71
CRAIGAVON AREA	1257	1257	1169	92.74%	508	40.42%	1,890.83	109.71
ROYAL GROUP	1643	1643	1446	88.42%	787	47.82%	1,734.91	70.90
ALTNAGELVIN	1138	1138	1065	93.73%	457	40.23%	961.32	66.63
CAUSEWAY	581	581	544	93.63%	274	47.16%	915.54	56.99
SOUTH WEST	641	641	610	95.16%	220	34.10%	667.15	61.31
DAISYHILL	551	551	518	94.01%	202	36.66%	670.17	65.97
MATER	455	455	415	90.11%	111	24.40%	514.47	56.00
RBSC	96	96	69	63.14%	8	8.42%	23.57	27.89
LAGAN VALLEY	34	34	27	79.41%	2	5.88%	7.48	26.84
DOWNE	27	27	21	77.78%	0	0.00%	5.74	26.48
BELFAST CITY	33	33	29	91.23%	1	3.13%	5.51	24.97
Total	**9436**	**9436**	**8698**	**92.18%**	**3503**	**41.33%**	**11,872.42**	**90.78**





Total Time Lost (Hours) - Last 12 months

126,035.12

In December 2025, NIAS experienced a total of 11,072 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 8,698 instances where our crews waited longer than 15mins to handover their patient at ED. 3,834 handovers took longer than an hour.

More than 70% of the total lost hours occurred at the four ED sites listed below in order of hours lost:

- *Ulster Hospital (2.8k hours; 94% > 15min; 59% > 1hr)*
- *Antrim Area (2.3k hours; 93% > 15min; 40% > 1hr)*
- *Craigavon Hospital (1.8k hours; 93% > 15min; 40% > 1hr)*
- *Royal Victoria Hospital (1.8k hours; 89% > 15mins; 42% > 1hr)*

In the last 12 months, >93% of the handovers exceeded the 15min target at our acute EDs, resulting in circa 126k hours lost. The lost hours experienced in December 2025 is a decrease of 2,116 hrs or 15% from December 2024, whilst the number of instance of delayed handovers decreased by 5.7% in the same period.

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	Q3 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%	35.0%
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%	24.0%
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%	21.0%
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%	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%	13.0%
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%	19.0%

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

- **Q3 2025.26** 2hr handovers have **decreased by 2.2%** when compared to **Q3 2024.25**
- **Q3 2025.26** 2hr handovers have **decreased by 0.2%** compared **with Q3 2023.24**

The chart to the left demonstrates an increasing number of patients waiting longer than 2hrs to access Emergency departments across the region.

The median number of patients waiting longer than 2hrs in the current financial year 2025.26 is 1,707 per month. This is an increase of 61 patients per month in the Median from 1,646 patients per month in financial year 2024.25

Northern Ireland Ambulance Service
Health and Social Care Trust

Non-Emergency Performance

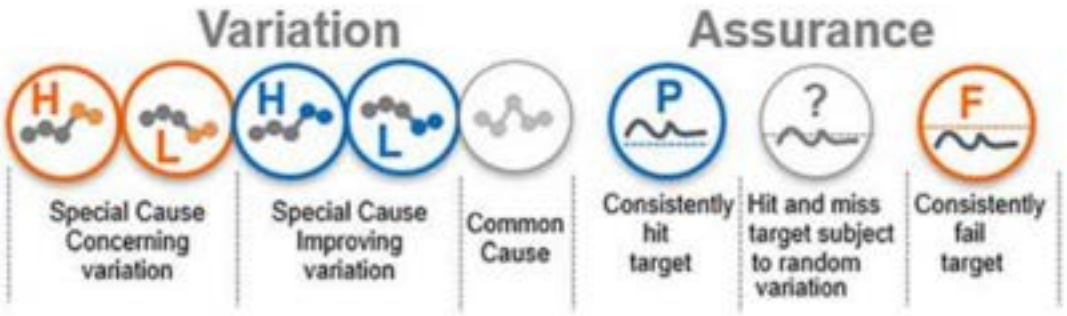
Northern Ireland Ambulance Service
Health and Social Care Trust

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:



Northern Ireland Ambulance Service
Health and Social Care Trust

Our Patients | Non - Emergency Performance | Summary Sheet

Improvement Summary/Actions

Majority of the 6 measures this month are experiencing common cause variation. With 1 of the 6 measures experiencing concerning variation. Half of the measures are consistently failing their target.

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.

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
KPI 1 Arrivals	Dec 25	41.28%	95.00%			42.78%	37.97%	47.60%
KPI 2 Departures	Dec 25	68.00%	95.00%			67.96%	61.03%	74.89%
PCS Journeys	Dec 25	6262	5750			5773	4774	6773
Cancellations	Dec 25	944	438			429	203	656
Loading Factor Outpatients	Dec 25	1.48	1.80			1.46	1.38	1.55
PCS Complaints	Dec 25	5	0			6	-2	14

Northern Ireland Ambulance Service
Health and Social Care Trust

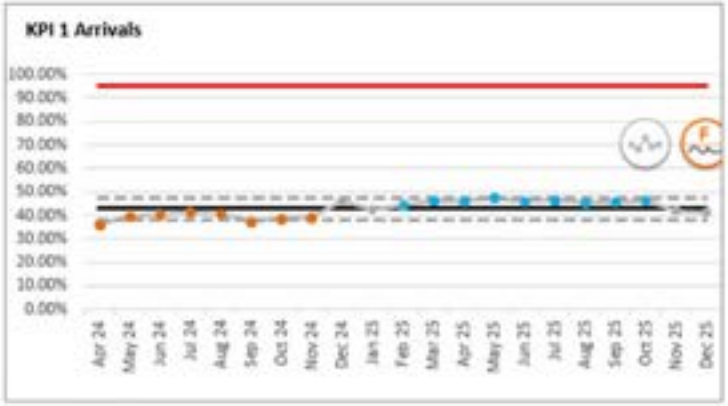
Variation Assurance

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

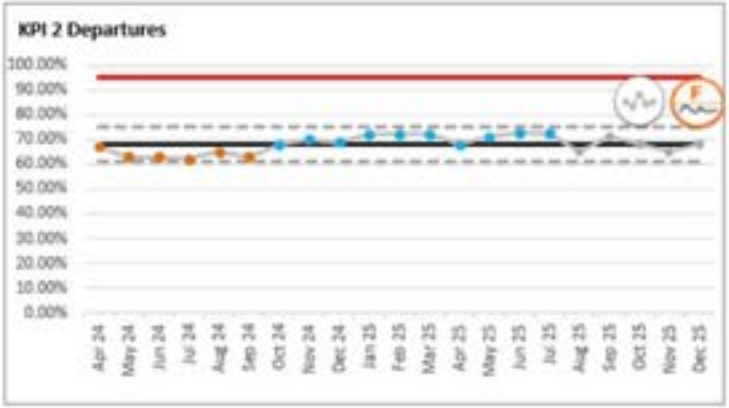
KPI 1 - That 95% of inward journeys will arrive within the 60mins prior to an appointment time.

- Compliance remains low with common cause variation. With Nov'25 seeing 1,278 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 2 - That 95% of outward journeys will start within 60 minutes of the patient being booked as ready by the clinic/hospital.

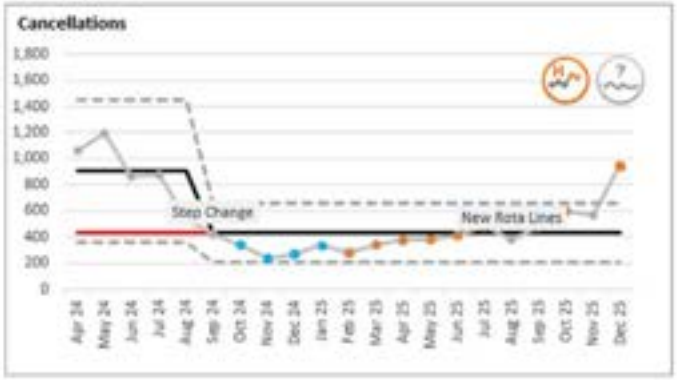
- Compliance at 65% remains below the required level of 95% with common cause variation.



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

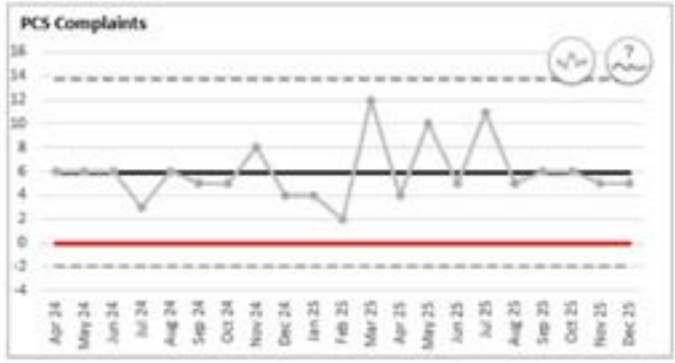
Cancellations by NIAS

- Additional processes to avoid cancellations in particular for journeys such as Renal Dialysis and Cancer treatments are now in place with triggers for additional resources when necessary.
- Targeted action to reduce cancellations was instigated in Aug '24
- The improvement target remains to have cancellations below 3.2% of service demand, representing a 50% improvement on 2023/24 levels.
- Dec-25 saw cancellations rose above the upper control limit with 944 recorded last month; this indicates concerning variation



Complaints

- In Dec '25 5 complaints were received relating to Non-Emergency services, with the most common complaint (2) relating to transport of patients attending for dialysis treatment
- 4 of the 5 complaints are awaiting an investigation report



Northern Ireland Ambulance Service
Health and Social Care Trust

Variation Assurance

Special Cause Concerning variation | Special Cause Improving variation | Common Cause | Consistently hit target | Hit and miss target subject to random variation | Consistently fail target

Our Patients | Non-Emergency Performance | Productivity Performance

Non-emergency transport journeys in Total and by Provision

- This comparative graphic illustrates the share of activity undertaken via each of the delivery options. The underlying objectives are to maximise the activity share completed by NIAS resources either PCS or where suitable the VCS and to meet service demand within contract limits.
- In Dec '25, 49% of the journeys were completed by a NIAS Ambulance and overall activity equalled 93% of demand compared to 98% in Dec '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.

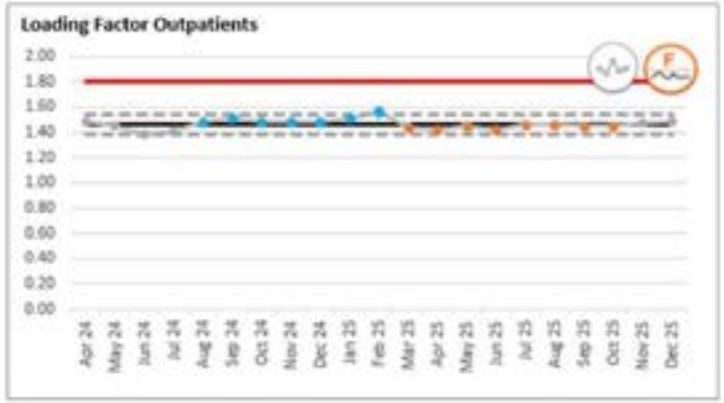
***NB** The operational definition of Service Demand used at this point is Total Activity + Cancellations by NIAS.*

Non-emergency transport Journeys completed by PCS

- Following on from the improvements in the share of activity to be completed by NIAS PCS resources over the past 2 years a new improvement target has been set as 5% above the level achieved in 2024/25
- It is currently subject to 'hit and miss' as to whether the target will be reached
- This indicator is currently experiencing common cause variation

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.
- Dec '25 rate was 1.55 patients being facilitated per ambulance run.
- This measure is currently experiencing common cause variation, in contrast to Q3 and Q4 of 24/25 that saw improving variation.



Northern Ireland Ambulance Service
Health and Social Care Trust

Independent Ambulance Performance

Directorate of Planning, Performance & Corporate Services

Northern Ireland Ambulance Service
Health and Social Care Trust

Our Patients | Non - Emergency Performance | Summary Sheet

Improvement Summary/Actions

Majority of the 6 measures this month are experiencing common cause variation. With 2 of the 5 measures experiencing improving 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.

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
IAs Journeys per Shift	Dec 25	4.74	-			4.58	4.29	4.87
IAs Loading Factor	Dec 25	1.36	-			1.32	1.28	1.36
Non Emergency Activity by IAs	Dec 25	23.70%	-			27.93%	24.00%	31.86%
IAs KPI 1 Arrivals	Dec 25	59.00%	95.00%			56.39%	51.18%	61.60%
IAs KPI 2 Departures	Dec 25	67.00%	95.00%			66.84%	55.64%	78.03%

Northern Ireland Ambulance Service
Health and Social Care Trust

Variation

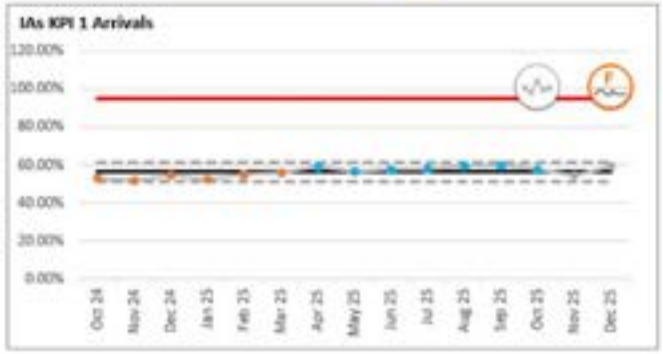
Special Cause Concerning variation | Special Cause Improving variation | Common Cause

Assurance

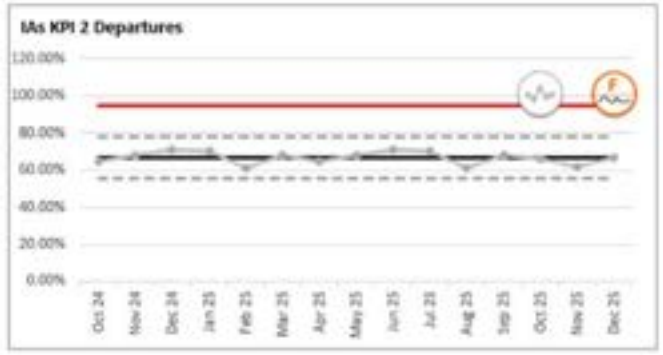
Consistently hit target | Hit and miss target subject to random variation | Consistently fail target

Our Patients | Non-Emergency IAS Performance | Patient Experience

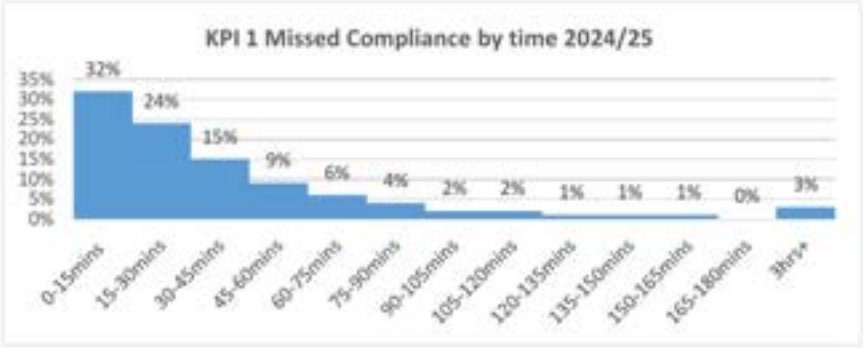
KPI 1 - That 95% of inward journeys will arrive within the 60mins prior to an appointment time. Experiencing common cause variation but consistently failing the target

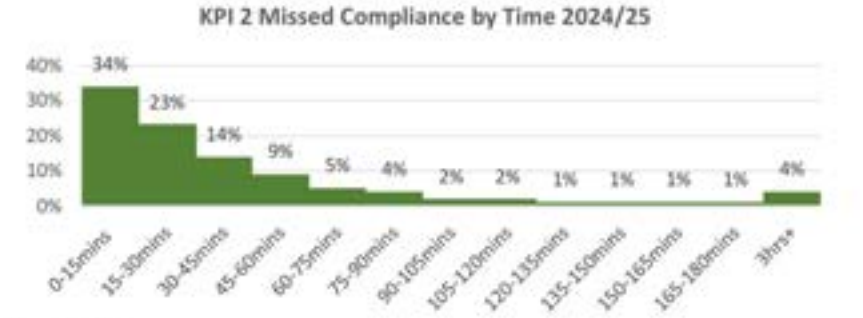


KPI 2 - That 95% of outward journeys will start within 60 minutes of the patient being booked as ready by the clinic/hospital Experiencing common cause variation but consistently failing the target



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.



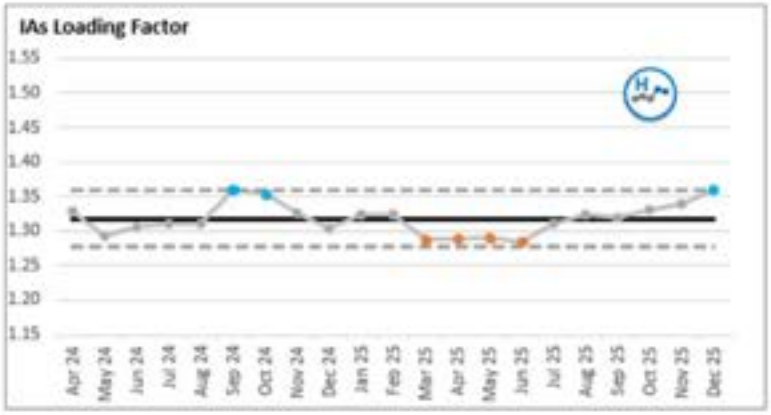


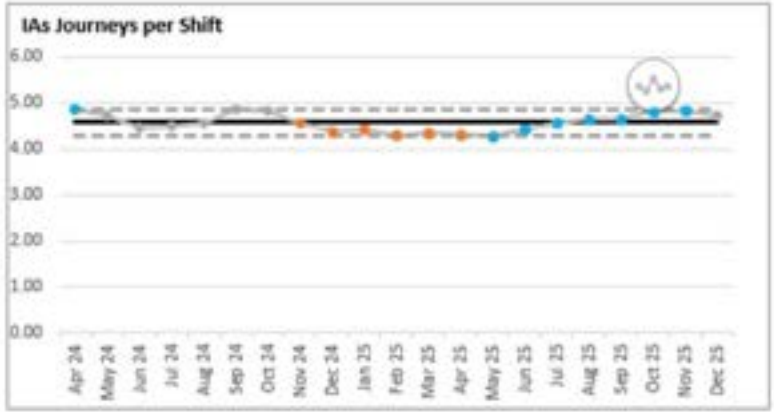
Analysis – 2024/25

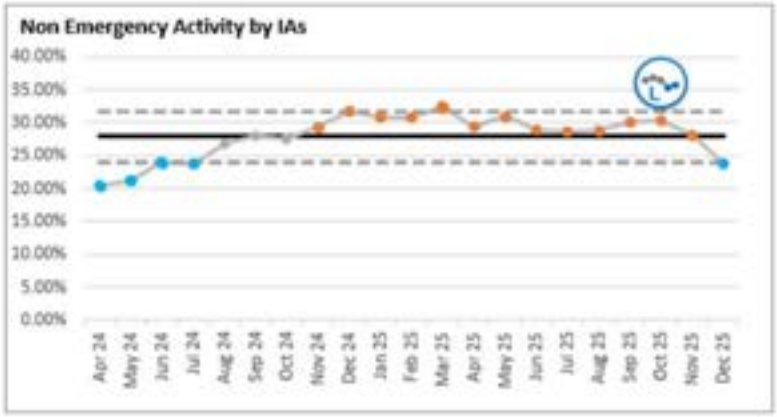
- An analysis of the journeys that missed compliance shows that 32% of these journeys missed the target by 15 minutes or less, 80% missed the target by 60 minutes or less
- Similarly, for KPI 2, relating to outward journeys 34% of journeys that missed the target were no more than 15 minutes over this 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.

Northern Ireland Ambulance Service
Health and Social Care Trust

Our Patients | Non-Emergency IAS Performance | Productivity Performance







Activity and IAS Share

The proportion of non-emergency activity completed by Independent Ambulances is experiencing Improving Variation with the last data point being below the lower control limit.

This has been primarily attributed a focus on reducing spend on independent ambulances across the organisation.

In Dec '25 IAS activity accounted for 24% of non emergency activity, compared to 32% in Dec '24.

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

IAs 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 common cause variation

IAs Loading Factor
This measure also known as loading factor follows a similar pattern as the journeys per shift measure. It is currently experiencing Improving Variation, with the last data point breaching the upper control limit

Northern Ireland Ambulance Service
Health and Social Care Trust

Service Quality and Our People

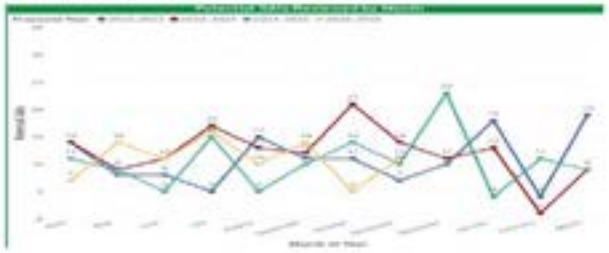
Northern Ireland Ambulance Service
Health and Social Care Trust

Our Patients

SAIs & Complaints

Serious Adverse Incidents

During December 2025, the Trust reviewed 16 potential SAI's resulting in 3 notifications to SPPG.
There are currently 27 ongoing SAI's, all of which are being reviewed at Level 1. 21 of the 27 are currently overdue for submission.



Themes

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

- Delayed response out with standard
- ECG recognition delaying definitive care
- Appropriateness of clinical downgrade delaying ED arrival

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.
1 SAI was closed within December 2025 and was completed within 16 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

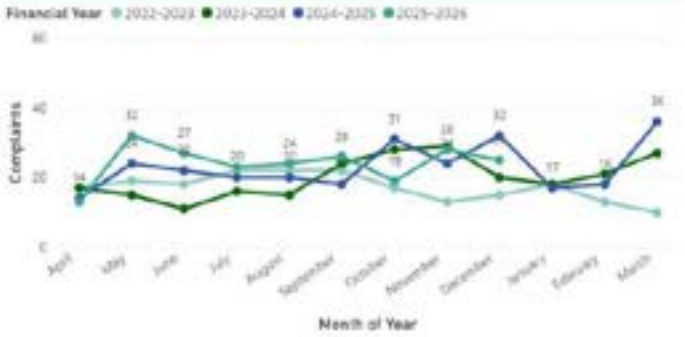
1 SAI was closed within December 2025, with the following recommendations or actions were identified:

- Learning regarding correct operation of Corpuls defibrillators which will prevent delayed upload of mission files
- Consideration of alternative communication pathways to allow for timely upload of mission files
- Work to continue with network supplier and other stakeholders to identify root cause of connection & transmission issues.

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 December 2025, **34 compliments** & **25 complaints** were received and **0 NIPSO complaints** were accepted for investigation.



Timeliness of Process

15 complaints were closed during December 2025.

At the end of December 2025, **62** complaints remained opened with the average number of days opened being **37** working days.

Trends &Learning: Of the 15 complaints closed, 58% were upheld/ partially upheld with some of the following learning outcomes identified: EOC call handling, communication, abdominal pain assessment, and driving standards.

Service Improvement Plans 2025/26

- Updated artwork for feedback leaflets and vehicle posters completed; procurement quotes now being sourced.
- Stage 1 and Stage 2 eLearning programmes launched to support frontline staff with the new NIPSO MCHP.
- Datix system developments completed ahead of MCHP go-live on 1 January 2026.
- NIAS procedure approved by SLT, with this and all supporting staff guidance now available on SharePoint.

Care Opinion

During December 2025, 13 stories were submitted via Care Opinion. By 2nd Jan these stories were viewed 724 times.
The main areas of feedback were:

- What's good – Ambulance Staff, above & beyond, caring
- Improvements – Wait times
- Feelings – Reassured, Looked after, thankful

Northern Ireland Ambulance Service
Health and Social Care Trust

Our Patients

Safeguarding Education, Training and Referrals

Safeguarding & Welfare Referrals

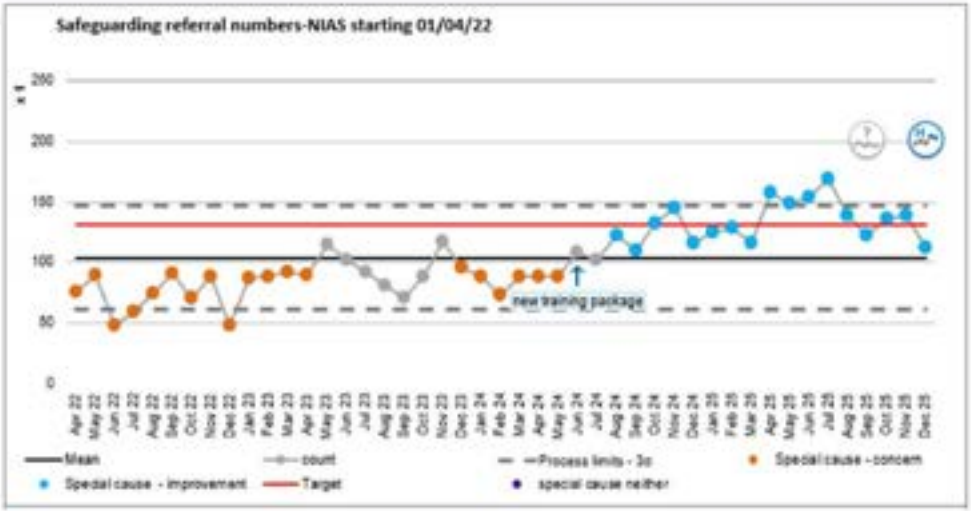
- Safeguarding referral rates have continued to demonstrate sustained growth (~30%) throughout 2025.
- Our current reporting methodology provides a foundation that can be built upon to deliver richer context, clearer trend analysis, and improved system-wide visibility of safeguarding activity across all patient contacts.
- In order to improve our data analysis, we have commenced a move towards SPC methodology, enabling improved oversight of variation and early identification of special cause signals.
- A new safeguarding dashboard has been requested to support this approach.
- The chart opposite demonstrates improved intelligence and visibility following the implementation of SPC, aligned to the previously introduced and ongoing training programme.

