Agenda

1 Welcome, Apologies & Declarations of Conflict of Interest

For Information

Apologies from Dr Philip Graham.

Leahann Donnelly attending in Simon Christie's absence

Tour of Facility TBC

2 Minutes of the previous meeting held on 20/2/25

For Approval

2 - Trust Board mins 200225 draft.pdf ***Page 1***

3 Matters Arising

For Noting

3 - Public Trust Board action list 20.2.25.pdf ***Page 23***

4 Chair's Update

For Noting

5 Chief Executive's Update

For Noting

6 Performance Report (January 2025)

For Noting

6 - 01 - Trustboard Perfromance Report Cover Paper Mar25.pdf ***Page 25***

6 - 02 - Trustboard Performance Report_Mar 25.pdf ***Page 26***

7 Finance Report (Month 10)

For Noting

7 - 01 - Cover Paper - Finance Report Month 10 2024-25.pdf ***Page 72***

7 - 02 - NIAS Finance Report Month 10 2024-25.pdf ***Page 73***

8 Committee Business:

For Information

To follow:

PFOD Cttee – mins of meeting on 13 Feb 2025

ARAC Cttee – mins of meeting on 6 Feb 2025

Safety C'ttee –mins of meeting on 30 Jan 2025

9 Date & venue of next meeting:

15 May 2025 at 09.30am in the Boardroom, NIAS HQ

10 Any Other Business

Northern Ireland Ambulance Service Health and Social Care Trust

Minutes of NIAS Trust Board held on Thursday 20 February 2025 at 10.50am in the Boardroom, NIAS HQ, Site 30, Knockbracken Healthcare Park, Saintfield Road, Belfast BT8 8SG

Present:	Mr D Ashford	Non-Executive Director (Chair)
	Mr P Corrigan	Non-Executive Director
	Mr J Dennison	Non-Executive Director
	Dr P Graham	Non-Executive Director
	Mr P Quinn	Non-Executive Director
	Mr M Bloomfield	Chief Executive
	Ms R Byrne	Director of Operations
	Dr N Ruddell	Medical Director
	Ms M Lemon	Director of Human Resources & Organisational Development (HR & OD)
In Attendance:	Ms L Charlton	Director of Quality, Safety & Improvement (QSI)
	Ms M Paterson	Director of Planning, Performance & Corporate Services/Deputy Chief Executive
	Mr S Christie	Strategic Financial Support
	Ms S Beggs	Temporary Board Secretary
Apologies:	Mrs M Larmour	Chair

1 Welcome, Apologies & Declarations of Conflict

Mr Dale Ashford chaired the meeting in Ms Larmour's absence.

The Chair noted the apologies.

The Chair reminded those present that they should declare any conflicts of interest at the outset or as the meeting progressed.

The meeting was declared as quorate.

Dr Graham advised that today's meeting clashed with a meeting at Stormont with Trust Chairs of ARAC. Mr Nick Henry is attending the meeting at Stormont in Dr Graham's absence and will report back.

2 Previous Minutes (TB20/02/2025/01)

The minutes of the previous meeting held on 12 December 2024 were **APPROVED** on a proposal from Mr Corrigan and seconded by Mr Quinn.

3 Matters Arising (TB20/022025/02)

Members **NOTED** the Matters Arising.

Trust Performance Scorecard
Ms Charlton confirmed that the Executive Summary was incorrect and there were no NIPSO cases.

NEDs mandatory training
Several NEDs attended the Governance training via CEF and commented that it was particularly good. Some NEDs are registered for the next round of upcoming training with CEF.

4 Chair's Update

In Ms Larmour's absence, there was no update from the Chair.

5 Chief Executive's Update

Mr Bloomfield commenced his report by referring to service pressures since the last Board meeting in December. He noted that this is traditionally the time of year when the greatest pressures are experienced by NIAS and across the HSC system, however this year had been perhaps the most challenging, in particular in the period immediately after Christmas until mid-January. He stated that this has been the case across the UK, as reflected in the level of media reporting. He noted that this was due to the downturn in community services and primary care over the holiday period, which coincided with a peak in flu and other respiratory illnesses. The combined impact of these resulted in significant pressures across the system, which in turn impacted on

our ability to respond to calls. During the first two weeks in January, the system pressures attracted attention nationally and locally, including a number of cases where family members had transported patients to ED due to delays in ambulance response. Mr Bloomfield expressed regret that a number of these cases had poor outcomes, although it is not possible to link this solely to the method of transport or delayed ambulance response. He noted that Dr Ruddell had undertaken a number of media interviews and had highlighted the link between delayed response and increased risk of harm to patients.

Mr Bloomfield advised that the Assembly had debated a motion on 13 January, calling on the Minister to develop a Workforce Plan to address ambulance response times.

He noted that several Assembly members had acknowledged that system-wide pressures are the cause of delayed ambulance responses, and it was not a reflection on the Ambulance Service. He also advised that there had been a large number of Assembly Questions in recent weeks about ambulance handover delays and response times. Mr Bloomfield advised that he would provide a more detailed update on handover delays under agenda item six, including in relation to a meeting on 17 January with SPPG, London Ambulance Service and an acute hospital trust in London to explore the approach there to reducing handover times.

Mr Bloomfield reported that a number of meeting requests have been received from MLAs as a result of the recent pressures.

Moving onto other issues, Mr Bloomfield reported that he has had further meetings with the National Ambulance Service in ROI to explore the potential development of a joint North-South specialist ambulance response to significant major incidents across the island of Ireland, such as the tragedy in Creeslough in 2022.

Mr Bloomfield reported on the Mid Year Accountability Meeting he and the Chair had attended with the Permanent Secretary at the end of January. He advised that it had been a fairly straightforward meeting with no serious concerns raised. The Permanent Secretary had welcomed the increases in See and Treat, and Hear and Treat rates and was keen to see further progress. He had also noted the significant reduction in absenteeism. He advised that there had been considerable discussion regarding ambulance

handover delays, including the ongoing impact of action short of strike action, and the impact on response times. Mr Bloomfield advised the Permanent Secretary had welcomed the reduction in outstanding SAIs, and NIAS' financial position for 2024/25 which continues to forecast a break-even position. The initial financial position for 2025/26 was also discussed.
Finally, in relation to the Mid-Year Accountability meeting, Mr Bloomfield advised that he had raised the limited capacity in HART and the need to expand this to be able to provide 24/7 response to incidents. Constructive meetings have been taking place between Ms Byrne and DoH colleagues to agree the extent of additional resources required, however given the level of risk, Mr Bloomfield will be writing to the Permanent Secretary to seek approval for an immediate expansion.

Mr Bloomfield referred to Storm Éowyn on 24 January which had been upgraded to red warning the previous afternoon. The PSNI had taken the lead and issued a clear warning advising of no non-essential travel until 2pm. NIAS Operational had attended gold command meetings at PSNI HQ. He advised that given the PSNI direction, NIAS took the decision to respond only to Cat 1 and 2 calls during the red weather warning to protect staff and patients. Mr Bloomfield paid tribute to staff who had gone to incredible lengths to get into work and respond to calls, in some cases with the assistance of the NIFRS. He commended everyone involved of the excellent planning for, and management of the incident, and advised that a letter has been received from the Head of the Civil Service praising NIAS.

