

# Agenda

## 1 Welcome, Apologies & Declarations of Conflict of Interest

*For Information*

Apologies from Maxine Paterson, Seamus Mullen and Phelim Quinn

Nick Henry attending on behalf of Seamus Mullen

Kings Fund attending as an observer

## 2 Minutes of the previous meeting held on 30 March 2026

*For Approval*

 *2 - 01 - DRAFT NIAS TB PUBLIC CTEE MINS 30-3-26.pdf*

*Page 1*

## 3 Matters Arising

*For Noting*

 *3 - Public Trust Board action list 28-5-26.pdf*

*Page 8*

## 4 Chair's Update

*For Noting*

Verbal Update

## 5 Chief Executive's Update

*For Noting*

Presented by Dr Ruddell on behalf of Maxine Paterson

Supplementary update on Release to Rescue by Neil Sinclair

 *5 - 01 - CEX Brief to Trust Board 28 May 2026.pdf*

*Page 9*

 *5 - 02 - R2R TB 200526.pdf*

*Page 12*

**\*\* ITEMS FOR APPROVAL \*\***

## 6 Corporate Risk Register

*For Approval*

 *6 - 01 - Meeting Paper Cover Sheet - Corporate Risk Register.pdf*

*Page 18*

 *6 - 02 - Corporate Risk Register Summary Report May 2026.pdf*

*Page 19*

## 7 Approved Call Segmentation Approach

*For Approval*

Discussed at Safety Committee on 9 April 2026

 **7 - 01 - Meeting Paper Cover Sheet\_Segmentation.pdf** **Page 29**

 **7 - 02 - 20251211 SMT Incident Segmentation Paper v0.5 DRAFT (002).pdf** **Page 31**

## 8 Business Case: ICT Hardware

*For Approval*

 **8.1 - 01 - Meeting Paper Cover Sheet ICT Hardware BC TB.pdf** **Page 37**

 **8.1 - 02 - ICT Hardware BC 25-26.pdf** **Page 38**

**\*\* ITEMS FOR NOTING \*\***

## 9 Performance Report

*For Noting*

 **9 - 01 - TB Cover Sheeet\_April 26 Trust Performance Report.pdf** **Page 49**

 **9 - 02 - Trust Performance Report\_May 26 v3.pdf** **Page 50**

## 10 Finance Report

*For Noting*

 **10 - 01 - TB Paper Cover Sheet - Finance Report - Month 12.pdf** **Page 96**

 **10 - 02 - NIAS Trust Board Finance Report - Month 12 V2.pdf** **Page 97**

## 11 Committees In Common (CiC) Update

*For Noting*

 **11 - 01 - Trust Board Cover Letter from CiC Chair - May 2026 PUBLIC.pdf** **Page 102**

 **11 - 02 - Trust Board and Committee Cover Sheet- CiC May 2026 PUBLIC.pdf** **Page 103**

 **11 - 03 - Paper A - CiC - Ministerial Brief AQO- 05 May 2026 PUBLIC.pdf** **Page 109**

 **11 - 04 - Paper B- CiC Meeting Note - 21 April 2026.pdf** **Page 113**

 **11 - 05 - Paper C - CiC Action Log - 21 April 2026 PUBLIC.pdf** **Page 123**

 **11 - 06 - Paper D- CiC Provider Collab Quarterly Updates 21 Apr 2026 PUBLIC.pdf** **Page 124**

## 12 Corporate Strategy Update

*For Noting*

 12 - 01 - Trust Board 28.05.26 Corporate Strategy Progress Update Version CT.pdf

Page 146

## 13 Committee Business

*For Noting*

### 13.1 Committee Chair Updates

### 13.2 Committee Approved Minutes

*For Noting*

 13.2 - 01 - Approved GARAC Minutes 17-02-26 - IA Update.pdf

Page 153

 13.2 - 02 - Approved GARAC Minutes 12-3-26.pdf

Page 158

 13.2 - 03 - Approved PCOD Draft Minutes 12-2-26.pdf

Page 163

 13.2 - 04 Approved PEQS Minutes 22-1-26.pdf

Page 171

 13.2 - 05 - Approved SPF Meeting Minutes 5-2-26.pdf

Page 181

 13.2 - 06 - Approved CTF Cttee mins 180925.pdf

Page 191

### 13.3 Committee Forward Workplan

 13.3 - 01 - 2026 - 27Trust Board and Committee Forward Work Plan.pdf

Page 196

## 14 Any Other Business

## 15 Date & venue of next meeting:

**25 June 2026 at 9.30am**

# Invitees

Stacey Beggs

Ms. Lynne Charlton

Mr. Paul Corrigan

Mr. Jim Dennison

Ms. Leahann Donnelly

Dr. Philip Graham

Mr. Nick Henry

Ms. Michele Larmour

Ms. Michelle Lemon

Miss Lorna McCausland

Mr. John McPoland

Mr. Seamus Mullen

Ms. Maxine Paterson

Mr. Phelim Quinn

Dr. Nigel Ruddell

Mr. Neil Sinclair



# Northern Ireland Ambulance Service Health and Social Care Trust



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## NIAS Trust Board Public Meeting

**Date:** 30 March 2026  
**Time:** 11.00 am  
**Location:** Board Room, NIAS HQ

Attendance		
<b>Chair:</b>	Ms M Larmour	
<b>Attendees:</b>	Mr P Corrigan Mr N Sinclair Ms L Donnelly Dr N Ruddell Mr P Quinn Dr P Graham	Non-Executive Director Director of Operations (Interim) Director of Finance (Interim) Medical Director Non-Executive Director Non-Executive Director
<b>In Attendance:</b>	Ms L Charlton Mr S Mullen Mr J McPoland Ms S Beggs Ms L Turley	Director of Quality, Safety QSI Director of PPCS (Interim) Comms Manager Board Secretary (Temporary) Assistant Director of HR&OD
<b>Apologies:</b>	Ms M Lemon Mr D Ashford Mr J Dennison Ms M Paterson	Director of HR & OD Non-Executive Director Non-Executive Director Interim Chief Executive

Minutes of Meeting		
Agenda Item	Summary of the discussion	Actions Agreed
1.	<p><b><u>Welcome, Introduction &amp; Apologies</u></b></p> <p>The Chair welcomed members and attendees to the meeting and confirmed the meeting was held in public session.</p> <p>The Board <b>NOTED</b> apologies as recorded above.</p> <p>No conflicts of interest were declared.</p>	
2.	<p><b><u>Previous Notes</u></b></p> <p>The minutes of the previous Public Trust Board meeting held on 19 February 2026 were <b>APPROVED</b> (proposed by Dr Graham; seconded by Mr Corrigan).</p>	



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3.	<p><b><u>Matters Arising</u></b></p> <p>The Board <b>NOTED</b> the updates provided in relation to matters arising.</p>	
4.	<p><b><u>Chair's Update</u></b></p> <p>The Board <b>NOTED</b> progress on key recruitment activity, including the Chief Executive recruitment process (advertised, regular engagement with recruitment firm, and an established panel) and the Director of Finance recruitment process with dates progressing.</p> <p>The Board also <b>NOTED</b> the regional Non-Executive Director recruitment exercise (joint HSC/NIAS), with interviews/dates planned following Easter and a second NIAS vacancy anticipated next year.</p> <p>The Board <b>NOTED</b> positive feedback from the Leadership and Governance Conference, including themes of scalability, evidence-based practice, shared learning and collaborative working, and the launch of an Audit Office report on partnership working (highlighted for members).</p> <p>The Board <b>NOTED</b> engagement with new Permanent Secretaries and that Ms Larmour would assume the chair role for PSCF in May.</p>	
5.	<p><b><u>Chief Executive's Update</u></b></p> <p>The Board <b>NOTED</b> the verbal update provided by Management, including engagement with the Health Committee and discussions on ambulance handovers and the "Release to Rescue" approach.</p> <p>The update also referenced fleet, violence towards staff and collaboration with southern colleagues on emergency preparedness and resilience (EPRR).</p> <p>Members highlighted the importance of maintaining engagement with elected representatives to ensure visibility of NIAS actions and issues affecting service delivery.</p> <p>The Board discussed safeguarding in the context of domestic violence and domestic homicide concerns, seeking assurance that NIAS is playing its part as an emergency response organisation.</p>	



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	<p>Management advised that safeguarding training has been delivered (814 staff trained referenced), safeguarding leads are engaged in domestic homicide reviews, and work continues to strengthen processes (including control room triggers), links with multi-agency arrangements and policy development.</p> <p>The Board <b>NOTED</b> a Departmental request for information on NIAS activity in this area.</p>	
<p>6.</p>	<p><b><u>EQUIP Assurance Presentation</u></b></p> <p>The Chair welcomed BSO colleagues Craig Young and Ben Doran to the meeting.</p> <p>The Board received an assurance presentation on the EQUIP programme and thanked presenters for a transparent account of progress, risks and dependencies.</p> <p>Members discussed programme capacity, the requirement to maintain business-critical functions (finance, payroll and statutory obligations) alongside implementation, and the implications of savings and resource constraints.</p> <p>The Board <b>NOTED</b> that go-live timelines have already moved in response to readiness and quality concerns, and supported a "gold standard" readiness approach—proceeding only when data quality, standards and organisational readiness are confirmed.</p> <p>The Board discussed lessons from other large system implementations and requested that lessons learned be shared and tracked against NIAS controls and mitigations, with appropriate reporting through GARAC/PCOD and up to Trust Board.</p> <p>Management noted steps to strengthen NIAS internal capacity (including temporary/project management support) and agreed to provide further updates given the scale and interdependencies.</p> <p><u>Next Steps</u> EQUIP Programme Lead / Exec Team – Provide a lessons learned update and ongoing programme assurance reporting through GARAC/PCOD to Trust Board.</p>	<p><b>HR/Finance/Mr Mullen</b></p>



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<p>7.</p>	<p><b><u>Finance Report (Month 10)</u></b></p> <p>The Board <b>NOTED</b> the Month 10 finance position and that funding has been identified for elements of EQUIP backfill.</p> <p>Members discussed whether available resource is sufficient and noted that further reprioritisation of programmes of work may be required to make staff available for EQUIP delivery.</p> <p>The Board <b>NOTED</b> the year-end revenue position and management's break-even plan, including strengthened daily grip and efficiency oversight. Members expressed concern regarding volatility in monthly forecasting and underscored the need for improved budgetary control and a stable finance team entering 2026/27. Internal Audit work on budget management was referenced as an additional source of assurance.</p> <p>Members noted Internal Audit planned work on finance/budget management, as an additional source of assurance.</p>	
<p>8.</p>	<p><b><u>Performance Report</u></b></p> <p>The Board <b>NOTED</b> the January performance report and the transition to a new reporting format from April, supported by BI dashboards.</p> <p>The Board discussed the significant impact of demand pressures, repeat calls and high OOCA levels, and highlighted the substantial hospital handover delays (including hours lost and the proportion of arrivals waiting over two hours).</p> <p>Members expressed particular concern at the deterioration in Category 2 response times during the period and discussed the relationship between operational pressures, prolonged handovers and staff wellbeing/absence.</p> <p>The Board <b>NOTED</b> increased sickness absence (with mental health/stress a significant contributor) and the need for careful interpretation in planning guidance, ensuring absence improvement is not treated purely as a savings lever.</p>	



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	<p>The Chair requested it be recorded that the Board is concerned about overall organisational performance, recognising the regional dependencies impacting hospital handovers, and reiterated that the risks to public safety and staff welfare have been communicated to the Minister.</p> <p>Members discussed the need for clearer guidance for primary care colleagues on appropriate ambulance use/expectations and highlighted ongoing work with DoH on eligibility criteria and regulation of independent ambulance provision.</p> <p><u>Next Steps</u> Director of Quality &amp; Safety – Consider wording change from “patient safety” to “public safety” duty within relevant documentation and reflect in future papers (as discussed).</p>	<p><b>Ms Charlton/Mr Mullen</b></p>
9.	<p><b><u>ALF 2026 Sustainability 3 Nation approach</u></b></p> <p>The Board <b>NOTED</b> the update and the value of communications/engagement approaches, including shadow board style engagement with staff to support culture change and improve staff voice into Board decision-making.</p> <p>Members reflected on the value of leadership visibility and one-to-one engagement with staff to understand operational challenges and generate improvement ideas.</p> <p>The Board <b>NOTED</b> progress in sustainability, including securing a sustainability officer and the strategic focus on fleet/estates impacts.</p> <p>The Board also <b>NOTED</b> estates strategy development and anticipated reporting through SPF/GARAC and onward to Trust Board via the forward work plan.</p>	
10.	<p><b><u>Cross border resilience (Humanitarian Disaster and Assistance Course)</u></b></p> <p>The Board <b>NOTED</b> ongoing collaboration with National Ambulance Service (NAS) colleagues to support standardised all-island EPRR arrangements, informed by learning from major incidents.</p>	



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	<p>Members discussed barriers and enablers including professional registration across jurisdictions, medicines/controlled drugs legislation, and fleet insurance considerations.</p> <p>Dr Ruddell highlighted his previous engagement with DoH representatives and the Board <b>NOTED</b> that DoH is liaising with counterparts and relevant regulatory agencies to explore solutions for statutory ambulance services, including automatic/retrospective recognition/registration arrangements.</p>	
<p>11.</p>	<p><b><u>Standing Financial Instructions</u></b></p> <p>The Board <b>NOTED</b> the updated SFI's which were recently submitted to the GARAC Committee on 12 March 2026.</p>	
<p>12.</p>	<p><b><u>Board Assurance Framework</u></b></p> <p>The Board <b>APPROVED</b> the Board Assurance Framework update and <b>NOTED</b> the new structure of accountability meetings, with the first meeting scheduled imminently and chaired by the Interim Chief Executive.</p> <p>Members welcomed progress in policy management and the overall assurance framework and requested a visual internal governance/assurance diagram (organisational meetings/forums) to support understanding of reporting routes.</p> <p>Members discussed whether key strategic risks (including emergency response capability and recruitment/retention, succession planning and talent management) are appropriately rated and sufficiently evidenced by assurance sources.</p> <p>The Board discussed the need to strengthen collective understanding of "how data counts"—how performance and risk data is constructed, aggregated and interpreted—and suggested this be explored via a future workshop/NED development session.</p> <p>Members reflected on the balance between meeting length, increasing performance scrutiny, and ensuring a safe, curious space for challenge by both NEDs and Executive Directors.</p>	<p><b>Mr Mullen</b></p>
<p>13.</p>	<p><b><u>Business Cases</u></b></p>	



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	<p>The Board considered business cases and <b>APPROVED</b> the proposals (proposed by Dr Graham; seconded by Mr Corrigan).</p>	
<p>14.</p>	<p><b><u>Committee Business</u></b></p> <p>The Board <b>NOTED</b> the forward work plan is flexible and may be amended as required.</p> <p>Members discussed Terms of Reference updates (including new published frameworks on being human and being open) and the appropriate committee routes for oversight, with further discussion planned at a NED workshop to clarify DoH expectations.</p> <p>The Board <b>NOTED</b> that DoH has issued Terms of Reference for Safety Committee and that these are to be reviewed ahead of the next committee meeting, aligning NIAS documents accordingly.</p> <p>The Chair recorded thanks to Mr Ashford for his contribution over eight years, including significant work on EPRR.</p> <p>The Board <b>NOTED</b> that Mr Quinn will assume the Chair role for Safety Committee from 15 April.</p>	
<p>15.</p>	<p><b><u>Any Other Business</u></b></p> <p>Members discussed potential venues for the May meeting (including the Southern Office and Strabane).</p> <p>The Chair thanked Executive colleagues and NEDs for their additional support and contributions in a challenging period, recognising the complexity and constraints outside NIAS direct control.</p>	
<p>16.</p>	<p><b><u>Date and venue of next meeting:</u></b> 28 May 2026 at 9.30am, venue TBC</p>	



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### TRUST BOARD – 30 March 2026

		INDIVIDUAL ACTIONING	UPDATE
	<b>PUBLIC</b>		
1	EQUIP Programme Lead / Exec Team – Provide a lessons learned update and ongoing programme assurance reporting through GARAC/PCOD to Trust Board.	HR/Finance/Mr Mullen	EQUIP Update tabled at each PCOD meeting.
2	Performance Report - Director of Quality & Safety – Consider wording change from "patient safety" to "public safety" duty within relevant documentation and reflect in future papers	Ms Charlton/Mr Mullen	Complete
3	Members welcomed progress in policy management and the overall assurance framework and requested a visual internal governance/assurance diagram (organisational meetings/forums) to support understanding of reporting routes.	Mr Mullen	Mr Henry finalising before issuing to Board Members via email

CEX Brief to Trust Board 28 May 2026

### **Financial Planning Position 2026–2027**

Board members will be aware that NIAS continues to engage fully with the regional operational and financial planning process in response to emerging savings assumptions and affordability expectations across the wider Health and Social Care system.

At present, the organisation is progressing actions within its direct control, including productivity improvement, workforce optimisation, operational efficiency measures and strengthened financial control arrangements, alongside development of a range of planning options designed to support delivery of the emerging financial assumptions.

Whilst this work continues, it is evident that delivery of the level of recurrent savings currently being discussed will require significant wider regional decision-making, including policy direction and affordability decisions beyond the authority of NIAS alone.

The scale and nature of those decisions will ultimately determine the level of savings required from the organisation and the corresponding operational, workforce and service implications which NIAS and the Trust Board will subsequently need to consider, risk assess and respond to appropriately.

There is also potential for secondary implications regarding the pace and deliverability of wider organisational strategic ambitions aligned to HSC Reset, neighbourhood care and pathway redesign. The Board may therefore need to consider how affordability assumptions, implementation expectations and operational resilience are balanced alongside delivery of longer-term strategic reform objectives.

As Accountable Officer, I believe it is important that the Board remains sighted on the emerging position and the implications arising from it, including responsibilities relating to quality, safety and organisational stewardship throughout the planning and implementation process.

All significant proposals will therefore require careful sequencing, ongoing Quality Impact Assessment and transparent visibility of operational dependencies, associated risks and implementation assumptions. The pace of financial delivery must remain balanced against safe implementation and maintenance of operational resilience.

NIAS will continue to engage constructively with regional partners to support achievable and sustainable approaches which protect patient safety and operational resilience as far as possible.

The Board will continue to receive regular updates as regional assumptions, decisions and implementation expectations mature over coming weeks.

## Release to Rescue – Emerging Learning and Next Phase Considerations

Board members will be aware of the significant collaborative effort, operational leadership and system-wide coordination required to safely mobilise Release to Rescue from 27 April 2026. The implementation of this approach represented a substantial operational and system-wide change across both NIAS and the wider urgent and unscheduled care system.

Early operational impact has contributed to improved ambulance availability and reduction in prolonged handover delays, representing an important step forward in improving ambulance responsiveness and reducing extended delays to care.

At this stage, I would like to formally acknowledge the significant commitment shown by NIAS staff, the Executive team, Trust colleagues, RCC partners and DoH/SPPG throughout implementation. The scale of change delivered over this period has been considerable and reflects a sustained collective effort across the wider system during a period of significant operational pressure and scrutiny. I would also like to acknowledge the continued support and assurance provided by Trust Board colleagues throughout this period.

As implementation continues to mature, important operational and clinical learning is now emerging in real time. One notable early theme has been changing patterns of Hear and Treat, See and Treat and conveyance activity. Initial analysis suggests this reflects improved ambulance availability within operational arrangements historically shaped around sustained system pressures, rather than any reduction in clinical ambition regarding non-conveyance and appropriate pathway utilisation.

In response, NIAS has already begun refining dispatch and clinical segmentation arrangements to better support earlier clinical triage and more appropriate pathway utilisation where safe and clinically appropriate to do so. This represents the next phase of operational and clinical redesign aligned to the ORH demand and capacity review and wider ambitions regarding advanced clinical practice, neighbourhood care and more sustainable utilisation of ambulance resources.

Importantly, the organisation recognises that it will be held equally accountable not only for ambulance response performance, but also for reducing inappropriate conveyance and ensuring patients receive the right care, in the right place, at the right time. Delivery of this ambition will require continued partnership working, realistic implementation assumptions and sustained focus on operational sequencing, workforce capability and pathway maturity.

The strategic intent behind this work has the potential to:

- improve patient experience through earlier clinical decision-making and more appropriate pathways;
- strengthen utilisation of advanced clinical practice and specialist workforce models;
- support wider out-of-hospital care ambitions; and
- reduce avoidable reliance on hospital-based care.

Emerging learning also reinforces the importance of stronger regional coordination and visibility across alternative pathways and community capacity. In response, I

have proposed further exploration regarding how RCC infrastructure and analytical capability could evolve to support wider pathway oversight, operational insight and whole-system flow improvement aligned to broader regional reform ambitions. This also aligns with the Committee in Common priority regarding regional pathway development.



Northern Ireland Ambulance Service – Release to Rescue Implimentation Update 20/5/26

**Background**

Emergency Department ambulance hospital handovers are an ongoing significant challenge in Northern Ireland. The impact of this on the ambulance services ability to operate and provide acceptable response times to the public of NI is well documented. To address this the Department of Health launched a plan to reduce hospital handovers to a maximum of 2 hours, with a revised launch date of 27/4/2026.

**Current Position**

Since the launch on 27/4/26, there has been a significant improvement in hospital handovers and positive impact in NIAS response times. These are presented in this report. There have been no reported adverse incidents or complaints directly related to the improved handovers.

**Handover mean time:**

The mean or average time for Emergency Departments (ED) handover is a key measure, table 1 below outlines the improvement of this measure from the implementation date.

Table 1.

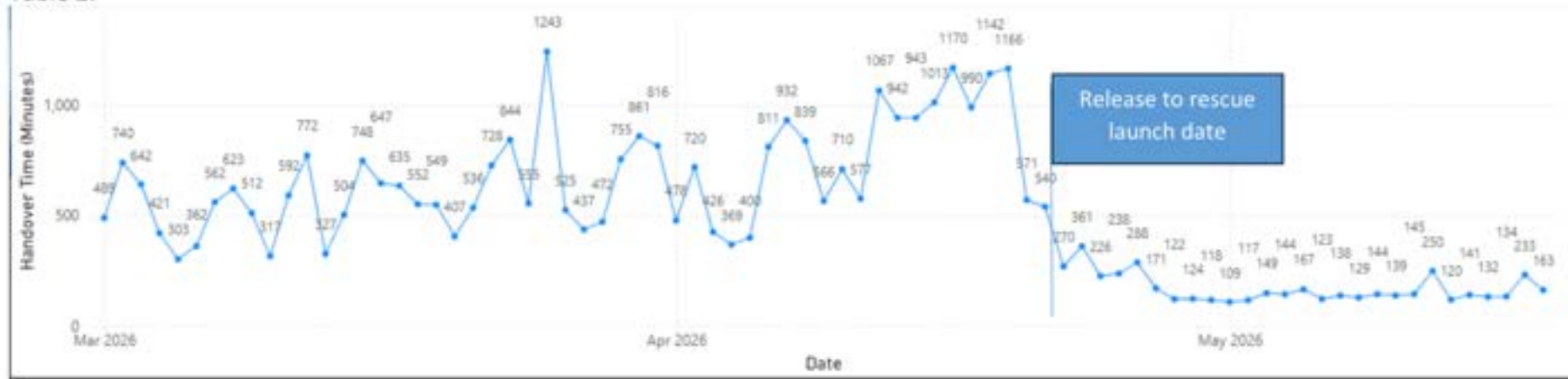




Handover longest time

The longest handover time is a further key metric; this has impact on NIAS operational capacity and further impacts patient care and experience during prolonged waits outside hospitals. Table two demonstrates the positive impact of the change on this metric.

Table 2.



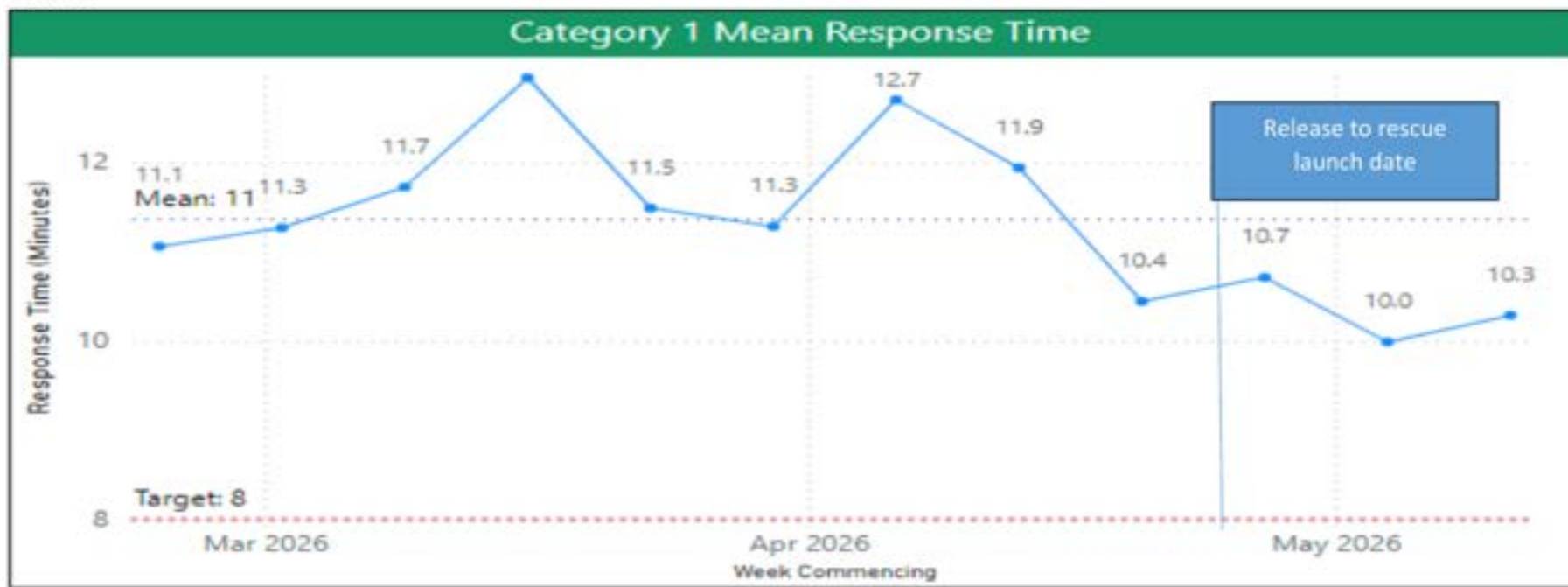


This reduction in NIAS resource being at hospital, puts resource directly back to responding to waiting NIAS 999 calls. This impact can be seen across the response categories presented below.

Category 1 response category

The mean or average response time target is 8 minutes. The reduction in handover times has had a positive impact on this response category response times.

Table 3.

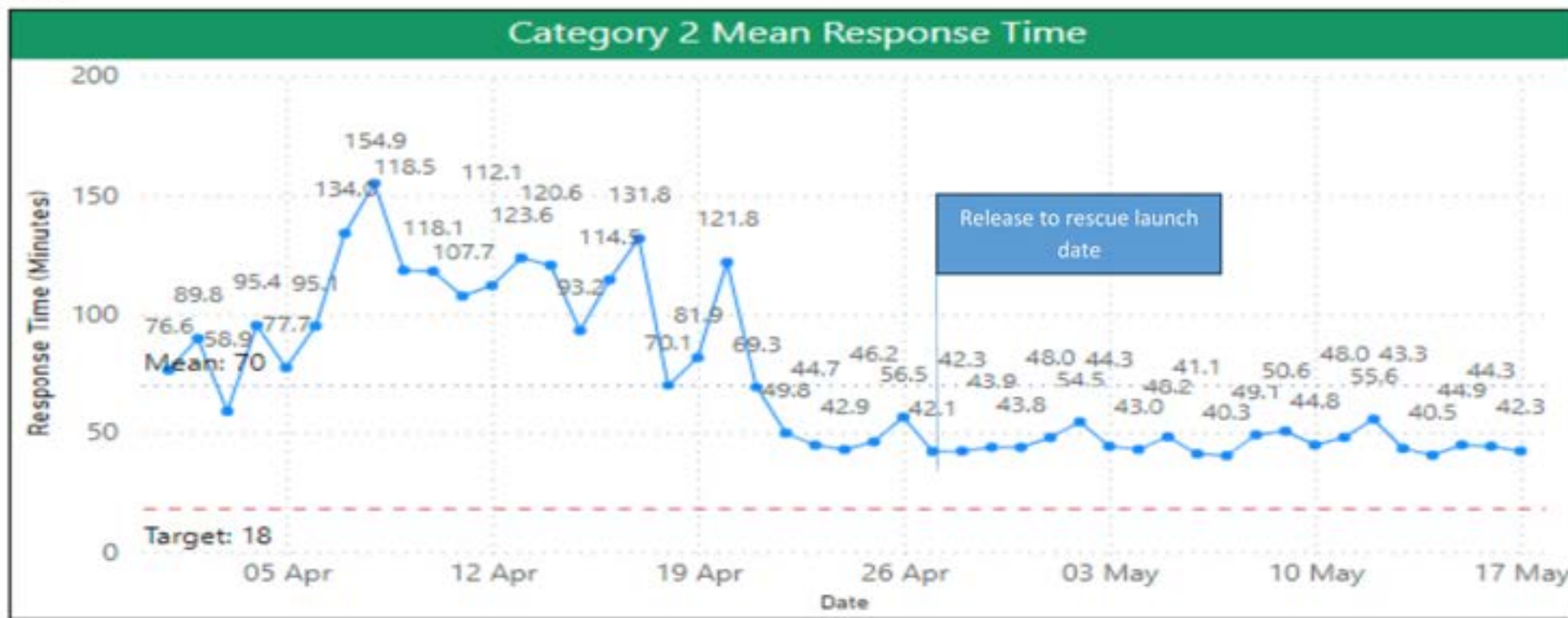




Category 2 response category.

The mean or average response time target for NIAS is 18 minutes. The impact of the handover improvement has had a clear impact on category 2 response times.

Table 4.





Category 3 response category

The target response time for category 3 patients is 120 minutes. This means that 90% of patients are responded to in 120 minutes. The impact of improved hospital handovers has had a clear impact on response to patients in this category.

Table 5.



Overall response categories there has been improvement in response times. It is acknowledged that there is further work required to reduce the response times further in all categories to be aligned to agreed response time targets.



### Next Steps

The implementation of release to rescue has been a success in the initial phases, the ongoing monitoring of this process is paramount and will be feedback to future NIAS trust board. NIAS will continue to collaborate with HSC partners to ensure the longevity of this model.



<b>Paper Title:</b>	<b>Corporate Risk Register</b>		
<b>Paper For:</b>	<b>Trust Board</b>	<b>Link to Strategic Objectives:</b>	
<b>Meeting Date:</b>	<b>28/05/2026</b>	Most appropriate clinical response	<input checked="" type="checkbox"/>
<b>Author:</b>	<b>Nick Henry</b>	Work collaboratively with HSC partners	<input type="checkbox"/>
<b>Responsible Director:</b>	<b>Seamus Mullen</b>	Deploy resources to meet patient needs	<input checked="" type="checkbox"/>
<b>Action Required:</b>	<b>TO APPROVE</b>	Support improved health outcomes	<input type="checkbox"/>
<b>Resource Implications:</b>	<b>No</b>	Optimise organisational resilience	<input type="checkbox"/>
<b>Paper History:</b>	<b>GARAC – 14/05/26</b>		

## Recommendation

Trust Board is asked to **APPROVE** the Corporate Risk Register (CRR) which was approved at GARAC on 14 May 2026.

## Executive Summary and Key Messages

If the amendments to the CRR are approved, there will be 17 open corporate risks.

### New Risks

There are no new risks to be added or escalated to the CRR.

### Key Changes

- 820: Achieving financial balance: score and grading unchanged, updated to reflect current financial year.
- 276: Contract Management: ownership transferred to Director of Planning, Performance and Corporate Services.
- 887: Impact of all-Ireland Fleadh: score and grading reduced from **High** to **Medium** given assurances received from the Belfast City Council regarding their planning activities and confirmation of the organisation that will be providing medical cover for the event.

### Risks to De-escalate

It is proposed to de-escalate two risks from the CRR:

- **883: HART Premises:** The Trust has identified new premises for the HART team, secured funding for the rent costs and finalised the lease agreement on 30 April 2026. The risk has therefore been rescored to **Medium** (previously **High**) and can be managed at Directorate level.
- **848: Recruitment to Senior Roles:** the DOH has completed its review of senior leadership roles and recruitment exercises are underway to appoint to the permanent Chief Executive and Director of Finance roles. This risk is currently scored as **Low**, and it is proposed that it be de-escalated from the CRR, given the progress made.



# Corporate Risk Register Summary

## May 2026

### Risk Management

CORPORATE RISK REGISTER (SUMMARY)		Date: 30 April 2026
	Risk Title & Reference	Changes
<b>NEW risks for consideration:</b>	No new risks	
<b>Changes to risks</b>	Financial Stability- Achieving Financial Balance 2026- 2027 (820)	Title change to reflect current financial year.
	Corporate Wide Contract Management (276)	Risk Owner change from Director of Finance to Director of PPCS
<b>Risks to be de-escalated to Directorate risk registers</b>	Recruitment and retention to senior roles (848)	Proposed de-escalation to Directorate Risk Register
	HART Displacement from current premises (883)	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	
616	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	26	Reviewed 23/4/26 No change.	0	■	<p><b>Controls:</b></p> <ul style="list-style-type: none"> <li>•Handover performance reported to HSC Trusts weekly.</li> <li>•RCC monitors pressures across HSC system.</li> <li>•SOP developed for Cat 1 Call release at ED.</li> <li>•Hear &amp; Treat, See &amp; Treat to manage patients without conveyance to hospital where clinically appropriate.</li> <li>•Breaches of 2-hour handovers escalated to HSC Trusts via InterTrust process and performance monitoring.</li> <li>•Handover performance and associated clinical risks escalated through extant governance channels to SPPG, DOH, Minister and Health Committee.</li> <li>•'Release to Rescue' – agreed commitment across HSC Trusts to implement 2-hour maximum handover time from 27 April 2026. Internal programme of work within NIAS to prepare for implementation.</li> <li>•Regional governance and monitoring framework, facilitated by RCC and SPPG to facilitate improvements in handover performance.</li> </ul> <p><b>Actions:</b></p> <ol style="list-style-type: none"> <li>(1) Delivery of Release to Rescue protocol at operational level.</li> <li>(2) Continued participation in regional governance framework to monitor handover performance and drive improvements.</li> </ol>
620	Director of Finance	Financial Stability - Achieving Financial Balance 2026-27	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	3	Reviewed 20/04/26 No change	0	■	<p><b>Controls:</b></p> <ul style="list-style-type: none"> <li>• Cross-Directorate Grip, Control and Efficiency (GCE) Group in place to review opportunities and take action to try to deliver break even.</li> <li>• Budgetary controls and forecasting.</li> <li>• Regular reporting of financial position at SLT, SPF Committee and Trust Board.</li> <li>• Forecasting to include financial savings targets as per the 2026-27 Planning Guidance.</li> <li>• Continuous robust accountability/ monitoring of financial management.</li> </ul> <p><b>Actions:</b></p> <ol style="list-style-type: none"> <li>(1) SLT and Trust Board to approve 2026-27 financial plan, underpinned by financial targets and 2026-27 Opening budget allocations expected Q1 26-27.</li> <li>(2) SLT oversight of year-end projections and plans.</li> <li>(3) Continued monitoring of position through GCE and monthly meetings with Directorates.</li> </ol>
686	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	3	Reviewed 20/04/26 No change	0	■	<p><b>Controls:</b></p> <ul style="list-style-type: none"> <li>• Limited on-call rota currently in place at NIAS to respond to a CBRN incident.</li> <li>• Funding received to facilitate MTA capability, but this is resource allocated to HART (i.e. not dedicated).</li> <li>• EPRR Core Standards return August 2025 – highlighted to DOH that NIAS unable to deliver on significant number of standards due to limited SORT capacity.</li> <li>• Issues flagged through Ground Clearing and Accountability structures with DOH.</li> </ul> <p><b>Actions:</b></p> <ol style="list-style-type: none"> <li>(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.</li> </ol>

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	
311	Director of PPCS	Cyber Security	<p>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.</p> <p>This could result in unparalleled HSC-wide disruption 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.</p>	6	20	Excessive	16	High	4	Low	Minimal	Treat	18	Reviewed 21/04/26 No change	0	■	<p><b>Controls:</b></p> <ul style="list-style-type: none"> <li>IG &amp; Cyber Security 1<sup>st</sup> line assurance group meeting quarterly and reporting to SLT.</li> <li>Bi-annual Cyber Security report to GARAC.</li> <li>SLT Cyber Security Awareness session and Cyber Security training for NEDs.</li> <li>Continuation of regional phishing tests.</li> <li>UK risk level regularly reviewed via NCSC</li> <li>NIAS AD for ICT has sought written assurances from critical suppliers regarding cyber security measures in response to recent geo-political disruption.</li> <li>NIAS Cyber Security Communication plan approved.</li> </ul> <p><b>Actions:</b></p> <ol style="list-style-type: none"> <li>Corporate drive to Mandatory E-Learning for staff as well as Director Access to monitoring to driving improvements.</li> <li>Facilitate cyber security exercise to test BCP Q2 2026-27.</li> </ol>
830	Director of QSI & Director of Operations	Delayed call responses because of actions to mitigate late finishes.	<p>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 &amp; wellbeing will continue and will impair NIAS' ability to respond to 999 calls particularly at shift handover times.</p>	1.5	15	High	15	High	2	Low	Averse	Treat	18	Reviewed 20/04/26 No Change	0	■	<p><b>Controls:</b></p> <ul style="list-style-type: none"> <li>Work being undertaken to reduce hospital handover times (as per Risk 818).</li> <li>Crews being relieved at hospital EDs.</li> <li>Increased recruitment to ICH to enable 24/7 clinical oversight of waiting calls.</li> <li>Continued engagement with TUs led by Director of Operations to address issues pertaining to ASOS.</li> <li>NIAS Chief Executive correspondence with TUs seeking reconsideration of ASOS.</li> <li>Volume and duration of late finishes monitored via monthly report sent to SLT.</li> <li>Meetings between TUs and Minister for Health to discuss concerns.</li> </ul> <p><b>Actions:</b></p> <ol style="list-style-type: none"> <li>Ongoing engagement with SPPG and HSC Trusts regionally regarding reducing hospital handovers.</li> <li>Continued engagement with TUs on issues including end of shift protocol, with a view to alleviating ASOS.</li> </ol>
761	Director of Operations	Hazardous Area Response Team (HART) Capacity	<p>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.</p> <p>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.</p>	4 & 5	20	Excessive	12	High	2	Low	Averse	Treat	3	Reviewed 20/04/26 No change.	0	■	<p><b>Controls:</b></p> <ul style="list-style-type: none"> <li>NIAS has re-prioritised internal funding to start to address the risk.</li> <li>Engagement with DOH to commission business case for recurrent funding and expansion.</li> <li>7 Additional HART Staff trained &amp; in post- December 25</li> </ul> <p><b>Actions:</b></p> <ol style="list-style-type: none"> <li>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.</li> <li>Further recruitment process for 3 additional staff - aim for Q2 26/27.</li> </ol>

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					Score	Grade	Score	Grade	Score	Grade			Months since score changed	Change in score since last review	Months since last updated	Risk Movement	
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.	1.5.4	16	High	12	High	2	Low	Averse	Treat	3	Reviewed 20/4/26 No change	0	 <ul style="list-style-type: none"> <li><b>Controls:</b> <ul style="list-style-type: none"> <li>NIAS engaged in DOH-led groups on the implementation of the Mental Capacity Act and RCRP (with PSNI and other partners).</li> <li>NIAS guidance for operational staff regarding mental health legislation.</li> <li>Development of quarterly report on MCA &amp; DoLs - related incidents.</li> <li>DoLs e-learning included in mandatory training for frontline staff.</li> <li>Incidents of concern escalated to PSNI for review and feedback.</li> <li>Correspondence from NIAS CEO to DOH Permanent Secretary highlighting issues due to non-implementation of Part 9 of the MCA.</li> <li>PSNI confirmation that they will revise guidance issued to Officers regarding application of MCA.</li> <li>NIAS Working group held weekly.</li> <li>NIAS RCRP Oversight group held 6 weekly. Chaired by Medical Director and Operations Director.</li> </ul> </li> <li><b>Actions:</b> <ol style="list-style-type: none"> <li>Confirm NIAS representatives for all RCRP implementation groups.</li> <li>Improve NIAS processes to monitor RCRP impact including implementation of AQM Lite for C3 (expected 5th May).</li> <li>Ongoing development of data reports for multi-agency sharing.</li> </ol> </li> </ul>	
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.	1.5.2	16	High	8	High	6	Medium	Cautious	Treat	11	Reviewed 22/4/26 No change	0	 <ul style="list-style-type: none"> <li><b>Controls:</b> <ul style="list-style-type: none"> <li>Regional Destination Protocols and bypass protocols in place for specific HSC service pathways.</li> <li>Engagement with specific HSC Trusts about changes and impact on NIAS.</li> <li>Directors of Planning forum to discuss proposed service changes.</li> <li>Inter Trust process to escalate adverse incidents arising from service reconfigurations.</li> <li>Use of IAS and bank to facilitate additional shifts to accommodate service change.</li> <li>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 specialities or services (including NIAS)."</li> <li>DOH "Hospitals - Creating a network for better outcomes" includes principle that impact on NIAS must be considered when redesigning services.</li> </ul> </li> <li><b>Actions:</b> <ol style="list-style-type: none"> <li>Continued engagement with HSC partners and DOH to ensure NIAS is considered in redesign processes.</li> <li>Ongoing monitoring of the impact of introduced changes and engagement with commissioners to seek funding support as required.</li> <li>NIAS to quantify impact of redesigns and engage with commissioning colleagues.</li> </ol> </li> </ul>	

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					Score	Grade	Score	Grade	Score	Grade			Months since score changed	Change in score since last review	Months since last updated	Risk Movement	
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	3	Reviewed 07/01/26 No change	3		<p><b>Controls:</b></p> <ul style="list-style-type: none"> <li>Programme Board structure now in place with change lead and dedicated HR support.</li> <li>SCS Team Leaders now appointed and in post.</li> <li>Job Descriptions have been agreed &amp; finalised for new roles.</li> </ul> <p><b>Actions:</b></p> <ol style="list-style-type: none"> <li>Establish clear project timelines with short and long-term deliverables.</li> <li>Progress recruitment to new posts.</li> <li>Continued reporting to PCCO Committee.</li> </ol>
685	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	3	Reviewed 30/04/26	0		<p><b>Controls:</b></p> <ul style="list-style-type: none"> <li>HR have established group with TUs to review policy and practice around TOIL and leave.</li> <li>Management controls established to ensure staff are not in a "net negative" leave position.</li> <li>Establishment of leave quotas to ensure staff take leave throughout the year.</li> <li>Annual Leave Policy limits annual leave carryover to 37.5 hours.</li> <li>TOIL policy has been updated and approved.</li> <li>Bank, Overtime and Annual Leave policies updated in draft.</li> <li>Enhanced reporting to PCCO.</li> </ul> <p><b>Actions:</b></p> <ol style="list-style-type: none"> <li>Ratify updated Bank, Overtime and Annual Leave policies.</li> <li>Continued reminders to staff about use of annual leave throughout the year.</li> <li>Progress work to deliver Internal Audit recommendations.</li> </ol>
684	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	3	Reviewed 30/04/26 No change	0		<p><b>Controls:</b></p> <ul style="list-style-type: none"> <li>Finance and HR teams engaged in Regional Equip Delivery Programme Board.</li> <li>All HSC Trusts to be provided with additional resource to support readiness.</li> <li>Internal readiness group with SMEs established.</li> <li>Additional resource provided regionally to support readiness.</li> <li>Band 7 role appointed in HR to support readiness.</li> </ul> <p><b>Actions:</b></p> <ol style="list-style-type: none"> <li>Recruit to position in Finance to support NIAS readiness.</li> <li>Continue to monitor progress, timescales etc. and escalate where required.</li> </ol>

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	12	Medium	5	Medium	Minimal	Treat	3	Reviewed 22/04/26 Risk Graded reduced from High (15)	0		<p><b>Controls:</b></p> <ul style="list-style-type: none"> <li>NIAS multi-professional team working through operational risk assessment and contingency measures that are within NIAS's gift to control.</li> <li>Extant Business Continuity arrangements and Incident Response Plan.</li> <li>Risks associated with the Fleadh escalated to DOH via Ground Clearing Meeting.</li> <li>Correspondence from NIAS CEO to DOH Permanent Secretary highlighting range of concerns with the current planning and preparation.</li> <li>Correspondence from Belfast City Council CEO providing assurance around planning.</li> <li>St John's Ambulance confirmed as medical provider.</li> </ul> <p><b>Actions:</b></p> <p>(1) Continue to put in place operational contingencies to mitigate risks (2) Continued engagement with BCC and other partners.</p>
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	15	Reviewed-13/04/26 No change	0		<p><b>Controls:</b></p> <ul style="list-style-type: none"> <li>Framework contract in place with independent providers.</li> <li>Quarterly assurance meetings between NIAS and IAS providers.</li> <li>Periodic audits of IAS premises/activity.</li> <li>Engagement with RQIA to highlight NIAS's desire to see the establishment of a regulated framework.</li> <li>IAS Quality Assurance Manager and admin support in post.</li> <li>NIAS has highlighted issue of lack of independent regulation with DOH as part of sponsor branch discussions.</li> <li>Engagement with RQIA about undertaking a review of NIAS's role and activity in terms of IAS engagement.</li> </ul> <p><b>Actions:</b></p> <p>(1) Await confirmation from RQIA as to potential review of NIAS quality assurance processes.</p>
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	22	Reviewed-22/04/26 No change	0		<p><b>Controls:</b></p> <ul style="list-style-type: none"> <li>Management of Violence and Aggression Policy reviewed and updated.</li> <li>Initial findings from July 2025 staff survey received.</li> <li>Development of BI Dashboard to show BWV uptake.</li> <li>Monthly report to Ops to highlight usage of BWV per division. 15% increase in use of BWV since September 2025.</li> <li>Internal Audit review currently underway.</li> <li>Proposal to introduce re-refresher training re-tabled at SLT in April 2026.</li> </ul> <p><b>Actions:</b></p> <p>(1) Progress review of outstanding statutory training needs across the service. (2) Analyse staff survey results to identify further areas for improvement.</p>

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	
276	Director of PPCS	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	23	Reviewed 22/04/26 No change	0	■	<p><b>Risk Owner changed to Director of PPCS</b></p> <p><b>Controls:</b></p> <ul style="list-style-type: none"> <li>Record of NIAS contracts has been created - suppliers and payments have been mapped.</li> <li>Direct Award Contract Register has been created and is a standing agenda item at GARAC.</li> <li>Contract Management monitored as part of Directorate Accountability process.</li> <li>Directorates have produced local contract registers.</li> </ul> <p><b>Actions:</b></p> <p>(1) Progress recruitment of dedicated contract officer to support effective contract management practices across the Trust.</p>
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 MRSA, 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	11	Reviewed 07/01/26 No change	3	■	<p>There have been several developments in recent months which may impact the scoring, framing and management of this risk.</p> <p>A multi-professional meeting is scheduled for 6 May 2026 to consider.</p>
559	Director of HR	Organisational Culture Improvement	<p>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.</p> <p>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.</p>	3	15	High	6	Medium	4	Low	Cautious	Treat	16	Reviewed 05/01/26 No change	0	■	<p><b>Controls:</b></p> <ul style="list-style-type: none"> <li>Organisational Culture Improvement Programme Board structure in place - chaired by CEO with NED involvement.</li> <li>Engagement with King's Fund to support workstreams.</li> <li>Reporting to PCOD on progress.</li> <li>Ongoing implementation of Health and Wellbeing Strategy (Strengthen our care).</li> <li>HWS established to include Peer support and a Trauma informed approach.</li> <li>Dedicated HR lead in place.</li> <li>AACE's supported review of sexual safety in the workplace, with recommendations endorsed by SLT.</li> <li>Culture lead appointed Q4 25/26</li> </ul> <p><b>Actions:</b></p> <p>(1) Progress Q4 2025-26 actions with King's Fund.</p> <p>(2) May Being Human Framework against priority actions as identified by the culture programme board.</p>
845	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	2	Low	2	Low	Minimal	Treat	0	Reviewed 22/04/26 Risk Score lowered from 4.	0	▼	<p><b>Proposal to de-escalate to Directorate Risk Register</b></p> <p><b>Controls:</b></p> <ul style="list-style-type: none"> <li>HSC regional recruitment processes.</li> <li>Option to advertise posts on a temporary/interim basis to cover vacancies in short-term.</li> <li>Support and mentorship provided to individuals transitioning to more senior roles.</li> <li>DOH review of executive posts complete and outcome communicated across HSC Trusts.</li> <li>Recruitment of permanent CEO post underway.</li> <li>Director of Finance post advertised.</li> </ul> <p><b>Actions:</b></p> <p>(1) Progress permanent recruitment exercises for CEO and Director of Finance posts.</p>

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	
883	Director of Operations	HART Displacement from current premises	if NIAS EFFERHART 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	0 	Reviewed-22/04/26 Risk Grading and Score lowered from 12 (High)	0		<p><b>Proposal to de-escalate to Directorate Risk Register</b></p> <p><b>Controls:</b></p> <ul style="list-style-type: none"> <li>Engagement with BSO to scope possibility of extended lease on current facilities at Lisieu.</li> <li>Potential alternative location(s) scoped with assistance of finance.</li> <li>New premises identified for HART.</li> <li>DOH have approved business case and funding to cover costs of new premises.</li> <li>Lease finalised 30 April 2026.</li> </ul>			

Time since last risk grades changed:

Time Since last risk grades changed		
<12 Months	1-3 years	> 3 Years
10	8	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	887	818
	Likely (4)			372, 885, 884	311, 888, 820	
	Possible (3)			531, 395, 276	727, 761	
	Unlikely (2)			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	311, 559, 372, 888, 885	486		
	Rare (1)		816, 761, 727, 830, 833, 395, 884			



<b>Paper Title:</b>	Call Segmentation for Category 2 & 3 Incidents		
<b>Paper For:</b>	Trust Board	<b>Link to Strategic Objectives:</b>	
<b>Meeting Date:</b>	<b>28/05/2026</b>	Most appropriate clinical response	<input checked="" type="checkbox"/>
<b>Author:</b>	Karl Bloomer	Work collaboratively with HSC partners	<input type="checkbox"/>
<b>Responsible Director:</b>	Neil Sinclair	Deploy resources to meet patient needs	<input checked="" type="checkbox"/>
<b>Action Required:</b>	<b>TO APPROVE</b>	Support improved health outcomes	<input type="checkbox"/>
<b>Resource Implications:</b>	No	Optimise organisational resilience	<input type="checkbox"/>
<b>Paper History:</b>	SMT & DCR Sug-Group (chaired by Dr Ruddell)		

## Recommendation

Approve and support implementation of segmentation for selected Category 2/3 MPDS codes identified through NIAS pilot outcome ePCR clinical data analysis, NHSE segmentation codes and as finally approved following Medical Director review.