Workload & resourcing

- Workload and resourcing pressures remain significant, with sustained demand impacting both operational delivery and developmental safeguarding work.
- Recruitment for a permanent band 5 post is underway; however, capacity remains fragile.
- Temporary support at band 6 is due to conclude in Spring, creating a foreseeable and material capacity risk. This support provides a substantial proportion of critical and statutory safeguarding functions, and loss of this capacity is anticipated to present significant service delivery challenges without mitigation.

Themes

- The thematic profile of safeguarding activity remains broadly consistent with previous reporting periods.
- There are currently three ongoing domestic homicide reviews, requiring sustained senior oversight and specialist safeguarding input.



Safeguarding Education

- The NIAS Safeguarding Training & Education Strategy has now completed planned delivery for 2025, with a cumulative total of over 838 staff trained.
- Two additional one-off education sessions are scheduled this month.
- One ACA course is scheduled for Spring as part of the ACA training programme for new recruits.
- No further routine safeguarding education is currently scheduled beyond this point, and future delivery will be dependant on available staffing capacity.

Northern Ireland Ambulance Service
Health and Social Care Trust

Our People | Absence | Sickness

The monthly sickness absence rates for 25/26 have seen a gradual increase each month over the period April 25 – December 25. The monthly figure of 12.57% being reported for December 2025, is also a 2.52% increase compared to the same reporting period last year (December 2024), which was 10.05%. The cumulative total absence figure of 10.24% to December 2025, however; shows a reduction against a cumulative figure of 10.38% reported for the same period in December 2024. The December 25 monthly figure (12.57%) has increased from October 25 (11.11%). The figures indicate an increase in long-term absence rates across most operational divisions since April 25, including both A&E and PCS tiers, which is impacting on NIAS overall cumulative figure of 10.24%, 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. Progress is monitored and reported on a monthly basis via Directors to the Chief Executive. 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, with absences managed in line with the established Attendance Protocol, relevant employment legislation and good practice.

From the Top 50 long-term absentees in the reporting period, December 2025, 5 have returned to work. There are 2 absentees who are on long-term sick leave at various stages of the ill health retirement process, with a further 2 staff members having been redeployed on medical grounds, or having joined the redeployment register. There are 41 staff members who remain on long-term sick leave, 4 of which may be considered for redeployment on medical grounds. 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	32.99%
Accident/Untoward Incident	10.48%
Injury, Fracture	10.22%
Back Problems	7.08%
Gastrointestinal Problems	7.01%
* Accounts for 67.78% of absence	

Mental Health Reasons	
Stress	15.28%
Stress-Work Related	8.26%
Grief/Bereavement	4.90%
Anxiety	2.45%
Other Mental Health	1.53%
Panic attacks	0.00%
Insomnia	0.48%
Depression	0.09%

Sickness absence due to mental health reasons continues to present the highest reason for absence with a figure of 32.99% for the reporting period, with stress and work-related stress accounting for 15.28% and 8.26% 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						10.24% ↑						
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%	9.92%	10.24%			
4.1	Cumulative % hours lost (25/26) Short-Term	2.19%	2.13%	2.05%	1.91%	1.88%	1.91%	1.93%	1.92%	1.97%			
4.2	Cumulative % hours lost (25/26) Long-Term	6.34%	6.72%	6.94%	7.14%	7.47%	7.81%	7.99%	8.00%	8.27%			
5.	Monthly % hours lost (25/26) Total	8.53%	9.17%	9.30%	9.21%	10.57%	11.53%	11.11%	9.89%	12.57%			
6.	Average standard working days lost/employee/month	1.82	1.95	1.89	2.04	2.14	2.44	2.41	1.88	2.78			
7.	Average estimated cost per month (£'000)	£609	£633	£628	£632	£729	£845	£768	£703	£915			

↑ 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

[1]To 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.

Northern Ireland Ambulance Service
Health and Social Care Trust

MEETING PAPER COVER SHEET

Paper Title:	**TB - Finance Report**	
Paper For:	**Trust Board**	**Link to Strategic Objectives:**
Meeting Date:	**19/02/2026**	Most appropriate clinical response ☐
Author:	**William Abernethy / Amanda McClelland /L Donnelly**	Work collaboratively with HSC partners ☐
Responsible Director:	**Leahann Donnelly**	Deploy resources to meet patient needs ☐
Action Required:	**TO NOTE**	Support improved health outcomes ☐
Resource Implications:	**Yes**	Optimise organisational resilience ☐
Paper History:	**SLT – 3 February 2026, SPF 5 February 2026**	

Recommendation

TB are asked to note the attached finance report for Month 9 – December 2025

Executive Summary and Key Messages

Revenue

Year to date position

- **Excluding the 2025-26 pay award, for period ending December 2025, the Trust is reporting year-to-date (YTD) expenditure of £101.080m, resulting in a year-to-date overspend of £(0.449)m when compared to the profiled budget.**

2025-26 Forecast

- **As at month 8, the projected 2025-26 pressure was £1.220m.**
- **After consideration of the options and risks, the Trust has identified a path to breakeven.**
- **This excludes the impact of the 2025-26 pay award which is due for payment in February 2026.**

Capital

The Trust has received a Capital Resource Limit (CRL) allocation for 2025-26 of £7.207m. The Trust has developed a financial plan to deliver a breakeven position for 2025-26.

TB Finance Report

December 2025 (Month 9)

Northern Ireland Ambulance Service
Health and Social Care Trust

Contents

Executive Summary

Year to date position

* Excluding the 2025-26 pay award, for period ending December 2025, the Trust is reporting year-to-date (YTD) expenditure of £101.080m, resulting in a year-to-date overspend of £(0.449)m when compared to the profiled budget. A summary of each Directorate's position is included on a future slide.

2025-26 Forecast

* As at month 8, the projected 2025-26 pressure was £1.220m.
* After consideration of the options and risks, the Trust has identified a path to breakeven.
* This excludes the impact of the 2025-26 pay award which is due for payment in February 2026.

Summary of Year-to-Date Financial Performance

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	Forecast Pressure
	Payroll	Non-Pay	Total		
Chief Executive's Office	(62)	162	**99**	1,013	71
Director of Finance	113	(7)	**106**	1,606	(248)
Director of Human Resources	82	108	**190**	1,948	45
Medical Director	(47)	9	**(39)**	462	(59)
Clinical Director	304	166	**470**	10,680	475
Director of Safety, Qual & Imp	44	8	**51**	2,358	7
Director Of Plan, Perf & Corp Services	(117)	412	**295**	6,550	287
Director of Operations	1,736	(3,358)	(1,622)	76,463	(1,481)
NIAS Revenue Total (as per CP)	**2,051**	**(2,500)**	**(449)**	**101,080**	**(902)**
Funding the Gap					
Savings/ Income					902
NIAS Easement / (Pressure)	**2,051**	**(2,500)**	**(449)**	**101,080**	**(0)**

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 December 2025, the Trust is reporting YTD expenditure of £101.080m. The Trust will endeavour to breakeven. The Trust will continue to actively manage risks and pressures to support this position.

Manage within allocated Capital Resource Limit (CRL)	

The Trust has received a Capital Resource Limit (CRL) allocation of £7.207m. At this stage of the year, NIAS is forecasting to break even at year end.

Savings target	

The Trust has to achieve £3.452m 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
Workforce Controls	2.477	1.789	2.576	0.10
Transport	0.325	0.067	0.089	-0.24
Uniforms	0.150	0.202	0.202	0.05
Travel and Expenses	0.100	0.048	0.064	-0.04
Income	0.300	0.422	0.422	0.12
Sale of End-of-Life Vehicle	0.100	0.039	0.100	0.00
TOTAL	3.452	2.566	3.452	0.000

The projected 2025-26 pressure is inclusive of the Trust's saving target.

Prompt payment target-95% of suppliers within 30 days	

Cumulative performance is 97.7% for the period ended 31 December 2025.

Northern Ireland Ambulance Service
Health and Social Care Trust

MEETING PAPER COVER SHEET

Paper Title:	Corporate Communications Planning and Capacity		
Paper For:	**SPF**	**Link to Strategic Objectives:**	
Meeting Date:	**05/02/2026**	Most appropriate clinical response	☐
Author:	Seamus Mullen	Work collaboratively with HSC partners	☐
Responsible Director:	Seamus Mullen	Deploy resources to meet patient needs	☐
Action Required:	**TO NOTE**	Support improved health outcomes	☐
Resource Implications:	Yes	Optimise organisational resilience	☐
Paper History:	N/A		

Recommendation

SPF is asked to note the attached update on work requested to develop planning and capacity in the Corporate Communications function, and the proposed direction.

Executive Summary and Key Messages

The attached SBAR paper provides an outline of the proposed direction on developing Corporate Communications, as discussed at our December 2025 Trust Board meeting.

To date, changes have been made in drafting a new Corporate Communications Plan for 2026. This plan provides a more robust planning process for communications activity and increases involvement and ownership across the Trust.

Discussion on the structure, roles and responsibilities of the Corporate Communications Team have taken place and will be informed by benchmarking against other HSC Trusts, arm's length bodies and UK ambulance Trusts. A high level outline is provided in the attached paper.

A detailed proposal will be brought to Senior Leadership Team to strengthen and provide resilience to the team, and assurance to Trust Board.

Northern Ireland Ambulance Service

Trust Board Paper

SBAR: Corporate Communications Planning and Capacity

Situation

NIAS is strengthening the way corporate communications are planned, prioritised and governed, moving from predominantly reactive activity towards a more strategic and sustained approach, while retaining capacity to manage media and emerging issues effectively.

This will support clearer, more consistent public-facing messaging, raise the profile of NIAS in the community, and contribute to wider HSC public health and system-wide communications aligned to NIAS priorities.

This work is informed by the Department of Health–commissioned Review into the Corporate Communications Function within Northern Ireland's Health and Social Care Trusts (March 2024) and reflects emerging system-wide expectations for communications functions operating in complex, high-profile public services.

Background

- NIAS operates within a highly scrutinised operational, political and media environment.
- The Trust currently has a small communications function, with limited resilience and a high reliance on a single Head of Communications role in the team and two communications officers employed on an agency basis.
- While an overarching Communications and Engagement Strategy exists, it is now several years old.
- Over time, communications demand has increased due to:
    - Service transformation and system change
    - Increased digital and social media expectations
    - Greater focus on staff engagement, culture and wellbeing
    - Ongoing media interest in ambulance service performance

The Department of Health–commissioned review (March 2024) identified that across HSC:

- Corporate communications has evolved from a predominantly reactive press function to a strategic management and risk function
- Small teams require structured prioritisation, clear governance and protected capacity to operate effectively
- Communications leadership must be positioned and supported to provide strategic advice and reputational risk management.

Assessment

Strategic Planning and Prioritisation

Trust Board is asked to note that NIAS is moving to implement a structured annual communications action planning framework, which:

- Plans communications activity across each month of the year
- Aligns activity with:
    - The Corporate Strategy
    - Organisational culture and engagement priorities
    - Known statutory and cyclical deliverables (e.g. Annual Report, Quality Account)
- Enables earlier planning and more consistent delivery

This reflects best practice identified in the HSC benchmarking review, which highlights the importance of planned, proactive communications aligned to organisational priorities.

Balance of Proactive and Reactive Communications

The approach explicitly recognises that:

- A proportion of communications capacity must remain reserved for reactive activity, including:
    - Media enquiries and interviews
    - Emerging operational or reputational issues
    - Time-critical or unforeseen events

By making planned activity visible in advance, the Trust is better positioned to:

- Understand capacity constraints
- Make informed prioritisation decisions
- Manage expectations across the organisation

- Support sustained and planned communications activity which provides ore consistent public-facing messaging, and contributes to wider HSC system-wide messaging, aligned to NIAS priorities.

This aligns with the review's conclusion that prioritisation and workload management are critical in small communications teams operating under financial constraint.

Governance and Organisational Clarity

The framework introduces clearer governance through:

- Input from Dr Philip Graham as non-executive director Trust Board Sponsor.
- Communications action plan will report through to GARAC.
- Regular high-level oversight at Senior Leadership Team, to include clear identification of:
    - Communications actions
    - Subject matter leads within Directorates
    - Links to corporate priorities
- Supporting action, risk and decision logs

This supports organisational rather than individual prioritisation and reflects the review's finding that corporate communications functions cut across Directorate boundaries and require corporate-level coordination.

Capacity, Capability and Risk

The Department of Health review highlights that:

- Communications capacity across HSC Trusts is under sustained pressure
- Risk arises where there is limited resilience, succession capacity or ability to plan strategically
- NIAS differs from other Trusts in the scale and grading of its communications function

In response, NIAS is:

- Benchmarking its communications function against other HSC Trusts and relevant comparators (including PHA and other UK ambulance Trusts).
- Assessing capacity, skills mix and resilience requirements
- Developing an evidence base to inform future consideration of communications capability

Taking into account roles and responsibilities outlined in the Department of Health review, a figurative structure for the NIAS Comms team might reflect the following:

Head of Strategic Communications	• Senior adviser to the Chief Executive and SMT • Accountability for media handling and reputational risk • Lead response to high-risk, high-profile issues • Report to SMT and Trust Board as required
Deputy Head of Communications (Operations & Programmes)	• Manage day-to-day communications operations • Lead communications for major programmes • Drive proactive media, digital and engagement activity across NIAS directorates. • Maintain the annual communications calendar and drive proactive media
Communications Officer – Digital & Campaigns	• Manage NIAS digital and social media channels, delivering proactive content • Plan and deliver public-facing campaigns • Produce engaging written, visual and short-form digital content • Monitor digital performance and engagement metrics.
Communications Officer – Internal & Media Support	• Lead staff communications activity. • Draft press releases, statements and briefing materials. • Support communications with partners ensuring clear and consistent messaging. • Develop staff stories, case studies and supporting content.

This work is exploratory and does not pre-empt decisions. Senior Leadership Team will consider detailed recommendations on development and consolidation of a strengthened Communications Team in the Trust.

Recommendation

The Trust Board is asked to:

- Note the implementation of a more structured and strategic approach to communications planning
- Take assurance that:
    - Communications activity is being planned proactively and aligned to organisational priorities
    - Capacity for reactive communications and media management is explicitly recognised and protected
    - Capacity and resilience risks have been identified and are being actively assessed in line with Department of Health guidance
- Note that further updates will be brought to the Board as benchmarking and scoping work progresses

Northern Ireland Ambulance Service
Health and Social Care Trust

MEETING PAPER COVER SHEET

Paper Title:	**Corporate Risk Register**	
Paper For:	**Trust Board**	**Link to Strategic Objectives:**
Meeting Date:	**19/02/2026**	Most appropriate clinical response ☒
Author:	**Nick Henry**	Work collaboratively with HSC partners ☒
Responsible Director:	**Seamus Mullen**	Deploy resources to meet patient needs ☒
Action Required:	**TO APPROVE**	Support improved health outcomes ☒
Resource Implications:	**No**	Optimise organisational resilience ☒
Paper History:	**GARAC – 29/01/2026**	

Recommendation

Trust Board is asked to **APPROVE** the Corporate Risk Register (CRR) which was reviewed, discussed and approved at GARAC on 29 January 2026.

Executive Summary and Key Messages

If the amendments to the CRR are approved, there will be 19 open corporate risks.

New Risks

1. Risk of HART being displaced from current premises.
2. Preparedness for the introduction of EQUIP.
3. Strength of controls around TOIL and annual leave management.
4. Impact of the all-Ireland Fleadh coming in August 2026.
5. Limited Special Operations Response Team capability.

Key Changes

- Achieving financial balance 2025-26: score and grading increased to High.
- HART capacity: score reduced to 12 from 16 (still High)
- Impact of Mental Capacity Act/Right Care, Right Person: score reduced to 12 from 16 (still High).
- Operational Management Restructure: score and grading reduced to Medium.

Risks to De-escalate

It is proposed to de-escalate one risk from the CRR, to be managed at Directorate-level:

- **Sickness absence:** The Trust has consistently achieved, or closely achieved, the target sickness absence rate comparable to other HSC Trusts in recent months. New processes introduced to help manage sickness will continue as BAU, with continued reporting through the Trust's assurance framework.

Northern Ireland Ambulance Service
Health and Social Care Trust

Corporate Risk Register Summary
February 2026
Risk Management

CORPORATE RISK REGISTER (SUMMARY)		Date: 11 February 2026
	Risk Title & Reference	**Changes**
NEW risks for consideration:	HART Displacement from current premises (883)	Escalated from Directorate Risk Register
	Equip – Corporate readiness (884)	New Corporate Risk
	Controls around Attendance (885)	New Corporate Risk
	Impact of the All- Ireland Fleadh 2026 (887)	New Corporate Risk
	Special Operations Response Team (SORT) capacity and capability (888)	New Corporate Risk – amalgamates Directorate Risks 744 & 795
Changes to risks	Response to Mental Health Calls (727)	Title & Description change to reflect underlying issues
Risks to be de-escalated to Directorate risk registers	Sickness Absence (403)	Proposed de-escalation to Directorate Risk Register

Strategic Objectives	
1	**We will identify the most appropriate clinical response for our patients.**
2	**We will work collaboratively with our HSC partners to maximise the use of available care pathways for our patients.**
3	**We will promote a culture of compassionate leadership and respect for Equality and Human Rights that delivers excellent patient care through investment in the wellbeing of our workforce.**
4	**We will work with partners to ensure the appropriate resources are deployed to meet our patients/needs.**
5	**We will optimise organisational resilience to respond to patients' needs.**
6	**We will support regional initiatives that aim to drive improved health outcomes for the population of Northern Ireland.**

Risk Appetite	
Risk Appetite Level	**Description:**
Averse	Avoidance of risk and uncertainty altogether.
Minimal	Preference for safe options that have a low degree of risk and uncertainty
Cautious	Prepared to accept some risk that can be easily controlled, with little chance of significant repercussions.
Open	Willing to consider all options and to choose one likely to support successful delivery of objectives.
Eager	Willing to be innovative and progress options with high degrees of potential risk and uncertainty

Risk ID	Lead Director	Risk Title	Risk Description	Link to Strategic Objective	Initial		Current		Target		Risk Appetite	Risk Treatment	Current Status				Summary of Controls & Key Actions:
					Score	Grade	Score	Grade	Score	Grade			Months since score changed	Change in score since last review	Months since last updated	Risk Movement	
816	Director of Operations	Failure to meet agreed regional standards in respect of ambulance turnaround at hospitals.	If ambulances cannot be released from hospital EDs more quickly, this will lead to increased incidence of breaching the agreed regional performance standard of 30-minute turnaround, impacting the organisation's capacity and ability to respond to calls. NIAS crews are experiencing lengthy waits at hospitals.	6	25	Extreme	25	Extreme	2	Low	Averse	Treat	23	Reviewed 07/01/26. No change.	0		**Controls:** •Turnaround performance reported to all HSC Trusts on weekly basis. •RCC monitors pressures across the HSC system. •SOP developed for Cat 1 Call release at ED. •Clinical strategy – Hear & Treat, See & Treat to manage patients without conveyance to hospital where clinically appropriate. •External review of hospital handover position carried out by NIAO. •Regional workshop facilitated end of August 2025 with the DOH and HSC partners - agreement to move to a 2-hour handover backstop by December 2025. •DOH Winter Preparedness Plan 2025 sets out aim of having no hospital handover of longer than 2 hours duration by December 2025. •Breaches of 2-hour handovers escalated to HSC Trusts via InterTrust process and performance monitoring. •Handover performance and associated clinical risks escalated through extant governance channels to SPPG, DOH, Minister and Health Committee. **Actions:** (1) Further engagement with DOH and HSC partners to identify options to release pressure across the system and reduce turnaround times.
820	Director of Finance	Financial Stability - Achieving Financial Balance 2025-26	The Trust may breach its statutory duty to break even if it overspends against core budget, experiences unfunded cost pressures and/or service changes or does not deliver levels of required cash releasing efficiency savings.	4	16	High	16	High	6	Low	Cautious	Treat	0	Reviewed 05/01/26. Risk grading and score increased from 9 (Medium).	0		**Controls:** • Cross-Directorate Grip, Control and Efficiency (GCE) Group established to review opportunities and take action to try to deliver break even. • Continuous robust accountability/ monitoring for financial management. • Identify & implement cost efficiency measures. • Engagement with SPPG on 2025-26 in-year pressures including senior executive pay and hospital discharge activity. **Actions:** (1) GCE to meet weekly to progress spend control actions, including £500k from non-Ops Directorates. (2) SLT oversight of year-end projections and plans. (3) Reduction in IAS use to help deliver 2025-26 budget. (4) Continued monitoring of position through GCE and monthly meetings with Directorates.

Risk ID	Lead Director	Risk Title	Risk Description	Link to Strategic Objective	Initial		Current		Target		Risk Appetite	Risk Treatment	Current Status				Summary of Controls & Key Actions:
					Score	Grade	Score	Grade	Score	Grade			Months since score changed	Change in score since last review	Months since last updated	Risk Movement	
888	Director of Operations	Special Operations Response Team (SORT) capacity and capability	If NIAS is not resourced appropriately to provide a Specialist Operations Response Team (SORT), it will not be able to respond effectively to a CBRN and/or MTA incident. This would likely increase the risk of harm to patients and staff and will fundamentally limit the Trust's ability to meet extant standards for Emergency Planning, Preparedness and Resilience.	5	20	Extreme	16	High	4	Low	Minimal	Treat	New Risk	Reviewed 07/01/26	0	**New Risk**	**Controls:** • Limited on-call rota currently in place at NIAS to respond to a CBRN incident. • Funding received to facilitate MTA capability, but this is resource allocated to HART (i.e. not dedicated). • EPRR Core Standards return August 2025 – highlighted to DOH that NIAS unable to deliver on significant number of standards due to limited SORT capacity. • Issues flagged through Ground Clearing and Accountability structures with DOH. **Actions:** (1) Continue to engage DOH to seek support to prepare a business case to enhance NIAS's SORT capability in line with extant commissioning and EPRR Core Standards.
311	Director of PPCS	Cyber Security	Information security across the HSC is of critical importance to delivery of care, protection of information assets and many related business processes. If a Cyber incident should occur, without effective security and controls, HSC information, systems and infrastructure may become unreliable, not accessible when required (temporarily or permanently), or compromised by unauthorised 3rd parties including criminals. This could result in unparalleled HSC-wide disruption of services due to the lack of/unavailability of systems that facilitate HSC services (e.g. the ability to dispatch and monitor emergency ambulances, appointments, admissions to hospital, ED attendances) or data contained within. This may result in the need for HSC to cancel appointments and treatments or divert emergency/essential clinical or other services.	6	20	Extreme	16	High	4	Low	Minimal	Treat	15	Reviewed 06/1/26. No change	0		**Controls:** • IG & Cyber Security 1st line assurance group meeting quarterly and reporting to SLT. • Bi-annual report on Cyber Security reported to GARAC. • SMT Cyber Security Awareness session and Cyber Security training for NEDs. • Continuation of Regional phishing tests. **Actions:** (1) Corporate drive to Mandatory E-Learning for staff as well as Director Access to monitoring to driving improvements. (2) 26/27 NIAS Cyber Security Communication plan under development - Expected Q4 25/26.
830	Director of QSI	Delayed call responses because of actions to mitigate late finishes.	If late finishes, largely caused by delayed hospital handovers, are not reduced or eliminated, actions (including Action Short of Strike (ASOS)) which have been put in place to mitigate impact on staff health/safety & wellbeing will continue and will impair NIAS' ability to respond to 999 calls particularly at shift handover times.	1,5	15	High	15	High	2	Low	Averse	Treat	15	Reviewed 7/01/26. No Change	1		**Controls:** • Work being undertaken to reduce hospital handover times (as per Risk 816). • Crews being relieved at hospital EDs. • Increased recruitment to ICH to enable 24/7 clinical oversight of waiting calls. • Continued engagement with TUs led by Director of Operations to address issues pertaining to ASOS. • NIAS Chief Executive correspondence with TUs seeking reconsideration of ASOS. • Consideration to prioritise some Category 2 and IFT2 calls within the last hour of shift. • Volume and duration of late finishes monitored via monthly report sent to SLT. **Actions:** (1) Ongoing engagement with SPPG and HSC Trusts regionally regarding reducing hospital handovers. (2) Continued engagement with TUs on issues including end of shift protocol, with a view to alleviating ASOS.

