NEWRY, MOURNE & DOWN DISTRICT COUNCIL

NMC/SC

Minutes of Special Council Meeting held on Monday 29 June 2026 at 6.00pm in Mourne Room, Downshire Civic Centre, Downpatrick

---

In the Chair: Councillor D Finn

In attendance in Chamber:
Councillor T Andrews, Councillor C Bowsie, Councillor P Campbell, Councillor C Galbraith, Councillor O Hanlon, Councillor M Hearty, Councillor J Jackson, Councillor M Larkin, Councillor D Lee-Surginor, Councillor A Lewis, Councillor S O'Hare

In attendance via Teams:
Councillor P Byrne, Councillor K Feehan, Councillor M Gibbons, Councillor V Harte, Councillor R Howell, Councillor A King, Councillor O Magennis, Councillor H Reilly, Councillor M Rice, Councillor M Ruane, Councillor H Young

In attendance in Chamber: (Officials)
Mrs M Ward, Chief Executive
Miss S Taggart, Democratic Services Manager
Ms F Branagh, Democratic Services Officer

Also in attendance in Chamber:
NI AMBULANCE SERVICE
Ms J Maguire, Area Manager South
Ms R Steele, Area Manager South East

SC/005/2026 APOLOGIES

As the Chairperson had tendered an apology, the Deputy Chairperson assumed the role of Chair for the meeting.

Apologies were received from Councillors Devlin, Hanna, Howie, Kearns, Lawlor, Mathers and Truesdale.

SC/006/2026 DECLARATIONS OF INTEREST

There were no declarations of interest

SC/007/2026 NI AMBULANCE SERIVCE

The Deputy Chairperson welcomed the delegation and invited them to make their presentation.

Ms Steele, Area Manager for the South East Area of the Northern Ireland Ambulance Service (NIAS), introduced herself and Ms Joanne McGuire, Southern Area Manager, and outlined the current position of NIAS and its vision for developing a modern clinical delivery model, explaining that the Service aimed to provide more care closer to home by increasing remote clinical assessment, integrating care pathways and reducing unnecessary conveyance to Emergency Departments. She advised that the long-term ambition was to reduce the proportion of patients conveyed to Emergency Departments from 75% to 45%, with the remaining patients receiving appropriate treatment or referral through alternative pathways.

Ms Steele advised that NIAS had attended almost 158,000 emergency incidents during 2025/26 and had safely managed almost 20,000 patients through its "hear and treat" service without the need for an ambulance response.

She highlighted the primary challenges facing the Ambulance Service, including hospital handover delays, limited alternatives to Emergency Departments, response time performance and workforce resourcing. She outlined the positive impact of the Release to Rescue initiative, introduced in April 2026, explaining that it had significantly reduced ambulance hours lost while waiting outside Emergency Departments and had substantially decreased the number of patients experiencing delays of more than two hours before handover. She advised that the initiative had improved ambulance availability and response capacity across the region, with Daisy Hill Hospital and Craigavon Area Hospital demonstrating particularly strong performance, while work continued to address challenges at the Ulster Hospital.

Turning to alternative pathways, Ms Steele advised that NIAS continued to expand opportunities for paramedics to refer patients directly to appropriate community services rather than transporting them to hospital. She noted that while progress had been made, further work was required to increase capacity and improve access to alternative services.

In relation to workforce planning, Ms Steele advised that NIAS had proactively recruited additional paramedics during the previous year and continued to increase staffing levels across the district. She also highlighted the development of the Advanced Paramedic role and the contribution of clinically trained paramedics working within the Integrated Clinical Hub (ICH), enabling more patients to be assessed remotely and reducing pressure on frontline ambulance resources.

Ms Steele advised that response times remained a challenge in comparison with national targets of eight minutes for Category 1 incidents and 18 minutes for Category 2 incidents. However, she noted that performance had improved during 2026/27, with further improvements expected following the implementation of Release to Rescue.

