

# Agenda

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

*For Information*

 9 - Performance Report Trust Board Cover Paper.pdf

Page 1

 9-Trust Board Performance Report.pdf

Page 2

## 2 Minutes of the previous meeting held on 26 March 2025

*For Approval*

 2 - Trust Board mins 260325 draft.pdf

Page 48

## 3 Matters Arising

*For Noting*

 3 - Public Trust Board action list 26.03.25.pdf

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## 4 Chair's Update

*For Noting*

## 5 Chief Executive's Update

*For Noting*

## 6 ML - Update on Organisational Culture Work

*For Noting*

 6 - Organisational Culture Update.pdf

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## 7 SM - Update on Strategy Development Work

*For Noting*

 7 - Update on Strategy Cover Paper.pdf

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 7 -Strategy Development Process.pdf

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## 8 LC - Patient Experience Outcomes

*For Noting*

 8 - Handover Delays Presentation Cover Paper.pdf

Page 72

 8 -Handover delays Patient Experience Outcomes Presentation.pdf

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## **9 SM - End of Year Performance Update**

*For Noting*

## **10 LD - Finance Report (Month 12)**

*For Noting*

 10 - Month 12 Finance Report Cover Paper.pdf

*Page 98*

 10 - NIAS Finance Report Month 12 2024-25 FINAL.pdf

*Page 99*

## **11 Committee Business:**

*For Information*

- Summary of items listed at C'ttees since April
- PFOD Committee meeting of 13 February 2025 - approved & signed final minutes
- ARAC Committee meeting of 16 February 2025 - Draft minutes to be approved on 12 May
- Safety Committee meeting of 30 January 2025 - approved & signed final minutes

 11 - 01 - SUMMARY OF C'TTEE ITEMS.pdf

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 11 - 02 - Signed FINAL PFOD C'ttee mins 130225.pdf

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 11 - 4 - Signed FINAL Safety Committee Mins 30-1-25.pdf

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## **12 Date & venue of next meeting: 26 June 2025 at 09.30am in the Boardroom, NIAS HQ**

*For Noting*

**26 June 2025 at 09.30am in the Boardroom, NIAS HQ**

## **13 Any Other Business**

# Invitees

Mr. Dale Ashford

Stacey Beggs

Mr. Michael Bloomfield

Ms. Lynne Charlton

Mr. Simon Christie

Mr. Paul Corrigan

Mr. Jim Dennison

Ms. Leahann Donnelly

Dr. Philip Graham

Mr. Nick Henry

Ms. Michele Larmour

Ms. Michelle Lemon

Mr. Seamus Mullen

Ms. Maxine Paterson

Mr. Phelim Quinn

Dr. Nigel Ruddell

Mr. Neil Sinclair



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TRUST BOARD  
PRESENTATION OF PAPER

Date of Trust Board:	15 May 2025
Title of paper:	Trust Performance Report
Brief summary:	<p>This paper sets out NIAS's performance framework as of May 2025 for noting by Trustboard.</p> <p>The Trust performance report outlines the key performance metrics up to and including the full Financial Year 2024.25</p> <p>This paper is presented to Trustboard for noting.</p>
Recommendation:	<div>For Approval<input type="checkbox"/></div> <div>For Noting<input checked="" type="checkbox"/></div>
Previous forum:	If applicable
Prepared and presented by:	Neil Walker (Head of Performance) Seamus Mullen (Director PPCS)
Date:	7 May 2025





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# TRUST CORPORATE SCORECARD

NORTHERN IRELAND AMBULANCE SERVICE

April 2025

for March 2025 Data and Performance



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## 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 March 2025 decreased by 11% when compared to March 2024
- Incident demand in March 2025 has decreased by 6% when compared to March 2024
- Patients conveyed to Hospital during March 2025 has also decreased by 4% when compared to March 2024
- March 2025 saw an average number of patients conveyed to Hospital per day of 324 patients.

#### Response Times:

- Response times in March remained a significant challenge across all categories, when comparing to the national standards.
- Category 2 response times are extremely concerning remaining significantly high at 48mins for March 2025. This is compared with March 2024 where category 2 performance was 51 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 March 25 with an outturn position of 6.0%, which was a decrease from February 25. Clinical See & Treat maintained its position in March 25 to 13.0% from 13.9% in February 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 seen a 5% decrease in activity from complex cases compared with Financial Year 2023.24.

#### Out of Hospital Cardiac Arrest

Please note data only available to February 2025 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



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## Executive Summary

### System Performance:

#### Handover:

- March 25 saw the trust lose >9k hrs with handover delays >15mins this is a decrease of 1% from the hours lost in February 25, were the trust lost >10K.
- 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%, Q3: 21.8% to Q4: 19.2%
- 18% of all arrivals at ED in FY 24.25 (20,698 patients) waited over 2hrs to be handed over. This is despite NIAS conveying the less patients in FY 2425 .25

### Non-Emergency Performance: \*please note - due to upgrade of the CAD system within Non-Emergency data is unavailable for year end at this time\*.

- 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 for 2 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: \*please note - due to upgrade of the CAD system within Non-Emergency data is unavailable for year end at this time\*.

#### 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





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## Executive Summary

### Service Quality and Our People:

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

- There have been 9 potential SAs reviewed, with the Trust notifying 4 during March 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.
- In March 2025, the Trust received 36 complaints, with no new complaints accepted by NIPSO for investigation. Additionally, 25 compliments were received, and 12 stories were submitted via Care Opinion. 2024/25 performance against the 2-day acknowledgement KPI was 100%, and the proportion of cases closed within 20 working days improved by 4% on 2023/24, reaching 48%. Key factors affecting response times include REAP 3 & 4 pressures, service capacity due to competing priorities, delays in obtaining staff ROEs, call audit completion, and staff absences. SUFT continues to work closely with operational colleagues to improve timeliness wherever 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 10.07% for the trust. March 2025, monthly for sickness absence rate has decreased to 8.48% from 8.67%, a decrease in the monthly position to the Trusts lowest point. There has been a marked improvement in comparing the March Year on Year positions, where March 2024 was 14.27%.
- 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.



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## Corporate Scorecard

## Dashboard

## Key Metrics March 2025

Indicator	Measure	SDP Target 2024.25 (Q4)	Outturn 2023.24	Latest Reported Period		
Our Patients will be professionally cared for: Always with compassion and respect				This Month	12 Month Trend	This Month (RAG)
1.01	Category 1 Mean Response Time (mins)	11 mins	11	11		G
1.02	Category 1 90th Centile Response Time (mins)	22 mins	22	22		G
1.03	Category 1T Mean Response Time (mins)	19 mins	15	14		G
1.04	Category 1T 90th Centile Response Time (mins)	30 mins	30	26		G
1.05	Category 2 Mean Response Time (mins)	44 mins	48	48		R
1.06	Category 2 90th Centile Response Time (mins)	94 mins	107	108		R
1.07	Category 3 90th Centile Response Time (mins)	270 mins	338	221		R
1.08	Call Answering Performance	90%	85.0%	91.0%		G
1.09	No. of Calls Answered within Emergency Ambulance Control	N/A	19,209	17,299		
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



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## Corporate Scorecard

## Dashboard

## Key Metrics March 2025

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	72		R
3.02	Lost Hours from Handover delays >15mins (hrs)	N/A	8,967	9,370		R
3.03	Number of Patients >2hrs for Handover	0	16,286	1,451		R
3.04	Hear & Treat Rate	10.0%	4%	6.0%		A
3.05	See and Treat Rate	14.7%	14%	13.0%		G
3.06	Conveyance Rate	N/A	82%	81%		
3.07	Number of Scheduled journeys made	N/A	12,798	13,037		
Our Communities will continue to value and trust us						
4.01	Number of potential SAIs reviewed	N/A	135	9		
4.02	Number of SAIs notified	N/A	42	4		
4.03	Number of Complaints	N/A	148	36		
4.04	Number of Compliments	N/A	272	25		
4.05	Nmber of patient stories received	N/A	128	12		
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



# Operational Performance





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## Our Patients

## Emergency Demand Performance

## Operational Demand

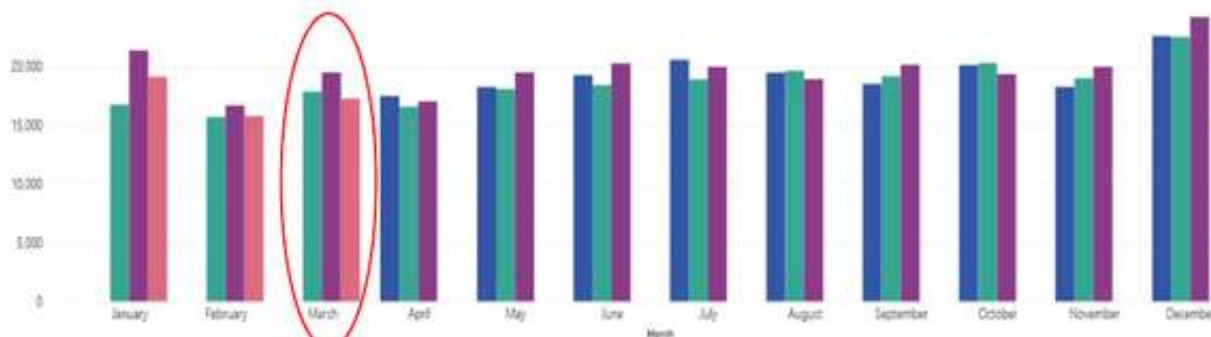
The level of demand each month has a direct relationship on our performance metrics. Ensuring we make the most appropriate response is critical to managing demand effectively and therefore making the most of our resources and capacity to respond to our most critical patients.

The analysis below describes: Calls Answered and Call Answering Performance

### 999 Calls Answered

#### Monthly Demand

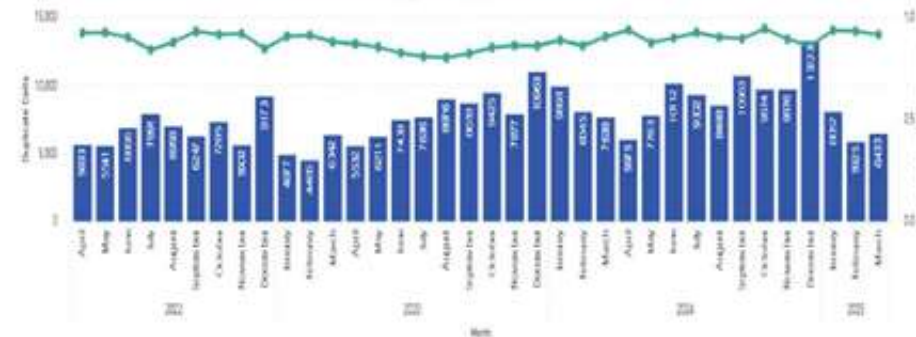
2022 2023 2024 2025



### Call Answering Performance and Duplicate Calls

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

Duplicate Calls Call Answer Performance



- **March 25** has seen a decrease in demand levels of 11% when compared with March 2024. The call answer demand into EAC for 2024.25 Financial Year to date has saw an increase of 0.6% when compared with Financial Year 2023.24.
- **March 2025** saw an average of 558 999 calls per day being answered by EAC which is a decrease from 630 calls per day in March 2024.
- **Call Answering performance** returned to an expected outturn position given the decrease in call demand in March 25. The **March 2025 call answering performance was 91%** for the month.
- **Duplicate Calls** remained high in **March 2025** at 6,433 which is a decrease of 16% when compared with **March 2024**.





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## Our Patients

## Emergency Demand Performance

## Operational Demand

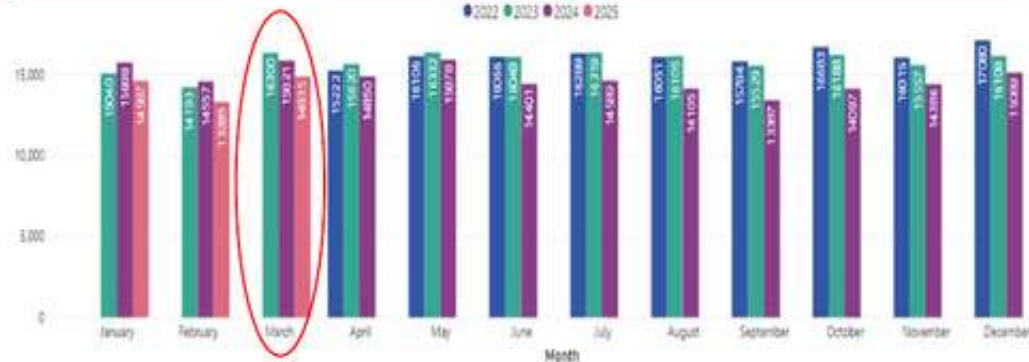
The level of demand each month has a direct relationship on our performance metrics. Ensuring we make the most appropriate response is critical to managing demand effectively and therefore making the most of our resources and capacity to respond to our most critical patients.

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

### Response Demand

#### Monthly Incidents (A7)

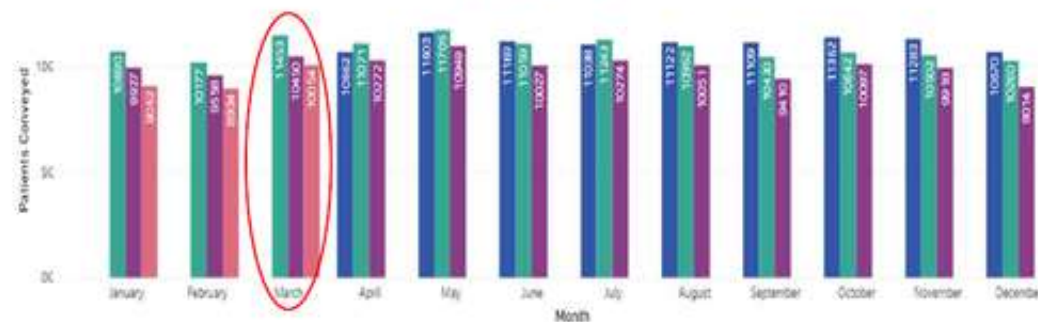
2022 2023 2024 2025



### Conveyances to Hospital

#### Patients Conveyed per Month

2022 2023 2024 2025



- March 2025** has seen a decrease in Incident levels of 6% when compared with March 2024. The incident demand for 2024.25 Financial Year to date has also decreased by 9% compared with Financial Year 2023.24.
- March 2025** saw an average of 479 incidents per day requiring an ambulance clinical response.
- March 2025** conveyances decreased by 4% when compared with March 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.
- March 2025**, saw an average of 324 patients conveyed to hospital per day.



## Our Patients

## 999 Response Time Performance

## Response Times Scorecard

<b>Latest Month</b>	<b>Mar-25</b>
---------------------	---------------

Category 1 response - Mean

Category 1 response - 90th Centile

Category 1T response - Mean

Category 1T response - 90th Centile

Category 2 response - Mean

Category 2 response - 90th Centile

Category 3 response - Mean

Category 3 response - 90th Centile

Category 4 response - Mean

Category 4 response - 90th Centile

	Current Performance			Benchmarking (Latest Month)		
Target	Latest Month	YTD (from April)	Rolling 12 Month	National Data	Best in Class	Ranking (out of 12)
8 Minutes	00:11:12	00:11:57	00:11:57	00:07:52	00:06:18	12
15 Minutes	00:22:16	00:22:53	00:22:53	00:13:56	00:10:44	12
19 Minutes	00:13:46	00:15:48	00:15:48	00:09:39	00:07:08	12
30 Minutes	00:25:55	00:30:17	00:30:17	00:17:28	00:12:19	11
18 Minutes	00:48:01	00:58:20	00:58:20	00:28:34	00:20:54	12
40 Minutes	01:47:40	02:09:45	02:09:45	00:58:28	00:41:42	12
Not a target	01:26:47	02:19:06	02:19:06	01:36:17	00:52:34	5
2 Hours	03:39:17	06:04:29	06:04:29	03:39:17	01:58:32	7
Not a target	00:41:38	02:35:53	02:35:53	01:56:43	00:40:59	2
3 Hours	01:20:01	05:05:18	05:05:18	04:15:23	01:43:13	1





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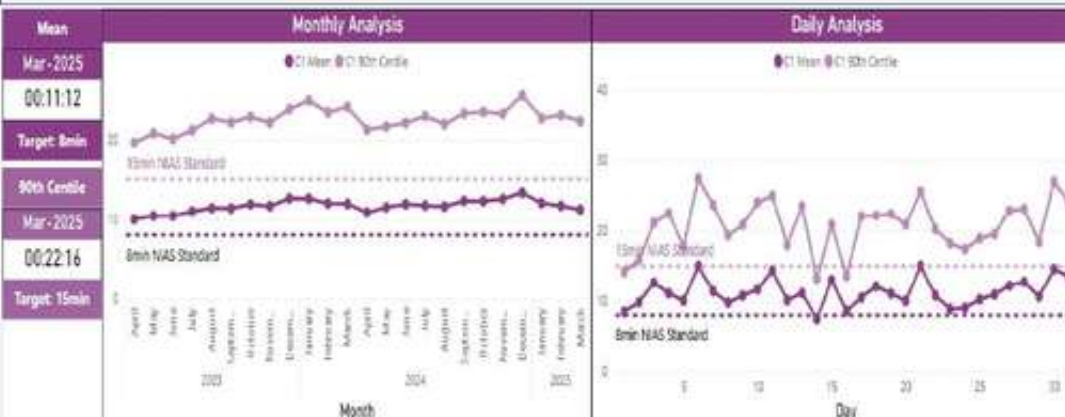
## Our Patients

## 999 Response Time Performance

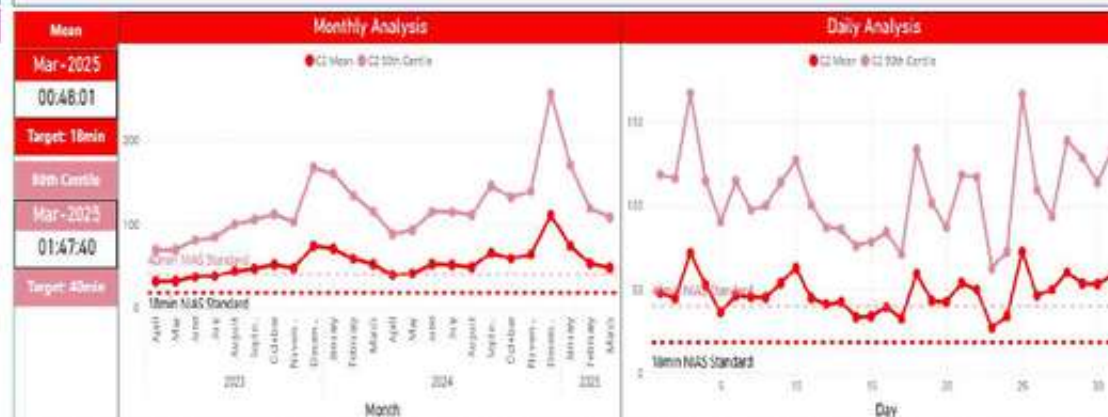
## Response Times

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

### CATEGORY 1 Performance



### CATEGORY 2 Performance



#### Category 1

- March 25 Category 1 mean response time was 11 minutes 12 seconds; while the Category 1 90th centile was 22 minutes 16 seconds.
- March 25 saw a challenging period Category 1 mean response position for the Trust. This is replicated on the Category 1 90th centile performance.