Risk ID	Lead Director	Risk Title	Risk Description	Link to Strategic Objective	Initial		Current		Target		Risk Appetite	Risk Treatment	Current Status				Summary of Controls & Key Actions:
					Score	Grade	Score	Grade	Score	Grade			Months since score changed	Change in score since last review	Months since last updated	Risk Movement	
887	Director of Operations	Impact of the All-Ireland Fleadh 2026	If there is inadequate planning and contingency measures put in place, the All-Ireland Fleadh which is scheduled in Belfast between 2 and 9 August 2026, will have significant, and potentially widespread, impacts on NIAS' core services. These include delays in responding to patients, additional pressure and demands on staff and limiting the Trust's ability to respond to any major/significant events that may occur over the course of the event.	5	20	Extreme	15	High	5	Medium	Minimal	Treat	New Risk	Reviewed 07/01/26	0	**New Risk**	**Controls:** • NIAS multi-professional team working through operational risk assessment and contingency measures that are within NIAS's gift to control. • Informal engagement with other blue light partners around their response/planning for the event. • Close communication with the Belfast City Council as the sponsoring organisation on their anticipated next steps/planning. • Extant Business Continuity arrangements and Incident Response Plan. • Risks associated with the Fleadh escalated to DOH via Ground Clearing Meeting. • Correspondence from NIAS CEO to DOH Permanent Secretary highlighting range of concerns with the current planning and preparation. **Actions:** (1) Continue to put in place operational contingencies to mitigate risks. (2) Continued engagement with BCC and other partners.
761	Director of Operations	Hazardous Area Response Team (HART) Capacity	If NIAS's Hazardous Area Response Team (HART) is not resourced in line with NHS commissioning standards, its capability to respond to high-risk and complex emergency events, will be limited, leading to unsafe systems of work for staff and potential safety risks to patients. The NHS Core Standards for EPRR mandate that six operational HART staff must be on duty at any given time. NIAS does not have adequate resources and personnel to deliver this operating model.	4 & 5	20	Extreme	12	High	2	Low	Averse	Treat	0	Reviewed 07/01/26. Risk Score lowered from 16.	0	↓	**Controls:** •NIAS has re-prioritised internal funding in 2025-26 to start to address the risk. •Engagement with DOH to commission business case for recurrent funding and expansion. •7 Additional HART Staff trained & in post- December 25 **Actions:** (1) Continue to engage with SPPG on the development of a business case to secure the recurrent resources necessary to bolster HART capacity and meet HSC Core standards. (2) Further recruitment process for 3 additional staff – aim for Q2 26/27.
727	Medical Director	Impact of MCA and RCRP	If there is inadequate planning for the implementation of the Mental Capacity Act (MCA) and Right Care, Right Person (RCRP), NIAS crews may increasingly attend calls without PSNI support and engagement. This could lead to significant delays in providing appropriate care, and increase risks around decision-making and interactions with patients at scene.	1 &4	16	High	12	High	2	Low	Averse	Treat	0	Reviewed 05/1/26. Risk Score lowered from 16.	0	↓	**Controls:** •NIAS engaged in DOH-led groups on the implementation of the Mental Capacity Act and RCRP (with PSNI and other partners). •NIAS guidance for operational staff regarding mental health legislation. •Development of quarterly report on MCA & DoLs - related incidents. •DoLs e-learning included in mandatory training for frontline staff. •Incidents of concern escalated to PSNI for review and feedback. •Correspondence from NIAS CEO to DOH Permanent Secretary highlighting issues due to non-implementation of Part 9 of the MCA. •PSNI confirmation that they will revise guidance issued to Officers regarding application of MCA. **Actions:** (1) Confirm NIAS representatives for all RCRP implementation groups.

Risk ID	Lead Director	Risk Title	Risk Description	Link to Strategic Objective	Initial		Current		Target		Risk Appetite	Risk Treatment	Current Status				Summary of Controls & Key Actions:
					Score	Grade	Score	Grade	Score	Grade			Months since score changed	Change in score since last review	Months since last updated	Risk Movement	
486	Director of Operations	Lack of engagement about HSC service changes	If NIAS is not informed about, consulted on, or resourced appropriately to facilitate service reconfigurations across the HSC system, then it will not be able to respond to accommodate new pathways, negatively impacting its capacity, journey times and ability to respond to patient calls.	1 & 2	16	High	8	High	6	Medium	Cautious	Treat	8	Reviewed 07/1/26	0		**Controls** • Regional Destination Protocols. • Importance of NIAS engagement in HSC service redesign communicated to other HSC Trusts and DOH • Bypass protocols in place for specific HSC service pathways. • NIAS participation in HSC service redesign consultation processes. • Engagement with specific HSC Trusts about changes and impact on NIAS. • Directors of Planning across HSC forum to discuss proposed service changes. • Inter Trust process to escalate adverse incidents arising from service reconfigurations. • Use of IAS and bank to facilitate additional shifts to accommodate service change. • March 2025 DOH Circular on Change or Withdrawal of services best-practice principles recommends that Trusts should "identify and monitor key indicators of potential impact on other specialties or services (including NIAS)." **Actions:** (1) Continued engagement with HSC partners and DOH to ensure NIAS is considered in redesign processes. (2) Ongoing monitoring of the impact of introduced changes and engagement with commissioners to seek funding support as required.
372	Director of Operations	Operational Management Structure	The current operational management arrangements (nine to five) present a risk to effective service delivery and the necessary support to staff.	3	15	High	12	Medium	4	Low	Minimal	Treat	0	Reviewed 07/1/26 Risk Grading and Score lowered from 15 (High).	0		**Controls:** • Programme Board structure now in place with change lead and dedicated HR support. • SCS Team Leaders now appointed and in post. • Job Descriptions have been agreed & finalised for new roles. **Actions:** (1) Establish clear project timelines with short and long-term deliverables. (2) Progress recruitment to new posts. (3) Continued reporting to PCOD Committee.

Risk ID	Lead Director	Risk Title	Risk Description	Link to Strategic Objective	Initial		Current		Target		Risk Appetite	Risk Treatment	Current Status				Summary of Controls & Key Actions:
					Score	Grade	Score	Grade	Score	Grade			Months since score changed	Change in score since last review	Months since last updated	Risk Movement	
885	Director of HR & Director of Operations	Controls around attendance	If NIAS does not have robust controls in place to manage use of annual leave and TOIL, staff may accrue large amounts of hours owed and/or be in a net negative annual leave position. This could compromise operational service delivery and incur a range of adverse financial, reputational and regulatory consequences for the Trust.	3	16	High	12	Medium	4	Low	Minimal	Treat	New Risk	Reviewed 07/01/26.	0	**New Risk**	**Controls:** •HR have established group with TUs to review policy and practice around TOIL and leave. •Management controls established to ensure staff are not in a "net negative" leave position. •Establishment of leave quotas to ensure staff take leave throughout the year. •Annual Leave Policy limits annual leave carryover to 37.5 hours. •TOIL policy has been updated in draft. •Enhanced reporting to PCDD. **Actions:** (1) Engage TU colleagues for feedback on TOIL policy. (2) Continued reminders to staff about use of annual leave throughout the year. (3) Progress work to deliver Internal Audit recommendations.
884	Director of HR & Director of Finance	EQUIP Readiness	If NIAS does not engage in appropriate planning and preparation for the introduction of EQUIP, its ability to deliver critical staffing and financial functions (such staff payments and management of annual leave) may be hindered. This could cause a wide range of issues for staff and impact the Trust's financial controls.	3	16	High	12	Medium	2	Low	Minimal	Treat	New Risk	Reviewed 07/01/26.	0	**New Risk**	**Controls:** • Finance and HR teams engaged in Regional Equip Delivery Programme Board. • All HSC Trusts to be provided with additional resource to support readiness. • Internal readiness group with SMEs established. **Actions:** (1) Recruit to position to support NIAS readiness. (2) Continue to monitor progress, timescales etc. and escalate where required.

Risk ID	Lead Director	Risk Title	Risk Description	Link to Strategic Objective	Initial		Current		Target		Risk Appetite	Risk Treatment	Current Status				Summary of Controls & Key Actions:
					Score	Grade	Score	Grade	Score	Grade			Months since score changed	Change in score since last review	Months since last updated	Risk Movement	
531	Director of Operations	Oversight of Independent Sector Providers	If NIAS does not implement effective governance and assurance in respect of Independent Ambulance Services (IAS) (in absence of RQIA) there is a risk that quality and performance issues may not be addressed efficiently.	1.4.5	16	High	9	Medium	2	Low	Averse	Treat	12	Reviewed-07/01/26. No change	0		**Controls:** •Framework contract in place with independent providers. •Quarterly assurance meetings between NIAS and IAS providers. •Periodic audits of IAS premises/activity. •Engagement with RQIA to highlight NIAS's desire to see the establishment of a regulated framework. •IAS Quality Assurance Manager and admin support in post. •NIAS has highlighted issue of lack of independent regulation with DOH as part of sponsor branch discussions. •Engagement with RQIA about undertaking a review of NIAS's role and activity in terms of IAS engagement. **Actions:** (1) Await confirmation from RQIA as to potential review of NIAS quality assurance processes.
395	Director of PPCS	Violence & Aggression in the workplace	There is a risk that should the Trust not develop, implement and resource an holistic, detailed and fit-for-purpose response to acts of aggression towards NIAS employees, there is potential for such aggression to continue to rise. This will adversely affect the health and well-being of staff.	3	9	Medium	9	Medium	2	Low	Minimal	Treat	19	Reviewed-7/01/2026. No change	0		**Controls:** • Management of Violence and Aggression Policy reviewed and updated. • Initial findings from July 2025 staff survey received. • Development of BI Dashboard to show BWV uptake. • Monthly report to Ops to highlight usage of BWV per division. 8% increase in use of BWV since September 2025. **Actions:** (1) Progress business plan for staff to undertake refresher training in conflict resolution. (2) Analyse staff survey results to identify further areas for improvement.
883	Director of Operations	HART Displacement from current premises	If NIAS EPRR/HART are unable to secure alternative premises then they will be displaced from their current premises with no accommodation from which to operate. This will result in a disjointed service with an impact on service delivery and operational response.	5	16	High	9	Medium	2	Low	Minimal	Treat	New Risk	Reviewed 07/01/26.	0	**New Risk-Escalated**	**Controls:** • Engagement with BSO to scope possibility of extended lease on current facilities at Lissue. • Potential alternative location(s) scoped with assistance of finance. • Business case progressed to cover additional cost of lease at new premises. • BSO have extended lease on current premises, for indeterminate period. **Actions:** (1) Escalate issue to commissioning colleagues and secure additional funding to cover new lease.
833	Director of Operations	Ability to respond to a High Consequence Infectious Disease	If NIAS is not able to provide a response to a High Consequence Infectious Disease (HCID), such as MPox, in line with recommended guidance because of capacity constraints, it could place patients and staff at clinical risk, and compromise service delivery.	1.2.5	8	High	6	Medium	2	Low	Averse	Treat	8	Reviewed 07/01/26 No change	0		**Risk Under Review:** There have been several developments in recent months which may impact the scoring, framing and management of this risk. A multi-professional meeting is scheduled for February 2026 to consider.

Risk ID	Lead Director	Risk Title	Risk Description	Link to Strategic Objective	Initial		Current		Target		Risk Appetite	Risk Treatment	Current Status				Summary of Controls & Key Actions:
					Score	Grade	Score	Grade	Score	Grade			Months since score changed	Change in score since last review	Months since last updated	Risk Movement	
559	Director of HR	Organisational Culture Improvement	If the Trust does not facilitate an organisational culture which makes staff feel safe and supported and enables delivery of compassionate care, there is a risk of adverse impacts to staff health and wellbeing, potentially leading to increased absence rates and recruitment and retention challenges. This would have a knock-on effect for delivery of core services and could also compromise the quality of patient care and service user experience.	3	15	High	6	Medium	4	Low	Cautious	Treat	13	Reviewed 05/01/26. No change	0		**Controls**: • Organisational Culture Improvement Programme Board structure in place – chaired by CEO with NED involvement. • Engagement with King's Fund to support workstreams. • Reporting to PCOD on progress. • Ongoing implementation of Health and Wellbeing Strategy (Strengthen our core). • HWB established to include Peer support and a Trauma informed approach. • Dedicated HR lead in place. • AACEs supported review of sexual safety in the workplace, with recommendations endorsed by SLT. **Actions**: (1) Progress Q4 2025-26 actions with King's Fund. (2) Appoint dedicated HR lead.
848	Office of the Chair & Chief Executive	Recruitment and retention to senior roles	If the Trust is unable to attract, appoint and retain suitable candidates to senior roles on a substantive basis, it may have long-term vacancies at senior executive level and/or may have to rely on temporary appointments for a prolonged period of time. This could potentially affect the stability and resilience of the senior management team, as well as impact on organisational leadership and delivery of the Trust's strategic objectives.	5	9	Medium	4	Low	2	Low	Minimal	Treat	9	Reviewed 07/01/26. No change	0		**Controls:** • HSC regional recruitment processes. • Option to advertise posts on a temporary/interim basis to cover vacancies in short-term. • Support and mentorship provided to individuals transitioning to more senior roles. • NIAS Chair has engaged with DOH to highlight consistency of banding of senior roles at the Trust, relevant to other HSC organisations. • DOH review of executive posts complete and outcome communicated across HSC Trusts. • External agency commissioned to support recruitment of permanent CEO and Director of Finance posts. **Actions**: (1) Progress permanent recruitment exercises for CEO and Director of Finance posts.
276	Director of Finance	Corporate Wide Contract Management	There is a risk that ineffective monitoring and control of contracts could result in expenditure being inappropriately or inaccurately incurred.	4	9	Medium	9	Medium	6	Low	Cautious	Treat	20	Reviewed 05/01/26. No change	0		**Discussed at GARAC on 29 January 2026 – agreed to retain on CRR.** **Controls**: • Record of NIAS contracts has been created - suppliers and payments have been mapped. • Direct Award Contract Register has been created and is a standing agenda item at GARAC. • Contract Management monitored as part of Directorate Accountability meetings. • Directorates have produced local contract registers.
403	Director of HR	Sickness Absence	If the management of sickness absence is not improved, this may impact on service delivery and improvement as well as resulting in an inability to achieve financial balance. This could further exacerbate the potential for detrimental impact upon service.	3	16	High	9	Medium	4	Low	Minimal	Treat	0	Reviewed 06/01/26 Risk Grading and Score lowered from 12 (High).	0	↓	**GARAC agreed to de-escalate** **Controls**: • Absence related Internal Audit Recommendations closed in year. • Enhanced monitoring and structure in place with reports to PCOD. • Monitoring and escalation of sickness leave management at local level. **Actions:** (1) Continue delivery of new processes as BAU. (2) Continue to report sickness absence through the Trust's assurance framework.

Time since last risk grades changed:

Time Since last risk grades changed		
<12 Months	1-3 years	> 3 Years
12	7	0

NIAS Corporate Risk Register Heat Map:

		Impact (Consequence) Levels - Current				
		Insignificant (1)	Minor (2)	Moderate (3)	Major (4)	Catastrophic (5)
Likelihood	Almost Certain (5)			830		816
	Likely (4)			372, 885, 884	311, 887, 888, 820	
	Possible (3)			531, 883, 395, 276	727, 761	
	Unlikely (2)		848	559, 833	486	
	Rare (1)					

		Impact (Consequence) Levels - Target				
		Insignificant (1)	Minor (2)	Moderate (3)	Major (4)	Catastrophic (5)
Likelihood	Almost Certain (5)	887				
	Likely (4)					
	Possible (3)		820, 276			
	Unlikely (2)	531, 848	311, 559, 372, 888, 885	486		
	Rare (1)		816, 761, 727, 830, 833, 395, 883, 884			

Northern Ireland Ambulance Service
Health and Social Care Trust

MEETING PAPER COVER SHEET

Paper Title:	**Committee TOR Review**	
Paper For:	**Trust Board**	**Link to Strategic Objectives:**
Meeting Date:	**19/02/2026**	Most appropriate clinical response ☒
Author:	**Nick Henry**	Work collaboratively with HSC partners ☒
Responsible Director:	**Seamus Mullen**	Deploy resources to meet patient needs ☒
Action Required:	**TO APPROVE**	Support improved health outcomes ☒
Resource Implications:	**No**	Optimise organisational resilience ☒
Paper History:	**TOR updates brought to last PCOD, SPF and GARAC meetings.**	

Recommendation

Trust Board is asked to **APPROVE** the updates to the GARAC, PCOD and SPF Committee Terms of Reference.

Executive Summary and Key Messages

Minor updates have been made to the GARAC, SPF and PCOD Terms of Reference (TOR) at their last Committee meetings.

There are ongoing regional discussions about the potential standardisation of TOR for Safety Committees. The Patient Experience, Quality and Safety Committee TOR will be reviewed in that context, and subject to any agreed regional steer.

It is intended that the TOR for the Remuneration and Charitable Trust Funds Committees will be reviewed and updated and brought for consideration at the next Trust Board meeting.

Northern Ireland Ambulance Service
Health and Social Care Trust

People, Culture and Organisational Development Committee (PCOD)

TERMS OF REFERENCE

February 2025

CONTENTS

1.0 ESTABLISHMENT

The Board of the Northern Ireland Ambulance Service Health & Social Care Trust (the Trust) has established the People, Culture and Organisational Development Committee.

The Committee has no executive powers other than those specifically delegated by the Board and detailed within these Terms of Reference.

2.0 MEMBERSHIP

The membership of the Committee shall be determined by Trust Board and appointments made from amongst its membership.

A full list of Committee Members as of the date of these Terms of Reference can be found in Appendix 1.

The Committee Chair shall be a Non-Executive Director appointed by the Chair of Trust Board and will hold office for a term specified on appointment or until such time as the Chair of Trust Board determines otherwise.

The Committee Chair will cease to act as Chair if they are no longer a Non-Executive Director or if they notify the Chair of Trust Board in writing that they no longer wish to continue in the role as Committee Chair.

A quorum shall be two Non-Executive Directors including the Committee Chair.

In the absence of the Committee Chair, another Non-Executive Member may temporarily act as Chair for a meeting of the Committee by agreement of the other Non-Executive Directors present.

3.0 ATTENDANCE

All Executive Directors may be in attendance at meetings of the Committee (where required).

If an Executive Director who is required is unavailable to attend, he/she can nominate a senior manager to attend in their absence by recording an apology in advance with the Board Secretary and providing details of the proposed substitute no later than three working days prior to the date of the scheduled meeting.

The Assistant Director for Governance, Risk and Assurance/Board Secretary (or nominee) will be in attendance at meetings of the Committee (where required).

4.0 FREQUENCY OF MEETINGS

The Committee shall meet at least three times annually.

Members must attend a minimum of two meetings during the course of the year.

5.0 AUTHORITY (including escalation to Trust Board)

The Committee is authorised by Trust Board to undertake and investigate any activity stated within these Terms of Reference.

The Committee is further authorised to obtain legal or other independent professional advice and to secure the attendance of other relevant external parties if it considers this necessary in order to fulfil its remit.

The Committee Chair shall draw to the attention of Trust Board any issues that require disclosure to the full Board or may require executive action by the Chief Executive and/or wider Senior ~~Management~~ Leadership Team. In addition, the Committee has authority to formally escalate any issues Members determine require notification to, or further consideration by, Trust Board.

6.0 REMIT

The Committee shall embed the Trust's vision and values in conducting its business.

The Committee has responsibility for providing assurance to Trust Board regarding all strategic issues relating to Human Resources, workforce and organisational development to deliver the Trust's strategic objectives and other plans as determined by Trust Board.

The Committee will:

- Provide assurance to the Board on the effectiveness of the Trust's arrangements for managing people and culture and that all issues relating to Human Resources are regularly reviewed.
- Monitor, assess and respond to the information presented to it in respect of the Trust's strategic objectives relating to people and culture, including external factors and any potential impact on the organisation.
- Monitor the implementation of the Trust's programmes of work on people, culture and organisational development ensuring they are aligned to the Trust's Strategic Objectives and regional HSC workforce strategies and policies.
- Monitor and seek assurances on programmes of work put in place in respect of the Trust's culture, including workplans to develop the organisation's values, behaviours and attitudes.
- Give consideration to all items presented at the Committee and seek, and receive, regular reports on the activities within the scope of the Committee.
- Review and seek assurances on Trust performance in respect of people and culture, including absence management.

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- Review and seek assurances on strategies to manage the risks associated with violence and aggression directed towards Trust staff.

- Consider the implications for people and culture from other significant external and internal assurance functions such as relevant reviews by the Department of Health (DoH), other DoH ALB or commissioned bodies, the Regulation and Quality Improvement Authority (RQIA), the Equality Commission for NI, the NI Human Rights Commission or professional bodies with responsibility for the performance of staff or functions (e.g. Joint Royal Colleges Ambulance Liaison Committee and other accreditation bodies, etc.).

7.0 OPERATIONAL ARRANGMENTS

Administrative Support to the Committee

The Committee shall be supported administratively by the Board Secretary (or nominees) whose duties in this respect include:

- Preparation and issue of an agenda on behalf of the Chair;
- Collation and distribution of papers to Members in advance of each meeting;
- Taking minutes and keeping a record of matters arising;
- Maintaining a record of attendance at Committee meetings;
- Advising the Committee on pertinent issues;
- Assisting the Chair in ensuring the effective operation of the Committee;
- Arranging attendance of appropriate staff at meetings;
- Ensuring these Terms of Reference are reviewed and updated annually; and
- Developing and maintaining the Committee's meeting schedule.

Conduct of Meetings

All procedural matters in respect of conduct of meetings of the Committee shall be in accordance with the Trust's Standing Orders.

All questions arising will be decided by a simple majority of Members of the Committee. In the case of equal votes, the Chair will have a casting vote.

Agenda Items and Papers for Meetings

The Board Secretary (or nominee) will issue the agenda and associated papers for each meeting no later than five days prior to the date of the scheduled meeting, to provide Members and those in attendance the opportunity to read information in advance.

Papers may be accepted and distributed within five days of the date of scheduled meeting at the discretion of the Committee Chair.

Minutes of Meetings

The minutes of the Committee shall be recorded by the Board Secretary (or nominee) and agreed with the Committee Chair prior to issue in advance of the next meeting. Minutes will be circulated as soon as possible after the meeting.

Once approved by the Committee at its subsequent meeting, the minutes will be submitted to Trust Board for noting.

8.0 DECLARATION OF INTEREST

The Committee Chair shall ask Members to declare any actual or potential conflict of interest on any matter listed on the agenda for consideration at the outset of each meeting.

Where a conflict arises during the course of the meeting, the Member(s) with the conflict should declare their interest immediately and withdraw for the duration of the discussion on the relevant item(s) of business.

All stated declarations of interest made during each meeting shall be recorded in the minutes.

Northern Ireland Ambulance Service
Health and Social Care Trust

Governance, Audit and Risk Assurance Committee (GARAC)

TERMS OF REFERENCE

CONTENTS

1.0 ESTABLISHMENT

The Board of the Northern Ireland Ambulance Service Health and Social Care Trust (the Trust) has established the Governance, Audit and Risk Assurance Committee.

The Committee has no executive powers other than those specifically delegated by the Board and detailed within these Terms of Reference.

2.0 MEMBERSHIP

The membership of the Committee shall be determined by Trust Board and appointments made from amongst its membership.

A full list of Committee Members as of the date of these Terms of Reference can be found in Appendix 1.

The Committee Chair shall be a Non-Executive Director appointed by the Chair of Trust Board and will hold office for a term specified on appointment or until such time as the Chair of Trust Board determines otherwise.

The Committee Chair will cease to act as Chair if they are no longer a Non-Executive Director or if they notify the Chair of Trust Board in writing that they no longer wish to continue in the role as Committee Chair.

A quorum shall be two Non-Executive Directors including the Committee Chair.

In the absence of the Committee Chair, another Non-Executive Member may temporarily act as Chair for a meeting of the Committee by agreement of the other Non-Executive Directors present.

3.0 ATTENDANCE

The Director of Finance and Director of Planning, Performance and Corporate Services will attend meetings of the Committee. Other Directors may be in attendance at meetings of the Committee (where required).

The Chief Executive will attend meetings of the Committee regularly.

If an Executive Director who is required is unavailable to attend, he/she can nominate a senior manager to attend in their absence by recording an apology in advance with the Board Secretary and providing details of the proposed substitute no later than three working days prior to the date of the scheduled meeting.

The Assistant Director for Financial Services and Assistant Director for Governance, Risk and Assurance/Board Secretary (or nominee) will be in attendance at meetings of the Committee (where required).

A representative(s) from External and Internal Audit will be in attendance at every meeting.

Separately, the Committee Chair shall meet with the Chief Executive, Director of Finance and representatives from Internal and External Audit at least once a year outside of the Committee meeting.

4.0 FREQUENCY OF MEETINGS

The Committee shall meet at least three times annually.

Members must attend a minimum of two meetings during the course of the year.

5.0 AUTHORITY (including escalation to Trust Board)

The Committee is authorised by Trust Board as an independent Committee to undertake and investigate any activity stated within these Terms of Reference.

The Committee is further authorised to obtain legal or other independent professional advice and to secure the attendance of other relevant external parties if it considers this necessary in order to fulfil its remit.

The Committee Chair shall draw to the attention of Trust Board any issues that require disclosure to the full Board or may require executive action by the Chief Executive and/or wider Senior ~~Management~~ Leadership Team. In addition, the Committee has authority to formally escalate any issues Members determine require notification to, or further consideration by, Trust Board.

6.0 REMIT

The Committee shall embed the Trust's vision and values in conducting its business.