Mr Bloomfield advised that he, the Chair and Ms Paterson had attended a second meeting with SPPG at the end of January under the new support and intervention framework. He reminded Board members that SPPG has identified two areas at escalation level, one in relation to completion of a business case for additional funding for workforce, and the other in relation to response times, which SPPG acknowledge are largely out of NIAS' direct control.

Mr Bloomfield referred to an email from the Save our Acute Services Group that had been shared with Board members at the Group's request. Having previously received a briefing on the issues raised and the efforts of NIAS to mitigate the impact of the withdrawal of emergency general surgery from SWAH, as well as significant engagement with the SOAS group, Board members

indicted they are content with the NIAS response. They also noted the recent independent review undertaken by RQIA which did not identify any immediate safety concerns. They welcomed the recommendation that any future service reconfigurations should include appropriate investment for ambulance services to respond to the changes.

On 7 January NIAS handed over a second decommissioned ambulance to the Ukrainian group, following due process and making plans to transport to Ukraine.

Concluding his report, Mr Bloomfield advised that Mike Farrar will take up the post of interim Permanent Secretary from 1st April. Mr Bloomfield reminded Board members that Mr Farrar had facilitated a Board strategy day and also a SMT development day. He advised that Mr Farrar has asked to meet with the Chair and Chief Executive in April followed by a meeting with Trust Board members.

Mr Quinn asked if there is likely to be any additional resource from the Shared Island funding for the North South specialist ambulance response initiative. Mr Bloomfield explained that the initial focus was on the development of joint SOPs and carrying out joint training, however subject to Ministerial support, it was possible that sources of additional funding to increase capacity would be explored.

The Chair thanked Mr Bloomfield for his update which was **NOTED** by the Board.

6 **Ambulance Handover Delays Update (TB20/02/2025/03)**

Mr Bloomfield reported that ED handover times had continued to deteriorate in Q3 of 2024/25 compared to the previous year.

He referred to the recent media coverage of significantly delayed response times, including the Medical Director's reference to an increased risk of death associated with delayed response as a result of delayed handovers.
Mr Bloomfield referred to a letter from the Head of SPPG to all Trust Chief Executives about ambulance handover delays, in particular at the end of shift times, advising that SPPG would be monitoring the impact of recent efforts to improve this, and would

consider further escalation if required. Mr Bloomfield advised that three months after this work commenced, there has been no material improvement in handover delays, late finishes or compensatory rest. He advised that he now expected SPPG to consider what further actions could be taken, including to explore the model in London where a maximum 45-minute handover time is being achieved.

Mr Bloomfield advised that a meeting had taken place with SPPG colleagues, London Ambulance Service and an Acute Hospital Trust in London to explore how the approach in London works, and as a result, SPPG had presented a paper to the PTEB meeting proposing a visit to London involving clinical staff from all Trusts.

A provisional date has been arranged for the visit on 10 March. Mr Bloomfield also advised that NHS England has issued planning guidance requiring a maximum handover time of 45 minutes from April 2025, reducing to 15 minutes.

He also advised that the NIAO report on handover delays is expected to be published soon.

Mr Ashford referred to this being discussed at the ARAC Committee meeting and that auditors advised that the DoH had yet to provide comments on the draft report.

Mr Corrigan said this was a useful update and he is pleased to hear some momentum around the London model in terms of meeting jointly with SPPG and hopefully the visit in March to look at that model further. He expressed some concern that SPPG are seeking to facilitate this approach, rather than mandating it. Mr Bloomfield advised that this had been discussed at the meeting with London Ambulance Service, the Acute Trust and NHS England who had stressed the importance of securing agreement for this and therefore did not need to mandate it.

The intention of the visit is for Trust colleagues to understand how this is working in London and discuss with ED clinicians with the aim of agreeing an approach to implement locally.

Mr Corrigan queried what happens next if there is not wider acceptance from colleagues in the hospital Trusts.

Mr Bloomfield said that will be a matter for SPPG and it had taken time to embed the process in London.

Mr Quinn enquired about the impact on those interventions and the TU perspective on that. He referred to the RCC establishment and that there continues to be a deterioration in handover delays and staff finishes.

Mr Bloomfield advised that the evaluation of RCC is almost concluded and recommendations on the way forward.

He advised that SMT had met with TU colleagues in January and they were prepared to take no further action in relation to further escalation while the ongoing efforts continued, in particular in relation to explore the approach in London.

Ms Charlton advised that she is attending a CNO business meeting. She said that other Trusts are doing audits on corridor care, and in the absence of delayed handovers and the prehospital setting being considered, NIAS are planning to do an audit on patients waiting to be handed over to ED in ambulances, as there needs to have a balanced assessment of risk.

Ms Charlton advised that she will be sharing patient stories at the meeting. She added that there is a risk of this issue receiving less attention nationally as the position has improved.

Ms Lemon referred to the discussions with Trade Union colleagues and advised that while this is a regional ASOS, NIAS are disproportionately affected. Regional action is required to resolve ASOS and she has raised this matter with the DoH.

Mr Ashford stated that he understood the frustration of TUs and is concerned this could lead to a strike. He said the Board expectation is that NIAS have plans in place in the event of escalated action.

Mr Quinn commended Ms Charlton on the proposed audit of ambulance care. He suggested that she seeks assistance from the NI Human Rights Commissioner in relation to rights-based approaches to look at the impact on human rights. Putting that perspective on the audit could be impactful.

ACTION: Ms Charlton

Mr Corrigan advised that he has discussed this issue with a few staff members who reported that while they are not seeing a particular change at EDs, they have seen a continued focus within NIAS on crew relief and there is appreciation that within NIAS we are doing the best we can.

7 **Performance Report (December 2024) (TB20/02/2025/04)**

Ms. Paterson set the context for the December 2024 performance update. She emphasised that while progress had been made in key areas, there remained significant ongoing challenges that required close monitoring. She noted the inclusion of additional elements in the report and stated that she would discuss its value as a performance tool at the end of the update.

Ms. Paterson acknowledged the 8% increase in call demand and commented on the decrease in incidents (-6%) and hospital conveyances (-12%). She highlighted how this trend was in line with efforts to manage more patients in the community, reducing unnecessary hospital admissions. She welcomed the improvements reflected in Hear & Treat (H&T) and See & Treat (S&T),

Ms Paterson expressed concern regarding response times and hospital handover delays, which remain a considerable challenge. She noted that while reducing hospital conveyances should, in theory, improve response availability, persistent ED delays continued to consume frontline resources. Ms. Paterson emphasised that these pressures were exacerbated by workforce challenges and shift change protocols, alongside ongoing ASOS actions.

Ms. Paterson addressed the issue of response times, particularly highlighting the Category 1 mean time of 13 minutes 18 seconds against the 8-minute target. She noted with concern the deterioration in Category 2 response times, which had increased from 1 hour 13 minutes last year to 1 hour 50 minutes, far exceeding the 18-minute target. She reiterated that handover delays were a major contributing factor, with December seeing a 22% increase from November, exceeding 14,000 lost hours. Ms Paterson drew attention to the fact that 20% of patients

experienced handover waits of over two hours, reiterating the impact on patient outcomes and system capacity.

