Agenda

1 Welcome, Apologies & Declarations of Conflict of Interest

For Information

Apologies from Michele Larmour and Philip Graham.

Paul Corrigan deputising as Chair.

2 NIAS Financial Plan 2026/27

For Approval

Attachment: NIAS Trust Savings Plan 2026-27 Trust Board Public Paper.pdf ***Page 1***

Attachment: Website - NIAS Public TB Financial plans presentation 27.pdf ***Page 5***

3 Any Other Business

4 Date & venue of next meeting:

24 September 2026, Strabane Ambulance Station

Invitees

Stacey Beggs

Ms. Lynne Charlton

Mr. Paul Corrigan

Mr. Jim Dennison

Ms. Leahann Donnelly

Dr. Philip Graham

Ms. Michele Larmour

Ms. Michelle Lemon

Mr. John McPoland

Mr. Seamus Mullen

Ms. Maxine Paterson

Mr. Phelim Quinn

Dr. Nigel Ruddell

Mr. Neil Sinclair

Northern Ireland Ambulance Service
Health and Social Care Trust

Trust Savings Plan 2026/27

For consideration at Trust Board: 27 August 2026

Introduction

The Department of Health's Health and Social Care (HSC) Reset Plan sets an ambitious programme to stabilise, reform and improve Northern Ireland's health and social care system while addressing severe financial pressure. It requires stronger financial control, improved productivity and service transformation, alongside continued protection of quality, safety and statutory duties.

This paper updates Trust Board on the Northern Ireland Ambulance Service (NIAS) 2026/27 financial plan following correspondence from the Strategic Planning and Performance Group (SPPG) dated 14 August 2026.

Financial context

NIAS provides a regional ambulance service to approximately 1.94 million people, employs around 1,800 staff and has a 2026/27 revenue budget of approximately £130 million. The cost base is predominantly workforce-related: staff costs were £108.0 million in 2025/26, approximately 78% of total expenditure, with the majority supporting frontline ambulance provision.

In 2025/26 NIAS delivered savings of £3.452 million, although much of this was achieved through non-recurrent measures that cannot readily be repeated. SPPG has advised Trusts to plan for a 4% savings requirement in 2026/27 and has indicated that further savings of 4% per annum are expected in each of the following two financial years.

The revised NIAS submission identifies a £5.200 million plan: £3.153 million of Phase 1 measures and £2.047 million of Phase 2 proposals. The £5.200 million is the current revised savings plan and control total; it should not be recalculated from the approximate £130 million budget figure. SPPG expects a residual shortfall after its review of Phase 2, but the amount remains to be confirmed once cashability, deliverability and timing have been validated.

The plan must be delivered against sustained and significant operational pressure. During 2025/26 NIAS lost 122,191 operational hours because of hospital handover delays, equivalent to approximately 24% of operational capacity, while emergency demand and response-time pressures continued. Recent improvements have been realised subsequent to implementation of Release to Rescue, however the Trust should note that the deliverability and risk profile of this financial savings plan are dependent on the successful continuation of Release to Rescue across the HSC system. If performance deteriorates, or if other Trusts withdraw or reduce the operational measures supporting Release to Rescue as part of their own savings proposals, there will be a direct impact on NIAS capacity, response performance and expenditure. This would

materially increase the risks associated with the NIAS savings plan and reduce the Trust's ability to deliver the full 4% savings requirement.

Requirements of this scale cannot be met indefinitely through reductions in flexible staffing or operational cover and will require service transformation, demand management and sufficiently resourced community and alternative care pathways.

Savings plans

SPPG confirmed on 14 August that the Minister was content for NIAS to proceed with the measures outlined in the table below. NIAS has written to SPPG to indicate that delivery will be challenging and will require active management of risk.

Scheme	Value
Workforce productivity - attendance	£0.600m
Workforce productivity - vacancy control	£0.353m
Corporate efficiency	£1.300m
Further management grip and control	£0.900m
Total (2.4%)	**£3.153m**

NIAS has advised SPPG that a blanket 'Low' patient-impact rating does not reflect all the actions that may be required to release cash. The quantum of savings required against attendance improvement, vacancy control and reductions in overtime or independent ambulance sector (IAS) expenditure will increase the risk profile from initial engagement with SPPG and may have different delivery mechanisms and consequences. Risk will therefore be assessed against the actual cash-release mechanism, with explicit mitigation, ownership and oversight. Only evidenced cash benefits will be reported, and benefits already included in the baseline will not be counted again.