The Committee will ensure that the system of integrated governance and internal control across the Trust's activities is effective in supporting achievement of its objectives.

The Committee shall ensure that there is an effective internal audit function established by management that meets the Government Internal Audit Standards and provides appropriate independent assurance to the Chief Executive and Board.

The Committee shall review the work and findings of the External Auditor appointed by the NI Audit Office and consider the implications of, and management's responses to, their work.

The Head of Internal Audit and the External Auditor will have free and confidential access to the Chair of the Committee as required.

The Committee will:

- Maintain and seek assurance from the Patient Experience, Quality and Safety Committee for all matters pertaining to safety, quality and improvement (including clinical and social care governance).

- Maintain and seek assurance on all matters pertaining to integrated governance including Corporate Governance, Risk Management & Organisational Controls.

- Maintain and seek assurance on the processes in place to manage and control the principal risks to the Trust and will review and approve the Corporate Risk Register, prior to it being considered by Trust Board.

- Give consideration to all items presented at the Committee and seek, and receive, regular reports on the activities within the scope of the Committee.

- Review the adequacy of assurance processes in the Trust and the effectiveness of the Board Assurance Framework.

- Review and seek assurances on Trust performance in respect of Information Governance and Cyber Security.

- Review and seek assurances on arrangements to reduce the risk of fraud.

- Review the adequacy of policies, Standing Orders and Standing Financial Instructions in terms of compliance with regulatory, legal and code of conduct requirements, including those related to fraud and corruption as required by the Counter Fraud Policy Unit.

- Review any decisions taken by Trust Board to suspend Standing Orders.

- Review and approve all governance, risk management and control related disclosure statements (including the Head of Internal Audit statement, external audit opinion or other appropriate independent assurances), prior to endorsement by the Board.

- Identify priority areas for internal audit and will approve the Internal Audit strategy, operational plan and detailed programme of work, ensuring they are consistent with the audit needs of the organisation, are effective and resourced appropriately."

- Consider the Chief Internal Auditor's annual report, major findings of internal audit work (and management's response) and ensure co-ordination between the Internal and External Auditors to optimise audit resources.

- Discuss with the External Auditor the audit strategy for the annual report and accounts including the key risks identified.

- Consider all External Audit reports and the appropriateness of management's response before submission to Trust Board.

- Review the Trust's Annual Report and Accounts and the Charitable Trust Funds Annual Report and Accounts before submission to the Board.

- Meet privately in the absence of Officers as part of each Committee meeting.

- Consider the implications for integrated governance arising from other significant external and internal assurance functions such as relevant reviews by the Department of Health (DoH), other DoH ALB or commissioned bodies, the Regulation and Quality Improvement Authority (RQIA) or professional bodies with responsibility for the performance of staff or functions (e.g., Joint Royal Colleges Ambulance Liaison Committee and other accreditation bodies, etc.).

7.0 OPERATIONAL ARRANGMENTS

Administrative Support to the Committee

The Committee shall be supported administratively by the Board Secretary (or nominees) whose duties in this respect include:

- Preparation and issue of an agenda on behalf of the Chair;
- Collation and distribution of papers to Members in advance of each meeting;
- Taking minutes and keeping a record of matters arising;
- Maintaining a record of attendance at Committee meetings;
- Advising the Committee on pertinent issues;
- Assisting the Chair in ensuring the effective operation of the Committee;
- Arranging attendance of appropriate staff at meetings;
- Ensuring these Terms of Reference are reviewed and updated annually; and
- Developing and maintaining the Committee's meeting schedule.

Conduct of Meetings

All procedural matters in respect of conduct of meetings of the Committee shall be in accordance with the Trust's Standing Orders.

All questions arising will be decided by a simple majority of Members of the Committee. In the case of equal votes, the Chair will have a casting vote.

Agenda Items and Papers for Meetings

The Board Secretary (or nominee) will issue the agenda and associated papers for each meeting no later than five days prior to the date of the scheduled meeting, to provide Members and those in attendance the opportunity to read information in advance.

Papers may be accepted and distributed within five days of the date of scheduled meeting at the discretion of the Committee Chair.

Minutes of Meetings

The minutes of the Committee shall be recorded by the Board Secretary (or nominee) and agreed with the Committee Chair prior to issue in advance of the next meeting. Minutes will be circulated as soon as possible after the meeting.

Once approved by the Committee at its subsequent meeting, the minutes will be submitted to Trust Board for noting.

8.0 DECLARATION OF INTEREST

The Committee Chair shall ask Members to declare any actual or potential conflict of interest on any matter listed on the agenda for consideration at the outset of each meeting.

Where a conflict arises during the course of the meeting, the Member(s) with the conflict should declare their interest immediately and withdraw for the duration of the discussion on the relevant item(s) of business.

All stated declarations of interest made during each meeting shall be recorded in the minutes.

Northern Ireland Ambulance Service
Health and Social Care Trust

Strategic Performance and Finance (SPF) Committee

TERMS OF REFERENCE

February 2025

CONTENTS

1.0 ESTABLISHMENT

The Board of the Northern Ireland Ambulance Service Health & Social Care Trust (the Trust) has established the Strategic Performance and Finance Committee.

The Committee has no executive powers other than those specifically delegated by the Board and detailed within these Terms of Reference.

2.0 MEMBERSHIP

The membership of the Committee shall be determined by Trust Board and appointments made from amongst its membership.

A full list of Committee Members as of the date of these Terms of Reference can be found in Appendix 1.

The Committee Chair shall be a Non-Executive Director appointed by the Chair of Trust Board and will hold office for a term specified on appointment or until such time as the Chair of Trust Board determines otherwise.

The Committee Chair will cease to act as Chair if they are no longer a Non-Executive Director or if they notify the Chair of Trust Board in writing that they no longer wish to continue in the role as Committee Chair.

A quorum shall be two Non-Executive Directors including the Committee Chair.

In the absence of the Committee Chair, another Non-Executive Member may temporarily act as Chair for a meeting of the Committee by agreement of the other Non-Executive Directors present.

3.0 ATTENDANCE

All Executive Directors may be in attendance at meetings of the Committee (where required).

If an Executive Director who is required is unavailable to attend, he/she can nominate a senior manager to attend in their absence by recording an apology in advance with the Board Secretary and providing details of the proposed substitute no later than three working days prior to the date of the scheduled meeting.

The Assistant Director for Governance, Risk and Assurance/Board Secretary (or nominee) will be in attendance at meetings of the Committee (where required).

4.0 FREQUENCY OF MEETINGS

The Committee shall meet at least three times annually.

Members must attend a minimum of two meetings during the course of the year.

5.0 AUTHORITY (including escalation to Trust Board)

The Committee is authorised by Trust Board to undertake and investigate any activity stated within these Terms of Reference.

The Committee is further authorised to obtain legal or other independent professional advice and to secure the attendance of other relevant external parties if it considers this necessary in order to fulfil its remit.

The Committee Chair shall draw to the attention of Trust Board any issues that require disclosure to the full Board or may require executive action by the Chief Executive and/or wider Senior ~~Management~~ Leadership Team. In addition, the Committee has authority to formally escalate any issues Members determine require notification to, or further consideration by, Trust Board.

6.0 REMIT

The Committee shall embed the Trust's vision and values in conducting its business.

The Committee has delegated oversight responsibility to ensure Trust Board delivers its statutory responsibility to "break-even".

Performance reports will be considered by the Committee to seek assurance about Trust performance ~~compared to the Service Delivery Plan and~~ against associated targets, key performance indicators and trajectories.

The Committee will:

- Review the Trust's financial strategy in detail to be able to confirm to Trust Board the basis of acceptance.
- Review financial monitoring information and provide Trust Board with an assessment of its confidence in respect of the financial performance of the Trust.
- Keep Trust Board up to date regarding the financial outlook, and to review the key financial assumptions used in estimating projected position(s).
- Review the progress of any cost saving measures in line with submitted plans.
- Ensure that actions and controls are put in place to ensure effective and sound financial management in the Trust.
- Consider and approve ~~Capital Business Cases.~~ all revenue and capital business cases with an expected total value of between £100k and £2m. The Committee will be provided with assurance regarding the completion of Post Project Evaluations for approved business cases within these thresholds.

- Review activity and other monitoring information relevant to performance of the organisation.
- Review performance against delivery of the Trust's Corporate Plan and annual priorities.
- Seek assurance from other Committees of the Board about aspects of Trust performance within their remit.
- Monitor, assess and respond to the information presented to it in respect of the Trust's strategic objectives relating to finance and performance, including external factors and any potential impact on the organisation.
- Ensure that suitable plans are in place to monitor performance against agreed targets.
- Ensure that Trust Board is provided with a holistic view of Trust performance including any specific challenges, mitigating actions and recovery plans.
- Monitor progress against performance improvement plans.
- Seek assurance regarding management of the Trust's Estate, Fleet and environmental and sustainability requirements.

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7.0 OPERATIONAL ARRANGMENTS

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- Collation and distribution of papers to Members in advance of each meeting;

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- Maintaining a record of attendance at Committee meetings;
- Advising the Committee on pertinent issues;
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Where a conflict arises during the course of the meeting, the Member(s) with the conflict should declare their interest immediately and withdraw for the duration of the discussion on the relevant item(s) of business.

All stated declarations of interest made during each meeting shall be recorded in the minutes.

Northern Ireland Ambulance Service
Health and Social Care Trust

MEETING PAPER COVER SHEET

Paper Title:	**Standing Orders Review**		
Paper For:	**Trust Board**	**Link to Strategic Objectives:**	
Meeting Date:	**19/02/2026**	Most appropriate clinical response	☒
Author:	**Nick Henry**	Work collaboratively with HSC partners	☒
Responsible Director:	**Seamus Mullen**	Deploy resources to meet patient needs	☒
Action Required:	**TO APPROVE**	Support improved health outcomes	☒
Resource Implications:	**No**	Optimise organisational resilience	☒
Paper History:	**GARAC – 29/01/2026**		

Recommendation

Trust Board is asked to **APPROVE** the proposed updates to the Standing Orders. These were reviewed, discussed and approved at GARAC on 29 January 2026 with no suggested amendments.

Executive Summary and Key Messages

The annual review of the Trust's Standing Orders has been undertaken, and the following key amendments are proposed:

- Insertion of regionally agreed wording on the Committee(s) in Common on page 28.

  "The Trust may, by resolution of the Board, delegate specific powers and/or functions to a Director(s) of the Trust, including for the purpose of participating in a Committee(s)-In-Common (or similar joint arrangement) with other HSC bodies, with the respective Director reporting back to the Board at regular intervals."

- A recommendation arising from the recent Board Governance Self-Assessment is to document the deputising arrangements should CEO be unavailable to attend Trust Board – proposed wording to be included at page 11:

  "If the Chief Executive is unable to attend a meeting(s) of the Board for whatever reason, the Deputy Chief Executive will normally deputise for the Chief Executive. If the Deputy Chief Executive is unavailable, or the role is vacant, other Executive Members may make arrangements for one of them to take lead responsibility for providing assurance to the Board for that meeting(s) and/or for undertaking any duties which may normally be carried out by the Chief Executive on a short-term basis."

- Scheme of Reservation and Delegation:

  - The current version of this is 19 pages long. Other Trusts have significantly simplified the wording and accessibility of same. A proposed, more concise, Scheme of Reservation and Delegation is proposed and in the pack (drawn largely from the SHSCT wording).

- Amendment that Trust Board will approve business cases with a value exceeding £2m.

- Proposal that responsibility for approving all policies and procedures would be delegated to the Chief Executive (SLT) except for the Standing Orders, Standing Financial Instructions and Risk Management Policy. This follows the approach adopted by other healthcare organisations. Trust Board will be provided with assurance reports on the compliance and timely review of policies and procedures.

  GARAC did not identify any further specific policies/procedures which should be reserved to the Board/a Committee for approval.

1. Matters Reserved to Trust Board

POWERS/DUTIES
General Enabling Provision The Board may determine any matter, for which it has delegated or statutory authority, in full session within its statutory powers.
Regulations and Control 1. Approve Standing Orders (SOs), a Schedule of Matters Reserved to the Board and Standing Financial Instructions for the regulation of its proceedings and business. 2. Suspend Standing Orders. 3. Vary or amend the Standing Orders. 4. Ratify any urgent decisions taken by the Chair and Chief Executive in public session. 5. Approve a Scheme of Delegation of powers from the Board to Committees and Officers. 6. Establish and approve Terms of Reference and reporting arrangements for all Committees and Sub-Committees which are established by the Board.

Establish Strategic Direction

1. Establish the overall strategic direction of the Trust and approve any associated plans.
2. Approve the Corporate Plan.
3. Receive and approve updates on delivery of the Corporate Plan.
4. Approve all capital and revenue business cases with a total expected value of more than £2m and receive Post Project Evaluations for associated approved business cases.
5. Approve all proposals relating to capital investment or PFI.
6. Approve budgets on an annual basis.
7. Ratify proposals for acquisition, disposal or change of use of land and/or buildings.

Monitor Performance

1. Receive reports on the Trust's performance and activities from Directors, Committees and Officers as set out in management policy statements. All monitoring returns required by the DoH shall be reported, at least in summary, to the Board.
2. Receive reports as required by statute or DoH regulation and other such reports as the Board sees fit from Committees in respect of the exercise of their delegated powers.
3. Receive reports on financial performance against budget and forecasting, including progress in meeting specific strategic, SPPG and DoH objectives and targets.
4. Receive and approve the Trust's Equality Scheme Report for submission to the Equality Commission.

Financial Stewardship

Annual Report and Accounts

1. Receive and approve the monthly financial performance report.
2. Receive and approve the Trust's Annual Report and Annual Accounts.
3. Receive and approve the Trustee's Annual Report and Accounts for Charitable Trust Funds.
4. Receive and approve the accounts for patients'/residents property.
5. Approve the opening of bank accounts and Trust banking arrangements.
6. Approve proposals in individual cases for the write off of losses or making of special payments in line with HSC delegated limits and requirements.

Audit

1. Receive the annual Report to those charged with Governance from the external auditor and agree proposed action, taking account of the advice of the Governance, Audit and Risk Assurance Committee.
2. Receive the annual report from the Internal Auditor and agree action on recommendations of the Governance, Audit and Risk Assurance Committee.

Corporate Governance and Risk Management

1. Approve the Annual Governance Statement and Mid-Year Assurance Statement.
2. Approve the Board Assurance Framework and Corporate Risk Register (at least on annual basis).
3. Complete an annual assessment of the Board's effectiveness.
4. Approve the Trust's policies and procedures for the management of risk, including the Trust's risk appetite statement.

Appoint, Appraise and Remunerate

1. Appoint and dismiss Committees (and individual members) that are directly accountable to the Board.
2. Appoint, appraise and remunerate senior executives.
3. Confirm appointment of members of any committee of the Trust as representatives on outside bodies.
4. Approve recommendations of the Remuneration Committee regarding the Chief Executive, Executive Director and all other Directors that operate at Board level.

2. Scheme of Delegation

DELEGATED TO	POWERS/DUTIES
Governance, Audit and Risk Assurance Committee	As specified in the Committee Terms of Reference.
Patient Experience, Quality and Safety Committee	As specified in the Committee Terms of Reference.
People, Culture and Organisational Development Committee	As specified in the Committee Terms of Reference.
Strategic Performance and Finance Committee	As specified in the Committee Terms of Reference.
Remuneration and Terms of Service Committee	As specified in the Committee Terms of Reference.
Chief Executive	Accountable through the Department of Health Accounting Officer to Parliament/NI Assembly for stewardship of Trust resources.
Chief Executive	Safeguard the public funds of which he/she has charge, including: • Ensuring propriety and regularity in the handling of public funds • Day to day operations and management of the Trust • Selection and appraisal of programmes and projects • Adhering to affordability and sustainability in the use of resources • Achieving value for money and avoiding waste and extravagance in the

DELEGATED TO	POWERS/DUTIES
	organisation's activities • Having appropriate control over major project or policy initiatives • Managing opportunity and risk to achieve the right balance commensurate with Trust business and risk appetite • Applying learning from experience • Accurately account for the organisation's financial position and transactions
Chief Executive	Ensure that proper records are kept relating to the accounts of the Trust and that the accounts of the Trust are prepared under principles and in a format directed by the Department of Health. Accounts must disclose a true and fair view of the Trust's income and expenditure and its state of affairs.
Chief Executive	Sign a Mid-Year Assurance Statement on the condition of the Trust's system of internal control which details significant internal control divergences. Sign the Performance Report and Accountability Report within the Annual Report. The Accountability Report includes the Governance report, Remuneration and staff report and Accountability and Audit report.
Chief Executive	Implement requirements of corporate governance including ensuring that appropriate systems are in place for the establishment, approval and maintenance of policies and procedures regarding Trust's activities.
Chief Executive	Supported by the Director of Finance, ensure appropriate advice is given to the Board on all matters of probity, regularity, prudent and economical administration, efficiency and effectiveness.

DELEGATED TO	POWERS/DUTIES
Chief Executive	Take action if the Board or Chair is contemplating a course of action which might infringe the requirements of propriety or regularity or does not represent prudent or economical administration, efficiency or effectiveness.
Chief Executive	Keep seal in a safe place and maintain a register of sealing.
Chief Executive	Prepare a Scheme of Delegation for approval by Trust Board.
Director of Finance	Maintain a Register of Interests.

Northern Ireland Ambulance Service
Health and Social Care Trust

MEETING PAPER COVER SHEET

Paper Title:	**Risk Management Policy/Risk Appetite Statement review**	
Paper For:	**Trust Board**	**Link to Strategic Objectives:**
Meeting Date:	**19/02/2026**	Most appropriate clinical response ☒
Author:	**Nick Henry**	Work collaboratively with HSC partners ☒
Responsible Director:	**Seamus Mullen**	Deploy resources to meet patient needs ☒
Action Required:	**TO APPROVE**	Support improved health outcomes ☒
Resource Implications:	**No**	Optimise organisational resilience ☒
Paper History:	**GARAC – 29/01/2026**	

Recommendation

Trust Board is asked to **APPROVE** the Risk Management Policy and risk appetite statement. It was reviewed and approved by GARAC on 29 January 2026.

Executive Summary and Key Messages

The Risk Management Policy and risk appetite statement were approved last February with an agreement to review at 12 months.

The risk appetite statement has been applied across all Directorate and Corporate risks – no amendments are proposed to the policy or statement at this time.

Northern Ireland Ambulance Service Health and Social Care Trust

Title:	**Risk Management Policy**		
Author(s):	Nick Henry, Assistant Director for Governance, Risk and Assurance		
Ownership:	Maxine Paterson, Director of Planning, Performance & Corporate Services		
Date of SMT Approval:	28 January 2025	**Date of Committee Approval:**	6 February 2025
Operational Date:	February 2025	**Review Date:**	February 2026
Version No:	4.0	**Supersedes:**	3.0
Key Words:	Risk Management, Governance, Assurance, Risk Matrix, Likelihood, Impact, Risk Appetite, Controls, Actions.		
Other Relevant Policies / Procedures:	Health and Safety Policy, Serious Adverse Incidents (SAI) procedure, Reporting and Management of Adverse Incidents Policy, Management of Medical Devices Policy.		

Version Control:			
Date:	**Version:**	**Author:**	**Comments:**
February 2025	4.0	AD Governance, Assurance and Risk	Scheduled Review
April 2022	3.0	Risk Manager	Scheduled review
April 2019	2.0	Risk Manager	Scheduled review
October 2016	1.0	Risk Manager	New

1.0 INTRODUCTION:

1.1 Background:

This policy outlines the Northern Ireland Ambulance Service Health and Social Care Trust's (NIAS) approach to the management of risk. It sets out a framework for the systematic management of risk across NIAS's activities, which is an integral aspect of the Trust's corporate governance framework, and will support effective decision-making, strategic planning and service delivery.

1.2 Purpose

The primary purpose of this policy is to support staff at all grades to understand and discharge their responsibilities in relation to risk management. It will also enable achievement of the Trust's strategic objectives and delivery of high-quality and safe patient care.

Specific objectives of the policy are to:

- Outline the Trust's processes for identifying, controlling and reviewing risks.
- Define the organisation's risk appetite and outline how this is to be used to manage risks in practice.
- Establish a clear structure of responsibility and accountability for risk management and risk assurance reporting.
- Ensure that existing and emerging risks to NIAS are managed and controlled to an acceptable level.
- Support a culture of proactive risk management where risks are regularly reviewed and actions are progressed to mitigate their impact.
- Form part of the Trust's internal control and corporate governance framework.

2.0 SCOPE:

This policy applies to all aspects the Trust's activities and is relevant to all staff.

3.0 DEFINITIONS

The following definitions apply throughout this policy:

- **Risk:** something that might occur which could impact the Trust's activities and goals.
- **Risk management:** the process of identifying risks and putting in place strategies to manage them to an acceptable level.
- **Risk register:** a log/database where the identification, assessment and actions taken in respect of risks is documented.

- **Likelihood:** how likely or frequently a risk is to occur.
- **Impact:** the potential consequences/effects a risk could have on the Trust's activities.
- **Controls:** processes or activities which have been put in place to reduce the likelihood and/or mitigate the impact of a risk.
- **Actions:** processes or activities which will be put in place to reduce the likelihood and/or mitigate the impact of a risk.
- **Risk appetite:** the acceptable level of risk to the organisation, as defined by Trust Board.
- **Risk owner:** the nominated staff member responsible for reviewing and managing a risk.

4.0 ROLES/RESPONSIBILITIES:

All staff have a responsibility to support effective risk management. Specific roles and responsibilities are set out below:

4.1 Trust Board is responsible for:

- Ensuring that an appropriate risk management framework is in place across the Trust.
- Agreeing the risk appetite statement and reviewing this regularly.
- Obtaining assurance about the risk management processes within the Trust through the corporate governance framework.
- Reviewing the Corporate Risk Register and Board Assurance Framework and progress of any action plans to manage associated risks at least twice a year.
- Supporting the Chief Executive and the Senior Management Team (SMT), as required, to manage significant risks.
- Ensuring that risk management is integrated into decision-making processes, development of organisational strategy and objective setting.

4.2 The Governance, Audit and Risk Assurance Committee is responsible for:

- Appraising and approving the Corporate Risk Register and Board Assurance Framework before it is reviewed by Trust Board.
- Obtaining assurance on all matters relating to risk management within the organisation.
- Obtaining assurance on the processes in place to manage and control the principal risks to the Trust.
- Approving this policy and any other key documents in respect of risk management.

4.3 The Chief Executive is responsible for:

- Ensuring that the risk management processes outlined in this policy are applied consistently throughout the organisation.
- Establishing clear processes to bring significant risk issues to the attention of SMT and Trust Board promptly.
- Providing leadership and continual commitment to risk management.
- Ensuring that SMT maintains regular oversight and review of the Corporate Risk Register.

4.4 **The Director for Planning, Performance and Corporate Services** is the lead Director for the strategic development and implementation of organisational risk management and is responsible for:

- Ensuring risk is effectively managed across NIAS through suitable policies, processes, and procedures and that appropriate mechanisms are in place to provide assurance to Trust Board.
- Deputising for the Chief Executive with regards to risk management.
- Leading on the implementation of this policy, ensuring that it is regularly reviewed and fit-for-purpose.
- Ensuring that the Corporate Risk Register, and other information in respect of risk management, is provided to Trust Board and delegated Committees.

4.5 **Directors and Assistant Directors** are responsible for:

- Ensuring that all activities within their area of responsibility are assessed for risk and that any identified risks are managed appropriately, in accordance with this policy.
- Regularly reviewing their Directorate Risk Register, ensuring that controls and actions are accurate and up to date – this should happen on at least a quarterly basis with the support of the Assistant Director for Governance, Risk and Assurance/Risk Manager.
- Increasing the frequency of risk register review and action planning, as required. For example, in response to internal audit recommendations and reviews by external agencies, such as RQIA.
- Implementing and monitoring action plans which are introduced to help address risks.
- Ensuring that risk management is embedded in strategic and operational planning and decision making.
- Identifying any new or emergent risks to their activities and documenting these on the Directorate Risk Register.
- Monitoring the effectiveness of Controls which have been put in place to manage risks in their area.
- Highlighting any risks on Directorate Risk Registers which may warrant escalation to the Corporate Risk Register.
- Liaising with the Assistant Director for Governance and Risk/Risk Manager for advice and support on the management of risks within their Directorate.
- Supporting their teams to manage and update identified risks in accordance with the guidance outlined in this policy.

4.6 **All staff** are responsible for:

- Maintaining a safe working environment that protects the safety of patients, colleagues and service user.
- Dynamically risk assessing the work environment and activities for any potential hazards.
- Notifying their line manager of any identified risk(s).
- Compliance with this policy and related risk management processes.
- Completing required training in relation to risk management.
- Supporting the delivery and implementation of actions to help address risks, where required.
- Reporting to senior management when serious risks are perceived to have not been addressed appropriately or in a timely manner.
- Being aware of existing risk assessments and any associated procedures or control measures within their team/department.