#### Category 2

- March 2025 Category 2 mean response time was 48 minutes 01 seconds; while the Category 2 90th centile was 1 hours 47 minutes 40 seconds.
- Both the Category 2 mean and 90th centile response times remained challenging through March 25. There are a number of actions that have been particularly impactful on performance:-
  - Persistence in handover delays >2hr, outlined in slides further in this paper.
  - Action short of Strike (ASOS) is impacting our category 2 response times.
  - Changes to the working arrangements of relief staff at the start of shift.
  - Realising crews at ED at the end of shift with oncoming crews.
  - Providing staff with compensatory rest for those late finishes over 1hr.
- The delay in this category 2 response time is having a significant impact on patient safety



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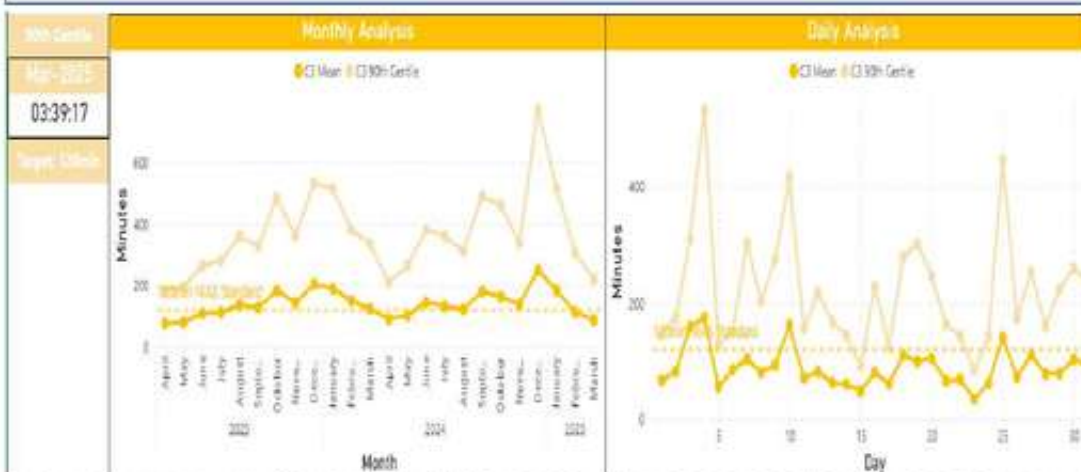
## Our Patients

## 999 Response Time Performance

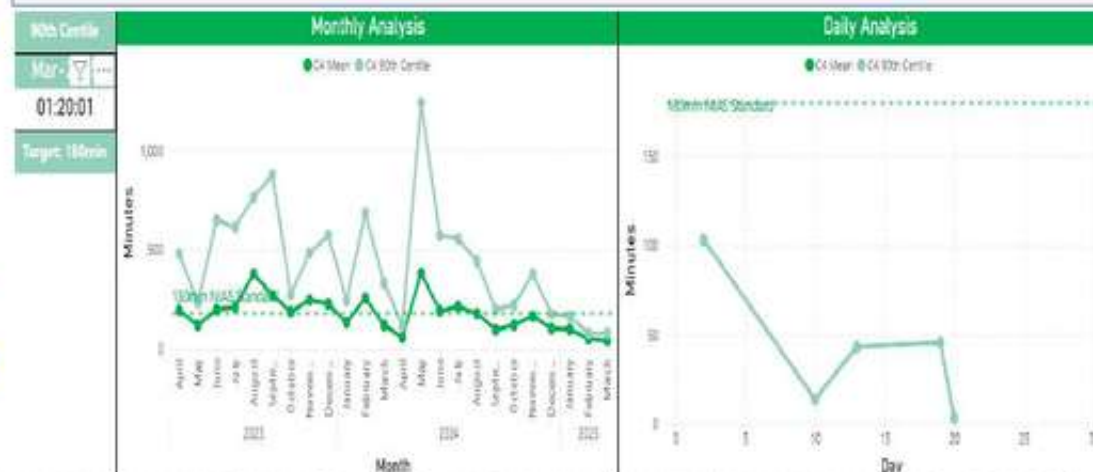
## Response Times

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

### CATEGORY 3 Performance



### CATEGORY 4 Performance



#### Category 3

- March 25 Category 3 mean response time was 1 hours 26 mins; while the Category 3 90th centile was 3 hours 39 minutes, **over 1 hour above target**.
- As outlined in the previous slide, category 3 response times are impacted by the same root causes.

#### Category 4

- March 25 Category 4 mean response time was 41 minutes; while the Category 4 90th centile was 1 hour 20 minutes. It must be noted that the volume of Category 4 calls received by NIAS is very low and response times can be impacted significantly on a daily basis.



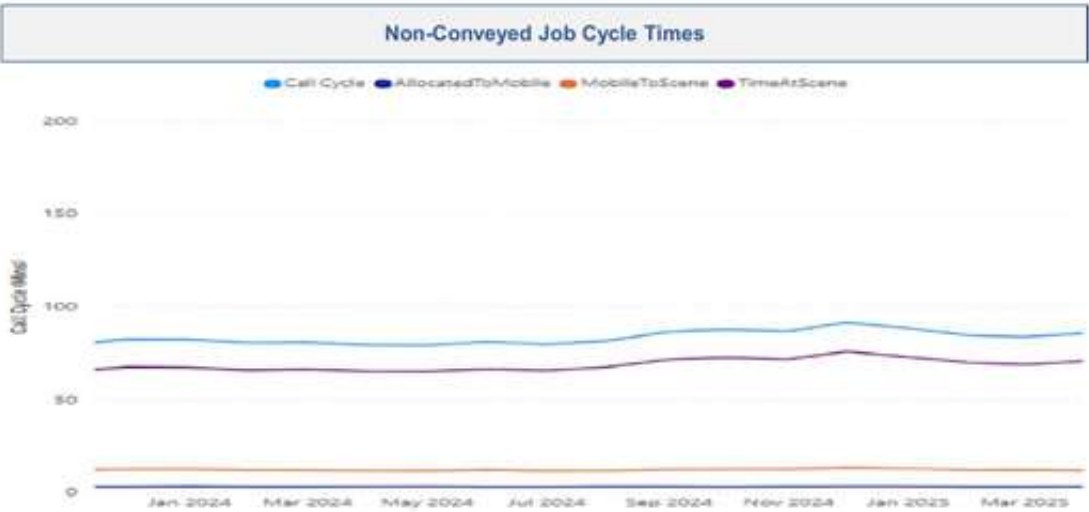
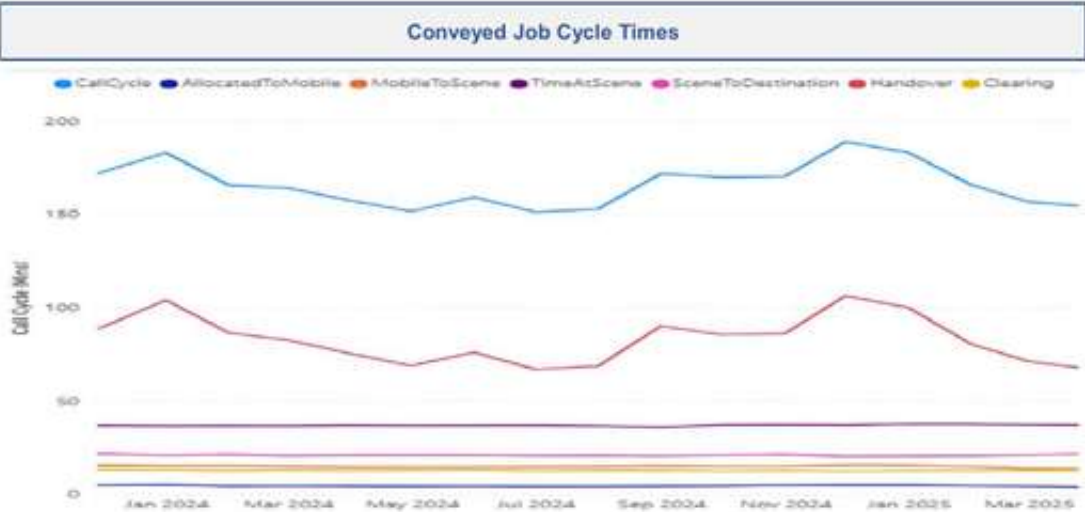
Our Patients

999 Response Time Performance

Emergency Job Cycle Times

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

Below is an analysis of the trends in the Average Job cycle times for our emergency calls.



- Conveyed Average Job Cycle Times**
- March 2025 Conveyed average job cycle time was 2 hours 36 mins (156mins), when compared with March 2024 the average job cycle time was 2 hours 44 mins (164mins).
  - The 2024.25 YTD conveyed average job cycle time is 2 hours 44mins , whilst in 2023.24 the average job cycle time was 2 hours 35mins. This is an increase of 9mins between the two periods.
- Non-Conveyed Average Job Cycle Times**
- March 2025 Non-Conveyed average job cycle time was 1 hour 23mins (83mins), when compared with March 2024 the average job cycle time was similar at 1 hours 20mins (80mins).
  - The 2024.25 YTD Non-Conveyed average job cycle time is 1 hour 24mins, whilst in 2023.24 the average job cycle time was 1 hours 16mins. This is an increase of 8 mins between the two periods.





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## Our Patients

## Operational Performance

## Actions to Improve Performance

- Planning has commenced to identify the key projects for the delivering value programme for 2024.25, service improvements will be identified and implemented through the programme and regular updates will be provided to Trustboard throughout the year.
- Engagement sessions have commenced across the organisation to inform management and Trade unions of the Operational Restructure proposals, that will be implemented within the organisation over the coming months. Communication strategy being developed to inform wider organisation of the proposals. Scheduled Care has been taken forward further with job evaluation and imminent advertising of posts to support the new structure and team-based working. This includes the appointment process for the AD Unscheduled Care (interviews complete)
- Additional mitigation has been employed at the end and start of shifts to reduce the impact of late finishes on staff. The Trust is currently using its own staff to relieve crews at ED. This essentially means that these crews coming on shift are tasked to make their way to Emergency Departments to allow those crews finishing to get away as close to their finish time as possible.
- Automated C1 dispatch is being implemented in line with new technology within the EOC to further improve performance as well as further areas that can be automated for further improved efficiencies.
- Emergency Annual Leave SOP complete and endorsed by AD forum moving forward through required governance for approval and distribution once complete.
- Ongoing focus to support of absence management KPI to promote and improve management and rates
- Work is being prioritised to develop principles and approaches to introducing enhanced rotas to support staff health and wellbeing, along with delivering operational cover during times patients require the Trusts services. A scheduled trial in the SE was due to commence Q4 24/25 and following consultation with TU postponed. Ongoing engagement to drive forward improvements and included within RMC audit for improved schedule and implementation going forward
- Challenges with Duplicate Call continue to persist at a high levels within EOC as outlined earlier in this report. EOC has reviewed the process and how it can be address, with the review of the delay scripts within EOC to deal with these callers, whilst ensuring patient safety. Alongside this, SMS messaging continues to be sent to 999 callers (with exception of Category 1 and HCP calls) from mobile phones informing the caller to only call back if there is a change in the patient's condition.
- A dashboard has been designed for utilization within EOC, to enable the EMD's, ICH and Control Officers real time data to inform patients of the mean response times within the area based on the last 24 hours. Further benefits include early indication of CSP escalation divisionally and regionally amongst other areas of benefit to operations

# Clinical Performance





Our Patients

Demand Management

Prevention

The level of demand from Complex Cases has a direct relationship to demand in our Control Room. Ensuring we manage these patients effectively is critical to managing demand effectively and therefore making the most of our resources and capacity to respond to our most critical patients.

The analysis below describes: Complex Case activity and volumes within the Trust



**March 2025** saw Complex Case calls at 8% of all the calls answered within the control room, a total of 1,327 calls were made by complex cases.

When comparing **March 2025**, there was a **34% decrease** in activity from these service users than the activity in **March 2024**.

**Financial Year 2024.25** has saw a **5% decrease** in Complex case activity compared to the same period in **Financial Year 2023.24**.

A recent 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.



Our Patients

Demand Management

Hear & Treat and See & Treat

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

The analysis below describes: NIAS Clinical Hear & Treat and Clinical See & Treat



March 2025 saw the Hear and Treat rate fall short of target at 6.0%, 744 calls were discharged or referred by our clinicians within the control room during the month. A significant number of patients dealt with by clinicians in our control room in light of a reduced call volume in March.

Work continues to train and develop the Clinical hub staff to realise a continued improvement in the Trust's Hear & Treat rate as we move through 2024.25.

The new clinical approach within the team with a revised DCR table has commenced and is now Business as usual and we are starting to see the benefits. Call volume in March 25 was less than in April or May 24, however, due to the new methods of working the H&T rate improved from those months.

The aimed improvement trajectory is to increase Hear & Treat to 10% by 31st March 2025.

March 2025 See & Treat rate was 13.0% which is in line with expectations due to decreased call volume. Work is ongoing to work with Trusts to improve performance with See & Treat.

The Acute Ambulatory Unit has opened within the Causeway Hospital since the pervious report and the Pathway leads are raising the profile of the new facility throughout the organisation.

An Urgent Care Liaison Desk has been established within the Control room, along with education and development at the divisional and station level through the coming month.

The aimed improvement trajectory is to increase See & Treat to 15.5% by 31st March 2025.



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## Our Patients

## Clinical Care Performance

## Out of Hospital Cardiac Arrest (OHCA)

Delivering out of Hospital Care is a core output for NIAS. A small volume of these patients suffers a cardiac arrest, the incidence of mortality from these incidents is high and the NIAS response and management is critical to promote survival.

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

### ROSC Percentage of OHCA for all Workable Arrests

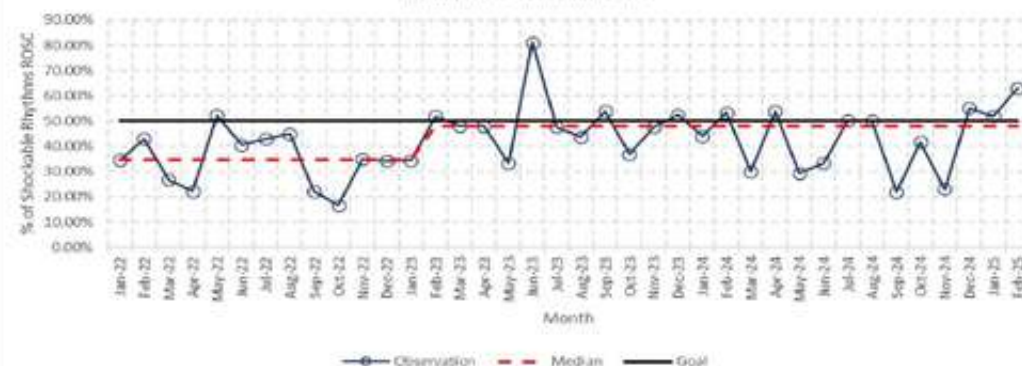
NIAS Percentage of OHCA All Workable Arrests ROSC  
January 2022 - February 2025



- The goal of 30% is taken from benchmarking other UK trusts.
- This graph demonstrates a shift in the median of ROSC onwards from 16.9% in 2022, to 22.54% in 2023 and 21.24% in 2024.
- It is noted there is variance across the second half of 2024 and the improvement team continues to review and understand these variables.
- The impact of annual education delivery from across 2024 and 2025, aligned to other changes defined would be highlighted as changes in practice would explain these changes.
- There is a need to continue the focus on this measure and improve performance.

### ROSC Percentage of OHCA for Shockable Rhythms

NIAS Percentage of OHCA Shockable Rhythms ROSC  
January 2022 - February 2025



- The goal of 50% is taken from other UK trusts outcome performance.
- It is noted there is variance across the second half of 2024 and the improvement team continues to review and understand these variables
- This graph demonstrated an increase in the median for ROSC for shockable cardiac rhythms from 34.74% in 2023, to 50% in 2023 and 40.43% in 2024.
- 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.





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## Our Patients

## Emergency Demand Performance

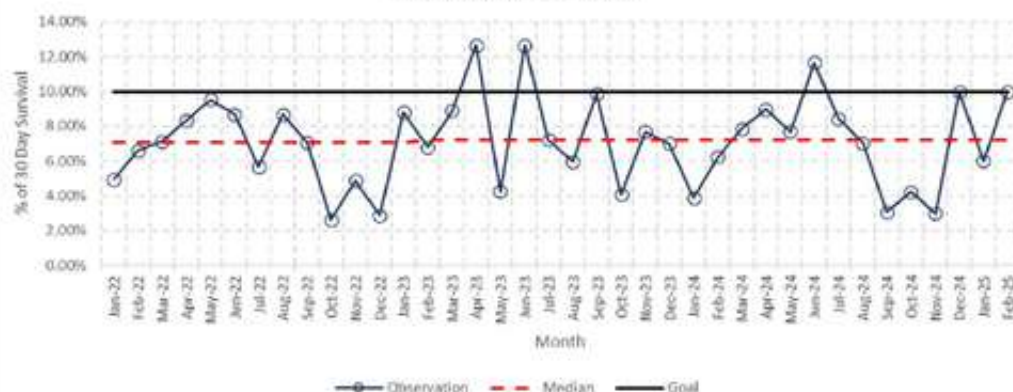
## Out of Hospital Cardiac Arrest (OHCA)

Delivering out of Hospital Care is a core output for NIAS. A small volume of these patients suffers a cardiac arrest, the incidence of mortality from these incidents is high and the NIAS response and management is critical to promote survival.

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

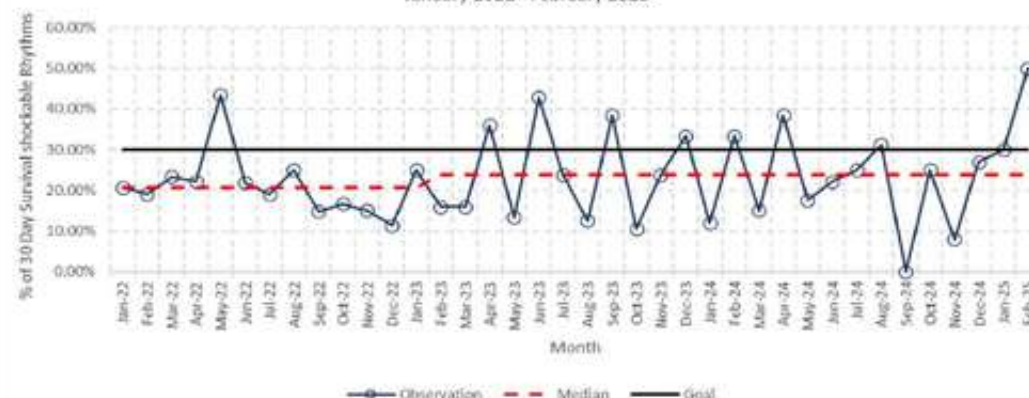
### OHCA 30-day Survival

NIAS Percentage of OHCA 30 Day Survival  
January 2022 - February 2025



### OCHA 30-day Survival Shockable Rhythms

NIAS Percentage of OHCA 30 Day Survival for Shockable Rhythms  
January 2022 - February 2025



- The goal of 10% survival is taken from benchmarking other UK ambulance trusts outcome performance.
- There is noted increasing monthly variance across the later half of 2024. The improvement programme is still investigating the variables and causes of this.
- There is an increase in survival from 5% in 2022, to 6.8% in 2023 and 6.7% in 2024
- A positive development for the initial years of the improvement programme and onwards trajectory to a minimum of 10% is the focus for the next two years.

- The 30% survival aim is benchmarked from other UK ambulance trusts outcome performance.
- There is a noted dip in survival in September and November 2024. The improvement programme is still investigating the variables and causes of this.
- There is a marked change of practice 2022 onwards, with an increase in the median from 2022 of 19.98%, 2023 23.81% and 2024 21.24%.
- Ongoing work is analysing who to ensure there is consistency with these outcomes and we optimise all opportunities to increase survival.