Ms. Paterson welcomed the improvements in Hear and Treat, which had reached 10.4% (exceeding the 10% target), and See and Treat, which had improved to 15.2% (approaching the 15.5% target) but reminded all that demand was a factor in achieving this performance. Ms Paterson stressed the importance of sustaining targeted interventions and scaling the NIAS model to better support complex case patients.

Ms. Paterson recognised the improvement in sickness absence rates, which had dropped to 10.44% from 14.9% the previous year. However, she noted that there had been a slight deterioration in-month and cautioned that it would be important to establish whether this was linked to seasonal trends or signalled an underlying challenge.

On recruitment, Ms. Paterson welcomed the positive progress, noting that 22 new ACA staff had completed training in December, with a further 24 due to start in February. She recognised that, despite the 20% vacancy rate, non-emergency service performance had remained stable. However, she emphasised that workforce gaps continued to place strain on the system and that further recruitment efforts were sustained.

Ms. Paterson acknowledged that 23 potential SAIs had been reviewed, with 10 formally reported to SPPG. She highlighted that delayed response times and documentation issues were recurring themes and stressed the importance of learning from these incidents to enhance service delivery and patient safety. Ms Paterson noted that the volume of complaints (32) remained comparable to the number of compliments received (35). However, she acknowledged that the service's ability to respond within the 20-day target remained below expectations at 44%. Ms Paterson confirmed that to gain a deeper understanding of patient perspectives and service quality, a review of patient experience KPIs would be undertaken with service users in the next financial year.

Ms. Paterson concluded by reinforcing the importance of using this report as a tool to track progress, identify challenges, and shape decision-making. She invited attendees to reflect on the report's

effectiveness and welcomed discussion on how it could be refined to better support NIAS in addressing ongoing pressures. Ms Paterson emphasised the need for continued collaboration with system partners to alleviate pressures and improve overall service resilience.

Ms Charlton reported there was an increased number of SAIs in December. A number of these have been followed up with early alerts being sent to the DoH. Ms Charlton will provide further details at the Safety Committee.

Ms Charlton reported there have been a number of complaints regarding PCS due to increasing the number of patients being transported together and not travelling via taxi. The team are going to carry out patient involvement sessions regarding comfort measures within the vehicles.

Mr Dennison highlighted that mandatory training is currently only at 40%. The poor uptake and measures in place to improve was discussed at PFOD and it is important that it is noted at Trust Board.

Mr Quinn referred to Safeguarding referral numbers and the increased rate for safeguarding issues and asked if these correlate with the amount of training.

Mr Quinn also said it was good to see an increase in hear and treat, and asked about whether this includes patients who transport themselves to ED. Mr Bloomfield responded that the hear and treat figures are intended to record only those patients who receive an appropriate response, and not those who are advised to transport themselves due to delayed response times. Mr Quinn added that it feels a bit uneasy as there is potential harm if the patient is conveying themselves to hospital.
Dr Ruddell advised there is an update from Hear and Treat regarding re-contact rates. Patients who are given an alternative outcome but then need an ambulance in the next few days are relatively low.

Dr Ruddell advised we are proposing using the same system as in Scotland, which links the patient's H&C number to try and find out more information to get these stats.

Ms Paterson advised NEDs and Directors are being invited to meet to discuss the implementation of the new Terms of Reference for Committees. The proposal is that the performance report will be expanded to give data to each Committee so that Committees can focus on areas that are not meeting targets. A snapshot will be provided at Trust Board, and assurance coming through to Trust Board from each Committee, as each remit has a difference lens.

The Chair thanked everyone for their comments and the Performance Report was **NOTED** by the Board.

8 **Finance Report (Month 9) (TB20/02/2025/05)**

Mr Christie presented the finance report for month 9 to 31 December 2024 which was presented at the recent PFOD Committee. He highlighted the key points.

The Trust is reporting year-to-date (YTD) expenditure of £89.5m with an underspend of £1.3m against profiled budgets.

The easements in pay budgets are expected to continue to the end of the year. This is due to the recruitment of staff not happening as quickly as originally anticipated.

There is contingency support of £1m retained by NIAS to implement new protocols for end of shift handovers which will not be utilised in 2024/25. Expenditure has been returned to SPPG. £10.3m of expenditure has been incurred in December. If this run rate continues, the Trust is on course to deliver a break-even position at year-end.

The savings plan to deliver the full £2.475m is on track to be achieved.

There is additional funding of £1.1m to support the Trusts capital pressures which has been provided by the DoH. Forecast to break even in relation to capital expenditure.

The Board **NOTED** the Finance Report (Month 9) as presented by Mr Christie.

9 **Draft Financial Plan 2025-26 (TB20/02/2025/06)**

Mr Christie presented the draft 2025-26 financial plan which was discussed in detail at the recent PFOD meeting. Trust Board is asked to agree the draft to be sent to SPPG in order to aid further discussions.

Mr Christie emphasised that we are not asking the Board to approve the plan, we are seeking their approval for the formal release to SPPG for further discussion.

There isn't enough detail from SPPG regarding funding at this point, until we get a comprehensive indicative allocation from SPPG we can't ask the Board to approve the plan.

He highlighted on page two the impact that delayed handovers are having on the Trust. In terms of forecasting, there is £16 million productivity lost due to delayed handovers, which equates to approximately 12% of the total budget.

The funding from SPPG is a roll forward from the 24/25 allocations, there is more information required to develop a final plan i.e. to include inflation, pay awards etc. Mr Christie has highlighted those assumptions on page 4 that require clarity to deliver the plan in totality.

The savings target is a recurrent amount of £2.75 million. We can't make a recurrent savings plan for this until there is certainty regarding the significant elimination of delayed handovers. The savings plan will be a non-recurrent plan and will focus on short-term opportunities to deliver savings of £2.75 million, the same as 24/25.

Mr Christie referred to the workforce funding, SPPG is providing £13 million for all the service developments. The table on page six demonstrates how this will be utilised in 25/26. It shows that implementation is progressing but will need additional IAS and overtime until implementation is completed.

Page seven highlights a look ahead beyond 25/26 with emerging pressures related to the organisation resilience business case and the HART team. In this plan, there is a request to SPPG for a small additional amount of funding of around 500k to initially bolster the HART team until the business case is progressed.

NED's queried whether the previous issue of holiday pay is still impacting. Mr Christie confirmed that it will not impact on anything presented this morning for 25/26 but yes, it is still an ongoing issue and will have a significant cost pressure in the future.

Mr Ashford has had discussions with Ms Byrne regarding the ambition of doubling the size of HART, in the meantime while the business case is processed. Mr Christie reiterated the additional funding requested is approximately £500k, subject to further discussion. Ms Byrne added that we need to factor in training within this funding.
Mr Christie confirmed this is a high-level estimate, once we engage, we will work out exactly what we need if there is an opportunity for SPPG to fund.

Mr Ashford referred to HART capability and the line at the top of page 8 should be amended. Mr Christie agreed to change and reflect in the letter to DoH.

ACTION: Mr Christie

The draft plan also refers to a deep concern for the 25/26 budget for the HSC sector. Mr Christie is aware of the overall funding settlement for Health and Social Care in Northern Ireland and the level of savings that all Trusts will be required to deliver. This will have a significant indirect impact on NIAS particularly due to a continuation of delayed handovers at Emergency Departments. All agreed that it is really important that Mr Christie articulates this in the paper.