4.7 The Assistant Director for Governance, Risk and Assurance/Risk Manager are responsible for:

- Providing assurance to SMT regarding risk management systems and processes.
- Providing advice to teams and staff across the organisation in respect of risk management, ensuring that risks are managed consistently and in line with this policy and regional guidance.
- Supporting Directors and managers in the assessment and articulation of risks on risk registers.
- Highlighting to risk owners risks that need reviewing, or where there is insufficient evidence to demonstrate that a risk is being effectively managed.
- Ensuring that risks are being appropriately reviewed and updated in line with this policy and for escalating any issues to GARAC, through the Trust's Assurance Framework.
- Coordinating the regular review of Directorate and Corporate Risk Registers and supporting the development of actions to address risks.
- Ensuring that Datix, the Trust's risk register database, is maintained and accessible.
- Providing Trust Board and other groups with requested information in respect of organisational risk management.
- Providing and developing risk management training.

5.0 RISK MANAGEMENT PROCESS

There are four key steps in the risk management process:

1. Risk identification.
2. Risk analysis and evaluation.
3. Risk treatment.
4. Risk review.

The risk management process must be documented using available tools, primarily risk registers, to provide evidence of a systematic and consistent approach and to ensure there is a record of key decision-making and actions taken to mitigate risks to the Trust.

5.1 RISK IDENTIFICATION

Risks can be identified from a wide range of sources including review of adverse incidents and Serious Adverse Incidents, complaints, inspections, audit, performance analysis, consideration of potential cyber threats and via regulatory and legislative processes, as well as from the experience of other organisations.

What constitutes a risk will vary across Directorates and individual teams should regularly monitor evidence and information sources available to them to identify risks which may impact on their objectives and core operating activities.

Once a risk is identified it should be documented on the appropriate risk register via Datix. The risk title and description should clearly and precisely articulate how the risk may impact the Trust. The risk description should follow the "Cause, Effect, Event" model as illustrated below:

	What is it?	Worked Example Description
Cause	The source of the risk - the event/situation that gives rise to the risk	**IF** I leave the house after 8am, ….
Effect	The area of uncertainty - what will happen if the risk occurs	**THEN** I might be late for work…
Event	The impact the risk would have on organisational activity	…**RESULTING IN** my manager and colleagues being unhappy.

It is likely that Directorates will identify risks which may be partly, or entirely, outside of the Trust's control. For example, they may require action by a different HSC Trust(s), commissioners or another third-party to address them adequately. Where this occurs, the risk should be documented on a Trust risk register and appropriate steps taken insofar as possible to control the risk internally, with appropriate governance and/or contractual arrangements put in place to monitor the risk on an ongoing basis.

5.2 RISK ANALYSIS AND EVALUATION

Identified risks must be analysed by considering their potential likelihood and impact.

The criteria and guidance in the regionally agreed Risk Impact Assessment Table (Appendix 1) and Risk Matrix (Appendix 2) should be used to inform this analysis to ensure a consistent approach to the assessment of risks across the Trust.

Teams may also use available primary evidence or data to help inform this analysis.

By multiplying the likelihood and impact scores, taken from the Risk Matrix, an overall score for the risk is generated. The overall score determines the risk's grading as either Low, Medium, High or Extreme.

The grading helps classify risks in terms of their severity and significance and is a useful means of prioritising action and informing escalation of risks (where appropriate).

After a new risk has been added to a risk register, the allocated risk owner will be notified automatically via email to review it on Datix. The risk owner will be required to enter:

- An Initial grading, reflecting the risk's likelihood and impact if no controls whatsoever were in place.
- A Current grading, reflecting the likelihood and impact with controls that have been put in place. The Current grading should never be higher than the Initial grading and will be assessed and adjusted each time the risk is reviewed (see below section 5.4).
- A Target grading, reflecting the likelihood and impact which are acceptable to the organisation. The Target scores are derived from the Trust's risk appetite statement (see below section 8.0).

5.3 RISK TREATMENT

The primary purpose of risk treatment is to identify strategies to manage a risk to an acceptable level, i.e. to reach the Target score.

Broadly, there are four strategies available:

- Terminate: Eliminate or remove the source of the risk entirely. E.g., if risks are identified with use of a particular medical device, then removing it from service would terminate the associated risks. If a risk is terminated, it can be closed, i.e., removed from the relevant risk register.
- Treat: Introduce controls which will help to reduce the likelihood and/or impact of the risk, thereby lowering its grading and overall impact to the organisation. This might include, for example, new processes, policies, service delivery models, reporting or changes in resource allocation. In practice, most of the Trust's risks will be managed by treating them to some extent.

  As part of this process, it is important that mechanisms are established to verify that controls which have been implemented to manage a risk are working and are effective. For example, this could be through data reporting and trend analysis, auditing/spot checks or monitoring KPIs.
- Transfer the risk to a different entity/organisation. For example, by putting in place contractual arrangements with third parties to take responsibility/liability for certain activities.
- Tolerate: it will be impossible to terminate all risks to the organisation, given that risks are inherent to the Trust's activities. Once a risk has achieved its Target score, i.e., it has been managed to an acceptable level, it may be tolerated, with no additional interventions or actions to manage it further.

Risk owners should consider the range of options which might be available to manage risks within their remit and should develop and implement associated action plans, with the support of their staff and line manager as required.

5.4 RISK REVIEW

Risks must be reviewed on a regular basis (at least quarterly) and the risk register updated.

As part of the review, the risk owner should:

- Revise the current grading by assessing the likelihood and impact to ensure it reflects the up-to-date position.
- Update the controls which have been implemented for the risk (including evidence as to their effectiveness).
- Specify key priority actions which will be taken forward to help address the risk. The actions documented in the risk register should be precise and specific, with a designated lead and timeframe for delivery.

  If actions are overdue, revised timescales should be entered on the register with any additional contingency measures that may need to be put in place.

The Assistant Director for Governance, Risk and Assurance/Risk Manager will meet with Directorates on at least a quarterly basis to review their risk registers and will provide advice and assistance to managers in identifying appropriate controls and actions.

It is good practice for Directorates and management teams to discuss their risk registers and associated action plans regularly in their management meetings, by way of helping to identify new risks and determining whether additional actions or escalation of risks is required.

This will help to standardise practice and embed a culture of risk management across the organisation.

6.0 RISK REGISTERS

All identified risks should be populated on the appropriate risk register on Datix.

Each risk will have a unique identifier generated on entry. The risk's record must include the name of the risk owner, its title and description, a summary of the current controls, its Initial, Current and Target grading, the priority actions to be taken forward and the most recent review date.

The relevant Trust Strategic Objective(s) to which the risk relates should also be populated for risks on the Corporate and Directorate Risk Registers.

There are three types of risk register used at NIAS:

1. The Corporate Risk Register captures the principal risks to the organisation, i.e., those that present potentially the most serious threats to delivery of the Trust's objectives and key activities.

A risk should be considered for inclusion on the Corporate Register it if meets the following criteria:

- It has a Current grading of High or Extreme; and/or
- It would have a significant, adverse effect on delivery of the Trust's Strategic Objectives; and/or
- It cannot be adequately managed at Directorate level; and/or
- It requires escalation to another HSC organisation due to its significance and/or requires commissioner involvement; and/or
- It is considered in any other way to have significant implications for the Trust.

The Corporate Risk Register will be reviewed regularly by SMT (at least on a quarterly basis), and SMT will approve the content of the Corporate Risk Register before it is tabled at GARAC (and subsequently Trust Board).

Each corporate risk must have an allocated Director as the risk owner, who will be primarily responsible for its management. Where a risk is cross-cutting, i.e., it affects multiple Directorates, SMT will nominate the most appropriately placed Director as the risk owner.

The following amendments to the Corporate Risk Register must be considered and agreed by SMT:

- Addition of a new corporate risk.
- Change of responsibility, e.g., risk owner/Directorate.
- Any changes to the title or description.
- Changes to the Current or Target grading.
- Proposals for de-escalation or closure.

The Corporate Risk Register will be included for publication on the Trust's website as part of the pack of papers which is submitted to Trust Board.

2. Directorate Risk Registers capture the risks which are being managed within each Directorate, with the relevant Director being responsible for ensuring that the risk owner(s) within their team are regularly updating and reviewing their risks.

3. Project Risk Registers capture risks specific to ongoing Projects/Programmes. The relevant Project Manager and Senior Responsible Officer are responsible for managing the Project Risk Register.

7.0 RISK ESCALATION

The Assistant Director for Governance, Assurance and Risk and Risk Manager will provide specialist advice and support to teams across the Trust on the management of risk registers including whether risks are being handled at the appropriate level in the organisation and, relatedly, if they should be escalated or de-escalated.

There are a range of factors which may trigger escalation of a risk. Risks should be considered for escalation when:

- Controls are proving to be ineffective.
- The risk is not being reduced or managed as expected.
- Actions needed to manage the risk further cannot be delivered at the current level.

Conversely, where there is satisfactory evidence that the controls which have been put in place have been effective in reducing a risk, the risk has reached a Current grading close to, or at, its Target and/or it is considered that the risk can be adequately managed at a lower level, it should be de-escalated.

8.0 RISK APPETITE STATEMENT

Risk appetite is the amount of risk an organisation is willing to accept in the pursuit and delivery of its goals and objectives, i.e., it reflects the level of risk with which the organisation aims to operate.

NIAS's risk appetite statement reflects the expectations of Trust Board in terms of what level of risk is acceptable and the type of risks which should be identified and managed by the Trust.

NIAS recognises that, as a provider of health and social care, risks are inherent to delivery of its core activities and will inevitably occur when providing care and treatment to patients, employing staff, contracting with third parties, managing its estate and maintaining its finances.

The Trust also acknowledges that identifying and appropriately managing risks is necessary to achieve its Strategic Objectives and ensure delivery of high-quality and safe care to service users.

Trust Board is committed to ensuring an effective risk management system is in place to manage risks from operational to Board level and that robust mitigating action plans are put in place.

The Trust will take risks in a controlled and considered manner and exposure to risks will be kept to an acceptable level as determined by Trust Board, using the below framework derived from *The Orange Book*:

Risk Appetite Level	Description
Averse	Avoidance of risk and uncertainty altogether.
Minimal	Preference for safe options that have a low degree of risk and uncertainty.
Cautious	Prepared to accept some risk that can be easily controlled, with little chance of significant repercussions.
Open	Willing to consider all options and to choose one likely to support successful delivery of objectives.
Eager	Willing to be innovative and progress options with high degrees of potential risk and uncertainty.

Overall, NIAS's willingness to accept risk is low but its risk appetite varies across different types of risk. Broadly, the organisation is averse to risks that could negatively affect the safety of patient care and those that could result in non-compliance with professional standards and legal requirements. Conversely, it is willing to accept a higher level of considered risk in areas relating to finance and strategy development, for example.

The table below sets out NIAS's risk appetite for various categories of risk, along with the target score range, representing the acceptable level of risk. This should be used to inform decision-making internally in respect of risk identification and management.

Some risks which score above the desired acceptable level may nevertheless be tolerated by the Trust, because:

- The likelihood of them occurring is deemed to be sufficiently low; and/or
- They may be considered too costly to control given other priorities; and/or
- The cost of controlling them may be greater than the cost of the impact should they materialise; and/or
- There is likely to only be short-term exposure to them.

A decision to tolerate an increased level of risk above the risk appetite will be reviewed and authorised by Trust Board.

Risk Category	Description	Risk Appetite Level	Target Score Range
Safety of Care	Risks that impact on patient safety.	Averse	1 to 3
Quality	Risks that negatively affect service user experience, such as delays or long waiting times.	Minimal	1 to 5
People	Risks that impact on staff recruitment, retention, skills and capacity and well-being.	Minimal	1 to 5
Operational	Risks arising from agile internal processes/planning resulting in poor service performance and outcomes.	Minimal	1 to 5
Financial	Risks that impact on income, expenditure, procurement, and value for money.	Cautious	1 to 9
Regulation and Compliance	Risks that impact on legal/regulatory requirements for example compliance with professional standards and legislation and adherence with national guidance.	Averse	1 to 3
Reputational	Risks arising from, for example, adverse events, repeated failures/poor performance or a lack of innovation.	Cautious	1 to 9
Health and Safety	Risks related to the assessment and management of potential hazards under Health and Safety legislation.	Averse	1 to 3

Strategic	Risks arising from pursuing an inadequately designed strategy or one which fails to support delivery of commitments, plans and objectives.	Cautious	1 to 9
Environmental	Risks that adversely affect the organisation's impact on climate and environmental health.	Minimal	1 to 5
Information and Assets	Risks arising from inadequate management of physical assets (such as buildings and fleet) and data held by the organisation.	Minimal	1 to 5

9.0 BOARD ASSURANCE FRAMEWORK

The Board Assurance Framework (BAF) provides Trust Board with a comprehensive overview of the management of strategic risks facing the organisation.

The BAF differs from the Corporate Risk Register in that it provides a high-level summary of risk to the delivery of key priorities and provides an assessment of the control systems and assurances currently in place. This enables Trust Board to assess the extent and quality of existing assurance, to identify gaps and to make informed decisions about seeking further assurance on specific activities.

Conversely, the Corporate Risk Register is a dynamic record of the management of the principal operational risks facing the Trust. Risks on the Trust's Corporate Risk Registers and Directorate Risk Registers are reviewed and linked to strategic risks contained in the BAF where appropriate.

The BAF is reviewed by GARAC at least twice a year in advance of it being tabled and approved by Trust Board.

10.0 IMPLEMENTATION

10.1 Dissemination:

- This policy will be emailed to Assistant Directors and Directors for onward circulation to staff.
- It will be made available on the Trust's intranet.
- The Risk Department will maintain a copy of the policy and will be responsible for ensuring that it is reviewed in line with the review schedule.
- The policy should be made available to all staff as part of induction.

10.2 Training

A risk management e-learning package is available on the Regional Learning Management System (LMS) and is accessible by all staff.

All Band 6 staff and above with line management responsibility must complete this training package once every three years. Training compliance is monitored and reported through the Trust's assurance framework.

The Assistant Director for Governance, Assurance and Risk and the Risk Manager will facilitate additional, ad hoc training for teams and individual staff members on risk management as required and are available to provide advice and support.

11.0 MONITORING

This policy is owned by the Director for Planning, Performance and Corporate Services and will be reviewed and updated annually, following the yearly review of the Risk Appetite Statement by Trust Board.

12.0 EVIDENCE BASE/REFERENCES:

- The Orange Book – Management of Risk Principles & Concepts, HM Government (2023).
- Innovation and Risk Management: A good practice guide for the public sector, Northern Ireland Audit Office (2023).
- Board Guidance on Risk Appetite, Good Governance Institute (2020).
- Risk Appetite and Tolerance Guidance Paper, The Institute of Risk Management.
- Principles for assessing and managing risks across integrated care systems, NHS England (2024).

13.0 CONSULTATION PROCESS:

This policy was shared with Assistant Directors and Directors at NIAS to seek feedback before it was submitted to Senior Management Team for approval.

14.0 EQUALITY STATEMENT:

In line In line with duties under the equality legislation (Section 75 of the Northern Ireland Act 1998), Targeting Social Need Initiative, Disability discrimination and the Human Rights Act 1998, an initial screening exercise to ascertain if this policy should be subject to a full impact assessment has been carried out.

The outcome of the equality screening for this policy is:

Major impact	☐
Minor impact	☐
No impact.	✓

14.0 SIGNATORIES:

Lead Author Nick Henry	**Date**
AD for Governance, Risk and Assurance	13 February 2025
Lead Director Maxine Paterson	**Date** 13 February 2025
Deputy Chief Executive and Director of Planning, Performance and Corporate Services	

Appendix 1: HSC Regional Impact Table – with effect from April 2013 (updated)					
IMPACT (CONSEQUENCE) LEVELS [can be used for both actual and potential]					
DOMAIN	**INSIGNIFICANT (1)**	**MINOR (2)**	**MODERATE (3)**	**MAJOR (4)**	**CATASTROPHIC (5)**
PEOPLE *(Impact on the Health/Safety/Welfare of any person affected: e.g. Patient/Service User, Staff, Visitor, Contractor)*	• Near miss, no injury or harm.	• Short-term injury/minor harm requiring first aid/medical treatment. • Any patient safety incident that required extra observation or minor treatment e.g. first aid • Non-permanent harm lasting less than one month • Admission to hospital for observation or extended stay (1-4 days duration) • Emotional distress (recovery expected within days or weeks).	• Semi-permanent harm/disability (physical/emotional injuries/trauma) (Recovery expected within one year). • Admission/readmission to hospital or extended length of hospital stay/care provision (5-14 days). • Any patient safety incident that resulted in a moderate increase in treatment e.g. surgery required	• Long-term permanent harm/disability (physical/emotional injuries/trauma). • Increase in length of hospital stay/care provision by >14 days.	• Permanent harm/disability (physical/ emotional trauma) to more than one person. • Incident leading to death.
QUALITY & PROFESSIONAL STANDARDS/ GUIDELINES *(Meeting quality/ professional standards/ statutory functions/ responsibilities and Audit Inspections)*	• Minor non-compliance with internal standards professional standards, policy or protocol. • Audit / Inspection – small number of recommendations which focus on minor quality improvements issues.	• Single failure to meet internal professional standard or follow protocol. • Audit/Inspection – recommendations can be addressed by low level management action.	• Repeated failure to meet internal professional standards or follow protocols. • Audit / Inspection – challenging recommendations that can be addressed by action plan.	• Repeated failure to meet regional/ national standards. • Repeated failure to meet professional standards or failure to meet statutory functions/ responsibilities. • Audit / Inspection – Critical Report.	• Gross failure to meet external/national standards. • Gross failure to meet professional standards or statutory functions/ responsibilities. • Audit / Inspection – Severely Critical Report.
REPUTATION *(Adverse publicity, enquiries from public representatives/media Legal/Statutory Requirements)*	• Local public/political concern. • Local press < 1day coverage. • Informal contact / Potential intervention by Enforcing Authority (e.g. HSENI/NIFRS).	• Local public/political concern. • Extended local press < 7 day coverage with minor effect on public confidence. • Advisory letter from enforcing authority/increased inspection by regulatory authority.	• Regional public/political concern. • Regional/National press < 3 days coverage. Significant effect on public confidence. • Improvement notice/failure to comply notice.	• MLA concern (Questions in Assembly). • Regional / National Media interest >3 days < 7days. Public confidence in the organisation undermined. • Criminal Prosecution. • Prohibition Notice. • Executive Officer dismissed. • External Investigation or Independent Review (e.g., Ombudsman). • Major Public Enquiry.	• Full Public Enquiry/Critical PAC Hearing. • Regional and National adverse media publicity > 7 days. • Criminal prosecution – Corporate Manslaughter Act. • Executive Officer fined or imprisoned. • Judicial Review/Public Enquiry.
FINANCE, INFORMATION & ASSETS *(Protect assets of the organisation and avoid loss)*	• Commissioning costs (£) <1m. • Loss of assets due to damage to premises/property. • Loss – £1K to £10K. • Minor loss of non-personal information.	• Commissioning costs (£) 1m – 2m. • Loss of assets due to minor damage to premises/ property. • Loss – £10K to £100K. • Loss of information. • Impact to service immediately containable, medium financial loss	• Commissioning costs (£) 2m – 5m. • Loss of assets due to moderate damage to premises/ property. • Loss – £100K to £250K. • Loss of or unauthorised access to sensitive / business critical information • Impact on service contained with assistance, high financial loss	• Commissioning costs (£) 5m – 10m. • Loss of assets due to major damage to premises/property. • Loss – £250K to £2m. • Loss of or corruption of sensitive / business critical information. • Loss of ability to provide services, major financial loss	• Commissioning costs (£) > 10m. • Loss of assets due to severe organisation wide damage to property/premises. • Loss – > £2m. • Permanent loss of or corruption of sensitive/business critical information. • Collapse of service, huge financial loss
RESOURCES *(Service and Business interruption, problems with service provision, including staffing (number and competence), premises and equipment)*	• Loss/ interruption < 8 hour resulting in insignificant damage or loss/impact on service. • No impact on public health social care. • Insignificant unmet need. • Minimal disruption to routine activities of staff and organisation.	• Loss/interruption or access to systems denied 8 – 24 hours resulting in minor damage or loss/ impact on service. • Short term impact on public health social care. • Minor unmet need. • Minor impact on staff, service delivery and organisation, rapidly absorbed.	• Loss/ interruption 1-7 days resulting in moderate damage or loss/impact on service. • Moderate impact on public health and social care. • Moderate unmet need. • Moderate impact on staff, service delivery and organisation absorbed with significant level of intervention. • Access to systems denied and incident expected to last more than 1 day.	• Loss/ interruption 8-31 days resulting in major damage or loss/impact on service. • Major impact on public health and social care. • Major unmet need. • Major impact on staff, service delivery and organisation - absorbed with some formal intervention with other organisations.	• Loss/ interruption >31 days resulting in catastrophic damage or loss/impact on service. • Catastrophic impact on public health and social care. • Catastrophic unmet need. • Catastrophic impact on staff, service delivery and organisation - absorbed with significant formal intervention with other organisations.
ENVIRONMENTAL *(Air, Land, Water, Waste management)*	• Nuisance release.	• On site release contained by organisation.	• Moderate on site/ off site release contained by organisation.	• Major release affecting minimal off-site area requiring external assistance (fire brigade, radiation, protection service etc.).	• Toxic release affecting off-site with detrimental effect requiring outside assistance.

Appendix 2: HSC REGIONAL RISK MATRIX – WITH EFFECT FROM APRIL 2013 (Updated)

Risk Likelihood Scoring Table			
Likelihood Scoring Descriptors	Score	**Frequency (How often might it/does it happen?)**	**Time framed Descriptions of Frequency**
Almost certain	5	Will undoubtedly happen/recur on a frequent basis	Expected to occur at least daily
Likely	4	Will probably happen/recur, but it is not a persisting issue/circumstances	Expected to occur at least weekly
Possible	3	Might happen or recur occasionally	Expected to occur at least monthly
Unlikely	2	Do not expect it to happen/recur but it may do so	Expected to occur at least annually
Rare	1	This will probably never happen/recur	Not expected to occur for years

	Impact (Consequence) Levels				
Likelihood Scoring Descriptors	**Insignificant(1)**	**Minor (2)**	**Moderate (3)**	**Major (4)**	**Catastrophic (5)**
Almost Certain (5)	**Medium**	**Medium**	**High**	**Extreme**	**Extreme**
Likely (4)	**Low**	**Medium**	**Medium**	**High**	**Extreme**
Possible (3)	**Low**	**Low**	**Medium**	**High**	**Extreme**
Unlikely (2)	**Low**	**Low**	**Medium**	**High**	**High**
Rare (1)	**Low**	**Low**	**Medium**	**High**	**High**

12.02.2026

Trust Board and Committee Forward Work Plan 2026-27

Trust Board

Meeting	21 May	25 June	27 August 24 September	29 October 26 November	17 December	11 February	25 March	27 May
Agenda Items Standing Items: • Performance Report • Finance Report • Chair's Report • CEx Report • Committee Business • CiC Update To Be scheduled: • Cyber Training? • EPRR Core Standards (Aug) • RCC	End Year Performance Update End of Year Finance Update	Final Annual Report and Accounts Corporate Risk Register Board Assurance Framework	Trust Annual Safeguarding Position Report IPC Annual Report	Corporate Plan Mid-Year Progress Report Board Governance Self-Assessment Tool Draft Winter Plan Complaints Annual Report	Annual Quality Report	Corporate Risk Register Draft Financial Plan Review of Committee Structure / Terms of Reference Review of Standing Orders	Corporate Plan End Year Progress Report Board Assurance Framework	

Dates highlighted in yellow are the aligned Trust Board Meeting dates with all HSC Trusts

12.02.2026

Governance, Audit and Risk Assurance Committee (GARAC)

Meeting	14 May	23 June	15 October	3 December	28 January	Feb Date TBC	11 March
Standard Agenda Items: DAC Register Fraud Update Internal Audit Updates External Audit Updates DoH Correspondence Notes for next year Remove NIAO Checklist for this year – add to 27/28 schedule SFI's Review removed – consider sending via email if any legislative changes, and review frequency next year	Corporate Risk Register Counter Fraud End of Year Report Corporate Governance Code of Good Practice NI (if there is an updated version)? Draft Annual Report and Accounts Draft Charitable Trust Funds Trustees Annual Report Internal Audit Progress report Recommendation f/up HIA Annual Report IA Strategy and 26/27 plan External Audit	Focus on Final Annual Report and Accounts HIA HSC General Annual Report (IA) Draft RTTCWG report 2025-26 GARAC Annual Report	Board Governance Self-Assessment Tool. Mid-Year Assurance Statement. Focus on any relevant risks on CRR. HIA Mid-Year Report (IA) Highest Scoring Directorate Risk Register IGG and Cyber Security Update	Focus on Internal Audit recommendations	Corporate Risk Register TORs review Risk Appetite Statement Review Review of Standing Orders	Extra meeting re: Progress on IA	IGG and Cyber Security Update

Commented [SB1]: Has to be w/c 11 May onwards

Commented [SB2R1]: Paul Corrigan needs early start at 9/9.30 and needs to leave at 11.30

Commented [SB3]: Has to be w/c 22 June but before TB

12.02.2026

People, Culture and Organisational Development Committee (PCOD)

Meeting	Standing Items	23 April	18 June	10 September	12 November	21 January
	Workforce Information and HR Report Equip Update	Culture, Sexual Safety & Workplace Safety Policy Development Employee Relations Digital Transformation Governance & Reporting Change Management Projects (MOC)	Culture, Sexual Safety & Workplace Safety Managing Good Attendance Workforce Planning (OREL and Tactical) Industrial Relations & Partnership Working Annual Report: Employment Law Case Annual Update	Culture, Sexual Safety & Workplace Safety OD and Learning Pay and Conditions Resourcing & Retention (incl JE) Governance & Reporting Annual Report: Equality, Diversity and Inclusion Report & Article 55	Culture, Sexual Safety & Workplace Safety Managing Good Attendance Workforce Planning (OREL and Tactical) Digital Transformation Litigation Change Management Projects (MOC) People Plan (HR input into new Corporate Plan?	Culture, Sexual Safety & Workplace Safety Employee Relations Resourcing & Retention (incl JE) Equality Diversity & Inclusion Policy Development Annual Report: Safeguarding Employment Update Annual Report

12.02.2026

Patient Experience, Quality and Safety Committee (PEQS)

Meeting		9 April	28 May	17 Sep	19 Nov	14 Jan
Standing Agenda Items: Performance Report (on SAIs, complaints etc./clinical KPIS) Identification of Risk Items to be scheduled: Pharmacy bi-annual report SAI Report HART capacity update Annual Update re: Violence & Aggression	Items to be scheduled cont. Involvement and Co Production / Partnership Update EPRR Update Service User Feedback Report Education Update PCS Update Quality Strategy NIPSO Model Complaints Procedures	OOCA improvement IAS report	EVC report IPC Annual Report Quality and Service Improvement – Quality Strategy update Safeguarding Update	Complaints Annual Report Training Update (every 6 months) OOCA improvement Quarterly Pharmacy Update	Quality and Service Improvement - Annual Quality Report update IAS Assurance EVC Report. IPC report Safeguarding Update	Pharmacy bi-annual report. TORs review OOCA improvement Adverse Incident management report

12.02.2026

Strategic Performance and Finance Committee (SPF Committee)

Meeting		**2 April**	**4 June**	**3 Sep**	**10 Dec**	**4 Feb**

12.02.2026

Standing Agenda Items: Performance Report Performance Deep Dive on specific area Finance Report inc. Directorate Budget Report Trust Budget Report and Year-End Forecast Business Case Update Strategy Development/ Corporate Plan Update Overtime budget and expenditure Focus on Service Delivery Model	Overview of Sustainability	Estates Update Suggested item (NH): EPCR Replacement	2026-27 Opening Budget Allocation Suggested item (NH): GRS Migration	Capital budget, expenditure and forecast. Fleet Update Suggested item (NH): Fleet and Equipment Management System Replacement	Suggested item (NH): Demand and Capacity Programme Board	Capital budget, expenditure and forecast. 2027-28 Draft Financial Plan TORs review Suggested items (NH): Sustainability Update Fleet Update

Commented [SB4]: Sustainability on Feb agenda

Commented [SB5]: Mid year update

Commented [SB6]: End year update - projection

Northern Ireland Ambulance Service
Health and Social Care Trust

MINUTES OF THE GOVERNANCE, AUDIT AND RISK ASSURANCE COMMITTEE HELD AT 9:30AM ON THURSDAY 9 DECEMBER 2025 IN THE BOARDROOM, NIAS HQ

PRESENT:	Dr P Graham	Committee Chair
	Mr D Ashford	Non-Executive Director
	Dr P Corrigan	Non-Executive Director
IN ATTENDANCE:	Mr M Riddell	Assistant Director of HR & OD
	Ms L Donnelly	Interim Director of Finance
	Ms B McCauley	Assistant Director of Finance
	Mr N Henry	Assistant Director Governance
	Ms C McKeown	Internal Audit, BSO
	Mr D Charles	Internal Audit, BSO
	Ms S Beggs	Temporary Board Secretary
	Mr N Sinclair	Interim Director of Operations and Chief Paramedic Officer
	Ms M Lemon	Director of HR & OD
	Mr S Mullen	Interim Director of Planning, Performance and Corporate Services
	Ms R Finn	Assistant Director, QSI
	Ms C Hanna	Lead Pharmacist

APOLOGIES:

1. Apologies & Opening Remarks

Apologies noted as above.