Our Patients

Electronic Patient Care Records

ePCR Compliance

The usage of electronic patient record is a key enabler of the trust to understand clinical outcomes for patients. This will ensue we make the most appropriate response to patients making the most of our resources and capacity to respond to our most critical patients.

The analysis below describes: NIAS ePCR Compliance



The chart demonstrates the progress made across the organisation with the uptake of ePCR usage across the Trust.

**March 2025** compliance across the trust is **88%** against an internal trust standard of 95%. During Q3 of 24.25 all divisions have made great progress with uptake of the ePCR and have exceeded 80% compliance with ePCR usage.

**Financial Year 2024.25** compliance within the Trust is **78%** against the internal standard of 95%.

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

Our Patients

Critical Care Cover

HEMS

Critical Care Cover is a key enabler for delivery of critical care across Northern Ireland. This ensures the most appropriate clinical skills are available to deliver the required response to patients requiring critical interventions timely.

The analysis below describes: NIAS HEMS Cover

HEMS Cover



The Helicopter Emergency Service has a target of 98% cover for all the elements that make up the service.

The charts above outline the trend in cover for our Helicopter Emergency Medical Service, across all elements of the service. Consultant, Advanced Paramedic, Air Desk and RRV cover remains consistently high throughout the year, with only September 2024 below our target of 98% for Consultant cover.





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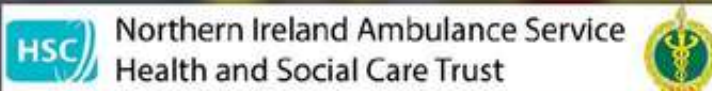


## Our Patients

## Clinical Performance

## Actions to Improve Performance

- Work is ongoing within the complex case team to review the impact of the team to support complex cases within the community to prevent unnecessary contact with the service. Currently the team are evaluating the interventions made with patients to ascertain the areas where investment of time and effort would benefit the service and reduce demand to the control room.
- Recruitment of additional Pathway Leads within the organisation has concluded and successful candidates are in post to support the organisation in improving its See and Treat rates. These posts will work within division as champions for alternative pathways and work closely with the CSO tier to develop decision making within the clinical tiers of the organisation.
- Newly appointed Integrated clinical hub clinicians are now in post following their training, with the new rota now implemented from March 2024. This Rota is based on call demand for the service, with a focus on ensuring staffing levels meet the call demand as it commences within the trust. Performance management and clinical audit mechanisms have been strategically implemented to quantify and understand the hub's impact, aiming to optimise its full potential.
- The Urgent Care Liaison Desk within Control is now implemented to support crews with clinical decision making and alternative pathways for suitable patients.
- Key focus pathways to support the wider HSC system for 2024.25 are:
  - Hospital at Home
  - Falls
  - Mandatory Referrals
- Urgent Care Oversight Group (UCOG) is now fully established within the organisation and will govern all the improvement work to progress clinical developments within the organisation. The improvements required to increase the use of the Focus Pathways for 2024.25 will be managed and assessed through the UCOG.
- Hospital at Home:
  - Work is ongoing within the Southern Trust to develop a pilot for all patients >75 to be referred directly to the Hospital at Home team.
  - The trust are supporting Belfast in the expansion of their hospital at home team along with service hours available.
  - The trust is actively engaged with the South-Eastern Trust in the expansion of the Hospital at Home team.
- Falls:
  - Trust is working with the PHA to support the developments within the Safer Mobility Group
  - NIAS are establishing a Safer Mobility Group internally to review and develop our response to patients that fall
  - Alignment of clinical practice within the trust to the PHA post fall guidance
- Mandatory Referrals:
  - Target the relevant calls via the Urgent Care Liaison desk within EAC to ensure mandatory referrals are made by staff.



# System Performance







Northern Ireland Ambulance Service  
Health and Social Care Trust



## Our Patients

## Emergency Performance

## Hospital Handover Performance

Our operational efficiency is critical to our success. One of our key dependencies is the ability to handover a patient in a timely manner when conveyed to hospital. As such, we must strive to be as efficient as possible whilst always delivering the very best care for our patients.

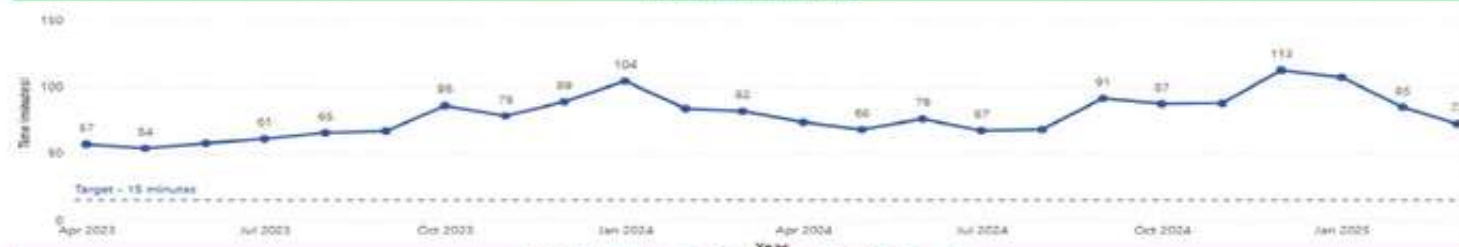
### Arrival at Hospital to Patient Handover

Hospital Attended	Total Attendances	Total Handovers	Total Handovers Over 15mins	% Over 15mins	Total Handovers over 60mins	% Over 60mins	Total Time Lost (Hours)	Average Handover Time (Minutes)
CRAIGAVON AREA	1183	1183	1054	91.63%	505	42.77%	1,990.78	115.66
CAUSEWAY	554	554	528	95.31%	282	50.90%	881.58	110.24
ULSTER	1428	1428	1321	92.51%	459	32.14%	1,325.68	70.48
ALTMAGEEVIN	1123	1121	1051	93.76%	457	40.77%	1,040.32	70.45
ROYAL GROUP	2108	2108	1938	91.94%	858	40.46%	1,885.00	67.70
ANTRIM AREA	1645	1645	1542	93.68%	410	24.91%	1,308.76	62.48
DAISYHILL	573	573	535	93.37%	181	28.10%	402.90	56.90
SOUTH WEST	593	593	553	93.25%	133	22.43%	301.91	45.26
MATER	486	486	443	91.15%	90	18.52%	217.66	41.53
BELFAST CITY	31	31	22	70.97%	2	6.45%	4.95	23.35
LADAN VALLEY	65	65	44	67.69%	1	1.54%	10.40	23.06
RISC	111	111	80	74.05%	4	3.60%	15.11	21.09
DOWNE	27	27	20	74.07%	0	0.00%	3.06	20.94
<b>Total</b>	<b>9926</b>	<b>9925</b>	<b>9141</b>	<b>92.09%</b>	<b>3358</b>	<b>33.83%</b>	<b>9,370.18</b>	<b>71.31</b>

Total Time Lost (Hours) - Last 12 months

127,386.16

### Monthly Handover Times



### Monthly Handover Times for Type 1 EDs, by Trust



In March 2025, NIAS experienced a total of 9,370 lost hours. This is the equivalent of 25 shifts per day where crews are waiting with patients outside EDs; 23% of our planned capacity. These lost hours were experienced from 9,141 instances where our crews waited longer than 15mins to handover their patient at ED. 3,358 handovers took longer than an hour in March 2025

In March 25, >79% of the 9,370 lost hours occurred at the four ED sites listed below in order of hours lost:

- Ulster Hospital (1.3k hours; 92% > 15min; 32% > 1hr)
- Antrim Area (1.3k hours; 94% > 15min; 24% > 1hr)
- Royal Victoria (1.8k hours; 92% > 15min; 40% > 1hr)
- Craigavon Hospital (1.9k hours; 92% > 15min; 42% > 1hr)

In the last 12 months, >93% of the handovers exceeded the 15min target at our acute EDs, resulting in circa 127k hours lost. The lost hours experienced in March 25 is a decrease of 756 hrs or 1% from February 25, whilst the number of instance of delayed handovers increased by 12% in the same period.

The 9,370 operational hours being lost are equivalent to 781 12-hours shifts per month, or 25 12-hour shifts per day.





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## Our Patients

## Emergency Performance

## 2hr Back Stop Regional Performance

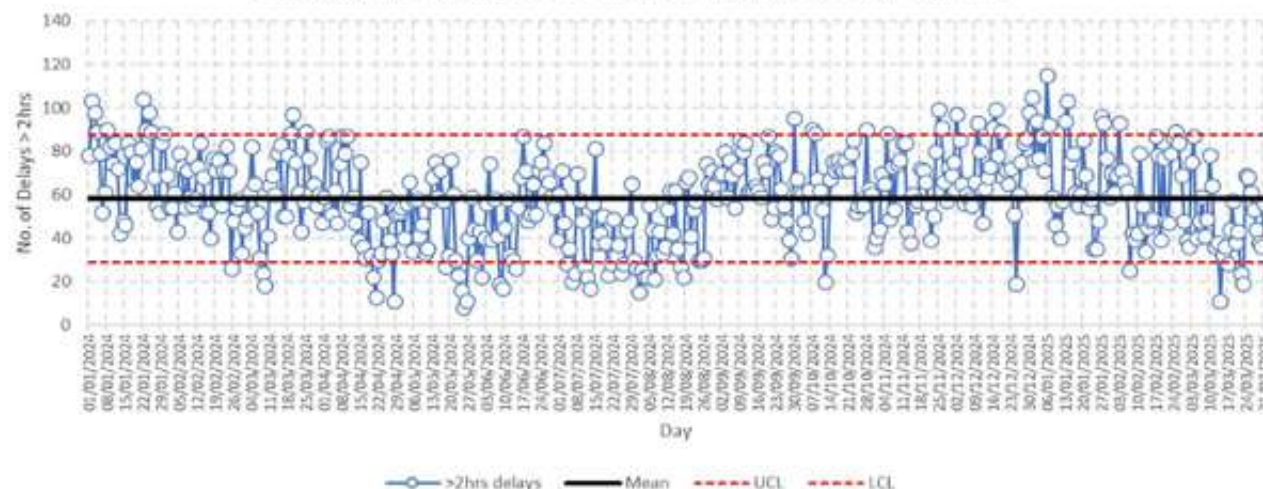
Our operational efficiency is critical to our success. One of our key dependencies is the ability to handover a patient in a timely manner when conveyed to hospital. As such, we must strive to be as efficient as possible whilst always delivering the very best care for our patients.

Area	Q1 23.24	Q2 23.24	Q3 23.24	Q4 23.24	FY23.24	Q1 24.25	Q2 24.25	Q3 24.25	Q4 24.25	FY24.25
South Eastern	21.1%	23.5%	32.8%	34.7%	27.7%	29.6%	28.7%	33.8%	23.7%	28.9%
Southern	9.5%	18.8%	20.2%	21.6%	17.3%	17.5%	17.8%	25.5%	22.7%	20.4%
Belfast	6.6%	9.8%	18.9%	20.1%	13.5%	14.6%	14.0%	23.9%	17.7%	16.7%
Northern	5.4%	7.2%	17.2%	17.3%	11.5%	11.1%	16.6%	20.7%	23.5%	18.9%
Western	2.8%	5.3%	8.1%	11.1%	6.8%	5.7%	6.5%	8.2%	9.2%	7.4%
Region	8.8%	12.2%	19.2%	20.5%	15.0%	14.9%	16.1%	21.8%	19.2%	18.0%

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

- **Q4 24.25 2hr handover decreased by 2.6%** compared to **Q4 23.24**.
- **2hr delays in Q4 24.25 have improved by 1.3%** compared to **Q4 23.24**.

Daily Number of Handover >2hrs across the Region | Jan 2024 - Mar 2025



The chart to the left is a statistical Process Control (SPC) chart, outlining the variation in the handover process. Since March 23, there has been a step decline in the 2hr backstop performance.

The trust is now experiencing an average 59 patients per day being delayed >2hrs before being admitted into Emergency departments across the region.

This SPC chart strongly indicates that the processes to reduce the 2hr handover delays are showing no signs of control over the past number of months.

The desirable trend would be one that shows a sustained run of data points below the centre line, trending towards zero driving an outcome of sustaining zero handovers >2hrs.

# Non-Emergency Performance







Northern Ireland Ambulance Service  
Health and Social Care Trust



Our Patients

Non - Emergency Performance

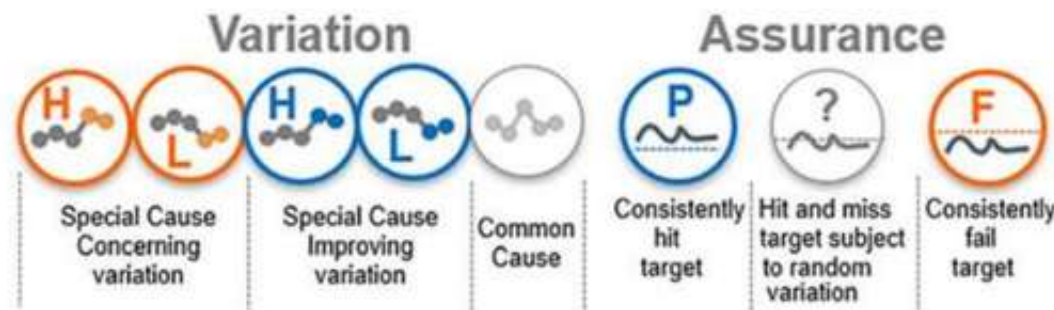
Actions to improve Performance

This report uses Statistical Process Control (SPC) charts throughout. SPC is an analytical technique that plots data over time. It helps us understand variation and in so doing guides us to take the most appropriate action.

SPC is a good technique to use when implementing change as it enables you to understand whether changes you are making are resulting in improvement — a key component of the Model for Improvement widely used within the NHS.

SPC is widely used in the NHS to understand whether change results in improvement. This tool provides an easy way for people to track the impact of improvement projects.

SPC charts contain two dotted lines showing the upper and lower control limits, as well as a solid black line indicating the average. If there are also targets associated with the metric these are shown as a red line on the chart. The most recent month's performance and target is shown in the summary table, if there is no associated target this will be denoted with a hyphen (-). An explanation of the icons used is included below:





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Health and Social Care Trust



Our Patients

Non - Emergency Performance

Summary Sheet

### Improvement Summary/Actions

Positive variations are identified in 5 of the 9 measures this month.

It should be noted that some of the improvement measures have inter-dependencies eg Planned recruitment of ACAs will improve the staff in post measure and have a positive effect the amount of non-emergency journeys carried out by PCS and possibly the loading factor measures.

### Non-Emergency Services

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
KPI 1 Arrivals	Feb 25	41.38%	95.00%			37.74%	33.09%	42.39%
KPI 2 Departures	Feb 25	72.00%	95.00%			67.22%	62.86%	71.57%
PCS Journey's	Feb 25	5412	5500			5243	4104	6382
Cancellations	Feb 25	282	438			740	283	1197
Loading factor Outpatients	Feb 25	1.56	1.80			1.40	1.31	1.49
PCS complaints	Feb 25	2	0			7	-1	15
Loading factor total	Feb 25	1.38	1.80			1.34	1.26	1.41
PCS sickness absence	Feb 25	25	24			34	21	46
PCS WTE	Jan 25	226	265			220	208	233



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Health and Social Care Trust



## Our Patients

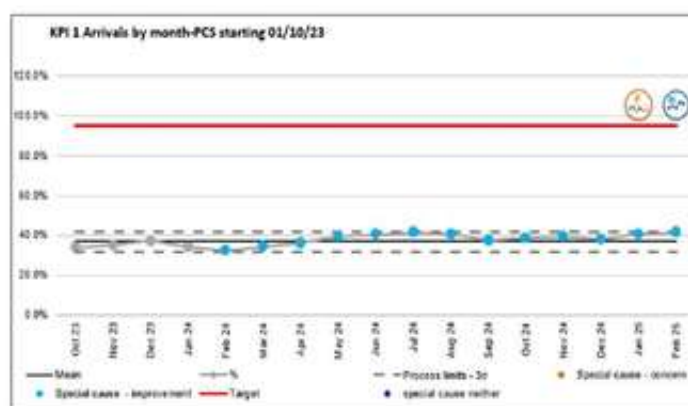
## Non-Emergency Performance

## Productivity Performance

**Patient Experience** NIAS aims to review the current Patient Experience measures via our Co-Production Partnership team with a view to having patient representatives help us to design a future suite of Patient Experience KPIs

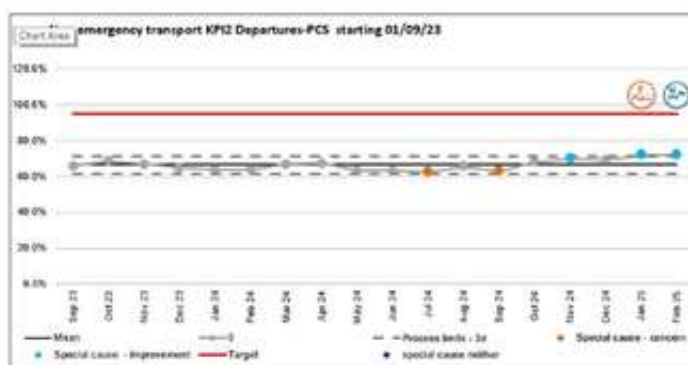
### KPI 1 - That 95% of inward journeys will arrive within the 60mins prior to an appointment time.

- Compliance remains low with little variation. Interrogation of the data shows that the majority of non-compliant journeys reach their destination within 30mins of the target.
- Non emergency control staff ensure direct communication between the Control Room and Outpatient Clinics to ensure that patients arriving late are still seen for their appointments.
- We are currently carrying out Service User consultation in relation to Renal Dialysis patients to establish quality measures appropriate to their service.



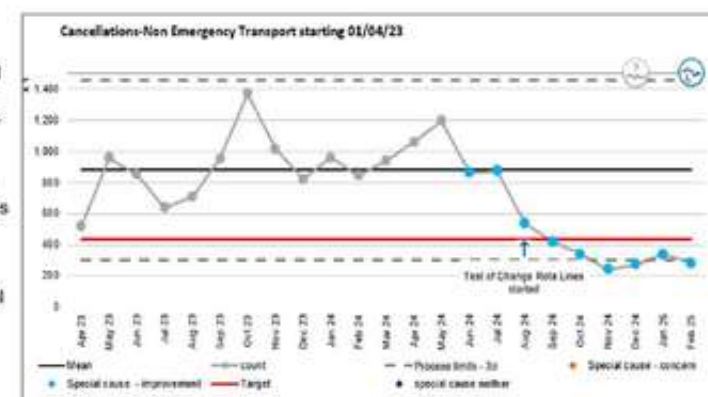
### KPI 2 - That 95% of outward journeys will start within 60 minutes of the patient being booked as ready by the clinic/hospital.

Compliance at 70% remains below the required level with minimal variance. Interrogation of the data shows the majority of non-compliant journeys are collected within 30 mins of the target.