Mr Christie clarified that the £3.5 million is to develop the management of the EPRR service and the £500K is totally separate to bolster HART to allow a full business case to be developed.

Mr Ashford commented on the improved quality of the report and that it is very easy to read.

Mr Graham highlighted that there is so much in limbo that we are waiting for decisions from other people.

The report was **APPROVED** for release to SPPG on a proposal from Mr Dennison and seconded by Mr Graham.

10 **Corporate Risk Register (TB20/02/2025/07)**

Ms. Paterson presented the Corporate Risk Register Summary Report for noting by the Trust Board, outlining the key risks currently faced by NIAS. She spoke to the ongoing review process, highlighting that the document reflects updates on newly identified risks, de-escalated risks, and those revised following mitigation efforts. She confirmed that the register had been reviewed and approved at the Audit, Risk and Assurance Committee (ARAC) on 6 February 2025, following detailed scrutiny across ARAC, SMT, and the Safety, Quality, and Experience Panel (SQEP).

On new risks added, Ms. Paterson raised concerns about the Hazardous Area Response Team (HART) capacity (Risk 761), which was introduced in December 2024 due to concerns about insufficient resourcing to meet NHS commissioning standards. She noted that this issue requires close monitoring to ensure alignment with expectations.

She also spoke to the ability to respond to High-Consequence Infectious Disease (HCID) (Risk 833), which was added in November 2024. She raised concerns about the gaps in capacity and training for managing high-risk infectious disease cases, such as Clade 1 MPox. She emphasised that this remains a critical area requiring further investment and planning.

Regarding risks that had been de-escalated, Ms. Paterson welcomed the improvement in Medicines Asset Management & Governance (Risk 712), explaining that following the implementation of enhanced procedures and inspections, the regulator had confirmed a return to routine monitoring. She noted that this was a positive outcome, reflecting strengthened governance in this area.

She also welcomed the de-escalation of Emergency Preparedness, Resilience, and Response (EPRR) Capacity (Risk 760), citing significant staffing improvements and the establishment of a clear transformation plan. She clarified that while this risk no longer required corporate-level oversight, it would continue to be monitored via the EPRR Group and the Safety, Quality, and Performance & Patient Experience (SQPPE) Committee.

On risk consolidation, Ms. Paterson acknowledged the decision to merge Organisational Culture Improvement (Risk 559) with Support for Staff Health & Wellbeing (Risk 301). She spoke to the rationale behind this, explaining that given their close alignment and progress in mitigation, consolidation would allow for a more integrated and effective approach to workforce wellbeing.
She invited questions from Trust Board members, reiterating that the report had been subject to significant consideration and scrutiny at the committee level.

Mr Quinn commented that the presentation is excellent. Mr Quinn asked if the upcoming changes within the team should be included as a risk i.e. Chief Exec and Finance Director. Mr Graham recalled this being discussed at a previous meeting. He added it may be pertinent to revisit this again. He recalls the discussion was in November. Some members couldn't recall the conversation and Mr Quinn suggested it may have been a separate discussion with the Chair.

Ms Paterson sought clarification on the owner of the risk. Mr Graham suggested it would sit under the Chair's remit.
Ms Charlton asked if the concern and risk is in relation to timing or stability. Mr Graham responded it is in relation to both. Members agreed it is a good recommendation to be listed under the Chair.

Mr Dennison asked if it was covered in a previous CRR under senior exec pay. Ms Paterson agreed to clarify the logic as there are some mechanics in governance and how it is reflected in the risk register.

ACTION: Ms Paterson

Ms Charlton referred to risk 8.3.3. HCID and that there have been a number of Mpox cases including in Northern Ireland. To date, only Clade 2 cases have arisen in NI, rather than Clade 1 which is considered to be a High Consequence Infectious Disease (HCID). This is something to be considered at the relevant Committee. Ms Charlton is attending an MPOX MIT tomorrow and will update after that.

ACTION: Ms Charlton

Risk 761 (HART) was discussed at the Safety Committee and was reduced from 20 to 16. There has been some work done on that,

but this is based on the benchmark. This is for the risk owner to consider.

11 **Updated Risk Management Policy including Risk Appetite Statement (TB20/02/2025/08)**

Ms. Paterson acknowledged the revised Risk Management Policy, explaining that it integrates the NIAS risk strategy and framework into a single, streamlined document. She spoke to the intention behind this revision, noting that it provides a structured and proportionate approach to risk management, ensuring Board-led oversight and alignment with best practice across HSC Trusts.

On key features of the revised policy, Ms. Paterson spoke to the introduction of a Risk Appetite Statement, outlining that this defines the level of risk NIAS is willing to accept across different domains. She emphasised that this will support a consistent approach to decision-making and risk assessment across the organisation.

She spoke to the change in Quarterly Risk Reviews, explaining that directorate-level risk registers will now be reviewed quarterly rather than monthly. She noted that this aligns NIAS with standard practice across other HSC Trusts while allowing for more meaningful updates whilst retaining oversight.

Ms. Paterson welcomed the introduction of Standardised Risk Categorisation & Governance, explaining that this reinforces a structured approach to assessing risk likelihood, impact, and controls. She noted that by clarifying escalation processes, the organisation can ensure risks are effectively monitored and addressed at the appropriate levels.

Ms. Paterson spoke to the role of the Risk Appetite Statement in guiding target risk scores within the Corporate Risk Register. She noted that this will help ensure risks are managed in a proportionate and effective manner, balancing risk mitigation with operational realities.

She acknowledged that the revised policy will be tested and refined as it is implemented, with an annual review process to assess its effectiveness. She emphasised that this iterative approach will allow NIAS to adapt the framework as needed.

In conclusion, Ms. Paterson summarised that the revised Risk Management Policy represents a significant shift in how NIAS approaches risk, ensuring a structured and proportionate methodology. She spoke to the alignment of the Corporate Risk Register with this policy and welcomed the ongoing refinement of the framework as it becomes embedded within the organisation. She invited any questions from the Trust Board.

Mr Graham confirmed at ARAC that he is broadly happy with the progress, and it is heading in the right direction.

Mr Ashford added that he has no issues, and it is important to use the risk appetite to differentiate between moderate and reality.

Mr Corrigan commended the policy and added this is a good attempt to summarise and welcome the statement around appetite. He said it is a great effort at summarising the risks.

The Policy was **APPROVED** on a proposal from Mr Quinn and seconded by Mr Graham.

12 **Revised Committee Terms of Reference(TB20/02/2025/09)**

Ms Paterson presented the revised terms of reference of assurance Committees constituted by Trust Board, tabled for review and approval.

The draft terms of reference for the GARAC, PCOD, SPF and SQPE Committees were circulated to Non-Executive Directors for review and feedback in December 2024.

The terms of reference for the Charitable Trust Funds Advisory Committee were reviewed at ARAC on 6 February 2025.

ARAC approved the revised terms of reference for all of the Committees on 6 February 2025, subject to minor amendments being made to the terms of reference of GARAC and the Charitable Trust Funds Advisory Committee (which have been actioned).

Mr Graham referenced helpful discussions at ARAC with internal and external auditors providing suggestions.

Mr Ashford suggested changing the name of the Safety Quality and Patient Experience Committee to Patient Experience, Quality and Safety Committee.