The Chair welcomed members to the meeting and welcomed

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 9 October 2025 were **APPROVED** on a proposal from Mr Ashford and seconded by Mr Corrigan.

4. Matters Arising

The Committee **NOTED** the actions arising from the previous meeting.

Ms McAuley advised she will provide a fraud update at the next GARAC Meeting.

At the last meeting Ms Donnelly agreed to seek an explanation as to why the Fleet DAC is being approved retrospectively. She has tried to follow this up with the fleet team but has no update to date, and Mr Mullen agreed to follow up and advise.

ACTION: Mr Mullen

Mr Charles is setting up meetings with Directors to agree the internal audit plans for the next three years, and will then have a follow up meeting with Ms Paterson and the Committee Chair ahead of consideration at the next GARAC Meeting.

Ms Paterson advised the Committee that the board are currently considering the NIAS Strategy at a high level, which might help and inform mitigation and delivery of priorities and will dovetail with these plans.

5. Internal Audit Recommendations

The Committee **NOTED** the updates and progress on the outstanding Internal Audit Recommendations.

Ms McAuley advised the papers provided outlines where NIAS are at mid-year and the progress made to date. At mid-year NIAS have implemented 83% of all recommendations due at that point. The paper demonstrates what has been implemented per directorate and notes what is high risk and what is likely not to reach year end. Ms McAuley plans to concentrate on those in the amber category as those are the ones that directorates need to provide assurance to the Committee on. Some require support from external bodies or the scale of them is significant, some are due to changes required in policies or engagement outside of NIAS' control.

Clinical

Mr Sinclair referred to the clinical recommendation regarding cardiac arrests within the red column and advised the majority of actions have been completed however, the development of the cardiac arrest register is outstanding, but they have now appointed someone in the team to take this forward.

Ms McAuley referred to the register potentially taking a couple of years to set up and asked Internal Audit if this needs to be fully complete before signing off. Ms McKeown said they will need to consider and understand in more detail before confirming.

Finance

Ms Donnelly advised that the Finance team have completed everything within their control to date. In terms of the Business case procedures, this Policy is a regional Policy and there is a Trust wide group progressing this. Ms Donnelly agreed to follow up and seek a better understanding of the progress.

ACTION: Ms Donnelly

Ms McKeown added that it has been quite a while since a direct regional update has been provided, however, this is important as it's public sector wide and not just HSC. Therefore, it is for that group to work alongside the DoH and Internal Audit can't close it until they see the outcome of that work.

The Committee Chair asked Ms Paterson if there is any assistance that could help progress this action and Ms Paterson

confirmed Directors of Finance are progressing but is content to escalate via the Chief Executives Forum tomorrow and understand how they can help to move this forward.

ACTION: Ms Paterson

Human Resources

Ms Lemon referred to recommendation 1.10 which shares responsibility with Ops (Mr Sinclair) and relates to long standing terms and conditions in place. Reviews are happening to provide assurance on the level of unsocial hours and trade union negotiations have begun.

Mr Riddell has set up a Sub Group of the JCNC to negotiate with TU's about unsociable payments which is an opportunity to set expectations on both sides. The next meeting is to review the specific issues pertaining to audit recommendations and focus less on issues that are complicating matters.

Mr Ashford referred to the issues identified and that NIAS are not in a position to put a stop in place and it will therefore continue. Mr Riddell is considering a plan to review with TU's and is confident NIAS can get into a space to discuss and implement.

Ms McAuley elaborated that significant rota issues were identified and there are still some difficult issues that need addressed. TU's have a difference of opinion on how payments are calculated in terms of relief, which is not straight forward and Mr Ashford queried if NIAS are stopping to pay the extra payments in the meantime until this is resolved.

Ms Paterson advised that 90% of what NIAS are doing is correct and is controlled, however, Ms McAuley and Mr Riddell continue to progress outstanding issues with the Unions. The critical thing from an Internal Audit perspective, is that they identified something that didn't have the required controls and NIAS have now set up an environment to control from a management perspective. There is assurance to the GARAC Committee that NIAS are managing and progressing towards a final conclusion.

Ms Lemon further assured the Committee that NIAS are paying staff in line with the terms and conditions, however, TU's have a different opinion on how this should be calculated which requires negotiation. The progress NIAS have made is in line with control management but acknowledge they need to get out of the legacy arrangements.

Ms McKeown advised there is not enough to satisfy and Internal Audit would like to see further progress, unless there is an agreement on a way forward with those payments.

Ms Lemon acknowledged Ms McKeown's feedback and is keen to have engagement with Internal Audit to understand clearly what evidence they require to close the recommendation. The Committee Chair agreed it would be useful for this meeting to take place and report back to the Committee via email rather than waiting on the next meeting, to provide assurance in between.

ACTION: Ms Lemon

Ms Lemon referred to recommendation 213 (Management should escalate to Directors where managers do not submit validated SIP returns to HR in line with required deadlines), which she believes has been achieved. Mr Ashford clarified this relates to staff in post and appropriate escalations where they haven't been confirmed.

Since the mid-year position NIAS have 100% compliance but they need to provide the evidence to Internal Audit to close. Mr Riddell confirmed they are providing a second set of reminders for those not completed which have been sent to SLT by way of escalating those that need to be closed off. Ms McAuley advised they will have the evidence for this tomorrow to present and close off.

Recommendation 226 has shared ownership with Ms Lemon and Mr Sinclair, and is regarding resource and rota management and GRS access. Mr Sinclair advised that 'Martin' is finalising the proposal with TU's and it can then be implemented, which will be submitted via Ops, JCNC, TU interface, SLT and Committee as required, which should be within the financial year for 2026.

Ms Lemon referred to the significant audit regarding absence management which was unacceptable and therefore escalated to the Board. The team continue to keep momentum on this and provide significant work to progress.

Ms Lemon referred to recommendations 238-239 regarding annual leave/TOIL and suspensions / Special leave and said that some relates to reporting to PCOD and the team have amended the report to that Committee with the required additional information.
NIAS are developing the Policy to cover Toil and Leave practices and have set up a sub group with TU's which will significantly improve the position once implemented.

The Committee Chair advised that he discussed concerns regarding these recommendations at the last NED workshop to ensure all members were aware. He sought clarity on how NIAS will manage the legacy of TOIL so the issue isn't carried forward. Mr Sinclair advised they will take a phased approach over a couple of years by paying the balance, or staff take out of their leave. Mr Corrigan emphasised that NIAS need to have a plan to avoid the legacy remaining and confusing matters with the new policy going forward.

Mr Ashford sought an update on the non-leave matters i.e. staff being granted leave they didn't have which had the potential for serious issues. Ms Lemon and Mr Sinclair assured the Committee they have already put controls in place and this has stopped. If staff require leave in addition to their quota it will go to line management for approval and aligned to exceptional circumstances.
Ms Paterson welcomes that this was uncovered and controls are in place to stop these practices which will be aided by policies.

Ms McKeown acknowledged the good progress made and appreciates the legacy impact may take a bit longer to address. The Chair agreed with Ms Paterson's comments that this is a good example of how Internal Audit positively helps, in terms of identifying gaps.

Ms Lemon referred to recommendation 240 which relates to information around suspensions, which is reported to PCOD. This continues to evolve and the deadline for February 26 may potentially be at risk however, they will strive to provide the evidence required.

Ms Lemon referred to the recommendation regarding improved partnership policies relating to the governance requirements for TU leave, which is something NIAS agree with and have already started to work on which is due to be discussed at the PCOD Committee tomorrow. Mr Riddell added that it is on the agenda to discuss informally with TUs next week and have something agreed by the end of March. Ms McAuley confirmed for the Chair that NIAS require evidence of the partnership and that this recommendation is not due within the current year but it would be great to get some recommendations due next year achieved earlier.

Ms Lemon updated the Committee in terms of absence management, that they have developed dashboards for compliance regarding return-to-work interviews and developed a process and guidance regarding the storage of sick lines.

Ms Lemon alluded to recommendation 247 regarding redeployments which is within the 'red' category and that they are hoping to deliver progress by the end of the year.

Internal Audit have recognised NIAS have made significant changes already regarding the KPI's for Occupational Health but NIAS need some additional KPI's to monitor and hope to progress by the end of the year.

Ms McAuley elaborated further on recommendation 243 and that NIAS may not meet the deadline. There are dashboards in place for operational managers and she is hopeful to close this off but it requires evidence. The Chair asked Ms Lemon to ensure she proactively encourages progress on this.

ACTION: Ms Lemon

Operations

Mr Sinclair referred to recommendation 158 and 161 regarding voluntary car drivers and updated the Committee that they are discussing with finance to put a system and practice in place to control voluntary car drivers. The Policy for Voluntary Car drivers is complete and currently going through the relevant governance structures to complete.

NIAS have implemented a formal procedure for bank staff which is in the final stages and Mr Riddell has received feedback from TU's and is confident NIAS can achieve the deadline.

There is now a governance structure in place to address recommendation 219 (sickness absence, trends and instances of where staff have leave turned down and take sickness). Line managers are made aware of instances to ensure appropriate discussions with staff are in place, and the team are currently providing evidence and audit trail to provide assurance these practices are happening.

Mr Ashford welcomes these systems being put in place to make managers aware and highlighted the need for NIAS to ensure the effectiveness is monitored. Mr Sinclair agreed to provide the necessary evidence and assurance that progress is being monitored.

ACTION: Mr Sinclair

In relation to recommendation 220, management of annual leave, staff across each division have quotas in line with extraction rates with ops, to ensure leave is taken adequately, however, the team is reviewing the annual leave policy in line with the agreed regional policy for annual leave and agreed minimal carry over. The Chair requested evidence to ensure staff are adhering to this and Mr Riddell advised that Mr Ciaran McKenna sends round a regular email to ensure staff are using leave for certain parts of the year which could be used as evidence.

Recommendation 227 (GRS restrictions) has been actioned but requires evidence which Mr Sinclair will follow up.

Mr Sinclair advised he will share the comms for evidence that Recommendation 246 (attendance and absence management) has been actioned in relation to line managers ensuring reasonable adjustments are managed. The Chair reiterated the importance of evidence being provided of practices already in place to address recommendations.

Planning / Performance

Mr Mullen referred to the recommendation focused on SLA agreements for procurements/estates, and that there are MOU's in place for Southern Trust and are currently working through the Belfast Trust sites and anticipate these will be complete by the end of the year.

In relation to recommendation 44 (fire safety) Mr Mullen confirmed they are seeking additional capacity within the health and safety team and have begun procurement to fulfil a fire safety officer role. He pointed out that 16 out of 33 sites have had site inspections which is significantly important to note, and Mr Ashford agreed that this is critical due to the potential prosecution or enforcement by NIFRS.

Mr Mullen updated the Committee that the team are in the process of centralising services and costs and the monitoring of same to address recommendation 68 in relation to contract management of medical devices.

There has been some progress made in relation to recommendation 123 (management of fleet and fuel), and the team are strengthening controls, for example, in relation to mileage returns and contracts services.

Mr Mullen referred to recommendation 128 and the team are considering the fleetwave system and other systems to use, which has been submitted to the DHCNI for approval. The team have carried out benchmarking against other trusts and ambulance services and some market testing has been carried out. Mr Mullen pointed out that it could take up to two years to progress this system.

Ms Paterson advised the Committee there had been some gaps of staff within the fleet team but matters are now being progressed and emphasised the need for the evidence to be collated to provide assurance that NIAS have audit and control in this space.

Ms McAuley referred to the potential of recommendation 128 taking two years to be fully implemented and sought Internal Audit confirmation of whether NIAS need to wait the full two years to close this out. Ms McKeown confirmed that she

believes they could close this out if NIAS can demonstrate they are considering and processes are in place.

Mr Mullen advised that NIAS have carried out a number of response plans this year which will provide evidence for recommendation 137 for NIAS to have a strategy to test and schedule response plans.

Mr Mullen updated the Committee that NIAS have recruited a new network manager which will address the recommendation 139 regarding resilience within IT and upgrading the network.

Mr Mullen's team are continuing to engage with Cyber Security in relation to recommendation 142, and that this will remain 'red' due to the regional business case awaiting approval from the DoH. He continued that until it is funded and resolved it prevents moving this recommendation from red to amber and has a regional impact.

Ms Paterson said that Internal Audit have helpfully segmented some recommendations that are more longstanding, and it is also helpful from a control management perspective that NIAS are exercising business continuity plans, which have been contributory to IT outages and de-briefs to test the resilience in that space. NIAS need to continue to seek an update regionally, which will take money and time to influence, however there is a lot of work internally which can provide evidence.

The Committee Chair suggested Internal Audit should seek an overview from the CiC in terms of regional updates and that issues are being resolved.

Mr Mullen referred to recommendation 180 to improve mandatory risk and e learning training and compliance reported via assurance framework, and updated the Committee that the last report demonstrated this has significantly improved across the organisation with compliance recorded monthly via accountability meetings and assurance framework.

Ms Paterson reminded the Committee it is important to agree what is mandatory or not and what NIAS can afford to deliver to take staff off front line duties to complete.

Ms McAuley alluded to the issue of corporate reporting if training is not considered mandatory and how it is being assessed. Mr Henry engaged with Internal Audit for a number of months and provided evidence, and subsequently revised which staff was mandatory, however, there is still further detail to be provided as evidence to show it's been implemented. Mr Charles referred to NIAS being 46% compliant at that time which is relatively low and required improvement, however, Ms McAuley recalled a recent communication stating NIAS were 68% compliant and she agreed to forward the communication to Mr Charles.

ACTION: Ms McAuley

Mr Ashford acknowledged that training is necessary to achieve audit recommendations but in line with other issues with training, it was identified staff need five training days per person, and NIAS need to be careful and ensure clinical training is at the top of the criteria. The Chair emphasised the importance of planning this correctly for the next three years as there is some complications with data and differences in figures, and he requested for this information to be confirmed and advised to the Committee.

ACTION: Mr Mullen/Mr Henry

QSI

The Chair welcomed Ms Finn to the meeting in Ms Charlton's absence and Ms Finn confirmed that recommendations 195 and 197 are the two priority findings.

She advised that it is unlikely they will achieve completion of these two findings within the deadline and these two findings are in the space of SAI training and Complaints training which are in line with regional process changes.

In relation to recommendation 197 a new process was introduced regionally and goes live on 1 Jan and NIAS need to provide bespoke training for the new process. Regionally two programmes have been developed which went live in mid-October and 185 staff have taken part. Stage two of the training went live last Thursday and NIAS need to consider attendance due to organisational pressures, resource and other training required, and therefore the risk is that the training will not be achieved before the end of March

A regional process for SAI has not been progressed and there is a lot of deviation regarding when it will be delivered, and therefore NIAS decided to go ahead and train staff on the old process and have developed a two-day programme to commence in January. This will cross over to the new process and it is highly operational dependant, and therefore the team anticipate there could be a challenge as NIAS are currently in REAP 4.

The Chair queried how NIAS stand in terms of staff being prevented to complete training due to delays in regional processes, and Mr Corrigan recalled previous occasions with IA agreement that if the original recommendation is not fit for purpose due to significant changes then it is withdrawn or removed from the register with Internal Audit and GARAC's approval. But this is done exceptionally and open to interpretation if the recommendation is out of date or the context has a regional element to it.

Ms Paterson agreed there are some matters that take time, money and have a small budget, and there also others that require systemic changes. She said the other challenge as an organisation is that this may be one of potentially 100 recommendations and may have less impact on the overall percentage and over disproportionately impacted.
Ms Paterson hopes that Internal Audit recognise the balanced approach articulated by Ms Finn and acknowledge NIAS are trying to deliver a meaningful process.

Ms McKeown confirmed that it is reasonable for the Organisation to have these two recommendations and she understands the reasons NIAS do not want to implement the training now, however the recommendation is still valid and stay open until the training is delivered.

The Chair pointed out to the Committee the significant amount of detail discussed at today's meeting, which is important as they don't have time to do at other regular GARAC meetings.

Medical

The Chair welcomed Ms Catherine Hanna in Dr Ruddell's absence.

Ms Hanna updated the Committee that staff training started in mid-October and 152 staff (as of last week) have completed which is 24% of paramedic staff, and they have an action plan in place to provide evidence ahead of schedule.

In relation to local training around audit and compliance from stations, they have agreed due to changes in operational management, they will have completed training by the end of the financial year. New operational staff will go ahead and train divisionally and when the restructure takes place they will reassess.

The Chair thanked everyone for their hard work and contributions and Mr Corrigan said it is reassuring and clear that the Organisation and Directors are taking the recommendations seriously and undoubtedly the good work and progress will be evidenced to Internal Audit. He pointed out that recommendations can only be closed off when fully complete and if they are 90% complete, they will still show as outstanding, and he encouraged everyone to ensure they progress those remaining.

Ms McAuley confirmed that if the remaining 19% are achieved within the financial year, NIAS will be achieve 92.95% overall, which is the same as last year.

Mr Ashford acknowledged the good progress achieved but is aware there is still some yet to be done.

The Chair asked for the meeting in February to proceed to revisit progress before the end of the financial year.

Ms Paterson welcomes the updates at this Committee to assess the progress and receive assurance.

6. GARAC Forward Work Plan

Nothing changed

7. Any Other Business

The Chair referred to communication received that Ms Collette Kane is retiring at the end of December and he has written on behalf of the Organisation and Committee to thank her for the support. Mr Thomas Wilkinson will be taking over as the NIAO Engagement Director.

No other matters discussed.

The Chair thanked all members for their attendance and contribution.

8. Date of Next Meeting

29 January 2026

THIS BEING ALL THE BUSINESS, THE CHAIR DECLARED THE MEETING CLOSED AT 16.00

SIGNED: 

DATE: **29/1/26**

Northern Ireland Ambulance Service
Health and Social Care Trust

MINUTES OF THE PEOPLE, CULTURE AND ORGANISATIONAL DEVELOPMENT COMMITTEE HELD AT 9.30AM ON THURSDAY 10 DECEMBER 2025 IN THE BOARDROOM, NIAS HQ

PRESENT:	Mr P Corrigan	Non-Executive Director
	Mr P Quinn	Non-Executive Director
IN ATTENDANCE:	Ms M Lemon	Director of HROD
	Ms S Beggs	Manager of Chair and Chief Executive Office
	Mr N Sinclair	Director of Operations (Interim)
	Mr M Riddell	Deputy Director of HROD
	Ms L Turley	Deputy Director HROD
	Ms L Emery	Senior HR Manager
APOLOGIES:	Mr J Dennison	Committee Chair
	Mr R Sowney	Senior Clinical Advisor

1 Apologies & Opening Remarks

Mr Corrigan chaired the meeting in Mr Dennison's absence and welcomed members to the meeting and specifically Lee Emery.

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 – 25/09/2025

The minutes of the previous meeting held on 25 September 2025 were **APPROVED** on a proposal from Mr Corrigan and seconded by Mr Quinn.

4 Matters arising

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

	ACTION	INDIVIDUAL ACTIONING	UPDATE
1	Matters Arising Carried forward action - Update organisational chart to be provided at the next meeting.	**Michelle Lemon / Laura Turley**	Each directorate has updated their structures, and some final work is required to share a single consistent structure. Mr Corrigan and Mr Quinn agreed it would be useful to see the existing chart anyway and Ms Lemon agreed to share the link whilst considering a high-level chart. Mr Quinn is particularly interested in seeing a specific chart for Ops due to the many changes. **ACTION: Ms Lemon**
2	Matters Arising Detailed plan on Comms activities	**Michelle Lemon / Laura Turley**	Dr Philip Graham has been identified as the NED for comms and engagement undertaken to consider the appropriate committee for this reporting. Propose move from PCOD to the identified committee and Ms Lemon agreed to discuss with Mr Mullen. **ACTION: Ms Lemon**
3	Item 6 Include detail within workforce summary of the	**Mr Riddell**	A report has been created to show the attrition at different levels across the organisation. This will be

	exact number of leavers, their grades and reason for leaving.		presented to PCOD at the committee meeting.
4	Item 7 Share information on the development of long terms suspensions.	**Michelle Lemon**	A detailed report on suspensions is included in the report 'Monthly Workforce Information and Strategic HR' report to PCOD page 7. Ms Lemon advised this will also be part of the Kings fund commencing in January.
5	Item 9 Provide a report and dedicated board session to think about what the vision of culture is and the delivery of service to patients in terms of sexual safety.	**Michelle Lemon**	This is planned to be included in the Kings Fund Programme of work in Q4. Further detail will be presented to Programme Board on 17 December 2025.

5 Workforce Information and HR Report

The Committee **NOTED** the Workforce Information and HR, OD, Equality and Wellbeing updates across all areas of HR. The Papers provide additional information aligned with the PCOD workplan referred as appendices.

Ms Turley explained there is a small increase in sick absence and an analysis identified this is as a result of seasonal respiratory illnesses and stress within EOC. If the figures spike HR ensure they investigate the reasons and the Committee noted the Cumulative figure is currently 9.9% which has reduced from this time last year.

Mr Corrigan welcomes the new report and Executive Summary narrative. He acknowledged that sick absence is cumulatively better this year, however if small increases continue month on month on an upward trajectory it could be concerning. Ms Lemon agreed and advised that the recent slight increase is contributed by

flu related absence and that the flu vaccine uptake is currently around 18%, and although it isn't a reasonable rate NIAS are one of the highest uptakes within the Trusts. Mr Quinn said it would be useful to get confirmation of the vaccination rate percentage for clarity.

ACTION: Ms Lemon

Ms Lemon continued that mental health related absence remains the highest reason and Mr Quinn acknowledges and understands there was a spike after recent issues within EOC. Ms Turley added that staff morale across the service is low and that often staff take sick leave during the summer period or holidays if they aren't granted leave, and Ms Lemon confirmed she has discussed at the GARAC Committee how NIAS managers are dealing with this issue.