Concluding her presentation, Ms Steele outlined opportunities for collaboration with Council and community partners, including strengthening community referral pathways, supporting Community First Responder schemes, promoting CPR training, increasing access to public defibrillators and raising awareness through community events. She advised that there were currently 88 active Community First Responders within the Council area, 436 registered Automated External Defibrillators (AED), 81% of which were emergency ready, and that almost 400 defibrillator deployments had taken place during the previous year.

Following the presentation, the Deputy Chairperson invited questions and comments from Members.

Comments and questions from Members were as follows:

- The delegation was thanked for their time and for the information provided, alongside the ongoing services delivered by NIAS.
- Members welcomed the positive impact of the Release to Rescue initiative to date and queried whether it had resulted in any unintended consequences within the Emergency Departments.
- Clarification was sought on the measures being taken to improve ambulance response times, particularly where a Category 2 call could deteriorate into a Category 1 emergency.
- Members asked whether estimated arrival times (ETAs) were provided to patients awaiting an ambulance, citing an example where a family had transported a patient to hospital after waiting four hours for an ambulance.
- Further information was sought on measures being implemented to support hospital staff as a consequence of the Release to Rescue initiative.
- Members asked about current vacancy levels within the Ambulance Service, where vacancies existed and the career pathways available for those wishing to become paramedics.
- Members queried whether the process for accessing AEDs could be streamlined, with reference made to difficulties experienced in accessing an AED in a rural area.
- Members enquired what support could be provided by Elected Members and local communities to assist the Ambulance Service in addressing current challenges.
- Concern was expressed regarding the distances travelled by ambulance crews during a shift and whether this left local areas without adequate cover. Members queried whether data was available on the deployment of crews outside their base areas.
- While improvements in average response times were welcomed, Members noted that response times in rural areas remained significantly longer and asked whether greater consideration could be given to retaining crews within rural localities to improve response times.

The delegation responded as follows:

- The delegation was unable to comment on the operational impact of Release to Rescue within Emergency Departments, although Ms Maguire confirmed that the Health and Social Care Trusts continued to monitor and assess its effects.
- The ICH played an important role in supporting patients whose condition deteriorated while awaiting an ambulance by maintaining contact and providing ongoing clinical advice. Ms Maguire also confirmed that where a Category 1 incident arose, ambulance crews waiting at Emergency Departments were immediately released with the support of hospital staff.
- While the delegation could not comment on individual incidents, they confirmed that calls were continually reassessed and re-categorised where appropriate if callers re-contacted the control room.
- The Release to Rescue initiative had reduced hospital handover delays to a maximum of two hours, with hospitals implementing measures to facilitate the new arrangements. Work continued with the Trusts to ensure sufficient resources were in place, with the longer-term aim of reducing handover times further.
- Ms Maguire advised that she was unable to provide details of current vacancy levels but was aware that vacancies were greater within the Emergency Medical Technician

(EMT) workforce than amongst paramedics. She explained that paramedic training was delivered through Ulster University, supported by a range of in-house development opportunities.

- In relation to AED access, Ms Maguire advised that some defibrillators were subject to restricted access due to their location and opening hours. While she could not comment on individual circumstances, she invited the Member to discuss the matter with her following the meeting.
- Community support remained vital, particularly through Community First Responders, awareness of AED locations and CPR training. The delegation undertook to provide Members with information to share with their constituents.
- The Ambulance Service operated on a regional basis and crews were deployed according to clinical need rather than geographical boundaries. The delegation advised that it would not be practical to hold crews within a particular locality if a higher priority incident arose elsewhere, emphasising that patient safety remained the overriding consideration when allocating resources.

Councillor Finn thanked the delegation for their presentation and time, reiterating the request that any information regarding future training events be forwarded to Council for sharing.

There being no further business, the meeting concluded at 6.31pm

For adoption at the Council Meeting to be held on Monday 3 August 2026.