## Executive Summary and Key Messages

### Purpose

To introduce a time-limited segmentation model within the EOC, enabling early clinical review of selected Category 2 and 3 calls prior to ambulance dispatch, improving patient outcomes and resource utilisation.

### Proposed Model

Selected calls are temporarily removed from the dispatch queue for Clinical Support Manager (CSM) review:

- Category 2: 5 mins review + 10 mins ICH assessment (max 15 mins)
- Category 3: 30 mins review + 30 mins ICH assessment (max 60 mins)

### Outcomes:

- Accept to ICH (Hear & Treat)
- Return to dispatch
- Upgrade if higher acuity identified

**Failsafe:** Automatic return to dispatch if time limits exceeded.

### Evidence Base

- National pilots show significant reductions in ambulance dispatch
- ~20% of cases upgraded, improving safety
- >10% increase in Hear & Treat (NWS)
- NIAS pilot: improved Hear & Treat rate and improved risk identification

### Benefits

- Increased ambulance availability for high-acuity patients
- Reduced unnecessary dispatch (especially Category 3)

- Improved patient safety via early clinical input
- Higher Hear & Treat rates and reduced conveyance
- Overall system efficiency and response time improvement

#### **Risks & Mitigations**

- Delay to care: Managed via strict time limits and auto-return
- Under-triage: High-risk codes excluded; upgrade capability
- Capacity pressure: Managed via DCR escalation framework
- Resilience: Segmentation can be scaled or stopped as needed
- Governance: Continuous audit, re-contact monitoring, incident reporting

#### **Implementation & Evaluation**

- Pilot test days prior to full rollout
- Embed within DCR/CSP escalation framework
- Configure CAD and confirm MPDS code set
- Staff training and communications

#### **Key metrics:**

- Hear & Treat rates
- Re-contact rates
- Patient safety incidents
- Ambulance availability
- Cat 1 & Cat 2 response performance

#### **Conclusion**

Segmentation is a safe, evidence-based approach to reduce unnecessary ambulance dispatch while improving clinical oversight, patient outcomes, and system efficiency.



NIAS SMT Briefing Paper

**Proposal for NIAS Implementation of Call Segmentation for Selected Category 2 & 3 Incidents**

<b>From:</b>	Clinical Directorate – Urgent Care; Integrated Clinical Hub (ICH)
<b>Paper prepared by:</b>	Karl Bloomer – Consultant Paramedic
<b>Date:</b>	December 2025
<b>Subject:</b>	Proposal for time limited segmentation of selected Category 2 & 3 calls to enable Navigator/ CSM review prior to dispatch

Situation

Proposed implementation of segmentation for selected Category 2 & 3 within the Emergency Operation Centre (EOC) Computer Aided Dispatch (CAD) system.

Under this model:

- Selected incidents are temporarily segmented from EOC dispatch stack to a maximum of
  - 5 Minutes for Category 2
  - 30 minutes for Category 3,
    - During which a Clinical Support Manager (CSM) will review 999 call-taker CAD notes.
- CSM will either 'accept' for ICH full assessment, or push back for EOC ambulance dispatch.
  - Once accepted, for Category 2, a further 10 minutes is permitted for ICH full clinical assessment, giving a maximum of 15 minutes from 'clock start' where selected calls may be segmented from dispatch stack / queue.
  - Once accepted, for Category 3, a further 30 minutes is permitted for this ICH full clinical assessment, giving a maximum of 60 minutes from 'clock start' where selected calls may be segmented from dispatch stack / queue.
- Incidents not reviewed within 5 / 30 minutes at CSM review stage, or 10 / 30 minutes for full assessment stage, will automatically return to the dispatch stack as a safety mechanism.
- Where obvious risk cases are identified from call taker notes, calls can be immediately returned for dispatch by CSM or, if required, upgraded to a higher category via "Clinical Upgrade" functionality, already embedded and as part of standard ICH practice.

This is intended to:

- Reduce inappropriate ambulance dispatch by permitting a safe period of time where a remote clinical assessment can take place
- Increase Hear & Treat outcomes, and
- Improve ambulance availability for high-acuity patients.

## **Background**

### **National guidance and pilots:**

- NHSE clinical validation pilots (2020–21) across MPDS trusts showed over 6,000 incidents resolved without ambulance dispatch in 11 weeks, with modelling suggesting up to 272,000 ambulance responses saved annually if scaled nationally (NHSEI Position Statement)
- Validation increased Hear & Treat rates and provided a valuable safety net, with 20% of validated calls upgraded to C1 or C2 — improving, rather than delaying, care (NHSEI Position Statement)
- Category 2 incidents identified as not suitable for clinical assessment and returned for dispatch had a quicker response, in part due to increased hear and treat within the Category 2 stack meaning other Category 2 calls benefits from reduced response times. (C2 Segmentation Learning Event - September[28])
- No serious incidents or patient safety failures were recorded

### **NIAS Learning from NWS links:**

- NWS (North West Ambulance Service NHS Trust) adopted early senior clinical validation for C3 and below calls, using Band 7 Navigators. (NWS Report to Clinical Effectiveness Sub-Committee)
- Calls were temporarily segmented from dispatch until validation or timeout, with Hear & Treat share increasing by >10%. It should be noted however, the NWS Clinical Hub Model is of a considerably larger and established scale to enable this high returns and deflection rates.
- Governance showed improved safety oversight and ability to flex exclusions during REAP/CSP 3–4 pressure (C3\_C4 validation principles - National Implementation V6.0)
- Low recontact rates in C2 segmentation and over 40% referred or discharged in UK pilot model (C2 Segmentation Learning Event - September[28])

**NIAS Auto-Push pilot – started Q3 2024:**

- NIAS ePCR analysis identified MPDS (Medical Priority Dispatch System) codes with reasonable non-conveyance likelihood but occasional higher-risk cases needing clinician review. (ICH Interim Clinical Stack SOP)
- NIAS introduced an ICH Clinical Stack pilot with CSM oversight, enabling:
  - Acceptance of calls into ICH stack for full assessment,
  - Rejection for full ICH assessment back to dispatch for ambulance allocation as soon as available, or
  - Upgrade where obvious clinical risk and potential MPDS under-triage identified from notes alone.

This has enabled the ICH team to become familiar with the principles of managing the stack this way, ahead of the proposed segmentation practice proposed here.

- November 2024 pilot data showed Hear & Treat outcomes exceeded 20% for these selected data led MPDS codes, while also demonstrating identification of under triaged incidents at call-taker stage. (ICH Nov Pilot Summary Report v0.2)
- The October 2025 rollout of multi-level DCR tables has provided infrastructure to dynamically flex which calls are auto-pushed to ICH based on CSP escalation and ICH capacity, permitting flex and contingency to be embedded prior to this segmentation proposal. (20250910 Multiple DCR PDSA draft)

**Assessment****Benefits:**

- Operational efficiency: national data suggests segmentation could prevent dispatch of considerable ambulances to Category 3 incidents, freeing capacity for Category 1&2 incidents, in turn contributing to improved response time.
- Improved patient outcomes: Clinical Navigators upgraded up to 20% of cases to higher acuity nationally at early review, meaning segmentation is likely to reduce under-triage risk. (NHSEI Position Statement)
- Hear & Treat expansion: NWS saw rise in Hear & Treat following implementation (caveated with larger NWS Clinical Hub scale and structure)
- Safety assurance: Automatic return to dispatch within defined minutes for each Category if not reviewed or fully assessed (C3\_C4 validation principles - National Implementation V6.0; NWS Category 2 Segmentation Proposal V2.0).
- National alignment: Consistent with NHSE "Category 3/4 Validation Principles" (2021)

#### Risks and mitigations:

- Delay to patients requiring an ambulance: Mitigated by strict automatic CSM review and full ICH assessment time limits and NCC upgrades.
- Category 2/3 MPDS codes identified as high risk and potential for MPDS under-triage are excluded from segmentation (visible immediately to dispatch),
- ICH capacity strain: Addressed by new multi-level DCR framework, enabling DCM/CSM to flex inflow based on capacity and demand
- ICH capacity / critical staffing strain: Addressed further by business continuity DCR tables where segmentation can be deactivated fully and all incidents, including those being managed by ICH, are immediately visible to clinicians and EOC dispatch simultaneously.
- Governance: Continuous audit in place as BAU in ICH, Datix reporting, and monitoring of re-contact rates, potentially associated complaints and SAIs are already automated within ICH to assure safety and oversight.

#### Recommendation

1. Approve and support implementation of segmentation for selected Category 2/3 MPDS codes identified through NIAS pilot outcome ePCR clinical data analysis, NHSE segmentation codes and as finally approved following Medical Director review.
  - Commencement with limited pilot days and review prior to full BAU go live or further pilots if identified in review.
2. Adopt the time limited model: 5 / 30 minutes for CSM review, plus 10 / 30 minutes for full ICH assessment if accepted.
3. Embed within DCR/CSP escalation framework to flex with demand and ICH team capacity. (see appendix 1 for proposed Levels and volume, full recommended DCR codes attached with supplementary papers)
4. Safety measures: automatic time limited return to dispatch stack, clinical upgrade codes, and CSM oversight.
5. Audit and evaluate:
  - Hear & Treat rates,
  - Re-contact rates,
  - Adverse incidents,
  - Ambulance availability impact,
  - High-acuity response performance.

**Next steps:**

- SMT approval.
- Technical CAD/DCR configuration by EOC team.
- MPDS code set based on NHSE recommendations and local ePCR data and reviewed by Medical Director for MPDS code set shared for CAD testing phase.
- Staff comms and education (CSMs, EOC, ICH).
- Initial test of change days (x2) prior to embedding into business-as-usual practice.
- Go-live under DCM / CSM oversight, with planned evaluation.

**Associated / referenced papers:**

 C3_C4 validation principles - National	 ICH Nov Pilot Summary Report v0.	 ICH Interim Clinical Stack SOP	 NHSEI Position PDSA2 Se	 NWAS Clinical Statement_C3C4_A	 20250910 Validation of Low ADCR PDSA draft corr
 C2 Segmentation Learning Event - Sep	 NWAS Category 2 Segmentation Propt				

**Appendix 1**

CEL level on CAD	Detail	CSP Level
1	<b>ICH continuity (no CSM)</b> - No segmentation Selected Category 2/3, & 5 ICH auto-push function Cat 5 still require override to Cat3 if no ICH on duty)	1
2	<b>ICH continuity (no CSM)</b> - No segmentation Selected Category 2/3, & 5 ICH auto-push function Cat 5 still require override to Cat3 if no ICH on duty)	2
3	<b>ICH continuity (no CSM)</b> - No segmentation Selected Category 2/3, & 5 ICH auto-push function Cat 5 still require override to Cat3 if no ICH on duty)	3
4	<b>ICH continuity (no CSM)</b> - No segmentation Selected Category 2/3, & 5 ICH auto-push function Cat 5 still require override to Cat3 if no ICH on duty)	4
5	<b>ICH Level 1</b> – Segmentation of selected Category 3 incidents	1
6	<b>ICH Level 1</b> – Segmentation of selected Category 3 incidents	2
7	<b>ICH Level 1</b> – Segmentation of selected Category 3 incidents	3
8	<b>ICH Level 1</b> – Segmentation of selected Category 3 incidents	4
9	<b>ICH Level 2</b> – Segmentation of selected Category 2 & 3 incidents	1
10	<b>ICH Level 2</b> – Segmentation of selected Category 2 & 3 incidents	2
11	<b>ICH Level 2</b> – Segmentation of selected Category 2 & 3 incidents	3
12	<b>ICH Level 2</b> – Segmentation of selected Category 2 & 3 incidents	4
13	<b>ICH Level 3</b> – Segmentation of enhanced Category 2 & 3 incidents (to be developed)	1
14	<b>ICH Level 3</b> – Segmentation of enhanced Category 2 & 3 incidents (to be developed)	2
15	<b>ICH Level 3</b> – Segmentation of enhanced Category 2 & 3 incidents (to be developed)	3
16	<b>ICH Level 3</b> – Segmentation of enhanced Category 2 & 3 incidents (to be developed)	4



Northern Ireland Ambulance Service  
Health and Social Care Trust



## MEETING PAPER COVER SHEET

37

<b>Paper Title:</b>	<b>ICT HARDWARE BC</b>	
<b>Paper For:</b>	<b>Trust Board</b>	<b>Link to Strategic Objectives:</b>
<b>Meeting Date:</b>	<b>28/04/2026</b>	Most appropriate clinical response <input type="checkbox"/>
<b>Author:</b>	<b>Jonny Marcus</b>	Work collaboratively with HSC partners <input type="checkbox"/>
<b>Responsible Director:</b>	<b>Seamus Mullen</b>	Deploy resources to meet patient needs <input type="checkbox"/>
<b>Action Required:</b>	<b>TO APPROVE</b>	Support improved health outcomes <input checked="" type="checkbox"/>
<b>Resource Implications:</b>	<b>No</b>	Optimise organisational resilience <input checked="" type="checkbox"/>
<b>Paper History:</b>	<i>Enter previous meetings/groups where paper considered</i>	

### Recommendation

Paper is ICT Hardware Business Case which outlines the Tranche 1 year allocation and spend for ICT hardware to maintain operations 25/26

### Executive Summary and Key Messages

The Business Case outlines the needs to maintain elements of our virtual server environment components to deliver ICT stability along the need to replace elements within our Telephony infrastructure to address an end of support announcement in 2025. The case covers spend on ICT hardware to support AACE recommendations to enhance dashboard visibility within the control rooms. The business case also complements the need for ICT hardware of laptops to allow ICT to support users throughout the trust of replacement of damaged hardware as part of providing ICT BAU.



Northern Ireland Ambulance Service  
Health and Social Care Trust



## BUSINESS CASE PRO FORMA FOR MINOR EXPENDITURE (UP TO £100K)

PROJECT TITLE	ICT HARDWARE
SPONSORING DEPARTMENT	NIAS
AGENCY / ALB / NDPB (IF APPLICABLE)	
EST. CAPITAL COST (INCLUDING OB & INFLATION)	£60,000
EST. REVENUE COST (INCLUDING INFLATION)	N/A

	NAME & SIGNATURE	DATE
SENIOR RESPONSIBLE OWNER	JONNY MARCUS	14/01/2026
PROJECT MANAGER	LAURA MCBLAIN	14/01/2026
APPROVING OFFICER / GRADE	LEAHANN DONNELLY/ DIRECTOR FINANCE	

### **PROPORTIONATE EFFORT & GUIDANCE**

- Proportionate effort should be used throughout commensurate with the level of expenditure. **The level of detail provided should be based on the judgement of the appraiser**; however, all questions should be answered.
- By addressing the points below, the general principles of appraisal are applied, and a suitable analysis is made to aid decision-making and deliver a value for money (VfM) solution.
- For detailed guidance on business cases and expenditure appraisal, consult the [Better Business Case Guidance for NI](#) or seek advice from relevant professionals within your department.

This pro forma can be used for relatively small and routine expenditure, where options are limited, and the expenditure decision is straightforward. If an options appraisal is required to determine the best VfM option, then the OBC pro forma (for moderate expenditure) or OBC template (for major expenditure) can be used.

## Purpose

What is the purpose of this business case?

Purpose
<p>NIAS provides a range of core services across the emergency, urgent and unscheduled care environment as well as non-emergency patient transport services for the people of Northern Ireland 24/7, and 365 days per year. NIAS as the only regional Trust meets the needs of a population in excess of 1.8 million in a pre-hospital environment employing circa 1400 staff across 59 ambulance stations and deployment locations and 2 regional ambulance control centres (for emergency and non-emergency calls).</p> <p>The IT infrastructure is critical to supporting NIAS functions ensuring staff operate in a secure environment, that there is flexibility in accessing systems to enable staff to carry out their work and that there are high levels of security in place to mitigate against the high risk of cyber attack. Ensuring NIAS IT infrastructure is supported by latest technologies and up to date supported hardware devices such as iPads are key to this.</p> <p>This business case is to support capital expenditure for ICT hardware in NIAS. This business case provides for hardware spares in addition to essential hardware.</p> <p><i>Why do we need to fund this project?/ Why is it relevant to the Trust ?</i></p> <p>Laptops and Peripherals are required to support new starts within the organisation and enabling remote working. The order also covers broken, end of life or lost devices to support staff in their roles.</p> <p>Funding is required to replace old / ageing backpacks. In light of the recent Windows 11 rollout, monitors graphics displays only work with HDMI and a number of computers need HDMI leads.</p> <p>Without the backpacks, laptops and mobile devices are at risk whilst in transit and could run into damaging the equipment. If damaged they would need replaced and the replacement charge would be greater than the price of a new backpack / carrycase.</p> <p>Without the HDMI leads the ability to provide dual monitor would not be possible without increased expenditure for additional graphics cards. Replacement graphics cards would have a greater cost as they would require an engineer to install / configure and implement.</p> <p>Dual port Emulex 32GB FC Cards are required for upgrade and future enhancements to enable physical network growth and improved uptime.</p> <p>During an ICT Incident in April 2025 on the NIAS VMware environment the problem was enhanced due to other FC Cards being in use with the environment. The provision of these replacement Dual port Emulex 32GB FC Cards will not only provide optimum performance but ensure consistent hardware for troubleshooting in any fault/failure scenarios.</p>

### Purpose

Broadcom announced the end of support for ESXI 7, and support ends on 2nd October 25. Each server requires a rebuild with KVM along with the redeployment of every Application, involving short interruptions to service, long periods of reduced resilience, and high risk of unplanned interruptions as the entire LIVE system is rebuilt. KVM also requires the Avaya applications to be at release 10.2. To allow transition safely on a live 999 environment an additional Server is required which will allow to remove the risk of ESXI 7 support end and utilising this additional server to migrate all Avaya Telephony applications safely.

The dispatch audit completed by AACE recommended enhanced dashboards for performance management. These additional monitors will ensure the senior leaders in the control room have the available data to hand to make informed decisions quickly. This would include CSP escalations and importantly de-escalations which has been picked up on during a recent Serious Adverse Incident (SAI). These 4 monitors will display dashboards including Call taking performance, Live Position dashboard and turnaround times, CSP escalation and ICH performance dashboards. These would all be on auto update refreshing the data every few minutes.

*What happens if we don't fund this project?*

Without this order for laptops and peripherals there would be no means of remote working and therefore limit working ability until each department orders equipment for role specifically and this would slow down response time and hardware distribution to new staff.

Network reliability would be degraded and restricted without the VM environment cards. This would result in a lack of improved business continuity and support uptime.

The absence of the Avaya server would pose a significant risk to the business as the LIVE system would need to be rebuilt without the provision of the additional server.

AACE recommendations would be delayed until 2026 – 2027 without the deployment of additional monitors into the control room thereby delaying critical decision making by senior leaders and contributing to reduced patient care.

### Strategic Case

1. What is the main policy/strategic driver behind the proposal? E.g. Departmental Strategies/Programme for Government, the Climate Change Act etc.
2. Why is the expenditure required – i.e. the case for change?
3. What would happen if the product / service was not provided? What would be the impact on the business / organisation?
4. What are the spending objectives of the proposal?  
Is the project expected to have a notable environmental impact? If so, what is being done to mitigate any negative impacts?<sup>1</sup>

### Strategic Case

<sup>1</sup> See [Incorporating Environmental and Climate Considerations into Business Cases](#) for further advice.

1. NIAS has invested significant time in engaging with its staff over the past year to develop a strategy that will take the organisation on a journey of transformation continuing over the next 5 years closely aligned with the Department of Health (DoH) plans for Delivering Together and the NI Programme for Government. As the service continues this transformation journey, it is clear that there is a requirement to have the investment put into the service and that NIAS plays an integral role in the overall regional planning for future health and social care. Caring Today, Planning for Tomorrow: Our Strategy to Transform 2020-2026 NIAS strategy to transform, published in March 2020, sets out the vision and ambitious plans for the organisation in continuing to provide safe and quality care for its patients and service users in a changing health care environment.

## 2. Health and Wellbeing 2026 - Delivering Together and Programme for Government.

Delivering Together is the DoH's ten-year plan for tackling the key issues faced by the Health and Care system. The overarching ambition is for "everyone to lead long, healthy and active lives" which is the fourth Outcome in the draft Programme for Government (PfG).

The goals identified in NIAS strategy are aligned to directly contribute to Outcome 4 in the NI Programme for Government:

NI Programme for Government - We enjoy long, healthy, active lives.

NIAS Mission - To consistently show compassion, professionalism and respect to the patients we care for.

NIAS Goals - Our patients will be professionally cared for always with compassion and respect.

Our staff will feel positive and proud to work for NIAS.

Our stakeholders will have confidence in us as a reliable provider at the centre of UEC.

Our communities will continue to trust and value us.

## 3. NIAS Corporate Plan

The 2024/26 NIAS Corporate Plan sets out how the Trust aims to deliver an ambitious programme of reform to meet its strategic goals and to help address the significant challenges faced both now and in the future.

IT infrastructure and hardware device access by its nature is embedded as a key enabling function across the NIAS corporate strategy. Our aim is to drive innovation and support infrastructure for the delivery of safe and quality patient care.

4. NIAS ICT strategy proposes to lever innovative technology to address the demands on the ambulance service, drive efficiency and improve patient outcomes. Technology is a key enabler in supporting transformation and modernisation within NIAS as well as informing the strategic direction of digital health for the organisation and its patients. A digital maturity self-assessment has helped to determine progress to date against core themes with the ICT Strategy setting out the strategic objectives for continued improvement. The ICT strategy is now embedded across priority areas in NIAS strategy to transform 2020 -2026 through digital enablement. A key principle for systems development is that there is a focus on cybersecurity, Integration, interoperability and resilience.

## 5. Delivering Strategic Improvement

NIAS ICT infrastructure needs to be maintained to the highest possible levels and is a key driver in the enabling of operational needs. Technical debt is an area that will impact on achievement of strategic objectives of the organisation as ICT infrastructure and cyber security are central to underpinning all of the NIAS operations.

**Economic Case**

1. Are there any alternatives to providing the product / service, which would result in the same impacts? Why were these alternatives rejected?
2. What are the expected capital and revenue costs and how have these been determined?
3. How has VfM been achieved in selecting the proposed product / service?

Economic Case
<p>1. Business As Usual – this option reflects the current status of continuing without any change.</p> <p>Advantages No financial impact on the organisation</p> <p>Disadvantages Does not address any of the hardware requirement for NIAS.</p> <p>Meets Objectives? Fails to meet the objectives.</p>
<p>2. Cover the minimum hardware requirement. This option is a Do minimum Option which will seek to address the current hardware requirement but does not allow for hardware spares.</p> <p>Advantages Financial investment will be less.</p> <p>Disadvantages Short term focus on the minimum hardware requirement. Limited ability to provide service areas with hardware support needs. Control room performance recommendations would be delayed to 2026-2027. Limited laptop bags would increase the damage rate of devices throughout the service through lack of protection. Reduces the capability to support product testing. Limits the scope of overall aim addressing hardware spares.</p> <p>Meets Objectives? Fails to meet the objectives.</p>
<p>3. Cover the full hardware requirement including spares.</p> <p>Advantages Invests in a future proofed hardware solution for NIAS. Enables the capability to support full product testing.</p> <p>Disadvantages Will require additional financial investment. Will require some project work to rollout hardware devices within current resource levels.</p> <p>Meets Objectives?</p>

Fully meets the objectives.

### Option 2

NPV @ 3.5% p.a.												
APPRAISAL DATE: 03/12/2025												
OPTION NUMBER & TITLE: Option 2 - Cover the minimum hardware requirement												
YEAR:	Year 0	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	TOTAL
<b>CAPITAL COSTS (€ 000)</b>	<b>Add Row</b>											
Dual port Emulex 32GB FC Cards (VM environment)	16000											16000
Laptops and Peripherals	12000											12000
ICT (Avaya server upgrade)	7000											7000
ICT Hardware	0											0
Control Room Monitors	0											0
A. Total Capital Costs (Annual)	35000	0	0	0	0	0	0	0	0	0	0	35000
B. Total Capital Costs (Cumulative)	35000	35000	35000	35000	35000	35000	35000	35000	35000	35000	35000	35000
<b>REVENUE COSTS (€ 000)</b>	<b>Add Row</b>											
												0
												0
												0
												0
C. Total Revenue Costs (Annual)	0	0	0	0	0	0	0	0	0	0	0	0
D. Total Revenue Costs (Cumulative)	0	0	0	0	0	0	0	0	0	0	0	0
E. Total Costs (Annual) (=A+C)	35000	0	0	0	0	0	0	0	0	0	0	35000
F. Total Costs (Cumulative) (=B+D)	35000	35000	35000	35000	35000	35000	35000	35000	35000	35000	35000	35000
<b>BENEFITS (€ 000)</b>	<b>Add Row</b>											
												0
												0
												0
G. Total Benefits (Annual)	0	0	0	0	0	0	0	0	0	0	0	0
H. Total Benefits (Cumulative)	0	0	0	0	0	0	0	0	0	0	0	0
NET UNDISCOUNTED COST* (=E-G)	35000	0	0	0	0	0	0	0	0	0	0	35000
DISCOUNT FACTOR @ 3.5% p.a.	1.0000	0.9662	0.9335	0.9019	0.8714	0.8420	0.8135	0.7860	0.7594	0.7337	0.7089	
NET PRESENT COST* (Annual)	35000	0	0	0	0	0	0	0	0	0	0	35000
NET PRESENT COST* (Cumulative)	35000	35000	35000	35000	35000	35000	35000	35000	35000	35000	35000	35000
<b>TOTAL NET PRESENT COST* =</b>	<b>35000</b>											

### Option 3

NPV @ 3.5% p.a.												
APPRAISAL DATE: 03/12/2025												
OPTION NUMBER & TITLE: Option 3 - Cover the full hardware requirement include												
YEAR:	Year 0	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	TOTAL
<b>CAPITAL COSTS (€ 000)</b>	<b>Add Row</b>											
Dual port Emulex 32GB FC Cards (VM environment)	16000											16000
Laptops and Peripherals	23000											23000
ICT (Avaya server upgrade)	7000											7000
ICT Hardware	1000											1000
Control Room Monitors	7000											7000
A. Total Capital Costs (Annual)	60000	0	0	0	0	0	0	0	0	0	0	60000
B. Total Capital Costs (Cumulative)	60000	60000	60000	60000	60000	60000	60000	60000	60000	60000	60000	60000
<b>REVENUE COSTS (€ 000)</b>	<b>Add Row</b>											
												0
												0
												0
												0
C. Total Revenue Costs (Annual)	0	0	0	0	0	0	0	0	0	0	0	0
D. Total Revenue Costs (Cumulative)	0	0	0	0	0	0	0	0	0	0	0	0
E. Total Costs (Annual) (=A+C)	60000	0	0	0	0	0	0	0	0	0	0	60000
F. Total Costs (Cumulative) (=B+D)	60000	60000	60000	60000	60000	60000	60000	60000	60000	60000	60000	60000
<b>BENEFITS (€ 000)</b>	<b>Add Row</b>											
												0
												0
												0
G. Total Benefits (Annual)	0	0	0	0	0	0	0	0	0	0	0	0
H. Total Benefits (Cumulative)	0	0	0	0	0	0	0	0	0	0	0	0
NET UNDISCOUNTED COST* (=E-G)	60000	0	0	0	0	0	0	0	0	0	0	60000
DISCOUNT FACTOR @ 3.5% p.a.	1.0000	0.9662	0.9335	0.9019	0.8714	0.8420	0.8135	0.7860	0.7594	0.7337	0.7089	
NET PRESENT COST* (Annual)	60000	0	0	0	0	0	0	0	0	0	0	60000
NET PRESENT COST* (Cumulative)	60000	60000	60000	60000	60000	60000	60000	60000	60000	60000	60000	60000
<b>TOTAL NET PRESENT COST* =</b>	<b>60000</b>											

### Commercial Case

1. Is there a procurement exercise required for the proposal? If so, please provide details of the procurement strategy and associated timeframes.

Note, there is no need to complete if no procurement exercise is required.

Commercial Case			
<b>1. Procurement Strategy</b>			
The Northern Ireland Ambulance Service is required to carry out its procurement activities under a Service Level Agreement with Business Services Organisation Procurement and Logistic Service (BSO PaLS). This arrangement ensures that the Trust procures effectively and achieves value for money in the cost of supplies and services.			
Outputs			
For the preferred option, it is intended to purchase the following:			
Dual port Emulex 32GB FC Cards (VM environment), Laptops and Peripherals, ICT (Avaya server), ICT Hardware (Telephony and peripherals), Control Room Monitors			
<b>Approach to Procurement</b>			
The marketplace has been reviewed and options for procurement have been considered. A frameworks already exist and NIAS has existing contracts in place with suppliers.			
These frameworks already have demonstrated value for money and can be accessed by NIAS. Goods are available on a straight forward 'call-off' basis where the unit cost and value for money has been established and is sold on the basis of agreed suppliers' terms and conditions.			
Use of the frameworks removes the requirement to run further competition to re-establish value for money or to test the quality of the goods or services supplied. This provides the fastest and most efficient route to market.			
<b>Balance / transfer of Risk</b>			
NIAS is working on the principle that the risks will be managed through a risk management strategy as part of the overall project implementation and that the risks should be passed to the party that is best able to manage them, subject to costs and value for money.			
On this basis the following matrix has been drawn up detailing areas of responsibility:			
Area of responsibility	NIAS	Supplier	Other
<b>Project Management</b>			
Overall Project Management	√		
Contract Management	√		
Framework Management			√
Change management / business processes	√		
Issue and risk management	√	√	
Benefits management	√	√	
Financial management	√		
<b>Infrastructure</b>			

Supply Software and licenses		√	
support and maintenance 1 <sup>st</sup> and 2 <sup>nd</sup> line	√	√	
System integration	√	√	
Integration support	√	√	
Supply hardware devices		√	
Networks infrastructure	√		
Systems training and super user training		√	
Staff training (ongoing)	√		
<b>Support</b>			
Level 1	√		
Level 2		√	
Level 3		√	

**Proposed Charging mechanisms**

Goods will be purchased via a requisitioning approval and issue of a purchase order to the named supplier.

On receipt of goods delivered, these are electronically receipted via the NIAS ePROC system and payment issued against an invoice to the same value.

Given the nature of the procurement, there are no legal implications or potential challenges envisaged.

**Financial Case**

1. What expenditure is needed for this project?
2. Is this level of funding affordable?

Financial Case
<p>1. The proposal is for one off capital costs. The costs will be funded from the NIAS Capital IT budget (£60K).</p> <p>There are no expected additional revenue costs, and these are continuing under the NIAS revenue budget. The overall project is deemed affordable.</p>
<p>2.</p> <p>Option 2</p>

DEL STATEMENT	Add Year	Remove Year	Year 1	Year 2	Year 3	Year 4	Year 5	Totals*
			2026 / 27	2027 / 28	2028 / 29	2029 / 30	2030 / 31	£000's
<b>Total DEL Required</b>								
Total Capital DEL Required			35					35
Total Resource DEL Required								
<i>Depreciation/Impairments included in above Resource DEL figures:</i>								
<b>Existing DEL Provision</b>								
Existing Capital DEL Provision								
Existing Resource DEL Provision								
<i>Depreciation/Impairments included in above Resource DEL figures:</i>								
<b>Additional DEL Required*</b>			0	0	0	0	0	0
Additional Capital DEL required			35	0	0	0	0	35
Additional Resource DEL required			0	0	0	0	0	0
<i>Depreciation/Impairments included in above Resource DEL figures</i>			0	0	0	0	0	0

Option 3

DEL STATEMENT	Add Year	Remove Year	Year 1	Year 2	Year 3	Year 4	Year 5	Totals*
			2026 / 27	2027 / 28	2028 / 29	2029 / 30	2030 / 31	£000's
<b>Total DEL Required</b>								
Total Capital DEL Required			60					60
Total Resource DEL Required								
<i>Depreciation/Impairments included in above Resource DEL figures:</i>								
<b>Existing DEL Provision</b>								
Existing Capital DEL Provision								
Existing Resource DEL Provision								
<i>Depreciation/Impairments included in above Resource DEL figures:</i>								
<b>Additional DEL Required*</b>			0	0	0	0	0	0
Additional Capital DEL required			60	0	0	0	0	60
Additional Resource DEL required			0	0	0	0	0	0
<i>Depreciation/Impairments included in above Resource DEL figures</i>			0	0	0	0	0	0

Management Case

1. What are the arrangements for delivery, monitoring and evaluation? Specifically, monitoring and evaluation activity should focus on: How much did we do? How well did we do it? Is anyone better off as a result?

Management Case
<p>1. The overall project and business case is being managed by the Interim Assistant Director of ICT with the workstream within it being managed by the ICT Manager and the Telecoms Manager.</p> <p>Each lead is responsible for their own hardware workstream. This is built into the overall ICT annual plan and updates are reported weekly against the plan.</p> <p>Risks are highlighted and reviewed monthly by the wider team.</p> <p>The team reports into the IT Security Group which provides assurance to the Information and Assurance Group reporting into Trust Board.</p> <p>Arrangements for post project evaluation will be made within 6-12 months of project closure and will be carried out independent of the implementation team. PPE will consider how the</p>

**Management Case**

project has performed against the objectives, delivery within budget and any benefits realisation.



<b>Paper Title:</b>	NIAS Trust Performance Report April 2026	
<b>Paper For:</b>	<b>Trust Board</b>	<b>Link to Strategic Objectives:</b>
<b>Meeting Date:</b>	<b>28/05/2026</b>	Most appropriate clinical response <input checked="" type="checkbox"/>
<b>Author:</b>	Neil Walker	Work collaboratively with HSC partners <input checked="" type="checkbox"/>
<b>Responsible Director:</b>	Seamus Mullen	Deploy resources to meet patient needs <input checked="" type="checkbox"/>
<b>Action Required:</b>	<b>TO NOTE</b>	Support improved health outcomes <input checked="" type="checkbox"/>
<b>Resource Implications:</b>	No	Optimise organisational resilience <input checked="" type="checkbox"/>
<b>Paper History:</b>	N/A	

## Recommendation

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

## Executive Summary and Key Messages

### Highlights:

#### Highlights:

- Response-time performance:
  - Category 1 mean remains at 12mins
  - Category 2 mean 84mins an increase from 76mins
  - Category 3 90<sup>th</sup> centile 470mins decreased from 508mins
- Prolonged ED handovers (>15 mins) resulted in >9,300 hours (20% planned capacity), driving response delays and job-cycle impacts. April saw 1,393 patients delayed over 2hrs before accessing EDs.

### Key Issues:

- Operational Capacity reduction from handovers and industrial action reducing available crews and lengthening response times.
- Workforce pressures with frequent late finishes (32% of shifts) and long delays, impacting on staff resulting in high sickness (April 26- 11.2%).

### Top Risks & Mitigations:

- Patient-safety risk (response delays):
  - Mitigation: Implementation of Release to rescue on 27<sup>th</sup> April 2026.
- Workforce sustainability risk:
  - Mitigation: accelerate recruitment to reduce vacancies, Engagement on new rosters started with staff side.



Northern Ireland Ambulance Service  
Health and Social Care Trust



# Performance Report

April 2026





# Executive Summary

AMBULANCE



# System Performance - Summary

## Handover Lost Hours

- In April 2026, NIAS experienced a total of 9,375 lost hours. Equivalent to approximately 26 ambulance crew shifts per day lost to ED delays.; 20% of our planned capacity. These lost hours arose from 9,132 instances where crews waited more than 15 minutes to hand over patients; 3,213 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 (2.3k hours; 89% > 15min; 42% > 1hr)
  - Craigavon Hospital (1.84 hours; 88% > 15min; 33% > 1hr)
  - Royal Victoria Hospital (1.5k hours; 90% > 15mins; 42% > 1hr)
  - Antrim Area (1.5k hours; 91% > 15min; 30% > 1hr)
- In the last 12 months, >92% of the handovers exceeded the 15min target at our acute EDs, resulting in circa 126k hours lost. The lost hours experienced in April 2026 is a decrease of 181 hrs or 1% from March 2026.

KPI	Variation	Assurance
Lost Hours to Handover Delays		
Handovers >2hrs		
Lost Hours to Handovers > 2hrs		

## Handovers >2-hour delays

- FY 2025.26 saw 20,905 patients experience a delay >2hrs to access an Emergency Department across the region.
- This resulted in 79,227 lost production hours for all patients that experienced a 2-hour delay
- 62% of all lost hours are generated by the delays in the system >2hrs
- 1,393 patients in April 26 experienced a delay >2hrs
- 1 in 3 patients in April 2026 in the South-Eastern Trust experience >2hr delays.

## Actions to Address:

- The Trust is actively engaged and taking a lead role in the regional implementation of release to rescue. This initiative aims to eliminate handover delays exceeding 2 hours.
- Go-live date for release to rescue regionally is 27th April 2026.



# Operational Performance - Summary

## Demand

- Call answer demand in the EOC increased by 9.4% in April 2026 compared to April 2025.
- Incident demand has seen a decrease of 3% in April 2026 when compared with April 2025.
- The daily average of patients conveyed to hospital was 308, representing a 6.5% decrease compared to April 2025.

## Response Times

- Performance against national standards remained a significant challenge across all categories.
- Category 2 average response times were extremely concerning at 84 minutes, showing deterioration from the March 2026 position

## Actions to Address:

- Work continues to mitigate the operational impact of Action Short of Strike
- A key programme within the organisation to support the timely delivery of performance is the establishment of the demand and Capacity programme. This programme has five key workstreams:
  - ❖ Tactical Workforce planning
  - ❖ Demand management
  - ❖ Development of APUC and Intermediate Care
  - ❖ Improve Operational Efficiencies
  - ❖ Regional Re-Rostering
- Performance cell continues to monitor operational performance across the organisation twice a week to develop tactical plans in light of the challenges being faced each week.
- Short term actions are taken within Performance Cell to mitigate deteriorating performance.

KPI	Variation	Assurance
999 Calls Answered		
Duplicate Calls		
Call Answer Performance		
Monthly Incidents		
Conveyances to Hospital		
Category 1 Monthly Mean		
Category 1 90 <sup>th</sup> Centile		
Category 2 Monthly Mean		
Category 2 90 <sup>th</sup> Centile		
Category 3 90 <sup>th</sup> Centile		
Category 4 90 <sup>th</sup> Centile		
Conveyed Job Cycle Mean Times		
Non-Conveyed Job Cycle Mean Times		
Total hours of compensatory rest		
Average Late Finish		



# Clinical Performance - Summary

### Hear & Treat and See & Treat

- Clinical Hear & Treat was 8.1% in April 2026. The total ARP Hear and Treat rate was 11.2% for April 2026
- Clinical See & Treat slightly was 11.3%, the total ARP See and Treat rate was 25.3% for April 2026.

### Complex Cases

- 7.4% of all Control Room calls were from complex cases.
- There are currently 409 active frequent callers, who contributed to 6.1% (857) of incidents last month.
- 215 case management interventions undertaken for 109 individuals identified as FSUs.

### Out of Hospital Cardiac Arrest

- Please note data only available to March 2026 due to the complexity of data collection.
- The percentage of patients who had Return of Spontaneous Circulation at handover was 26.4% in March '26
- The percentage of Shockable Rhythms was 51.6% in March '26
- The 30-day survival for all Shockable Rhythms was 16.1% in March '26
- The 30-day survival of total workable Cardiac Arrests was 7.7% in March '26

### EPCR

- ePCR is now firmly embedded within NIAS and part of Business as Usual (BAU)

### HEMs Cover

- From April 25 to March 26 HEMS were dispatched on 622 missions

### Actions to Address:

- DCR tables enhanced to re-direct more appropriate calls for clinical triage and decision-making.
- Training and development remain key to enhancing See & Treat rates.
- Expansion of the Advanced Practice Paramedic tier is being implemented.
- Continuous professional education underpins OHCA outcome improvements and is being prioritised.

KPI	Variation	Assurance
Complex Case Volume		
Hear and Treat		
See and Treat		
ROSC of OHCA all workable arrests		
ROSC of OHCA for shockable Rhythms		
OHCA 30-day Survival		
OHCA 30-day Survival Shockable Rhythms		
EPCR Compliance		
HEMs Cover		



# Scheduled Care Performance - Summary

## Non-Emergency Performance:

### KPI 1 – Inward Journeys

- 45% compliance vs 95% target; common-cause variation.
- ACA recruitment and new Scheduled Care Team Leaders expected to improve performance.

### KPI 2 – Outward Journeys

- 65% compliance vs 95% target; common-cause variation.
- Additional focus on discharge coordination required.

### Cancellations

- Above upper control limit; significant outlier. Driven by GP withdrawal of routine bookings and increased patient/hospital cancellations.
- Resourcing triggers activated to protect renal and oncology pathways.
- Ongoing work with SPPG to understand causes and agree solutions.

### Patient Experience & Complaints

- 4 complaints in December (mainly non-arrival/non-provision); 2 resolved at Stage 1.
- KPI redesign progressing through Co-Production Partnership.

### Activity

- NIAS delivered 6,979 journeys in April 2026, an increase from March 2026 of 8%.
- 1.57 patients per run; which is improving variation and above the upper control limit

## Actions to Address

- Recruitment is ongoing with a cohort of ACAs in the training school due to be operational in July 26.
- A regional Re-Roster of the Scheduled Care service has commenced in February 26 and is currently in Phase 1 of the programme.
- Ongoing engagement with Staff Side to improve the service.

## Independent Ambulance Performance:

### Patient Experience

- KPI 1 – Inward: Consistent failure to meet 95% target; improving variation.
- KPI 2 – Outward: Consistent failure to meet 95% target; common-cause variation.

### Productivity

- IAS activity at 22% of total journeys in scheduled care in April 26, improving variation below the lower control limit
- Reduction aligned with cost-pressure mitigation.
- Journeys per IAs shift showing improving variation up to 1.45 overall and 1.84 for outpatient only appointments

KPI	Variation	Assurance
KPI 1 Arrivals		
KPI 2 Departures		
PCS Journeys		
Cancellations		
Outpatient Loading factor		
PCS Complaints		
IAS Loading Factor		
Non-Emergency Activity by IAS		
IAS KPI1 Arrivals		
IAS KPI2 Departures		



# Service Quality and Our People - Summary

## Serious Adverse Incidents, Complaints, Compliments and Care Opinion

- 100% of SAI's were notified in the 72-hour timeframe. Sustained increase in time for SAI completion since January 2026, with average completion of 188 days in April (KPI 40 days).
- Sustained improvement in average time for initial family engagement, which is consistently less than the 10-day target since February 2026.
- In April 26, the Trust received 30 compliments, 18 complaints and 1 NIPSO complaint was escalated to Stage 3 Further Investigation. Learning outcomes identified during April 2026 related to EOC call handling, clinical assessment, differential diagnosis, anaphylaxis management, 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 resolve low-complexity Stage 1 complaints at the earliest opportunity.
- SUFT Manager continues to prioritize capacity on addressing the complaints drafting 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.