Mr Riddell referenced this to an audit finding (219) regarding management continuing to monitor absence management, he said the fact NIAS are reporting this detail to PCOD is good evidence for IA and is useful to minute this.

SLA and KPIs are showing initial improvements within enhanced services for psychological support and there is a focus on international control week.
There were 135 live cases within Employee relations in October and there has been a focus on suspensions, with enhanced scrutiny and governance around those. There is a consistent review of suspensions and a process in place to review monthly.

In October there were five members of staff on suspension, one of which is being dealt with by the crown court. Another case involves the PSNI which is coming to a close soon, and the investigation is at the final stages. Ms Turley explained the NIAS legal team attend review meetings with the PSNI for crown court case to ensure the right decisions are being made.

Mr Quinn referred to the number of grievances being identified at policy level and that the Kings fund is looking at it as an indication of culture, in terms of local resolution. It is hoped that the indicators for those figures reduce but haven't yet.

Ms Turley elaborated that the figures for grievances are higher across the system, and there are challenges for these being dealt with locally as some managers have over 50 staff and the

substantial changes for the building blocks i.e. training, awareness and support are difficult to deliver to managers locally hence the numbers are proportionately larger than it should be.

Mr Corrigan queried if there is a trend and Ms Turley said it is spread and around 50% of cases don't need to be escalated to formal procedures, however there is a theme that staff want to have their say at formal hearings. Mr Sinclair added that it appears to be a cultural theme to submit a grievance which appears widespread, and that most of those staff are in temporary posts.

Ms Turley agreed to take forward a deep drive into grievances, and Mr Quinn suggested doing so in line with TU's to ensure there is engagement with managers to support them.

ACTION: Ms Turley

In relation to equality, diversity conclusion, Article 55, there is a consultation regionally with HSC about a Scottish gender identity case, and NIAS are seeking more guidance. There has also been some awareness and sharing about what domestic economic violence may look like. There has been an increase in domestic homicide in NI which impacts NIAS, and therefore they need to support staff who are dealing with these scenarios but also staff who are a victim of abuse.

Mr Riddell updated the Committee that there are 79 Employers liability claims which are broken down on the report. Coroner's cases are included under litigation and there is a significant impact on the organisation in terms of training witnesses and witness statements which Mr Sinclair is heavily involved in. Within the reporting period there are five new employers' liability claims received and NIAS continue to discuss the learning and recommendations coming out of all litigation case one such e.g. is that reasonable adjustments were not implemented in a service and resulted in an employer liability claim. There is regional guidance included in the policy which must be adhered to before settling a case to ensure NIAS have the appropriate legal advice.

Mr Riddell referred to resource pressures across pay and conditions, job evaluation, and that recruitment is so important for growth to retain recruitment. The table provided in the report demonstrates the quantum of activity around job evaluation and recruitment with job evaluation having remaining a potential bottle

neck in terms of growth due to the time taken to evaluate new posts , which dovetails with workforce strategy that will be discussed later.

Mr Quinn acknowledged the sheer volume of recruitment which is significant, and Mr Corrigan confirmed these stats are relating to candidates. Mr Corrigan queried if NIAS have a sense of how many posts they hope to fill and is that dependent on the Education team and capacity. Mr Sinclair said that it is part of the workforce team, trying to get as many education courses as possible. Some staff start as an ACA and move on to the ACP course and Mr Sinclair confirmed for Mr Corrigan that there are two ACA courses with 30 attending each course. Mr Sinclair was unsure if the current waiting list had expired, and Mr Riddell advised that he believes the next intake was the last on that particular waiting list and the February course may come from that previous list.

HR are dealing with many requests for payroll, and it is important to highlight the level of activity in that respect. Mr Riddell's colleague intends to write to NEDs imminently regarding NED and Chair pay uplift pay.

There are two member of staff and two managers dealing with job evaluations and there are currently 19 new requests which is a significant workload for them, however, they are trying to prioritise those that are aligned with the Trust strategies and contribute to overall Trust performance. There is training taking place on Tuesday for job evaluation including TUs, and the next phase of training will include general managers. There is regional consistency tracking to review and ensure quality assurance for consistency carried out by the HSC.

Mr Riddell advised the new system 'Equip' will have a huge impact across all HSC HR functions and are potentially moving towards a corporate risk. The system is being rolled out in November 2026 across all trusts rather than phased which will be extremely challenging. Ms Lemon added that it is important to flag it as a risk as it will take significant capacity from teams across the board as they are involved in meetings on a regular basis, and HRD are continually escalating their concerns.

Ms Turley added that it is utilising at least one full time day a week, and some of their teams is three days per week.

Ms Lemon is concerned that there is a lack of functionality in the new system to report staff in post which is critical, and Mr Riddell has raised this concern last week.

Mr Quinn said that the report is indicative of the complexity of work and agreed that the report is very good and useful to cross reference and do a deeper dive. He suggested NIAS think about how they mitigate the risks of Equip within the organisation and regionally and Mr Riddell advised that all of the trusts have raised similar risks corporately, and the issue for NIAS is getting towards the launch, it is going to impact operations, managers, recruitment, with significant training requirements.

Ms Turley advised that regionally, HR functions will have to look at what they stop, start and continue, which is difficult with all the other priorities as some other staff will be using 3 days a week for Equip, and Mr Corrigan acknowledged that NIAS may have to make some difficult decisions. Ms Lemon agreed that they will bring back to the Committee regarding some of the things that may not be prioritised as a result of Equip.

ACTION: Ms Lemon

Mr Quinn is aware of the difficulties and that there are a few issues arising out of the report. He will raise succession planning again under another agenda item and the need for a policy on succession planning and the outworkings of that. NIAS as an Organisation has a significant challenge within the top level of Organisation and something is needed to formalise this within a Policy.

6 **Review of HR Policies**

The Committee **NOTED** that some of the audit recommendations are linked to the requirement to update policies and procedures to reflect changing IR/ER and legislative requirements as well as best practice. Challenges include the need for negotiation with staff-side representatives on changing terms and conditions or changes as a result of custom and practice claims. Due to the workload associated with the plan, achieving the updates required will be challenging.

The Committee identified a typo in relation to '9' (16%) of policies being compliant and Mr Riddell agreed to amend.

ACTION: Mr Riddell

The team recognise that the Action plan needs to focus on the priorities listed and at the GARAC Committee yesterday they discussed a lot of recommendations that are coming from policy issues e.g. TOIL and trying to get over the line as it is a priority one finding.

A subgroup of JCNC has been set up working specifically with TUs and a list of priority one policies is on the agenda for the upcoming second meeting of this group.

Mr Corrigan said at a first glance it would be easy as a NED to be critical and query how NIAS have allowed this to happen, however, he recognises it is important to look ahead rather than back, and welcomes the honest assessment and transparency. Mr Corrigan encourages the Committee to focus on improving this area of work and hopes at the next Committee in February that most of those Priority one recommendations will be implemented.

Mr Quinn said that consistency is required going forward, not just in relation to HR policy issue, sometimes at the Safety Committee there is an inconsistency with the way policies are written, and this is a good opportunity to review the consistency of all throughout the Organisation.

Mr Riddell advised that Mr Henry is doing a lot of work in the background on this and looking at a standardised template and proforma.

Mr Quinn referred to there being a large number of policies and significant work programme ahead and queried whether this needs project managed to be tracked to provide progress and assurance to the Committee. He alluded to the risk involved with the sheer volume of policies along with the capacity required for Equip. Ms Lemon advised that HR will be looking at what they can start, stop and continue but these policies are a priority and must be progressed.

Mr Corrigan said there will be a lot of resource put into fixing things but there needs to be a process to make sure NIAS regularly review policies to ensure they are maintained and don't expire. He said that an annual review of ToR are built into the ToR and suggested something similar for a specific review of policies.

Mr Quinn reiterated the issue of succession planning, which is not specific to a particular audit but without policy or procedure it won't drive NIAS formally towards it.

7 Summary HROD Policy Framework

The Committee **NOTED** the Summary HROD Policy Framework and Mr Quinn pointed out that the way policies are referenced, implementation hasn't passed but are not red, and Mr Riddell confirmed that the red ones refer to those which are highest priority.

8 HR Open Audit Recommendations Summary

The Committee **NOTED** the summary of the HR related audit recommendations, current progress and implementation status.

Mr Corrigan appreciates these were discussed at GARAC yesterday, but it is also important to update this Committee for assurance.

Mr Riddell explained that from a control perspective, he has provided a summary table for priority one, two and three recommendations and gives an idea of the level of work required for the 22 recommendations that require more work than others. Mr Riddell plans to come back to PCOD in advance of GARAC in February to provide an update on the recommendations and he feels NIAS are in a good position to make progress on the vast majority. The team are trying to understand the evidence required to demonstrate the improvements.

Ms Lemon referred to the GARAC Committee identifying there is good cross directorate working, for example, Ops and HR regarding absence management. In relation to the non-absence management aspects of that audit, NIAS have purposefully put in very challenging dates as it was escalated, and they appreciated the contribution to the Organisation trying to be ahead of the timeline to be in a position by February to give IA evidence.

9 HR Risk Register

The Committee **NOTED** the current Directorate and Corporate Risks owned by the HR function and that the amendments planned to the current risk profile on pages three and four.

Mr Riddell advised the Committee that this is a summary table and that the risk register contains more detail. The footnotes indicate the policy risk has increased and reflects the trend in audit findings that policy review is affecting.

Equip is a corporate risk and it is important for NIAS to reflect the concerns regarding litigation risk, and the team are working directly with Mr Henry within this space.

Mr Quinn appreciates that the risk register is detailed and referred to the footnotes to identify what direction they are moving as there is a substantial number of risks included for the directorate. He said there are other risks that are more static that aren't in there and Mr Riddell confirmed the others will remain there unless there is a change, if there are additional mitigations they will be reflected but not necessarily change the score. He confirmed there are two risks for HR on the Corporate Risk Register.

Mr Corrigan agrees that Equip needs to be on the Corporate Risk Register and expects to see this being added for the next GARAC Committee.

ACTION: Mr Riddell/Ms Lemon

10 HR Governance, Assurance and Performance Forum

The Committee **NOTED** the new Governance, Assurance and Performance forum which HR have introduced since September 2025. The Terms of reference and agenda were provided for the committee's information and for noting. The forum is designed to ensure enhanced assurance around governance and assurance across the HR functions aligned to the Trust governance and assurance framework.

Meetings Are held bi-monthly, and governance and assurance is rotated with performance every other meeting. November's meeting focused on performance across Audit, Suspensions and Job Evaluation with a particular focus on relevant KPIs.

The Committee acknowledged the inclusion of the Terms of Reference and suggested having three levels of assurance in there.

ACTION: Mr Riddell

Mr Corrigan welcomes the forum to provide better governance and scrutiny which will be judged on performance and outputs, but he would also like to see the metrics improving, and Ms Lemon agreed that the point of that work is that NIAS have the metrics to provide evidence of what they are achieving.

Mr Riddell suggested in time they could change the frequency of the forum but at present they need to keep them more regularly.

The Committee agreed with the implementation of the forum which will provide the Committee with further assurance.

11 Organisational Culture Update

The Committee **NOTED** the update following the first meeting of the Programme Board in June 2025, which outlines the key priorities, work undertaken so far and priority actions planned moving forward. The next meeting of the Programme Board, chaired by the Chief Executive and consisting of NED and independent members, is on 17 December 2025. The RQIA Being Human Framework is appended for information, and it is a good overarching strategic document to correlate with NIAS' own work which will be referred to in the meeting.

The plan for January to March is busy which includes leadership and engagement sessions as well as getting staff to reflect on their work to help build objectives to develop culture.

A project manager has commenced and will come to the Programme Board next week to discuss what is being delivered and the strategy development. Ms Lemon hopes the Programme Board next week will demonstrate the increased momentum, reflected in the Gannt chart, forums and meetings.

The team have tried to reflect some of the other work happening in the background, for example, sessions with managers and workforce facilitated by Ms McStocker and Ms Biddle in January.

There is an importance placed on external focus linking with others i.e. Ms Charlton is involved in the being human framework and Safety, and Mr Sinclair is involved in the clinical aspects to ensure it is mainstreamed in the programme.

Ms Lemon referred to the Hill McBride Report, which is a review of Belfast that will provide a sense check of where NIAS are, and Ms Turley met with BHSCT this week to discuss their approach to culture work.

Mr Corrigan advised that Mr Quinn has put himself forward as the nominated NED for the being human framework, and Mr Quinn elaborated that the framework was discussed at the last Programe Board meeting and identified that it could help with the overall culture of staff and patient safety as it recognises happy healthy staff leads to better patient safety.

The Committee queried if Kings fund will use the framework to carry out the assessment of baseline and referred to it as not being a user-friendly document. Ms Lemon responded that this is one of a number of things they will be using. She appreciates Mr Quinns involvement due to his insight as a NED at Safety Committee and PCOD which aligns well to helping deliver a safe culture.

Mr Quinn referred to the RQIA group and that it wasn't clear what the purpose of the group is and that he plans to discuss further with Ms Larmour to identify if it will be a forum for discussion, and if so he may consider his attendance, as it may not be worthwhile attending.

12 Operations Restructure Update

The Committee **NOTED** the Operational Resilience and Enhanced Leadership (OREL) Progress Report Paper which provides a programme update in relation to an overview and outputs to date for Year one 2025/26.

Mr Sinclair advised that there is a real challenge engaging TUs, as they have expressed their dissatisfaction with the way the programme is run which has slowed things down a little in the last number of weeks. Ms Lemon and Mr Sinclair intend to meet with them individually to have discussions on how to move forward.

Mr Sinclair added it has been challenging within the last six months with a wider portfolio but has managed to work successfully with TU's, and is adopting Scotland's Ambulance service approach to work more closely with TUs in partnership and ensure they are more involved from the start.

There is a preliminary date for a workshop with TU's 26 January to discuss the issues raised and proposals for consultation, and with good planning and approach NIAS can resolve some of those issues.

Mr Corrigan said the Ops restructure has been discussed since he commenced with NIAS two years ago and it seems to be stalled and NIAS need to ensure perfection doesn't stand in the way of progress. The Committee are still not clear on the financial implications and asked Mr Sinclair to talk through the understanding for the SPF Committee and Trust Board regarding the £14 million workforce money given by SPPG for a number of things.
NIAS have been given this additional money in recognition, and they need to move forward with workforce planning. Mr Sinclair confirms that this is part of the £14 million but NIAS need to submit a business case for the spend of that money. The first element has been completed by Ms Sharpe's team, and they are now discussing with the DoH to ensure it is in the right place.

Mr Corrigan referred to his focus being the current finance challenge in year and that NIAS have pushed ahead with the restructure and the new recruits, which are adding to the costs but haven't made the savings expected as yet.

Mr Corrigan also referred to NED's recognising an improved scrutiny since this has been under Mr Sinclair's portfolio and they understand the challenges but encourage NIAS to progress and implement. Mr Quinn suggested that AD's attend some Committees and receive feedback from NED's which will help develop them as part of succession planning and Mr Sinclair agreed with this recommendation.

13 Summary of Recruitment Shared Services Candidate Satisfaction Survey Results

The Committee pointed out that the cover page states this paper is for Approval and Mr Riddell confirmed it should be for Noting.

The Committee **NOTED** the responses received which outlines key insights based on the feedback to performance of Recruitment Shared Services. Ms Lemon has suggested to Mr Riddell that it may be useful to demonstrates NIAS' performance against recruitment shared services to make the Committee aware.

Mr Corrigan advised that they receive an independent analysis of this annually at GARAC as Internal Audit provide outcomes based on BSO shared services.

14 Demand and Capacity Programme Board: Tactical Workforce Group

The Committee **NOTED** the update on activity across the Tactical Workforce Group which is a subgroup of the Demand and Capacity Programme Board.

Mr Sinclair advised that on the back of the demand and capacity review they identified the need for a revised focus on recruitment, and additional recruitment is now included in there. They have started to break down the communication barrier with BSO which is working and can see a better conversion rate now.

The table demonstrates the financial year end target thus far and provides data for Quarter three and four vacancies. The number are going in a positive direction and the team are focusing on attrition figures in terms of providing reassurance.

NIAS are making plans to visit universities and attend focus groups with students to ensure they have a full waiting list and talent.

Mr Corrigan referred to the table and in particular the final column for year end and that 83% of funded establishment is filled so therefore NIAS know where the gaps are, and he queried if this takes into account where NIAS are over resourced in RRV and moving more to double crew. Mr Sinclair confirmed the vacancy in RRV was 52 but needs to check if they are included or not.

ACTION: Mr Sinclair

15 PCOD Forward Workplan

The Committee **NOTED** the forward workplan.

16 Any Other Business

The Committee commended Ms Lemon and her team for achieving progress within the statutory mandatory training.

Next meeting:

12 February 2026, 9.30am

THIS BEING ALL THE BUSINESS, THE CHAIR DECLARED THE MEETING CLOSED AT 12.40

SIGNED: 

_____

DATE: 12/2/26

Northern Ireland Ambulance Service
Health and Social Care Trust

MINUTES OF THE PATIENT EXPERIENCE, QUALITY AND SAFETY (PEQS) COMMITTEE HELD AT 1.00PM ON THURSDAY 20 NOVEMBER 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
	Mr N Duncan	Assistant Director Operations
	Ms S Beggs	Temporary Board Secretary
	Ms C McVeigh	Complaints Manager
APOLOGIES:	None	

1. Apologies & Opening Remarks

Members noted there were no apologies.

The Chair welcomed members to today's meeting.

2. Procedure

2.1 Declaration of Potential Conflict of Interest

Dr Ruddell confirmed a potential conflict of interest as a close family member works for HART.

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 20 November 2025 were **APPROVED** on a proposal from Mr Quinn and seconded by Dr Graham.

4. Matters Arising

The Committee **NOTED** the update to Matters arising.

Mr Sinclair confirmed that the Commander training will be completed by the end of the year.

The relocation of the HART team is in progress and awaiting the business case to be approved.

Mr Sinclair advised that they are still considering AACE's expertise to streamline the similarity of recommendations in relation to revenue business cases. Along with Hilary Pilan (AACE) they are identifying whether it is best to separate or combine and will update the Committee accordingly.

ACTION: Mr Sinclair

Mr Sinclair is still considering a presentation to NED's regarding OOCA Improvement and Mr Quinn confirmed that it doesn't have to be individual 1-1 meetings and suggested a quick tutorial to NEDs as a group.

ACTION: Mr Sinclair

5. Standing Items

(i) Identification of Risks

Ms Charlton advised the Committee that Mr Mullen and Mr Henry are considering if 'Network Coverage', in terms of coverage and impact, should be brought to the Committee's attention.

(ii) PEQS Forward Work Plan

The Committee **NOTED** the Forward Work Plan

6. EPRR / HART Update

The Committee **NOTED** the Emergency Preparedness, Resilience & Response Policy, which has been updated to include cosmetic and formatting amendments to improve clarity and accuracy, for example the update of references to more recent relevant drivers. There were no substantive changes made to the content or intent of this policy.

Ms Paterson has written to the DoH to outline NIAS' position and concerns in relation to the Core Standards.

Mr Quinn highlighted that the number of recommendations are overwhelming and NIAS need to consider what they are 'carrying' and the level of 'medium risks'. Mr Sinclair agreed to consider and discuss with Mr Henry. Mr Ashford agreed that the Risk Group should consider, but it may not necessarily need changed but perhaps streamlined.

ACTION: Mr Sinclair

Mr Sinclair has attended a first meeting with Internal Audit to outline where they are in terms of recommendations and they are currently waiting for a response. The Committee acknowledged the significant progress and improvements to date.

Mr Sinclair has highlighted EPRR and relevant business cases at the recent Ground Clearing Meeting and he advised that Ms Garland will share the business case with colleagues.

7. Serious Adverse Incident's position report

The Committee **NOTED** the SAI Report and Ms Charlton highlighted there has been an increase in SAI's this year compared to last year, she explained that not all were as a result of delayed response. 14 out of 20 have exceeded the 8-week timeframe within the regional guidelines for response and the team are trying to amend the processes in order to improve timeliness of completion.

Ms Charlton referred to a previous Trust Board discussion where the Chair had enquired about the position of recommendations arising from SAI's. Ms Charlton referred to the section within the update paper relating to recommendations and the committee noted that and they noted that there were 542 a number of years ago, which has reduced to 12 and she provided an update of the nature and timeframes associated with the 12 outstanding.

Ms Charlton referred to the BSO Internal Audit carried out an audit in 2024 which had an overall satisfactory finding, and advised there is one related recommendation which is partially implemented she advised this is related to training associated with the expected new regional SAI process to be implemented by the Department of Health for SAI's. Ms Charlton advised that Catherine McKeown from Internal Audit has been very supportive and understanding of the challenge with full implementation in this context.

Mr Ashford queried NIAS' ability to meet extra training as there are already struggles to release people for training.

Ms Charlton advised of the unusual position of having two SAI's currently being investigated by NIPSO.

Ms Charlton advised of plans to deliver a future training programme with the Leadership centre, which will include updates regarding the technical and process aspects of SAI reviews but also importantly support to staff in difficult situations meetings with families of patients involved in SAIs where there have been outcomes of death. It was noted that Dr Ruddell and Mr Sinclair are attending more cases at the coroner's court due to the significant number of SAI's and the paper provided articulates more detail about them and what NIAS are doing.

Mr Quinn has recognised the significant increase in SAI notifications where there has been a patient outcome of death and therefore welcomes the paper which provides more detail.

Ms Charlton referred to recent SAI related discussions at the Ground Clearing Meeting with DoH colleagues, she referred to the impact of delayed handovers and ongoing ASOS on

protracted responses. She provided context in terms of variance of NIAS response times to those nationally (England) and highlighted the significant differences in mean response times and ambulance handover times

Mr Quinn emphasised his concern at the increasing numbers and acknowledges NIAS are trying to manage ASOS and handovers, which need to be progressed and resolved.

Mr Ashford requested a different way of providing NEDs with the narrative regarding SAI's, perhaps on One Advanced, with a fuller picture but without jargon, and Ms Charlton agreed to think and consider.

ACTION: Ms Charlton

Ms Charlton noted a typo in relation to the number of completed recommendations, which should be 12 instead of 21 and she agreed to amend for completeness.

ACTION: Ms Charlton

8. Learning from Domestic Homicide Reviews

The Committee **NOTED** the position report for DHRs and Ms Charlton explained that NIAS are a key partner in these homicide reviews as they are early on the scene and therefore have invaluable insights and intelligence to contribute to reviews. There have been six domestic motivated homicides within the last 12 months. NIAS are currently recruiting for a band 7 and band 5 within the safeguarding team and may need to make sacrifices elsewhere to accommodate capacity to contribute to DHR reviews, which entails a comprehensive process over a period of months.

Mr Ashford agreed that NIAS should be part of MARAC to ensure that staff have relevant information to inform dynamic risk assessment in the context of staff being on scene early and Mr Quinn welcomes NIAS being involved to try and help avoid future occurrences. The Committee agreed that there is clear rationale for extra capacity for this specialised area.

9. Learning from Deaths Procedure

The Committee are asked to approve the implementation for the introduction of a formalised process for Learning from Deaths within NIAS.

Ms Charlton explained that the learning from deaths process is mandated in other ambulance services in England where they are required to have a policy to include publishing deaths on their website.

NIAS would like to adopt the procedure and guidance within NI in a phased approach. There is no current process of reporting to the commissioner, and although NIAS are not mandated they feel there would be benefit in agreeing a process in this regard.

Ms Charlton advised that the plan was to have a monthly LfD meeting chaired by Dr Ruddell and that there had been a BI dashboard designed to ensure deaths in scope as per the national methodology were being reviewed at the relevant forum and process and if not identified as requiring review. The intention was to introduce the process in a phased approach as outlined within the paper.

Dr Graham pointed out the last two bullet points within the recommendations section which are important for the Committee to note.

Mr Ashford welcomes the approach which is worthwhile and queried how it feeds into the education programme. Dr Ruddell advised that the RRG and learning outcomes group is where they make recommendations about the adoption of certain teams, and Ms Charlton confirmed there is someone from the Education team in attendance at the Learning Outcomes Meetings.

Mr Quinn suggested that this would be good to highlight to the Remuneration Committee via personal objectives.

The Committee **APPROVED** the process to be implemented and for the Policy to be brought to the next Committee meeting.

ACTION: Ms Charlton

10. Quality and Service Improvement - Annual Quality Report update

The Committee **NOTED** the Annual Quality Report which 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 NIAS patients have experienced and NIAS staff have delivered.

Mr Quinn referred to reference within the report regarding flu vaccines and suggested that NIAS allude to the lack of uptake within the report.

Ms Charlton pointed out the format of the report is in keeping with the DoH specification requested and there may be a repetition with other reports but it is designed to reflect narrative under the headings within the regional Q2020 Strategy, and she is hoping there will be improvements once the new strategy is implemented.

Dr Graham pointed out a typo in relation to Mr Bloomfield's OBE Award and Ms Charlton agreed to amend.

ACTION: Ms Charlton

11. NIAS Service User Feedback Procedure (Incorporating NIPSO Model Complaints Handling Procedures)

Ms Charlton presented the Northern Ireland Public Services Ombudsman's (NIPSO) Health and Social Care Model Complaints Handling Procedure (MCHP) which all Health and Social Care organisations are required to implement by 1 January 2026. The new NIAS Service User Feedback Procedure (v0.2) has been developed to ensure organisational compliance with this statutory requirement.