Signed: _____

Deputy Chairperson

_____

Chief Executive

Working together to Improve Emergency Response

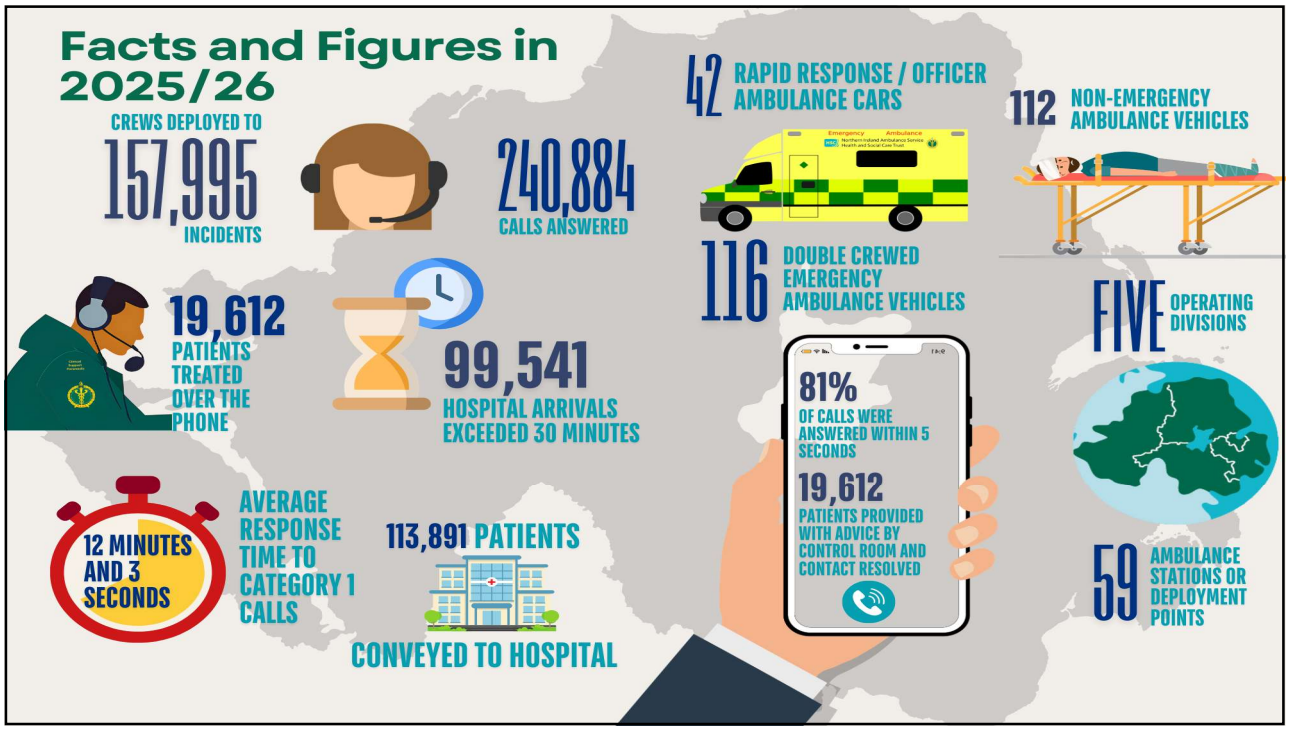
2026

1

Contents

- Outline of NIAS position
- Clinical Delivery Model
- Challenges
- Opportunities

2



3

The landscape is changing!