### Absence Management:

- The Financial Year Sickness cumulative absence rate is 10.61% for the Trust. However, the total monthly absence rate for March 2026 (11.27%) has decreased in comparison to February 2026 (-0.23%).
- 68% 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 most 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 BHSC to improve quality of referrals and increase prevention and early intervention programmes

KPI	Variation	Assurance
SAI notified to SPPG per month		
Average time for SAI completion		
Complaints		
Compliments		
Safeguarding		



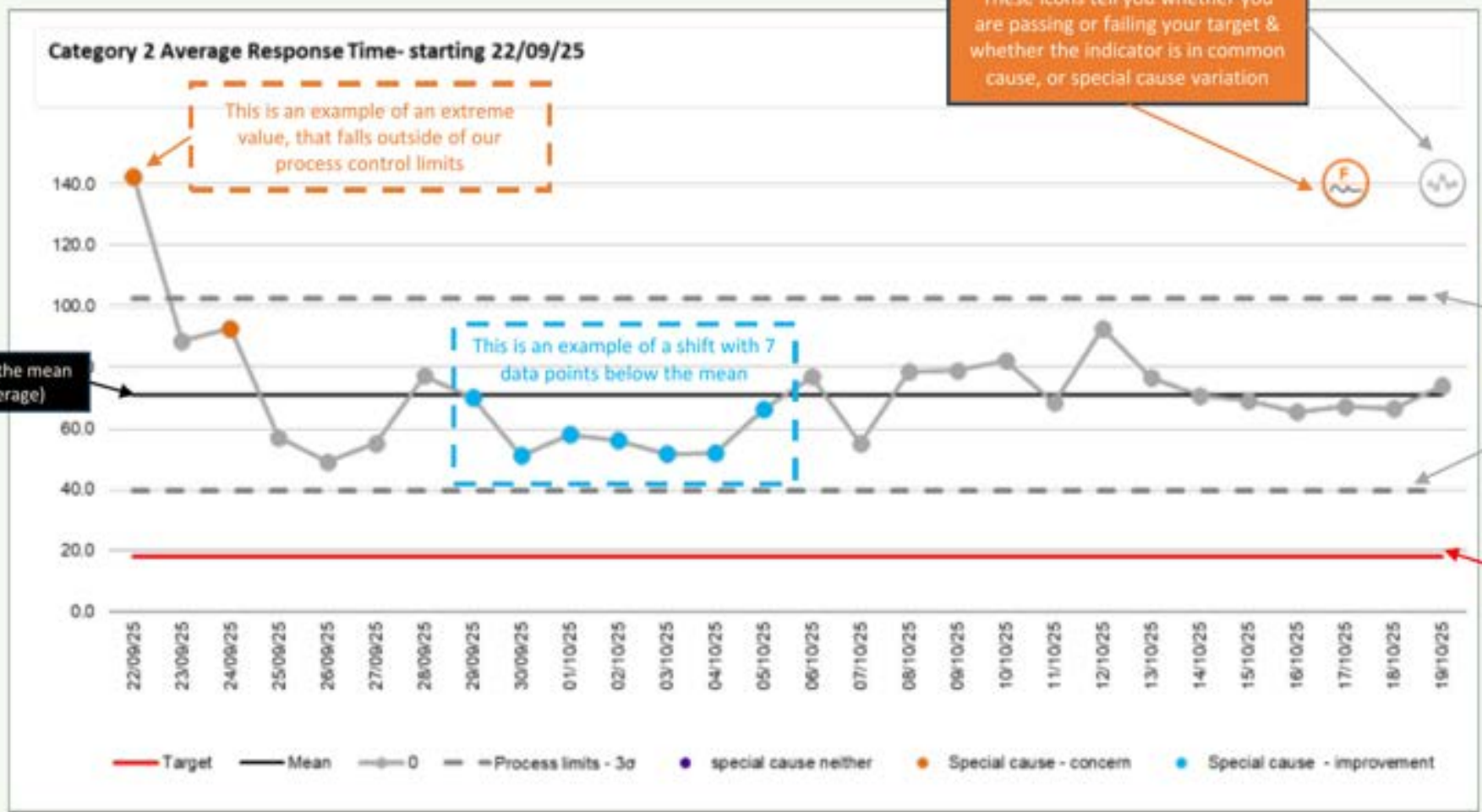
# NIAS Regional Strategic Outcome Measures

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Category 1 (mean) (minutes)	Apr 26	00:12:00	00:10:00			00:12:07	00:11:04	00:13:09
Category 1 (90th Percentile) (minutes)	Apr 26	00:23:00	00:21:00			00:22:55	00:20:31	00:25:18
Category 1 T (mean) (minutes)	Apr 26	00:13:00	00:15:00			00:15:19	00:12:59	00:17:38
Category 1 T (90th Percentile) (minutes)	Apr 26	00:25:00	00:30:00			00:29:00	00:23:57	00:34:04
Category 2 (mean) (minutes)	Apr 26	01:24:00	00:36:00			01:11:10	00:34:22	01:47:58
Category 2 (90th Percentile) (minutes)	Apr 26	03:22:00	01:20:00			02:41:40	01:12:28	04:10:52
Category 3 (90th Percentile) (minutes)	Apr 26	07:50:00	03:53:00			07:33:55	01:38:22	13:29:28
Number of Patients Seen and Treated by NIAS	Apr 26	1321	-			1548	1244	1851
Number of Patients Seen	Apr 26	11517	-			12068	10509	13626
Number of Calls Resolved with Telephone Advice	Apr 26	938	-			859	458	1261
Number of Calls Received	Apr 26	11517	-			12068	10509	13626
Number of Calls Answered within 5 Seconds	Apr 26	20005	-			19660	15513	23806
Number of Calls Answered in EOC	Apr 26	22792	-			22885	17745	28026
Total Number of Patients Conveyed	Apr 26	9228	-			9574	8223	10925
Number of Patients <=15 minutes Handover	Apr 26	839	-			699	533	865
Number of Patients <=30 minutes Handover	Apr 26	3072	-			2731	2067	3395
Number of Patients <=60 minutes Handover	Apr 26	5978	-			5925	4541	7309
Number of Patients >2 hours Handover	Apr 26	1393	0			1720	1100	2339
Number of Ambulance Turnarounds	Apr 26	9341	-			9734	8346	11121
Number of Ambulance Turnarounds within 30 mins	Apr 26	1574	-			1171	917	1426

Variation

58

# How To Read an SPC Chart





# System Performance

# Handovers



Variation

Executive Owner: HSCNI

Operational Lead: HSCNI

**Metric Description:**  
The total time spent by ambulance crews waiting to handover a patient outside ED; excluding the first 15 minutes

**Analyst Description:**  
Common cause variation with no set target; there is a target of 15mins for each individual handover, but there is no combined total target.

**Operational Context:**

In April 2026, NIAS experienced a total of 9,375 lost hours. This is the equivalent of 26 shifts per day where crews are waiting with patients outside EDs; ~20% of our planned capacity. These lost hours were experienced from 9,132 instances where our crews waited longer than 15mins to handover their patient at ED. 39% 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:

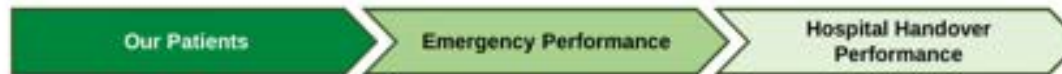
- Ulster Hospital (2.3k hours; 89% > 15min; 43% > 1hr)
- Royal Victoria Hospital (1.59k hours; 91% > 15mins; 42% > 1hr)
- Antrim Area (1.56k hours; 92% > 15min; 30% > 1hr)
- Craigavon Hospital (1.47 hours; 89% > 15min; 33% > 1hr)

In the last 12 months, >92% of the handovers exceeded the 15min target at our acute EDs, resulting in circa 127k hours lost. The lost hours experienced in April 2026 is a decrease of 181 hrs or 2% from April 2025.



Latest Month	Measure	Target	Variation	Assurance	Mean	Lower Process Limit	Upper Process Limit
Apr-26	9,376	-			10,558	7,994	13,122

# Handovers – Top 4



Variation

- Special Cause Concerning variation
- Special Cause Improving variation
- Common Cause
- Consistently Hit target
- Hit and miss target subject to random
- Consistently Miss target

Executive Owner: External to NIAS

Operational Lead: External to NIAS



Ulster Hospital

**Metric Description:**  
The total time spent by ambulance crews waiting to handover a patient outside ED; excluding the first 15 minutes

**Analyst Description:**  
All four Trusts are experiencing common cause variation



Craigavon Area Hospital



Royal Victoria Hospital

**Operational Context:**  
These four Trusts combined contribute over 70% of the total lost ambulance hours in the last month.  
  
The release to rescue programme seeks to reduce the lost hours by mandating a handover time of 2-hours. In April 2026 there were 1,398 instances in which a crew was held for longer than 2-hours at a handover.  
  
The impact of this delay is most acutely felt in the organisation's Category 2 response times.



Antrim Area Hospital

# Handovers >2hrs



Variation

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

Executive Owner: HSCNI

Operational Lead: HSCNI

**Metric Description:**  
Count of handovers that have taken longer than 2hrs from the point of arrival at hospital to the handover of the patient to ED

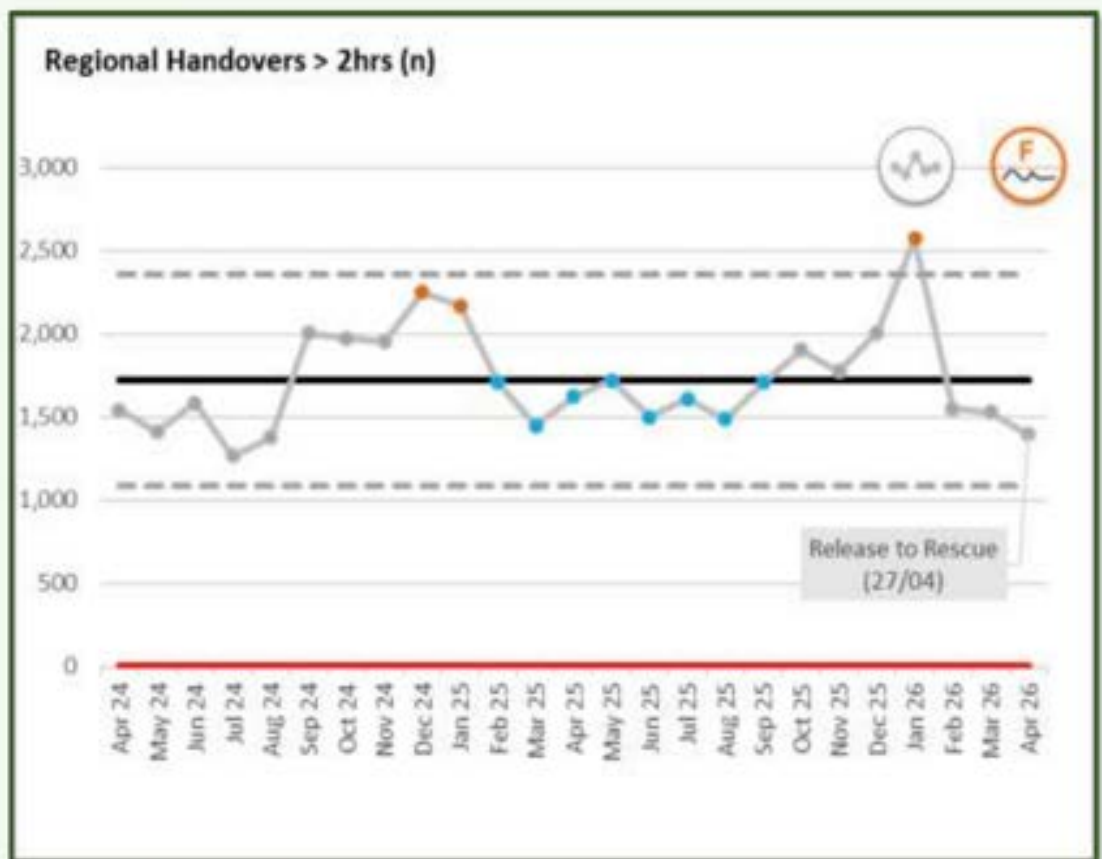
**Analyst Description:**  
Common cause variation and **consistently failing** its target of 0 handovers exceeding 2hrs

**Operational Context:**

Ambulance handovers exceeding two hours present a significant patient safety, operational, and community response risk. Patients are experiencing prolonged delays before accessing Emergency Departments.

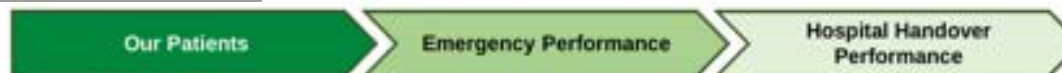
April 2026 saw 1,393 patients wait longer than 2hrs to access ED. 1 in every 7 patients conveyed to Emergency Departments across Northern Ireland experienced a wait greater than 2hours.

27<sup>th</sup> April, saw the go live date for a regional initiative to irradiate all waits for ambulance patients in excess of 2 hours.



Latest Month	Measure	Target	Variation	Assurance	Mean	Lower Process Limit	Upper Process Limit
Apr-26	1,393	0			1,723	1,085	2,361

# Handovers >2hrs



Variation

Executive Owner: HSCNI

Operational Lead: HSCNI

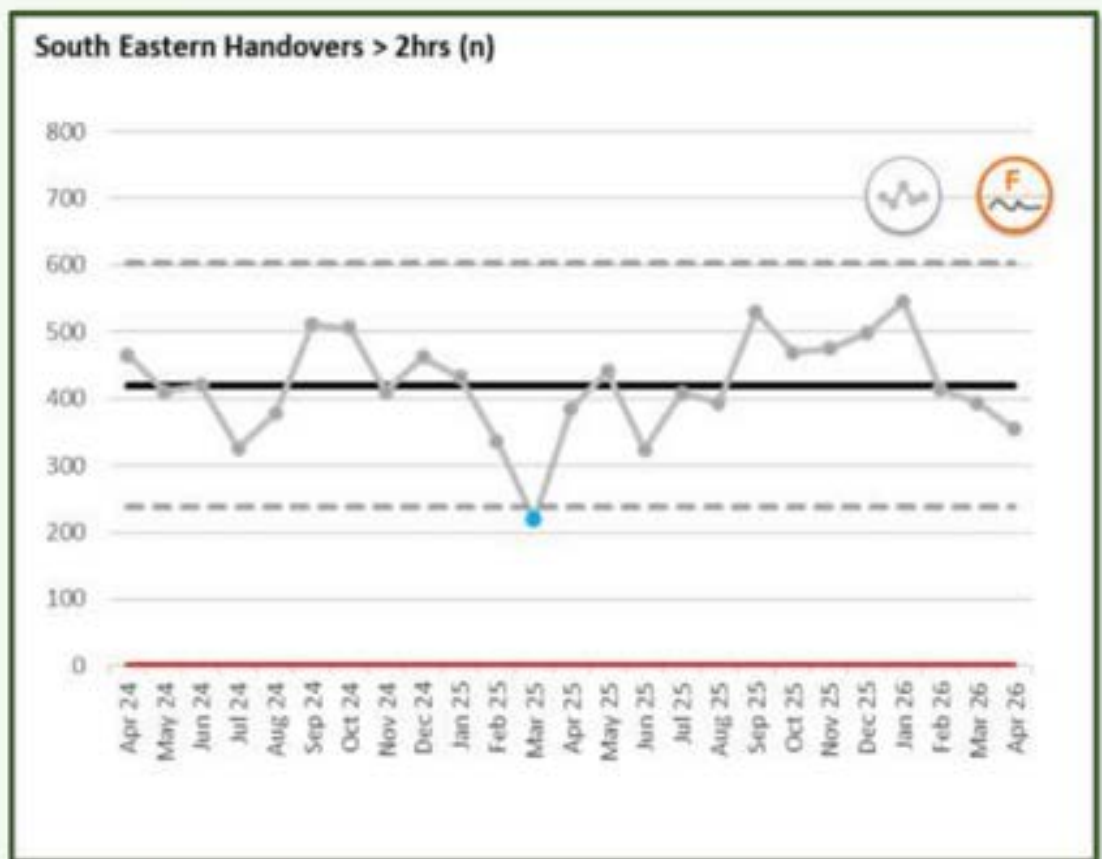
**Metric Description:**  
Count of handovers that have taken longer than 2hrs from the point of arrival at hospital to the handover of the patient to ED

**Analyst Description:**  
Common cause variation and **consistently failing** its target 0 handovers exceeding 2hrs

**Operational Context:**

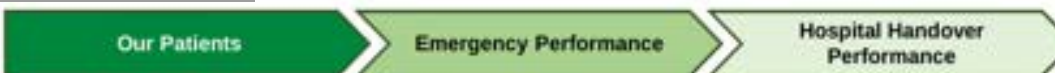
Patients conveyed to the Ulster Hospital in South-Eastern Trust are more likely to experience a delay greater than 2hours compared to other Trusts.

April 2026 saw 355 patients wait longer than 2hrs to access South Eastern Trust ED; 1 in every 3 patients conveyed.



Latest Month	Measure	Target	Variation	Assurance	Mean	Lower Process Limit	Upper Process Limit
Apr-26	355	0			420	239	602

# Handovers >2hrs



Variation

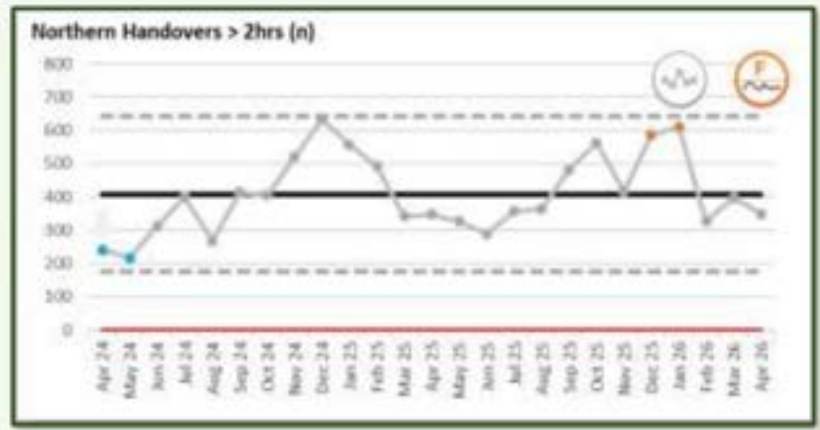
Executive Owner: HSCNI

Operational Lead: HSCNI

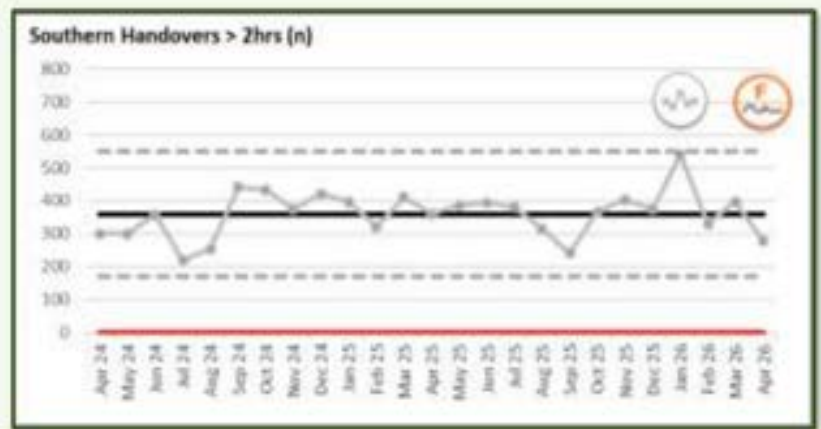


**Metric Description:**  
Count of handovers that have taken longer than 2hrs from the point of arrival at hospital to the handover of the patient to ED

**Analyst Description:**  
Common cause variation and **consistently failing** its target of 0 handovers exceeding 2hrs



**Operational Context:**  
Of the remaining Trusts, Northern Trust experiences the most challenging 2hour delays, followed by the Southern Trust.



# Handovers >2hrs



Variation

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

Executive Owner: HSCNI

Operational Lead: HSCNI

**Metric Description:**  
The total time spent by ambulance crews waiting to handover a patient outside ED; excluding the first 2-hours

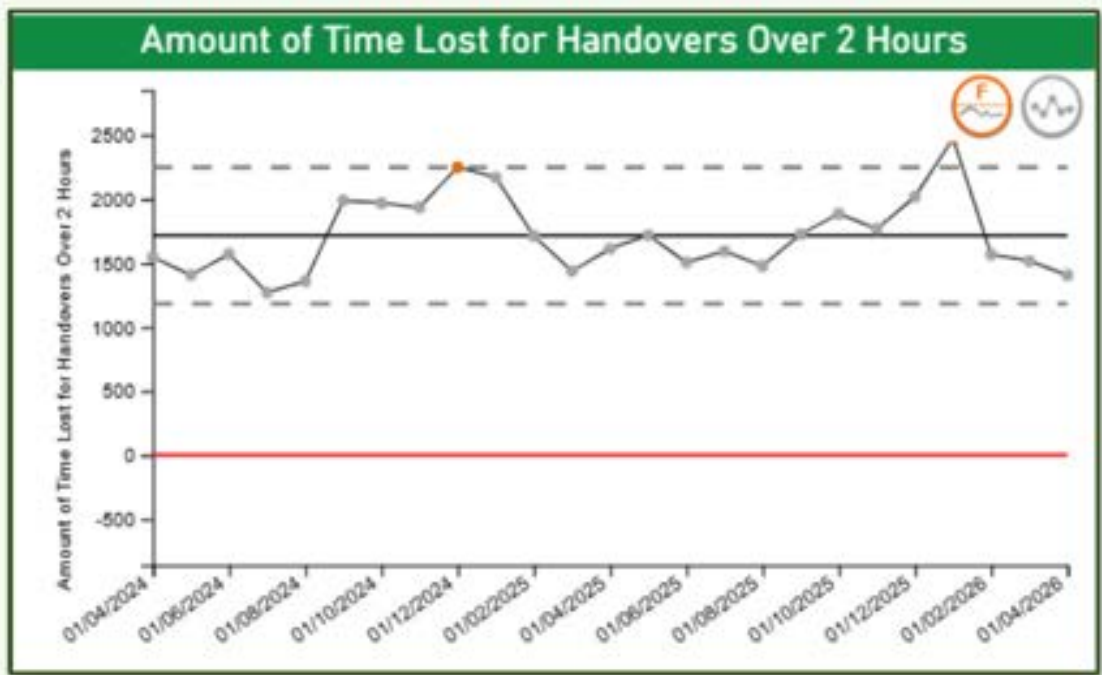
**Analyst Description:**  
Common Cause Variation with no set target

**Operational Context:**

Ambulance handovers exceeding two hours present a significant patient safety, operational, and community response risk. Patients are experiencing prolonged delays before accessing Emergency Departments.

April 2026 saw 1,405 crew hours lost due to handovers that exceeded 2-hours; equivalent to ~4 shifts per day.

27<sup>th</sup> April, saw the go live date for a regional initiative to irradiate all waits for ambulance patients in excess of 2 hours.

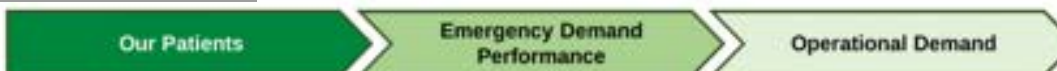


Latest Month	Measure	Target	Variation	Assurance	Mean	Lower Process Limit	Upper Process Limit
Apr-26	1,405	-			1,715	1,182	2,247



# Operational Performance

# Operational Demand



Variation

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

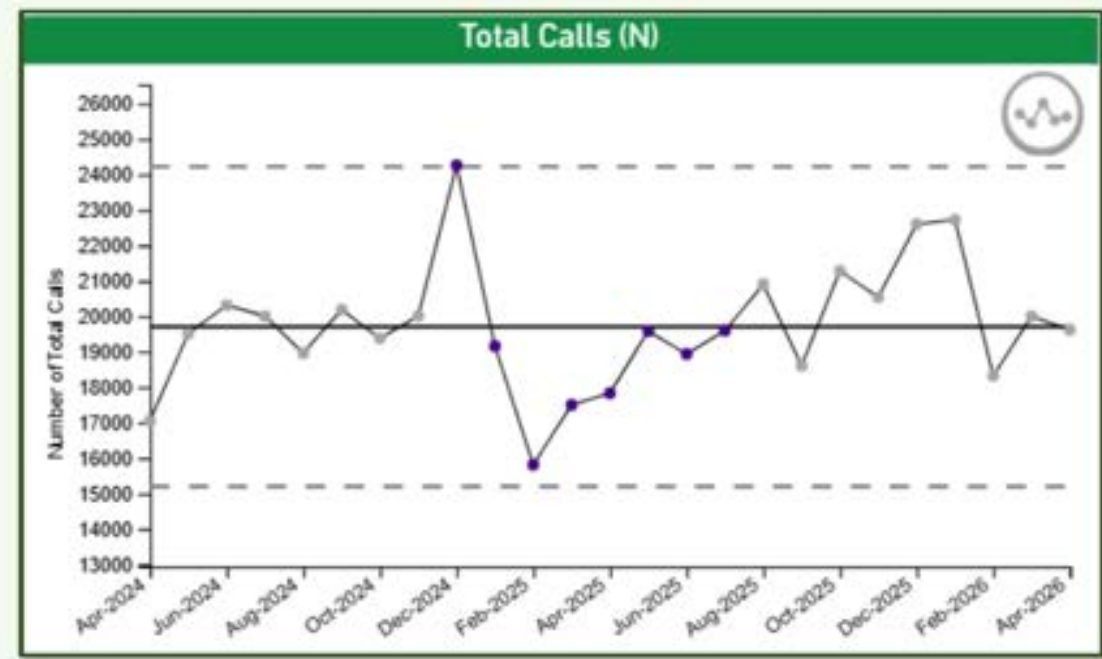
Executive Owner: Neil Sinclair

Operational Lead: Steven Carson

**Metric Description:**  
Total Number of Calls Answered

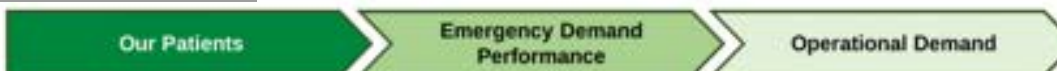
**Analyst Description:**  
This indicator is experiencing Common Cause variation and is prone to seasonal spikes during the winter months  
There is no target set for this indicator

**Operational Context:**  
  
19,623 calls were answered in April 2026 by our call handlers in the Emergency Operations Centre. This is a 2% decrease from March and equates to an average of 654 calls every 24 hours for the control room.  
  
Focus within the operations centre is ensuring that 1,820 hours of EMD cover and 840 hours of AO2 cover is maintained on a weekly basis and this is dynamically assessed and actions taken on a daily basis.  
  
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.



Latest Month	Measure	Target	Variation	Assurance	Mean	Lower Process Limit	Upper Process Limit
Apr-26	19,623	-			19,708	15,196	24,219

# Operational Demand

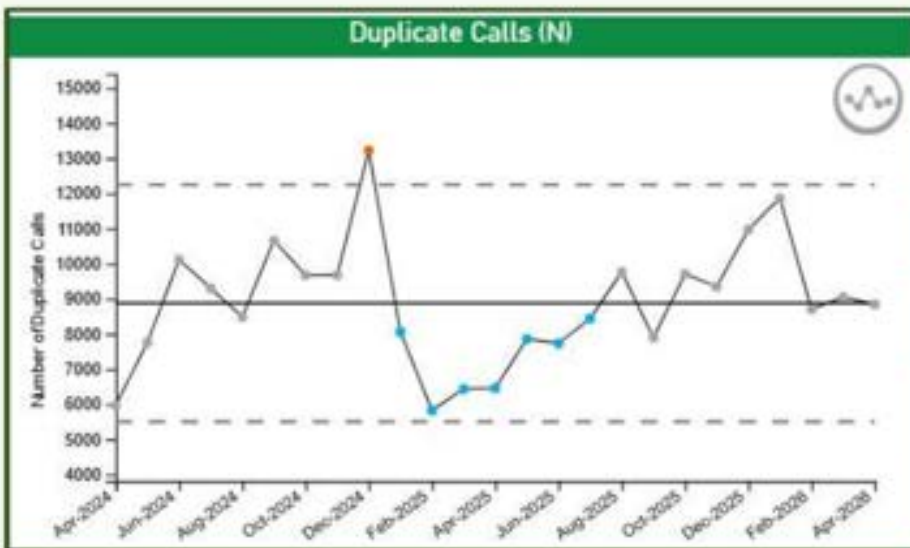


Variation

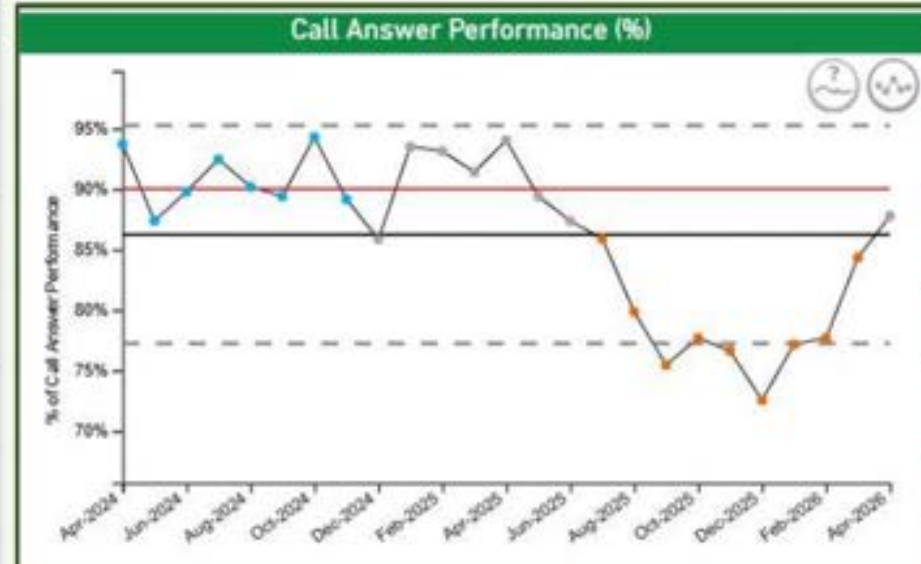
- Special Cause Concerning variation
- Special Cause Improving variation
- Common Cause
- Consistently hit target
- Hit and miss target subject to random
- Consistently miss target

Executive Owner: Neil Sinclair

Operational Lead: Steven Carson



Latest Month	Apr-26
Measure	8,844
Target	-
Variation	Common Cause
Assurance	Low
Mean	8,873
Min	5,502
Max	12,245



Latest Month	Apr-26
Measure	88%
Target	90%
Variation	Common Cause
Assurance	Low
Mean	86%
Min	77%
Max	95%

**Metric Description:**  
Duplicate calls are calls that relate to the same incident

**Analyst Description:**  
This indicator is experiencing Common Cause Variation; there is no target set for this indicator

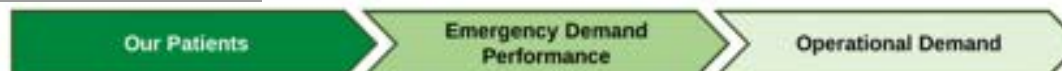
**Operational Context:**  
Elongated response times has a direct correlation with the number of duplicate calls being made into EOC. In April, 8,844 duplicate call which equates to around 295 calls in a 24hr period.

**Metric Description:**  
The % of calls answered by the EOC within 5-seconds

**Analyst Description:**  
This indicator is experiencing Common Cause Variation; with a hit-or-miss likelihood for meeting the target of 90%

**Operational Context:**  
Hours of cover in our call handling tier is critical coverage within the Control Room to deliver on our call answering performance. The operational team aspire to ensure 1,820 hours of cover are maintained on a weekly basis within EOC.

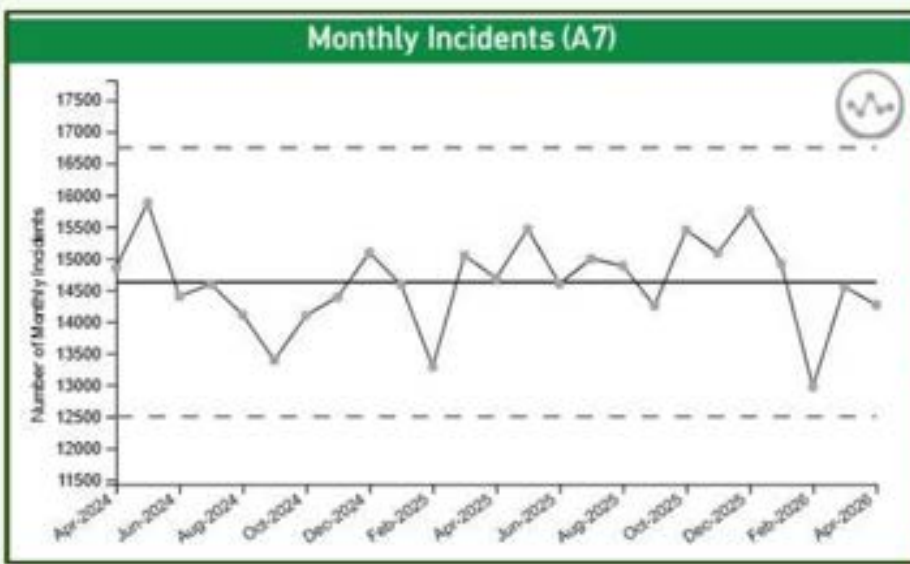
# Operational Demand



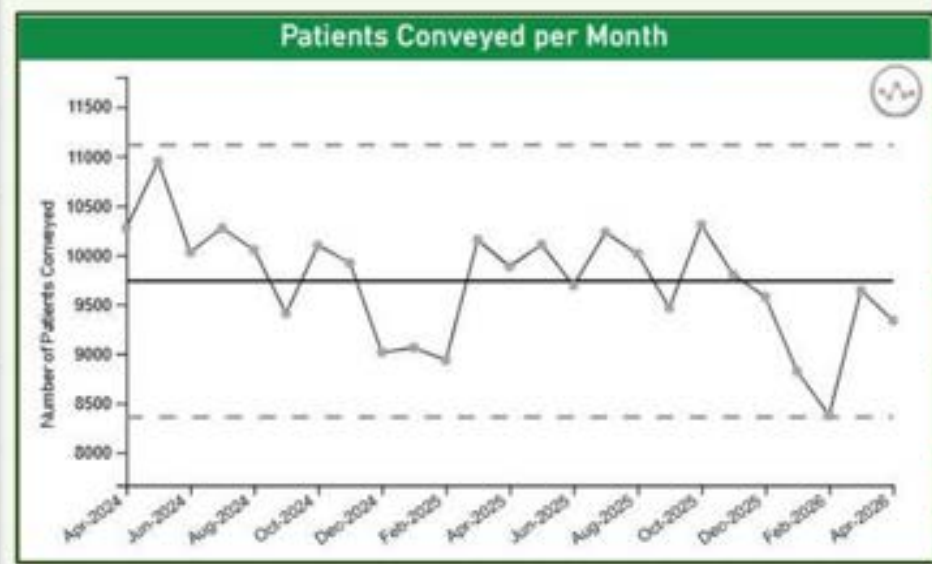
Variation

Executive Owner: Neil Sinclair

Operational Lead: Mark Cochrane & Ciaran McKenna



Latest Month	Apr-26
Measure	14,262
Target	-
Variation	
Assurance	
Mean	14,621
UCL	12,495
LCL	16,747



Latest Month	Apr-26
Measure	9,336
Target	-
Variation	
Assurance	
Mean	9,736
UCL	8,358
LCL	11,113

**Metric Description:**

The number of incidents; including those with no face-to-face response

**Analyst Description:**

This indicator is experiencing Common Cause Variation; there is no target set for this indicator

**Operational Context:**

NIAS responded to 14,133 incidents per month or 471 per day. These incidents will be resolved by our clinicians in the Control Room via telephone consultation.

At the scene, by our clinicians through referrals to alternative care pathways or through, conveying patients to Emergency Departments or other locations within acute Hospital settings.

**Metric Description:**

The number of patients conveyed to hospital (or alternative destinations) each month

**Analyst Description:**

This indicator is experiencing Common Cause Variation; there is no target set for this indicator

**Operational Context:**

Conveyances to Hospital average 9,736 patients per month or 320 patients in a 24-hour period across the region.

The last 5 data points have all been below the mean conveyance rate, if this continues for a further 2-months, this will officially be recognised as a shift in performance, with fewer patients being conveyed to hospital.

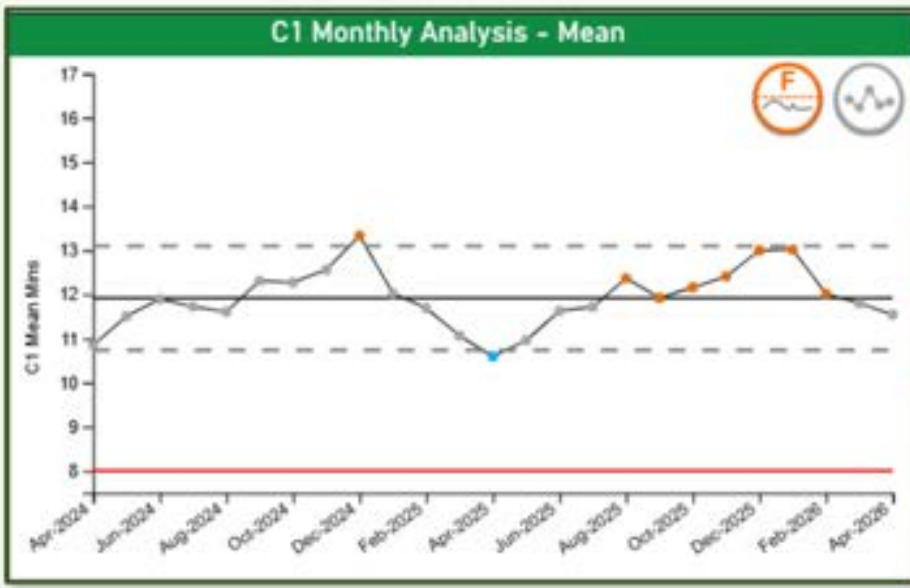
Variation



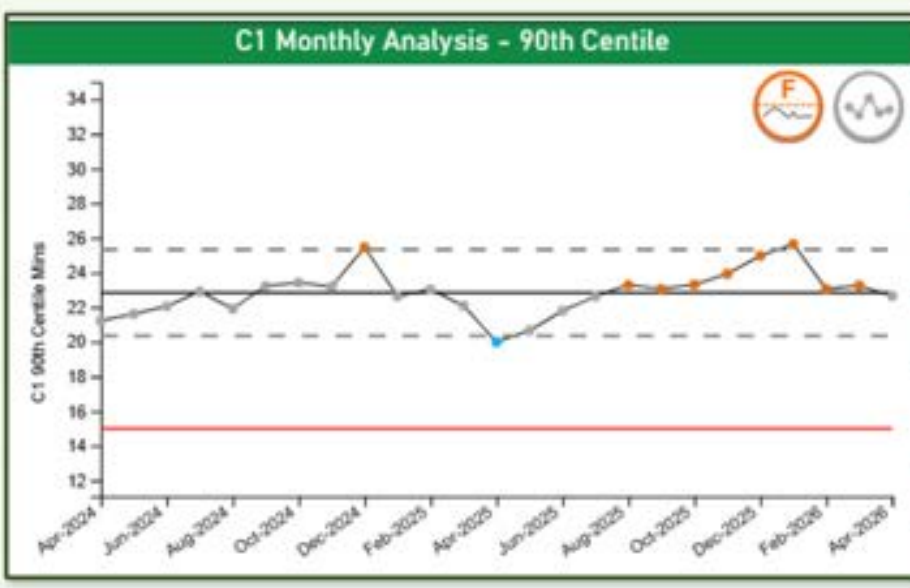
# Response Times

Executive Owner: Neil Sinclair

Operational Lead: Mark Cochrane & Ciaran McKenna



Latest Month	Apr-26
Measure	11:32
Target	08:00
Variation	
Assurance	
Mean	11:55
UCL	10:44
LCL	13:06



Latest Month	Apr-26
Measure	22:39
Target	15:00
Variation	
Assurance	
Mean	23:00
UCL	20:00
LCL	25:00

**Metric Description:**  
The mean time taken from the coding of the call as Category 1 (or 90 seconds from call connect) to arrival at scene

**Analyst Description:**  
This indicator is experiencing Common Cause Variation; and is **Consistently Failing** its target of 8-mins

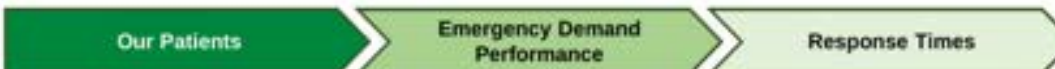
**Operational Context:**  
Category 1 performance improved slightly in April 26 to 11mins and 32 seconds which is below the mean of 12minutes.  
The main focus is to deliver on the 71 peak of day DCA vehicle deployments across the region.

**Metric Description:**  
90% of Category 1 calls were responded to within the above time each month

**Analyst Description:**  
This indicator is experiencing Common Cause Variation; and is **Consistently Failing** its target of 15-mins

**Operational Context:**  
Category 1 90<sup>th</sup> Centile decreased slightly in April 26 to just over 22mins. This represents a change from **concerning variation** to common cause variation, with the latest month falling below the average response time.

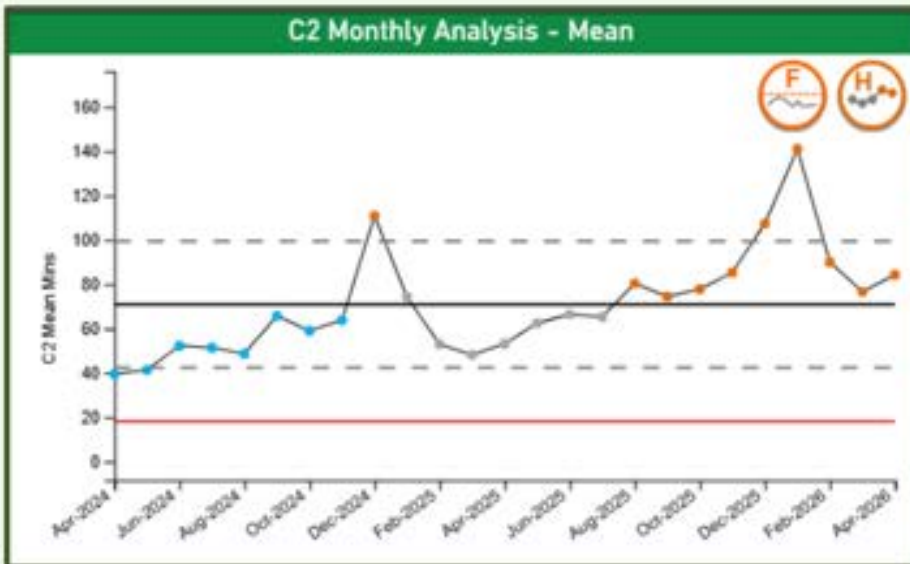
# Response Times



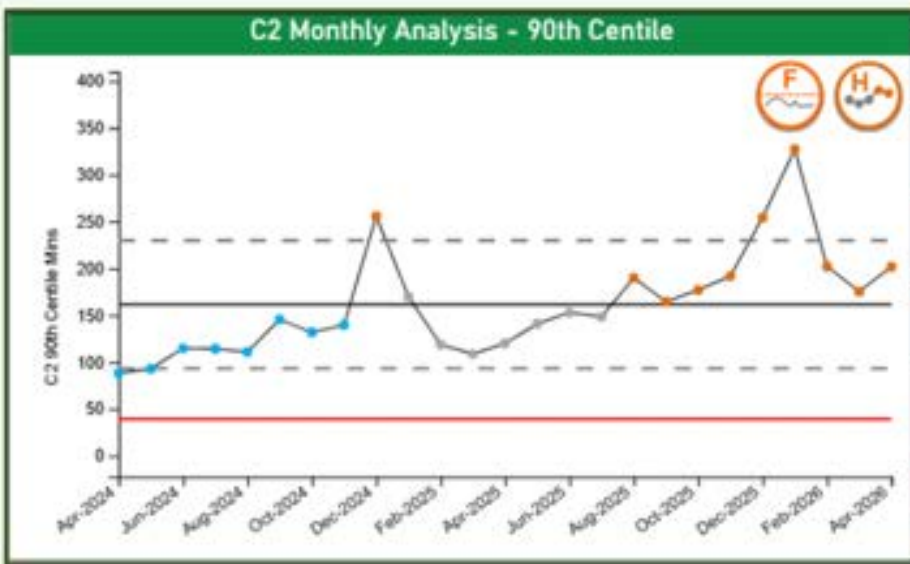
Variation

Executive Owner: Neil Sinclair

Operational Lead: Mark Cochrane & Ciaran McKenna



Latest Month	Apr-26
Metric	1:24:15
Target	18:00
Variation	Concerning
Assurance	Failing
Mean	1:10:52
50%	0:42:19
95%	1:39:24



Latest Month	Apr-26
Metric	3:22:00
Target	40:00
Variation	Concerning
Assurance	Failing
Mean	2:41:00
50%	1:33:00
95%	3:50:00

**Metric Description:**  
The mean time taken from the coding of the call as Category 2 (or 240 seconds from call connect, or first resource is assigned) to arrival at scene

**Analyst Description:**  
This indicator is experiencing **Concerning Variation**; and is **Consistently Failing** its target of 18-mins

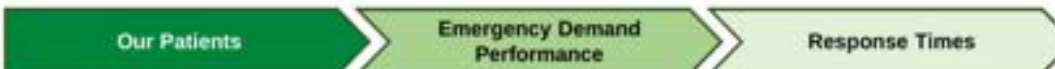
**Operational Context:**  
Category 2 Mean response increased from March's position to 1hour 24mins. However, this is above the mean and significantly above the target of 18mins. Focus within the Trust remains on maximising hours of cover and in April 26 the Trust put over 38,500 hours of cover out on the road 94% of the planned hours .

**Metric Description:**  
90% of Category 2 calls were responded to within the above time each month

**Analyst Description:**  
This indicator is experiencing **Concerning Variation**; and is **Consistently Failing** its target of 40-mins

**Operational Context:**  
Category 2 90<sup>th</sup> Centile also increased from the March position to 3hours 22mins. However, this position is above the mean for the period and significantly above the target of 40mins. The Trust continues to utilise overtime to target evenings and night shifts where we would see performance deteriorate for category 2 calls.

# Response Times

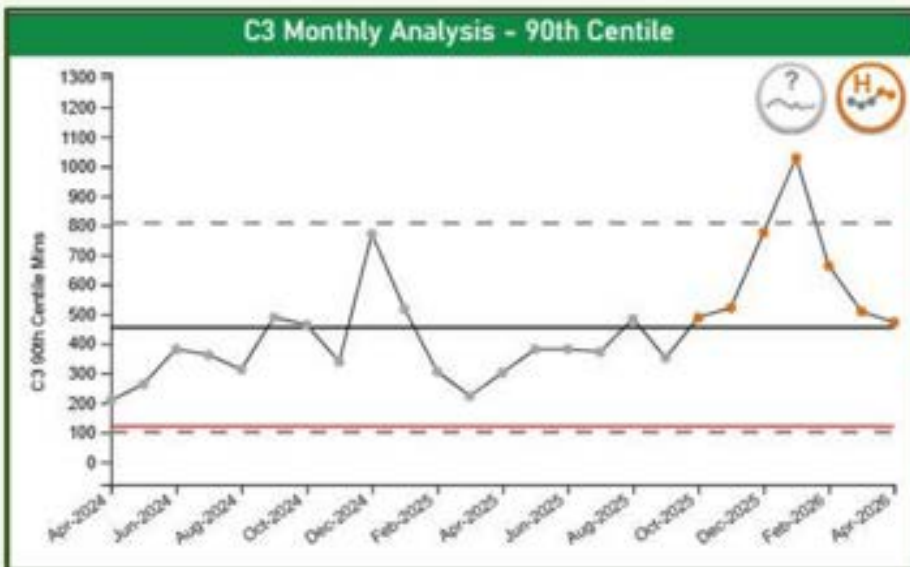


Variation

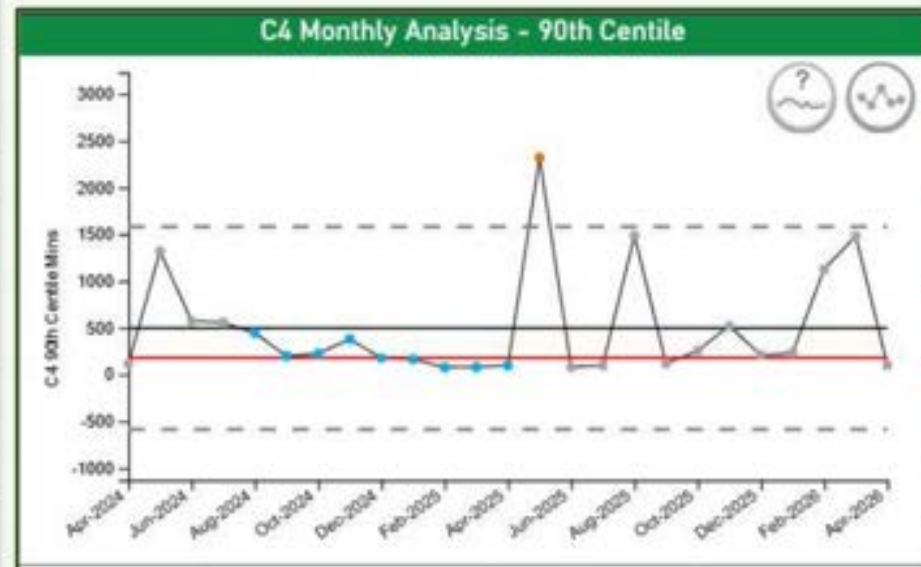
- Special Cause Concerning variation
- Special Cause Improving variation
- Common Cause
- Consistently hit target
- Hit and miss target subject to random
- Consistently miss target

Executive Owner: Neil Sinclair

Operational Lead: Mark Cochrane & Ciaran McKenna



Latest Month	Apr-26
Measure	7:51:18
Target	02:00:00
Variation	Common Cause
Assurance	Hit or Miss
Mean	7:33:00
min	01:40:00
max	13:27:00



Latest Month	Apr-25
Measure	1:40:55
Target	03:00:00
Variation	Common Cause
Assurance	Hit or Miss
Mean	8:15:00
min	-
max	23:19:00

**Metric Description:**

90% of Category 3 calls were responded to within the above time each month

**Analyst Description:**

This indicator is experiencing Common Cause Variation; and is hit-or-miss for its target of 2-hours

**Operational Context:**

Category 3 calls also saw an improved position from March 2026 to 7hrs 51mins.

**Metric Description:**

90% of Category 4 calls were responded to within the above time each month

**Analyst Description:**

This indicator is experiencing Common Cause Variation; and is hit-or-miss in its target of 3-hours

**Operational Context:**

It should 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.