ACTION: Ms Paterson

Mr Graham confirmed he is happy with the title 'GARAC'.

All members agreed, that if there is any element of the ToR that need changed it can be done do when needed and the ToR will be reviewed annually.

The revised Committee Terms of Reference were **APPROVED** on a proposal from Mr Dennison and seconded by Mr Corrigan.

13 **NIAS Standing Orders Review February 2025 and Standing Financial Instructions (SFIs) (TB20/02/2025/10)**

Ms Paterson presented the Trust's Standing Orders which have been reviewed (last review date was September 2023). Several amendments are suggested to reflect the updated Board Committee structure and to simplify wording and approach in some areas.

The Belfast, Western and Southern HSC Trust Standing Orders were used to help inform the review. A summary outline of the key proposed changes is provided.

The revisions to the Standing Orders were reviewed and approved in principle at ARAC on 6 February 2025.
There was expert guidance from auditors which has been included in the report, if approved today they will take immediate effect, but further refinements can be made if required.

Mr Ashford confirmed he is content to approve. He suggested a change to 3.9.1 to revisit the section regarding nominating a vice Chair if required. All agreed this requires a discussion with the Chair.

Standing Financial Instructions (SFIs)

Mr Christie explained a review of the Trust's Standing Financial Instructions has been carried out as the SFIs have not been updated since December 2019.

The review included bench marking with other HSC Trusts SFIs and consideration of current DoH policies, financial circulars, and legislation.

The Standing Financial Instructions were approved by ARAC on 6 February 2025.

If Trust Board are content to approve, the revised Standing Financial Instructions will be disseminated to all staff.

It should be noted that a further review will be carried out in October 2025 as additional updates are expected to be required to ensure that the SFIs are compliant with new procurement legislation and changes to the Trust's planning and monitoring process.

The revised Standing Orders and Standing Financial Instructions were **APPROVED** on a proposal from Mr Graham and seconded by Mr Corrigan.

14 **NIAS CCNI Registration (TB20/02/2025/11)**

Mr Christie advised Trust Board that NIAS has been working with BSO Legal Services and the Charities Commission NI to register the charitable trust funds as a charity.

The Charity Commission has reviewed NIAS's proposed governing document and public benefit statement and are happy for NIAS to proceed with the application for registration.

The Trust Board is asked to approve these two documents to progress the application for registration.

Mr Corrigan referred to his experience within NHSCT ARAC Committee and that there were issues with the charity commission due to historical reasons, they had a lot of funds, and the Charity commission were pushing the Trust to amalgamate and consolidate. Mr Christie confirmed our funds are mainly for general purposes. Other Trusts may take longer to get registered.

Mr Quinn added that he thought it would be incumbent for any organisation to have this registration. Mr Christie responded that it

has been an extended process for charities to become registered with the Charities Commission.

Mr Quinn suggested that the registration and subsequent regulation be inserted into the ToR as there is an obligation that needs reflected in the governance structure. Mr Christie agreed that once NIAS are registered we will reflect this within the ToR.

ACTION: Mr Christie/Ms Paterson

Mr Dennison asked if NIAS will we be proactively seeking funds. Mr Bloomfield advised this is unlikely and that the NIAS fund is very small compared to other Trusts. NIAS had received substantial funding from the NHS Together Charity, however we don't receive substantial amounts on an ongoing bases.

The CCNI Registration was **APPROVED** on a proposal from Mr Graham and seconded by Mr Quinn.

15 **Committee Business: (TB20/02/2025/12)**

Members **NOTED** the Committee minutes and reports of meetings.

PFOD Cttee – mins of meeting on 28 Nov 2024.

Trust Board **NOTED** the salient points within the minutes.

ARAC Cttee – mins of meeting on 10 October 2024

Trust Board **NOTED** that the Adverse Incident Policy was reviewed and approved at ARAC on 6 February 2025.

Mr Graham referred to discussions at the last Trust Board meeting about research and he has since facilitated a meeting with Ms Julia Wolfe and the Northern Regional College regarding research they can help NIAS with. There are linkages with training and Ms Julia Wolfe was introduced to the head of innovation and entrepreneurship.

Safety C'ttee

Mr Ashford attended an enhanced EPRR meeting with Ms Byrne and colleagues on 17 February. Mr Paul Woodrow (AACE) has

agreed to do a stocktake at the end of the financial year in relation to progress against AACE report recommendations.

Mr Ashford referenced the draft letter to the Perm Sec requesting to increase the size of the team, which will hopefully double the size. However, caution is required as we still won't meet national standards. He emphasised that it is important to reiterate we have agreed we want to have the same capacity as anywhere else in the UK. Mr Bloomfield agreed and stated that doubling our capacity will only bring us up to 18 which will improve cover but not fully meet the UK wide standards for HART teams.

Mr Graham advised that at the last ARAC meeting it was agreed that the standing agenda item for EPRR on the ARAC Agenda can be removed. The focus needs to be on the business case, the team are making good progress and content to remove from GARAC. Ms Byrne has asked to continue with the extra enhanced meeting to keep attention and momentum on this subject.

16 **Date and venue of next meeting:**

26 March 2025 at 09.00am in the Boardroom, NIAS HQ

Mr Corrigan asked if either the next meeting or another future meeting can be facilitated at the Cookstown facility.

ACTION: Ms Beggs

17 **Any Other Business**

Recruitment

Mr Bloomfield referred to the Board's decision to await the outcome of the Department's review of senior executive posts before recruiting permanently for the Chief Executive and Finance Director posts. Interim arrangements for both are underway with interviews planned for the first and second week of March.

Meeting with Interim Perm Sec

Mr Bloomfield advised members that the meeting with Mr Mike Farrar has been confirmed for 10 April. Ms Beggs will follow this up with a diary invite to NEDs and Board members.

ACTION: Ms Beggs

Long service award ceremonies

Mr Bloomfield advised there is a backlog of staff to receive long service medals. Two events have been planned for 10 and 24 April, one in Belfast and one in Templepatrick and he hoped Board members may be able to attend.

THIS BEING ALL THE BUSINESS, THE CHAIR CLOSED THE PUBLIC MEETING AT 12:58PM.

SIGNED: _____

DATE: _____

Northern Ireland Ambulance Service
Health and Social Care Trust

TRUST BOARD – 20 FEBRUARY 2025

		INDIVIDUAL ACTIONING	UPDATE
	PUBLIC		
1	**6 – Ambulance Handover Delays Update** Mr Quinn commended Ms Charlton on the proposed audit of ambulance care. He suggested that she seeks assistance from the NI Human Rights Commissioner in relation to rights-based approaches to look at the impact on human rights. Putting that perspective on the audit could be impactful. ACTION: Ms Charlton	LC	**Verbal Update**
2	**9 – Draft Financial Plan 2025-26** Mr Ashford referred to HART capability and the line at the top of page 8 should be amended. Mr Christie agreed to change and reflect in the letter to DoH.	SC	**Verbal Update**
3	**10 – Corporate Risk Register** Mr Quinn asked if the upcoming changes within the team should be included as a risk i.e. Chief Exec and Finance Director. Mr Graham recalled this being discussed at a previous meeting. He added it may be pertinent to revisit this again. He recalls the discussion was in November. Some members couldn't recall the conversation and Mr Quinn suggested it may have been a separate discussion with the Chair. Ms Paterson sought clarification on the owner of the risk. Mr Graham suggested it would sit under the Chair's remit. Ms Charlton asked if the concern and risk is in relation to timing or stability. Mr Graham responded it is in relation to both. Members agreed it is a good recommendation to be listed under the Chair.	MP	**Verbal Update**