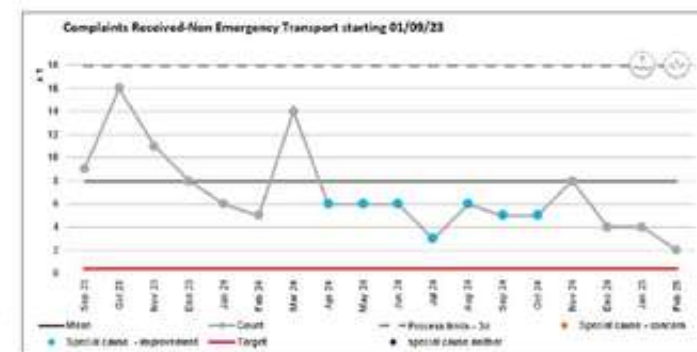
### Cancellations by NIAS

- Additional processes to avoid cancellations in particular for journeys such as Renal Dialysis and Cancer treatments are now in place with triggers for additional resources when necessary to prevent these.
- Targeted action to reduce cancellations was instigated in Aug '24 with "Test of Change" Rota lines added to service provision.
- In 2023/4 monthly cancellations averaged 6.4% of service demand, therefore an initial improvement goal for 2024/25 is to reduce cancellations by 50% therefore improvement trajectory is 3.2% of 20/25 service demand.
- Feb '25 cancellation by NIAS figure of 282 shows a 67% reduction in comparison to Feb '24



### Complaints

- In February, 2 complaints were received relating to Non emergency services both in relation to challenges with Renal appointments.
- Both complaints were resolved locally and are now closed.
- Whilst the service has an aim of no complaints the 24/25 levels ranging between 3-8 per month are in the context of the service providing approx. 13,000 patient journeys per month.







# Northern Ireland Ambulance Service Health and Social Care Trust



## Our Patients

## Non-Emergency Performance

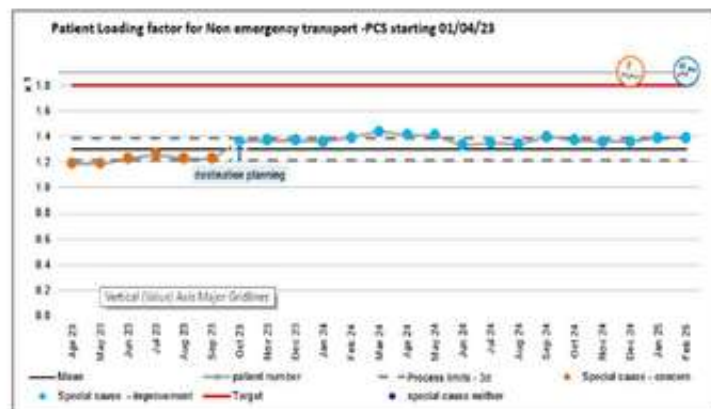
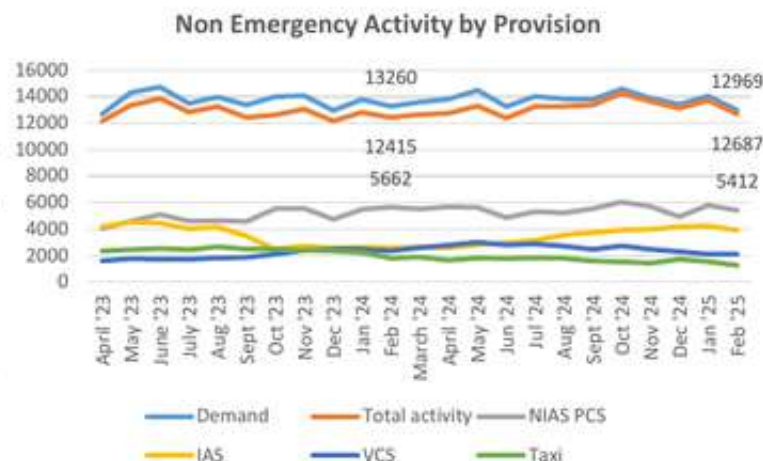
### Non-emergency transport journeys in Total and by Provision

- This comparative graphic is included to illustrate the share of non-emergency activity undertaken via each of the delivery options.
- The underlying objectives are to maximise the activity share completed by NIAS resources either PCS or where suitable the Volunteer Car Service and to meet service demand within contract limits.
- In Feb 24 Activity was 94% of demand in Feb 25 this has risen to 98% of demand
- The increase in the use of IAS resources in recent months is as a result of a number of factors including increased ACA vacancy levels, improvement aim to reduce cancellations & efforts to provide a responsive discharge service and hence flow through hospitals.

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

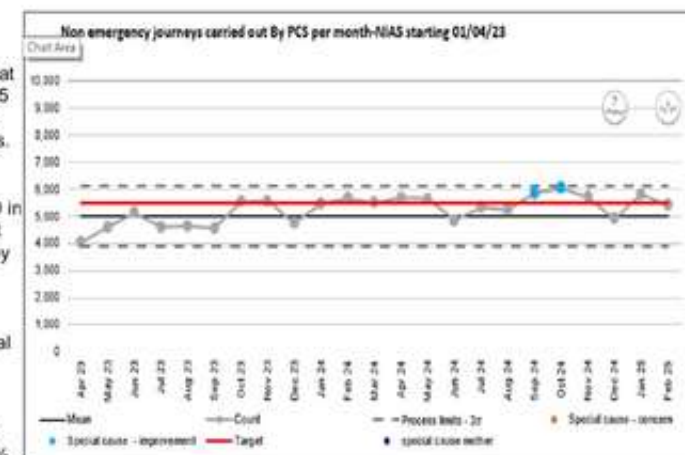
### Patient Loading Total

- This measure reflects the average number of patients carried on each non-emergency run. A change in journey planning in October '23 brought about some improvement which has largely been maintained.
- The PCS Improvement Team are currently engaged with the National Non-Emergency Patient Transport Services (NEPTS) group to learn from other services. In relation to patient loading factor.
- Other change actions including the reduction in the level of staff vacancies and a revision of staff rotas to better align with service needs will be required to make further progress towards the target



### Non emergency transport Journeys completed by PCS

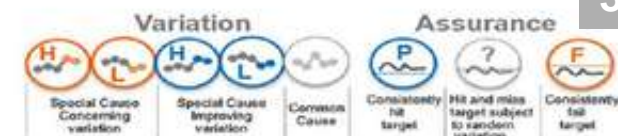
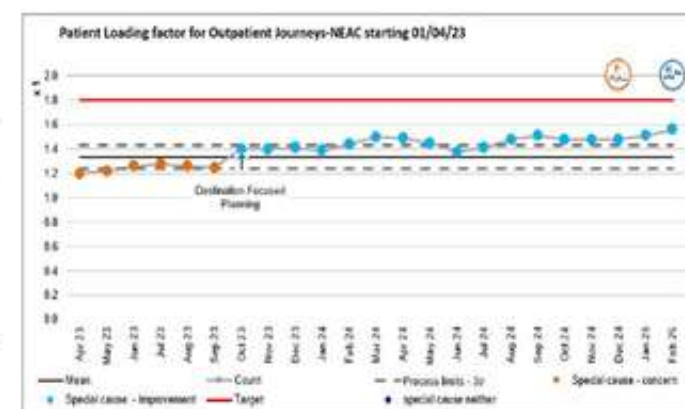
- The Improvement Objective is that PCS activity will increase in 24/25 by 10% from 23/24 this requires approx. 6,000 additional journeys.
- A year to date comparison indicates that at end of Month 10 in 24/25 an additional 5,600 patient journeys have been completed by PCS crews.
- In the 11 months of 24/25 PCS activity has now matched the total for the whole year 23/24
- This improvement measure is being met despite a current staff vacancy rate in PCS of over 20% for the majority of the year.



### Patient Loading Outpatients

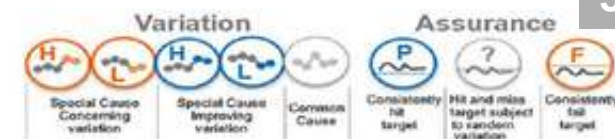
As outpatient journeys account for approx. 80% of the non-emergency activity and is the entirety of the pre-booked activity, this measure gives a more accurate indication of the efficiency of the planning of the service and the impact of any change actions.

The uplift to a new high point of 1.56 in Feb is reflective of the new cohort of ACAs taking over some of the test of change routes from IAS.





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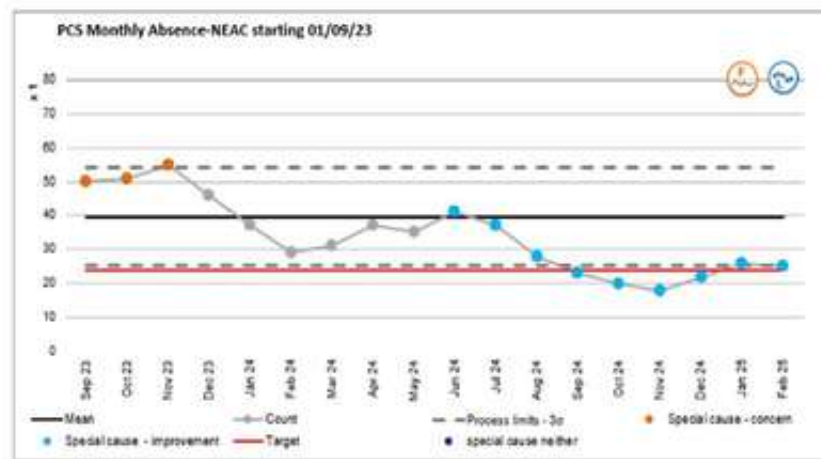
## Our People

## Non-Emergency Performance

## Productivity Performance

### Our People

This section currently reflects the DVP Improvement Measures of Reducing the sickness absence level in line with Trust wide targets and recruiting ACAs up to the funded WTE level. Additional Our People improvement Measures should be set in the areas of training and personal development



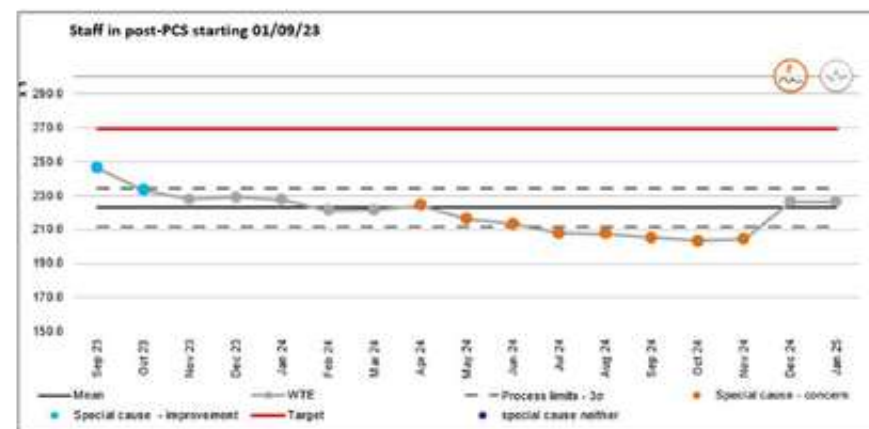
### Sickness Absence

This measure illustrates the average number of staff absent through sickness per month. The general trend with the application of Trust wide policies and initiatives continues to be significantly downwards although this has been slightly reversed in the past few months.

**NB** This data has been sourced from GRS

December in month ACA absence is reported through HRPTS as 13.5% a marked reduction from April 24 in month percentage of 14.97.

**NB** the information in this graph currently relates to ACA staff working both in non-emergency PCS and A&E support roles



### Staff in post WTE

- A steady decline of PCS staff in post over the past 12 months has been somewhat reversed in Jan '25 with the cohort of 22 new staff who finished ACA training at the end of Dec '24 starting on the PCS rotas in Jan '25
- A further intake of 24 ACA recruits will commence training in Feb '25 and join the rotas by the end of March '25
- Career progression opportunities for ACA staff in the next few months is likely to create further ACA vacancies, the viability of recruiting and training a 3<sup>rd</sup> cohort of staff from the current waiting list is currently being assessed.
- NB** the information in this graph currently relates to ACA staff working both in non-emergency PCS and A&E support roles



# Independent Ambulance Performance





Northern Ireland Ambulance Service  
Health and Social Care Trust



## Our Patients

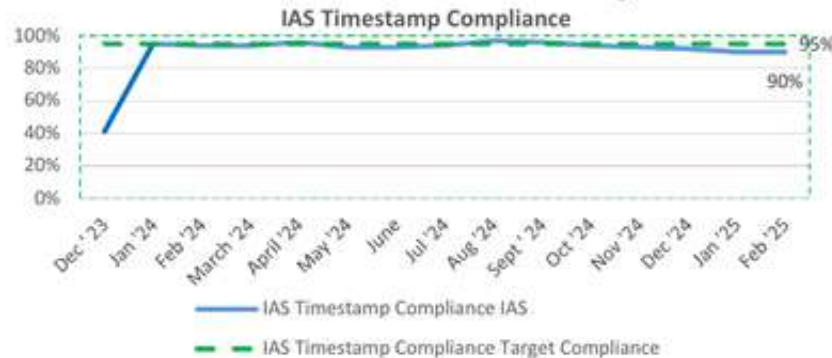
## Non-Emergency IAS Performance

## Patient Experience

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



**KPI 2** - That 95% of outward journeys will start within 60 minutes of the patient being booked as ready by the clinic/hospital



### Analysis

- An analysis of the journeys that missed compliance shows that 37% of these journeys missed the target by 15 minutes or less, 84% missed the target by 60 minutes or less
- Similarly, for KPI 2, relating to outward journeys 25% of journeys that missed the target were no more than 15 minutes over this and 73% missed the target by 60 minutes or less
- In the case of KPI 1 where a patient is going to be significantly late for an appointment, NIAS Non-Emergency Control will be in contact with the service that the patient is attending to advise of a delay in order that patients do not miss their appointment.





Northern Ireland Ambulance Service  
Health and Social Care Trust

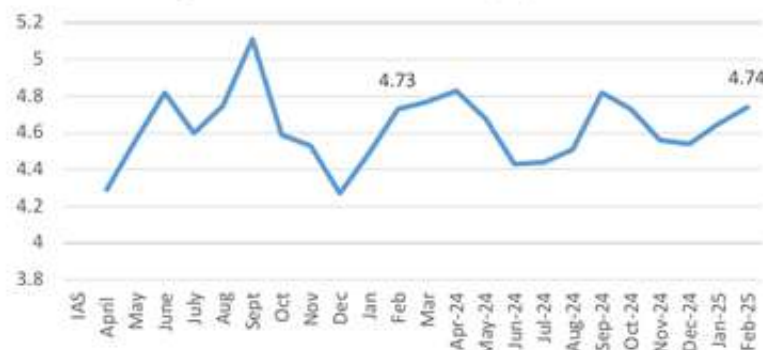


## Our Patients

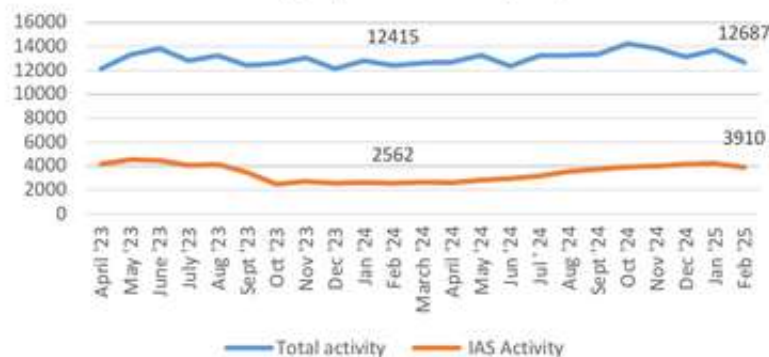
## Non-Emergency IAS Performance

## Productivity Performance

Average No of Patient Journeys per IAS Shift



Non-Emergency Patient Journeys by IAS



Loading Factor IAS



### Activity and IAS Share

The proportion of non-emergency activity completed by Independent Ambulances has generally been increasing since May '24, to counter significant staff vacancies in PCS and in a targeted response to reduce cancellations due to no available resources, this initiative has been quite successful to date.

The slight downturn in Feb '25 relates to some test of change rota lines now being carried out by NIAS crews

On the 19<sup>th</sup> Nov 5 additional IAS "Discharge Vehicles" 1 in each division on a daily 12 hour shift were deployed as a Winter Pressure initiative to assist hospital flow.

To date in 24/25 IAS activity accounts for 27% of non emergency activity.

### Average Patient Journeys per Shift

Monitoring of this activity measure gives an indication of the average workload carried out per crew in a shift. The IAS journeys are also now planned using the Destination Focused Planning method and improvement is noted from December '23 The new Independent provider contracts came on stream at the end of 2023.

### Patients Transported Per Run

This measure also known as loading factor follows a similar pattern as the journeys per shift measure. Showing improvement in Oct '23 with the onset of Destination Focused Planning and showing a recovery again in recent months



# Service Quality and Our People





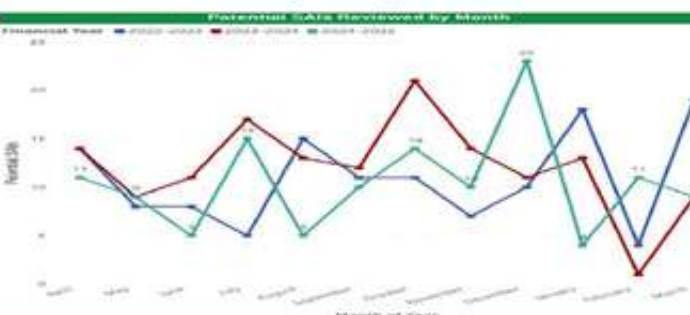


## Our Patients

### Serious Adverse Incidents

During March 2025, the Trust reviewed 9 potential SAI's resulting in 4 notifications to SPPG.

There are currently 23 ongoing SAI's, 22 of which are being reviewed at Level 1, with the remaining SAI being reviewed at Level 2.



### Themes

Early review of the 4 SAI's notified in March has identified the following themes:

- Delayed response out with standard
- Incorrect procedure followed for Paramedic downgrade
- Incorrect ECG interpretation delaying transfer to definitive care
- Clinical assessment & diagnostic conclusions
- Adherence to immobilisation guidelines

Full review of all incidents is still ongoing which may result in identification of additional themes.

### Timeliness of process

5 SAI's were completed and closed within March 2025.

All reviews were completed at Level 1 with a required completion time of 8 weeks.

The average completion time was 13 weeks due to competing demands within the team completing the review. 2 reviews were completed within the 8 week timeframe.

## SAIs & Complaints

### Recommendations & Learning

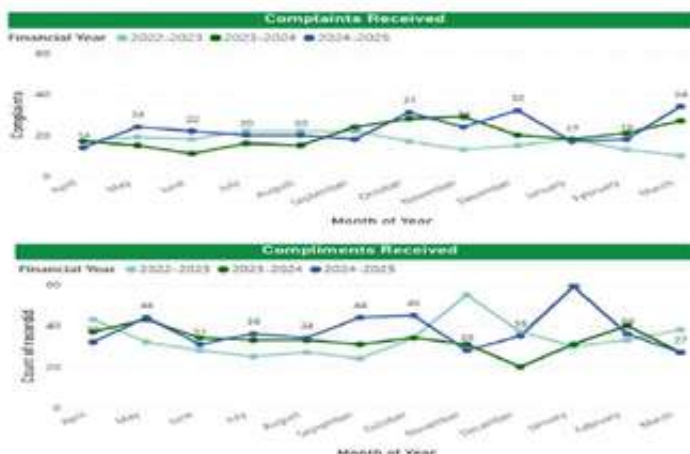
During March 2025, 5 SAI's were closed with the following learning identified:

- System wide pressures are impacting the ability of NIAS to respond to patients in the community as delays at emergency departments are significantly longer than government recommended standard handover times.
- Importance of timely provision of welfare calls for patients experiencing protracted delays.
- Misinterpretation of ECG impacting patient clinical pathway
- Incorrect application of process for Paramedic downgrade
- Incorrect call categorisation as ineffective breathing not recognised
- Misdiagnosis leading to delayed treatment
- Importance of communication in patients with a learning disability

Implementation and evidencing of SAI recommendations remains an area of focus and to date we have completed and evidenced 95% of the outstanding SAI recommendations. The remaining 5% have exceeded their due date and are currently being reviewed.