Financial component	Value
Existing recurrent savings and affordability measures in the NIAS baseline	**£3.452m**
Approved efficiency measures	£3.153m
Residual gap to 4% savings target	£2.047m
Total revised savings plan	**£5.200m**

The table above highlights a residual gap between the approved 2.4% and the 4% target. NIAS will continue to work with SPPG and the Minister as appropriate on the aim of closing out that gap.

Engagement and assessing the requirement for future consultation

The Trust's cost savings and efficiency proposals are predominantly within the scope of management control and general good financial governance, and include the need to make choices in year on flexible and discretionary spend combined with non-front-line or lower impact services. To achieve the maximum level of cost savings in year, some measures were agreed and planning for implementation commenced in June 2026. Additional proposals of £2.047 will be required to bring to Trust to the required 4% savings.

Each of these savings measures have been carefully risk assessed and will be monitored on a regular basis to ensure that the impact is not more adverse or differential than anticipated. In accordance with our statutory equality duties, equality screenings have been undertaken to assess potential impact on patients, service users and staff with mitigations detailed to lessen any such impact.

In the event of service changes being required, these will be implemented through timely communication to staff and relevant external stakeholders and the impact on any affected staff will be handled as with other reconfigurations or service changes within the Trust's management of change processes.

The workforce productivity measures aim to create a more sustainable workforce model for the future, including reducing reliance on temporary staffing solutions and ensuring that available resources are directed towards frontline services, improving patient outcomes and delivering high-quality care. These may be subject to equality screening and ongoing risk assessment and close monitoring.

Trusts are faced with competing requirements: the statutory duty to break-even and the statutory duties to consult and involve. If it is determined that consultation is required at a later date as we progress with implementation to achieve the savings required by the Department within the current financial year, the Trust cannot undertake the normal engagement and consultation processes, and retrospective consultation would be undertaken in those circumstances. This departs from the customary Trust process, as set out in our Involvement and Consultation Scheme, which places consultation prior to implementation of decisions.

Monitoring and assurance

Financial delivery will be considered alongside operational, workforce and quality performance. The Executive Team will monitor actual and forecast savings; year-end outturn; recurrent and non-recurrent delivery; DCA availability; Category 1 and Category 2 performance; longest waits; overtime and IAS expenditure; vacancies and absence; Scheduled Care cancellations; late finishes and compensatory rest; and relevant workforce indicators. Regular assurance will be provided to the Strategic Planning and Finance Committee and Trust Board.

SPPG considers that the remaining shortfall may warrant NIAS being placed at Level 3 of the Support and Intervention Framework. In recognition of the new Finance Director starting in mid-October, discussion of the most useful support has been deferred until the end of November. NIAS will continue to work with SPPG on additional savings in the interim and will participate in the next financial summit.

Communications arrangements

The communications sequence agreed following the CEx meeting for the week commencing 17 August 2026 is:

- Wednesday 19 August, morning — verbal briefing for trade union representatives, supported by an emailed written briefing.
- Before the Trust Board meeting on Thursday 20 August — direct briefing for staff affected by any proposed measures.
- Thursday 20 August — consideration of the financial plan through the Trust Board's public governance process, recognising that journalists may attend.
- Immediately after the Trust Board meeting — issue a wider all-staff communication.

Materials will be prepared in advance and timing aligned, as far as practicable, across the six HSC Trusts. Regional media lines will be supplemented by NIAS-specific content, with any interviews or pieces to camera agreed in advance. Messaging will remain measured, balancing the financial imperative with potential consequences for patients, staff and service delivery and supporting the wider HSC Reset agenda.

Trust Board consideration and approval

Trust Board is asked to:

- note the Phase 1 measures of £3.153 million that the Minister has confirmed may proceed, together with the delivery and operational risks, and residual gap to the 4% target;
- endorse the portfolio approach, allowing measures to be flexed or substituted where the overall financial control total remains secured and lower-risk, recurrent and sustainable opportunities are prioritised;
- note that only evidenced cash-releasing benefits will be recognised and that benefits will not be double counted;
- note the monitoring, assurance and escalation arrangements, including the expected residual shortfall and potential Support and Intervention Framework implications; and
- endorse the staff, trade union, public and media communications sequence set out above.