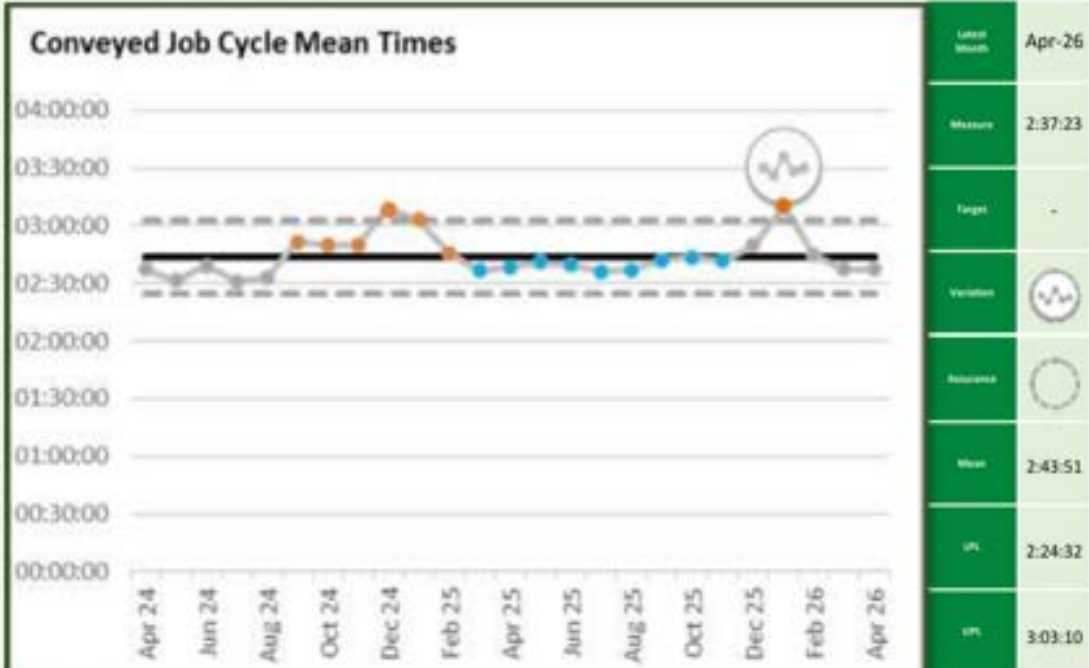
# Job Cycle Times



Variation

Executive Owner: Neil Sinclair

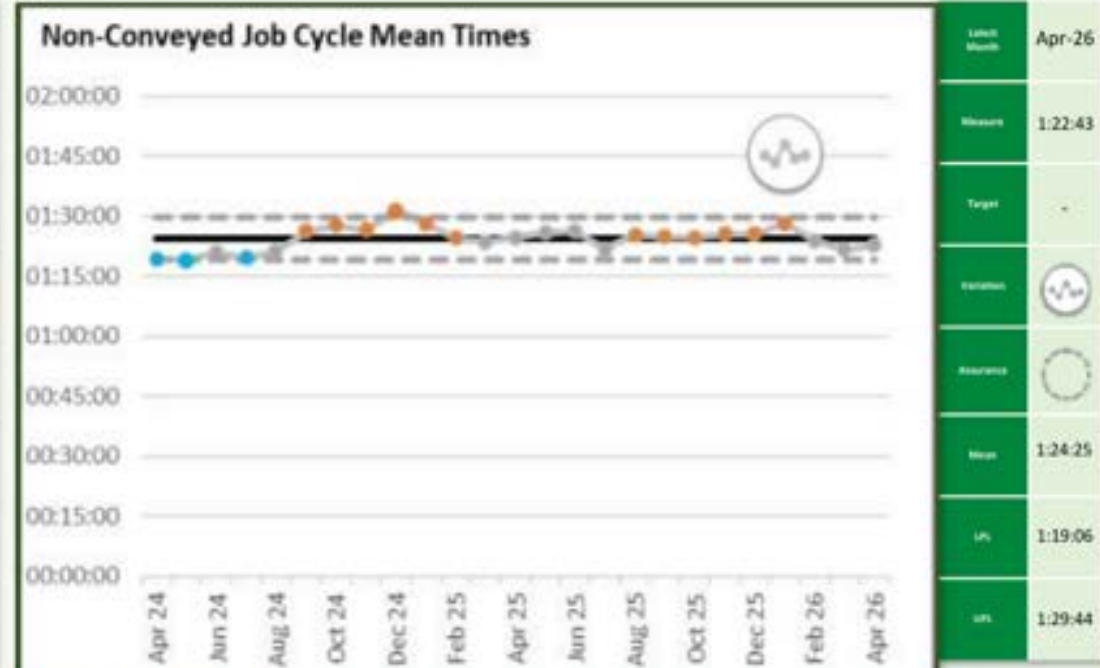
Operational Lead: Mark Cochrane & Ciaran McKenna



**Metric Description:**  
The average (mean) monthly time from allocation to clearing for all incidents in which a patient is conveyed

**Analyst Description:**  
This indicator is experiencing Common Cause Variation and has no target

**Operational Context:**  
The increase above the upper control limit in January 2026 is likely attributed with the significant increase in handover delays.



**Metric Description:**  
The average (mean) monthly time from allocation to clearing for all incidents in which a patient is not conveyed

**Analyst Description:**  
This indicator is experiencing Common Cause Variation and has no target

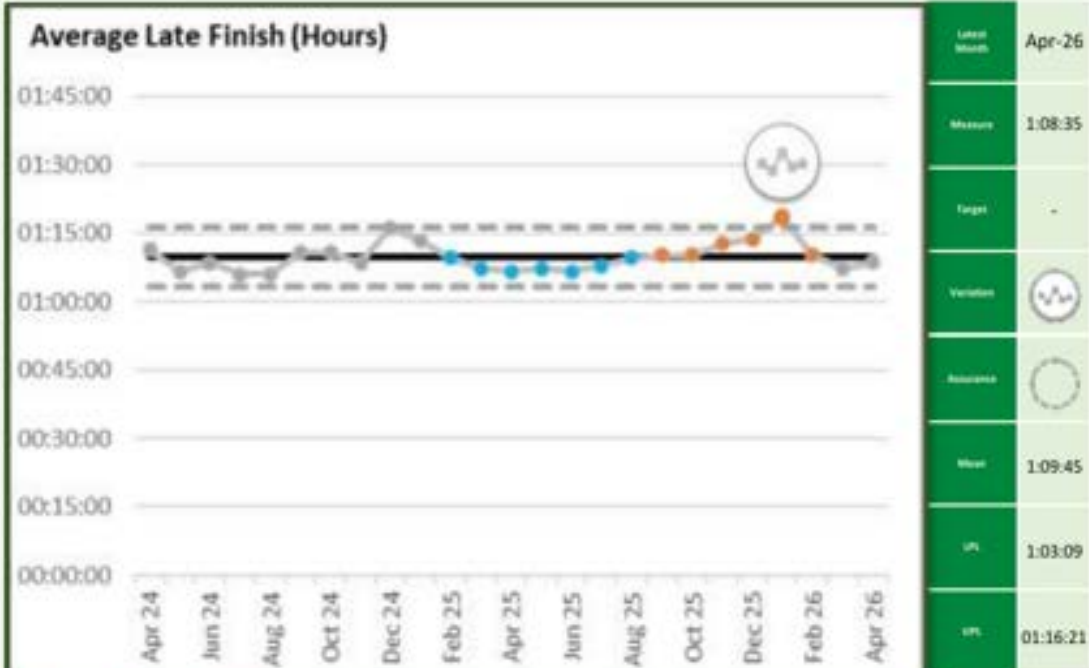
**Operational Context:**  
There is a recent movement of increasing average times for non-conveyed job cycles, drivers for this are mainly due to increased observations required from our clinical teams on scene.

Variation



Executive Owner: Neil Sinclair

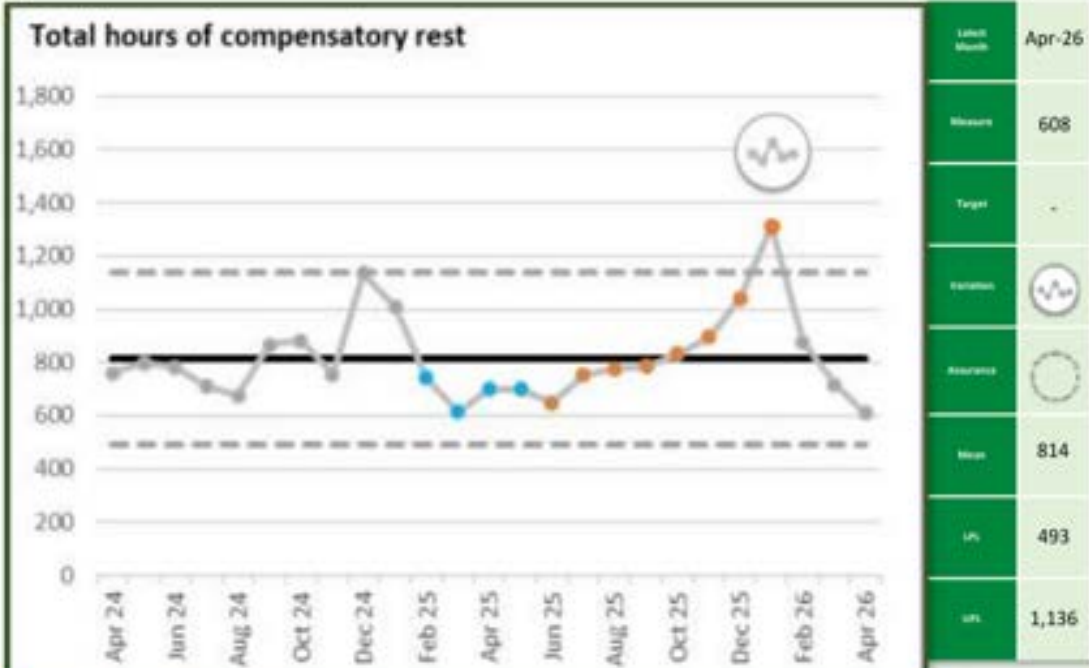
Operational Lead: Mark Cochrane



**Metric Description:**  
The average (mean) late finish of an urgent care crew

**Analyst Description:**  
This indicator is experiencing Common Cause Variation and has no target

**Operational Context:**  
Late finishes are predominately influenced by handover delays at hospital and following seasonal pressures they are returning to levels that would be expected within confidence intervals.



**Metric Description:**  
The total number of hours of compensatory rest claimed by urgent care staff

**Analyst Description:**  
This indicator is experiencing Common Cause Variation and has no set target

**Operational Context:**  
In October 2023 NIAS implemented an additional hour, for end of shift and start of the subsequent shift. Meaning staff need to have 12-hrs between the end of their shift and the start of the subsequent shift.



# Clinical Performance

# Complex Cases



Variation

Executive Owner: Neil Sinclair

Operational Lead: Karl Bloomer

**Metric Description:**  
 Numerator: the number of calls that relate to a complex case in a month;  
 Denominator: The overall number of calls into EOC

**Analyst Description:**  
 Common cause variation with no set target; performance was re-baselined from October 2025, to more accurately reflect recent performance

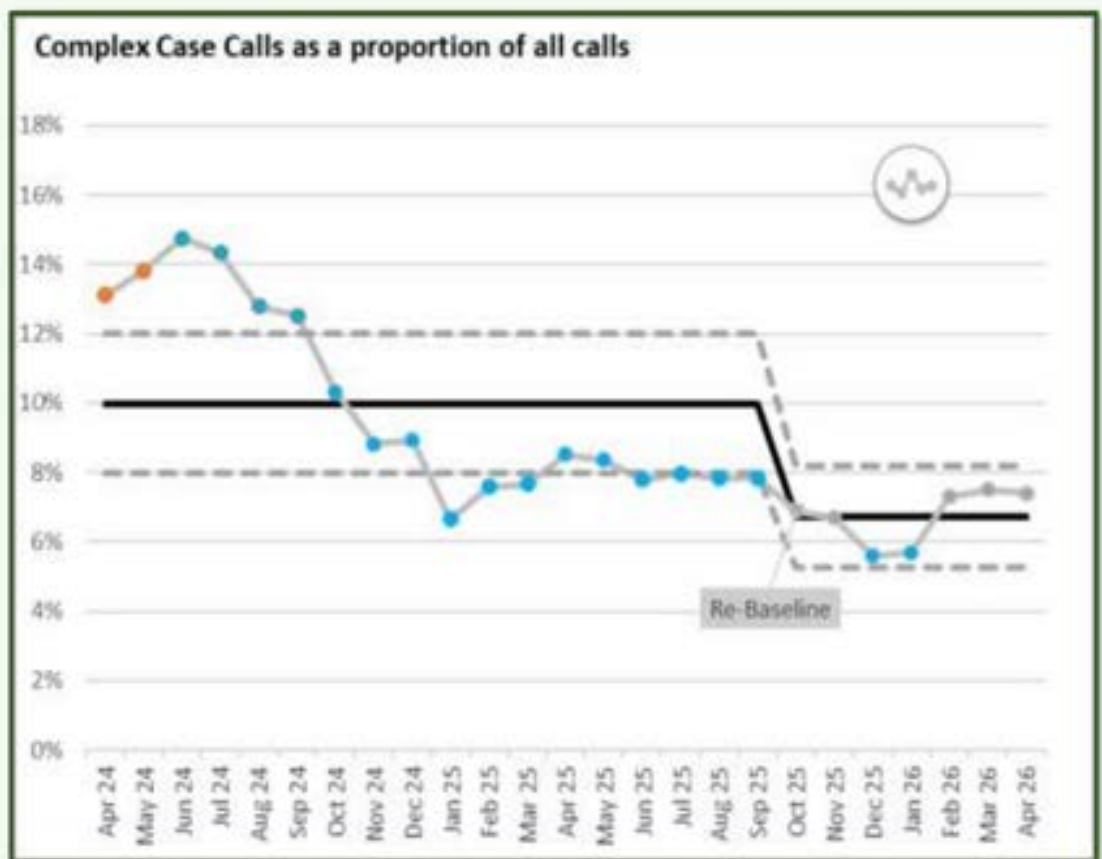
**Operational Context:**

**April 2026** saw Complex Case calls at 7.4% of all the calls answered within the Control Room, a total of 1,443 calls were made by complex cases.

There are currently 409 active frequent callers, who contributed to 6.1% (857) of incidents last month.

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.

The recent reduction in the % of calls being made by Frequent Service Users (FSUs) may, in part, be attributable to the expansion of the CCT. This increased capacity enabled the team to identify, review and proactively manage a higher number of individuals with high service utilization. It is also noteworthy that the % of calls began to rise again from January 2026 onwards, which correlates with a period of long-term sickness absence within the team. This may suggest staffing levels and available case management capacity have a direct impact on the team's ability to deliver timely interventions and sustain reductions in FSU activity. Other factors influencing recent performance are a more structured and consistent team approach to the management of FSUs and, improved relationships with statutory agencies, which has strengthened multi-agency collaboration and enabled more effective partnership working. Our focus in the last year has shifted to early intervention which has had a noticeably positive impact in supporting individuals before patterns of high service use become further established.



Latest Month	Measure	Target	Variation	Assurance	Mean	Lower Process Limit	Upper Process Limit
Apr-26	7.4%	-			6.62%	4.91%	8.32%

# Hear & Treat



Variation

- Special Cases Concerning variation
- Special Cases Improving variation
- Customer Cases
- Consistently Hit target
- Hit and miss target subject to incident
- Consistently Hit target

Executive Owner: Neil Sinclair

Operational Lead: Karl Bloomer

**Metric Description:**  
 Numerator: the count of all incidents not receiving a face-to-face response (A17)  
 Denominator: the total number of incidents (A7)

**Analyst Description:**  
 Improving variation with a shift of recent data points consistently above the mean hit or miss status on its target of 12%

**Operational Context:**

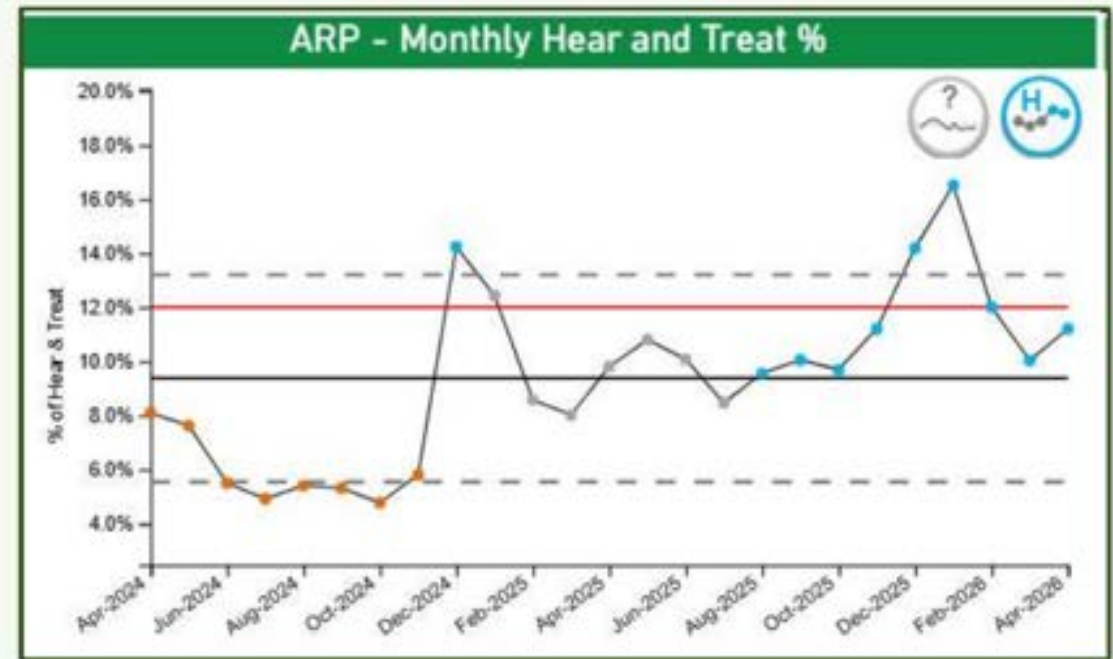
The Total Hear and Treat Rate was 11.2% in April 2026. With the clinical hear & treat rate (calls that have been resolved with clinician input) coming in at 8.1%.

Work continues to train and develop the Clinical hub to realise a continued improvement in the Trust's Hear & Treat rate as we move into the new financial year, including the development of segmentation of certain despatch codes within the Control Room.

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.

RCC facilitated fortnightly handover meetings which have a focus on H&T and S&T pathways at senior level.

The aimed improvement trajectory is to consistently reach a Hear & Treat rate of 12%, with a clinical target rate of 10%.



Latest Month	Measure	Target	Variation	Assurance	Mean	Lower Process Limit	Upper Process Limit
Apr-26	11.2%	12%	⚠️	⚠️	9.4%	5.4%	13.2%

# See & Treat



Variation

- Special Cause Concerning variation
- Special Cause Improving variation
- Common Cause
- Consistently Hit target
- Hit and miss target added to control
- Consistently Hit target

Executive Owner: Neil Sinclair

Operational Lead: Karl Bloomer

**Metric Description:**  
 Numerator: count of incidents with face-to-face response, but no patients transported  
 Denominator: the total number of incidents (A7)

**Analyst Description:**  
 Common cause variation and **consistently passing** its target of 21.7%

**Operational Context:**

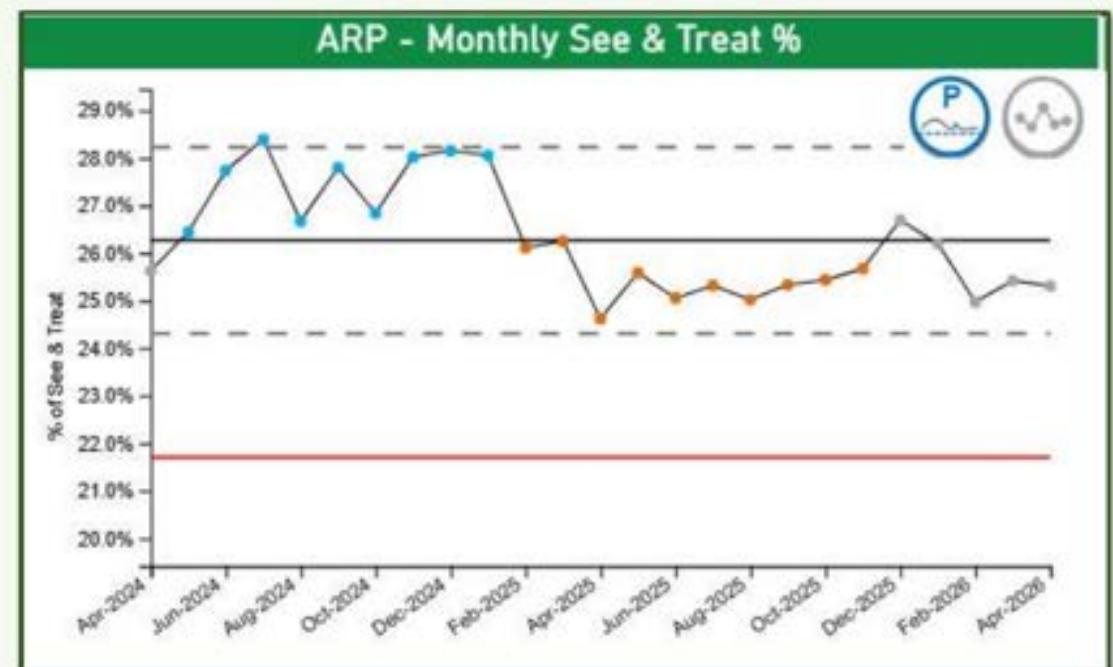
The total See & Treat rate was 25.3% for April 2026. With the clinical See & Treat rate totalling 11.3%.

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.

RCC facilitated fortnightly handover meetings which have a focus on H&T and S&T pathways at senior level.

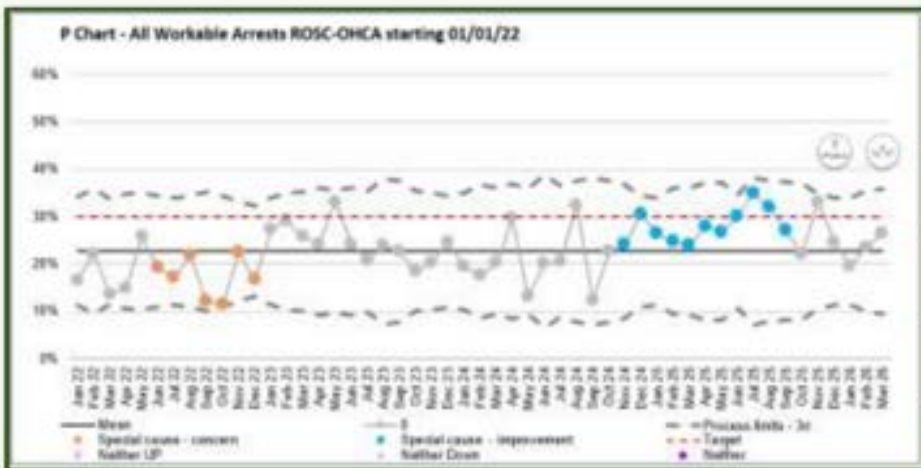
The aimed improvement trajectory is to maintain total See & Treat at 21.7%.



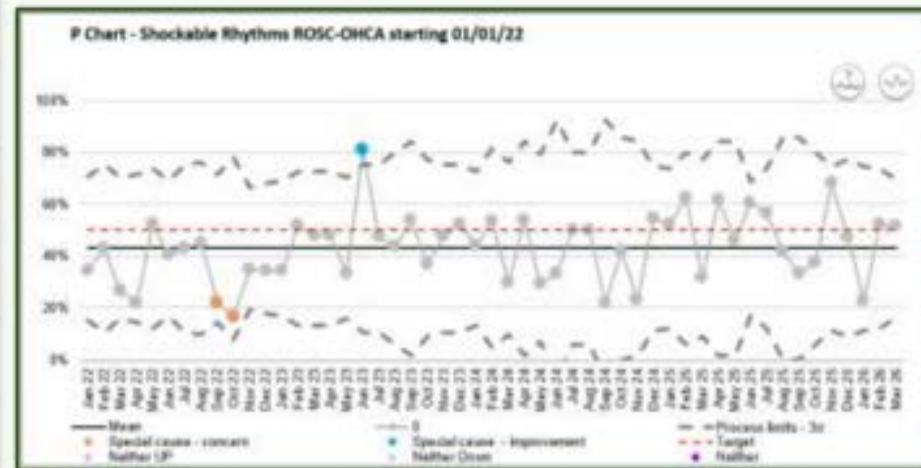
Latest Month	Measure	Target	Variation	Assurance	Mean	Lower Process Limit	Upper Process Limit
Apr-26	25.3%	21.7%			25.44%	24.3%	28.3%

Executive Owner: Neil Sinclair

Operational Lead: Simon Fell



Latest Month	Mar-26
Measure	26.4%
Target	30%
Variation	
Assurance	
Mean	22.6%
1σ	9.5%
3σ	35.8%



Latest Month	Mar-26
Measure	51.6%
Target	50%
Variation	
Assurance	
Mean	43.0%
1σ	16.4%
3σ	69.7%

**Metric Description:**

**Numerator:** Total ROSC at handover; **Denominator:** Total Workable Arrests

**Analyst Description:**

Common cause variation with a hit-or-miss likelihood of meeting the 30% target. A P-Chart has been used to indicate performance for this indicator due to significant fluctuations in the size of the denominator, hence the variation in control limits.

**Operational Context:**

The impact of a 5-year education plan delivery has likely caused the improvement seen above, particularly from November 2024 to September 2025. Recent response time challenges are likely impacting this indicator in recent months and will be closely monitored in coming months with the implementation of Release to Rescue.

**Metric Description:**

**Numerator:** Total workable arrests (shockable rhythm); **Denominator:** Presenting Rhythm VT & VF

**Analyst Description:**

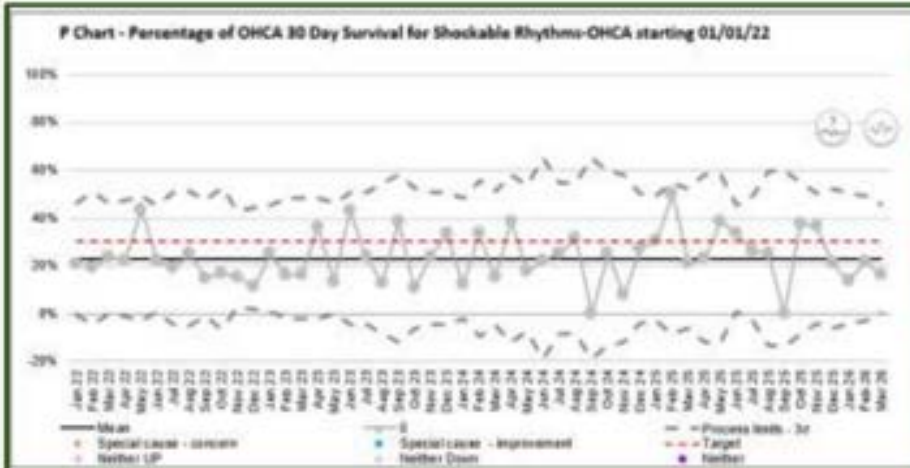
Common cause variation with a hit-or-miss likelihood of meeting the 50% target. A P-Chart has been used to indicate performance for this indicator due to significant fluctuations in the size of the denominator, hence the variation in control limits.

**Operational Context:**

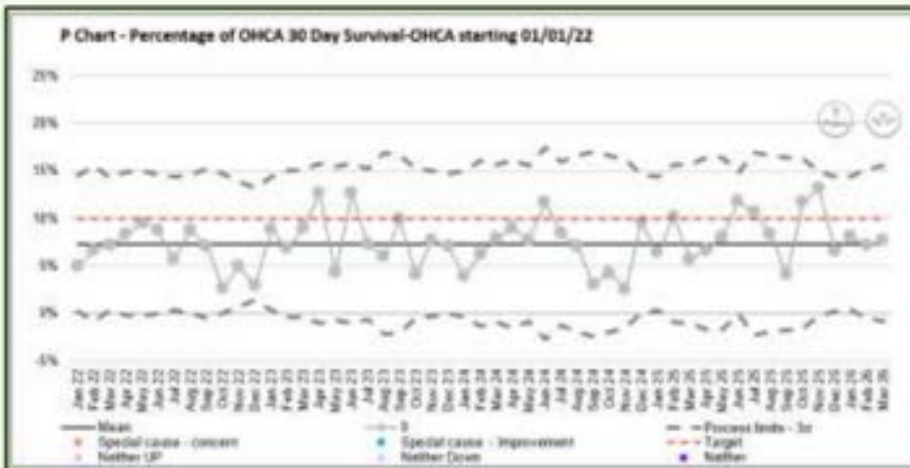
Improvement in this patient cohort has been impressive, and further work is ongoing to understand how to make these outcomes more consistent and optimise all ROSC opportunities and how this is impacted by wider organisational and system demands. The goal of 50% is taken from other UK Trusts outcome performance.

Executive Owner: Neil Sinclair

Operational Lead: Simon Fell



Latest Month	Mar-26
Measure	16.1%
Target	30%
Variation	
Assurance	
Mean	23.0%
LPI	3.6%
UPL	45.7%



Latest Month	Mar-26
Measure	7.7%
Target	10%
Variation	
Assurance	
Mean	7.3%
LPI	-0.9%
UPL	15.5%

**Metric Description:**

**Numerator:** VF + VT Survival to 30 days; **Denominator:** Total Presenting at handover VT & VF

**Analyst Description:**

Common cause variation with a hit-or-miss likelihood of meeting the 30% target. A P-Chart has been used to indicate performance for this indicator due to significant fluctuations in the size of the denominator, hence the variation in control limits.

**Operational Context:**

Ongoing education and the continued use of an updated checklist aims to assist clinicians in making more systematic, evidenced based clinical decisions on scene.

**Metric Description:**

**Numerator:** Total workable OHCA; **Denominator:** Total survival to 30 days

**Analyst Description:**

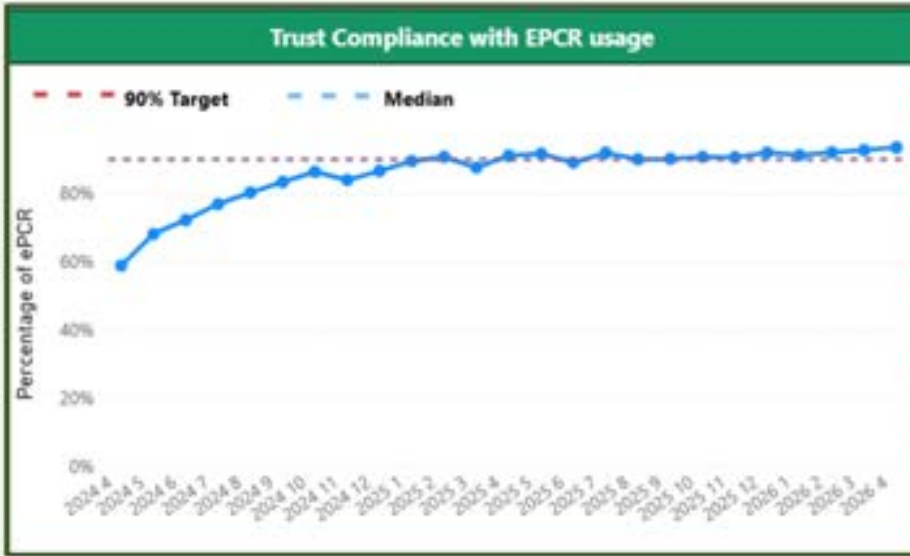
Common cause variation with a hit-or-miss likelihood of meeting the 10% target. A P-Chart has been used to indicate performance for this indicator due to significant fluctuations in the size of the denominator, hence the variation in control limits.

**Operational Context:**

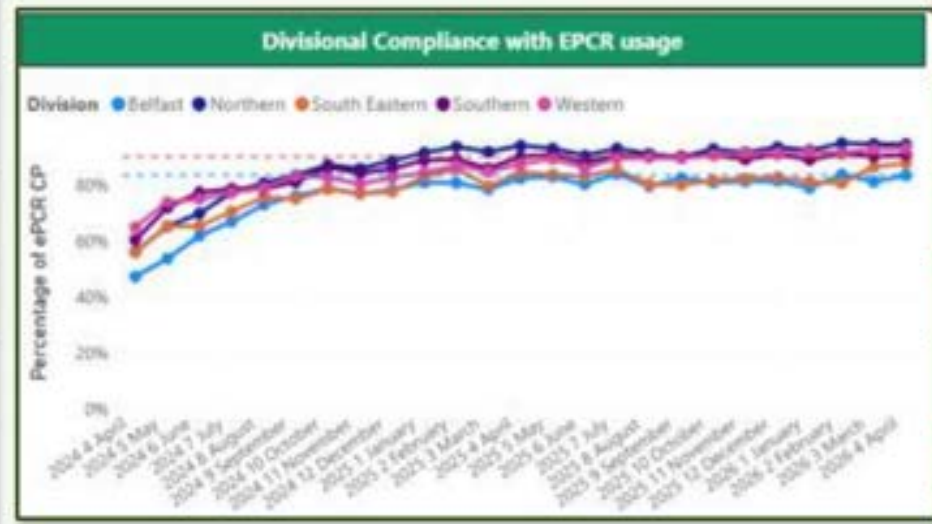
Varying survival rates continues to be presumably attributed to varying response times and wider system pressures. For every minute without CPR and defibrillation, the chance of survival decreases by about 10%. Therefore, work is ongoing to better understand external factors that may contribute to these results.

Executive Owner: Neil Sinclair

Operational Lead: Simon Fell



Latest Month	Mar-26
Measure	93%
Target	90%
Variation	○
Assurance	○
Mean	81%
UP	-
UP	-



Latest Month	Mar-26
Measure	-
Target	90%
Variation	○
Assurance	○
Mean	81%
UP	-
UP	-

**Metric Description:**  
The usage of ePCR for every incident across the Trust

**Analyst Description:**  
FY25/26 has been steadily meeting of the 90% compliance target across the Trust

**Operational Context:**  
The usage of electronic patient record is a key enabler of the Trust to understand clinical outcomes for patients. This will ensure we make the most appropriate response to patients making the most of our resources and capacity to respond to our most critical patients. The ePCR team continue to support these objectives, through the ELD and Operations directorate.

**Metric Description:**  
The usage of ePCR for every incident, broken down by division

**Analyst Description:**  
Belfast and South Eastern divisions are below the expected compliance target of 90%

**Operational Context:**  
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. The ePCR software and hardware are operating to their designed specifications across the region. Operational utilisation of ePCR is scope of the ePCR team.



# HEMs Cover



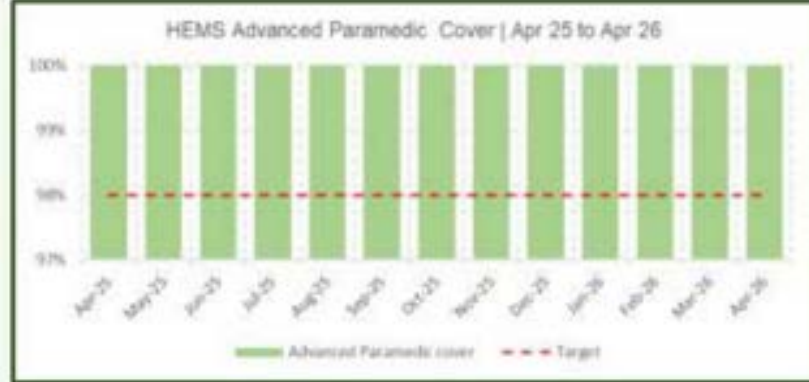
Executive Owner: Neil Sinclair

Operational Lead: Glenn O'Rorke

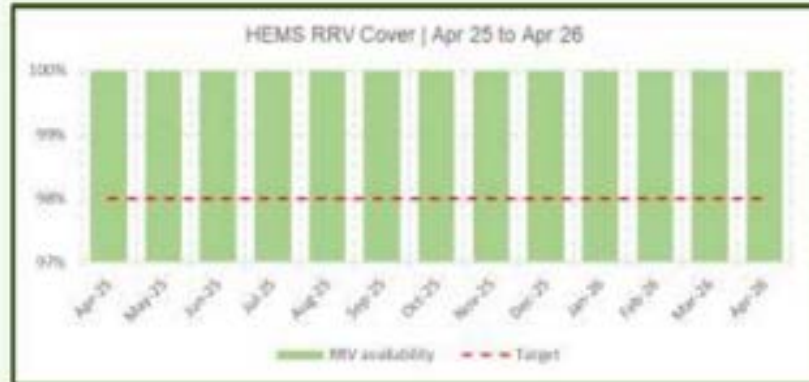


**Metric Description:**  
The coverage of HEMs across Consultant, AP, Air desk and RRV cover

**Analyst Description:**  
Consistent coverage of 100% for all months of 25/26, excluding April 2025 consultant cover which dropped to 97%



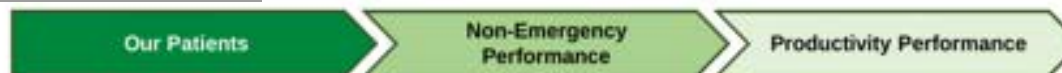
**Operational Context:**  
The Helicopter Emergency Service has a target of 98% cover for all the elements that make up the service. These core elements of the service ensure HEMS can be dispatched appropriately by the airdesk, by either the dedicated HEMS rapid response vehicle (RRV) or by helicopter, to provide Consultant and Advanced Paramedic level assessment and treatment, to the most seriously ill and injured patients across Northern Ireland. From April 25 to March 26 HEMS were dispatched on 622 missions.





# Scheduled Care Performance

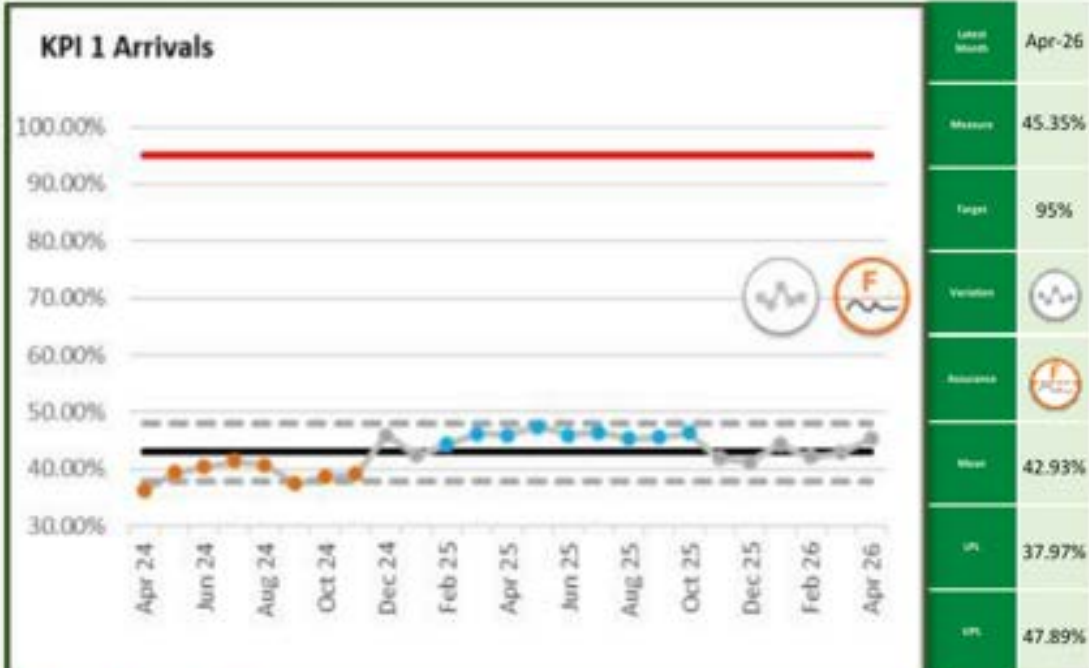
# Scheduled Care



Variation

Executive Owner: Neil Sinclair

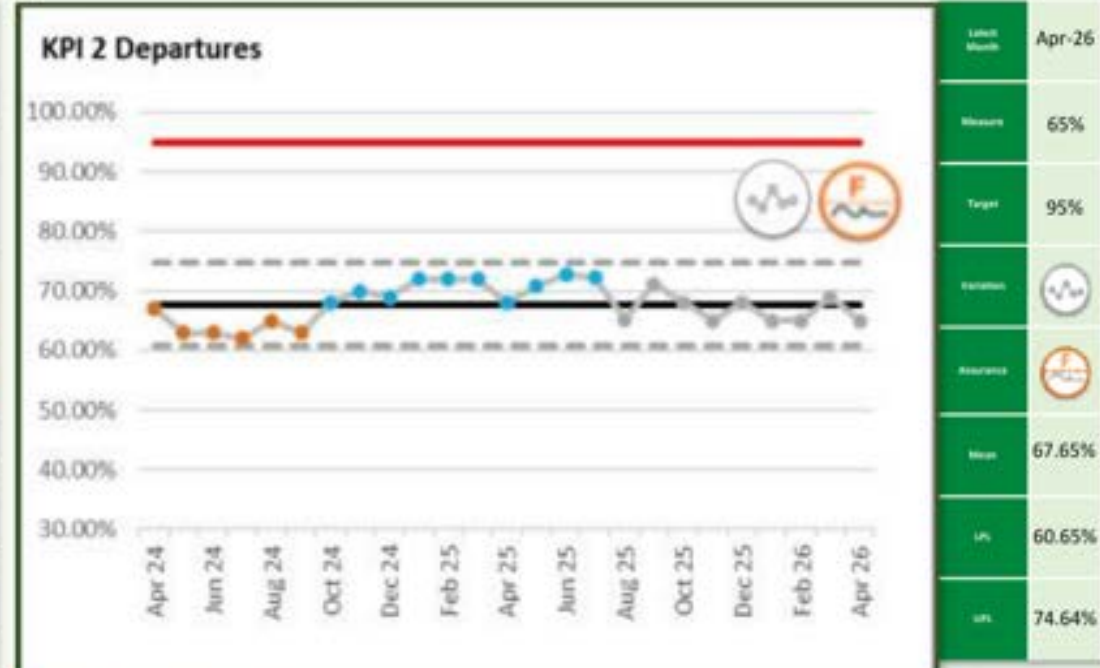
Operational Lead: Neil Duncan



**Metric Description:**  
% of inward journeys that arrive within 60mins prior to an appointment time (IAs and PCS)

**Analyst Description:**  
Common cause variation with a **consistently failing** status of meeting the 95% target

**Operational Context:**  
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.

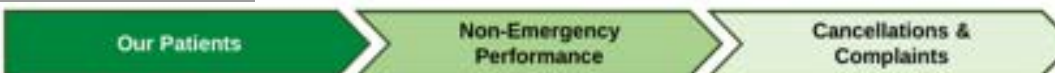


**Metric Description:**  
% of outward journeys that start within 6mins of the patient being booked as ready by the clinic / hospital

**Analyst Description:**  
Common cause variation with a **consistently failing** status of meeting the 95% target

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

# Scheduled Care



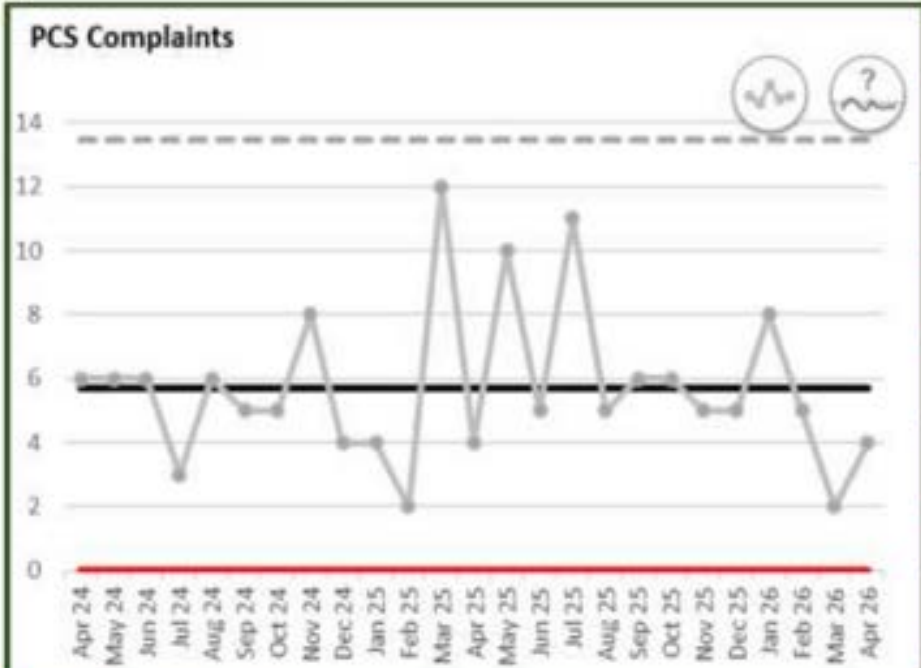
Variation

Executive Owner: Neil Sinclair

Operational Lead: Neil Duncan



Latest Month	Apr-26
Measure	1,278
Target	438
Variation	Special Cause Concerning variation
Assurance	Consistently Miss target
Mean	612
LPI	325
UPL	899



Latest Month	Apr-26
Measure	4
Target	0
Variation	Common Cause
Assurance	Consistently Miss target
Mean	6
LPI	0
UPL	13

**Metric Description:**  
Number of cancellations made by PCS due to unavailability of resources

**Analyst Description:**  
Concerning variation with a hit-or-miss status of meeting the target of 438 cancellations per month

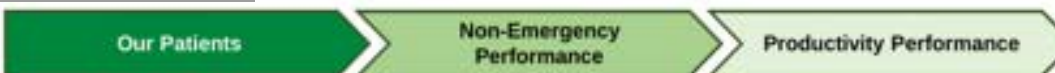
**Operational Context:**  
Cancellations linked to NIAS-controlled factors (e.g., planning and resource availability) remain a challenge, with improvements seen in 2024/25 not sustained due to external pressures such as GP withdrawal of booking services and reduced IAS usage for cost efficiency.  
Mitigation actions continue, with a clear commitment to protect priority cohorts (renal and CA patients) and active engagement with Trusts to agree outpatient prioritisation approaches

**Metric Description:**  
Number of complaints received by NEOC

**Analyst Description:**  
Common cause variation with a hit-or-miss status of meeting the 95% target

**Operational Context:**  
3 complaints were made regarding the cancellation or non-provision of transport, and a single complaint was made regarding a transport arriving late.

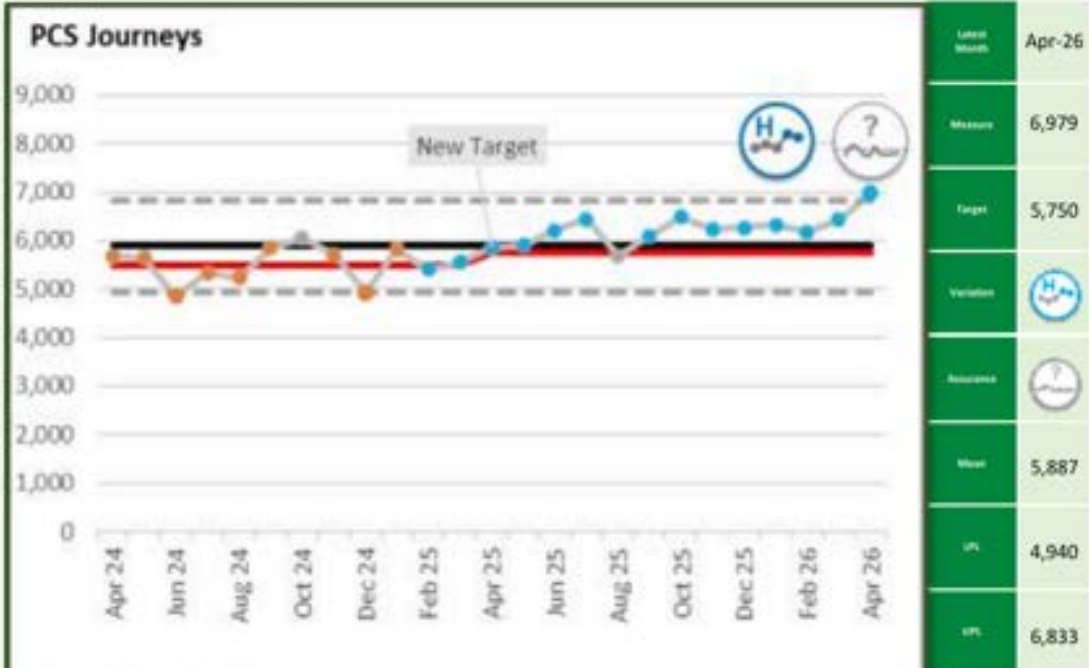
# Scheduled Care



Variation

Executive Owner: Neil Sinclair

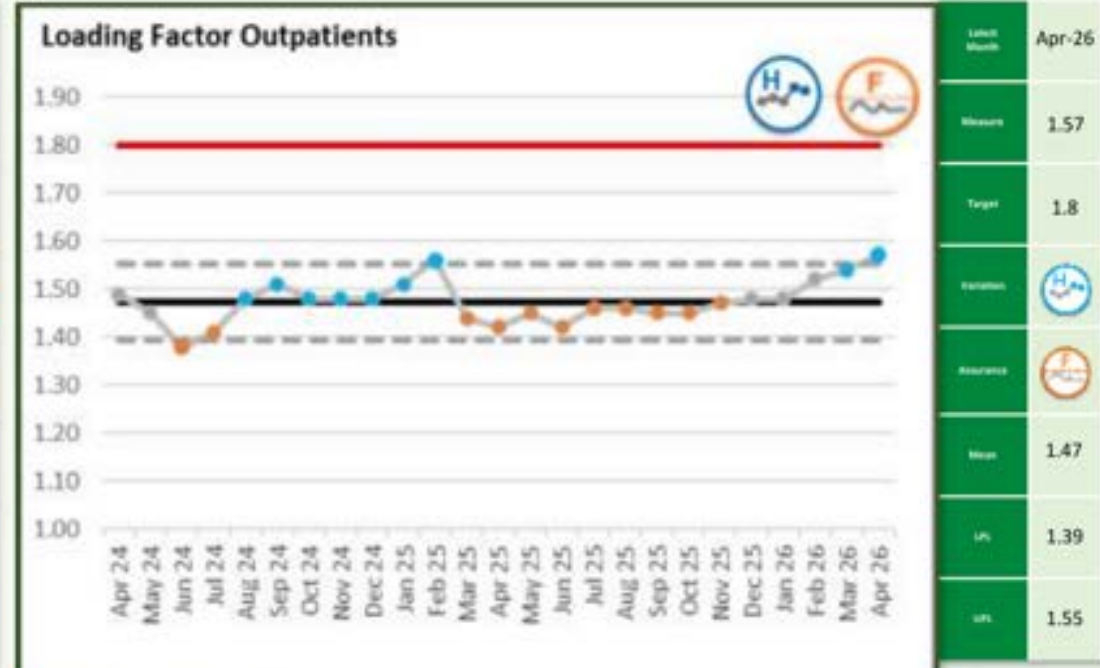
Operational Lead: Neil Duncan



**Metric Description:**  
Journeys completed by the PCS (directly provided by NIAS) element of Scheduled Care

**Analyst Description:**  
Improving variation with a hit-or-miss status of meeting the target of 5750 journeys per month

**Operational Context:**  
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 for PCS efficiency has been set as 5% above the level achieved in 2024/25. This revised target was set in April 2025.