## Complaints, Compliments & Care Opinion

During March 2025, 25 compliments & 36 complaints were received.



### Timeliness of Process

25 complaints were closed during March 2025.



At the end of March 2025, 58 complaints remained opened with the average number of days opened being 36 working days.

**Trends & Learning:** Of the 25 complaints closed, 63% were upheld/partially upheld with some of the following learning outcomes identified: Communications with patients/family, IPC at scene, CSP SOP update, ePRF management, call handling/processing.

### 2024/25 Key Facts/Figures:

- 15% increase in complaints received.
- 14% increase in compliments received.
- 4% increase in complaints responded within 20-working days
- 15% increase in complaints closed.
- 3% increase in complaints re-opened.
- 67% increase in learning outcomes.
- 40% increase in learning outcomes completed.

### Care Opinion

During March 2025, 12 stories were submitted via Care Opinion. By 4th of April these stories were viewed 1,103 times.

The main areas of feedback were:

- What's good – Ambulance crew/ reassuring/ communication
- Improvements – Long wait/ resources
- Feelings – cared for/ grateful/ thankful/ scared



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## Our Patients

## Safeguarding Education, Training and Referrals

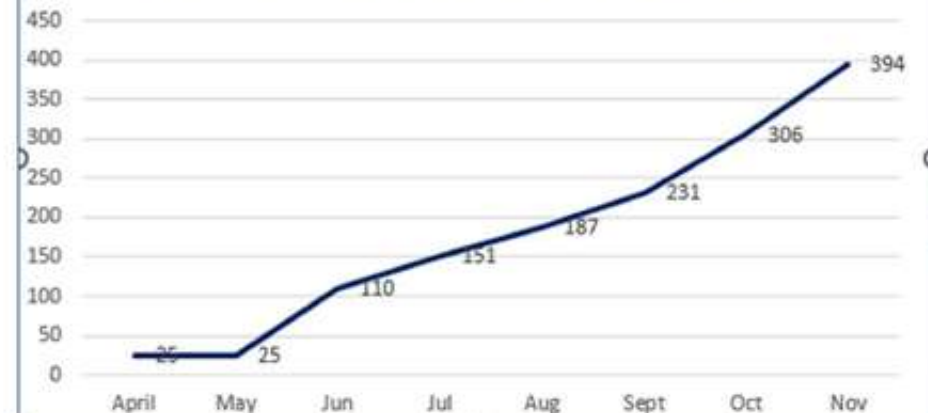
### Safeguarding Education

- The National Ambulance Safeguarding Group (NASaG) Peer Review ( Aug 2023) recommended that the Trust developed a Level 3 Safeguarding (Face to Face) Education Package for all staff involved with the delivery of direct patient care. This recommendation was based on Intercollegiate Adult Safeguarding Guidance: *Roles and competencies for health staff*.
- This recommendation is reflected within the NIAS Safeguarding Training & Education Strategy KPI-. **A minimum of 90% compliance with attendance at Level 3 face to face training every 3 years with ongoing improvement to reach and maintain 100%.**
- A subsequent improvement plan aiming to achieve this KPI over a 3 year trajectory was approved by Safety Committee. Level 3 face to face Safeguarding Education sessions have been delivered from April 24 with almost 400 staff having attended by Nov 24. Plans are in place to have approx. 600 staff trained by end March 25 – this represents in excess of 50% of our staff involved with the delivery of direct patient care.
- Currently, paramedic staff (including SOs, CSD, CSOs and NQPs) account for the largest attendance (70%) with EMT staff the remaining 30%. Further plans are currently being developed to support our ACA staff cohort to attend Level 3 sessions and further work is required to develop a Level 1 e-learning package for NIAS staff not involved in delivery of direct patient care.

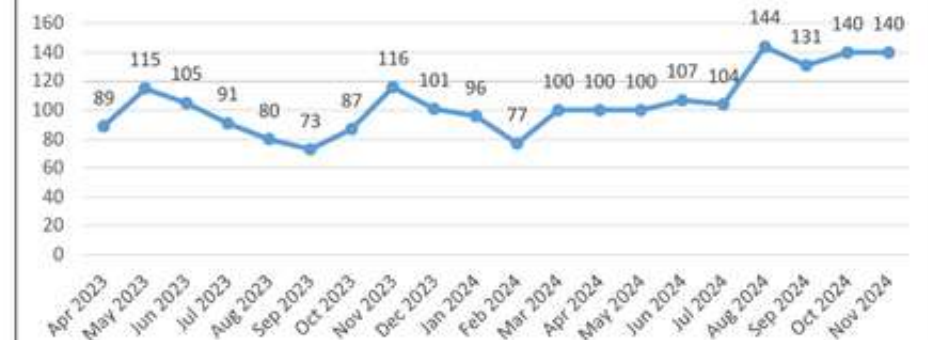
### Safeguarding & Welfare Referrals

- A National Ambulance Safeguarding Group (NASaG) Benchmarking exercise identified that the trust referral per contact rate was lower than that of other UK ambulance services.
- There has been a 28% increase in referrals received by the NIAS Safeguarding team between Apr-Nov 24 (n = 966) in comparison with the same reporting period 23 (n= 756)
- The increased referrals correlate with the delivery of Level 3 training in 24 which is therefore considered to have impacted, given the expected increase in staff knowledge.

Level 3 Face to Face Safeguarding Education  
Cumulative no. of staff trained (Apr-Nov24)



Total Reported Safeguarding Referrals- April 23-  
November 24 - Reported Date





Our People

Absence

Sickness

The Trust continues to prioritise the management of sickness absence levels as high strategic priority. Absence related to mental remains the most significant contributor to these levels. In this respect 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.

Management of sickness absence processes is focused on the central role of line management supported by Human Resources. Following some higher in month absence levels over Winter months there has been a further reduction in absence levels in March 2025. This work remains in an extraordinary performance management context with focused oversight from the Chief Executive and Trust Board and committee infrastructure.

Related procedures associated with absence management including Redeployment and Occupational Health Services are priority areas of focus as the work to improve sickness absence levels continues.

Top 5 Sickness Categories 2024/25*		Mental Health Reasons	
Mental Health	28.64%	Stress	12.42%
Accident/Untoward Incident	10.30%	Stress-Work Related	8.35%
Injury, Fracture	8.76%	Grief/Bereavement	3.47%
Miscellaneous	6.95%	Anxiety	1.96%
Back Problems	6.56%	Other Mental Health	0.93%
* Accounts for 61.21% of absence		Behavioural Disorder	0.24%
# Miscellaneous includes General Debility (2.37%);		Panic attacks	0.52%
Hospital Investigations (1.80%); Post Surgical		Insomnia	0.16%
Debility (2.34%); Post Viral Fatigue (0.43%); Chronic		Depression	0.60%
Fatigue (0%)			

2024/25 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 (2024/25)	13.54% <sup>1</sup>											
2.	Current Status against Target	10.07% ↓											
3.	Cumulative % hours lost (23/24)	14.25%	14.19%	14.25%	14.27%	14.64%	14.60%	14.65%	14.82%	14.90%	14.76%	14.53%	14.23%
4.	Cumulative % hours lost (24/25) (Total)	10.24%	9.64%	10.06%	10.49%	10.70%	10.79%	10.68%	10.43%	10.38%	10.35%	10.21%	10.07%
4.1	Cumulative % hours lost (24/25) (Non-Covid)	9.94%	9.28%	9.66%	10.03%	10.24%	10.36%	10.27%	10.06%	10.05%	10.05%	9.92%	9.80%
4.2	Cumulative % hours lost (24/25) (Covid)	0.30%	0.36%	0.40%	0.46%	0.45%	0.43%	0.41%	0.37%	0.33%	0.31%	0.29%	0.27%
4.3	Cumulative % hours lost (24/25) Short-Term	1.94%	1.89%	2.03%	2.17%	2.10%	2.13%	2.17%	2.13%	2.19%	2.24%	2.23%	2.20%
4.4	Cumulative % hours lost (24/25) Long-Term	8.30%	7.75%	8.03%	8.32%	8.60%	8.67%	8.51%	8.29%	8.20%	8.11%	7.98%	7.87%
5.	Monthly % hours lost (24/25) Total	10.24%	9.07%	11.00%	11.71%	11.55%	11.28%	10.05%	8.63%	10.05%	10.09%	8.67%	8.48%
6.	Average standard working days lost/employee/month	2.19	2.02	2.14	2.62	2.46	2.30	2.19	1.75	2.15	2.26	1.67	1.73
7.	Average estimated cost per month (£'000)	£527	£481	£644	£688	£727	£690	£615	£534	£630	£639	£572	£598

- ↑ 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

<sup>1</sup>To reduce absence rates to 92.5% of absence levels reported in 2022/23 (based on annual re-run) by end March the 2023/24 financial year.





	KPI (in working days)	January Average wait time	February Average wait time	March Average wait time
Medical Team	10	10	11	10
Physio Team	5	8	7	9
Psychology Team	10	*34	*40	*22
PPHA	10	11	4	6

Quarter 4 monthly wait times in days by specialty

Note: Information presented on this summary is derived from the following data sources only; eOPAS, OH Tracker Database, OH shared Drive.

- Monthly meetings established in October 2024 between NIAS OH lead and Belfast Trust Business services manager.
- NIAS OH lead attending weekly HR Advisor forum for escalation.
- Key performance indicators agreed following a detailed review of service usage spanning four years. (example on next slide below)
- NIAS dashboard created with monthly reporting from April 1st, 2025
- BHSCT Capacity as been increased, NIAS referrals checked daily by two designated staff
- Escalation pathways established and working.
- Action plan agreed to improve quality of referrals and increase prevention and early intervention programmes.



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Our People

Absence

Occupational Health

# OH, KPI's Example

Service Activity	Aim	Key Performance Indicators for Service Delivery
Pre-Employment health checks (for new starts)	To ensure that prospective employees are fit to perform their role effectively and without risk to their own or to others' health and safety	Pre-employment health assessments to be carried out within 7 working days of the date of receipt of all documentation sought from the applicant and 'fit' reports to be provided within 2 working days of the assessment having taken place.
Professional Support and advice	To answer queries from HR, Managers, and employees.	<p>Response to telephone queries and email correspondence within 2 working days of receipt of an enquiry</p> <p>Monthly review between NIAS HR and BHSCT OH of all long-term sickness absence cases.</p>

Our Infrastructure

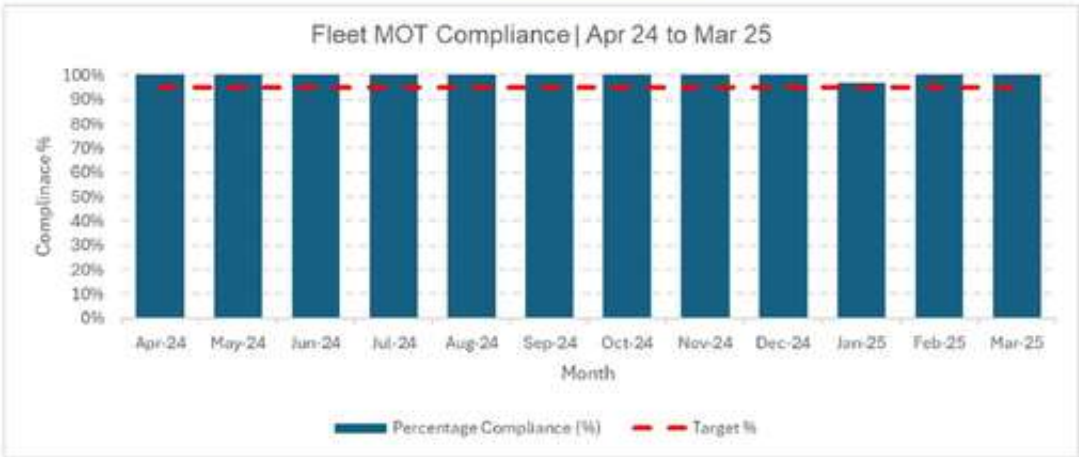
Fleet Performance

MOT Compliance

Fleet MOT Compliance 2024.25

The analysis below describes: NIAS' performance for meeting the MOT requirements for our Fleet.

MOT Compliance



- NIAS has achieved compliance with MOT Compliance from April 2024 to March 2025. There has only been one vehicle that has missed an MOT appointment, in January 2025 on the day of Storm Eowyn as the test centre was closed.
- NIAS Fleet department actively manage MOTs across the entire fleet to ensure compliance with this regulation.





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# Appendix



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## Our Patients

## SPPG Service Delivery Plan

## Trajectories and Performance

The information below sets out the Trajectories agreed with SPPG for 2023-24 and our performance against these trajectories

### Call Answer Performance:

	April 24	May 24	June 24	July 24	August 24	September 24	October 24	November 24	December 24	January 25	February 25	March 25
Call Answer Outturn	93.7%	87.4%	89.8%	92.5%	90.2%	89.4%	94.3%	89.2%	85.9%	94%	93%	91.4%
Trajectory	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%

### Hear and Treat and See & Treat

	April 24	May 24	June 24	July 24	August 24	September 24	October 24	November 24	December 24	January 25	February 25	March 25
Hear & Treat Outturn	5.2%	5.3%	6.2%	5.5%	6.1%	5.8%	5.4%	6.6%	10.4%	7.5%	6.2%	6.0%
Hear & Treat Trajectory	5.0%	5.2%	5.5%	6.0%	6.6%	7.5%	7.8%	8.2%	8.5%	8.8%	9.2%	10%
See & Treat Outturn	13.6%	13.9%	14.3%	14.5%	12.8%	13.9%	13.5%	13.9%	15.2%	15.2%	14.0%	13.1%
See & Treat Trajectory	13.8%	14.0%	14.3%	14.4%	14.6%	14.7%	14.9%	15.0%	15.2%	15.2%	15.3%	15.5%



## Our Patients

## SPPG Service Delivery Plan

## Trajectories and Performance

The information below sets out the Trajectories agreed with SPPG for 2023-24 and our performance against these trajectories

### Response Times

	April 24	May 24	June 24	July 24	August 24	September 24	October 24	November 24	December 24	January 25	February 25	March 25
Category 1 Mean	11mins	12mins	12mins	12mins	12mins	12mins	12mins	13mins	13mins	12mins	12mins	11mins
Cat 1 Mean Trajectory	11mins	11mins	11mins	11mins	11mins	11mins	10mins	10mins	10mins	10mins	10mins	10mins
Category 1 90 <sup>th</sup> Centile	21mins	22mins	22mins	23mins	22mins	23mins	23mins	23mins	25mins	23mins	23mins	22mins
Cat 1 90 <sup>th</sup> Centile Trajectory	22mins	22mins	22mins	22mins	22mins	22mins	21mins	21mins	21mins	21mins	21mins	21mins
Category 1T Mean	14mins	15mins	15mins	16mins	15mins	18mins	17mins	17mins	18mins	15mins	15mins	14mins
Cat 1T Mean Trajectory	19mins	19mins	19mins	19mins	19mins	19mins	19mins	19mins	19mins	19mins	19mins	19mins
Category 1T 90 <sup>th</sup> Centile	28mins	28mins	29mins	30mins	26mins	35mins	32mins	34mins	35mins	31mins	29mins	26mins
Cat 1T 90 <sup>th</sup> Centile Trajectory	30mins	30mins	30mins	30mins	30mins	30mins	30mins	30mins	30mins	30mins	30mins	30mins





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## Our Patients

## SPPG Service Delivery Plan

## Trajectories and Performance

The information below sets out the Trajectories agreed with SPPG for 2023-24 and our performance against these trajectories

### Response Times

	April 24	May 24	June 24	July 24	August 24	September 24	October 24	November 24	December 24	January 25	February 25	March 25
Category 2 Mean	39mins	41mins	52mins	51mins	49mins	66mins	59mins	64mins	110mins	74mins	53mins	48mins
Cat 2 Mean Trajectory	48mins	48mins	48mins	46mins	45mins	44mins	44mins	42mins	40mins	40mins	38mins	36mins
Category 2 90 <sup>th</sup> Centile	88mins	93mins	115mins	114mins	110mins	145mins	132mins	139mins	255mins	170mins	118mins	108mins
Cat 2 90 <sup>th</sup> Centile Trajectory	100mins	100mins	100mins	98mins	96mins	94mins	92mins	90mins	88mins	86mins	83mins	80mins
Category 3 90 <sup>th</sup> Centile	208mins	263mins	381mins	360mins	312mins	489mins	460mins	338mins	772mins	517mins	304mins	221mins
Cat 3 90 <sup>th</sup> Centile Trajectory	300mins	300mins	300mins	290mins	280mins	270mins	260mins	255mins	250mins	243mins	238mins	233mins



Northern Ireland Ambulance Service  
Health and Social Care Trust



## Our Patients

## SPPG Service Delivery Plan

## Trajectories and Performance

The information below sets out the Trajectories agreed with SPPG for 2023-24 and our performance against these trajectories

### Handover Performance

	April 24	May 24	June 24	July 24	August 24	September 24	October 24	November 24	December 24	January 25	February 25	March 25
<=15mins	7.5%	7.8%	7.6%	7.7%	7.6%	6.4%	6.3%	6.3%	6.1%	6.1%	6.9%	7.7%
<=15mins Trajectory	7.1%	10%	12%	13%	14%	15%	17%	19%	20%	22%	24%	25%
<=30mins	30.2%	31.8%	29.6%	29.7%	30.3%	25.7%	26.7%	25.9%	25%	26%	28.7%	31.2%
<=30min Trajectory	27%	30%	32%	23%	34%	36%	38%	39%	40%	43%	44%	45%
<=60mins	65.8%	68.5%	63.4%	66.5%	66.1%	58.8%	60.7%	59.3%	54.4%	57%	60.7%	66.1%
<=60mins Trajectory	59%	62%	64%	66%	68%	70%	73%	74%	76%	80%	82%	85%
>2hrs	15.4%	13.2%	16.2%	12.7%	14.1%	21.9%	20%	20.2%	25.7%	25%	19.3%	14.4%
>2hrs Trajectory	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
No of Patients >2hrs	1,545	1,412	1,585	1,267	1,376	2,003	1,974	1,953	2,252	2,172	1,707	1,451
No of Patients >2hrs Trajectory	0	0	0	0	0	0	0	0	0	0	0	0



# Northern Ireland Ambulance Service Health and Social Care Trust



**Minutes of NIAS Trust Board held on Wednesday 26 March 2025 at  
10.35am in NIFRS Learning and Development College, 120  
Dungannon Road, Cookstown, BT80 9BD**

<b>Present:</b>	Mrs M Larmour	Chair
	Mr D Ashford	Non-Executive Director
	Mr P Corrigan	Non-Executive Director
	Mr J Dennison	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
<b>In</b>		
<b>Attendance:</b>	Ms L Charlton	Director of Quality, Safety & Improvement (QSI)
	Ms M Paterson	Director of Planning, Performance & Corporate Services/Deputy Chief Executive
	Ms L Donnelly	Assistant Director of Finance
	Ms S Beggs	Temporary Board Secretary
<b>Apologies:</b>	Dr P Graham	Non-Executive Director
	Ms M Lemon	Director of Human Resources & Organisational Development (HR & OD)

## **Welcome, Apologies & Declarations of Conflict**

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.

The Chair congratulated Ms Paterson and Ms Donnelly on their recent appointments.



## 2 Previous Minutes (TB26/03/2025/01)

The minutes of the previous meeting held on 20 February 2025 were **APPROVED** on a proposal from Mr Corrigan and seconded by Mr Quinn.