Northern Ireland Ambulance Service
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	Mr Dennison asked if it was covered in a previous CRR under senior exec pay. Ms Paterson agreed to clarify the logic as there are some mechanics in governance and how it is reflected in the risk register.		
4	**10 – Corporate Risk Register** Ms Charlton referred to risk 8.3.3. HCID and that there have been a number of Mpox cases including in Northern Ireland. To date, only Clade 2 cases have arisen in NI, rather than Clade 1 which is considered to be a High Consequence Infectious Disease (HCID). This is something to be considered at the relevant Committee. Ms Charlton is attending an MPOX MIT tomorrow and will update after that.	LC	**Verbal Update**
5	**12 – Revised C'ttee ToR** Mr Ashford suggested changing the name of the Safety Quality and Patient Experience Committee to Patient Experience, Quality and Safety Committee.	MP	**Verbal Update**
6	**14 – CCNI Registration** Mr Quinn suggested that the registration and subsequent regulation be inserted into the ToR as there is an obligation that needs reflected in the governance structure. Mr Christie agreed that once NIAS are registered we will reflect this within the ToR.	MP/SC	**Verbal Update**

Northern Ireland Ambulance Service
Health and Social Care Trust

TRUST BOARD

PRESENTATION OF PAPER

Date of Trust Board:	26 March 2025
Title of paper:	Trust Performance Report
Brief summary:	This paper sets out NIAS's performance framework as of March 2025 for noting by Trustboard. The Trust performance report outlines the key performance metrics up to and including the 28 February 2025. This paper is presented to Trustboard for noting.
Recommendation:	**For Approval** ☐ **For Noting** ☒
Previous forum:	If applicable
Prepared and presented by:	Neil Walker (Head of Performance) Maxine Paterson (Director PPCS)
Date:	19 March 2025

Northern Ireland Ambulance Service
Health and Social Care Trust

TRUST CORPORATE SCORECARD

NORTHERN IRELAND AMBULANCE SERVICE

March 2025

for February 2025 Data and Performance

Northern Ireland Ambulance Service
Health and Social Care Trust

Executive Summary

The Trust Performance report continues to evolve, and you will notice changes over the coming months to the report to help everyone in the organisation understand where performance is good and where we need to drive improvements.

Operational Performance:

Demand:

- Call answer demand in EAC for February 2025 decreased by 6% when compared to February 2024
- Incident demand in February 2025 has decreased by 9% when compared to February 2024
- Patients conveyed to Hospital during February 2025 has also decreased by 7% when compared to February 2024
- December 2024 saw an average number of patients conveyed to Hospital per day of 317 patients.

Response Times:

- Response times In January remain a significant challenge across all categories, when comparing to the national standards.
- Category 2 response times are extremely concerning remaining significantly high at 52mins for January 2025. This is compared with February 2024 where category 2 performance was 58 mins.
- This is linked to the following:
    - Increasing delays in Hospital Handovers
    - Action Short of Strike (ASOS). Category 1 calls are the only calls being responded to in the last hour of shift.
    - Changes to the working arrangements of relief staff at the start of shift.
    - The end of shift protocol continues to be implemented across the trust:
        - Sending oncoming crews to ED to relieve late finished crews;
        - Holding calls at the end of shift until the relieving crew(s) is released from ED;
        - Providing compensatory rest to any crew finished later than 1hr

Clinical Performance:

Clinical Hear & Treat and See & Treat

- The Clinical H&T rate decreased in February 25 with an outturn position of 6.1%, which was a decrease from January 25. Clinical See & Treat maintained it position in February 25 to 13.9% from 15.2% in January 2025. This performance is in light of a fall in call volume to the lowest levels in the past 3 years, however, performance has been maintained over 6% due to new clinical practices and the pathway liaison desk.

Complex Cases

- Complex Cases demand remains high with 8% of all calls answered in control being from a known complex case. Financial Year 2024.25 has saw a 2% decrease in activity from complex cases compared with Financial Year 2023.24.

Out of Hospital Cardiac Arrest

Please note data only available to Aug 24 due to data lag.

- Increase in the median for Return of Spontaneous Circulation (ROSC) on all workable cardiac arrests from 16.9% to 22.5% from 2022.23 to 2023.24. Along with Increase in the median for ROSC for shockable cardiac arrests from 34.7% to 50% from 2022.23 to 2023.24
- Increase in the 30-day survival rate for cardiac arrest from 5% to 6.8% from 2022.23 to 2023.24. 30-day survival increase for shockable rhythms from 19.9% to 23.8% from 2022.23 to 2023.24

Northern Ireland Ambulance Service
Health and Social Care Trust

Executive Summary

System Performance:

Handover:

- February 25 saw the trust lose >10k hrs with handover delays >15mins this is a decrease of 24% from the hours lost in January 25, were the trust lost >13K.
- The patients waiting longer than 2hrs to handover at Emergency departments are deteriorating quarter on quarter for Financial Year 2023.24 from Q1 14.9%, Q2 16.1% to Q3 21.8%
- 19.3% of all arrivals at ED in February 25 (1,707 patients) waited over 2hrs to be handed over. This is despite NIAS conveying the least number of patients to EDs in the past 24 months.

Non-Emergency Performance:

- Despite an approx. 20% vacancy rate the Service is on target to meet the Improvement target of 10% (6000) in PCS patient journeys, year to date comparison shows 5,600 more patient journeys carried out by PCS crews than in 23/24
- Progress continues with the improvement target of reducing staff absence through sickness currently meeting the improvement target. This stabilised again after showing a seasonal upward trend for2 months
- The needs led additional IAS deployments are significantly reducing the number of "Cancellations by NIAS", Feb '25 figure was down by 67% in comparison to Feb '24
- Service Demand, Total Activity and PCS Share of Activity measurements all show increases in Feb 25 when compared with both the previous month and Feb '24.
- A total of 46 WTE new ACAs have now joined the service with the 2nd cohort of these currently in training, they will be active in their divisions from the beginning of April '25
- Loading Factor remains plateaued at around 1.4. Further improvement will be dependent on progressing issues such as, better matching staff rotas to service need and significantly reducing the vacancy rate of ACA posts. In addition, future consideration is required in respect of understanding loading factor as a measure of efficiency in planned versus unplanned activity (outpatient / scheduled treatments versus discharge/ transfers,) where responsiveness and agility may be more deterministic of same.
- Outpatient Loading Factor recorded a high point of 1.56 reflecting that the new cohort of ACAs have replaced IAS crews on most of the test of change rota lines
- Performance against Patient Experience KPIs remains low. A programme of engagement with renal dialysis patients is ongoing, led by the Trust's PPI lead to discuss and seek views on the most appropriate patient experience KPIs to be measured in the future.

Independent Ambulance Performance:

Patient Experience

- KPI 1 Inward journeys – Year to date average of 48% compliance an increase from 41% in same period 23/24. Of the non-compliant journeys 61% are within 30 minutes of the target.
- KPI 2 Outward Journeys – Year to date average of 59% compliance a decrease from 65% in same period 23/24. Of the non-compliant Journeys 53% are within 30 minutes of the target.