**Metric Description:**  
The average number of patients transported in a single journey, including only outpatient appointments

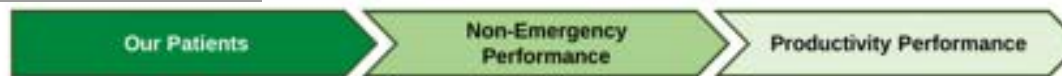
**Analyst Description:**  
Improving variation with a consistently failing status of meeting the 1.8 journeys per run target

**Operational Context:**  
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.



# Independant Ambulance Performance

# Scheduled Care



Variation

Executive Owner: Neil Sinclair

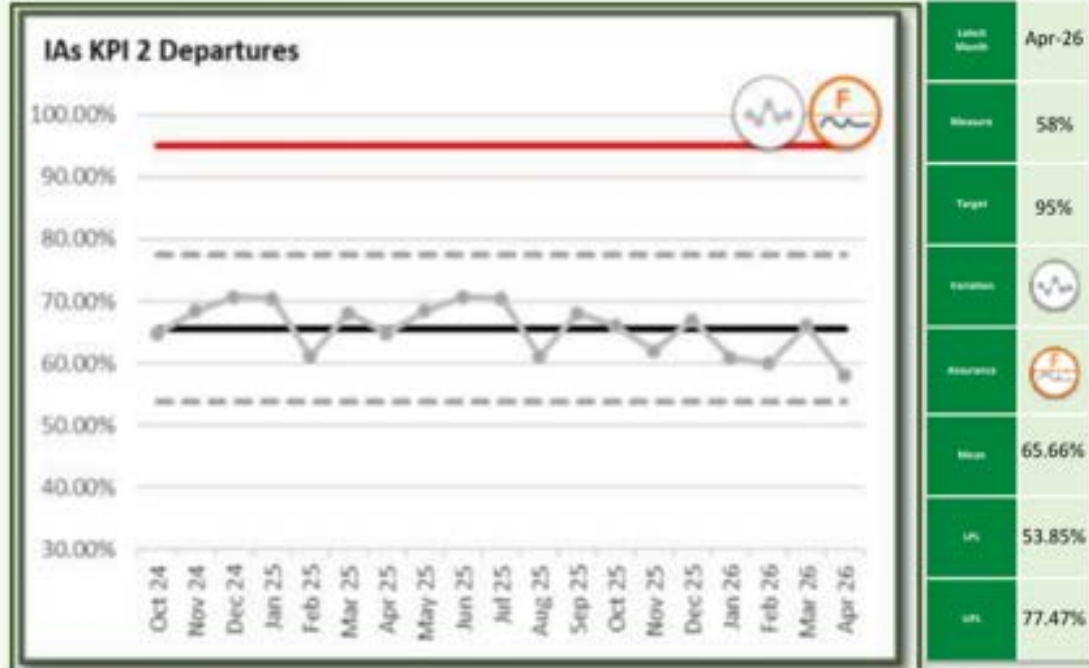
Operational Lead: Neil Duncan



**Metric Description:**  
% of inward journeys that arrive within 60mins prior to an appointment time (IA Only)

**Analyst Description:**  
Improving variation with a consistently failing status of meeting the 95% target

**Operational Context:**  
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.  
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.

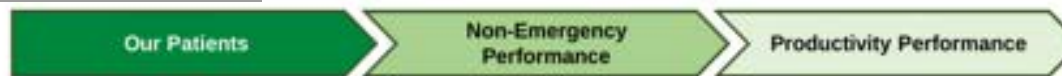


**Metric Description:**  
% of outward journeys that start within 6mins of the patient being booked as ready by the clinic / hospital (IA only)

**Analyst Description:**  
Common cause variation with a consistently failing status of meeting the 95% target

**Operational Context:**  
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

# Scheduled Care

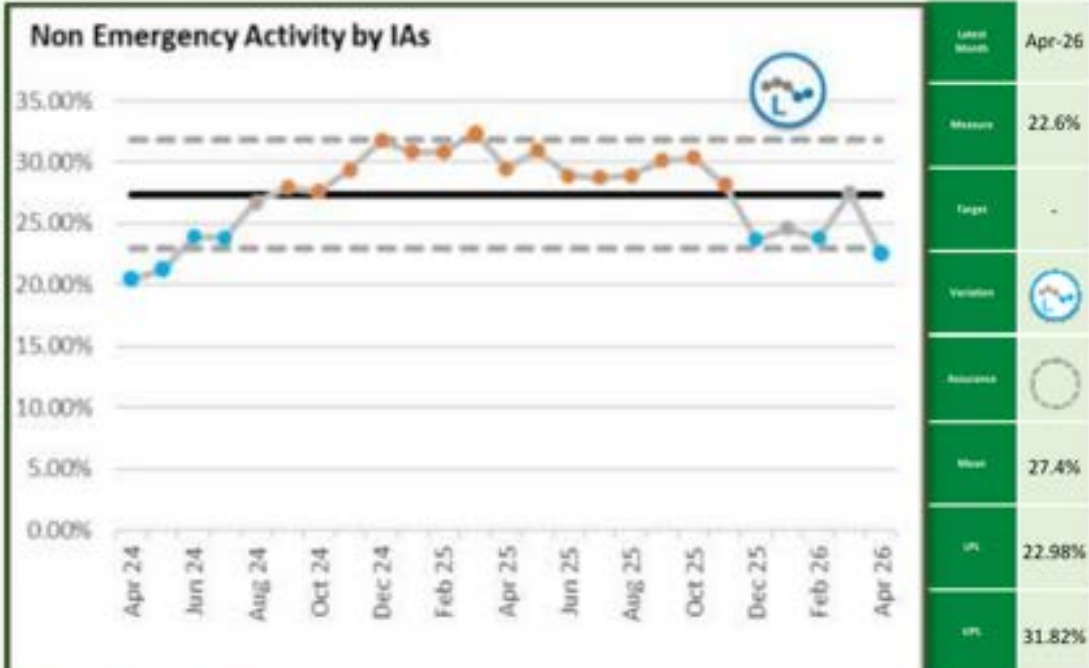


Variation

- Special Cases Concerning variation
- Special Cases Improving variation
- Common Cause
- Consistently Hit target
- Hit and miss target subject to variation
- Consistently Hit target

Executive Owner: Neil Sinclair

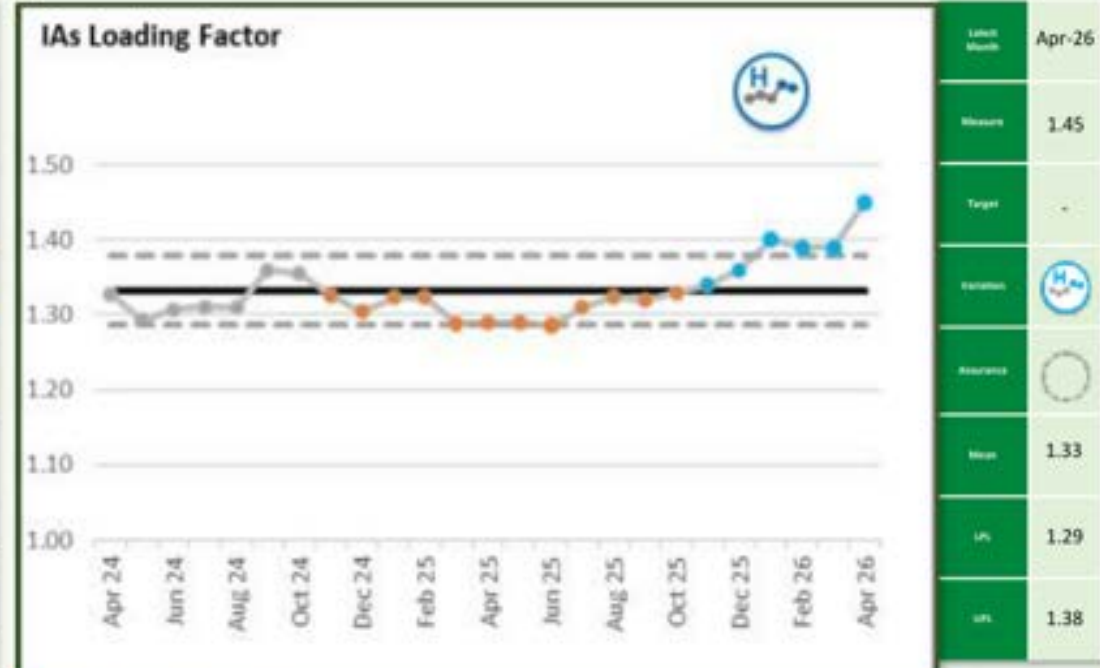
Operational Lead: Neil Duncan



**Metric Description:**  
Journeys completed by the IAS as a proportion of all journeys

**Analyst Description:**  
Improving variation with no specific target

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



**Metric Description:**  
The average number of patients transported in a single journey for all appointments

**Analyst Description:**  
Improving variation with no specific target

**Operational Context:**  
The rise in journey efficiency of Independent Ambulances has yet to be established, the outpatient loading factor is 1.84, which surpasses the overall service target of 1.8.  
*Note the chart above is for all appointments and not just outpatient appointments.*



# Service, Quality and Our People

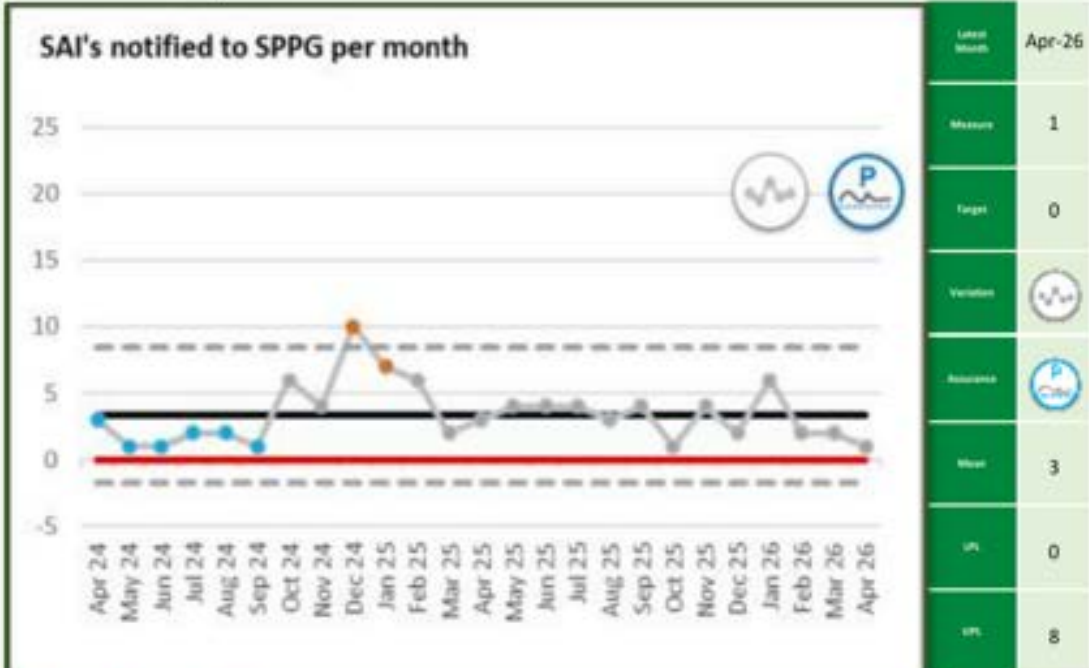
# Serious Adverse Incidents



Variation

Executive Owner: *Lynne Charton*

Operational Lead: *Audrey Murdoch*



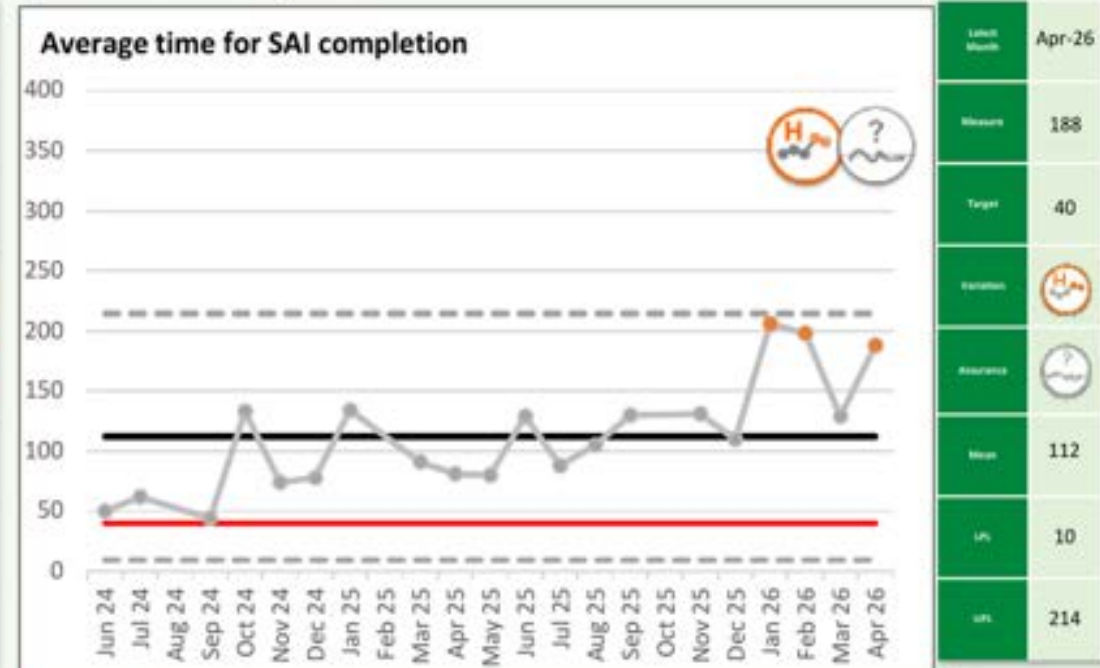
**Metric Description:**  
Count of Serious Adverse Incidents notified by the Trust by month based on incident date

**Analyst Description:**  
Common cause variation with the status of **consistently passing** the target of 0

**Operational Context:**

**Serious Adverse Incidents**

- 20 potential SAIs reviewed in March, resulting in 1 SAI notification to SPPG.
- 18 SAIs ongoing (all Level 1); 9 overdue, reduced from 11 previously.



**Metric Description:**  
Count of average days for completion of SAI

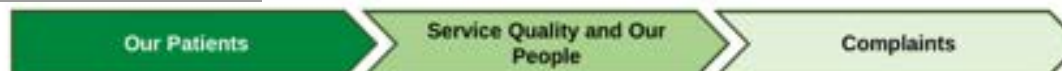
**Analyst Description:**  
**Concerning variation** with a status of hit or miss on the target of 40 days

**Operational Context:**

**Timeliness of Process**

- 100% of SAIs notified to SPPG within the 72-hour KPI.
- Target completion time of 40 days as per Regional SAI Procedure. Average completion time has been increasing since Jan 2026 with sustained REAP 4 and competing demands on staff allocated to complete reviews listed as factors influencing delay in completion.
- Average time for completion of initial family engagement has shown sustained improvement in Feb & Mar 2026 following delivery of SAI training in January 2026 and has fallen below the target of 10 days on 2 consecutive months.

# Complaints



Variation

Executive Owner: Lynne Charton

Operational Lead: Clare McVeigh

**Metric Description:**  
Count of complaints received by NIAS by month

**Analyst Description:**  
Common cause variation with no set target

**Operational Context:**

During April 2026, **18 complaints** were received and **1 NIPSO complaint** was escalated to Stage 3 Further Investigation.

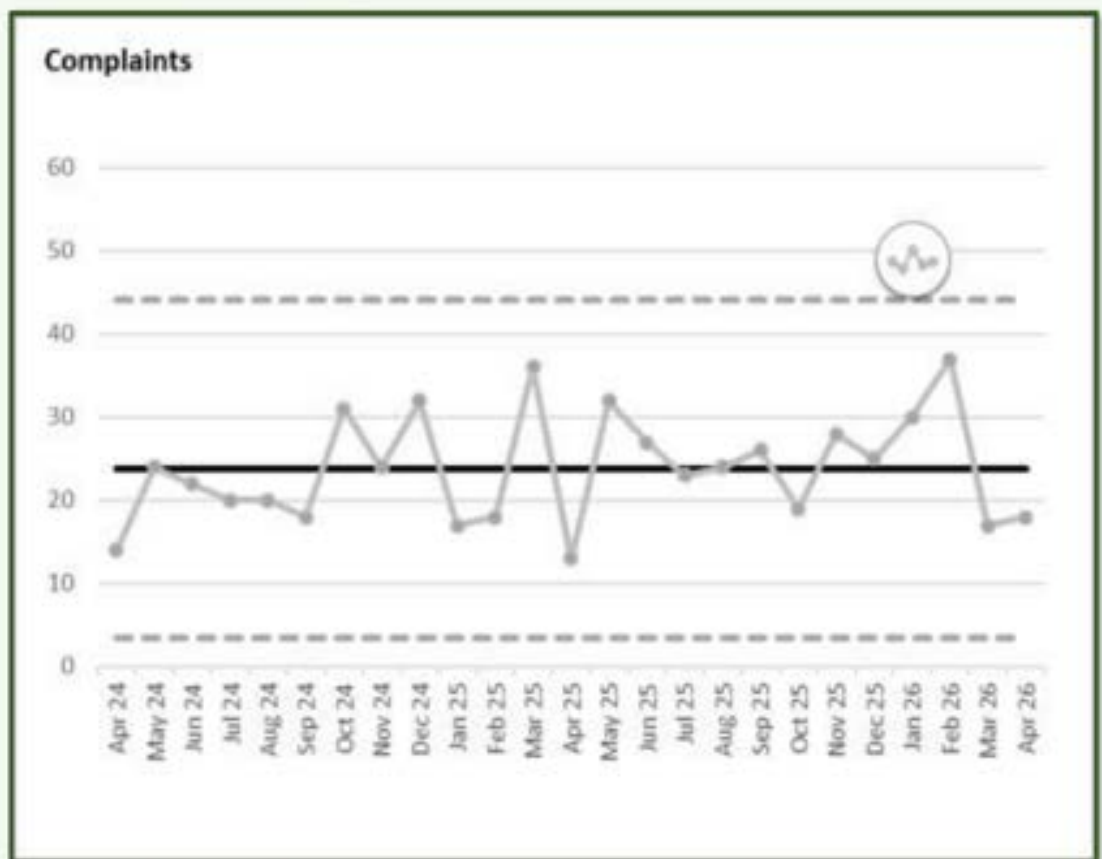
A total of **25 complaints** were closed during April 2026, 11 of which were pre-MCHP cases.

Of all Stage 1 complaints closed during the reporting period, **89% (8/9)** were completed within **5 working days**.

**No Stage 2 complaints (0%; 0/5)** were completed within the **20-working-day target**.

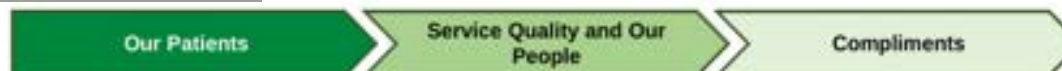
**Learning outcomes** identified during April 2026 related to EOC call handling, clinical assessment, differential diagnosis, anaphylaxis management, and driving standards.

(NB: Full statutory performance metrics are reported biannually through the Patient Experience Quality and Safety Committee report.)



Latest Month	Measure	Target	Variation	Assurance	Mean	Lower Process Limit	Upper Process Limit
Apr-26	18	-			24	3	44

# Compliments



Variation

Executive Owner: Lynne Charton

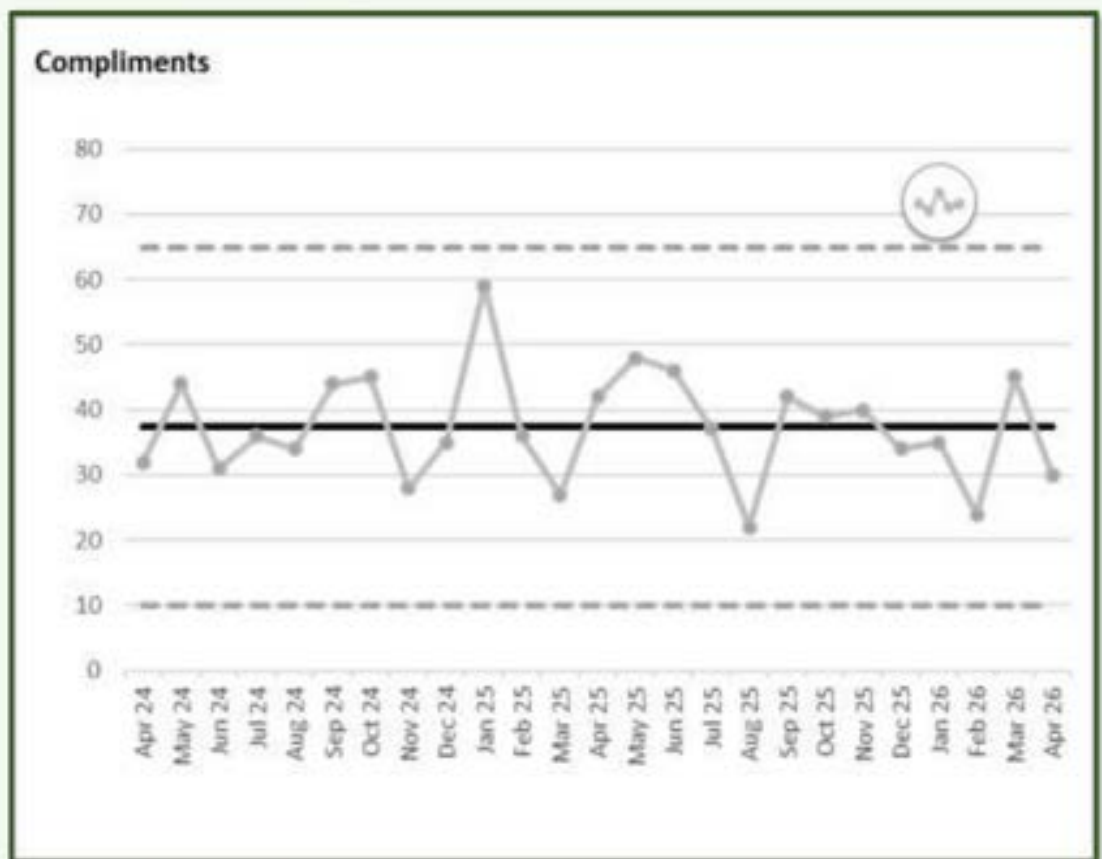
Operational Lead: Clare McVeigh

**Metric Description:**  
Count of compliments received by NIAS by month

**Analyst Description:**  
Common cause variation with no set target

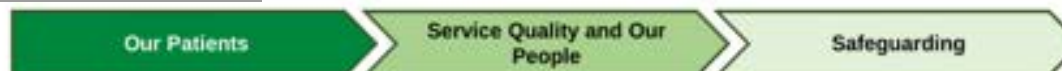
**Operational Context:**

- During April 2026, 30 compliments were received across all divisions, with the highest volumes from Northern and Belfast.
- Feedback consistently highlights **compassionate, dignity-preserving care**, strong **clinical professionalism**, and **calm, reassuring communication** as the key drivers of positive experience.
- Service users also explicitly recognise the contribution of **call handling/control room staff** and describe **"above and beyond"** actions - follow-up contact, practical comforts, and family-centred support - as especially impactful.
- A small number of compliments reference long waits but still report highly positive experiences due to the professionalism and kindness of staff on arrival.



Latest Month	Measure	Target	Variation	Assurance	Mean	Lower Process Limit	Upper Process Limit
Apr-26	30	-			37	10	65

# Safeguarding



Variation

Executive Owner: Lynne Charton

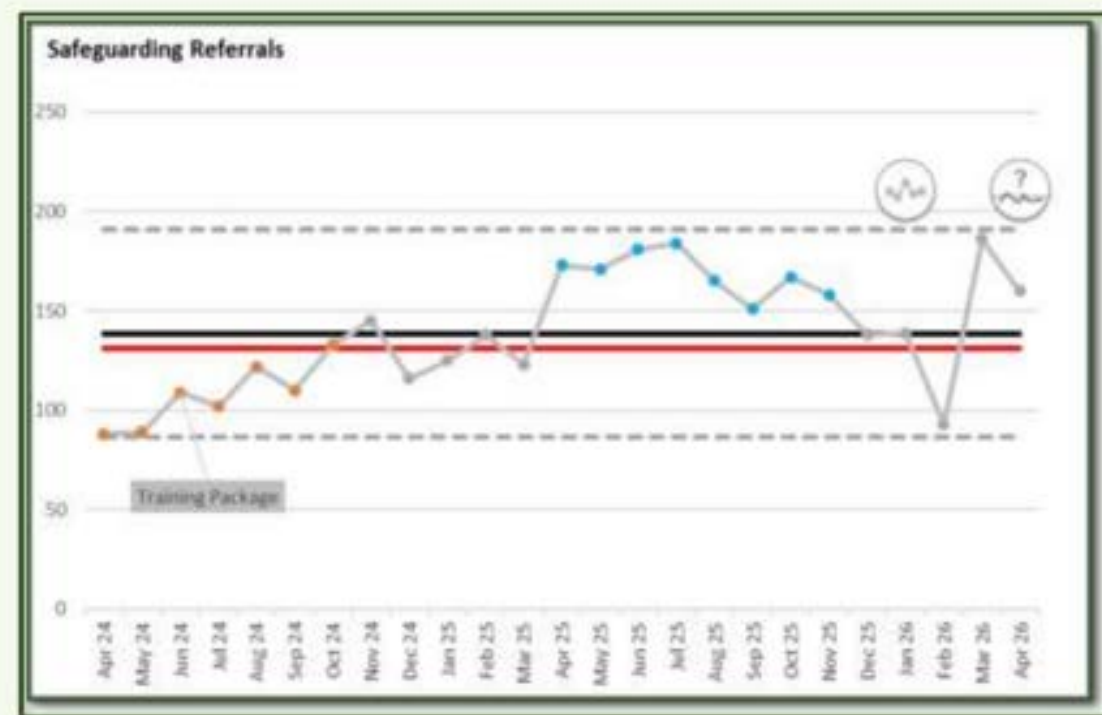
Operational Lead: Stacey Chambers

**Metric Description:**  
Count of safeguarding referrals across the organisation by month

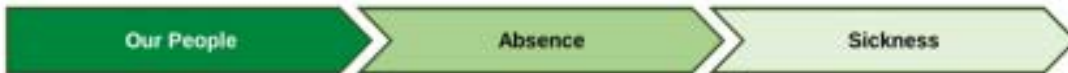
**Analyst Description:**  
Common cause variation with a hit-or-miss status on the target of 131

**Operational Context:**

- Safeguarding & Welfare Referrals**
- Referrals remain high (186 vs 123 last year), with SPC indicating sustained improvement.
  - Complexity is increasing (notably domestic abuse and mental ill-health), but referral quality is strong.
  - Pathway update: all unexpected child cardiac arrests/deaths now require immediate referral to NIAS Safeguarding.
- Workload & resourcing**
- Rising demand and complexity, including more staff-related concerns and wider safeguarding input requirements.
  - Band 5 recruitment complete, but no dedicated admin support; reliance on short-term cover continues.
  - Capacity pressures are emerging, with risks to timeliness and sustainability.
- Safeguarding Education**
- 864 staff trained to Level 3 (~85%); ACA cohort delivered with positive feedback.
  - Bespoke session delivered to Ulster University Paramedic students (including NIAS staff).
  - Training is driving stronger engagement and better-quality referrals.



Latest Month	Measure	Target	Variation	Assurance	Mean	Lower Process Limit	Upper Process Limit
Apr-26	160	131			139	87	191



# Absence

- The current total cumulative figure for March 2026, is 10.61% - which is 1.08% above the agreed target of 9.53%. However, the total monthly absence rate for March 2026 (11.27%) has decreased by 0.23% from February 2026.
- 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 10.61%. The monthly absence figure of 11.27% being reported for March 2026, is a 2.79% increase compared to the same reporting period last year (March 2025), which was 8.48%. **However, there has been a positive downward trajectory (each month) in the monthly absence rates between December 2025 and March 2026, with a total decrease of 1.30%**
- Managerial action continues to focus on progressing the long-term absences (defined as 28 calendar days or more) on a month-by-month basis. In addition, managers are placing additional focus on those employees with the highest number of recurring short-term absences in the previous 12-month period, with absences managed in line with the established Management of Sickness Absence Policy, relevant employment legislation and good practice.
- From the Top 50 long-term absentees in the reporting period, March 2026, 16 staff members are no longer reported as long-term sick which is a significant positive reduction (in December 2025 the reduction in long-term sick was 5). Of these 16 staff members, two have returned on a medical redeployment arrangement (one temporary and the other permanent). Two absentees have ill health retired, with a further two waiting on an outcome to their ill health retirement application. There has been one leaver. This leaves a total of 29 long-term absentees at various stages including Occupational Support and input. 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. This also includes monthly Ops divisional absence meetings with the relevant Area Managers; Assistant Director, and Senior HR Advisors, where enhanced focus is given to individual absence cases.
- Sickness absence due to mental health reasons continues to present the highest reason for absence with a figure of 34.67% for the reporting period, with stress and work-related stress accounting for 15.02% and 9.35% 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. To note the new Regional Managing Absence policy has been introduced from April 2026.

Top 5 Sickness Categories 2025/26*		Mental Health Reasons	
Mental Health	34.67%	Stress	15.02%
Injury, Fracture	10.22%	Stress-Work Related	9.35%
Accident/Untoward Incident	9.68%	Grief/Bereavement	5.90%
Gastrointestinal Problems	7.29%	Anxiety	2.59%
Back Problems	6.39%	Other Mental Health	1.30%
* Accounts for 68.25% of absence		Panic attacks	0.00%
		Insomnia	0.53%
		Depression	0.37%

- ↑ 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

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% <sup>1</sup>											
2. Current Status against Target	10.61% ↑											
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%	10.45%	10.54%	10.61%
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%	2.03%	2.01%	2.01%
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%	8.43%	8.53%	8.60%
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%	12.31%	11.50%	11.27%
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	2.62	2.23	2.39
7. Average estimated cost per month (£'000)	£609	£633	£628	£632	£729	£845	£768	£703	£915	£905	£869	£855

<sup>1</sup>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.



<b>Paper Title:</b>	<b>Finance Report - Month 12</b>	
<b>Paper For:</b>	<b>Trust Board</b>	<b>Link to Strategic Objectives:</b>
<b>Meeting Date:</b>	<b>28/05/2026</b>	Most appropriate clinical response <input type="checkbox"/>
<b>Author:</b>	<b>Amanda McClelland/ Leahann Donnelly</b>	Work collaboratively with HSC partners <input type="checkbox"/>
<b>Responsible Director:</b>	<b>Leahann Donnelly</b>	Deploy resources to meet patient needs <input type="checkbox"/>
<b>Action Required:</b>	<b>TO NOTE</b>	Support improved health outcomes <input type="checkbox"/>
<b>Resource Implications:</b>	<b>Yes</b>	Optimise organisational resilience <input type="checkbox"/>
<b>Paper History:</b>	<b>SLT – 5 May 2026</b>	

### Recommendation

Trust Board are asked to Note the Month 12 Finance report

### Executive Summary and Key Messages

The key points to note are:

**Revenue**

For period ending March 2026, the Trust is reporting year-to-date (YTD) expenditure of £138.615m, resulting in a draft breakeven position (underspend of £0.010m (0.01%) when compared to the profiled budget). A summary of each Directorate's position is included on a future slide.

**Capital**

The Trust has received a Capital Resource Limit (CRL) allocation of £7.701m. NIAS has delivered a draft breakeven position for 2025-26 (£4k (0.05%) underspend when compared to CRL allocation).

# Trust Board Finance Report

March 2026 (Month 12)



Northern Ireland Ambulance Service  
Health and Social Care Trust



# Contents

- \* Executive Summary
- \* Summary of Year-to-Date Financial Performance
- \* Statutory Financial Performance Targets



# Executive Summary

## Revenue

- \* For period ending March 2026, the Trust is reporting year-to-date (YTD) expenditure of £138.615m, resulting in a draft breakeven position (underspend of £0.010m (0.01%) when compared to the profiled budget). A summary of each Directorate's position is included on a future slide.

## Capital

- \* The Trust has received a Capital Resource Limit (CRL) allocation of £7.701m. NIAS has delivered a draft breakeven position for 2025-26 (£4k (0.05%) underspend when compared to CRL allocation).





The annual report and accounts are currently undergoing an external audit process, and as such figures remain in draft form until the NIAO have certified the financial statements.

# Summary of Year-to-Date Financial Performance

100

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
	Payroll	Non-Pay	Total	
Chief Executive's Office	(108)	120	12	1,373
Director of Finance	(272)	119	(152)	2,301
Director of Human Resources	107	98	206	2,731
Medical Director	(58)	10	(47)	631
Clinical Director	518	129	647	14,720
Director of Safety, Qual & Imp	206	(0)	206	3,240
Director Of Plan, Perf & Corp Services	(95)	470	374	9,047
Director of Operations	2,598	(3,832)	(1,234)	104,572
<b>NIAS Revenue Total</b>	<b>2,896</b>	<b>(2,886)</b>	<b>10</b>	<b>138,615</b>

<b>Statutory financial performance targets</b> The position outlined in this report, and the associated RAG status, is subject to several assumptions.	<b>RAG status</b>
<b>Manage within allocated Revenue Resource Limit (RRL) / Achieve financial break-even</b>	
For period ending March 2026, the Trust is reporting year-to-date (YTD) expenditure of £138.615m, resulting in a draft breakeven position (underspend of £0.010m (0.01%) when compared to the profiled budget).	
<b>Manage within allocated Capital Resource Limit (CRL)</b>	
The Trust has received a Capital Resource Limit (CRL) allocation of £7.701m. NIAS has delivered a draft breakeven position for 2025-26 (£4k (0.05%) underspend when compared to CRL allocation).	
<b>Savings target</b>	
The Trust has achieved £3.475m of non recurrent savings in 2025-26.	
<b>Prompt payment target-95% of suppliers within 30 days</b>	
Cumulative performance is 97.5% for the period ended 31 March 2026	





15 May 2026

Dear Colleagues,

Following the Committee in Common (CiC) meeting held on 21 April 2026, I am pleased to share the following suite of papers for information at your next Public Trust Board.

- A Trust Board Cover Sheet, providing a summary of key CiC developments and priorities
- Paper A – Assembly Question Oral (AQO) response relating to the Committee in Common – 05 May 2026
- Paper B – Approved CiC Meeting Notes – 21 April 2026
- Paper C – CiC Action Log – 21 April 2026
- Paper D – CiC Provider Collaboratives Quarterly Updates – 21 April 2026

My thanks to all colleagues for their continued focus and commitment to progressing the work of the Committee in Common.

Kind regards,

Eileen Mullan  
Chair, Committee in Common



### TRUST BOARD / SLT COVER SHEET

	<p><i>The cover sheet purpose is to provide the Trust Board/Committee with a clear summary of the paper being presented, how it impacts on the people we serve, key matters for attention and the ask of the Trust Board/Committee</i></p> <p><i>The Accountable Director must satisfy themselves that the cover sheet is accurate and fully reflects the paper. The expectation is that the Accountable Director has read and agreed the content of both the cover sheet and paper.</i></p>	
<p><b>Meeting and Date of meeting</b></p>	<p>Trust Board May 2026</p>	
<p><b>Title of paper</b></p>	<p>Committee in Common Meeting held 21<sup>st</sup> April 2026</p>	
<p><b>Report Author</b></p>	<p><b>Name</b></p>	<p>Eileen Mullan, Chair of Committee in Common</p>
	<p><b>Email</b></p>	<p><a href="mailto:eileen.mullan@southerntrust.hscni.net">eileen.mullan@southerntrust.hscni.net</a></p>
<p><b>This paper sits within the Trust Board role of:</b></p>	<p>Strategy</p>	
<p><b>This paper is presented for:</b></p>	<p>Information</p>	
<p><b>Links to HSC Reset Plan</b></p>	<p>Working Together</p>	

## 1. Reason for Presentation of Paper / Report

The papers are being presented to provide the six Health and Social Care Trust Boards with updates on the work and progress being made through the Committee in Common approach.

### Paper A- CiC Ministerial Brief AQO- 05 May 2026

Prepared Ministerial Brief in response to an Oral Assembly Question tabled for Assembly Question Time for the Health Minister on 05 May 2026.

Question: To ask the Minister of Health for an update on the work of the Committee in Common for Health and Social Care providers.

Although the question was not reached during Assembly Question Time, the prepared briefing is included for information.

### Paper B- CiC Meeting Notes- 21 April 2026

### Paper C- CiC Action Log- 21 April 2026 and

### Paper D- CiC Provider Collaboratives Quarterly Updates 21 April 2026

- For Information

## 2. Detailed summary of paper contents:

On 21 April 2026, the Committee in Common (CiC) held a forward planning workshop followed by its formal meeting.

The workshop focused on setting a clear direction for 2026-27, agreeing a small number of additional system-wide priorities where collective action will deliver greatest impact. The CiC meeting reviewed progress across established provider collaboratives and emerging priorities, supported by a standardised reporting approach.

### Workshop Outcomes- Priority Areas

Five priority areas were agreed for focused collective action:

- Care Homes- Progress through the Enhanced Care Provider Collaborative, focusing on discharge, patient flow, and system capacity

- Hospital Network- Scope to be defined, including alignment to vulnerable specialties, led by Directors of Planning & Performance (DoPPs) and Directors of Adult Services
- Transport- Development of alternative pathways (including hear and treat / see and treat) to improve flow, coordinated through existing structures (DoPPs, NIAS, SPPG), rather than establishing a new collaborative at this stage
- Procurement- To be progressed with reference to the existing Procurement Board, with scope to escalate matters to CiC where wider system support or resolution is required, led by BSO and Southern Trust Chief Executives with the Procurement Board
- Information Governance (priority proposed on the day)- To be developed as a cross-cutting enabler to support delivery across priorities, in conjunction with digital and information governance leads.

CiC agreed that a high-level roadmap will be developed by the Programme Team for Chief Executive consideration ahead of 23 June 2026.

#### **Committee n Common Meeting- Key Points**

- Core governance arrangements are now in place
- Delivery must accelerate, with greater consistency in operating as a single system, including coordinated responses to commissioners
- The financial position remains a critical risk, with in-year savings requirements and the underlying deficit impacting service stability and workforce sustainability
- Delays in decision-making are now directly impacting deliverability across the system, compressing timelines and increasing risk
- A CiC communications and engagement framework is in development; support from Trust Heads of Communications was agreed.

#### **Paper B- CiC Meeting Notes- 21 April 2026**

#### **Paper C- CiC Action Log- 21 April 2026**

Current and Emerging Provider Collaborative Updates:

- Provider Collaborative programme brief and report cards were shared with members for review of progress since the previous meeting, next quarter priorities, and key risks and issues.

#### **Paper D- CiC Provider Collaboratives Quarterly Updates 21 April 2026**

Across all areas, common themes included the need to operate more consistently as a single system, including collective responses to commissioners, the importance of pace and timely decision-making to enable delivery, and a continued focus on impact and measurable outcomes.

Future meeting dates include:

- 23 June 2026 - Forward Plan review
- 18 August 2026 - CiC meeting

### 3. Areas of improvement/achievement:

- Established a formal system-wide arrangement, enabling coordinated action on shared priorities across all six Trusts
- Clarified the advisory remit, strengthening system alignment while maintaining full Trust Board accountability
- Implemented a clear model linking system oversight (CiC) with delivery through Provider Collaboratives
- Enhancing the visibility and management of shared risks and interdependencies across the system
- Enabled more consistent approaches to service delivery, reducing variation and supporting equity of access
- Strengthened collective leadership and shared learning, supporting more effective system-level decision making, with independent feedback recognising the continued maturation of CiC, reflected in more evolved discussion and progress
- Supported coordinated use of existing resources, while ensuring budgets, expenditure and governance remain with individual Trusts.
- Improvements and achievements from ongoing Provider Collaboratives outlined within Paper D- Provider Collaboratives Quarterly Updates 21 April 2026.
- CiC priorities for 2026/27 agreed as: 1) Care Homes 2) Hospital Network 3) Transport 4) Procurement 5) Information Governance

### 4. Areas of concern/risk/challenge:

- Ongoing system pressures including demand, workforce constraints and financial challenges
- Requirement for sustained programme management capacity and clinical leadership to support delivery at scale
- Interdependencies across Trusts requiring continued coordination and alignment
- Emerging programmes at early stages of maturity requiring further development and assurance
- Requirement for clear, coordinated system messaging to manage expectations and maintain a coherent narrative, supported by a communications and engagement plan.
- Risks identified and challenges from ongoing Provider Collaboratives outlined within Paper D- Provider Collaboratives Quarterly Updates 21 April 2026.



<b>5. Impact on Statutory Duties: Provide details on the impact of the following and how.</b>	
<b><i>Financial Impact</i></b>	<b><i>Safety and Quality Impact</i></b>
<p>No, there are no Financial Impacts</p> <p>Activity is delivered within existing Trust resources, with ongoing system pressures and a need to demonstrate value through reduced agency use and improved efficiency. Any CiC or Provider Collaborative changes remain subject to Trust Board approval, with budgets, expenditure and accountability retained by each Trust.</p>	<p>Yes, there are Quality, Safety or Experience Impacts</p> <p>Positive impact through improved coordination of care pathways, reduction in long waits, and strengthened clinical collaboration across Trusts, supporting more consistent and equitable patient outcomes.</p>
<b>6. Risk Assessment (Risk level and state if a risk assessment be completed)</b>	
<p>Formal risk assessments are managed through existing Trust governance arrangements and programme-level risk registers, with shared risks escalated through the Committee in Common for visibility and alignment.</p>	
<b>7. Other Business Intelligence/data (If appropriate)</b>	
<p>Demonstrable reductions in long waiting times (e.g. significant reductions in gynaecology waits since September 2025) Quantifiable progress in discharge pathways and care home placements Ongoing monitoring through standardised reporting across Provider Collaboratives</p>	



### Trust Board Role Fulfilment

<b>Strategy</b>	<i>Papers in this category should address forward-looking priorities, long-term objectives, or service transformation. These are typically focused on shaping the future of the organisation and will often involve decisions on direction, investment, or innovation.</i>
<b>Culture</b>	<i>These papers aim to influence or reflect the values, behaviours, and staff or patient experiences within HSC. They may relate to leadership development, equality, diversity and inclusion, staff engagement, or initiatives intended to reinforce our organisational ethos.</i>
<b>Accountability</b>	<i>Papers falling into this area relate to governance, assurance, performance monitoring, compliance, and risk. They provide evidence that responsibilities are being fulfilled, standards are being met, and corrective actions are being taken where necessary.</i>

### Reasons for Paper Presentation

<b>Approval</b>	<i>Used when an item requires a formal agreement or endorsement by the meeting / committee members. Examples are approving minutes, budgets, proposals or policies.</i>
<b>Assurance</b>	<i>Used when an item can be measured against a certain criteria / standard. Examples are a project is on course with delivery or financial targets are being met.</i>
<b>Information</b>	<i>Used when an item is presented for the purpose of updating or informing the attendees without requiring a decision or action, such as reports, updates, or announcements.</i>
<b>Discussion</b>	<i>Used when an item is listed primarily for open discussion, brainstorming or gathering input from the members without requiring an immediate decision.</i>

## Committee in Common - Ministerial Brief 05 May 2026

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### Purpose

This paper updates on the establishment and operation of the Committee in Common, including its governance, oversight of Provider Collaboratives, and role in supporting system-level coordination and alignment with Ministerial priorities.

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### Context

Health and Social Care in Northern Ireland continues to face sustained pressures, including rising demand, workforce constraints, financial challenges, and persistent inequalities. These challenges are systemic and require a coordinated approach across organisational boundaries.

In response, the six Health and Social Care Trusts have established a more structured approach to collaborative working, aligned with the Health and Social Care Reset Plan (July 2025) and the Three-Year Strategic Plan: Stabilise, Reform, Deliver (December 2024). The Reset Plan emphasises strong leadership at local and regional levels and identifies the Committee in Common as a key mechanism for coordinated planning and oversight at a system level.

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### Governance

The Committee in Common is a formal collaborative governance arrangement established by the six Health and Social Care Trusts to address shared priorities that are more effectively delivered through collaboration across organisations. It operates as an advisory forum, bringing together senior leaders to support strategic alignment, system-level oversight, and collective problem-solving. It does not hold executive authority or commit resources; statutory accountability remains with individual Trust Boards.

The Committee identifies shared risks and interdependencies and supports alignment across programmes, with recommendations considered through established Trust governance processes. It is chaired by the Non-Executive Chair of the Southern Health and Social Care Trust, with the Chief Executive of the South Eastern Health and Social Care Trust as Chief Executive Lead for Provider Collaboration. It has no independent budget; work is supported through existing Trust resources and governance arrangements.

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### Operating Model

The Committee in Common operates within a system structure linking strategy, coordination and delivery:

- The Committee in Common provides strategic, system-level oversight of the collaborative portfolio, supporting alignment across programmes, reviewing progress and risks, and enabling shared learning
- Provider Collaboratives act as delivery mechanisms for agreed programmes of work at scale, through partnerships between two or more Trusts. They remain accountable to their respective Trust Boards

- Trust Boards retain statutory responsibility for strategic direction, approval of participation in collaborative programmes, and oversight of delivery.

This approach supports coherent system delivery without creating new statutory bodies or additional layers of decision-making.

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### Provider Collaboratives: Current Position and Progress

The Committee in Common oversees a portfolio of Provider Collaboratives focused on agreed priority areas, supporting more consistent service delivery, improved coordination of clinical expertise, and early progress in reducing variation across Trusts.

Priority areas:

Current Provider Collaboratives	Emerging Provider Collaboratives
Enhanced Care	Psychiatry
Gynaecology Elective Care	Haematology
Candidate Passport (including Mandatory Training)	Head and Neck / Ear, Nose and Throat / Oral and Maxillofacial Surgery
Regional Agency Reduction	
Regional Coordination Centre	
Virtual Wards	

Progress to date (selected examples):

- Gynaecology Elective Care: The first clinical system priority has focused on standardising enhanced red-flag triage processes. Work with primary care is progressing to develop pathways that support care closer to home, aligned with the neighbourhood model. Outcomes: Outpatient waits over three years have reduced by approximately 85% and inpatient/day case waits by approximately 86% since September 2025.
- Enhanced Care: Progress in improving discharge pathways and care home capacity to reduce delays in acute settings, where over 200 patients are awaiting placement; 246 bed offers identified, with 118 under active consideration
- Regional Agency Reduction: Continued reduction in off-framework agency usage and associated costs
- Virtual Wards: Design and implementation are underway; first admissions anticipated in Belfast Trust in Autumn 2026, with work progressing to develop pilot sites in rural areas.