The Chair thanked Mr Ashford for chairing the previous meeting in her absence.

Mr Quinn commended the last minutes.

## 3 Matters Arising (TB26/03/2025/02)

Members **NOTED** the Matters Arising.

Mr Quinn suggested at the last meeting that Ms Charlton should approach the NI Human Rights Commissioner to support the proposed audit of ambulance care. Ms Charlton confirmed that NIAS will link with the NI Human Rights Commission following external discussions with other HSC Trusts, she advised of current engagement with the Southern Trust in relation to proposed audit to ensure NIAS is following the appropriate methodology.

At the last meeting it was suggested that the number of changes within Senior Management should be included as a risk on the Corporate Risk Register. Ms Paterson provided a paper under matters arising with the suggested wording of the risk.

Mr Quinn suggested addition of a further control in respect of supporting and mentoring staff transitioning to senior roles. The Board agreed the proposed wording of the risk, subject to the addition, and this will be tabled at GARAC for formal approval.

**ACTION: Ms Paterson**

## 4 Chair's Update

The Chair recently attended both the AACE Chairs meeting and AACE Council meeting. The recently announced changes to consolidate NHS England with the Department of Health, and the associated potential disruption, were discussed, and it is anticipated that a ten-year plan will be developed to manage this transition.

Other key priorities discussed at the meetings were in relation to finance, budget, emergency care, elective care and winter planning.

The Chair noted a presentation from the new cabinet secretary in Wales who is seeking to prioritise performance and cardiac arrest outcomes, in terms of looking at different measures and bringing academia to assess their pilot.

Bron Biddle also presented on the risks of sexual safety. The Chair suggested that the Board needs to consider as a risk and how the Board can have assurance about sexual safety. Ms Lemon confirmed that Ms Biddle will be working with NIAS for two days per week from April 2025 to support the ongoing cultural improvement programme.

## 5 **Chief Executive's Update**

Mr Bloomfield attended the 'big discussion event' at the start of March to commence Winter Planning for this year. The focus of the event was to identify challenges and ambulance handovers was identified by attendees as one of the priorities to be addressed. It is anticipated that an initial Winter Plan will be ready by June 2025.

Mr Bloomfield commented on the NIAO's recently published report on delayed hospital handovers. Mr Bloomfield acknowledged that NIAS welcomes the report and its findings – including the significant risks posed to patients and public finances because of the intractable delayed handover position. Mr Bloomfield further advised that the GIRFT Report was published by the Department of Health yesterday along with an action plan.

Mr Bloomfield commented on the recent media attention regarding hospital handovers that has been influenced, in part, by publication of the NIAO's report.

Mr Bloomfield noted a recent motion debate in the Assembly which included a discussion of the W45 handover model used by the London Ambulance Service. Ms Charlton recently represented NIAS as part of an SPPG-led delegation to London to view how the model operates.

Mr Bloomfield has written to SPPG asking for an update following the visit.

On 11 and 12 March 15 NIAS staff attended the ALF Conference in Leeds: two recently qualified paramedics won the exceptional pre-registration student award, and the Board congratulated them on this achievement.

Mr Bloomfield advised that the draft 2025-26 financial plan, which had been considered by the Board at the last meeting, had been shared with SPPG and no changes were requested by SPPG.

Mr Bloomfield advised that he, along with the NIFRS Chief Officer, had met with Ms Sheenagh Weir whose daughter's unfortunate death had led to Maggie's Call in 2022 – a proposal that NIAS and NIFRS would co-respond to cardiac arrest situations. This initiative has not progressed, but NIAS is continuing to engage with NIFRS on the proposal.

Mr Bloomfield further noted that an MoU has been put in place for NIAS to use the NIFRS Learning and Development College for a range of training events for staff, including classroom teaching and for the use of some of the facilities for scenario-based training.

Mr Bloomfield, on behalf of the Board, formally recorded his thanks to Mr Christie, who commenced with NIAS nine months ago and has provided excellent support to the finance function, as well as the wider team.

Mr Bloomfield advised members that Ms Byrne will be moving to SPPG on secondment for a period of two years from 1 May 2025 in the role of Director of transformation within unscheduled care. All members extended their sincere thanks to Ms Byrne for her hard work and dedication to NIAS.

Mr Sinclair will take on the role of interim Director of Operations from 1 May.

Mr Bloomfield has been visiting stations during the last five weeks prior to his retirement and plans to meet with other staff within corporate functions tomorrow. He has spoken to at least 200 members of staff, which has been positive and uplifting.



Mr Bloomfield recollected several issues which have been progressed during his tenure as Chief Executive, including the significant improvement in the Trust's infection prevention and control practices and the resolution of the agenda for change pay dispute which enabled NIAS staff to achieve parity of Banding with their counterparts elsewhere in the UK. Mr Bloomfield noted that these changes supported the organisation's ability to respond to the COVID-19 pandemic.

Further, Mr Bloomfield noted the continued advancement of the AAP programme, and that the 17<sup>th</sup> course is due to start shortly. This has significantly expanded the development opportunities for NIAS staff.

Mr Bloomfield also noted the advancements that have been achieved through the establishment and expansion of the Integrated Clinical Hub, which is helping to reduce hospital conveyance rates, and the wide range of corporate functions at the Trust which are supporting the delivery of safe services.

Mr Bloomfield expressed his gratitude for being able to lead the Trust for the last seven years and commented that NIAS is an amazing organisation with very dedicated professionals. Mr Bloomfield thanked the Senior Management Team and Board members for their commitment, support and dedication and extended his thanks to Carol Mooney for her excellent support as Board Secretary.

The Chair thanked Mr Bloomfield for his leadership and noted that Mr Bloomfield has contributed to an impressive list of achievements of which he can be very proud.

The Chair also took the opportunity to thank Mr Christie for his support over the last nine months, and Ms Byrne for her professionalism, dedication and work as Director of Operations.

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

## 6 **Performance Report (January 2025) (TB26/03/2025/03)**

Ms Paterson presented the high-level summary for February 2025.

Despite reduced demand, NIAS's call response times remain prolonged and far out with ARP targets. Category 2 call responses have improved slightly but remain at an unacceptable level. NIAS continues to experience lengthy hospital handovers, and the position is deteriorating.

Ms Paterson noted that ORH will be benchmarking NIAS's performance measures against other organisations, with the intention of highlighting areas where operational response can be improved. Ms Paterson will provide an update in May.

**ACTION: Ms Paterson**

Mr Paterson noted that compliance with digital enablers (use of ePCR) is around 93%, which will support the organisation to monitor clinical practice and outcomes.

Ms Charlton reported on complaints 20 day response performance and noted that the new NIPSO framework for management of complaints is scheduled to come into effect in the Summer.

The Chair noted that the implementation of the new complaints procedure was discussed at the Monthly Trust Chair's meeting yesterday, where it was agreed that there is a need for coordination across the system. Issues have been highlighted regarding the timescales for implementation and HSC Chief Executives have written a letter to DoH expressing this concern.

Mr Quinn queried whether the downturn in demand could potentially be related to reduced public confidence in accessing the service, given the well-reported issues regarding response times and hospital handovers. Mr Quinn suggested that it would be useful to try and gauge public opinion on this and that there is a need to educate and inform the public about what a modern ambulance service does, including H&T and S&T pathways.

Ms Paterson advised that NIAS uses social media to inform the general public of waiting times and that the Trust recently completed work with its patient group and has developed videos explaining what the public can expect from the service.

Mr Corrigan noted that a lot of performance data is collated and there is a need to prioritise what can and should be focussed on, and that the new Committee structure might provide an opportunity

to do this. Mr Corrigan also commented positively on the improvements that have been made in respect to absence management.

Mr Dennison sought assurance on delivery of mandatory safeguarding training. Ms Charlton confirmed that 579 staff have been trained thus far and a further session is scheduled for next week. Ms Charlton noted the limited capacity within the safeguarding team to provide this training and highlighted the importance of having capacity within the organisation to ensure we have the level of support needed for our staff, provided by individuals with the essential skills and knowledge.

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

## 7 **Finance Report (Month 10) (TB26/03/2025/04)**

Ms Donnelly highlighted the key points within the report.

In relation to RRL as at Month 10, the Trust was reporting YTD expenditure of £100m, with an underspend of £0.5m when compared to YTD profiled budgets.

The Month 11 figures are now complete. The main change from the Month 10 position is the allocation of the pay award funding, increasing the Trust allocation from SPPG from £119.116m to £124.270m.

As at Month 11, the Trust was reporting YTD expenditure of £110.396m, with an underspend of £ 0.168m when compared to YTD profiled budgets. (£10.381m monthly spend).

To date £4.5m has been returned to SPPG and the financial plan has been updated accordingly.

In Month 11, the plan to deliver £2.475m of savings is also on track to be achieved in full.

Month 12 expenditure is expected to increase in line with expenditure profiles and because of the 2024-25 pay award. At



this stage, NIAS remains on track to deliver a break-even position at year-end.

As at Month 10, the Trust has received a CRL of £8.599m. This includes the additional £1.1m to support pressures. At this stage, the forecast is a break-even position at year-end.

## 8 **Committee Business: (TB20/02/2025/12)**

Members **NOTED** that the Committee minutes were not finalised and circulated as yet. Ms Beggs has circulated draft minutes to Committee Chairs to aid with an update at today's meeting.

### **Safety Committee tee – 30 Jan 2025**

Mr Ashford explained the meeting was a very full agenda which included the RQIA communications in relation to the independent ambulance services. The Committee also discussed EPRR and HART capacity and received a positive update in respect of pharmacy.

### **PFOD Committee - 13 Feb 2025**

The Committee noted the draft financial plan for 2025-26. The Committee received an update on the Operations Restructure and Cultural Improvement work, and these will be priorities going forward.

### **ARAC Committee – 6 Feb 2025**

Committee members advised that most of the items discussed had been considered at the previous Trust Board meeting.

Internal Audit had presented on the organisation's performance in terms of recommendation implementation, and a positive result is anticipated for end of year.

## 9 **Any Other Business**

The Chair closed the meeting by formally thanking Mr Bloomfield for 38 years of service, and for his excellent leadership and friendship throughout her time as Chair.

**THIS BEING ALL THE BUSINESS, THE CHAIR CLOSED THE  
PUBLIC MEETING AT 12:40PM.**

**SIGNED:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

DRAFT



**Northern Ireland Ambulance Service**  
**Health and Social Care Trust**



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## TRUST BOARD – 26 MARCH 2025

		INDIVIDUAL ACTIONING	UPDATE
	<b>PUBLIC</b>		
1	<b>3 – Matters Arising</b> Mr Quinn suggested addition of a further control in respect of supporting and mentoring staff transitioning to senior roles. The Board agreed the proposed wording of the risk, subject to the addition, and this will be tabled at GARAC for formal approval ACTION: Ms Paterson	MP	Risk added to Corporate Risk Register with additional control added. Tabled at GARAC 12 May 2025.
2	<b>6 – Performance Report (January 2025)</b> Ms Paterson noted that ORH will be benchmarking NIAS's performance measures against other organisations, with the intention of highlighting areas where operational response can be improved. Ms Paterson will provide an update in May. ACTION: Ms Paterson	MP	Verbal Update





# Northern Ireland Ambulance Service Health and Social Care Trust



## TRUST BOARD PRESENTATION OF PAPER

<b>Date of Board:</b>	15 May 2025
<b>Title of paper:</b>	Organisational Culture Update
<b>Brief summary:</b>	A high level update to the Board on work underway and planned linked to delivery of the Trust's Strategic Objective to Improve Organisational Culture
<b>Recommendation:</b>	<div> <b>For Approval</b> <input type="checkbox"/> </div> <div> <b>For Noting</b> <input checked="" type="checkbox"/> </div>
<b>Previous forum:</b>	SMT
<b>Prepared and presented by:</b>  <b>Date:</b>	Michelle Lemon, Director of Human Resources and Organisational Development  08 May 2025

## **Introduction**

Organisational Culture within NIAS is a key strategic priority for the Trust. The Trust Board has highlighted this as an area on which an important focus and momentum is required. This short paper highlights the work underway to deliver a programme of work in this regard. Detailed reporting and monitoring will be via a new Organisational Culture Programme Board and onward to People, Culture and Organisational Development Committee with updates to the Board as appropriate.

## **Background**

It is well recognised that a positive organisational culture has a significant impact on service delivery, patient safety and outcomes and staff wellbeing and satisfaction. There have been a number of recent reviews and reports in NHS organisations across the UK and specifically within the ambulance sector that highlight this. The Board has previously been briefed on the findings of the AACE Review of Culture of Ambulance Services in England, 2024 and associated reviews related to Sexual Safety in Ambulance Services. These have highlighted important areas of work in the context of delivery of a programme of work related to organisational culture within NIAS.

## **Establishment of a Strategic Programme of Work**

A number of key work streams have been undertaken and are underway, designed to take this work forward and begin to mainstream a new conversation in the organisation.

Some key examples are as follows:

- 31 March 2025 a workshop took place with some key stakeholders to work through the vision for this programme of work and priority actions required to delivery. This was co-facilitated by The Kings Fund and HSC Leadership Centre. This workshop produced a number of key themes and recommendations. A follow up meeting has taken place with a more detailed report to be provided to a planned Programme Board meeting. Some key themes are as follows:
  - Maintaining and strengthening public confidence in the service – so that the people NIAS exists to serve experience us as a compassionate, inclusive and effective organisation focused on service delivery and improving health outcomes.
  - Psychological safety and relationships of trust across NIAS – ensuring that all staff are better able to speak up without fear

(real and/or perceived) of repercussions. This specifically includes sexual safety, equality and diversity.

- Governance and overall transparency within NIAS – so that incident reporting and accountability across governance structures are more consistent and effectively address staff concerns.
- Open communication across NIAS – so that the organisation's leadership engage (and are seen to engage) with staff in meaningful dialogue about cultural and operational challenges, enabling more connected and engaged relationships.
- Active engagement and participatory change becoming 'the way we do things' at NIAS – so that actively inclusive and narrative-based approaches to change are integrated across the organisation.

A number of key principles were also agreed at the workshop as being critical to this programme of work. There were:

**Momentum:** Keep things moving forward

**Focus on tangible outcomes:** Achieve a few things well

**Quick wins:** Ensure operational staff feel the impact.

**Respectful behaviours:** Foster civility and respect.

**Curiosity:** Be curious especially when feeling provoked

**Open dialogue:** Discuss issues openly and help each other to say more

**Simple questions:** Encourage asking simple questions (to pave the way for harder ones)

**Brave conversations:** Make time and space together for candid and safe expression of views

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## **Work Underway**

In taking consideration of the principles outlined it is important to highlight some work that is taking place in this arena:

### ***National Sexual Safety Lead***

NIAS has engaged the national lead, Bron Biddle, in a dedicated commission specific to NIAS, initially across April and May.

This work began in April 2025 and across April and May has included a number of listening circles across the organisation, led by Bron and Ann Marie McStocker, NIAS Health and Wellbeing Lead. Although across the organisation there is a dedicated focus on reaching operational colleagues. This has included station and other facility visits across the province in May 2025. The purpose is to obtain empirical evidence and insights to inform this important work but also to demonstrate a commitment to engaging the voice of our people as the work develops. However the very process of these sessions and engagement marks a cultural shift.

Although Bron's key focus is on Sexual Safety, these sessions cover a wider range of elements including working relationships, addressing legacy, civility and behaviours and professional boundaries.

Bron will develop a diagnostic overview and provide key recommendations that will be presented to Programme Board with onward highlight reporting to PCOD Committee.

This work will also establish the foundations of an Employee and Learner Voice Network.

### ***Safeguarding Education Sessions***

These critical education sessions also cover matters related to professional behaviours and expectations and sexual safety and importantly enable attendees to share stories and experiences in this regard and supports associated discussions.

### ***Peer Support Sessions and Health and Wellbeing Approaches***

There is a wide range of initiatives and engagement across the organisation designed to encourage the promotion and support of our staff with a key focus on mental health proactive support and appropriate interventions.

### ***Professional Standards and Clinical Education***

The Trust has a Professional Standards Lead in Johnny Noble and he is working with colleagues in pro-active approach to the promotion of this work. An associated collaborative approach across Professional Standards, Safeguarding, Operations and Human Resources to how we deal with things that go wrong is an important step in this work. In addition, the mainstreaming and embedding of a new approach to delivery of Clinical Education.

### ***Approach to Employment Processes***

The restructuring and redesign of the HROD Directorate continues to progress with associated reporting to PCOD Committee that includes a focus on resolution of legacy processes and progress towards an improved approach to employment processes and development of a new Partnership Framework. This includes creation of important new roles and increasing capacity related to Organisational Development. This work will deliver a People Plan for the organisation with associated focus on Leadership Development and Appraisal.

### ***Proud To Work for NIAS Working Group***

This working group brings staff together from across directorates to discuss and work on key initiatives linked to the organisational culture work streams and seek to deliver a tangible change in organisational culture.

### **Holistic and Strategic Approach**

Bringing all this work together in a holistic manner under the mantle of a strategic plan with associated improvement measures and monitoring will be an important focus of the Programme Board governing this work. The Board will meet in May/June 2025 to further agree next steps in this regard. Organisational Communications and messaging will be an important element of this work and this is the focus of some of the key conversations outlined previously. Work is also underway to consider undertaking a staff survey which will be an important matter for the Programme Board to discuss.

### **Capacity**

In recognition of this work being a key strategic priority for the Trust it is important that it is appropriately resourced in order to ensure delivery. In this regard supplementary and independent support is being provided via Kings Fund and AACE

however the Trust is also undertaking associated recruitment and considering options for additional capacity building in this regard.