Productivity

- To date in 24/25 IAS activity accounts for 27% of non-emergency activity the same as in 23/24.
- Increased use of IAS is due to ongoing vacancies within the tier and a targeting of reducing cancellation rates. Cancellations by NIAS in Feb '25 were 67% below Feb '24 figure

Northern Ireland Ambulance Service
Health and Social Care Trust

Executive Summary

Service Quality and Our People:

Serious Adverse Incidents, Complaints, Compliments and Care Opinion:

- There have been 11 potential SAIs reviewed, with the Trust notifying 10 during February 2025.. The 8-week timeframe for submission of SAI report to SPPG remains challenging and the current average time for completion has increased to 106 days (15 weeks) compared with the 23/24 average of 98 days (14 weeks). Timely provision of essential SAI data impacts completion of SAI reviews and has been addressed with increased hours within the EOC team & additional capacity within CTQIU. Operational demands impacting timely completion of SAI reviews have been discussed at AD level, and the SAI Team are working with operational colleagues to improve this position.
- During Feb 2025, the Trust received 18 complaints, no new complaints were accepted by NIPSO for investigation, 27 compliments were received, and 10 stories submitted via care opinion. 24/25 performance against the 2-day acknowledgement KPI has been strong at 100%, however several factors have impacted the timeliness of closed cases with 32% of cases closed in Feb 2025 within 20 working days, compared to the YTD average of 49%. Factors impacting complaint response times include REAP 3 & 4 pressures, limited SO capacity due to competing priorities, challenges in obtaining staff ROEs, delays in completing call audits, and staff absences. SUFT is working with operational colleagues to improve response timeliness where possible.
- Safeguarding referrals have increased by 28% in FY 2024.25 when compared with the same period in 2023.24. Nearly 579 staff have completed their training with a plan in place to achieve 600 trained staff by March 2025.

Absence Management:

- The Financial Year Sickness absence rate is 10.21% for the trust. February 2025, monthly for sickness absence rate has increased to 8.67% from 10.09% in January 2025, a decrease in the monthly position to the Trusts lowest point. There has been a marked improvement in comparing the January Year on Year positions, where February 2024 was 14.53%.
- 61% of the Trusts sickness absence is contained within the following categories (Mental Health, Injury | Fracture, Miscellaneous, Influenza and Untoward accident).
- The largest category for sickness absence within the trust is for mental health reasons, with stress being the prevalent reason.
- Occupational Health medical referrals had a 11-day average wait and physio referrals had a 9-day average wait against a target of 10-days and 5-days respectively.

Northern Ireland Ambulance Service
Health and Social Care Trust

Corporate Scorecard | **Dashboard** | **Key Metrics February 2025**

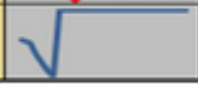
Indicator	Measure	SDP Target 2024.25 (Q2)	Outturn 2023.24	Latest Reported Period		
				This Month	12 Month Trend	This Month (RAG)
Our Patients will be professionally cared for: Always with compassion and respect						
1.01	Category 1 Mean Response Time (mins)	11 mins	11	12		A
1.02	Category 1 90th Centile Response Time (mins)	22 mins	22	23		A
1.03	Category 1T Mean Response Time (mins)	19 mins	15	15		G
1.04	Category 1T 90th Centile Response Time (mins)	30 mins	30	29		A
1.05	Category 2 Mean Response Time (mins)	44 mins	48	53		R
1.06	Category 2 90th Centile Response Time (mins)	94 mins	107	118		R
1.07	Category 3 90th Centile Response Time (mins)	270 mins	338	304		R
1.08	Call Answering Performance	90%	85.0%	93.0%		A
1.09	No. of Calls Answered within Emergency Ambulance Control	N/A	19,209	15,720		
Our Staff will feel positive and proud to work for NIAS						
2.01	Monthly Percentage of Hours Lost	N/A	11%	9%		G
2.02	Cumulative % Hours lost from Sickness	11%	12%	10%		G
2.03	Cumulative % Hours lost from Short Term Sickness	N/A	3%	2%		G
2.04	Cumulative % Hours lost from Long Term Sickness	N/A	9%	8%		G

RAG Status Key:

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

Northern Ireland Ambulance Service
Health and Social Care Trust

Corporate Scorecard | **Dashboard** | **Key Metrics February 2025**

Indicator	Measure	SDP Target 2024.25	Outturn 2023.24	Latest Reported Period		
Our Stakeholders and partners will have confidence in us as a reliable provider at the centre of USC						
3.01	Average Handover Time at Type 1 ED (mins)	15 mins	64	85		R
3.02	Lost Hours from Handover delays >15mins (hrs)	N/A	8,967	10,090		R
3.03	Number of Patients >2hrs for Handover	0	16,286	1,707		R
3.04	Hear & Treat Rate	8.5%	4%	6.2%		A
3.05	See and Treat Rate	14.7%	14%	14.0%		G
3.06	Conveyance Rate	N/A	82%	80%		
3.07	Number of Scheduled journeys made	N/A	12,798	12,687		
Our Communities will continue to value and trust us						
4.01	Number of potential SAIs reviewed	N/A	135	11		
4.02	Number of SAIs notified	N/A	42	10		
4.03	Number of Complaints	N/A	148	18		
4.04	Number of Compliments	N/A	272	27		
4.05	Nmber of patient stories received	N/A	128	10		
4.06	Forecast Revenue Expenditure	£ -	£ -	£ -		G

RAG Status Key:

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

Northern Ireland Ambulance Service
Health and Social Care Trust

Operational Performance

Northern Ireland Ambulance Service
Health and Social Care Trust

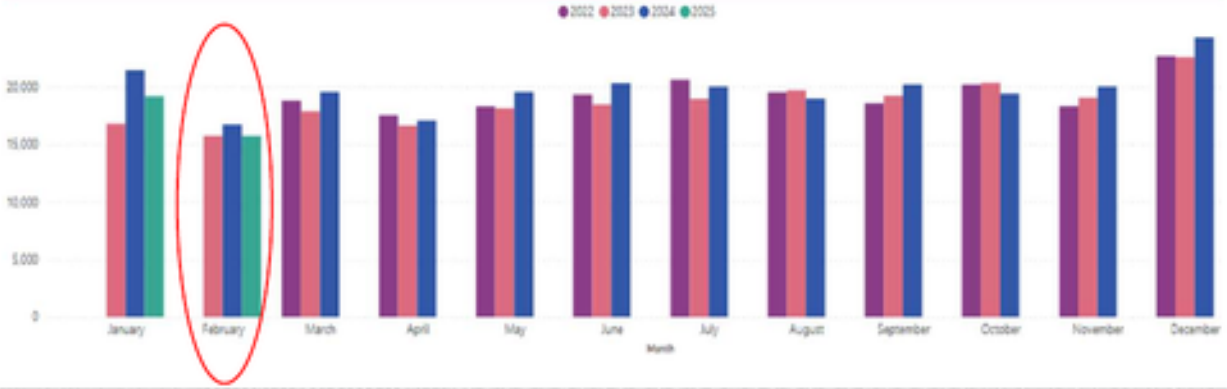
Our Patients | Emergency Demand Performance | Operational Demand

The level of demand each month has a direct relationship on our performance metrics. Ensuring we make the most appropriate response is critical to managing demand effectively and therefore making the most of our resources and capacity to respond to our most critical patients.