ASSOCIATION OF AMBULANCE CHIEF EXECUTIVES

Core remit of any statutory ambulance service: ***always*** to provide an emergency response to those who have a life-threatening health need, and to major incidents

Simplify access to care and co-ordinate care navigation

Assess more people remotely and enhance mobile care

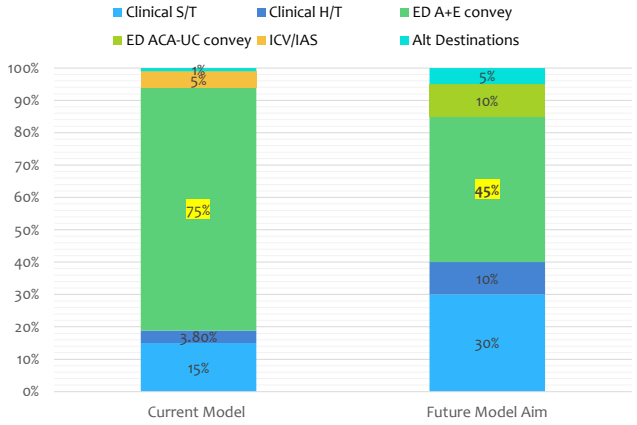
Share data and learning across systems

Integrate care pathways

Reduce avoidable conveyance and admission to hospital

4

NIAS Clinical Delivery Model Vision



Our goal:

Current: 75% to ED

Future: 45% to ED

Focus: 55% of patients treated or directed to appropriate care outside EDs.

5

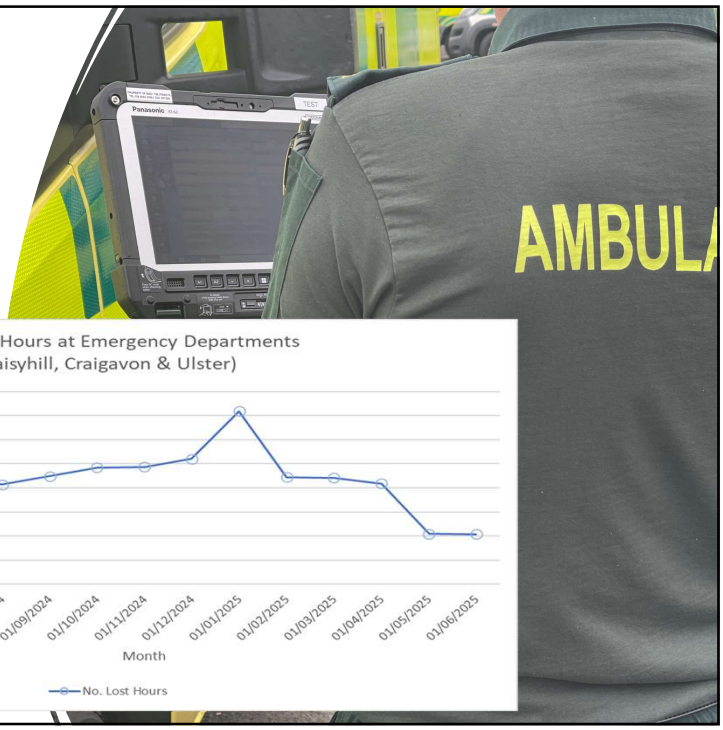
High level challenges:

1. **Hospital handovers**
2. **Alternatives to Emergency Departments**
3. **Response times**
4. **Resourcing**

6

Release to Rescue

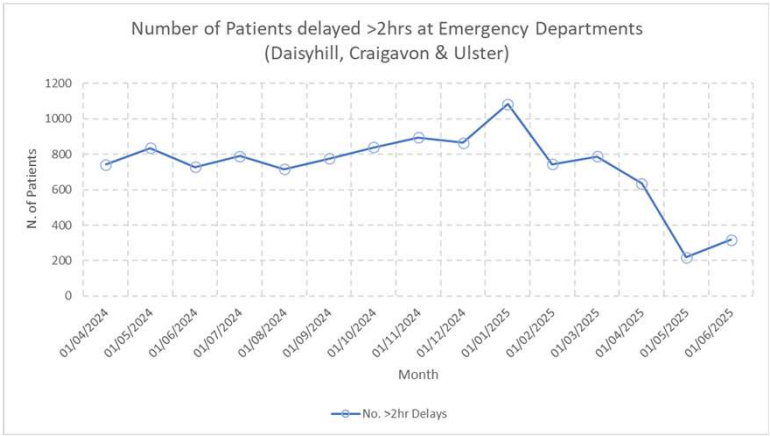
The implementation of this protocol has had a significant impact on the number of Production hours NIAS are losing outside EDs across the region.