# Northern Ireland Ambulance Service Health and Social Care Trust



## TRUST BOARD

### PRESENTATION OF PAPER

<b>Date of Trust Board:</b>	15 May 2025
<b>Title of paper:</b>	NIAS 2026-26 Strategy Development Process
<b>Brief summary:</b>	<p>Trust Board has previously discussed NIAS Corporate strategy development process and timeline at a meeting in September 2024. Following subsequent discussion at Trust Board, a revised timeline for the strategy development process is attached.</p> <p>We proposed establishing a task and finish steering group to oversee the strategy development process and ensure ownership across directorates. Trust Board endorsed this approach and tasked a NED to chair the process.</p> <p>Terms of Reference for the Strategy Development Steering group are attached along with timeline for strategy development process.</p>
<b>Recommendation:</b>	<div> <div>For Approval <input type="checkbox"/></div> <div>For Noting <input checked="" type="checkbox"/></div> </div>
<b>Previous forum:</b>	SMT – Senior Management Team
<b>Prepared and presented by:</b>  <b>Date:</b>	Séamus Mullen, Director of Planning, Performance and Corporate Services  8 May 2025



**Northern Ireland Ambulance Service**  
Health and Social Care Trust



<b>NIAS Strategy Development Steering Group</b>	
<b>Purpose</b>	<p>The Strategy Development Steering Group (SDSG) will provide strategic oversight and guidance for the development of the new Northern Ireland Ambulance Service (NIAS) Corporate Strategy 2026-2030.</p> <p>The group will ensure the process is inclusive, evidence-based, and aligned with organisational priorities and external policy developments.</p>
<b>Objectives</b>	<p>The SDSG will:</p> <ul style="list-style-type: none"> <li>• Oversee the development and implementation of the strategy development project plan.</li> <li>• Ensure meaningful stakeholder engagement, including staff, service users, and external partners.</li> <li>• Review and analyse key data, including performance metrics, benchmarking, and policy insights.</li> <li>• Guide the development of strategic options and priorities for NIAS.</li> <li>• Ensure alignment with existing sub-strategies and workforce planning.</li> <li>• Provide regular updates and recommendations to the Trust Board and Senior Management Team (SMT).</li> </ul>
<b>Membership</b>	<p>The SDSG will be chaired by the identified Non-Executive Director (NED) sponsor and will include:</p> <ul style="list-style-type: none"> <li>• AD Strategic Planning &amp; Partnerships (Project Lead)</li> <li>• Project Development &amp; Implementation Manager</li> <li>• Data/Policy Analyst</li> <li>• Directorate Representative(s)</li> <li>• PPI &amp; Engagement Manager</li> <li>• Head of Communications</li> <li>• Informatics</li> <li>• Service user representatives</li> </ul>
<b>Role and Responsibilities</b>	<p><b>Chair (NED Sponsor)</b></p> <ul style="list-style-type: none"> <li>• Provide leadership and ensure strategic alignment.</li> <li>• Report to the Trust Board.</li> </ul>

	<p><b>AD Strategic Planning &amp; Partnerships (Project Lead)</b></p> <ul style="list-style-type: none"> <li>• Lead overall project management and strategy development.</li> <li>• Ensure agreed actions are implemented.</li> <li>• Provide regular briefings at SPF Committee/AD Forum/SMT as necessary.</li> </ul> <p><b>Directorate Representatives</b></p> <ul style="list-style-type: none"> <li>• Key link between their directorates and the SDSG, ensuring that the emerging strategy aligns with operational realities and workforce needs.</li> <li>• Provide insights into key priorities, challenges, and opportunities within their directorates</li> <li>• Ensure that the strategic development process is informed by frontline operational and functional insights</li> <li>• Provide relevant data, reports, and performance metrics from their directorate.</li> <li>• Attend and actively participate in SDSG meetings and workshops.</li> <li>• Support the transition from strategy development to implementation by identifying workforce, resource, and system implications for their directorates.</li> <li>• Embed strategic objectives into directorate workforce planning and operational processes.</li> </ul> <p><b>Project Development &amp; Implementation Manager</b></p> <ul style="list-style-type: none"> <li>• Coordinate operational aspects of the strategy development process.</li> <li>• Key link for directorate representatives to SDSG.</li> <li>• Track progress and risk management.</li> </ul> <p><b>Data/Policy Analyst</b></p> <ul style="list-style-type: none"> <li>• Lead on data collection, benchmarking, and analysis.</li> <li>• Provide evidence to support strategic decision-making.</li> </ul> <p><b>PPI &amp; Engagement Manager</b></p> <ul style="list-style-type: none"> <li>• Lead on stakeholder engagement and consultation processes.</li> <li>• Ensure inclusive and transparent engagement with staff, service users, and partners.</li> </ul> <p><b>Communications Lead</b></p> <ul style="list-style-type: none"> <li>• Develop and implement the communication strategy.</li> </ul>
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	<ul style="list-style-type: none"> <li>• Ensure effective internal and external messaging.</li> </ul>
<b>Meeting Frequency</b>	<ul style="list-style-type: none"> <li>• Monthly meetings or milestone-based meetings as required.</li> <li>• Additional meetings may be convened at key stages of the strategy development process.</li> </ul>
<b>Reporting</b>	<ul style="list-style-type: none"> <li>• Regular progress reports to SMT and Trust Board.</li> <li>• Key recommendations and decisions recorded and shared with relevant stakeholders.</li> </ul>

Key Tasks		Date	Detail/Resources required
1.	<b>Initial discussion Trust Board</b> <ul style="list-style-type: none"> <li>Board workshop to gain consensus on the need for strategy and agree proposed timeline.</li> </ul>	24 October 2024	Identification of NED to sponsor Strategy Development process alongside AD Strategic Planning and Partnerships.  Appoint a task and finish Strategy Planning Team
2.	<b>Project Plan Development</b> <ul style="list-style-type: none"> <li>Agreement of project plan outlining objectives, deliverables, key stakeholders, and timelines.</li> </ul>	April - May 2025	For approval at SMT meeting  Project Development and Implementation Manager
3.	<b>Stakeholder Identification &amp; Engagement/Communication Plan</b> <ul style="list-style-type: none"> <li>Identify internal and external stakeholders and develop a communication plan.</li> <li>Initial meeting with NIAS Partner Voice Forum</li> <li>Agree stakeholder map and communication plan.</li> </ul>	May-June 2025	PPI and Engagement Manager to assist in drafting stakeholder map and outlining key deliverables.  Presentation at quarterly Partner Voice Forum. Initial communication/early notice to stakeholder groups through PPI team.
4.	<b>Data Collection and Research</b> <ul style="list-style-type: none"> <li>Analysis, including a SWOT analysis, PESTLE analysis, and review of current performance metrics.</li> <li>Identify all existing 'sub-strategies', HEMS, Clinical, IPC, Fleet, Estates, Quality, Involvement, Service User, Comms etc.</li> <li>Current state of our health report with baseline, strengths, weaknesses, opportunities, and threats identified. PHA RICS Report.</li> </ul>	July - August 2025	Data/Policy Analyst to gather information across all policies in NI/UK/Ireland.  Input from Informatics/Head of Performance/R&D
6.	<b>Benchmarking UK and Ireland Ambulance Trusts</b> <ul style="list-style-type: none"> <li>Relevant policy analysis and horizon scanning.</li> <li>Benchmark against other ambulance services and health Trusts/ICS/ICB's.</li> </ul>	July-August 2025	Data/Policy Analyst to gather information across all policies in NI/UK/Ireland.  Ongoing AACE linkage through NASAT.
5.	<b>Phase 1 Stakeholder Engagement &amp; Feedback</b>	September-October 2025	Working in partnership with PPI Team and Communications.

	<ul style="list-style-type: none"> <li>Interviews, surveys, and focus groups with key stakeholders, including staff, patients, and partners.</li> <li>Workshop with sub-strategy leads to inform corporate strategy and review sub-strategies. Do we need them sitting as separate strategies?</li> <li>Feedback report summarising key themes and stakeholder expectations.</li> </ul>		<p>Staff survey, workshops, focus groups.</p> <p>Stakeholder/public consultation.</p>
7.	<b>Strategic Options Development</b> <ul style="list-style-type: none"> <li>Based on the analysis, develop different strategic options for achieving the organisation's goals.</li> <li>Board workshop to discuss and prioritise strategic options and risks.</li> </ul>	October 2025	<p>Strategy Planning team to develop in preparation for Board workshop.</p> <p>Trust Board and SMT</p>
8.	<b>Initial Draft of Strategy</b> <ul style="list-style-type: none"> <li>Initial draft the strategy document, outlining vision, mission, strategic goals, strategic risks, sub-strategies, key performance indicators (KPIs), and success factors.</li> </ul>	November 2025	<p>Strategy Planning Team to lead</p> <p>Open for public consultation.</p>
9.	<b>Phase 2 - Stakeholder Review &amp; Feedback on Draft Strategy</b> <ul style="list-style-type: none"> <li>Share the draft with key stakeholders for feedback.</li> <li>EQIA</li> <li>Rural proofing</li> <li>Revise strategy document incorporating stakeholder feedback</li> </ul>	December 2025	<p>PPI and Engagement Team to lead</p> <p>Input from Equality lead</p>
10.	<b>Final Strategy Review and Refinement</b> <ul style="list-style-type: none"> <li>Review and refine the strategy document based on stakeholder feedback.</li> </ul>	March 2026	<p>External comms support for Plain English drafting/Proof reading.</p>



11.	<b>Implementation Planning Workshop</b> <ul style="list-style-type: none"> <li>Workshop with SMT/Assistant Directors to develop an implementation plan for the corporate strategy, including resource allocation and timelines.</li> <li>Agree connections to sub-strategies</li> </ul>	March 2026	AD Forum/SMT Meetings
12.	<b>Directorate and Workforce Planning</b> <ul style="list-style-type: none"> <li>Alignment of Directorate and workforce plans with the new strategy.</li> </ul>	March – April 2026	AD Forum. Alignment with workforce planning.
13.	<b>Internal Communication &amp; Launch</b> <ul style="list-style-type: none"> <li>Communicate the new corporate strategy to all staff through various internal channels.</li> <li>Soft internal launch and staff engagement.</li> </ul>	April 2026	Communications Support
14.	<b>External Stakeholder Communication</b> <ul style="list-style-type: none"> <li>Communicate the strategy to external stakeholders, including patients, partners, and the public.</li> <li>Public-facing communication and external launch</li> </ul>	April 2026	Chair/NED Sponsor to Lead  Communications Support





TRUST BOARD

PRESENTATION OF PAPER

<b>Date of Trust Board:</b>	15 May 2025
<b>Title of paper:</b>	Presentation on patient experience and outcomes associated with Ambulance Handover Delays
<b>Brief summary:</b>	Presentation provided to the Chief Nursing Officer's Business Meeting in April 2025 in respect of the experiential and clinical consequences for patients associated with delayed hospital handovers.
<b>Recommendation:</b>	<b>For Approval</b> <input type="checkbox"/> <b>For Noting</b> <input checked="" type="checkbox"/>
<b>Previous forum:</b>	SMT – 6 May 2025
<b>Prepared and presented by:</b>  <b>Date:</b>	Lynne Charlton, Director for Quality, Safety and Improvement  7 May 2025





# Ambulance Handover Delays

## Patient Experience & Outcomes

## Association of Ambulance Chief Executives (AACE) Nov 21



‘over 8 out of 10 patients whose handover was delayed beyond 60 minutes assessed as likely to have experienced some level of harm, with just under 1 in 10 classified as potentially experiencing severe harm’

Mar-May 23

Patients waiting > 2 hours - 42% >80yrs  
12% >90 yrs

# Frailty Considerations

**Clinical Frailty Scale**

 <p><b>1 Very Fit</b> - People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.</p>	 <p><b>7 Severely Frail</b> - Completely dependent for personal care, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within &lt; 6 months).</p>
 <p><b>2 Well</b> - People who have no active disease symptoms but are less fit than category 1. Often, they exercise or are very active occasionally, e.g. seasonally.</p>	 <p><b>8 Very Severely Frail</b> - Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.</p>
 <p><b>3 Managing Well</b> - People whose medical problems are well controlled, but are not regularly active beyond routine walking.</p>	 <p><b>9 Terminally Ill</b> - Approaching the end of life. This category applies to people with a life expectancy &lt; 6 months, who are not otherwise evidently frail.</p>
 <p><b>4 Vulnerable</b> - While not dependent on others for daily help, often symptoms limit activities. A common complaint is being "dressed up" and/or being tired during the day.</p>	
 <p><b>5 Mildly Frail</b> - These people often have more evident slowing, and need help in high order tasks (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.</p>	<p><b>Scoring frailty in people with dementia</b></p> <p>The degree of frailty corresponds to the degree of dementia. Common <b>symptoms in mild dementia</b> include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.</p> <p>In <b>moderate dementia</b>, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.</p> <p>In <b>severe dementia</b>, they cannot do personal care without help.</p>
 <p><b>6 Moderately Frail</b> - People need help with all outside activities and with keeping house. Inside, they often have problems with stairs and need help with bathing and might need minimal assistance (cuing, standby) with dressing.</p>	

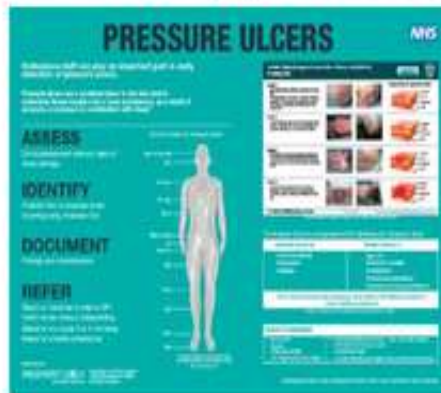
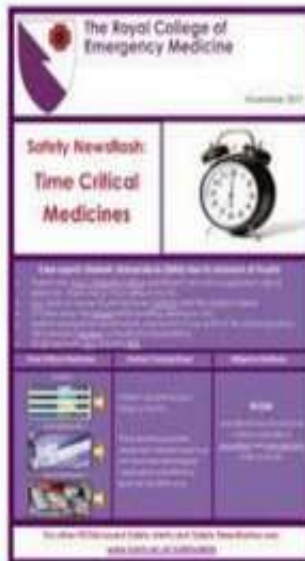
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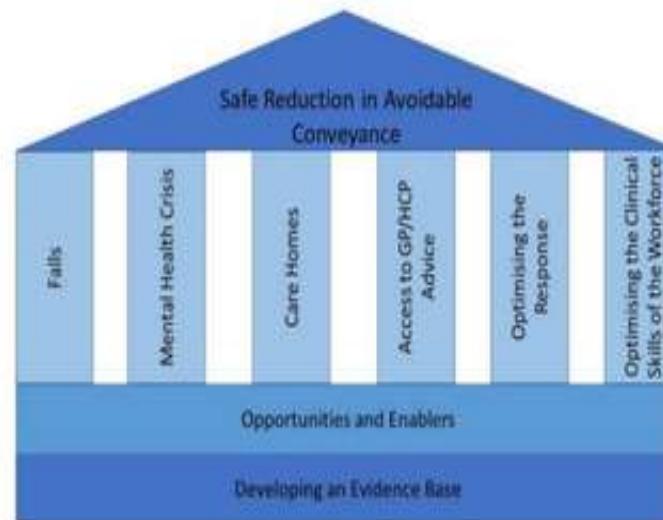


# Frailty Considerations

## Fundamentals of Care



## Appropriate Care Pathways



## Falls Improvement Initiatives



## Recent considerations



HSC Northern Ireland Ambulance Service  
Health and Social Care Trust

## Getting It Right First Time (GIRFT) Published April 25

## Ambulance Handovers in Northern Ireland (NIAO) March 25



### GETTING IT RIGHT FIRST TIME For Emergency Medicine The Emergency Departments of Northern Ireland

Report following visits in June 2023



This report has been produced by the Getting It Right First Time (GIRFT) Project Team at the Royal National Orthopaedic Hospital (RNOH/GIRFT). It aims to enable a rapid improvement in the delivery of urgent and emergency care and the adoption of the GIRFT principles to ensure best outcomes for patients, by reducing unwanted variation and maximising the use of existing resources and assets.

Written by

Professor Chris Middleton National Clinical Lead for GIRFT for Emergency Medicine

Samir Baski GIRFT Senior Specialist Clinical Review Manager (SCRC Specialist)

81 Pages



### Ambulance Handovers in Northern Ireland

Report by the Comptroller  
and Auditor General

Published  
11 March 2025





NIAS Northern Ireland Ambulance Service  
Health and Social Care Trust

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## RCN Corridor Care Jan 25

## RCEM & COP Aug 24



### On the frontline of the UK's corridor care crisis



### Hospital Handover Delays for Patients in Ambulances: Options Appraisal to Reduce Harm

#### Scope

This document is designed to inform and support those executives and senior managers within acute hospitals, ambulance services, and healthcare systems who have operational responsibility for ambulance handovers. This document was last revised in August 2024.

#### Background

The problem of Emergency Department (ED) crowding has long been hidden within the walls of the ED, where it has become normalised for EDs to pack up risk and continue accepting patients in a manner not expected in any other part of the NHS. However, in the UK, many EDs have become unable to fit more patients inside. This has resulted in increasing numbers of ambulances waiting outside, with patients still inside their vehicles. This has made the problem more visible and has generated further risk for patients. Crowding is not inevitable when healthcare policy makers, systems, and organisations afford appropriate priority to urgent and emergency care.

Patients may suffer harm or die unnecessarily when they cannot get an ambulance in time, when they are held in ambulances on arrival in ED, or when they are treated in crowded EDs. The cumulative impact of these challenges can contribute to poorer health outcomes and underscores the urgent need for systemic solutions to enhance patient flow and resource allocation. Whilst these problems have long been the subject of advocacy from RCEM and COP, hospital handover delays have more recently been raised as a concern by several of HM Coroners and recorded within Prevention of Future Deaths Reports.

RCEM and COP agree that it is important to return ambulances to active service as soon as it is possible and safe to do so. Unfortunately, delaying hospital handovers has become normalised in many systems, whereas it should be a last resort. Ambulances should not be used as additional storage cubicles and are not appropriate environments for patients to wait for prolonged periods from a basic comfort and personal care perspective. Prolonged handover times delay emergency and urgent care for incoming patients and reduce the availability of ambulances to respond to emergencies in the community.

Emergency Departments should be seeing patients who need the specific capability they offer and must have sufficient capacity to meet demand, so that they do not become crowded and can continue to accept patients from ambulances. This means having the right space, equipment, staff, and flow to perform their role, with the right system functioning around them. Without this they, and ambulance services, will not be able to keep patients and staff safe. When these

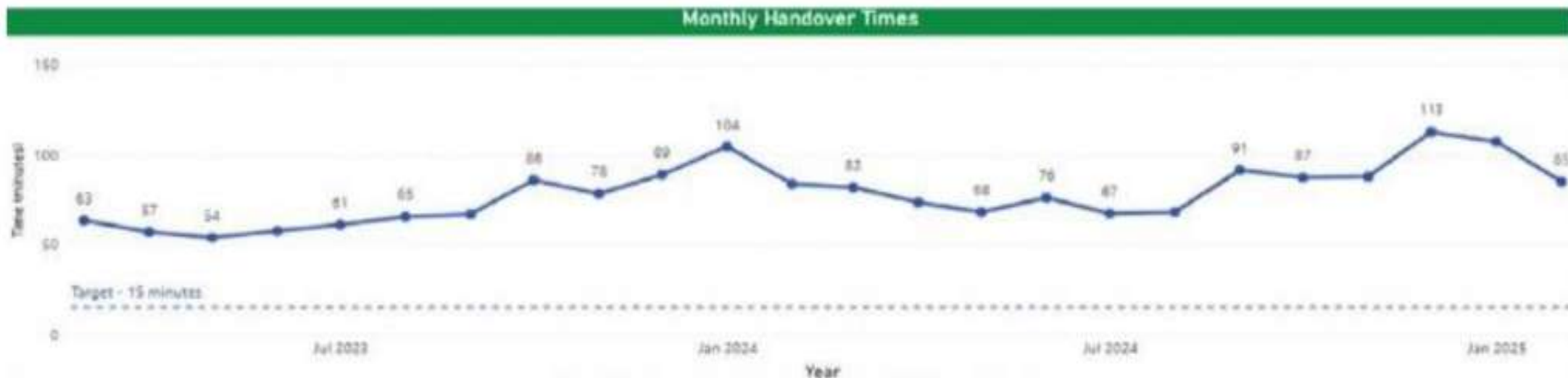
# CQC - Improvement Notice Ambulance Handovers & Corridor Care (April 25)