Learning to date highlights the importance of clear senior ownership, strong clinical leadership, system partner involvement, and sufficient programme capacity, informing future prioritisation.

Priority areas for 2026-27 are in development, with initial areas of focus including Care Homes, Procurement and Information Governance.

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### Ministerial Considerations

The Committee in Common supports delivery of Ministerial priorities by enabling coordinated action across the six Health and Social Care Trusts. It strengthens oversight of shared programmes and supports a more coordinated approach to their delivery across Trusts, within existing statutory arrangements.

## Oral Assembly Question

### Committee in Common - Key Line

The Committee in Common is a formal collaborative governance arrangement that brings together the six Health and Social Care Trusts to address shared priorities through strategic alignment, oversight and collective problem-solving, while maintaining the statutory accountability of individual Trust Boards.

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### Supporting Points

- It is an advisory forum that enables Trusts to align priorities, share system-level insight, and oversee collaborative programmes
- It does not have decision-making authority, does not direct operational delivery, and has no independent budget or funding stream; all decisions remain with individual Trust Boards
- It focuses on shared priorities that are more effectively addressed through collaboration across Trusts, rather than by individual organisations acting alone
- Provider Collaboratives deliver agreed programmes at scale and remain accountable to their respective Trust Boards, with the Committee in Common providing oversight, alignment, and shared learning
- The model aligns with the Health and Social Care Reset Plan, which supports Committees in Common as a mechanism for addressing regional challenges through collaboration
- A structured communication and engagement approach is in development, supported by strong clinical leadership and staff involvement. Service user involvement is being developed through Provider Collaboratives.

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### Likely Supplementary Questions

#### Who is responsible for it?

The Committee is chaired by the Non-Executive Chair of the Southern Health and Social Care Trust, with the Chief Executive of the South Eastern Health and Social Care Trust as Chief Executive Lead for Provider Collaboration. However, all formal decisions remain with individual Trust Boards.

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#### Does it remove accountability from Trusts?

No. Each Trust Board remains fully accountable in law for its decisions, performance, and the services it provides. The Committee in Common is advisory and supports, rather than replaces, existing governance arrangements.

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#### Is this creating another layer of bureaucracy?

No. It brings existing Trust leadership together to coordinate action on shared priorities more effectively. It does not create a new statutory body or additional decision-making layer, and accountability remains with individual Trust Boards.

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**Does the Committee Chair or the Chief Executive Lead for Provider Collaboration receive any additional remuneration for undertaking these roles?**

No. These roles are undertaken as part of existing statutory responsibilities and within existing remuneration arrangements. No additional payment, allowance, or enhancement is provided.

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**What does it cost?**

The Committee in Common has no independent budget or funding stream. Activity is delivered through existing Trust resources and governance arrangements.

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**How does the Committee in Common support collaboration across Trusts?**

It supports collaboration by bringing Trusts together around shared priorities, with the Committee providing oversight of progress and Provider Collaboratives coordinating delivery across participating Trusts. This enables a more coordinated approach and better sharing of expertise.

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**What difference is it making?**

The Committee is supporting more coordinated action across Trusts to address shared priorities. This is contributing to measurable improvements, including reductions in long waiting times, for example, significant reductions in the longest gynaecology waits since September 2025. It also improves visibility of system-wide risks and supports shared learning across Trusts.

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**How are staff and clinicians involved?**

Engagement with staff and clinicians is central. Clinical leadership is a core part of Provider Collaboratives, with clinicians directly involved in designing and delivering programmes. This is supported through Trust governance, clinical networks, and wider staff engagement.

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# Meeting Note

**DATE:** Tuesday, 21 April 2026

**TIME:** 1:00 pm – 3:30 pm (extended to 4pm)

**VENUE:** The Law Society of Northern Ireland, Belfast

Present	Members & Partners
	<ul style="list-style-type: none"> <li>• <b>BHSCT:</b> Jennifer Welsh, Chief Executive; Patricia Gordon, Vice Chair (sub for Stuart Elborn), Olga O'Neill, Director of Nursing.</li> <li>• <b>NIAS:</b> Michelle Larmour, Chair; Phelim Quinn, Non-Executive Director; Seamus Mullen, Director of Planning &amp; Performance (sub for Maxine Paterson)</li> <li>• <b>NHSCT:</b> Carol Diffin, Vice Chair (sub for Anne O'Reilly); Gillian Traub, Director of Operations (sub for Suzanne Pullins), Stevie Lennon, Director of Finance.</li> <li>• <b>SEHSCT:</b> Kevin McMahon, Non-Executive Director (sub for Jonathan Patton); Roisin Coulter, Chief Executive; Prof Stephen Kirk, Medical Director</li> <li>• <b>SHSCT:</b> Eileen Mullan, Chair (Meeting Chair); Steve Spoerry, Chief Executive; Colm McCafferty, Director of Children, Young People and Women's Services.</li> <li>• <b>WHSCT:</b> Tom Frawley, Chair; Karen Hargan, Chief Executive Designate, Teresa Molloy, Director of Planning and Performance</li> <li>• <b>Partners:</b> Aidan Dawson, Chief Executive, PHA; Karen Bailey, Chief Executive, BSO;</li> </ul>

In attendance	
	Helen Moore, Director of Planning, Performance & Improvement, SEHSCT; Len Richards, External Advisor, WYAAT Provider Collaboratives; Dean Sullivan, Regional Co-ordination Centre (RCC); Dr Julia Simon, Consultant, NICON; Elaine Wilson, Director Planning, Performance and Informatics, SHSCT

Programme Leads: Julia Fitzhenry; Gráinne Harte.

Secretariat: Heather Moorhead, NICON; Eily McGinn, NICON.

Apologies	
	Anne O'Reilly, Chair, NHSCT; Suzanne Pullins, Interim Chief Executive, NHSCT; Maxine Paterson, Chief Executive, NIAS; Jonathan Patton, Chair, SEHSCT; Stuart Elborn, Chair, BHSCT; Tracey McCaig, COO, SPPG

Item	Discussion Summary	Actions
1.	<p><b>Nomination of Chair</b></p> <p>The Committee considered the nomination of a substantive Chair for the Committee in Common, in line with previous discussions and Trust Board processes. Michelle Larmour on behalf of the HSC Trust Chairs proposed the nomination of Ms Eileen Mullan as Chair of the CiC, with Roisin Coulter formally seconding the proposal. The Committee agreed the nomination</p>	
2.	<p><b>Chair's Welcome and Apologies</b></p> <p>The Chair opened the meeting and welcomed members, deputies and attendees to the Committee in Common. The Chair congratulated Karen Hargan on her appointment as Chief Executive of the Western Trust with effect from 1 May 2026.</p>	



3	<p><b>Chair's Update</b></p> <p>The Committee received the Chair's written update, summarising progress against the CiC action log, provider collaborative reporting, governance arrangements and communications activity. The Chair reported that most actions are now at "propose to close" stage, with the remainder progressing as planned. Updated Terms of Reference and the Charter have been submitted to Trust Boards, programme brief and report card templates are in place, and a CiC visual identity has been agreed.</p> <p>The update noted work to profile the CiC at the Northern Ireland Leadership and Governance Conference, development of the CiC logo and "Working as One" strapline, and ongoing engagement with Trust Boards on governance alignment and reporting. No questions or comments were raised.</p>	
4	<p><b>Declarations of Interest</b></p> <p>The Chair invited members to declare any actual or potential conflicts of interest. No declarations were made.</p>	
5	<p><b>Previous Meeting Notes (17 February 2026)</b></p> <p>The Committee noted that the meeting notes for 17 February 2026 had been circulated in advance and pre-approved, subject to correction of the spelling of Jennifer Welsh's name. No further amendments were required.</p>	<p><i>CiC Secretariat to action correction and ensure the final version is retained on file.</i></p>
6	<p><b>Matters Arising</b></p> <p>The Committee reviewed the CiC Action Log and agreed the ten actions were now ready to close, including those relating to approval of the Terms of Reference and Charter, development of standardised communications and reporting templates, the CiC visual identity and forward planning for this meeting.</p> <p>The action log is appended to these notes detailing those actions that are closed closing and remain active.</p>	<p><i>CiC Secretariat to update the log accordingly.</i></p>
6.1	<p><b>Mandatory Training</b></p> <p>Committee received a brief update from Roisin Coulter on work to standardise mandatory and statutory training across Trusts. Roisin reported that a draft core mandatory training framework has been developed and discussed with Directors of HR, and that this will support a more consistent approach to requirements and reporting. She noted that further work is required on two elements to ensure alignment and that it will be important to demonstrate clear benefits for staff and services from the standardisation work. Roisin confirmed that this work will link with wider HR "passporting" activity and that Heads of HR will continue to refine the framework, with a further update to be brought back to a future CiC meeting.</p>	<p><i>Mandatory Training report card to be issued following the meeting.</i></p>



<p>7</p>	<p><b>Communication and Engagement</b></p> <p>The Committee received an update from Julia Fitzhenry and Gráinne Harte on the emerging communications and engagement framework for the CiC. The framework sets out objectives, key audiences and next steps, including alignment with Trust communications, use of the new logo and strapline, and development of consistent messaging on the role and impact of the CiC and provider collaboratives.</p> <p>In discussion, members emphasised the need to prioritise internal communications to Trust Boards, senior leadership groups, clinical and professional networks and system partners (SPPG, PHA, Department) to ensure clarity of purpose and consistent reporting on CiC programmes.</p> <p>Roisin Coulter asked about messaging to the public; Tom Frawley highlighted the importance of communications remaining clearly owned by the six Trusts; and several members stressed the need for a clear stakeholder map and alignment with existing clinical networks to avoid conflicting narratives. Len Richards advised that the Committee in Common in WYAAT did not have a public facing communication campaign given the publics assumptions that all Trusts already work collaboratively and instead listed their CiC within each Trusts websites and other materials, rather than being standalone.</p> <p>The Committee agreed:</p> <ul style="list-style-type: none"> <li>• the need for a CiC communications and engagement plan, including stakeholder mapping and a stakeholder engagement plan.</li> <li>• that CiC Programme Leads would engage with Trusts Heads of Communications</li> <li>• further work to be undertaken with Trusts through Chief Executives on the detailed approach</li> </ul>	<p><i>Programme Leads and Secretariat to refine the communications and engagement framework, including stakeholder mapping and an outline plan, and bring a short update back to a future CiC meeting for endorsement.</i></p>
<p>8</p>	<p><b>System Financial Position</b></p> <p>In the absence of Tracey McCaig COO SPPG, the Committee received a verbal update on the system financial position from Aidan Dawson, drawing on the latest SPPG and Departmental discussions.</p> <p>Aidan advised that the Permanent Secretary is required to secure around 6% savings across HSC in 2026/27, that SPPG has written to Trusts asking for schemes to be categorised, and that no decisions have yet been taken on higher-impact proposals. He noted that, even if 6% savings are achieved, there will remain a significant system deficit and unresolved issues around pay and the Real Living Wage.</p> <p>In discussion, Steve Spoerry highlighted that Trusts are awaiting clarity on how to proceed with the savings programme and that delay compresses the time available to deliver schemes.</p>	



	<p>Jennifer Welsh and Stevie Lennon reflected that some Trusts have made more progress than others in reducing deficits and that the longer decisions are deferred, the more difficult the required savings will become. Karen Hargan raised concerns about the risk of industrial action if pay uplifts are not funded, noting that this would both distract from and increase the cost of achieving savings.</p> <p>Aidan stressed that 6% savings "must come" in-year and that there is a need for collective working across the wider public sector, not only health.</p> <p>The Committee noted that Chief Executives and Directors of Finance will continue to lead this work directly and that, at this stage, no specific decisions or additional actions were required from the CiC beyond maintaining oversight of any implications for provider collaboratives</p>	
<b>9</b>	<b>Provider Collaborative Updates</b>	
9.1	<p><b>Enhanced Care</b></p> <p>The Committee received an update from Gillian Traub on the Enhanced Care Provider Collaborative. Members noted that around 200 patients remain delayed in acute settings awaiting care-home placement, with approximately 50 requiring dementia-specific beds, and that a regional ceiling of affordability is now being applied across all Programmes of Care. A regional Expression of Interest has generated offers of 246 beds, with 118 under detailed discussion.</p> <p>Michelle Larmour recognised the efforts made and the importance of this work in supporting flow, referencing the recent Leadership and Governance conference which showcased good practice in dementia care in NHSCT. Gillian Traub emphasised that there is still substantial work to do; Tom Frawley described the programme as an impressive early step and stressed the need for this progress to be visible in Trust committee structures.</p>	Enhanced Care updates should be shared through relevant Trust Board committee structures to support wider understanding of the provider collaborative, progress and impact
9.2.	<p><b>Gynaecology Elective Care</b></p> <p>The Committee received an update from Roisin Coulter on the Gynaecology Elective Care Provider Collaborative. The update described two main strands of work: standardising service delivery models across Trusts and addressing capacity and demand.</p> <p>Members noted that the collaborative has delivered substantial reductions in the longest waits since September 2025, with outpatient waits over three years reduced from around 13,650 to approximately 2,100 and inpatient/day case waits over three years reduced from around 1,380 to under 200.</p>	



	<p>Roisin highlighted that progress has at times been "clunky", as this was the first CiC-sponsored collaborative and operates in a space where multiple parallel programmes and governance routes already exist. She noted that work on developing endometriosis hubs had been taken forward outside the CiC and reflected that this type of service development should ideally come through the collaborative first. Roisin observed, however, that the move to a single business case across all Trusts for the first standardisation priority that the Provider collaborative have take forward; gynaecology enhanced red flag triage represents an important step towards alignment and the need for provider autonomy and freedom to act within the elective care framework, with DoH, SPPG and Chief Executives working together to enable the collaborative to operate as a single provider voice.</p> <p>In discussion, Helen Moore noted strong commissioner engagement whilst emphasising that this remains a different way of working for all including SPPG, which is used to seeking separate Trust responses. Dean Sullivan observed that a key challenge is realigning commissioners to work with collaboratives instead of their "business as usual" approach. Steve Spoerry suggested that Trusts should be alert to responding collectively to commissioner asks; Roisin confirmed that, wherever possible, Trusts already seek to provide a single system response.</p>	
<p>9.3</p>	<p><b>Candidate Passporting</b></p> <p>The Committee received an update from Karen Hargan on the work previously described as "candidate passporting" for post-employment checks (PECs). Karen reported that analysis of recent recruitment rounds shows that approximately 30–40% of PECs relate to candidates who move between Trusts rather than joining from outside the system. The group had therefore explored whether a passport-style approach would materially reduce duplication and time.</p> <p>Karen explained that, although a more streamlined approach had been in place for around eight years, a recent decision by RQIA, reflecting the legislative basis within which it operates, has effectively required that approach to be reversed. This has created significant constraints, particularly in relation to Access NI checks, and is expected to increase cost and complexity across all healthcare providers unless legislation is amended. Karen noted that extensive discussions are underway with colleagues in the Department, RQIA and Trusts to understand the full implications and options.</p> <p>In light of this, and taking legal and HR advice into account, the group was not proposing to pursue a formal PEC "passport" at this stage. Instead, its focus will be on improving consistency and timeliness of PEC processes across Trusts, including shared templates and expectations, and will align with the wider Time to Fill (TTF) work on recruitment timelines. Karen</p>	<p><i>TTF group, via Karen Hargan, to continue work on PEC process consistency (templates/timelines) and bring back an update once the position with RQIA and associated legislative issues is clearer.</i></p> <p><i>Karen Hargan to link in with WYAAT</i></p>



	<p>noted that she had already connected with Len Richards to understand learning from WYAAT's successful collaboratives on Staff Portability and would link in again with colleagues there to explore what aspects might be transferable to the NI context, and how change can happen. This may require changes to legislation.</p> <p>She indicated that, once a final position with RQIA is reached, she will update the CiC to advise what support might be required to unblock any remaining regulatory constraints.</p>	
9.4	<p><b>Regional Agency Reduction / ARIG</b></p> <p>The Committee received an update from Karen Hargan on the Regional Agency Reduction Implementation Group (ARIG). Karen reported continued progress in reducing off-framework agency usage and costs, supported by implementation of the new medical and dental framework and work to align doctors to framework rates across Trusts. She noted that this is challenging where it involves moving existing staff down from higher legacy rates, but that progress is being made and a further update will follow the next regional meeting.</p> <p>Karen advised that Trusts are working through risk assessments and mitigation plans in relation to agency reduction and highlighted the importance of maintaining service safety and continuity as rates are standardised. She also referenced work to understand and address variation in the use of SaaS doctors and to ensure that workforce planning and vulnerable specialties workstreams are aligned with ARIG.</p> <p>In discussion, Steve Spoerry emphasised the need to balance reducing agency spend with the risk of losing staff from fragile services, and expressed concern that, without a clearer system view of vulnerable specialties, cost reductions could inadvertently destabilise care.</p> <p>Tom Frawley noted that, given the scale of the 6% savings requirement, it is inevitable that some changes will be painful and stressed the importance of a frank, system-wide discussion about where the greatest vulnerabilities lie before services reach a tipping point.</p> <p>Patricia Gordon supported the view that the CiC should use ARIG learning to inform this wider conversation on protecting priority services.</p>	<p><i>ARIG and the vulnerable specialties workstream leads to bring back a consolidated view of priority vulnerable services, drawing on ARIG data and psychiatry/haematology work, to support a system-wide discussion at a future CiC.</i></p> <p><i>Karen Hargan agreed to bring back to the next CiC meeting an update on how implementation of the new medical and dental framework is working in practice</i></p>
9.5	<p><b>Regional Coordination Centre</b></p> <p>The Committee received an update from Dean Sullivan on the Regional Coordination Centre (RCC). The paper set out the RCC's role as a regional mechanism for operational oversight of unscheduled care, hosted by NIAS and jointly funded by the six Trusts, with a current annual cost of around £850k reducing to about £650k in 2026/27 following changes to operating hours. It</p>	



<p>described the RCC's core functions in providing a single version of the truth on escalation across all acute sites, leading regional work on ambulance handovers and alternative pathways, and supporting Trusts through data and analysis. In response to a request from the CiC at a previous meeting, the paper also presented a quantitative analysis comparing system performance across four measures – patients leaving ED without treatment, ED 12-hour performance, total ED time for admitted patients, and ambulance handovers exceeding three hours – for the two years prior to and the two years following the RCC's establishment, sourced from SPPG management information.</p> <p>The Committee welcomed the quantitative analysis of performance provided in the paper. The quantitative analysis showed that, across all four measures examined, the previously worsening trajectory had been arrested and in some areas partially reversed since the RCC's establishment, with actual performance in 2024 and 2025 consistently better than the pre-RCC trend would have projected. Members noted that, while causality could not be attributed to any single intervention within a complex system, the analysis was consistent with improved coordination and earlier intervention.</p> <p>Roisin Coulter noted the benefit of the RCC's central coordination function in taking pressure away from local frontline Trust staff, the value of the regional data sources developed by the RCC, and the impact of its service improvement support to Trusts. Jennifer Welsh echoed these comments, noting the substantial improvement in collaboration across Trusts that the RCC had facilitated.</p> <p>Teresa Molloy acknowledged the operational oversight role and confirmed WHSCT's participation in RCC arrangements but noted that the ability to support WHSCT though diverts to other hospitals differs from elsewhere and the ability to avail of system working is not as significant as with other Trusts. She advised that DoPPs see the RCC dashboard as an interim measure, due to data quality issues on discharge information, and stressed the need to return to strong local dashboards, and an automated regional dashboard from encompass, referencing the regional data collation as having a significant overhead in local operational teams. Teresa emphasised the need for a clear exit strategy, so the system is not permanently reliant on the RCC.</p> <p>Phelim Quinn queried why the paper focused on handovers exceeding three hours when the agreed aim is a two-hour standard and questioned how the analysis would look if the two-hour metric were used.</p> <p>Michelle Larmour welcomed the more detailed paper but, referencing earlier governance and priorities discussions, noted that the RCC still sits as a discrete cost. She stressed that if the</p>	<p><i>Dean Sullivan to re-engage with SPPG to adjust data to better reflect the two-hour standard.</i></p>
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<p>CiC is to consider RCC as part of its governance and infrastructure conversations, it must be clear about RCC's future role and expectations. Michelle expressed concern that arguments around "removing burden from staff" would not be persuasive to the public at this level of spend and stated she was not currently seeing material benefit commensurate with the cost, warning that if the trajectory continues, organisations will struggle to operate within available resources.</p> <p>Dean Sullivan agreed on the importance of data evolution in due course as Encompass develops. But for now, the USC data developed by the RCC with Trusts are in many cases the only reliable sources at regional level.</p> <p>On the two-hour versus three-hour handover issue, Dean explained that three-hour data was what SPPG had provided; he committed to rerun the analysis with two-hour data when available. [Note, subsequent to the meeting the two-hour data has been obtained: it shows a deterioration in two-hour performance in 2023 and 2024, followed by stabilisation and slight improvement in 2025.]</p> <p>Dean acknowledged that the paper does not seek to fully capture the breadth of work undertaken by the RCC, for example around handover performance and the access it has created for NIAS to data on alternative pathways and engagement with commissioners, and in relation to the planning for Release to Rescue. He indicated he would be happy to provide additional briefing at future CiC meetings if helpful. Dean acknowledged that the funding of the RCC was significant and it would be important that the function continues to deliver benefits regionally and locally for Trusts in responding to USC pressures.</p> <p>Gillian Traub commented that RCC-facilitated discussions between NIAS and Trusts had been helpful in understanding flow and data, and that this has demonstrated value. Seamus Mullen added that the RCC-supported fortnightly meetings with Trusts in relation to ambulance handovers are a relatively recent but useful development, providing consistency across sites, with senior leaders present and expected to take forward agreed actions. He noted that the data underpinning this work existed within NIAS systems, but that the RCC has analysed and presented it in a more usable way.</p> <p>Michelle Larmour asked whether encompass would address some of the data issues. Olga O'Neill, referencing her involvement from the start of the RCC, noted that a key benefit has been that Trusts now "speak the same language", with a shared interpretation of data that was not present previously. She stated that encompass can provide data, but that SPPG has already found encompass data difficult to use because it continuously changes, whereas RCC provides a single point of truth. Olga emphasised that interpretation of data in the context</p>	<p><i>Chief Executives to consider the future role, scope and operating model of the RCC (including how the model evolves as system data infrastructure matures, and clearer impact measures) and update the CiC at a future meeting</i></p>
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	<p>of wider system pressures will remain critical, regardless of platform.</p> <p>Karen Hargan observed that, while WHSCT does not receive the same level of direct output as some others, the "critical friend" role the RCC provides is very useful.</p> <p>The Committee agreed that there is a need to continue to look carefully at the role and expectations of the RCC in line with the system needs now and into the future. The Chair noted that the type of data collated by the RCC should have been more readily accessible across the system and that it should not have required this level of effort to achieve a coherent picture.</p>	
9.6	<p><b>Virtual Wards</b></p> <p>The Committee received an update from Jennifer Welsh on the emerging Virtual Wards collaborative in BHSCT. Members noted that a regional oversight group and encompass build group have now been established, with the first build meeting held on 16 April 2026, and that the current intention is to admit the first virtual ward patients in Belfast Trust by September 2026, subject to successful design and testing.</p> <p>The update confirmed that pilots are being planned in both Belfast and at least one rural Trust, reflecting the Committee's previous request that the model be tested across different geographies. In discussion, colleagues welcomed the potential of virtual wards to support flow, reduce length of stay and improve patient experience, but emphasised the need for a coherent regional operating model, clear governance, and a minimum data set that allows the CiC and Trust Boards to see whether the anticipated benefits are being realised.</p> <p>Members also linked the virtual wards work to the broader financial and Reset context, noting that decisions about scaling will need to be grounded in evidence of impact and affordability, and that early pilots should be used to refine assumptions and inform future planning.</p> <p>The first Provider Collaborative for the Virtual Wards Oversight Group will be held in May 2026, and the Oversight Group will work to consider the rural pilot(s).</p>	
10.	<b>Provider Collaboratives- under consideration</b>	
10.1	<p><b>Psychiatry</b></p> <p>Helen Moore provided a brief overview on the potential areas of work that a Psychiatry provider collaborative could work on. These had been identified in follow up meetings held since CIC meeting in February with both DOH lead and SPPG leads, noting that new leadership arrangements at SPPG. DOPPS and Mental health directors have met on 13 April and scoping work on-going.</p>	<p><i>Formal Provider Collaborative to be established Programme Brief and Report Card to</i></p>



## Action Log: Committee in Common

Action Number	Meeting Date	Category	Action	Priority	Action Owner	Deadline	Status	Update Notes
29	11/12/2025	Governance	Send updated ToR and Charter papers to June Turkington (DLS) for legal input.	Moderate	Helen Moore	17/01/2026	Propose to Close	08/04/2026: DLS content with papers.
36	11/12/2025	Reporting	Engage Tracey McCaig & SPPG on best use of data, reducing duplication and strengthening relationships	Low	SPPG	21/04/2026	In Progress	08/04/2026: Further discussion to take place after Forward Planning session on 21/04/26
39	11/12/2025	Forward Meeting Planning	Book photographer for ceremonial signing	Low	Vicky Link, Heather Moorhead	21/04/2026	Propose to Close	08/04/2026: Ceremonial signing 21/04/2026.
40	17/02/2026	Forward Meeting Planning	Len Richards to be invited to next CiC meeting on 21 April 2026.	Low	PMO	03/11/2026	Propose to Close	08/04/2026: Call with Len Richards took place on
41	17/02/2026	Communications	CIC PMO & Secretariat to support clarity of role including standardised communication and updates for Trust Boards and key system partners.	Moderate	PMO	30/04/2026	Propose to Close	08/04/2026: PC Brief and PC Report Update templates developed.
42	17/02/2026	Governance	Update TOR/Charter with comments received by Friday 27 February 2026.	High	PMO	03/02/2026	Propose to Close	08/04/2026: TOR/Charter submitted to Trust Boards for approval.
43	17/02/2026	Reporting	Haematology - further update should come to CiC to consider next steps, risks and system-wide implications	Moderate	Directors of Planning	18/08/2026	In Progress	08/04/2026: Follow up for 18/08/26 CiC meeting and add as Agenda item.
45	17/02/2026	Project Scoping	Professional leads, via the CiC PMO, to return with a consolidated recommendation on regional mandatory training standardisation	Moderate	Directors of HR	21/04/2026	In Progress	08/04/2026: Discussion to take place at Head of HR meeting, with update to follow.
46	17/02/2026	Reporting	Update on RCC progress made post go live (02 March) to come back to a future CiC meeting to include quantifying the improvements made (system savings)	Moderate	Maxine Paterson	21/04/2026	Propose to Close	08/04/2026: RCC update to be tabled at CiC meeting on 21/04/2026.
47	17/02/2026	Reporting	RCC and SPPG to develop further performance data for RCC	Moderate	SPPG and Maxine Paterson	21/04/2026	In Progress	08/04/2026: RCC update to be tabled at CiC meeting on 21/04/2026.
48	17/02/2026	Reporting	Chief Executives to provide an update to CiC following DoPP submissions of review and refinement proposals	Moderate	DoPPs and Chief Executives	21/04/2026	In Progress	08/04/2026: CiC PMO to attend CE's meeting on 15/04/2026 and will request an update.
49	17/02/2026	Reporting	The PMO/Secretariat support standardised and visual approach to reporting progress to support Trust decision making	Low	PMO/ Secretariat	21/04/2026	Propose to Close	08/04/2026: Similar to action 41. PC Brief and Action Card templates developed.
50	17/02/2026	Clinical Priorities	Virtual Ward project plan and progress update be brought to future CiC meeting once early design and testing have advanced. Jennifer Welsh as lead asked to consider extending pilot beyond Belfast to include a rural setting	Moderate	Jennifer Welsh	18/08/2026	In Progress	08/04/2026: Virtual Ward Brief and Action Card developed. TOR in development.
51	17/02/2026	Clinical Priorities	Progress update on emerging psychiatry workstream to be provided at next CiC Meeting and the need to discuss potential migration to be undertaken in due course	Moderate	Directors of Planning	21/04/2026	Propose to Close	08/04/2026: meeting held with Heather Stevens (DOH) on 02/04/2026 to advance discussions. Further meeting to be held with DoPPs on 13/04/2026.
52	17/02/2026	Governance	Members to review ToR and Charter once circulated and respond. Trusts to then bring finalised documents to Trust Boards for approval in advance of CiC April Meeting	High	All members	21/04/2026	Propose to Close	08/04/2026: TOR/Charter submitted to Trust Boards for approval (similar to action 42)
53	17/02/2026	Communications	PMO/Secretariat will seek agreement on visual identity with a view to utilising this branding by the April meeting	Low	PMO/ Secretariat	21/04/2026	Propose to Close	08/04/2026: logo and strapline finalised and shared with members on 23/03/2026.



# Enhanced Care Provider Collaborative

*Suzanne Pullins*

# CiC Quarterly Update: Enhanced Care Provider Collaborative

Reporting Period: Q1 2026 | Delivery Confidence: 3 | Lead CEx SRO: Suzanne Pullins | Provider Collaborative Lead: Wendy Magowan

Participating Trusts: All Provider Trusts

Confidence in Delivery of Programme Objectives: 1-5 :(1 = Low Confidence, 5 = Extremely Confident)



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## Executive Summary

- The purpose of the Dementia Provider Collaborative Programme is to stimulate the ISP market in matching demand and capacity across DE placements by creating an agreed Trust stratified rate for block booked beds and ad-hoc placements.
- The programme aims to reduce enduring waiting for those who require dementia placements and improve patient outcomes.
- Programme delivery confidence is assessed as 3. Progress has been made in the establishment of a ceiling of affordability across Provider Trusts and engagement sessions have been held with ISPs however matching capacity and demand has not yet been achieved.

### Background and Case for Change

- There are consistently 200+ patients delayed in acute hospital settings awaiting care home placement (~ 50% of which are dementia)
- The Provider Collaborative completed several snapshot audits which showed Dementia related delays were resulting in significant bed days post medically or intermediate care fit
- The snapshot audit on 9 September 2025 showed:
- 146 Patients were awaiting discharge from Acute Hospital beds with an average length of spell of 73 days
- 75 patients in Intermediate Care Beds were assessed as requiring a DE placement, with an average length of spell of 124 days

### Strategic Alignment

- SPPG / DoH Social Care Collaborative
- Systems Financial Management Group

### Leadership and Governance

- ✓ Lead CEx SRO and Trust Leads
- ✓ Terms of Reference approved
- ✓ Rural needs and Equality screen
- ✓ Engagement events with stakeholders
- ❖ Service user involvement to be arranged

### Key Deliverables

- Assessment and recommendation for a regional Trust DE rate for entry level and additional support across DE residential and nursing placements
- Joint approach of securing block booking through a rolling programme of Expressions of Interest and applying to ad-hoc placements.

### Programme Objectives

- To make a recommendation with regards to a regional DE Trust rate
- To stimulate growth in the ISP market
- To match demand and capacity across DE placements
- To reduce long waits for those who require dementia placements
- To support ISPs in a proactive manner, creating stability and enabling permanent recruitment
- To reduce competition across Trusts.

### Timeline ( key dates / milestones to be added)



## Progress since last CiC update

- Engagement Sessions across ISP and Trust Staff completed Jan 2026
- Expression of Interest complete and returns assessed
- Weekly Finance, Contracts and Operations monitoring group established
- Overview and support mechanism in place for ISP negotiation across Trusts, including RQIA

## Outcomes Achieved to Date

- Several snapshot audits have confirmed the need
- Recommendation for regional DE placement rates made
- Guidance for Operational Staff developed
- Regional ceiling of affordability agreed by all Provider Trusts.
- All Trusts applying ceiling of affordability across all PoCs

# CiC Quarterly Update: Enhanced Care Provider Collaborative



Reporting Period: Q1 2026 | Delivery Confidence: 3 | Lead CEx SRO: Suzanne Pullins | Provider Collaborative Lead: Wendy Magowan

Participating Trusts: All Provider Trusts

Confidence in Delivery of Programme Objectives: 1-5 :(1 = Low Confidence, 5 = Extremely Confident)

## EOI Results

- 246 Beds offered as part of a Regional EOI to all Independent Sector Care Home providers:
  - ❖ 210 Nursing Beds (110 Entry and 100 Additional Support)
  - ❖ 36 Residential Beds (11 Entry and 24 Additional Support)
- 186 Beds are from existing capacity (i.e. already Dementia or Frail Elderly)
- 89 Beds are for new capacity however require capital works
- 128 Beds have been rejected due to new capital build or need to wait to current service user leaves the bed
- 118 Beds are currently in discussion between HSC Trusts and providers ie timelines and staffing
- SHSCT and WHSCT received the largest number of offers whilst NHSCT received no offers – there are no beds confirmed as part of the EOI process

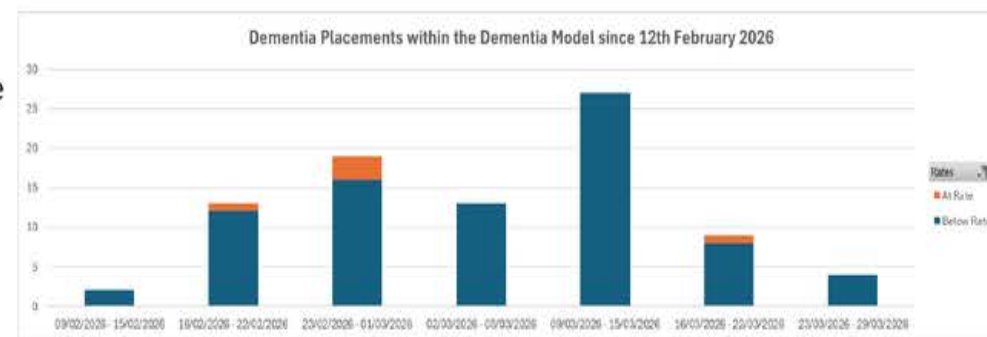
## BAU / Spot Purchases Results

Trusts have been able to place 89 individuals since 12<sup>th</sup> February 2026 in appropriate places to match the rates

- 88 Entry Level service users
- 1 Additional Support Level
- BHSCT and NHSCT have the largest number of placements in beds through BAU / Spot Purchase (as of 31<sup>st</sup> March 2026)

## Key Risks for Notification and Proposals to Mitigate

Risks	Mitigation
Potential impacts on available beds across POCs where an ISP reregisters	All EOIs will be scrutinised for impacts on bed stock before they are progressed
Risk of ISPs not engaging with the process	Continued engagement with ISP Sector
Risk of beds becoming inaccessible due to ISP disengagement	Continued engagement with ISP Sector
Formal concerns raised by ISP Sector	Engagement with ISPs, DoH and DLS if appropriate.
Financial impacts may vary across Trusts	Financial impacts will be monitored through the Finance, Contracts and Operations monitoring group



## Next Quarter Priorities

- Maintain governance and delivery oversight
- Discuss alignment and flows to the Social Care Collaborative and SPPG / DoH.
- Continued engagement with Senior Managers in ISPs

## Recommendations to CiC

- Continued support across Trusts for the agreed rate
- Discuss increased structural alignment with SPPG / DoH / Trusts



# Elective - Gynaecology Provider Collaborative

*Roisin Coulter*



Reporting Period: Q1 2026 | Delivery Confidence: 3 | Lead CEx SRO: Roisin Coulter | Provider Collaborative Lead: Helen Moore

Participating Trusts: South Eastern, Northern, Belfast, Southern and Western Trusts

Confidence in Delivery of Programme Objectives: 1-5 (1 = Low Confidence, 5 = Extremely Confident)

## Executive Summary

- The Gynae Provider Collaborative continues to take forward work across two main strands: (i) clinical standardisation, and (ii) capacity and demand (including tackling 3-year waiters)
- In relation to clinical standardisation, good progress has been made in securing agreement across Trusts to a standardised approach to red flag (RF) triage, which should significantly reduce the number of RF patients requiring clinic assessment. Some challenges with finalising funding with SPPG. In relation to long waiters, there have been near-80% reductions in the number of three-year outpatient waiters and three-year inpatient/ day case waiters compared to September 2025. This has been achieved through a combination of robust validation, maximisation of in-house capacity, WLI and IS additionality, and support from primary care. Urgent consideration being given to maintaining momentum into 2026/27 in context of significant funding constraints. Work progressing in parallel re demand and capacity.

### Background and Case for Change

- Significant elective waiting list challenge
- Elective care is a key Ministerial priority
- Absence of regional network for Gynaecology

### Strategic Alignment

- Elective Care Framework- Restart, Recovery and Redesign, June 2021
- Health and Social Care Reset Plan, July 2025
- SPPG Planning Guidance 2026/27

### Leadership and Governance

- ✓ Lead CEx SRO and Trust Leads
- ✓ Terms of Reference approved
- ✓ Provider Collaborative Steering Group and sub-groups x2

### Key Deliverables

- Agreed RF triage model – designed and implemented
- Agreement to standardise practice in other critical areas e.g. PIFU
- Significant reductions in patient waiting times
- Consistent regional/ Trust demand capacity model

### Programme Objectives

- Agreement to areas of standardised practice, beginning with RF triage
- Ensure majority of patients are waiting < 3 years for op assessment and ip / dc treatment by March 2026.
- Build sustainable delivery model, including effective relationships with Primary care.
- Identify learnings for collaboration in other elective specialities.

### Timeline



## Progress since last CiC update

- RF Triage model finalised, ongoing discussions with SPPG re funding. Some challenges also with tracking progress on encompass.
- Substantial further reductions in 3 year waits for op and ip / dc

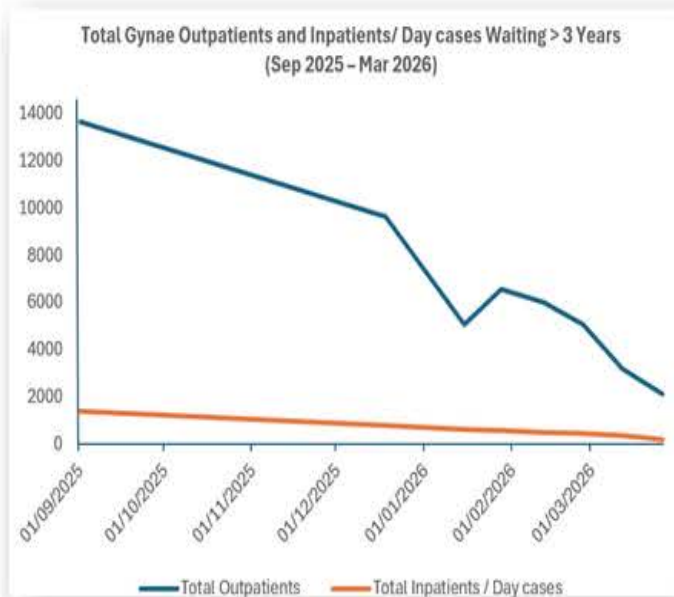
## Outcomes Achieved to Date

- Outpatient waits reduced by **85% (13,650 to 2,103)**
- Inpatient / Day case waits reduced by **86% (1,379 to 195)**

Reporting Period: Q1 2026 | Delivery Confidence: 3 | Lead CEx SRO: Roisin Coulter | Provider Collaborative Lead: Helen Moore  
 Participating Trusts: South Eastern, Northern, Belfast, Southern and Western Trusts

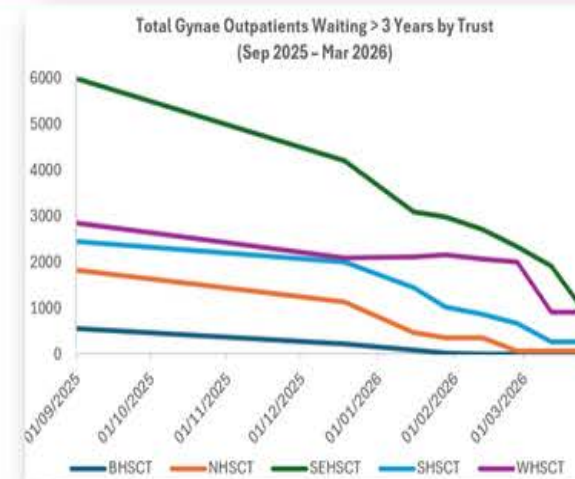
Confidence in Delivery of Programme Objectives: 1-5 : (1 = Low Confidence, 5 = Extremely Confident)

### KPI Dashboard Snapshot



### Patients waiting Gynae appointments > 3 years

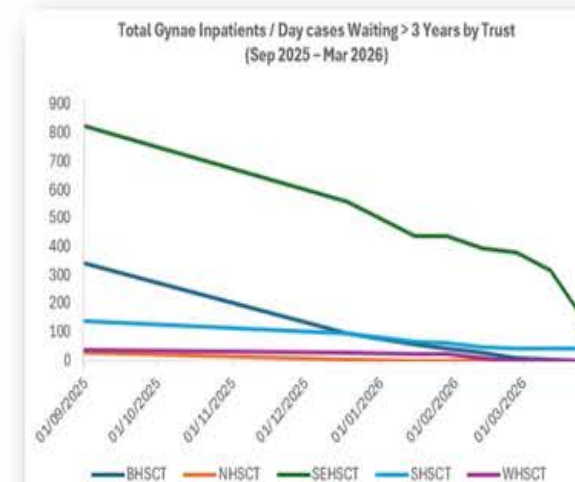
	Outpatients		Inpatients / Day cases	
	Sep-25	Mar-26	Sep-25	Mar-26
BHSCT	555	0	345	1
NHSCT	1828	60	29	0
SEHSCT	5976	856	824	147
SHSCT	2441	270	142	46
WHSCT	2850	917	39	1
<b>Total</b>	<b>13650</b>	<b>2103</b>	<b>1379</b>	<b>195</b>



### Benefits Realisation

The reduction in long waits and standardisation in practice should deliver measurable patient, workforce and system benefits.

- Improved patient access
- Reduced clinical risk
- Improved workforce utilisation
- Improved system productivity
- Programme remains within planned financial envelop and delivering expected financial and operational value



### Key Risks for Notification and Proposals to Mitigate

Risks	Mitigation
Inability to maintain momentum in waiting list reduction without appropriate funding	Urgent discussions in train with SRO and thereafter SPPG

### Next Quarter Priorities

- Secure funding for further waiting list reductions in 2026/27.
- Embed learning from 2025/26 e.g. telephone validation, telephone clinics.
- Finalise RF Triage model/ funding and fully implement across Trusts.
- Identify and agree other priorities for clinical standardisation.
- Continue to progress demand and capacity planning.

### Recommendations to CiC

- Note progress made to date
- Note the risk to funding in 2026/27 and potential impact on maintaining or securing further improvements in maximum waiting times.



# Candidate Passport and Time to Fill Improvement Programme

*Karen Hargan*

**Fill Improvement Programme** Reporting Period: Q1 2026 | Delivery Confidence: 3 | Lead CEx SRO: Neil Guckian | Provider Collaborative

Lead: Karen Hargan; Director of HR &OD, WHSCT Participating Trusts: All

Confidence in Delivery of Programme Objectives: 1-5 :(1 = Low Confidence, 5 = Extremely Confident)

## Executive Summary

1. A full assessment of the feasibility of introducing a Candidate passport for PECs for cross-organisational movers has been completed, including benchmarking with other jurisdictions. It is recommended that HSC does not implement a formal cross-HSC PEC passport at this time, as such an approach could leave Organisations open to legal challenge and potentially patient safety issues.
2. Work continues to improve Time to Fill, particularly in the PECs section of the journey, with a number of QI projects underway or implemented to help reduce this further.

### Background and Case for Change

30–40% of PECs (400–500 candidates per month) relate to individuals moving between HSC organisations. Candidates are required to repeat PECs despite already being employed within HSC, contributing to delay and frustration.

### Strategic Alignment

- Reducing time to hire;
- Enhancing candidate experience; and
- Maintain compliance with employment law, safeguarding legislation, GDPR, and regulatory expectations (including RQIA).

### Key Deliverables

- A formal recommendation not to implement a Candidate Passport, supported by legal and regulatory evidence, ensuring patient safety, safeguarding and organisational assurance are not compromised.
- Completion of benchmarking with NHS England, Wales and Scotland to inform decision-making.
- A number of operational improvement projects are implemented or underway.

### Programme Objectives

- Reduce time to hire through process efficiency, not removal of statutory checks;
- Improve candidate experience, particularly for internal HSC movers;
- Target known bottlenecks (PEC escalations and OH processes);
- Maintain full compliance with legal, regulatory and safeguarding requirements; and
- Deliver continuous, measurable improvement in recruitment performance across HSC.

## Progress since last CiC update

### Capacity release delivered from the proposed Occupational Health improvements

- Development of Occupational Health KPIs will help support the effective performance management of timeframes for completion of PPHAs. A monthly report is planned to be introduced in Q2 of 2026/27. The KPIs will be the start of an ongoing process to improve these timelines. Any capacity released will be offset by increasing volumes of recruitment and also the higher sickness absence levels seen regionally.
- *Development of OH eform* will improve the efficiency of collecting information from candidates and will remove a number of administrative steps, currently undertaken by OH admin staff however it will not reduce any clinical input as the number of candidates requiring to be triaged and subsequently need appointments will be unlikely to reduce. The build of this form by BSO(ITS) is ongoing and it is hoped this will go live in Q2 of 2026/27.

## Outcomes Achieved to Date

- Sustained regional improvement in Time to Fill:
  - Revised escalation criteria implemented to reduce unnecessary escalations.
  - SOPs agreed and KPI framework developed to improve transparency, consistency and performance management.

**Fill Improvement Programme** Reporting Period: Q1 2026 | Delivery Confidence: 3 | Lead CEx SRO: Neil Guckian | Provider Collaborative

Lead: Karen Hargan; Director of HR &OD, WHSCT Participating Trusts: All

Confidence in Delivery of Programme Objectives: 1-5 :(1 = Low Confidence, 5 = Extremely Confident)

**Progress since last CiC update: Further Information requested**

Financial savings from recruitment improvements to date

- Cost savings from the improvement work on recruitment are difficult to accurately ascertain as recruitment costs are multifactorial in organisations the size of HSC Trusts. Factors include the range of bandings and salaries for the vacancies being recruited into, making it difficult to produce an accurate cost of a vacancy. This is complicated further by shift premiums and the fact that not all vacancies are covered by higher cost agency staff for their duration
- Any savings must be offset against increased recruitment costings across the region, with additional staffing being placed into RSSC and Trust Teams to reflect new baseline recruitment volumes regionally and also the introduction of the Amiqus system regionally.

Recruitment Attrition Rates

- It is not possible to report on candidate drop outs through HRPTS and this information has to be extracted from the system manually, with someone looking through specific files and seeing the number of candidates progressed to each stage.
- It is therefore not possible to identify overall HSC averages, however there are a number of examples of recruitment campaigns which have been worked through previously, which show the drop off rates at each stage and are shown below.

*Please note:* The reason for the drop out is also not known, as this is not recorded on the system.

**1.NHSCT, Health Care Assistants, Band 3; Spring 2025**

Candidate Funnel	No of candidates	No of candidates lost	Percentage remaining of total no of applications
Applications	100	0	100%
Shortlisted	72	28	72%
Self-booked an interview slot	43	39	43%
Attended interview	33	10	33%
Successful at interview	30	3	30%
Completed PECs and commenced	29	1	29%

**2. SEHSCT Support Services Service Assistants, Band 2; Autumn 2024**

Candidate Funnel	No of candidates	No of candidates lost	Percentage remaining of total no of applications
Applications	179	0	100%
Shortlisted	178	1	99%
Self-booked an interview slot	178	1	99%
Attended interview	92	86	51%
Successful at interview	59	33	33%
Completed PECs and commenced	35	20	27%

## Fill Improvement Programme Reporting Period: Q1 2026 | Delivery Confidence: 3 | Lead CEx SRO: Neil Guckian | Provider Collaborative

Lead: Karen Hargan; Director of HR &OD, WHSCT Participating Trusts: All

Confidence in Delivery of Programme Objectives: 1-5 : (1 = Low Confidence, 5 = Extremely Confident)

### Key Risks for Notification and Proposals to Mitigate

Risks	Mitigation
1. Legal and regulatory risk if PEC rigour is reduced.	Each org has legal responsibilities to carry out certain checks with their employees- failing to do so is illegal.
2. Patient safety and reputational risk should issues arise post-appointment.	Ensuring all staff are fully checked at the point of appointment to ensure they are suitable and fully qualified ensures a high standard of patient safety is maintained.
3. GDPR risk, particularly around data sharing and consent.	Relying on data collected from previous employers, even with the candidates consent, increases the risk of data being out of date, breaching GDPR regulations and leaving organisations open to legal challenge.
4. Continued regulatory scrutiny, including Access NI and RQIA expectations.	Organisations are expected to be able to display suitable information regarding employees at the request of the regulator during inspections, failure would be a statutory breach in some cases and may also result in enforcement notices being receives. Maintaining regular contact and communication with the regulator to fully understand expectations will help mitigate this risk.