7

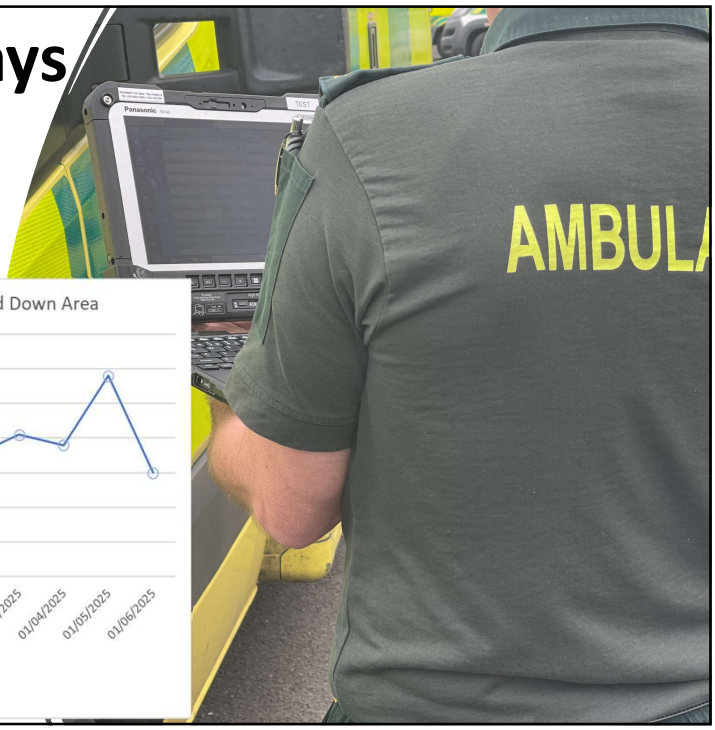
Release to Rescue

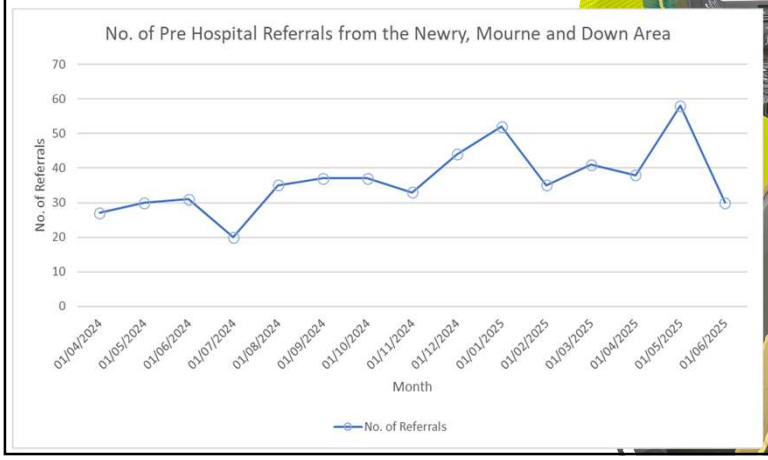
- Significant reduction in lost hours and patients being delayed >2hrs to access Emergency Departments



8

Alternative Pathways





9

Resourcing

NIAS has proactively recruited over the past 12 months and now has 398 paramedics across its Emergency Ambulance tier, the table below breaks down the paramedic numbers by station within your area.

This year has also saw a significant milestone in its development with the inaugural Advanced Paramedic tier being recruited to.