Northern Ireland Ambulance Service
Health and Social Care Trust

Trust Financial Plan 2026/27

27/08/2026

Strategic & Operational Planning Guidance Themes

1. Deliver the DOH NI Reset Plan (2025)

2. Deliver improvements in our core ongoing business

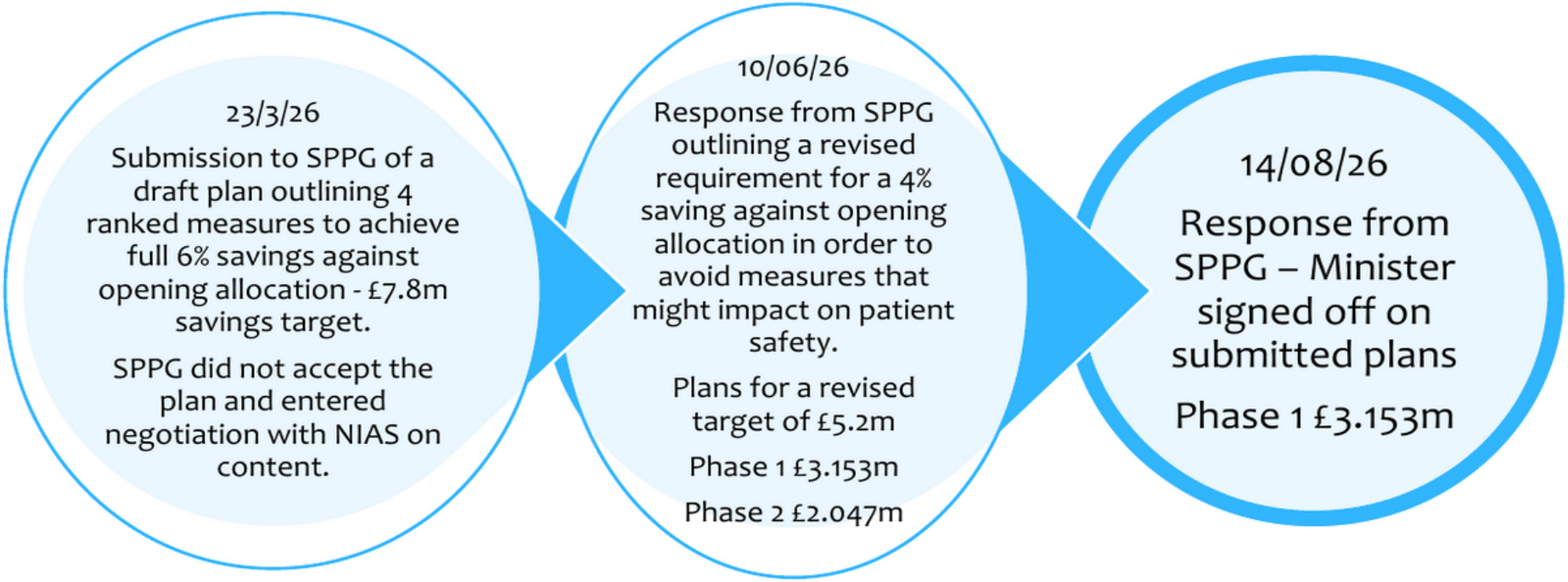
3. Deliver safe, high-quality care within a system of openness, transparency and engagement

4. Deliver system wide efficiencies

1. Deliver the DOH NI Reset Plan (2025)

- 🧩 Integrated Neighbourhood Teams
- ➡️ Shift to Community Care
- 🤝 Strengthened Community & Voluntary Sector
- 💷 Rebalance Spending Focus
- 📊 Evidence-Based Admission & Discharge
- 🛏️ Bed Base Reduction
- 💻 Digital Innovation in Care
- 👵 Enhanced Older People's Care
- 👨‍👩‍👧 Early Intervention for Children & Families

Stages to date



Savings Requirement in total

The Amount the Trust is Required to Save:	£m
4% of the funding we get from DOH:	5.2
Existing recurrent savings and affordability measures in the NIAS baseline	3.452
TOTAL	8.652

Our current plans:	£m
Phase 1 – currently working on delivering	3.153
Residual gap - not yet approved (1.6%)	**2.047**
TOTAL	5.2

There is therefore a gap of £2.047m which we are working through with DOH/SPPG

Phase 1
Our current Plans*

	CYE
Workforce productivity – attendance	£0.600m
Workforce productivity - vacancy control	£0.353m
Corporate efficiency	£1.300m
Further management grip and control	£0.900m

Risk assessment is ongoing. Assessment of risk is dynamic and could result in a high impact assessment on impact or deliverability.

Assessment of proposals

Trust has screened the proposals using:

1. Equality screening
2. Rural needs Impact Assessment
3. Quality Impact Assessment

* plans if approved today will kept under review using the above – if at any point in time the Trust determines that risk rating changes, we may need to move to EQIA and possibly further mitigating actions.

Requirement of Trust Board

* Approve implementation of measures identified.
* Endorse that the further savings measures identified in the savings plan represent the ‘ least worst’ options available to the Trust to meet the required 6%.
* Confirm that the Trust has given careful consideration to all possible options to achieve savings whilst mitigating impact on service users.