### Next Quarter Priorities

The programme's focus for the next quarter is on embedding delivered improvements and progressing scoped actions that offer the greatest opportunity to reduce time to hire without increasing organisational risk.

Key priorities are:

- Embed revised PEC escalation criteria
- Implement Occupational Health process improvements
- Progress OH Health Protection data-sharing scoping
- Continue regional PEC review

### Recommendations to CiC

1. Note the outcome of the Candidate Passport assessment and the recommendation not to implement a formal cross-HSC PEC passport at this time.
2. Endorse the continued focus on legally robust, system-based improvements to reduce time to hire and improve candidate experience.
3. Support the next-quarter priorities, particularly:
  - Embedding revised PEC escalation processes.
  - Implementing Occupational Health process and performance improvements.
4. Agree that progress updates and emerging benefits continue to be reported through the appropriate governance route as part of the wider Recruitment Review Programme.



# Medical & Dental Locum Reduction

*Karen Hargan*



## Executive Summary

The Medical & Dental Locum Reduction Programme is a regionally coordinated programme to address sustained reliance on high-cost locums by strengthening governance, controlling agency costs and tackling the underlying causes of workforce instability across HSC.

- A regionally governed M&D Locum Reduction Programme is in place, with clear Trust accountability and coordinated delivery.
- A new price-capped M&D Locum Framework went live in March 2026, with transition arrangements to eliminate off-framework use.
- Enabling actions are well advanced, including revised E-Locum rates, workforce planning and targeted support for vulnerable specialties.
- The focus now is on implementation and embedding to stabilise the workforce and secure sustainable cost control.

### Background and Case for Change

- High agency spend historically
- Reliance on off-contract agencies
- Workforce shortages impacting services
- Need for regional collaboration

### Strategic Alignment

- HSC Workforce Strategy 2026
- Workforce stabilisation
- Financial recovery
- Regional collaboration
- Procurement Act alignment

### Leadership and Governance

- Lead Cex SRO Neil Guckian
- Operational SROs appointed in each Trust
- ToR approved
- HSC Trusts, BSO, DoH.
- Regional oversight

### Key Deliverables

- Compliant M&D framework with price caps live March 2026
- Elimination of off-framework locum staff
- Targeted workforce stabilisation workstreams
- Revised elocum rates to strengthen internal supply and reduce agency reliance

### Programme Objectives

- Reduce agency reliance
- Eliminate off-framework usage
- Improve workforce stability
- Deliver financial sustainability

### Timeline ( key dates / milestones to be added)

- M&D Framework Go-Live 2nd March 2026
- Transition period running until 30th June 2026
- Elocum rates to be progressed Q1 2026/27

## Progress since last CiC update

- New M&D Framework has officially went Live
- Trusts are progressing through the transition period
- Services are working through risks and implementing mitigation plans

## Outcomes Achieved to Date

- Clear regional governance and accountability established
- Foundations laid for cost control
- Improved system grip on locum usage and risk
- Critical enablers progressed, including revised E-Locum rate proposals and strengthened medical workforce planning to support longer-term stabilisation.
- Stronger collaboration



## CiC Quarterly Update: Elective – Medical & Dental (M&D) Locum Reduction Plan

Reporting Period: Q1 2026 | Delivery Confidence: 3 | Lead CEx SRO: Neil Guckian | Provider Collaborative Lead: Karen Hargan

Participating Trusts: Regional Programme

*Confidence in Delivery of Programme Objectives: 1-5 : (1 = Low Confidence, 5 = Extremely Confident)*

### KPI Dashboard Snapshot

#### Medical & Dental

- Spend increased 23.5% (2022/23–2024/25)
- Now stabilising (£137m–£142m projected 2025/26)
- Framework usage 66–71%
- New framework (March 2026) expected to reduce off-framework spend

### Benefits Realisation

The reduction of locum reliance and longer term stabilisation of the medical & dental workforce.

- Reduced costs
- Improved care continuity
- Better productivity
- Stronger governance

Delivery Confidence: Amber

Benefits Confidence: Green

Financial Confidence: Green

### Key Risks for Notification and Proposals to Mitigate E.g. Organisational, Financial, Human Resources

Risks	Mitigation
Organisational	Risk to service stability during implementation period

### Next Quarter Priorities

- Implement M&D framework and eliminate off contract locum doctors across Trusts, identifying and logging exceptions
- Secure regional agreement to revised E-Locum rates and develop implementation plan
- Progress vulnerable specialties workstream for interim report
- Support establishment of Workforce Planning workstream

### Recommendations to CiC

- Support full implementation of Medical & Dental Framework
- Endorse actions to reduce locum reliance
- Champion workforce stabilisation
- Support regional collaborative delivery model



# Agency Reduction Implementation Group (ARIG) programme

*Karen Hargan*



## Reduction and Nurse/Midwifery Bank Reform

Reporting Period: Q2 2026 | Delivery Confidence: 3 | Lead CEx SRO: Neil Guckian | Provider Collaborative Lead: Karen Hargan

Participating Trusts: Regional Programme

Confidence in Delivery of Programme Objectives: 1-5 (1 = Low Confidence, 5 = Extremely Confident)

## Executive Summary

The Agency Reduction Implementation Group (ARIG) programme, is responsible for ensuring the rollout of agency frameworks across the HSCNI to ensure consistency in application.

The Programme also includes the review and reform of the Nurse/Midwifery Bank

- A regionally governed Programme is in place, with clear Trust accountability and coordinated delivery.
- The focus now is on implementation and embedding to stabilise the workforce and secure sustainable cost control.

### Background and Case for Change

- High agency spend historically
- Reliance on off-contract agencies
- Workforce shortages impacting services
- Need for regional collaboration

### Strategic Alignment

- HSC Workforce Strategy 2026
- Workforce stabilisation
- Financial recovery
- Regional collaboration
- Procurement Act alignment

### Leadership and Governance

- Lead Cex SRO Neil Guckian
- ToR approved
- Project governance structure
- HSC Trusts, BSO, DoH
- Regional oversight
- Project leads for framework and bank reform elements of the Programme

### Key Deliverables

- Compliant frameworks in place
- Elimination of off-framework staff
- Targeted workforce stabilisation workstreams

### Programme Objectives

- Reduce agency reliance
- Eliminate off-framework usage
- Improve workforce stability
- Deliver financial sustainability
- Reform and modernisation of HSC Nurse Bank to improve governance and supply

### Timeline ( key dates / milestones to be added)

- 2 current frameworks in operation- Nursing and Healthcare Support Workers from May 2023 and Non Medical/Non Nursing from June 2025

## Progress since last CiC update

- Preparatory work underway for new nursing and healthcare support workers framework due in May 2027 including pricing strategy review
- Monitoring and review of risks (off-framework usage) for non medical/non nursing framework
- Workshop reviewing Trust plans for nurse and healthcare support agency reduction in 2026/27
- Preparation of 2026/27 action plans for Nurse Bank Reform

## Outcomes Achieved to Date

- Stronger collaboration
- Rollout out of non medical/non nursing framework (June 2025) and identification of risks (exceptions)
- Elimination of all social work agency use
- Elimination of nurse agency off-framework (with 2 exceptions notified to Permanent Secretary)
- Foundations laid for cost control
- Reduced nurse agency dependency



## Reduction and Nurse/Midwifery Bank Reform

Reporting Period: Q2 2026 | Delivery Confidence: 3 | Lead CEx SRO: Neil Guckian | Provider Collaborative Lead: Karen Hargan  
Participating Trusts: Regional Programme

*Confidence in Delivery of Programme Objectives: 1-5 (1 = Low Confidence, 5 = Extremely Confident)*

### KPI Dashboard Snapshot

#### Nursing and Healthcare Support Staff Agency Framework

- Base year 2022/23 expenditure £186m (£52m Framework; £134m Off-framework)
- Projected 2025/26 out-turn expenditure £152m (£142m Framework; £10m Off-framework)

#### Non Medical/Non Nursing Agency Framework

- Base year 2024/25 expenditure £79m (£67m Framework; £12m Off-framework)
- Projected 2025/26 out-turn expenditure £79m (£66m Framework; £13m Off-framework)

#### Social Work Agency

- Base year 2022/23 expenditure £13m (£5m Framework; £8m Off-framework)
- Projected 2025/26 out-turn expenditure £Nil

### Benefits Realisation

- The reduction of agency reliance and longer term workforce stabilisation
- Reduced costs
- Improved care continuity
- Better productivity
- Stronger governance

### Key Risks for Notification and Proposals to Mitigate E.g. Organisational, Financial, Human Resources

Risks	Mitigation
Organisational	<ul style="list-style-type: none"> <li>• Delay in advancing new agency tender for nursing and healthcare support workers</li> <li>• Capacity issues for workstream members</li> </ul>

#### Confidence in Delivery of Programme:

Delivery Confidence: Green or 4

Benefits Confidence: Amber or 3

Financial Confidence: Amber or 3

### Next Quarter Priorities

- Implement Trust plans to reduce nurse agency usage (Registrants)
- Continue to monitor any remaining off-framework expenditure especially for non medical/non nursing agency use
- Introduction of Branding for HSC Bank
- Progress development of Cloudstaff for Bank workers
- Implementation of single process to bring students onto HSC Bank
- Rostering Policy template for implementation in April 2026
- Review recommendations from NIAO Use of Temporary Nurses Report (final version due April 2026)

### Recommendations to CiC

- Support continued application of the agency frameworks
- Endorse actions to reduce nursing agency expenditure
- Champion workforce stabilisation and bank reform
- Support regional collaborative delivery model



# Virtual Wards Provider Collaborative

*Jennifer Welsh*



# CiC Quarterly Update: Virtual Wards Provider Collaborative

Reporting Period: Q1 2026 | Delivery Confidence: 3 | Lead CEx SRO: Jennifer Welsh | Provider Collaborative Lead: Alastair Campbell

Participating Trusts: All Trusts

Confidence in Delivery of Programme Objectives: 1-5 (1 = Low Confidence, 5 = Extremely Confident)

## Executive Summary

- Regional Virtual Wards oversight group agreed – 1<sup>st</sup> meeting to be confirmed for May
- Regional encompass build group stood up – 1<sup>st</sup> meeting to take place 16<sup>th</sup> April
- Regional operational group to be set up
- Belfast Trust pilot planning underway for Sept 2026, other Trust pilot timelines to be confirmed

### Background and Case for Change

- Significant pressure on inpatient capacity
- Strategic priority for recovery
- Collaborative delivery model established

### Strategic Alignment

- Health & Social Care Reset Plan, July 2026
- Neighbourhood Model

### Leadership and Governance

- ✓ Lead CEx SRO and Trust Leads
- ❖ Terms of Reference to be agreed
- ❖ Rural needs and Equality screen
- ❖ Service user involvement to be confirmed

### Key Deliverables

#### Phase 1 By Sept 2026

- Virtual ward functionality integrated into the encompass platform
- Operational pilot of a virtual ward service in Belfast Trust including evaluation
- Feasibility study and, if viable, pilot in a rural trust
- All Trusts developing their own virtual ward operational models in preparation for regional implementation

#### Phase 2 Early 2027

- Final report including evaluation, lessons learned, and recommendations for scale-up
- Comprehensive operational framework for regional implementation
- Business case

### Programme Objectives

- Functional regional encompass build
- Pilot virtual wards in Belfast Trust
- Scale and spread of pilot across all Trusts
- Regional operational Framework for Virtual Wards

### Timeline



## Progress since last CiC update

- Initial report

## Outcomes Achieved to Date

- Initial report

# CiC Quarterly Update Virtual Wards Provider Collaborative

Reporting Period: Q1 2026 | Delivery Confidence: 3 | Lead CEX SRO: Jennifer Welsh | Provider Collaborative Lead: Alastair Campbell

Participating Trusts: All Trusts

Confidence in Delivery of Programme Objectives: 1-5 : (1 = Low Confidence, 5 = Extremely Confident)



## KPI Dashboard Snapshot

KPI Name	Baseline	Previous Quarter	Current Quarter	Target	RAG
<b>DASHBOARD TO BE INCLUDED WHEN METRICS AGREED</b>					

## Benefits Realisation – to be evidenced as pilots commence

- Reduced length of stay / earlier discharge
- Improved patient experience
- Improved system productivity / flow

## Key Risks for Notification and Proposals to Mitigate E.g. Organisational, Financial, Human Resources

Risks	Mitigation

## Next Quarter Priorities

- Agree and deliver regional encompass build
- Operational delivery model established in pilot Trusts
- Go Live with pilots Sept 2026
- Maintain governance and delivery oversight

## Recommendations to CiC

- Access to Phlebotomy / Imaging across Trusts



# Development of a Northern Ireland Core Statutory and Mandatory Training

## CiC Quarterly Update: Development of a Northern Ireland Core Statutory and Mandatory Training Framework

Reporting Period: Q1 2026 | Delivery Confidence: 3 | Lead: Jacqui Reid; Director of HR, OD and Corp Comms NHSCT Participating

Trusts: All

Confidence in Delivery of Programme Objectives: 3 (1 = Low Confidence, 5 = Extremely Confident)



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## Executive Summary

- A Regional Mandatory Training Steering Group has been established to develop of a Northern Ireland Core Statutory and Mandatory Training Framework, aimed at addressing duplication, variation and inefficiency across the Health and Social Care (HSC) training landscape while maintaining patient and staff safety.
- A baseline analysis of statutory and mandatory training across HSC Trusts has been completed, identifying areas of duplication, inconsistency and opportunity for regional alignment.
- LearnHSCNI has been configured to support training passporting, subject to Trusts and HSC organisations adopting: the same certificates, and the same duration of validity for agreed training areas.

### Background and Case for Change

400–500 people per month move between HSC organisations. Candidates are required to repeat mandatory training despite already being employed within HSC, contributing to unnecessary duplication and variation.

### Key Deliverables

- Reduced training burden on our staff
- Cost efficiency
- Improved staff experience
- Enhanced portability of workforce across trusts
- System-wide consistency across health and social care
- Resource optimisation

### Programme Objectives

- Develop a Northern Ireland Core Statutory and Mandatory Training Framework
- Keep people safe and build a workforce that has essential competences;
- Free up capacity to deliver more care for patients, enable staff to move more easily from one HSC employer to another without unnecessary repetition of training; and
- improve the learning experience of staff.

**Strategic Alignment - System pressure:** Reducing unnecessary duplication releasing staff time and capacity back into frontline services. **Workforce mobility:** A passported approach enabling staff to move across HSC organisations. **Care capacity:** Faster onboarding and reduced training repetition helping sustain service delivery.

## Progress since last CiC update

A **baseline review of statutory and mandatory training themes across all HSC Trusts** has been completed to establish current practice and variation. **Strong alignment already exists** in a number of training areas indicating early opportunities for regional standardisation.

Cyber Security, Equality – Making a Difference, Information Governance and Manual Handling awareness. Agreed that:

- Cyber Security (BHSCT) is separated from IG training (in line with other Trusts)
- Equality training frequency moves to 5 years (HRDs are in agreement)
- Manual Handling training moves to 3 years
- Correspondence has been sent to:
  - Lead Directors re: **Fire Safety** training and;
  - Executive Directors of Social Work re: Safeguarding Induction and Awareness (Level 1)

## Outcomes Achieved to Date

- A Regional Steering Group established
- A baseline analysis of statutory and mandatory training across Trusts completed
- LearnHSCNI configured to support training passporting
- Seven areas of 'Core' training agreed to date.

## CiC Quarterly Update: Development of a Northern Ireland Core Statutory and Mandatory Training Framework

Reporting Period: Q1 2026 | Delivery Confidence: 3 | Lead: Jacqui Reid; Director of HR, OD and Corp Comms NHSCT Participating

Trusts: All

Confidence in Delivery of Programme Objectives: 3 (1 = Low Confidence, 5 = Extremely Confident)



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### Key Risks for Notification and Proposals to Mitigate

Risks	Mitigation
Training passporting decisions rely on accurate and complete data from previous HSC employers	<ul style="list-style-type: none"> <li>• Agreement of standardised evidence requirements for passported training.</li> <li>• Use of LearnHSCNI as the single system of record for recognised training.</li> <li>• Clear accountability for data accuracy retained by Trusts</li> </ul>
Data protection and consent arrangements do not sufficiently support cross-organisational training passporting	<ul style="list-style-type: none"> <li>• Development and approval of a regional staff movement and training passporting Memorandum of Understanding (MoU) Alignment with existing HSC information governance frameworks and consent arrangements</li> </ul>

### Next Quarter Priorities

The programme focus for the next quarter is on progressing the reduction in duplication, increase standardisation and improve staff experience:

Key priorities are:

- Progress training areas within scope i.e. Fire and Safeguarding
- Agreed as 'core' **An Introduction to Complaints Handling Procedure and Resolution Stage 1'**
- Development a regional staff movement and training passporting **Memorandum of Understanding (MoU)**
- Communicate the agreed '7' core areas as the core mandatory training framework

### Recommendations to CiC

1. Note the development of a Northern Ireland Core Statutory and Mandatory Training Framework
2. Endorse the continued focus on standardisation and portability and improving staff experience.
3. Support the next-quarter priorities
4. Agree that progress updates and emerging benefits continue to be reported through the appropriate governance route.



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## MEETING PAPER COVER SHEET

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<b>Paper Title:</b>	CORPORATE STRATEGY- REVISED WORDING	
<b>Paper For:</b>	<b>Trust Board</b>	<b>Link to Strategic Objectives:</b>
<b>Meeting Date:</b>	<b>28/05/2026</b>	Most appropriate clinical response <input checked="" type="checkbox"/>
<b>Author:</b>	Charlie Thompson	Work collaboratively with HSC partners <input checked="" type="checkbox"/>
<b>Responsible Director:</b>	Seamus Mullen	Deploy resources to meet patient needs <input checked="" type="checkbox"/>
<b>Action Required:</b>	<b>TO NOTE</b>	Support improved health outcomes <input checked="" type="checkbox"/>
<b>Resource Implications:</b>	No	Optimise organisational resilience <input checked="" type="checkbox"/>
<b>Paper History:</b>	SLT on 19 May 2026	

## Purpose

Trust Board the proposed revised Corporate Strategy components (Vision, Mission, Core Principles, and Strategic Priorities) which in turn will be used to develop the draft 10-Year Corporate Strategy.

## Background

We have now completed an extensive structured engagement process with our key internal and external stakeholders on the draft components of the new NIAS 10-Year Corporate Strategy. The feedback from stakeholder engagement exercise was subsequently discussed with the Strategy Development Steering Group (SDSG) over recent weeks and with SLT on the 19 May and a series of proposed revisions have been made to the core components of the Corporate Strategy.

Overall, the feedback from the key stakeholders was extremely positive and our proposals were well received across the spectrum. The proposed changes do not alter the overall strategic direction but strengthen clarity, consistency, and alignment, with increased emphasis on:

- Clinically effective, high-quality care
- Delivering care in the right place, at the right time
- Partnership working across the wider health and care system
- Workforce culture, leadership, and wellbeing
- Use of data evidence and innovation to support outcomes

## Context

The NIAS Corporate Strategy 2026-2036 has progressed significantly since the last update to SLT in March 2026.

All internal and external engagement activity has now been completed, including sessions with NIAS staff across all Directorates, SDSG, Other Trusts, PHA, DoH, Trade Unions, and wider public sector partners.

Feedback has been broadly consistent with strong support for the overall strategic direction. In response, the Vision, Mission, Core Principles, and Strategic Priorities have been refined and strengthened, with particular emphasis on:

- Clinical effectiveness and measurable outcomes
- Clarity on NIAS's statutory role within the wider system
- Workforce culture, leadership, and wellbeing
- Deliverability, prioritisation, and accountability

The strategy is now moving into its next phase of its development which will use the core corporate strategy components to develop the NIAS Directorate Plans, and our first 3-Year Corporate Plan aligned to support the delivery of our 7 corporate priorities. Once completed the content of the Corporate Plans and the components of the 10-Year Corporate Strategy will be used to produce our draft corporate Strategy. The final draft Corporate Strategy will then be used to enable progression on to our required statutory 12-week consultation phase with all our key stakeholders.

To allow us to progress the above work SLT asked to agree the revised wording (**Appendix 1**)

## Key Updates

### Stakeholder Engagement

- Initial comprehensive engagement now completed across all stakeholder groups
- Included staff roadshows, external partner sessions, and targeted engagement with patient representative groups, Health Trusts (*including Trust Chairs*), PHA, DoH (*including Permanent Secretary*), and Trade Unions
- Engagement reached a wide cross-section of stakeholders and provided consistent and actionable feedback
- Feedback has directly informed the refinement of strategic components

### Corporate Strategy Development

- Revised **Vision and Mission** now better reflect NIAS's full-service scope and system-wide role, with clearer and more accessible language
- **Core Principles** strengthened to emphasise:
  - Clinical effectiveness, safety, and outcomes

- Evidence-based and risk-informed decision-making
- Workforce culture, inclusion, and psychological safety
- **Strategic Priorities** refined to:
  - Strengthen focus on deliverability, accountability, and measurable outcomes
  - Reflect system partnership and integrated working
  - Embed data, digital capability, and continuous improvement
- Overall, the direction is unchanged, but clarity, consistency, and strategic alignment significantly improved

## Next Steps

- Seek Trust Board approval of revised strategic wording (Vision, Mission, Core Principles, and Strategic Priorities) in **Appendix 1**.

### \*Note

- *The white text is the previously agreed wording*
  - *The black text is suggested additional wording*
  - *The strikethrough text is the words suggested to be deleted*
- 
- Progress the development and finalisation of Directorate Plans using an agreed corporate template to inform the production of our first 3-Year Corporate Plan.
  - To continue to develop the content of our draft 10-Year Corporate Strategy for consideration by SLT/SPF Committee/Trust Board.

## Appendix 1: Revised Strategic Components

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# Corporate Strategy

From Engagement to Action:  
Sharpening our direction



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You  
Say   
We Did

**You said:**

- Be clear about NIAS's role
- Strengthen culture, leadership and wellbeing
- Focus on realism, prioritisation and delivery

**We did:**

- Anchored the Strategy in NIAS's core role
- Strengthened focus on culture and staff experience
- Sharpened priorities to emphasise delivery, governance and impact

**Result:**

Same direction – now clearer, stronger and deliverable

**What Changed as a Result:**

Feedback didn't change the direction – it strengthened how we express and deliver it.

- Vision & Mission → sharpened
- Core Principles → clarified
- Strategic Priorities → strengthened



## Our Vision

Delivering timely, high-quality, innovative and clinically effective care in the right place – improving outcomes for every person and supporting the wider health and care system.

**i** **You said:** Reflect NIAS's wider system role  
**We did:** Broadened the Vision to reflect our full service scope and system-wide impact.



## Our Mission

To delivery our vision, we will work with Working with our partners to save lives and provide delivering compassionate, supportive care closer to home high-quality clinically effective care in the community – ensuring people receive the right care, in the right place, at the right time.

**i** **You said:** Make it clearer and easier to understand  
**We did:** Simplified the Mission and strengthened the focus on partnership working



## Our Core Principles

**i** **You said:** Make them clearer, less restrictive and more reflective of how we work  
**We did:** Clarified and broadened the Core Principles to reflect whole-system working, local flexibility, culture and the full NIAS remit.



### High-Quality, Compassionate Care – Every Time & Everywhere

- We listen first and shape care around what matters to people, taking account of clinical need and local context.
- We provide safe, high-quality, clinically effective care in the right place.
- We treat every person with dignity, respect, equity, and inclusion.
- We use evidence, data, and clinical expertise to make decisions, manage risk, and improve outcomes.
- We innovate responsibly to deliver better care and value.



### One Team - Safe, Connected, Valued

- We create a culture where colleagues are treated fairly, connected to purpose, and feel safe to speak up.
- We support and develop our people through leadership, learning, and wellbeing.
- We celebrate contribution and accountability at every level.
- We uphold behaviours that reflect our values and challenge those that do not.



### Working Together – Powered by Insight & Innovation

- We work with partners to improve outcomes and strengthen service delivery.
- We use data, digital capability, and clinical insight to support decision-making and improve outcomes.
- We prioritise resources to deliver value, sustainability, and resilience.
- We will continue to develop clinical pathways and strengthen partnerships while maintaining clear accountability for NIAS's role.

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# Our Strategic Priorities

You said: Make them realistic, deliverable and outcome-focused  
We did: Strengthened the Strategic Priorities to reflect wider scope, embed realism, and sharpen focus on delivery, accountability and measurable outcomes.



## High-Quality, Compassionate, Person-Centred Care

We deliver timely, respectful and clinically excellent care shaped by what matters most to people – at home, in the community or in hospital when needed.

We focus on quality, safety, and measurable outcomes for people, supported by evidence, learning, and continuous improvement.



## Equitable Access & Inclusion

We ensure everyone can access high-quality care regardless of geography or circumstance – reducing inequalities and improving rural access.

We provide equitable access to high-quality care, recognising geographical and operational challenges.

We make evidence-informed decisions to ensure people receive the right care, in the right place, at the right time.



## People, Culture & Organisational Wellbeing

We build a workplace where staff are safe, connected, valued and supported to grow and thrive.

We create a workplace where colleagues feel safe, valued, and connected to purpose.

We provide consistent leadership, support and development, recognising that wellbeing and culture are essential to safe and reliable care.



## System Partnership & Collaboration

We work with partners to deliver integrated, preventative, and person-centred models of care to improve outcomes.

We support joined up services while maintaining clear accountability for NIAS's statutory role.



## Innovation, Intelligence & Transformation

We use real-time data, digital capability, and clinical insight to improve safety, decision making, outcomes, and operational performance.



## Assets & Infrastructure

We invest in and develop sustainable fleet, estates, equipment and digital infrastructure to enable reliable and future-ready services.



## Performance, Governance and Planning

We align planning, performance, and governance to ensure decisions are evidence-informed, transparent, and focused on outcomes for people.

We use clear accountability and robust information to drive improvement and strengthen delivery.



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## Additional Governance, Audit and Risk Assurance Committee (GARAC)

Date 17 February 2026

Time: 2.00 pm

Location: MS Teams

Attendance	
Chair:	Philip Graham (Non-Executive Director)
Attendees:	Dale Ashford (Non-Executive Director) Paul Corrigan (Non-Executive Director)
In Attendance:	Stacey Beggs (Temporary Board Secretary) Leahann Donnelly (Interim Director of Finance) Brona McAuley (Assistant Director of Finance) Nick Henry (Assistant Director of Governance) Michael Riddell (Assistant Director of HR & OD) Seamus Mullen (Interim Director of PPCS) Neil Sinclair (Interim Director of Ops and Chief Paramedic Officer) David Charles (BSO Internal Audit)
Apologies:	

Minutes of Meeting		
Agenda Item	Summary of the discussion	Actions Agreed
1.	<u>Apologies &amp; Remarks</u>  The Committee <b>NOTED</b> there were no apologies received.	
2.	<u>Declaration of Potential Conflict of Interest &amp; Confirmation of Quorum</u>  No declarations of interest were made and the Chair confirmed that the Committee was quorate. The Chair confirmed and emphasised the confidentiality of information.	

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3.	<p><u>Update to IA Recommendations</u> Committee Members <b>NOTED</b> the list of recommendations circulated in advance and the updates provided.</p> <p><u>16 – Developing SLA with owners of Estates</u> Mr Henry has spoken to the Head of Estates and is confident they have the required evidence to close this recommendation before mid-March.</p> <p><u>44 – Management seeking assurance re: fire drills</u> Site inspections commenced in September and NIAS expect by mid-March that all 33 sites should have had an independent inspection and completion of fire drills.</p> <p>Mr Ashford welcomed the progress as concerns were discussed at the recent Safety Committee.</p> <p><u>68 - Medical Devices Contract Management</u> The Committee were advised that the relevant information has been collated and once this has been populated onto Fleetwave this will provide the relevant information to close this recommendation, which should be completed in the next couple of weeks.</p> <p><u>123 – Fleet – management of fuel cards and discrepancies</u> Progress has been achieved and NIAS now have the capability to check fuel usage vs payments for fuel, which Fleet are carrying out every six months, and can now see if there is excessive fuel use. There is still a gap to formalise these procedures and where they are being reporting to by when. NIAS are less confident that this would be completed before the end of March but will work with colleagues in fleet to maintain progress.</p> <p>Ms McAuley advised there are other variables impacting on carrying out accurate checks which may take time and she advised she will continue to support the Fleet team to progress.</p> <p><u>142 – IT / Cyber security</u> The Committee noted that this recommendation is in relation to regional programmes of work that are not</p>	
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# Northern Ireland Ambulance Service Health and Social Care Trust



within NIAS' gift to implement. There is now a process in place that these are being captured at the Cyber Security Group, and fed through SLT and reported twice yearly to GARAC. This process should provide evidence that NIAS are conducting a governance process.

Mr Charles advised that this recommendation falls within the IT audit specialist team and that there is a regional responsibility but the risk remains with the individual Organisation. Mr Charles suggested that NIAS discuss further with his colleague Paul Jameson, if required.

Mr Henry

187 – Business Continuity Estates

Mr Henry advised that NIAS are ensuring they receive assurance from estate owners regarding business continuity testing which is being collated into a database. NIAS hope to provide the relevant evidence in the next few weeks.

HR - 110 (Unsocial Hours Payment)

Mr Riddell predicts this recommendation will not be implemented by year end which has existed for some years. An update was provided at the last formal GARAC meeting that there is a lot of work ongoing to resolve issues but it is dependent on union negotiations.

Ops -158/161 (Voluntary Car Service)

Mr Sinclair advised that there is evidence to support that these recommendations are due to be completed by year end. Ms McAuley confirmed they have received part of the evidence but is confident this will be completed on time.

218 – Management of Bank

Mr Sinclair reported that Operations continue to work with HR and have developed an SOP/Policy which was negotiated with TU's.

Mr Riddell is relatively confident this will be completed by the end of the year.

220 – Management of Annual Leave

Mr Sinclair advised that the Management team continue to manage the challenges with leave balances and continue to review the accuracy and granular details.





Mr Riddell advised they have refreshed the Policy but this recommendation also depends on the practice and output of the Policy to ensure it is implemented.

NIAS have also introduced stringer for people currently off, which is another aspect of annual leave for suspensions and they continue to work with the ER team to resolve.

Mr Charles agreed that the Policy is a good step forward however, Internal Audit need to see the outworkings and the Policy in action.

#### 240 (Suspensions and Special Leave Reporting)

Mr Riddell confirmed this recommendation has been implemented and conveyed thanks to Ms McAuley for her assistance.

#### 243 - Return to work interviews

Mr Riddell confirmed that this is partly reliant on issues with GRS being able to report on payroll figures for return to work interviews. Ms Emery is working on a solution but it may not be completed by the end of the year.

#### 244 – Management of sick certificates

Mr Riddell confirmed this recommendation has been implemented and conveyed his thanks to Ms McAuley for her guidance.

#### 247 – case management redeployments

Mr Riddell confirmed this has been partly implemented, however NIAS don't have the internal process to manage but it should be completed by the end of the year.

#### 254 – Occupational Health Referrals

Mr Riddell is not confident NIAS will have the relevant KPI's in place to report completion by the end of the year. NIAS need to understand how effectively individuals are receiving appointments against referrals, which Ms Emery is considering. Mr Corrigan has seen some improvements reported via PCOD but there is still poor performance in relation to stress on staff and a shortage of psychologists.



	<p><u>167 – revenue business case</u> Ms Donnelly advised there is a regional aspect to this recommendation and that NIAS have issued a document outlining a pragmatic approach to business cases. There is a regional group taken this forward with SPPG and the DOH.</p> <p>Mr Charles has discussed this recommendation with the DoF who have issued guidance for business cases. It is still live and there are ongoing discussions at a strategic level but they haven't reached a conclusion. He confirmed the recommendation will remain open until there is clarification across all six Trusts.</p> <p>Ms McAuley confirmed that NIAS have currently completed 87% of recommendations, however, based on the feedback today they should achieve 91.5% which is a similar position to last year and is very good.</p> <p>Ms McAuley confirmed for the Chair that if they remove the two recommendations with a regional element NIAS should be able to implement 92.7% of recommendations, that they have control of.</p> <p>The Chair thanked colleagues for the significant work carried out and for attending today's meeting.</p>	
	<p><b><u>Date of Next Meeting</u></b> 12 March 2026</p>	



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## Governance, Audit and Risk Assurance Committee (GARAC)

Date 12 March 2026

Time 9.30 am

Location: Board Room

Attendance	
Chair:	Philip Graham
Attendees:	Dale Ashford (Non-Executive Director) Paul Corrigan (Non-Executive Director)
In Attendance:	David Charles (Internal Audit, BSO) Corey Parr (NIAO) Neil Sinclair (Interim Director of Ops and Chief Paramedic Officer) Seamus Mullen (Interim Director of PPCS) Leahann Donnelly (Interim Director of Finance) Brona McAuley (Assistant Director of Finance) – via MS Teams Nick Henry (Assistant Director of Governance) Michael Riddell (Assistant Director of HR & OD) Stacey Beggs (Temporary Board Secretary) Christine Hagan (ASM)
Apologies:	

Minutes of Meeting		
Agenda Item	Summary of the discussion	Actions Agreed
1.	<p><b><u>Apologies &amp; Remarks</u></b></p> <p>The Committee <b>NOTED</b> there were no apologies received. Mr Ashford chaired the start of the meeting in Dr Graham's absence.</p>	
2.	<p><b><u>Declaration of Potential Conflict of Interest &amp; Confirmation of Quorum</u></b></p> <p>The meeting was quorate. No conflicts of interest were declared and confidentiality was reiterated.</p>	
3.	<p><b><u>Minutes of the previous meeting held on Thursday 29 January 2026</u></b></p>	



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	<p>The minutes of the previous meeting on 29 January were <b>APPROVED</b> on a proposal from Mr Corrigan and seconded by Mr Ashford.</p>	
4.	<p><b><u>Matters Arising</u></b></p> <p>The Committee <b>NOTED</b> updates to the attached matters arising log.</p> <p>Action 2 (Ops Recommendation 219): Mr Sinclair advised progress had been impacted by operational pressures and committed to prioritise completion. Mr Sinclair confirmed this relates to annual leave refusals; a system exists and he will ensure it is applied and monitored in practice.</p>	<b>Mr Sinclair</b>
5.	<p><b><u>Chair's Business</u></b></p> <p><u>25/26 Forward Work Plan and 26/27 Forward Work Plan and Dates</u></p> <p>The Committee <b>NOTED</b> the schedules provided and the Chair emphasised the workplan is flexible and may be amended as required.</p>	
6.	<p><b><u>Standing Items</u></b></p> <p><u>NIAS Direct Award Contract Register</u></p> <p>The Committee <b>NOTED</b> the DAC report and raised concern at the continued number of retrospective DACs. Management advised SLT has agreed to appoint a staff member to support contract/procurement management across directorates (advice and guidance) to improve compliance and assurance.</p> <p>Clarification was sought on ring-fenced Kings Fund monies and slippage; management confirmed no expenditure will occur until a DAC is implemented.</p> <p>Ms Donnelly outlined weekly directorate reviews of the 2025/26 contingency and slippage plans and noted Kings Fund spend will be considered along with other priority funding requests in 2026/27 pending confirmed allocations.</p> <p>The Committee requested a further update at the next meeting to evidence improvement in retrospective DACs.</p> <p><u>Fraud Update</u></p>	<b>Ms Donnelly/Mr Mullen</b>



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	<p>The Committee <b>NOTED</b> the Fraud Update</p>	
<p>7.</p>	<p><b><u>Internal Audit – Progress Report; Mandatory &amp; Driver Training; IA Charter; IA Strategy &amp; Plan</u></b></p> <p>The Committee <b>NOTED</b> the Internal Audit progress report and that delivery against the 25/26 plan remains on track.</p> <p><u>Mandatory &amp; Driver Training:</u> The Committee <b>NOTED</b> the report and minimum level of assurance (four significant findings agreed by management).</p> <p>Members raised concerns regarding clarity and consistency of compliance reporting and emphasised the importance of achieving statutory/mandatory training compliance.</p> <p>Management described actions underway to improve compliance, including demand and capacity arrangements to create operational release time.</p> <p>The Chair advised NIAS should apply equivalent standards even where exemptions exist to support good practice and reduce risk.</p> <p>The Committee requested dissatisfaction be recorded regarding timeliness of management responses/evidence return against audit actions and discussed strengthening NED oversight and risk escalation into PCOD.</p> <p>Internal Audit advised follow-up reporting will be provided after six months (next update expected September).</p> <p><u>Internal Audit Charter:</u> The Committee <b>NOTED</b> the updated framework reflecting new global standards and <b>APPROVED</b> the Charter (proposed Mr Ashford; seconded Mr Corrigan).</p> <p><u>Internal Audit Strategy &amp; Plan 2026/27–2028/29:</u> The Committee <b>NOTED</b> the plan (155 audit days) and discussed EQUIP timing and scope; the Committee indicated approval subject to amendments including deferring EQUIP audit work and reallocating time to budgetary control/financial management assurance.</p>	<p><b>Ms McAuley</b></p>



	Agreement may be confirmed remotely in writing given meeting timings.	
8.	<p><b><u>External Audit</u></b></p> <p><u>To advise on key issues</u></p> <p>External Audit advised audit will commence in accordance with the agreed timetable and strategy.</p>	
9.	<p><b><u>Standing Financial Instructions</u></b></p> <p>The Committee <b>NOTED</b> the updated SFI's.</p>	
10.	<p><b><u>Board Assurance Framework Update</u></b></p> <p>The Committee <b>NOTED</b> the updates to the BAF.</p> <p>Discussion referenced strengthened policy management processes, an online register approach, and mechanisms to alert document owners to overdue items.</p> <p>Members welcomed progress but requested clearer mapping of first line assurance groups/sub-groups and their reporting routes to committees.</p> <p>Management advised mapping work is underway to reflect both formal structures and operational practice, with an aim to share at the next meeting; the Chair requested earlier circulation if possible.</p>	
11.	<p><b><u>Update on Unsocial Hours – IA Progress</u></b></p> <p>The Committee <b>NOTED</b> the verbal update.</p> <p>Management advised no substantive change since the last meeting; an internal matter has concluded enabling progress on an aspect of unsocial hours payments and a pathway for TU engagement.</p> <p>Members emphasised the importance of TU involvement and maintaining momentum given ongoing risk exposure.</p>	
12.	<p><b><u>IG and Cyber Security Update</u></b></p> <p>The Committee <b>NOTED</b> the update, including heightened cyber threats across the HSC system and the need for continued staff vigilance and monitoring.</p>	



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	<p>Governance oversight continues via the IG and Cyber Security group; a draft AI policy is being developed regionally with trials ongoing.</p> <p>Management noted one outstanding IA recommendation due to be closed by year end, with ongoing Committee updates.</p>	
13.	<p><b><u>Any Other Business</u></b></p> <p>The Committee noted the position on IA recommendations and evidence returns (87.66% referenced) with evidence requested by 18 March.</p> <p>Members discussed potential fuel cost pressures and local station heating oil arrangements; management will review estates/fuel preparedness and financial implications for 2026/27.</p> <p>A previous Committee report on fuel and hedging was referenced for retrieval.</p> <p>The Committee formally recorded thanks to Mr Ashford for his contribution and experience.</p>	<b>S Beggs</b>
14.	<p><b><u>Closed Meeting</u></b> No closed meeting took place.</p>	
15.	<p><b><u>Date of Next Meeting</u></b> 14 May 2026</p>	
<p><b><u>Action Summary</u></b></p> <p>Mr Sinclair – Provide evidence/assurance that progress against Ops Recommendation 219 is being monitored and implemented in practice.</p> <p>Ms Donnelly / Mr Mullen – Provide an updated position on retrospective DACs at the next meeting.</p> <p>Ms McAuley – Follow up internally to improve ownership and timeliness of management responses/evidence return against IA recommendations; coordinate IA plan amendments as required.</p> <p>Stacey Beggs – Locate and circulate the previous report relating to fuel and hedging (if available).</p> <p>Nick Henry – Develop and circulate an assurance map of first line assurance groups and reporting routes to committees (update at next meeting).</p>		



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## PEOPLE, CULTURE & ORGANISATIONAL DEVELOPMENT COMMITTEE (PCOD)

**Date** 12 February 2026

**Time:** 9.30 am

**Location:** Board Room

Attendance	
<b>Chair:</b>	Jim Dennison (Non-Executive Director)
<b>Attendees:</b>	Phelim Quinn (Non-Executive Director) Paul Corrigan (Non-Executive Director)
<b>In Attendance:</b>	Michael Riddell (Deputy Director Workforce & Governance) Laura Turley (Deputy Director HROD – People & Culture) Nigel Ruddell (Medical Director)
<b>Apologies:</b>	Robert Sowney

Minutes of Meeting		
Agenda Item	Summary of the discussion	Actions Agreed
1.	<p><b>Apologies &amp; Remarks</b></p> <p>The Chair welcomed members to the meeting and noted apologies as above.</p>	
2.	<p><b>Procedure: Declaration of potential conflict/pecuniary interest/confidentiality of information/quorum</b></p> <p>The Chair asked those present to declare any potential conflicts of interest now or as the meeting progressed.</p> <p>No declarations of conflict of interest were made.</p>	
3.	<p><b>Previous Minutes – 10/12/25</b></p> <p>The previous minutes of 10 December 2025 were <b>APPROVED</b> on proposal from Paul Corrigan and seconded by Phelim Quinn.</p>	



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	<p>Ms Turley apologised for the submission of late papers due to existing pressures and that going forward papers will be provided in line with deadlines.</p>	
4.	<p><b>Matters Arising</b></p> <p>Committee members <b>NOTED</b> the <u>attached</u> update to the matters arising.</p> <p><u>Carried forward Actions:</u></p> <ul style="list-style-type: none"> <li>Ms Turley to circulate the most up to date Organisational Chart.</li> <li>Recurrent action from 10 Dec 2025 - Workforce Information and HR Report - 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.</li> </ul>	<p><b>Ms Turley</b></p> <p><b>Ms Turley (in Ms Lemon's absence)</b></p>
5.	<p><b>Monthly Workforce Information and Strategic HR Report</b></p> <p>The Committee <b>NOTED</b> the report which provides an update across all service areas within the HR Function.</p> <p>Ms Turley and Mr Riddell presented the highlights of the reports.</p> <p>Mr Corrigan raised concern that the biggest cause of sick absence is mental health which will be impacted by the lack of occupational health support in terms of psychologist availability. Ms Turley advised there is a regional psychology workforce shortage. Which is being considered in the Regional Occupational Health Service review. Some developments within this include that developing additional capacity roles for psychology assistants to support caseloads and assured the Committee that NIAS internally are delivering internal interventions through the Health and Wellbeing Team directly.</p> <p>The Committee referred to Section 9 regarding mandatory training which quotes compliance is 67.8% however, a recent internal bulletin reported this at 53%.</p> <p>Ms Turley explained the difference relates to the bulletin figures reflecting a change in the Complaints module as a result of a NIPSO guideline, which the QSI team have an action plan to address.</p>	



	<p>Mr Corrigan suggested reports should be consistent and Mr Dennison queried an anomaly in figures relating to cumulative staff and Ms Turley apologised for the confusion in how the information is presented and explained this can be due to variances in the reporting period for different metrics. Ms Turley agreed to clarify the detail behind the figures and advise accordingly and to ensure consistency in data set being used.</p> <p>The Committee requested that the in the future the chart has clearer labelling in relation to the number of individuals in total that have fully completed and are fully compliant with the duty to have training as well as the partially completed percentage.</p> <p>The Committee commended Mr Riddell and Ms Turley on the detail contained in the report and acknowledged the pressure on the team which will be exacerbated by the implementation of the EQUIP system. Ms Turley appreciated the acknowledgement and added that regional cost savings are preventing additional HROD resource capacity, however they will continue to monitor.</p> <p>Mr Corrigan and Mr Quinn referred back to the increase in sick absence and that they intend to bring to Trust Board's attention as it is unlikely there will be a downward trend to sick absence while the current challenges prevail. A conversation ensued regarding the lack of progress to implement the ambulance handover protocol by 31 March and NIAS will continue to see the impact on staff wellbeing as a result of that circumstance.</p> <p>The Committee discussed Page 8 (disciplinary grievances) and requested that the next report separates out the individual cases.</p>	<p><b>Ms TurleyMs Turley</b></p> <p><b>Ms Turley</b></p>
6.	<p><b>Performance Report Maximising Attendance (Absence)</b></p> <p>The Committee <b>NOTED</b> the report.</p> <p>The current sick absence rate is 10.24% (target 9.93%) and the team continue carry out data diagnostics to determine the reasons and address on a targeted basis. The Committee noted that Southeast has consistently reduced since July and Belfast continue an upward trend. EAC and NEAC has continued to increase due to recent media attention, pressure and resource,</p>	



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	<p>Diagnostics to date have determined core reasoning as are mental health, REAP pressure, industrial relations, pay dispute and staff burn out.</p> <p>Ms Turley explained the second biggest reason for absence is accidents at work and the team continue to review with QSI, however, the Committee acknowledged that assaults on staff are also a contributory factor, and Ms Turley is establishing a working group with key partners across the Trust to explore and address.</p> <p>HR are liaising with GRS in Operations to carry out a review of the impact on absence as a result of leave requests turned down. The Committee noted the substantial number of staff some managers are responsible for, and Ms Turley advised that OREL would address this and also consider provision of leadership and management training to help managers deal with difficult conversations.</p> <p>HR are reviewing absence reporting approaches to increase the accountability around absence management which may include Managers receiving a monthly report for their remit to discuss with their Director/ Directors to review with Chief Executive on a monthly basis.</p> <p>The Committee noted that a new regional attendance Policy will be launched in April that will provide a formal process to address some of the issues contributing to the increase in absence.</p> <p>Mr Quinn highlighted the variances of absence rates within divisions and queried if there are reasons some division(s) are an outlier and why it has continued to this point, and he sought clarity on what accountability has taken place to address. Ms Turley advised that historic culture within divisions is a challenge but is being addressed via the ongoing work within the culture programme and other internal improvements.</p> <p>Mr Quinn pointed out that there has been a significant increase in SAI's which result in death and therefore there will be more referrals to the coroner's court which may subsequently impact absence further.</p> <p>Ms Turley confirmed some of the practical steps NIAS are taking to address the reasons:</p>	
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	<p>There is cross functional working groups set up to identify key matters for EAC including health and wellbeing support. The litigation team are supporting staff attending coroners court as a witness, and NIAS need to review resourcing to deal with calls.</p> <p>Mr Corrigan was disappointed that there was no representative from Operations present to explain how absence is being managed at an operational level. He emphasised the Committee's concern about the continued upward trajectory month on month and reminded the Committee that NIAS were previously commended regarding the improvement to absence which has now significantly deteriorated. Mr Corrigan appreciates the external factors impacting absence however this is also a reflection of the leadership and management of staff.</p> <p>Dr Ruddell explained that the current coroners court cases are relating to incidents in 2021/22 and as ambulance delays have continued since then, the court cases will likely increase also.</p> <p>Mr Quinn suggested that an Ops representative attends the next meeting to explain how the absence hot spots are being managed at an operational level.</p>	<p><b>Ms Turley</b></p>
<p>7.</p>	<p><b>PCOD Terms of Reference Review</b></p> <p>The Committee <b>APPROVED</b> the updated Terms of Reference.</p>	
<p>8.</p>	<p><b>Violence and Aggression Update</b></p> <p>The Committee <b>NOTED</b> the briefing and the ongoing work to help mitigate the risks associated with violence and aggression directed towards staff.</p> <p>There has been a continued low uptake of body worn video (BWV) and NIAS need to understand the rationale of the reasons behind this. Ms Turley explained there was an initial reluctance from staff as BWV was perceived as being used as a punitive tool, however, NIAS have encouraged a change in perception to this.</p> <p>Mr Corrigan referred to the significant variance in stations and suggested that there needs to be more focus on the leadership, management and</p>	<p><b>Ms Turley</b></p>