Training has been developed which consists of two modules to support staff with the new model. Stage one of the process refers to front line staff resolving matters before they are directed to the central complaints team. There is a new form for

staff to submit complaints and there are supporting guidance and videos which can be accessed whilst out on the ground.

One of the changes within stage two of the process is complaint responses will be assigned to the relevant Director rather than the Chief Executive.

Ms Charlton referred to Mr Corrigan seeking assurance at a previous Committee whether NIAS can meet the deadlines, however, Ms Charlton confirmed they cannot provide assurance due to the challenging timeframes set out in the new procedures. She alluded to the challenges of front line staff completing documentation relating to complaints in a pre-hospital emergent setting, this has been articulated to the NIPSO throughout the design of the process.

Ms Charlton confirmed that the expectation from NIPSO is for NIAS to have a complaints procedure and as per standing orders this does not need to be formally approved at Committee Level, however, she felt it important to bring the key points of the procedure, particularly where there have been changes to the Committee's attention.

Mr Quinn pointed out it may take a couple of years to embed the new procedure into practice and Dr Graham agreed with Ms Charlton highlighting the unrealistic timeframes at the outset. Ms McVeigh confirmed that students are being briefed about the procedure during their induction from the start of January.

Mr Ashford queried if the new procedure is likely to result in a significant increase in complaints and Ms Charlton confirmed that this could be the potential impact.

The Committee queried if paramedics can advise if they have dealt with a complaint and Ms McVeigh said they have tried to make the form simple as not all staff have user details for Datix. If the complaint is not resolved within five days, it is escalated to their manager and the complainant has 30 days to respond to NIAS. Ms Charlton pointed out that the intent of the new procedure is to hopefully see a decrease within the stage two process.

The Committee **APPROVED** to adopt the new procedure, recognising that implementation will be phased alongside the rollout of training, redesign of the Datix system, and supporting guidance documents for staff.

12. IAS Assurance

The Chair welcomed Mr Duncan to the meeting to provide an update on the NIAS independent ambulance sector usage and governance.

Mr Duncan advised there has been an increase in the use of IAS and usage of the NIAS PCS. They have recently completed a recruitment campaign for 19 staff, with more in January and further. They hope to see an increase in PCS and a decrease in independent use.

NIAS have engaged with the DoH and are meeting with them in January to discuss a potential regulator which is a good step forward.

Dr Graham queried if the new governance arrangements and control with independents will have any impact on GARAC as it was high on the risk register. Ms Charlton confirmed that it is still reflected on the corporate risk register.

Ms Charlton explained the assurance framework NIAS have designed and implemented is in the absence of regulation and the boundaries are therefore a little blurred.

Mr Quinn offered his assistance if helpful as this doesn't need specific experience within the ambulance service and he was Chief Executive of the Republic of Ireland equivalent to RQIA, and Ms Charlton agreed that would be helpful.

The Committee **NOTED** the Update and thanked Mr Duncan for attending.

13. EVC Report

The Committee **NOTED** the update on the Environmental and Vehicle Cleanliness (EVC) performance and service within NIAS for the period from November 2024 to October 2025.

Ms Charlton explained that with this level of assurance which is sitting around 90% the team have determined that it would be important to determine how assuring was the assurance by planning a programme of inspections to validate that this was an accurate reflection. The programme will be carried out by a cross directorate IPC, EVC and estates team across all stations with an aim to identify both learning and good practice and supporting staff within stations and ensuring accuracy of audit findings.

Dr Graham pointed out there is an increased awareness on environmental issues and Internal Audit will be looking at this.

There is a structured meeting for EVC which is helpful for staff to alert the team if they have any issues or concerns arising from audit findings.

Mr Ashford welcomes the assurance in terms of being honest and accuracy of the report.

14. IPC Report

The Committee **NOTED** the report which provides an update on Infection Prevention and Control (IPC) for the Northern Ireland Ambulance Service (NIAS) for the period from April 1, 2025, to 31st of October 31st 2025.

Hand hygiene continues to be a challenge and there were two bugs identified from the swabbing of watches, however, as these were carried out anonymously, no action can be taken, but it is useful to make staff aware of this.

There is a challenge with training and education for level two, however this is now included in the staff mandatory training.

Mr Quinn acknowledges the improvement with PPE, however the issues with hand hygiene continue and he would like to see improvements as a result of the research and findings. Ms

Charlton agreed with the points raised and will discuss with TU's to ensure all efforts are being made to resolve.

15. Any Other Business

QIA Being Human Framework

The Committee **NOTED** the information provided by Ms Charlton and she explained that this framework regarding safety and quality was launched two months ago from the RQIA. She thought it would be useful to raise awareness at the Committee as there is potential to translate the framework into the NIAS own culture programme.

Mr Quinn conveyed his agreement with the framework but is disappointed in the document layout and format.

Ms Charlton further advised there have been discussions at the Steering Group to adopt or translate it into something meaningful within NIAS which is being discussed at the Chief Executive Forum that Ms Paterson attends.

16. Date of Next Meeting

22 January 2026, NIAS HQ Boardroom

THIS BEING ALL THE BUSINESS, THE CHAIR DECLARED THE MEETING CLOSED AT 14.55 PM

SIGNED: _____

DATE: **22-1-26**

Northern Ireland Ambulance Service
Health and Social Care Trust

MINUTES OF THE STRATEGIC PERFORMANCE & FINANCE COMMITTEE HELD AT 9.30AM ON THURSDAY 27 NOVEMBER 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
	Mr S Mullen	Interim Director of Planning, Performance and Corporate Services
	Ms S Beggs	Manager of Chair and Chief Executive Office
	Mr A Arandia	Assistant Director of Planning Performance and Corporate Services
	Mr N Walker	Head of Performance, Planning and Corporate Services.
	Mr R Coulter	Assistant Director of Fleet
	Mr G Harrison	Head of Estates

APOLOGIES:

1 Apologies & Opening Remarks

The Chair welcomed members to the meeting and noted there were no apologies.

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 – 18/9/25

The minutes of the previous meeting held on 18 September 2025 were **APPROVED** on a proposal from Mr Quinn and seconded by Mr Dennison.

4 Matters Arising

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

ACTION	UPDATE
Item 3 Check reference to Mr Mullen at the last meeting	Complete – minutes refer to actions for Mr Mullen but not his attendance
Item 4 Check if Mr Sinclair should attend NED Workshop	Complete – Mr Sinclair attended the NED workshop
Item 5 Update on Performance Cell Group/H&T/S&T to be provided to the next C'ttee	Complete – on agenda
Item 5 Mr Henry to organise building in a metric to the performance report of breaches to two hours without seeking regional approval	Complete
Item 8 Presentation of information in more meaningful way i.e. graphs	The report has been amended slightly. We will take feedback on the current version.
Item 8 Detail percentages into the graph for Independent expenditure	
Item 8 Deep dive into Estates at the next meeting	Complete – on agenda
Item 9	Complete

Change proposal for BC Approval Limit for final approval at TB	
Item 9 Revise ToR and standing orders to reflect the changes in relation to BC approval limits	Will be included as part of annual TORs in February 2026 **ACTION: Mr Mullen/Mr Henry/Ms Beggs**
Item 10 Business Case Register to become a standing item	Complete
Item 10 Business case SOP / flowchart created to assist business case owners	Underway and will be complete for next meeting **ACTION: Ms Donnelly/Mr Henry**
Item 10 Check if any other business cases were missed from the register	Finance continues to meet with Directorates via the Accountability meetings. These meetings are ongoing over the next week. During these meetings assurance is sought regarding the completeness and accuracy of the business case register. In addition, Finance will be adding the business case register information to the monthly finance report discussed at the monthly directorate meetings. .
Item 10.2 Provide an update at the next meeting regarding GRS Business Case	A verbal update will be provided at the next meeting. **ACTION: Ms Donnelly**
Item 12 Provide costs for NIAS to run fleet	This is included in the Fleet and Estates presentation on the agenda for the next meeting and will be presented by the Head of each area.
Item 12 More detail re: Cat 2 responses	On agenda

5 Overview of Fleet and Estates inc. Fleet expenditure

The Chair welcomed Gary Harrison and Rory Coulter to the meeting.

The Committee **NOTED** the Estates Report presented by Mr Harrison.

The team are currently redeveloping the Estates Plan for the Strategy and Operational Model for the future and have started the process in earnest over the last couple of months. There have been

some significant senior staff changes, and there was the first Cross Directorate Workshop in September to consider what the Estates Plan and Strategy will look like in the next 10 years, and the same with Fleet. Hopefully there will be extra funding from SPPG for ORH, which may take about 12 weeks to complete.

Mr Corrigan advised that the Board has been concerned that they didn't have any sight of Fleet and Estates, and with the current HSC constraints they welcome this opportunity to start the journey of getting an overview and understanding of where NIAS are and the future work along with the 10-year Strategy.

On Slide seven, it demonstrates that RLB have determined that 0.3% of NIAS estate is functionally suitable and £20 Million is required to elevate the NIAS estate to suitable standards. There are a lot of old sites but it wouldn't be economically viable to start adapting them. Mr Harrison pointed out the RLB scoring includes the Strabane old station which has since been updated and is a significantly improved building. Mr Harrison also pointed out that NIAS own less than a quarter of the sites they operate from and therefore have less control over the development of them.

Mr Corrigan alluded to costs being up and down and queried if NIAS are pushing enough in terms of having a continual stream of capital projects to progress with every year but are restricted with what capital budget there is. Mr Mullen responded that NIAS are given £5.17 million and Estates had to work with what is left over but acknowledged NIAS need to review the Capital and improve collaboration with the DoH and identify if it is optimum use of capital in terms of fleet.

It was confirmed that in relation to the bid submitted for £500k, £526K has been approved, and the remaining balance is for IT.

The £526K is for a number of things, and around £250K is allocated to Estates.

NIAS own just under a quarter of Estates and NIFRS own a higher proportion and therefore get much higher capital funding. One of the big issues is Broadway as it requires significant capital investment, which is owned by BHSCT and any capital investment goes to them. Broadway will cost around £2 Million to update and in essence NIAS can't control same. Ms Donnelly confirmed that

leases are now capital and NIAS have to engage and return separately to the DoH about releases. Mr Mullen added that only one member of the team is substantive and there is a current proposal to look at the consolidation and sustainability of the team.

Mr Corrigan asked if there is a Capital Profile with a list of priorities for refurb if the money is available. The team confirmed that there is a list of priorities i.e. shopping list, along with a 10-year capital plan, that include large plans and smaller projects. They already have smaller projects priced and ready when there is funding and Mr Mullen confirmed that as the Strategy for next 10 years develops, the priority list will change accordingly.

Mr Quinn commended the team on the excellent presentation which outlines the challenges and forward planning and said that in terms of strategy development NIAS need to ensure there is a clear articulation of narrative within the Strategy to be used as an external driver for development and to make a direct approach to the DoH. He added that the Strategy needs to be ambitious due to the scale of ambitions required.

Mr Corrigan suggested sharing upgrades and refurbs as a good news story via Comms and Mr Mullen confirmed they currently do this, for example, the Strabane refurb. Mr Corrigan asked the team to bear it in mind as some other work may have been unnoticed.

Mr Dennison referred to the figure of 0.3% of sites being functionally suitable, which is really worrying and a huge risk and he queried if this is on the risk register. Mr Quinn agreed and said this needs to be one of key drivers in terms of strategy and that the significant risk posed is articulated into something remedial. Mr Dennison referred to the landlord / tenant relationship and if there are joint management plans in place for any challenges. It was confirmed that Broadway is the most significant risk and is on the Risk Register and there is a MoU in place for each site. Mr Corrigan added that the Risk Register would sit within the remit of GARAC and that it should include all elements of risks associated e.g. conditions survey, backlog maintenance and other risks associated for floods and business continuity, to ensure the entire estates issues are reflected in the Risk Register. Ms Donnelly confirmed that it is on the Directorate Risk Register, and not the Corporate Risk Register.

Mr Dennison referred to his concerns and queried what the backstop is when sites become inoperable as they can't keep using sites that are not safe. Mr Mullen confirmed that it is part of the ongoing plan to triangulate and carry out an analysis.

The Committee **NOTED** the Fleet Report presented by Mr Coulter.

The first bullet on slide 6 refers fleet expanding over recent years but the planning budget is fixed, and Ms Donnelly advised the spend is exceeding the budget allocation which was based on an average for the last three years, which is creating a pressure. It is an area of concern and Ms Donnelly met with Mr Coulter regarding this matter. The Committee were advised that the five-year business case for fleet will take account of the new delivery model and a revenue consequence including capital and revenue to reflect the new delivery model of fleet.

Mr Quinn said that in relation to the in-year costs there has been a reported overspend for the last two months and the DoH need to understand the consequences i.e. which elements need to be removed or turned off to ensure NIAS are in line with the allocation.

Mr Corrigan referred to his experience within Royal Mail and a lot of their vehicles were on lease. He acknowledged NIAS vehicles are specialised but queried if there has been any consideration of the cost benefit analysis for buying vs lease, particularly for RRV.

Mr Coulter explained the insurance implications if vehicles were leased, however, the team have built in buying vs lease into the 10-year Strategy.

Mr Corrigan referred to the operator's licence which all three blue light services are exempt from, however, they will be judged on relevant laws and regulations for the operator's licence as it's the only law. Mr Coulter advised that the NIAS CPC and Fleet Manager has a licence, which isn't regulated for NIAS but are still expected to meet those regulations. Mr Corrigan pointed out that staff are personally liable if something goes wrong with a vehicle and NIAS need to educate staff and management of the responsibility and duty of care. Mr Coulter explained other challenges with contractors in terms of geographical coverage and out of hours.

Mr Corrigan referred to local managers managing and how do NIAS know if this is being monitored and Mr Coulter advised that NIAS are not carrying out safety inspections which is concerning.

Mr Coulter referred to slide 11 which explains (from telemetry) the amount of excess idle hours. He confirmed that the heaters within vehicles still work if on idle and that they have discussed EV vehicles, and are considering staggering shift changes to accommodate charging at stations and EDs and deployment sites to sustain vehicles.

Ms Donnelly said the information provided is very helpful and they need to do more analysis to understand the decline in fuel costs.

Mr Corrigan referred to the high number of accidents within the service and suggested an analysis of why accidents are increasing. Mr Coulter advised that the accidents are due to the end user and agreed that reported accidents are increasing because there is more line of sight. Mr Corrigan said there should be consequences ad Mr Coulter confirmed that significant accidents are reported to the Head of Ops and are detailed on Datix. Mr Corrigan pointed out that if there is a serious accident, the authorities will seek NIAS records and audit trail, and Mr Coulter confirmed hat NIAS don't have access to the system (IRS) for accurate information of drivers i.e. licence and points etc, however the local station officers carry out manual checks but these should be checked for accuracy.

Mr Corrigan suggested NIAS carry out a cost benefit analysis of in-house vs external for maintenance and Mr Coulter advised they are considering a new fleet management system as the current one is not fit for purpose. Mr Mullen added that they have considered bringing maintenance in house and looked at what Translink are doing which would be hugely significant in terms of putting in place and would require substantial investment.

Mr Corrigan asked Mr Sinclair to ensure that local Ops teams and managers are carrying out the various checks as they have a responsibility for their fleet and drivers

ACTION: Mr Sinclair

Mr Corrigan referred to the Committee gaining a better line of site for scrutiny in terms of finance of fleet to help NIAS understand what

they need to invest in and asked for a timetable to come back to this committee with an update.

ACTION: Mr Mullen/Ms Donnelly

6 Performance Report

The Committee **NOTED** the Report and the need to revise the operational update. Mr Corrigan referred to slide 26 and requested to see the number of failures by Trust by week in terms of who is improving and who the outliers are.

ACTION: Mr Mullen

Mr Quinn agreed and pointed out that ORH have modelled what it would look like at two hours and it would be good to have something graphically showing the actual times against the target. NIAS are not demonstrating the benefit or the impact lost as a result of it not being achieved, to describe in the context of poor performance due to delayed handover. Mr Arandia advised that information is readily available and Mr Mullen is reviewing what information goes to SLT every week which may be worth giving Committees visibility of. The Committee agreed to present these the same as they are presented in the Operational report. Mr Corrigan also requested that NIAS use the term 'breaches' to highlight these.

Mr Corrigan sought Mr Sinclair's opinion on whether there is a sense that the system are pushing hard on handovers and Mr Sinclair advised that the BHSCT are trying hard, however, the more effective they get, the more patients they receive via smoothing. It has been recognised that some clinicians at meetings are questioning through CEx's about what they have signed up to, and Mr Corrigan referred to the London Model and that one of the biggest drivers was leadership.

Mr Mullen reported there is some level of positivity of what has been presented as 47% of sites are within 45 minutes, which is a good base line to start from but acknowledged there needs to be more encouragement to achieve more.

Mr Quinn referred to dip in the Cardiac Arrest stats and queried if this was due to the presentation of the stats (slide 20) as this was previously moving in a positive direction, and Mr Sinclair agreed to check this.

ACTION: Mr Sinclair

The Committee noted a gradual increase in absence on slide 38 and Mr Corrigan agreed to address at PCOD.

ACTION: Mr Corrigan

7 Finance Report – Month 6

The Committee **NOTED** the report presented by Ms Donnelly.

Ms Donnelly advised that SPPG no longer request to see the Workforce Plan business case.

The Committee noted the expenditure overspend of £413k, which Trust Board were alerted of when it became known. The figure for Month seven is approximately £675k cumulative, and the key drivers are independents, overtime and fleet costs.

The Committee asked Ms Donnelly if NIAS are content to break even with the current overspend at Month seven and Ms Donnelly advised that NIAS have a statutory obligation to deliver break even. She is meeting with SPPG this afternoon to help discuss the actions required to break even as these could impact on the wider system.

Ms Donnelly referred to Slide 26 which demonstrates the Operations delivery of service, which is exceeding budget and that trajectory isn't sustainable. Slide 5 confirms that Operations is £1.151 million over budget, and in half of the year NIAS have spent £2 million over budget for IAS.

Mr Corrigan advised that he will liaise with the Chair regarding the financial concerns and that they require assurance in terms of a plan to turn the position around to break even, and Mr Quinn suggested an update at the upcoming Trust Board Meeting on 11 December.

Ms Donnelly is attending a meeting to discuss the outlook for 26/27, and that a flat cash position is expected with no money for growth. The Minister has committed to progressing the pay award, however, there is no money to provide it. Therefore, if NIAS are instructed to pay, it will result in a deficit position.

Mr Corrigan referred to slide 8 (frontline expenditure) and requested to receive this information as a month-on-month basis as well as cumulative.

ACTION: Ms Donnelly

8 Strategy Development Update

The Committee **NOTED** the report

Mr Mullen had circulated the updated NIAS Corporate Strategy 2020-2035 to members in advance of the meeting and Mr Corrigan has come back with comments. The Steering Group met last week and are putting plans in place to consult with staff and stakeholders and Mr Mullen advised the Committee that the version provided within the papers doesn't include any updates. Mr Mullen agreed to provide an update to Trust Board on 11 December.

ACTION: Mr Mullen

9 Cat 2 response / H&T S&T / Output of Perf. Cell

The Committee **NOTED** the Performance cell update which provides an update of initial activity and impact of the performance cell. This outlines the approach, key impact to date and future recommendations. Mr Sinclair advised Mr Neil Walker and other colleagues have provided a significant amount of effort to provide focus and scrutiny on performance and are meeting twice per week which will identify the gaps in cover and understand what actions are required to mitigate. The Performance Cell Group was established in October and have already seen some improvements; however the next 8-12 weeks will be significantly pressured.

Whilst reviewing the process measures, they identified that there is no singular cause for the decrease in performance and has been a system wide focus from the management team down to staff.

Mr Corrigan sought clarification on whether there has been any tangible improvement from the two-hour backstop and Mr Walker confirmed that the Group are focusing on what NIAS can do internally.

Mr Quinn referred to compensatory rest issues are as a result of delayed handovers and Mr Walker agreed that handover times are

the main contributor but there is a lot NIAS can do internally to help improvements.

Mr Sinclair advised they have had AACE advisors join the group as oversight and subject matter experts to assist and advise and as yet they have not highlighted any red flags.
Mr Quinn acknowledges the reason for setting up the group but is concerned about what is being done externally to improve.

The Committee noted there has been a lot of investment in terms of time and discussions, and the scale of underperformance in cat 2's within the last 12 month period is significantly poor.
Mr Sinclair agreed that the biggest leverages are outside of NIAS but NIAS need to do all they can internally to ensure maximum performance within their control. Mr Quinn reiterated that he is concerned that although NIAS will strive to make improvements internally, external matters will still remain.

Mr Corrigan agreed that NIAS should be reporting on what the Cat 2 performance times are against the two-hour backstop, and he commended the team on the efforts to improve matters internally.

Mr Sinclair advised the next plan is to have a '100% day', which is management driven and focused to ensure NIAS are efficient as possible for 24 hours to use as a benchmark. The group will continue to provide regular updates to the Committee.

Mr Sinclair referred to slide six within the UCOG (Urgent Care Oversight Group) Presentation and explained in terms of prevention, the Complex Team are meeting with patients who are high frequent users to assist in getting them the care they need. The team has doubled and according to the initial data the hypothesis is a downward trend. He continued that there have been less calls from care homes as a result of work that Mr Chris Clark and PHA are carrying out to manage with acute care homes and put triage plans in place. These two areas have demonstrated tangible improvements.

Mr Corrigan queried the other Trusts contribution to this as they have Community Teams who can provide access to community pathways. Mr Sinclair advised that the challenge regarding care homes is that they are a private business and therefore Mr Chris Clarke is attending multi-disciplinary groups to collaborate with

them, which is the first time NIAS have seen this work come to fruition.

Mr Sinclair referred to Slide 8-19 regarding Hear and Treat / See and Treat, and that NIAS haven't seen the growth expected. There is an increased volume in calls but the team are trying to understand the balance of welfare calls and patients who need care over the phone. They are taking a system pause to understand the patients and capture patients with a higher rate of H&T/S&T. Mr Sinclair added that they now have CSM's in place 24 hours per day which should enhance improvements.

Mr Corrigan alluded to certain Trusts and Pathways not accepting referrals from Hear and Treat and Mr Sinclair said they are meeting with Trusts and RCC to try and mitigate this.

Mr Quinn referred to the linkage between welfare calls and Hear and Treat and asked if the fact NIAS have so many Cat 2 calls means they have to put in more welfare calls which is distracting. Mr Sinclair advised that Mr Karl Bloomer is liaising with the UK regarding welfare calls not completed by clinicians which is the route NIAS hope to implement however it is potentially around 12 months until this can be put in place.

In terms of See and Treat, on slide 47, it demonstrates a very positive interaction with Trusts and the development of new pathways.

Mr Sinclair advised that Mr Bloomer has good contact with the London Ambulance Service to ensure NIAS have a comparable model with the rest of the UK and has also visited the Welsh Ambulance Service on same.

Mr Quinn suggested that it would be useful at some point for this abridged information to be presented to the CiC.

10 Business Case Register

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

Ms Donnelly advised that some business cases are retrospective but they hope to see improvements with the implementation of more accountability.

10.1 HART Lease Business Case

Mr Mullen referred to the business case which was circulated to Committee members via email on 6 November and that the DoH have come back with comments and NIAS are still waiting on approval from the DoH, however the comments received were not significant. Mr Mullen confirmed for the Committee that there has been no timeline given and BSO are negotiating an extension on a fortnightly basis, however the service due to move into the existing HART premises has been delayed which has given a bit of flexibility. Mr Mullen acknowledges that there may be consequences of delays as the new premises is a private sector landlord but maintains pressure with the DoH and will keep the Committee informed.

11 RTTCWG 2024-25

The Committee **NOTED** the information provided in relation to a change in the Terms of Reference for Mr Simon Christie providing support to NIAS via AACE. This information demonstrates assurance when NIAS engage with external organisations such as AACE, the Terms of Reference (TOR) be reviewed and approved by the relevant NIAS committee, clearly defining the scope of services, authority limitations, and reporting lines, and including provisions for revising the TOR should operational needs evolve.

Ms Donnelly queried if this matter should be tabled at a GARAC meeting and Mr Corrigan advised that he receives the annual report with those charged with governance, and acknowledged NIAS are responding to the recommendation to make the Committee aware and provide assurance.

Mr Quinn referred to the operational nature of the matter and what the Committee need to have sight of in future in this respect. The Committee queried why this agreement was made via AACE as it is usually managed via the Leadership Centre and Mr Mullen and Ms Donnelly advised they were not in post at the time this arrangement was made and are therefore unsure.

12 Committee Forward Workplan

The Committee **NOTED** the Forward Work Plan and suggested two sections, one for standing items and one for additional items at each Meeting. They suggested future information regarding sustainability and environment, and fleet and estates. Mr Mullen and Ms Donnelly agreed to draft and review items to include in the forward workplan.

ACTION: Ms Donnelly/Mr Mullen

13 Any Other Business

14 Next meeting:

5 February 2026 at 09.30am

Ms Donnelly and Mr Mullen agreed to schedule a pre meeting via MS Teams before 5 February.

ACTION: Mr Mullen/Ms Donnelly

THIS BEING ALL THE BUSINESS, THE CHAIR DECLARED THE MEETING CLOSED AT 12.50

SIGNED: 

DATE: 5/5/26