Paramedic Staffing Growth by Station				
Month	Newry	Kilkeel	Newcastle	Downpatrick
Mar-25	17.76	3	4	10.4
Jun-25	17.76	4	4	13.24
Sep-25	16.4	4	4	11.24
Dec-25	16.4	3	4	10.6
Mar-26	20.76	5	3	12.6
Jun-26	20.76	5	3	12.6
Sep-26	21.76	5	3	12.6
Dec-26	21.76	5	3	14.6
Mar-27	21.76	5	3	14.6

10

Response Times

Response Times are a challenge for NIAS against the National Target, however 2026.27 has seen an improvement with response times.
Newry, Mourne and Down is a challenge and there is a requirement for resource growth in the area.

Financial Year 2025.26 Average Response Times		
Local Authority	Category 1	Category 2
Antrim and Newtownabbey	0:11:35	1:16:58
Ards and North Down	0:13:29	1:56:20
Armagh City, Banbridge and Craigavon	0:12:59	1:19:00
Belfast	0:08:18	1:36:36
Causeway Coast and Glens	0:14:18	1:04:30
Derry City and Strabane	0:10:01	0:43:15
Fermanagh and Omagh	0:12:19	0:43:36
Lisburn and Castlereagh	0:11:22	1:43:20
Mid and East Antrim	0:14:14	1:17:15
Mid Ulster	0:15:58	1:18:43
Newry, Mourne and Down	**0:17:35**	**1:35:48**
Regional	0:12:03	1:21:29

Financial YTD 2026.27 Average Response Times		
Local Authority	Category 1	Category 2
Antrim and Newtownabbey	0:10:24	0:58:17
Ards and North Down	0:12:16	1:31:50
Armagh City, Banbridge and Craigavon	0:11:25	1:03:44
Belfast	0:07:15	1:13:33
Causeway Coast and Glens	0:13:43	0:48:28
Derry City and Strabane	0:08:37	0:36:41
Fermanagh and Omagh	0:11:28	0:40:46
Lisburn and Castlereagh	0:10:39	1:19:12
Mid and East Antrim	0:12:33	1:00:19
Mid Ulster	0:15:39	0:58:58
Newry, Mourne and Down	**0:15:30**	**1:17:48**
Regional	0:10:56	1:04:12

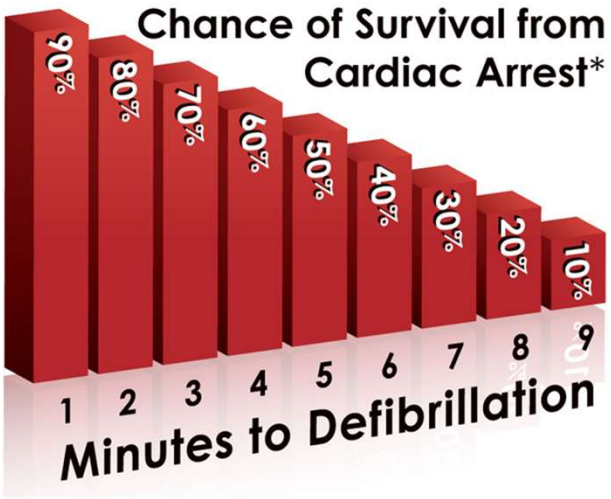
Targets
Cat 1 mean = 8mins
Cat 2 mean = 18mins

11

Opportunities for collaboration?

- Access to alternatives in the community for referrals
- Community First Responders
- Resus Strategy - CPR training, access to defibrillators?
- Awareness at events

12



- Keady, Newtownhamilton, Crossmaglen, Mournes, Slieve Croob CFR schemes.
- 88 Active CFRs
- 436 AEDs registered at present
- 81% of AEDs are emergency ready
- 398 AED deployments in the last year
- 60% of the AEDs are 24/7 availability, 40% have varied access

13

Thank you,

Any questions?

14