	<p>accountability, and Ms Turley agreed to follow up with the relevant managers.</p>	
9.	<p><b>Organisational Cultural Improvement Update inc. sexual safety</b></p> <p>The Committee <b>NOTED</b> the recent progress and key next steps contained in the briefing report.</p> <p>Ms Ann Marie McStocker has recently been appointed as the Head of Culture Transformation.</p> <p>At the last programme board meeting the Kings Fund proposal was accepted and they are moving to implementing phase one.</p> <p>Mr Quinn highlighted that the adoption of the Being Human Framework is not included in the briefing report and explained the programme board agreed NIAS would adapt the recommendations within the framework to align with other aspects.</p> <p>Mr Quinn referred to a conversation at the SPF Committee regarding clarification on £100k slippage set aside for Kings Fund and queried if this will be active within this financial year, and Ms Turley confirmed they are going to commence this within the current financial year.</p>	
10.	<p><b>Vaccinations Briefing</b></p> <p>The Committee <b>NOTED</b> the update on NIAS approach to the influenza vaccination programme 25/26.</p> <p>Dr Ruddell highlighted that performance is not at the required level and despite NIAS challenging the lack of funding for NIAS to roll out internally, the PHA continued to run the scheme for staff to avail of the vaccine externally. He acknowledged the good effort from the team, but the lack of uptake reinforces that NIAS need to deliver this in house.</p> <p>Mr Quinn agreed NIAS need to maintain the pressure to secure early funding and ensure the delivery of vaccinations is well planned for next year and he suggested strengthening the proposal by detailing the absence rates for respiratory illnesses among staff.</p>	
11.	<p><b>Demand Capacity including OREL brief Update</b></p>	



	<p>The Committee <b>NOTED</b> the update for the Demand and Capacity Tactical Workforce sub-group.</p> <p>Mr Riddell referred to Slide 7 which details the calendar of events for recruitment for the rest of 2026 and the team will keep PCOD updated on the progress of this.</p> <p>Mr Riddell confirmed that DCA is an abbreviation for 'double crewed ambulances' and the Gannt chart for recruitment and training includes driver training and clinical education.</p> <p>With regard to the OREL programme of work, Mr Riddell updated that a workshop with TUs was held on 21 January to agree the principles which was very positive, and further meetings are planned to ensure there is a partnership approach to the model.</p>	
12.	<p><b>Partnership Update</b></p> <p>The Committee <b>NOTED</b> the HR Policy and Partnership Update, and the progress achieved to ensure that appropriate governance, engagement, and consultation arrangements are in place to support the delivery of a strengthened and more mature partnership model.</p> <p>Mr Riddell pointed out the key significant milestone is to issue a new partnership framework based on the regional framework.</p> <p>Ms Turley drew the Committee's attention to page two and three which explains the observations identified from the TU partnership Working Survey.</p>	
13.	<p><b>EQUIP SBAR</b></p> <p>The Committee <b>NOTED</b> the update regarding the EQUIP Human Resources Digitisation</p> <p>Mr Dennison referred to the implementation of EQUIP as being a significant risk to the Trust and should be a standing item on the PCOD agendas, which can be reviewed in time.</p> <p>Mr Dennison exited the meeting at this stage and Mr Corrigan chaired the remainder of the meeting.</p>	<p><b>Ms Lemon/Ms Turley/Mr Riddell/Ms Beggs</b></p>



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	<p>Mr Riddell and Ms Turley shared concerns with the timescales and financial consequences for NIAS which has been reflected on the Risk Register.</p> <p>NIAS are setting up a Programme Board to manage the implementation of EQUIP and explained that other Trusts are utilising their Encompass leads to facilitate these forums within their Organisation, however, NIAS do not have a member of staff within this post and therefore need to seek alternative capacity to fulfil.</p> <p>Mr Corrigan acknowledged GARAC, SPF and PCOD are aware of the significant impact of EQUIP on NIAS and suggested it is brought to Trust Board's attention.</p>	
<p>14.</p>	<p><b>PCOD Forward Work Plan 2026/2027</b></p> <p>The Committee <b>NOTED</b> the forward work plan which is flexible as priority matters evolve throughout the year.</p> <p>Mr Riddell and Ms Turley agreed to schedule time with Mr Dennison in advance of meetings to agree papers being submitted.</p> <p>The Committee suggested adding space in the plan to receive an update on progress of the HR activities aligned with the new Corporate Plan and it was agreed 'HR input into new Corporate Plan' would be added to the forward workplan for November.</p>	<p><b>Ms Turley/Mr Riddell</b></p> <p><b>Ms Lemon/Ms Turley/Mr Riddell/Ms Beggs</b></p>
<p>15.</p>	<p><u>Any Other Business</u></p>	
<p>16.</p>	<p><b><u>Next meeting:</u></b> <b><u>23 April 2026</u></b></p>	



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## Patient Experience, Quality and Safety (PEQS) COMMITTEE

**Date:** 22 January 2026

**Time:** 9.30 am

**Location:** Board Room

Attendance	
<b>Chair:</b>	Dale Ashford (Committee Chair)
<b>Attendees:</b>	Phelim Quinn (Non-Executive Director) Philip Graham (Non-Executive Director)
<b>In Attendance:</b>	Lynne Charlton (Director of Quality, Safety & Improvement) Neil Sinclair (Chief Paramedic Officer) Nigel Ruddell (Medical Director) Stacey Beggs (Temporary Board Secretary) Catherine Hanna (Lead Pharmacist)
<b>Apologies:</b>	

Minutes of Meeting		
Agenda Item	Summary of the discussion	Actions Agreed
1.	<p><b><u>Apologies &amp; Remarks</u></b> Members noted there were no apologies and the Chair welcomed members to today's meeting.</p>	
2.	<p><b><u>Procedure</u></b></p> <p><b><u>2.1 Declaration of Potential Conflict of Interest</u></b> The Chair asked those present to declare any potential conflicts of interest now or as the meeting progressed.</p> <p>No declarations of conflict of interest were made.</p> <p><b><u>2.2 Quorum</u></b> The Chair confirmed that the Committee was quorate.</p> <p><b><u>2.3 Confidentiality of Information</u></b> The Chair confirmed and emphasised the confidentiality of information.</p>	
3.	<b><u>Previous Minutes</u></b>	



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	<p>The minutes of the previous meeting on 11 September 2025 were <b>APPROVED</b> on a proposal from Mr Quinn and seconded by Dr Graham.</p>	
<p>4.</p>	<p><b><u>Matters Arising</u></b> The Committee <b>NOTED</b> the update to Matters arising.</p> <p><b><u>Learning from Deaths Policy</u></b> Ms Charlton acknowledged this Policy was due to be presented to the Committee today but confirmed that the process for policy and procedure is in draft and due to the information required NIAS need to engage with TUs but haven't socialised it with them yet. It will be shared with the clinical team and TU's so they know it's being done with the right spirit and culture.</p> <p><b><u>Streamlining Recommendations</u></b> Mr Sinclair advised there are ongoing discussions with ACCE regarding their expertise to streamline the similarity of recommendations in relation to revenue business cases.</p> <p><b><u>Presentation to NEDs re: OOCA</u></b> Mr Sinclair is considering dates and options to provide NEDs with a presentation regarding out of hospital cardiac arrests.</p> <p><b><u>Presenting SAI's to NED's</u></b> Ms Charlton updated the Committee that there was a workshop held in December in relation to current RRG processes for review of SAI's, she agreed to provide a further update at the next meeting.</p> <p>Ms Charlton updated the committee on a recent meeting with RQIA and NIAS Chief Executive in relation to regulation of independent ambulance services and related correspondence from NIAS CEx. A discussion followed in relation to governance and assurance processes in place within HSC Trust organisations in relation to commissioning through the non-emergency framework. The RQIA discussed current legislation and current challenge with DoH capacity to progress legislative changes. In the interim it was agreed that Ms Paterson would discuss the potential of a collective RQIA inspection in this regard with CEx colleagues and update Ms Donaghy thereafter.</p> <p>Dr Graham thought that this may be an agenda item for the CiC as it is an Internal Audit recommendation which</p>	<p><b>Ms Charlton</b></p> <p><b>Mr Sinclair</b></p> <p><b>Ms Charlton</b></p> <p><b>Ms Charlton</b></p>



	<p>may prompt progress, and Mr Quinn suggested keeping this on the agenda for an update, so it isn't forgotten about.</p>	
5	<p><b><u>Standing Items</u></b></p> <p>(i) <u>Identification of Risks</u> Nothing declared.</p> <p>(ii) <u>PEQS Forward Work Plan 26/27</u> The Committee <b>NOTED</b> the draft work plan provided by Ms Beggs and agreed that the new incoming Chair should review.</p>	Chair
6.	<p><b><u>EPRR</u></b></p> <p><u>EPRR Highlight Report</u> The Committee <b>NOTED</b> the highlight report which demonstrates the volume of recommendations being closed.</p> <p>Mr Mullen is having ongoing discussions with the DoH regarding estates and premises and NIAS are waiting a formal outcome.</p> <p>There is a business case in place and two further business cases to develop HART within the next two years, which is being led by Ms Garland, who has experience in business cases.</p> <p>The previously discussed concerns regarding the Fleadh Festival remain but are being addressed via the DoH. Ms Paterson has also escalated the concerns and NIAS continue to do all they can to mitigate the risks.</p> <p>Committee members were pleased with the report and progress and Mr Quinn suggested NIAS consider folding the progress to try and reduce the 90 HSC standards. Following a conversation with Mr David Charles Mr Sinclair is concerned there may be more unachievable recommendations and the impact that could have on the team, which Mr Charles was very understanding of.</p> <p>Mr Ashford welcomed it has been highlighted that NIAS don't have the same HART capability as other services.</p> <p>The Committee asked colleagues to convey their thanks and appreciation to the team.</p> <p>The Committee <b>NOTED</b> and <b>APPROVED</b> the following additional items on a proposal from Dr Graham and seconded by the Committee Chair.</p>	



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- Adverse Weather Guidance and Procedures (FOR APPROVAL)
- Logging SOP - (FOR APPROVAL)
- Management of Events SOP (FOR APPROVAL)
- EPRR Policy update (FOR APPROVAL)
- Fuel Disruption Guidance and Procedures (FOR APPROVAL)

Mr Ashford was pleased with the significant progress and Mr Quinn reminded members of a previous discussion in relation to payments for significant events and the recommendation when discussing the event with organisers that there is mention of the NIAS CTF Fund.

The Committee referred to the oversight of EPRR and the risks, and that these should be highlighted via communication to other relevant NI Assembly departments, as well as SPPG and DoH.

Mr Sinclair confirmed he is still understanding the links across different stakeholders i.e. DoH and SPPG but agrees it is a good idea and will seek advice from Ms Paterson and suggest it is raised at the Health Committee.

**Mr Sinclair**

Dr Graham suggested that NIAS invite teams of MLAs to see firsthand what NIAS are doing, and that it was mentioned at the last Trust Board to consider this within the Comms Strategy and Plan. There was due to be a meeting yesterday with Dr Graham and colleagues regarding the Comms Plan, but it was cancelled.

Dr Ruddell is trying to understand the layers of engaging with the DoH, NI Office and Executive Office regarding NI contingencies. There are ongoing discussions regarding mutual aid and the NI Risk register, and NIAS have received ministerial questions this week about cross border working.

Ms Charlton agreed that proactive engagement with MLAs enhances that dialogue and she suggested it may be helpful for NIAS to meet and give them insight into the challenges, which may also avoid so many AQWs.

Mr Quinn suggested updating the sentence about risks and escalating to SPPG, however he acknowledges they may not be able to put into the Policy but NIAS

**Dr Graham**



	<p>need to continuously strategically think about it, and Dr Graham agreed to discuss at the next Comms Meeting.</p> <p>Mr Ashford referred to the Adverse Weather guidance and queried what the process is if a decision is required in the middle of the night for significant spend. Mr Sinclair advised he isn't aware of a standard process and Dr Graham agreed this should be confirmed in terms of unauthorised spend in exceptional circumstances or a critical incident. Dr Ruddell advised that the incident response plan should always have a process that ensure NIAS operate sufficiently through to the next day, as there is a strategic person on call every night. Mr Ashford is content if there is a safeguard for staff in the middle of night.</p> <p>Mr Ashford proposed that Mr Sinclair should liaise with the SPF Committee regarding opportunities to recharge for the management of events.</p> <p>Mr Ashford queried what NIAS do in a fragile fuel situation and Mr Sinclair suggested NIAS keep reserves for as long as possible but would check and confirm.</p> <p>A discussion ensued regarding how long stations can manage without power and Mr Sinclair agreed to follow up for the BCP and consider if it is in the wider plans for energy.</p>	<p><b>Mr Sinclair</b></p> <p><b>Mr Sinclair</b></p> <p><b>Mr Sinclair</b></p>
<p>7.</p>	<p><b><u>Complaints &amp; Compliments Update Report</u></b></p> <p>The Committee <b>NOTED</b> the report which provides an overview of complaints, compliments and learning for the period 1 April – 30 November 2025.</p> <p>Members conveyed their concern at the 11% increase in complaints, nine of which were re-opened. One of the themes within complaints is delays affecting stroke patients within cat 2 responses and Dr Ruddell is engaging with TU colleagues regarding this and doing work to mitigate protracted cat 2 responses.</p> <p>Ms Charlton updated the Committee regarding the lack of capacity within the Service User Feedback team and commended Ms Hamilton and Ms McVeigh in preparing the report with the implementation of modelling complaints response.</p>	



	<p>Ms Charlton encouraged members to note the number of powerful compliments.</p> <p>Mr Ashford referred to the overall increase in complaints which is expected due to the amount of demand.</p> <p>Mr Quinn raised concern that the increase of complaints will demoralise the team and decrease complaints performance and queried if it can be reconciled. Ms Charlton advised that all Chairs, Chief Executives and Directors have fed back concerns and she is meeting the complaints team three times per week to monitor.</p> <p>The Committee discussed the lack of progress regarding hospital handovers and agreed to raise concern at the next Board Meeting with the intention of discussing at the CiC Meeting.</p>	
8.	<p><u>Involvement and Co-Production Update</u> The Committee <b>NOTED</b> the Involvement and Co-Production Update and the Committee Chair agreed to sign the assurance monitoring form as the NED with responsibility for co production.</p> <p>The current three year strategy is coming to an end and the team plan to embed the new strategy into everything they do.</p> <p>The Committee were pleased with the excellent report and Mr Quinn commended Mr Gillan and Ms Hamilton in demonstrating their commitment in co production and involvement.</p> <p>Dr Graham asked to be invited to the next Co Production and Involvement meeting and Ms Finn agreed to arrange this.</p>	<b>Ms Finn</b>
9.	<p><u>Safeguarding Position Report</u></p> <p>The Committee <b>NOTED</b> the Position Report on NIAS Safeguarding. The report referenced the risk assessment regarding capacity and recruitment and the plan for further recruitment to the team to mitigate the risks outlined within the assessment.</p> <p>The Committee commended the team on the successes whilst facing the capacity issues and significant level of work.</p>	



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	<p>Ms Charlton advised of the requirement for an annual report submitted to SPPG which is approved at Trust Board and of plans to convene a cross directorate Safeguarding Assurance Oversight Group to strengthen the current assurance framework.</p> <p>The Managing Allegations Policy will be submitted to the GARAC Committee for approval, which is in relation to the regional policy for safeguarding which translates those regional policies into what NIAS need to do. Mr Flannagan is currently liaising with colleagues to progress the safeguarding allegation policy.</p> <p>Ms Charlton advocated that Mr Flannagan and Ms Chambers deliver Safeguarding training to &amp; Trust Board Members to understand the processes within the Organisation.</p> <p>Mr Quinn queried if there is merit in involving the PSNI and Ms Charlton confirmed that there is a risk assessment template at meetings which concludes what other agencies need to be involved or referred to and Mr Flannagan is working with Steven Warnock to filter this operationally. Mr Quinn referenced there may not always be clear expectations of the route due to the infancy of the process and a trauma informed approach will be critical.</p> <p>Ms Charlton confirmed for Dr Graham that there is no safeguarding champion per directorate as yet, however Mr Flannagan and Ms Chambers work alongside and support members of the Operational team and in doing so have developed their knowledge.</p> <p>Ms Charlton concluded that t terms of reference (ToR) for the oversight group have been based on learning from UK services and with NHS quality commission guidance.</p>	
10.	<p><b><u>Safeguarding Assurance Group – SBAR</u></b></p> <p>The Committee <b>APPROVED</b> the request for the commencement of a Safeguarding Assurance Group which doesn't require additional resources as it will be a cross-directorate group.</p> <p>In terms of governance and assurance, the Committee queried if there should be someone more formally</p>	Ms Charlton



	<p>recognised with the role e.g. PPI, and Ms Charlton agreed to discuss with Mr Quinn.</p>	
11.	<p><b><u>Policy Review – Supporting staff and Being Open policies</u></b></p> <p>The Committee <b>APPROVED</b> an extension to the review dates of the NIAS 'Supporting Staff' and 'Being Open' policies to allow for regional work on Duty of Candour, Being Open, SAI, and the Being Human Framework to be completed. Both of these policies will be significantly impacted by these work programmes and may be replaced by regional policies/ procedures for same</p> <p>Ms Finn advised the policies are substantively the same but are being extended. They have been approved in principle by SLT to extend the date of the policies until the regional work is delivered, and they may need to take a regional approach if they go on for too long.</p> <p>Ms Charlton confirmed alluded to the regional intention to progress with the recommendations for duty of candour.</p>	
12.	<p><b><u>Pharmacy Bi Annual Report</u></b></p> <p>The Chair welcomed Ms Hanna to the meeting and the Committee <b>NOTED</b> the Biannual Update for awareness of risks and progress relating to Medicines in NIAS</p> <p>Mr Ashford welcomes the number of audit recommendations reducing and agreed that the DoH should issue a letter of comfort in relation to Duodote stockpile expiring.</p> <p>Ms Hanna explained that new supervisors who received training around operations management had a better understanding than Supervisors who completed it online, and there is more training planned divisionally that should be completed by February/March.</p> <p>Dr Ruddell referred to the significant progress made by Ms Hanna, particularly in terms of the list of stations and compliance that was mostly red and now mostly green which has been progressed by a very small team. The Committee agreed and thanked Ms Hanna for her contribution.</p>	
13.	<p><b><u>OOCA Improvement Update</u></b></p>	



	<p>Mr Sinclair updated the Committee that the improvement project is continuing and now becoming embedded as part of the Trust and it is great to see progression in all other areas i.e. successional planning and talent management etc.</p> <p>NIAS achieved an 85% KPI standard regarding public access defibs and have pending developed analysed data, procured through new defibs, which provides intelligent software to review the effectiveness of cardiac arrests.</p> <p>The Committee welcomed the introduction of a letter being sent to staff who helped a patient who survived a cardiac arrest, and were also pleased that the community resus team is up to full strength and working well.</p> <p>The Committee noted that the impact on patients (30-day survival) is an important measure, which NIAS achieved 8% in the calendar month and is on the right trajectory.</p> <p>Initial data demonstrates that there is a significant impact on survival via HEMS and NIAS hope to review in more depth in terms of benchmarking targets. Ms Wolfe is providing a range of positive messages and publications at regional and national conferences spotlighting NIAS' achievements.</p> <p>Mr Quinn commended the achievements and suggested sharing the positive interventions.</p>	
14	<p><b><u>HART Update</u></b> Discussed in earlier agenda item.</p>	
15.	<p><b><u>PEQS ToR Review</u></b> To be carried forward.</p>	
16.	<p><b><u>Any Other Business</u></b></p> <p>The Committee <b>NOTED</b> the current period of significant service pressure, particularly within the last three weeks. The Demand and Capacity review determined that the system will cease operating when it reaches 2.5hr delays which has occurred in the last few weeks. Once the system reaches 2.5 hours there is insufficient</p>	



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	<p>resources, however the ICH and H&amp;T services have significantly helped manage the demand.</p> <p>In terms of CSP levels the situation was unprecedented and therefore escalated to the permanent secretary, DoH, and SPPG.</p> <p>Ms Charlton is considering submitting a SBAR paper to SPPG regarding the impact of protracted responses, particularly as four cases in the last two days have resulted in death, and Mr Quinn suggested this paper could form a basis of reporting to the CiC to provide context of the impact.</p> <p>Mr Sinclair elaborated that the call volume was over 100 callers waiting which can usually be managed within 24 hours however, it was consistent for 11 days which has never occurred before and was extremely challenging for the service, staff and patients</p> <p>Dr Ruddell advised that the Health Committee have scheduled an urgent meeting next Tuesday regarding the issue of hospital flow and patient discharges, and NIAS have been invited to a Health Committee Meeting on 19 March.</p>	
6.	<p><b><u>Date of Next Meeting</u></b> TBC on forward workplan once new Committee Chair is confirmed.</p>	

**THIS BEING ALL THE BUSINESS, THE CHAIR DECLARED THE MEETING CLOSED AT 11.36 PM**

**SIGNED:**

**DATE:**



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## STRATEGIC PERFORMANCE & FINANCE COMMITTEE (SPF)

**Date:** 5 February 2026  
**Time:** 9.30 am  
**Location:** Board Room, NIAS HQ

Attendance	
<b>Chair:</b>	Paul Corrigan
<b>Attendees:</b>	Phelim Quinn (Non-Executive Director) Jim Dennison (Non-Executive Director) <i>Joined via MS Teams</i>
<b>In Attendance:</b>	Leahann Donnelly (Interim Director of Finance) Seamus Mullen (Interim Director of PPCS) Neil Sinclair (Interim Director of Operations)
<b>Apologies:</b>	

Minutes of Meeting		
Agenda Item	Summary of the discussion	Actions Agreed
1.	<u>Apologies &amp; Remarks</u> The Chair welcomed members to the meeting and noted there were no apologies.	
2.	<u>Procedure: Declaration of potential conflict/pecuniary interest/confidentiality of information/quorum</u>  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.	
3.	<u>Previous Minutes – 27/11/25</u> The minutes of the previous meeting held on 27 November 2025 were <b>APPROVED</b> on a proposal from Mr Quinn and seconded by Mr Dennison.	
4.	<u>Matters Arising</u> The Committee <b>NOTED</b> the updates to the attached matters arising ( <b>Appendix One</b> ).	



# Northern Ireland Ambulance Service Health and Social Care Trust



	<p>(Action 2) hasn't been completed and is to be carried forward - Business case SOP / flowchart to be created to assist business case owners.</p> <p>(Action 3) Ms Donnelly to provide further detail of full figure of GRS</p> <p>(Action 5) Ms Donnelly suggested bringing this back as an agenda item and Mr Corrigan said to ensure there are metrics and costs developed for fleet, and suggested this is reported twice a year. Mr Mullen said it would be helpful to include graphs that Mr Flannagan previously presented and Mr Corrigan agreed and said these need to be presented as a full picture with the finance information.</p> <p>Mr Mullen advised the team are progressing with a new fleet expenditure management system which will provide improved metrics on costs and maintenance.</p> <p>Mr Dennison referred to page four of the previous minutes regarding 0.3% of sites being functionally suitable and that he recalled they would flag this issue with the Board and GARAC to consider if it should be put on the risk register. Mr Quinn recalled there was an explanation provided by Mr Harrison at the meeting, however Mr Mullen agreed to follow up and provide up to date assurance. Mr Corrigan suggested providing this explanation with a view to consider escalating to GARAC as a Directorate or Corporate Risk Register.</p>	<p><b>Ms Donnelly / Mr Mullen</b></p> <p><b>Ms Donnelly</b></p> <p><b>Mr Mullen/Ms Donnelly</b></p> <p><b>Mr Mullen</b></p>
<p>5.</p>	<p><u>Standing Items</u></p> <p><u>5.1 Performance Report</u> The Committee <b>NOTED</b> the Performance Report(s). Mr Corrigan met with Mr Mullen and Ms Donnelly to review future reports and Mr Mullen has provided an alternative Performance Reporting structure for consideration.</p> <p>The Committee noted that the Cat 1 mean has increased during a period of significant and sustained pressure, as well as Cat 2 and 3's. NIAS remain around a quarter of capacity lost which is significantly impacting on all other areas of service delivery, which is also impacted by ambulance handovers and ASOS.</p>	



# Northern Ireland Ambulance Service Health and Social Care Trust



<p>The Committee noted that staff sickness is currently 9.9% which is still high and that the main risk is patient safety in the community due to delays. NIAS are engaging with colleagues regarding a regional handover protocol and have met with Directors across Trusts, and there is another meeting on 17 February with SPPG and Trusts to agree a protocol by the end of March.</p> <p>Mr Corrigan conveyed his frustration that there is little progress with the handover protocol whilst performance continues to deteriorate.</p> <p>Mr Quinn agreed and is concerned with the deterioration demonstrated in the report and the impact on public and staff.</p> <p>The Committee queried if NED's within other Trusts are aware of the impact on NIAS and the public and Mr Quinn agreed to speak to the Chief Executive and Chair in advance of the next CiC meeting regarding the concerns.</p> <p>Mr Sinclair agreed it's a very challenging situation and suggested seeking legal advice as NIAS are questioned under oath at Coroners court regarding ambulance delays and NIAS need to be clear on the legal responsibility.</p> <p>Mr Dennison agreed with colleagues' frustrations and acknowledged this is most likely amplified by staff and agreed for NIAS to query the contractual and statutory obligation. Mr Dennison agreed it is reasonable for NIAS to ask the DoH to provide a clear direction on whether NIAS keep the patient or leave them due to the risks to patient harm. He suggested that the NIAS Board escalate the serious concerns of patient safety.</p> <p>Mr Corrigan suggested seeking escalation from Trust Board on 19 February, once they receive an update from the CiC meeting on 17 February.</p> <p>Mr Mullen returned to the Performance report and referred to the executive summary for paper three which is a new format as a result of helpful suggestions from NED's. NIAS also reviewed reports from five other ambulance trusts for good practice examples and created a proposal. Within the proposed summary, there is a range of KPI's and members can see a quick snapshot on whether NIAS are failing or on target.</p>	<p><b>Mr Quinn</b></p>
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	<p>Mr Quinn is pleased with the layout which is more helpful and understanding. He suggested keeping the first slide (statistical flow chart) to help members understand what they mean.</p> <p>Mr Dennison pointed out that the summaries are contained throughout the new format and prefers the executive summary at the front with further detail behind it. Mr Quinn and Mr Corrigan agreed with this.</p> <p>Mr Corrigan suggested submitting the current format and new format to Trust Board to consider as they also receive this report.</p> <p>Mr Corrigan referred to the current report (slide 3) referred to earlier re: handover and the chart at the bottom which provides quarter by quarter trust performance against the two-hour delay, and requested that this remains.</p> <p>Mr Quinn advised he will discuss culture at PCOD next week in terms of the concerning trend in relation to sick absence. He elaborated that the figures demonstrate a continual frustration from staff which is having an impact on NIAS.</p> <p><u>5.2 Finance Report – Month 7</u></p> <p>The Committee <b>NOTED</b> the Month 7 Finance Report.</p> <p>Mr Corrigan pointed out that any scrutiny and challenge is to NIAS as an Organisation and not the Interim Finance Director.</p> <p>The Chair of the Board has asked this Committee to increase the level of scrutiny of finance to provide assurance to the Board due to a very challenging financial position. An extraordinary Board meeting took place in December which clearly raised the profile and importance for this Committee to understand the finances to give a review and direction at Trust Board.</p> <p>Ms Corrigan thanked the Finance Team for the improved level of financial reporting and transparency, but there are issues regarding the organisations financial grip, ownership and budgeting performance effectively.</p>	<p><b>Mr Mullen</b></p> <p><b>Mr Mullen</b></p>
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# Northern Ireland Ambulance Service Health and Social Care Trust



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Mr Corrigan had agreed with Ms Donnelly for the Finance report to be delayed to ensure they are getting the most up to date information.

Mr Corrigan sought clarity on the status of the £14 million and what NIAS will use this money for and Ms Donnelly confirmed this is still to be confirmed and that NIAS (Ms Donnelly, Mr Mullen and Mr Arandia) are responding to the KPI's and metrics for SPPG.

The Committee noted that the pay award funding is being regarded separately due to insufficient funds and NIAS have to comply with the Minister's direction, and therefore have permission to go into deficit of that value. Ms Donnelly confirmed for Mr Quinn that in terms of end of year figures, it will show as an overspend but will be an allowed overspend. NIAS are unsure how it will work next year and there are ongoing discussions with SPPG and DoH to confirm this.

Mr Corrigan referred to the acceptance of overspend, however NIAS are instructed to break even and have done everything they can to achieve. Ms Donnelly confirmed that auditors and NIAO are aware of this and the outcome in the audit report will be the same for all Trusts, and will make reference to aspects out of the Organisation's control, which will be a form of words agreed by the DOH.

Mr Corrigan referred to NIAS' performance in terms of actual vs forecasted budget month on month as inconsistent and is concerned there is a lack of financial grip. Ms Donnelly shared the concerns and advised the budget holders and finance team are on a journey to gain more financial grip and control on plans. NIAS have learned a lot this year which will help improve the plans for next year.

Mr Corrigan acknowledged that some Directors are new to their role and his concerns are that NIAS as an Organisation seem to be immature in terms of setting budgets and financial grip which should already be embedded.

Mr Sinclair agreed with the Committee Chair's feedback and thanked Ms Donnelly for the clear reporting and assistance. Mr Sinclair has gained a lot of understanding within the last 8-12 months and that controls that should have been there were not. The team



are now focusing on the significant spends and provide assurance to the Committee.

Mr Mullen added that ADs are now involved in budget setting to identify significant efficiencies across directorates to provide another level of assurance.

Mr Quinn referred to Mr Sinclair's comments which illustrates that the former culture has impacted the 25/26 operational grip and NIAS need to ensure those responsible for signing off various usage are aware of the limits. In terms of a recovery plan, NIAS need to gain better control and confidence to stick to projections. Ms Donnelly made the Committee aware that the finance team require stabilisation as a lot of the Financial Management staff are agency.

Ms Donnelly referred to income being recharged from other Trusts in relation to ambulance work NIAS are doing on their behalf, and she has confirmation from Directors of Finance in 2 Trusts that that they will pay these costs.

The biggest concern is TOIL and leave accrued and if NIAS remain at the same level, particularly as NIAS have more staff. Mr Corrigan pointed out that it may be difficult to encourage staff to use their leave and cut overtime at the same time, however the Committee noted that the Demand and Capacity Review will help to manage this, and there are tighter controls to avoid the legacy of carrying over significant leave.

Overall NIAS continues to endeavour to break even and continues to review to make timely decisions.

Ms Donnelly confirmed for the Committee that 'CP' is an abbreviation for Collaborative Planning.

Mr Corrigan was surprised at the level of patient taxis and queried in what circumstances NIAS book patient taxis and Mr Sinclair confirmed it is predominantly renal patients early in the morning and they need to recruit more ACA's and change shifts as part of the rota review. Mr Sinclair has submitted a proposal to SLT to address.

### Capital

Ms Donnelly confirmed that £110k has been secured for backlog maintenance and provided the Committee with



assurance that no risks have been identified at present and NIAS plans to break even for capital.

Overall, Mr Corrigan is pleased with the reporting which provided more detail and transparency but unfortunately prompts questions and points for clarification. The Committee will convey their frustrations at Trust Board which are questioning the credibility of NIAS as an Organisation and the wider HSC, whilst supporting the Interim Finance Director to confirm that these queries have been surfaced and explained.

Mr Quinn agreed with Mr Corrigan and is reassured that there is a plan to ensure NIAS have firmly embedded the management of budgets. He commended Ms Donnelly and the team for all their efforts to ensure NIAS break even.

26/27

Ms Donnelly advised that NIAS have received an indicative allocation similar to this year and assumed income will remain the same. NIAS are engaging early with SPPG to understand the pressures at an earlier stage and making an assessment on that allocation in terms of what they can translate into services. Based on data, if SPPG wish NIAS to continue, there will be pressures and NIAS will outline what they can deliver i.e. commissioned hours and performance implications.

During conversations with the wider HSC there is potential planning guidance of a 6 or 12% cut which will have serious implications.

Ms Donnelly agreed to provide a separate Finance Report for the Public Trust Board Meeting.

**Ms Donnelly**

### 5.3 Business Case Register

The Committee **NOTED** the business case register as of 26 January.

### Committee Forward Work Plan 26-27

A pre meeting took place with the Committee Chair to agree the plan going forward and space has been left for evolving issues to be tabled at meetings. Mr Corrigan has agreed for meetings to take place at the early part of the month to ensure the Committee receives the most recent information from finance.



# Northern Ireland Ambulance Service Health and Social Care Trust



	<p>Mr Quinn is mindful of the Committee not becoming too operational but suggested they receive an insight of how a greater financial discipline is embedded in Ops and other directorates. Mr Corrigan added that the main spend is operational and it may be worthwhile for one or two AD's to attend and provide assurance of that grip.</p> <p>Mr Sinclair agreed to consider and discuss with Mr Mullen and suggested that a representative from the Performance Cell Group attend as this group was set up to ensure there is control and efficiency primarily with ADs across all directorates.</p> <p>Mr Corrigan agreed it would be beneficial for the Committee to receive an overview from an AD in Operations perspective to articulate what they now do and the processes they have put in place, particularly out to station managers to demonstrate control and how the legacy issues have shifted.</p> <p>Mr Quinn suggested this could be something transitional within the next year.</p> <p>Ms Donnelly referred to the Control and Efficiency Group and agreed to share the 26/27 assessment via correspondence with the SPF Committee, which is a set of principles issued to staff to manage a budget.</p> <p><u>Strategy Development Update</u> The Committee <b>NOTED</b> the progress report to highlight the current status of the ongoing work to support the development of the new NIAS 10-Year Corporate Strategy as of the end of Jan 2026.</p> <p>The second paper explains that timelines have been extended as anticipated and the team are working through dates for external engagement.</p> <p>Mr Corrigan recalled a previous conversation suggesting that the timing of this launch coincides with the appointment of the new Chief Executive, and Mr Mullen advised that it should align with the recruitment as it will not be launched before April. The Steering Group is meeting next week and will focus on dates and external meetings.</p>	<p><b>Mr Sinclair</b></p> <p><b>Ms Donnelly</b></p>
<p>6.</p>	<p><u>Overview of Sustainability</u></p>	



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	<p>SPF <b>NOTED</b> the update on climate and sustainability and the proposed direction required to put measures in place to mitigate impact on climate change and improve sustainability. NIAS have appointed a Manager of Climate and Sustainability (Derek Hamilton) within the Estates Team</p> <p>NIAS are working alongside other Trusts and Organisations to maximise the potential in car fleet but don't have the practical infrastructure or geographical requirements for electric vehicles.</p> <p>NIAS is primarily a fleet organisation and are aware that the air quality in NI is worst and contributes to premature deaths. NIAS therefore need to ensure they are not contributing to issues they are trying to address. Mr Corrigan appreciate this is the start of a journey and welcomes a wider scope to do more in terms of sustainability.</p> <p>The Committee agreed for the new post holder to settle into their role and attend later in the financial year.</p> <p>Mr Mullen confirmed for Mr Quinn that the Sustainability Plan will tie in with the new Strategic Plan.</p>	<b>Mr Mullen</b>
7.	<p><u>2026-27 Draft Financial Plan</u></p> <p>No update provided under this section; however, an update was provided under Item 5.</p>	
8.	<p><u>Corporate Plan Year End Update</u></p> <p>Members noted a Corporate Plan progress was reported to SPF at the October 2025 meeting and the status remains as reported at the October meeting.</p> <p>A full progress report will be brought to the appropriate SPF meeting when end of year has been concluded, which is anticipated to be at the meeting in June.</p>	<b>Mr Mullen</b>
9.	<p><u>Budget and expenditure on IAS, Taxis and Voluntary Drivers</u></p> <p>No discussion took place for this item.</p>	
10.	<p><u>SPF Terms of Reference (ToR) Review</u></p>	



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	The Committee <b>APPROVED</b> the revised ToR which proposes two minor changes.	
11.	<u>Any Other Business</u> No matters discussed.	
12.	<u>Next Meeting</u>  Additional Meeting – Monday 16 March 2025  2 April 2026	



Northern Ireland Ambulance Service  
Health and Social Care Trust



**MINUTES OF THE CHARITABLE TRUST FUNDS COMMITTEE AT  
11.45 AM ON  
THURSDAY 18 SEPTEMBER 2025 IN THE BOARDROOM, NIAS HQ**

**PRESENT:**

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

**IN ATTENDANCE:**

Ms L Donnelly	Interim Director of Finance
Ms S Beggs	Manager of Chair and Chief Executive Office
Mr B McAuley	Assistant Director of Finance

**1 Apologies & Opening Remarks**

The Chair welcomed members to the meeting.

The Chair thanked Ms McAuley for preparing today's papers.

**2 Procedure**

**2.1 Declaration of Potential Conflicts of Interest**

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

No declarations of conflict of interest were made.

**2.2 Quorum**

The Chair confirmed the Committee as quorate.

**2.3 Confidentiality of Information**

The Chair emphasised the confidentiality of information.

### 3 Previous Minutes (10/4/25)

The minutes of the previous meeting held on 10 April 2025 were **APPROVED** on a proposal from Mr Corrigan and seconded by Mr Dennison.

### 4 Matters Arising

The Committee NOTED the update to the Matters arising.

		<b>UPDATE</b>
1	<p>Item 3 - ToR Process</p> <p>Ms Donnelly agreed to take the feedback on board and put a proposal together for SMT to approve</p>	<p>ToR have been drafted for a CTF Steering Group.</p> <p>These were approved at SMT on 9 September and are being presented to the CTF Committee for noting on 18 September 2025.</p>
2	<p>Item 4 CTF Procedures</p> <p>The Committee suggested a one-page document to include a flow diagram. Ms McAuley agreed to consider and bring back to the Committee.</p>	<p>Updated Financial Procedures for the Charitable Trust Funds, which now include an outline of the role of the CTF Advisory Committee; the role of the CTF Steering Group; and flowcharts showing the governance structure and approval process.</p> <p>These were approved at SMT on 9 September and are being presented to the CTF Committee for noting on 18 September 2025.</p>
3	<p>Item 5 CTF Policy</p> <p>The Committee suggested that another paragraph is added into the Policy about raising awareness of the fund to staff and what the decision-making process is.</p>	<p>This information has been added to the Procedures document, The updated Financial Procedures for the Charitable Trust Funds include flowcharts showing the governance structure and approval process.</p> <p>These together with the updated Policy were approved at SMT on 9 September and are being presented to the CTF Committee for noting on 18 September 2025.</p>
4	<p>Item 6 CTF Finance Report</p> <p>Ms McAuley agreed to discuss with SMT to think about how this is centrally managed (Grants).</p>	<p>A CTF Summary of Activities paper and proposed Expenditure Plan was approved at SMT on 9 September and will be presented to the CTF Committee for noting on 18 September 2025.</p>

5	<p>Item 6 Ms Donnelly agreed to bring a paper to SMT outlining the current position, recommended next steps and to seek the views and insights of SMT's (spending and investing)</p>	<p>A CTF Summary of Activities paper and proposed Expenditure Plan was approved at SMT on 9 September and will be presented to the CTF Committee for noting on 18 September 2025.</p>
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## 5 Charitable Trust Funds Terms of Reference

The Committee **NOTED** the ToR for the Steering Group which are intended to manage the funds internally.

Mr Quinn referred to NIAS assisting at certain event i.e. concerts and he suggested exploring mechanisms for NIAS to highlight the existence of the CTF in order that event organisers might consider contribution to the CTF. Ms Donnelly agreed to speak to Joanna Smylie regarding this suggestion.

**ACTION: Ms Donnelly**

Ms Donnelly confirmed for Mr Dennison that NIAS don't have the legislative right to generate income and may need to reach out to the Departmental solicitor for advice. Mr Dennison queried if there is a derogation regarding this and Ms Donnelly confirmed it is in the legislation that CTF is not allowed to generate income.

Mr Quinn advised that the suggestion would be very soft touch and that it would only be a mechanism for raising awareness of the CTF to event organisers.

## 6 Charitable Funds Proposed Expenditure Plan

The Committee **NOTED** the overview of the proposed Expenditure Plan for the Charitable Trust Funds in 2025/26.

Ms Donnelly explained that the expenditure plan is based on the finance information to date, which is a live document and as the year progresses it is updated and reported via governance structures.

## 7 Summary of Activities

The Committee **NOTED** the summary of activity in the five months to 31 August 2025.

Table one is the proposed plan and there are key areas of expenditure with key themes as well as a contingency for additional things. The proposed plan is to spend £92k this year.

## **8 Charitable Trust Funds – Financial Policy**

The Committee **NOTED** the Policy for the Charitable Trust Fund within NIAS which represents income donated by the public and consequently carry a duty of care in their administration. This income is generally donated in recognition of services received by the donor or by the donor's family.

## **9 Charitable Trust Fund Financial Procedures Aug 2025**

The Committee **NOTED** the procedures which detail the processes that should be followed by all staff in relation to the management and control of charitable funds. This includes the receipt of donations and charitable trust fund expenditure.

Ms McAuley confirmed for Mr Dennison that NIAS do not intend to implement gift aid as it can only be applied on personal donations and the process and bureaucracy could potentially cost more.

Mr Corrigan queried the spend for items i.e. the purchase of equipment and how NIAS differentiate the difference between what the Department decide and what the CTF provide. Ms McAuley responded that every Organisation will have that decision and it is a judgment call by the steering group. Ms McAuley pointed out that the amendments made to the procedures were driven by comments made at the last Committee.

Ms McAuley advised that NIAS is now a registered charity and Mr Corrigan commended the team on the significant progress in the last year in terms of governance within this area, and he welcomes this process which demonstrates the required due diligence. Ms McAuley advised that this is a recent development and they are still understanding the obligations and will advise on an ongoing basis accordingly.

## **10 Any other business**

No matters discussed.

**11 Next meeting:**

To be confirmed. The Committee agreed April would be suitable for the next meeting.

**THIS BEING ALL THE BUSINESS, THE CHAIR DECLARED THE MEETING CLOSED AT 2.30PM**

**SIGNED:**

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**DATE:**

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20-5-26

Trust Board and Committee Forward Work Plan 2026-27

Trust Board

Meeting	28 May	25 June	24 September	26 November	17 December	11 February	23 March	27 May
<b>Standing Items:</b> <ul style="list-style-type: none"> <li>• Performance Report</li> <li>• Finance Report</li> <li>• Chair's Report</li> <li>• CEx Report</li> <li>• Committee Business</li> <li>• CiC Update</li> </ul>	End Year Performance Update  End of Year Finance Update  approved call segmentation approach	Final Annual Report and Accounts  Corporate Risk Register  Board Assurance Framework	Trust Annual Safeguarding Position Report  IPC Annual Report  Positive experiences reflected in	Corporate Plan Mid-Year Progress Report  Board Governance Self-Assessment Tool	Annual Quality Report	Corporate Risk Register  Draft Financial Plan  Review of Committee Structure / Terms of Reference	Corporate Plan End Year Progress Report  Board Assurance Framework	
<b>To Be scheduled:</b> <ul style="list-style-type: none"> <li>• Cyber Training?</li> <li>• RCC</li> </ul>	Draft Annual Report	HSC Core Standards (Emergency Planning)  Domestic abuse Update (Public)	Care Opinion and Compliments	Draft Winter Plan  Complaints Annual Report		Review of Standing Orders		

**Commented [SB1]:** including safeguards, implementation timeline and monitoring arrangements – Safety C'ttee 9-4-26.

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

NED WORKSHOPS: 5 May and 3 Nov

20-5-26

**Governance, Audit and Risk Assurance Committee (GARAC)**

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

**Commented [582]:** Has to be w/c 11 May onwards

**Commented [583R2]:** Paul Corrigan needs early start at 9/9.30 and needs to leave at 11.30

**Commented [584]:** Has to be w/c 22 June but before TB

20-5-26

**People, Culture and Organisational Development Committee (PCOD)**

Standing Items	23 April	26 June	10 September	12 November	21 January
Workforce Information and HR Report	Policy Development	Managing Good Attendance	OD and Learning	Managing Good Attendance	Employee Relations
Equip Update	Employee Relations	Workforce Planning (OREL and Tactical)	Pay and Conditions	Workforce Planning (OREL and Tactical)	Resourcing & Retention (incl JE)
Culture, Sexual Safety & Workplace Safety	Digital Transformation	Industrial Relations & Partnership Working	Resourcing & Retention (incl JE)	Digital Transformation	Equality Diversity & Inclusion
	Governance & Reporting	Annual Report: Employment Law Case Annual Update	Governance & Reporting	Litigation	Policy Development
	Change Management Projects (MOC)	Assistance to Study Annual Report (NJR)	Annual Report: Equality, Diversity and Inclusion Report & Article 55	Change Management Projects (MOC)	Annual Report: Safeguarding Employment Update Annual Report
	Mandatory & Driver Training (GARAC)	Coroners' cases		HR input into new Corporate Plan	
	Management response to IA				
	Ops – absence				

**Commented [SB8]:** As per SLT 21.4.26

**Commented [SB5]:** GARAC - • Dissatisfied with turn around time of management responses – 25% compliance rate for 4-week turnaround. Brona was actioned to discuss internally. Suggested adapting risk register to reflect and a NED to receive regular updates (suggested someone at PCOD - Paul or Jim)

**Commented [SB6]:**

**Commented [SB7R6]:** • Ops to attend regarding absence hot spots and how they are being managed in terms of leadership and accountability

20-5-26

**Patient, Experience, Quality and Safety Committee (PEQS)**

Standing Agenda Items:	9 April	11 June	27 Aug	19 Nov	14 Jan
Performance Report (on SAIs, complaints etc./clinical KPIS)	IAS report PEQS ToR (TBC) Education / Training Update PCS Update	(EVC) Annual Report Presentation and EVC Update Report. Infection Prevention and Control Annual Report Pharmacy bi-annual report	Service User Feedback Annual Report Presentation and Update. Education / Training Update	EVC Update Report. IPC Update report OOCA Update Pharmacy bi-annual report	Service User Feedback Update Report. TORs review Adverse Incident management report Service User Feedback Report
Identification of Risk	Service User Feedback	Safeguarding Update	IAS Update	HART capacity update	Education and Training
Safeguarding Update	SAI Update Report EPRR update People to Partners (TB 19 Feb – <u>suggest c/f to June</u> ) Learning from Regulatory Letter (RQIA)	Domestic Abuse Update OOCA improvement HART capacity update Coroners cases Quality and Service Improvement – Quality Strategy final update report. Co Production, Partnership and Involvement- Strategy final Update report	PCS Update Quality and Service Improvement - Annual Quality Report update/ approval. EPRR Highlight Report	Annual Update re: Violence & Aggression Co Production, Partnership and Involvement update report and Mid-Year Assurance approvals.	PCS Update SAI Update Report
		HSC Core Standards (Emergency Planning)			

Commented [SB10]: As per Safety C'ttee 16-4-26

Commented [SB9]: Under Identification of Risk

Commented [SB11]: Carried forward from April's meeting

20-5-26

**Strategic Performance and Finance Committee (SPF Committee)**

Meeting	Other potential items	2 April	10 June	3 Sep	10 Dec	4 Feb	
Standing Agenda Items:	Overview of Sustainability	Estates Update	2026-27 Opening Budget Allocation	Capital budget, expenditure and forecast.	Suggested item (NH): Demand and Capacity Programme Board	Capital budget, expenditure and forecast.	
Performance Report	Focus on Service Delivery Model	Suggested item (NH): EPCR Replacement	Suggested item (NH): GRS Migration	Finance update for fleet	2027-28 Draft Financial Plan	2027-28 Draft Financial Plan	
Performance Deep Dive on specific area		Finance Update for Fleet	Corporate Plan Year End Update	Suggested item (NH): Fleet and Equipment			TORs review
Finance Report inc. Directorate Budget Report			operational budget holder/manager	Management System Replacement		Suggested items (NH): Sustainability Update	Suggested items (NH): Fleet Update
Trust Budget Report and Year-End Forecast			Operational delivery assurance (NS)	EPCR replacement progress update			
Business Case Update							
Strategy Development/ Corporate Plan Update							

Commented [SB12]: Sustainability on Feb agenda

Commented [SB17]: Mid year update

Commented [SB19]: End year update - projection

Commented [SB13]: See mins of Feb Mtg

Commented [SB14]: April Mtg: to attend a future SPF meeting to explain budget principles, controls and hotspot management; ensure directors provide written matters arising updates in advance.

Commented [SB15]: April Mtg: estates strategy/optimisation

Commented [SB16]: As per mtg on 2-4-26: operational budget holder/manager should attend a future meeting to explain how policies and financial controls operate on the ground, including hotspot management, to support NED understanding and staff assurance

Commented [SB18]: April Mtg

20-5-26

Overtime budget and expenditure						
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