The analysis below describes: Calls Answered and Call Answering Performance

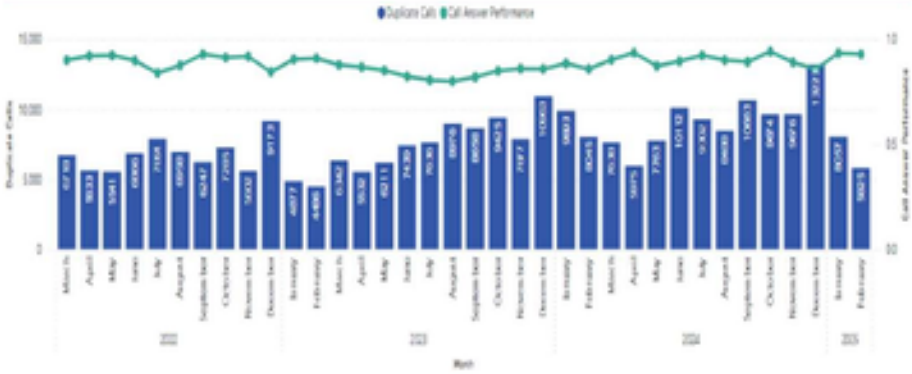
999 Calls Answered

Monthly Demand



Call Answering Performance and Duplicate Calls

Duplicate Calls (N) compared with Call Answer Performance (%)



- **February 25** has seen a decrease in demand levels of 6% when compared with February 2024. The call demand into EAC for 2024.25 Financial Year to date has saw an increase of 2% than the Financial Year 2023.24.
- **January 2025** saw an average of 561, 999 calls per day being answered by EAC which is a decrease from 596 calls per day in February 2024.
- **Call Answering performance** returned to an expected outturn position given the decrease in call demand in February 25. The **February 2025 call answering performance was 93%** for the month.
- **Duplicate Calls** remain high in February **2025** at 5,825 which is a decrease of 28**%** when compared with **February 2024**.

Northern Ireland Ambulance Service
Health and Social Care Trust

Our Patients | Emergency Demand Performance | Operational Demand

The level of demand each month has a direct relationship on our performance metrics. Ensuring we make the most appropriate response is critical to managing demand effectively and therefore making the most of our resources and capacity to respond to our most critical patients.

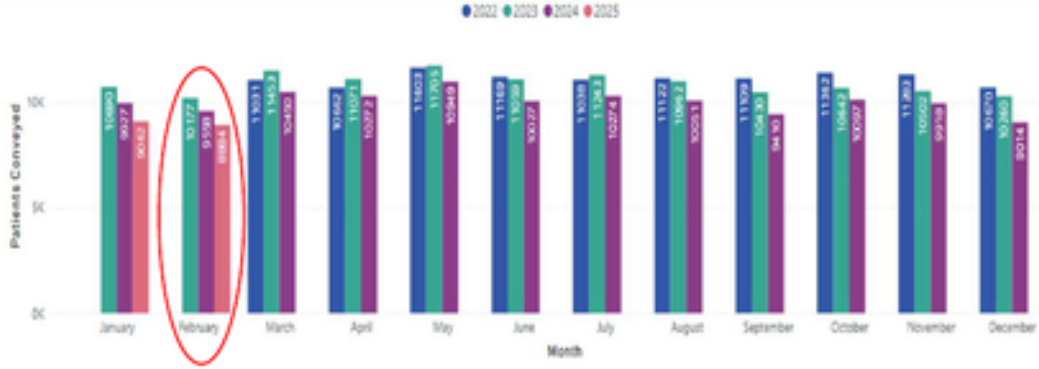
The analysis below describes: The Demand for Ambulance responses and The numbers of patients conveyed to Hospital

Response Demand

Monthly Incidents (A7)

Conveyances to Hospital

Patients Conveyed per Month



- **February 2025** has seen a decrease in Incident levels of 9% when compared with February 2024. The incident demand for 2024.25 Financial Year to date has also decreased by 9% compared with Financial Year 2023.24.
- **February 2025** saw an average of 471 incidents per day requiring an ambulance response.
- **February 2025** conveyances decreased by 7% when compared with February 2024. The numbers of patients conveyed to hospital 2024.25 Financial Year to date has also decreased by 8% compared with Financial Year 2023.24.
- **February 2024,** saw an average of 317 patients conveyed to hospital per day.

Northern Ireland Ambulance Service
Health and Social Care Trust

Our Patients | 999 Response Time Performance | Response Times Scorecard

Latest Month	Feb-25

		Current Performance			Benchmarking (Latest Month)		
	Target	Latest Month	YTD (from April)	Rolling 12 Month	National Data	Best in Class	Ranking (out of 12)
Category 1 response - Mean	8 Minutes	00:11:41	00:12:01	00:12:01	00:08:04	00:06:31	12
Category 1 response - 90th Centile	15 Minutes	00:23:02	00:22:57	00:23:00	00:14:18	00:11:06	12
Category 1T response - Mean	19 Minutes	00:14:37	00:15:59	00:15:55	00:09:51	00:07:20	12
Category 1T response - 90th Centile	30 Minutes	00:29:10	00:30:41	00:30:34	00:17:41	00:12:25	11
Category 2 response - Mean	18 Minutes	00:52:49	00:59:15	00:58:36	00:31:22	00:22:11	12
Category 2 response - 90th Centile	40 Minutes	01:58:21	02:11:53	02:10:13	01:05:12	00:44:03	12
Category 3 response - Mean	Not a target	01:51:56	02:24:42	02:22:59	01:50:52	00:57:49	7
Category 3 response - 90th Centile	2 Hours	05:05:38	06:20:38	06:17:16	04:16:03	02:11:41	10
Category 4 response - Mean	Not a target	00:51:37	02:43:24	02:39:45	02:15:46	01:00:51	1
Category 4 response - 90th Centile	3 Hours	01:17:55	06:13:55	05:59:16	05:01:25	02:19:47	1

Northern Ireland Ambulance Service
Health and Social Care Trust

TRUST BOARD

PRESENTATION OF PAPER

Date of Meeting	26 March 2025
Title of paper:	Finance Report – January 2025 (Month 10)
Brief summary:	• Attached is the finance report for month 10 to 31 January 2025. • The Trust is reporting year-to-date (YTD) expenditure of £100.0m with an underspend of £0.5m against profiled budgets. • Easements in pay budgets are expected to continue to the end of the year. This is due to the recruitment of staff not happening as quickly as originally anticipated. This is being offset by increased costs against non-payroll (specifically IAS costs). • Based on current spend trends, the Trust is on course to deliver a break-even position at year-end. • The savings plan to deliver the full £2.475m is on track to be achieved. • After receiving additional capital funding, the Trust is forecasting to break even in relation to capital expenditure.
Recommendation:	**For Approval** ☐ **For Noting** ☒ *Click the appropriate box*
Previous forum:	SMT 4 March 2025
Prepared and presented by: **Date:**	Leahann Donnelly and Presented by Simon Christie 26 March 2025