## Regional Context

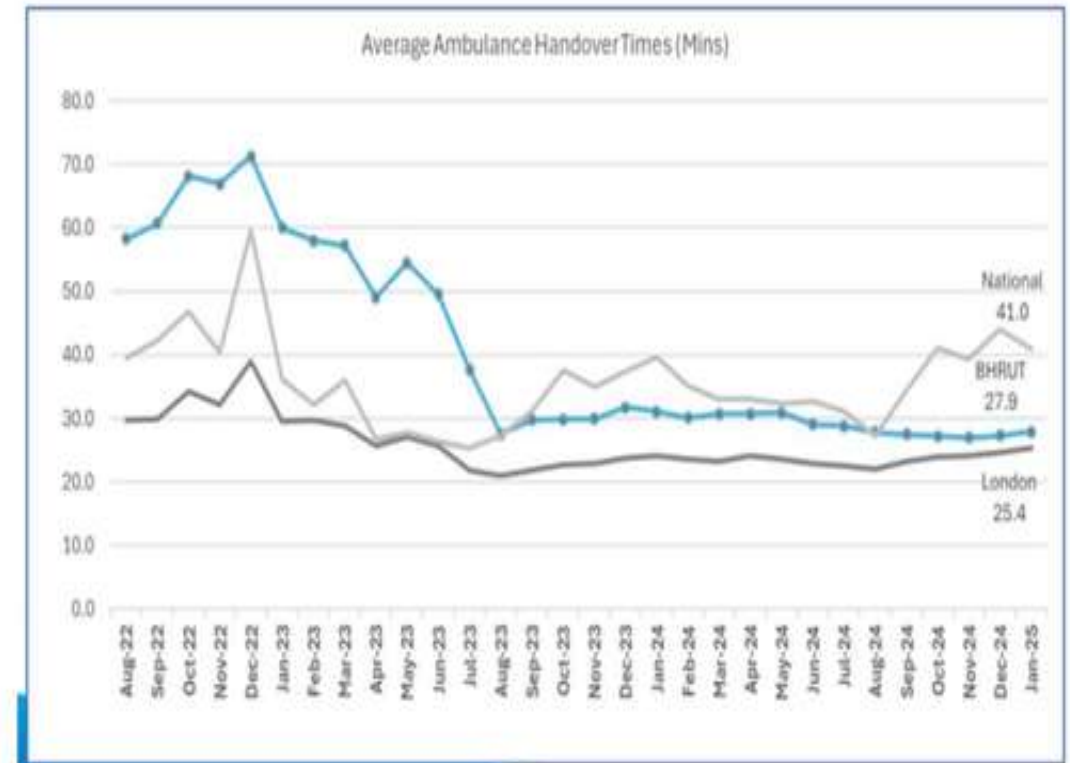
### Handover delays greater than 15min national standard

In Feb 2025, NIAS experienced a total of **10,090 lost capacity hours** as a result of handover delays > 15 mins.  
 This is the equivalent of **30 x 12hr shifts per day**  
**(25% of our planned capacity)**





# London Visit



## Regional Context- HSC Delivery Plan Trajectories

Ambulance handovers >2hrs

Area	FY23.24	FY24.25
South Eastern	27.7%	28.9%
Southern	17.3%	20.4%
Belfast	13.5%	16.7%
Northern	11.5%	18.9%
Western	6.8%	7.4%
Region	15.0%	18.0%

# Patient experience and outcomes



# National Call Response Standards

CALL TYPE	CATEGORY	PROPOSED RESPONSE TIME TARGET
999 Immediately life threatening	CATEGORY 1	Mean 08:00 mins 90th percentile = 15:00 mins
999 Emergency - potentially serious incidents	CATEGORY 2	Mean 18:00 mins 90th percentile = 40:00 mins
Urgent Problem	CATEGORY 3	90th percentile = 120:00 mins
Less urgent problem	CATEGORY 4	90th percentile = 180:00 mins
Non-urgent enquiry	CATEGORY 5	No specified target

# Cat 1 Performance (8 min mean standard)



24/25

Metric	Belfast HSCT	Northern HSCT	South Eastern HSCT	Southern HSCT	Western HSCT
Mean	00:08:33	00:13:50	00:13:20	00:13:40	00:11:38

# Cat 2 Performance (18 min mean standard)

87



24/25

Metric	Belfast HSCT	Northern HSCT	South Eastern HSCT	Southern HSCT	Western HSCT
Mean	01:01:39	00:59:35	01:13:38	00:58:43	00:36:37



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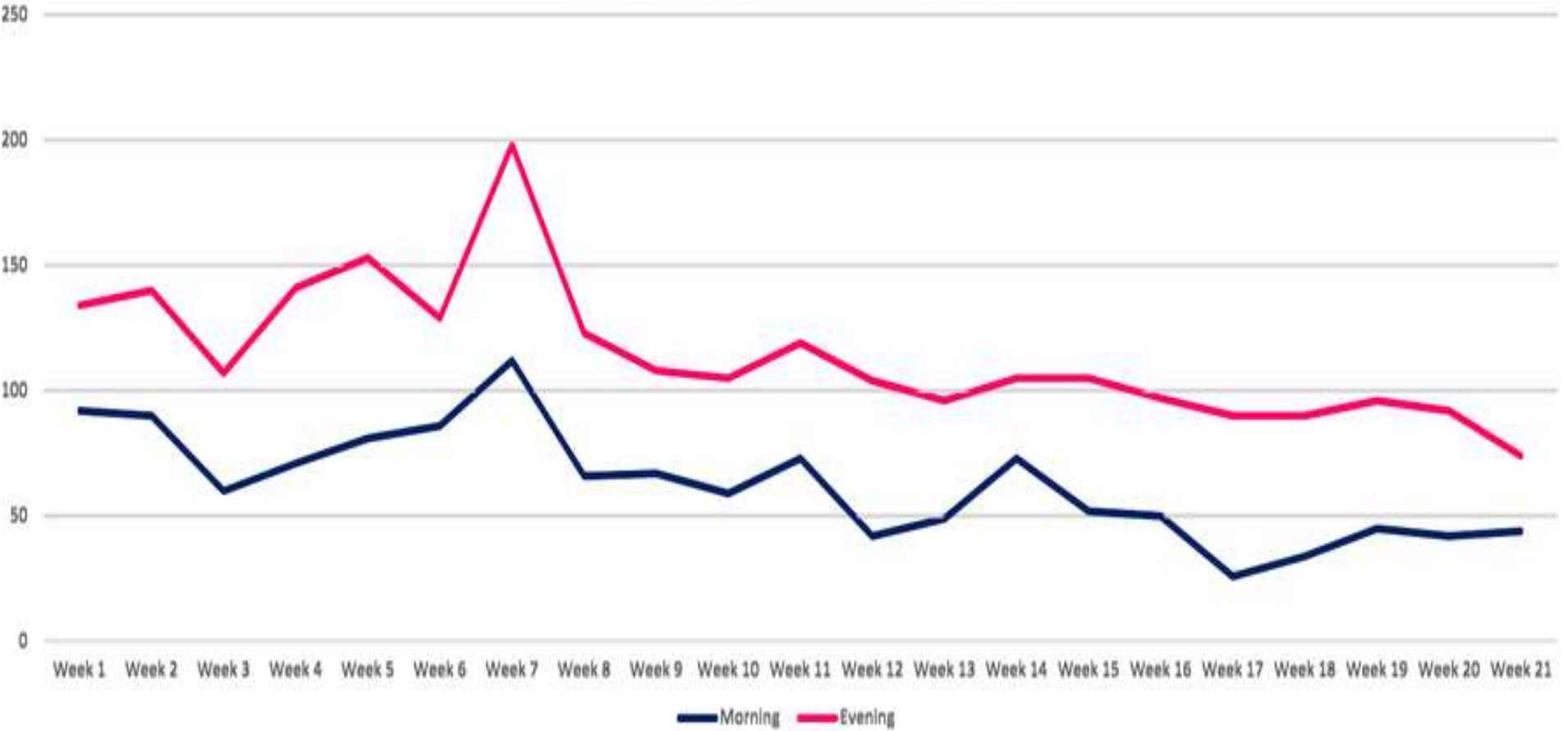
## NI woman's husband died of heart attack beside her as she drove him to hospital: 'Why were no ambulances available for him?'



## Staff experience

# Regional End of Shift Protocol

Crews waiting at EDs at handover time





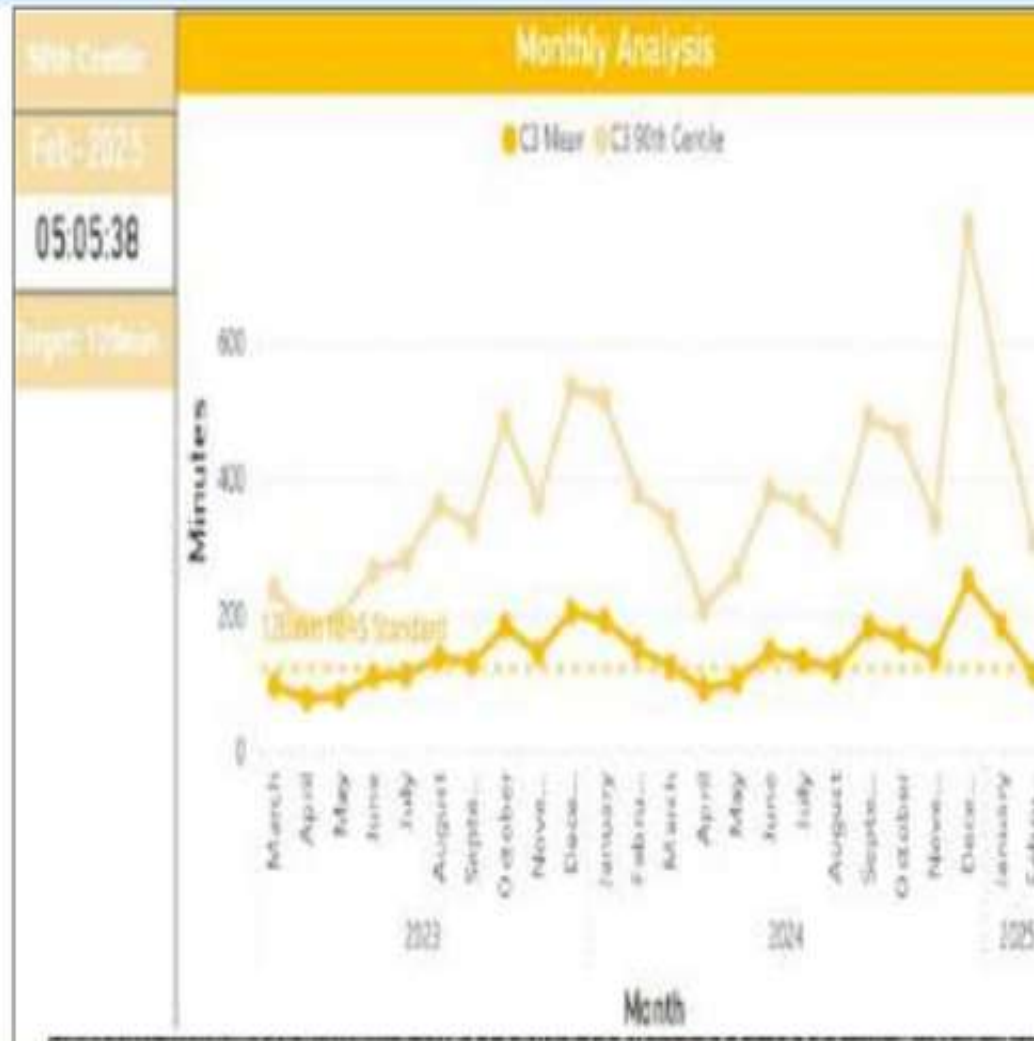


**Health and Safety  
Executive**

**HEALTH AND SAFETY AT WORK ETC ACT 1974**

# Cat 3 Performance (120 min 90<sup>th</sup> centile standard)

92



Metric	Belfast HSCT	Northern HSCT	South Eastern HSCT	Southern HSCT	Western HSCT
90th Centile	10:04:51	06:19:40	08:57:42	04:52:07	02:29:27

# " Lack of ambulances available "



**About:** Northern Ireland Ambulance Service / Emergency ambulance response South West  
Acute Hospital / Emergency Care and Medicine Services

Posted by *Rae10* (as a relative), 5 months ago

My mother fell and heard something snap in her shoulder or arm, she was unable to move. We phoned an ambulance and we were advised to not move my mother. I covered her in a blanket and put a cushion under her head as the ground was wet. I was afraid she would be in shock, pain and get too cold.



After an hour we rang the ambulance line again and they said they were still trying to get a crew to attend but couldn't advise a time. So we were left in limbo - either lift mum and hurt her and get her seen to, or let her lie for hours on the ground in pain and cold and wait for hours on an ambulance.

So through family we knew an off-duty paramedic and his partner a nurse and they had been working flat out who attended to help and advised us what part of mum's arm she had broken and they got her up safely with help, got her arm strapped in a makeshift sling and we got her pain relief and with great difficulty got her moved to a car which she was in so much pain.

I think she has paid her dues, working all her life, never bothers a Dr unless needs be, and the one time she needs the health service she would have been left lying in a field for hours with no help injured only the family knew some people that might come in help. They were absolute angels that came to my mum's rescue in her time of need and my family and I were so grateful to them for their help. Even off duty not getting paid and they came to her need.

I don't understand what has happened the health service, no-one ever heard of these difficulties years ago, having no ambulances to come out to people that needs them, absolutely scandalous. My mum feels so let down in her time of need. As I said, the staff are amazing. I think they just don't have the resources or backup. Where is the help and what are they getting paid for?



## " 7 hour ambulance wait "



**About:** Northern Ireland Ambulance Service / Emergency ambulance response Northern Ireland Ambulance Service / Emergency Control

 Posted by **Brenda789** (as a service user). 2 months ago

My mum became unwell at home and my sister rang for an ambulance. We now know that the pain she was experiencing was because of a twisted bowel. Her intense and significant pain was not brought under control for at least 7 hours due to the wait for an ambulance.



The staff - call handlers, paramedics - were all fantastic, compassionate and helpful, however the broken healthcare system that allowed my mother to remain in such pain for such a long time is unacceptable.

She died two days later and I will always ask myself why did her last ever Saturday night have to be in significant pain and discomfort? Why does the healthcare system allow this to happen? How stressful must this be for the fabulous staff who work within it?

## Risk appetite considerations

# NIAS Audit of patients waiting in community in parallel with geographical Trust Corridor Care Audit

## Norwich hospital patient given 'corridor care' for 14 hours

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IVAN PHILPOTTS

Ivan Philpotts, 77, said he was not properly cared for while in a corridor at the Norfolk and Norwich University Hospital.

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### NI woman's husband died of heart attack beside her as she drove him to hospital: 'Why were no ambulances available for him?'





Thank you



# Northern Ireland Ambulance Service Health and Social Care Trust



## TRUST BOARD

### PRESENTATION OF PAPER

<b>Date of Trust Board:</b>	15 May 2025
<b>Title of paper:</b>	NIAS Month 12 2024-25 Finance Report
<b>Brief summary:</b>	<p>The finance report for month 12 to 31 March 2025 is submitted to Trust Board.</p> <p>For the year ending March 2025, the Trust is reporting a year-to-date (YTD) expenditure of £126.273m, resulting in a year-to-date underspend of £0.026m when compared to the final budget.</p>
<b>Recommendation:</b>	<div> <div>For Approval <input type="checkbox"/></div> <div>For Noting <input checked="" type="checkbox"/></div> </div>
<b>Previous forum:</b>	SMT week commencing 5 May 2025
<b>Prepared and presented by:</b>  <b>Date:</b>	Leahann Donnelly, Interim Director of Finance  8 May 2025

# Trust Board Finance Report

March 2025 (Month 12)



Northern Ireland Ambulance Service  
Health and Social Care Trust





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- \* Executive Summary
- \* Financial Performance – March 2025 (Month 12)
- \* Summary of Directorate Positions
- \* YTD Variances (>£50k)
- \* Expenditure Trends
- \* Overtime Expenditure
- \* Independent Ambulance Service and Voluntary Car Service Expenditure
- \* Capital Resource Limit
- \* Prompt Payment of Invoices
- \* Statutory Financial Performance Targets



# Executive Summary

- \* As at March 2025, the Trust received a funding allocation from SPPG of £124.270m (inclusive of £0.122m from the PHA and net of £2.475m of savings).

This is the same funding level as month 11.

\*

- \* The final other income figure for 2024-25 was £2.030m. This mainly relates to recharges to other Trusts, income from Road Traffic Accidents and income on disposal of fixed assets.

As such, the 2024-25 budget has been updated to reflect a total funding allocation of £126.300m.



# Financial Performance

## March 2025 (Month 12)

- \* For the year ending March 2025, the Trust is reporting a year-to-date (YTD) expenditure of £126.273m, resulting in a year-to-date underspend of £0.026m when compared to the final budget. A summary of each Directorate's position is included on the next slide.
- \* The Trust is required to ensure that it breaks even on an annual basis by containing its net expenditure to within 0.25% of the final budget (RRL limits). In 2024-25, the Trust's net expenditure was 0.02% of the final budget.
- \* The above financial performance information is subject to review by external Audit.



# Summary of Directorate Positions

Please note that in the following table, columns 1-3 show variances (budget (based on estimate expenditure profiles for 2024-25) vs actual). A negative figure represents an overspend against budget, with a positive figure indicating an underspend.

£ 000s	YTD Variances (£'k)			Actuals (£'k)	Forecast (£'k)	Budget (£'k)	Variance (£'k)
	Payroll	Non-Pay	Total				
Chief Executive's Office	(69)	(172)	(241)	1,580	1,580	1,339	(241)
Director of Finance	829	(12)	817	1,618	1,618	2,435	817
Director of Human Resources	478	12	490	2,278	2,278	2,768	490
Medical Director	(11)	52	42	475	475	517	42
Clinical Director	450	22	472	10,956	10,956	11,428	472
Director of Safety, Qual & Imp	67	(2)	65	2,894	2,894	2,959	65
Director Of Plan, Perf & Corp Services	(242)	(729)	(971)	8,508	8,508	7,537	(971)
Director of Operations	2,425	(3,073)	(648)	97,965	97,965	97,317	(648)
Operations HQ	192	(150)	42	3,222	3,222	3,264	42
Regional Control Centres	729	(293)	436	11,421	11,421	11,857	436
Belfast Area Manager	1,687	124	1,812	10,816	10,816	12,628	1,812
North Area Manager	(896)	(181)	(1,077)	19,492	19,492	18,415	(1,077)
South Area Manager	288	2	289	13,795	13,795	14,084	289
Southeast Area Manager	350	(35)	315	13,504	13,504	13,819	315
West Area Manager	75	37	111	15,287	15,287	15,398	111
Independent Ambulance Service	0	(2,576)	(2,576)	10,428	10,428	7,852	(2,576)
<b>NIAS Total</b>	<b>3,927</b>	<b>(3,900)</b>	<b>26</b>	<b>126,273</b>	<b>126,273</b>	<b>126,300</b>	<b>26</b>

Totals may not add due to rounding



## YTD Variances (>£50k)

### Payroll Variances against budget

Payroll variances are due to current vacancies in NIAS. This is being partly managed through the use of overtime and IAS (see following slides).

\*

### Non - Payroll Variances against budget

**Chief Executive's Office** – increased planned expenditure on Regional Coordination Centre (increased activity from Leadership Centre associates, escalation software, reset week).

\*

**Medical Director** – saving in medical and surgical supplies and equipment.

\* **Planning, Performance and Corporate Services** - due to increased expenditure on computer hardware and software maintenance (increased WAN costs and Citrix upgrade), vehicle expenses under Fleet (maintenance and repairs, and accident repairs), training (no budget allocation) and increased general expenditure (coronation medals and external FIT testing as examples).

\*

#### **Operations:**

\* **HQ** - due to increased expenditure on vehicle expenses (fuel and maintenance and repairs) and training expenses (EPRR and Director of Operations).

\*

\* **Regional Control Centre** - due to increased costs on Voluntary Car Services / Patient Taxis. Also increased costs on Computer Expenditure (Terrafix and CAD support).

\*

\* **Belfast Area** - decreased costs in estates (heat, light and power, and cleaning), travel expenses, vehicle fuel and maintenance and repairs.

\*

\* **Northern Ireland Ambulance Service** - due to increased costs on cardiac defibrillators and leads (medical equipment), and also vehicle expenses (vehicle maintenance).

**Health and Social Care Trust**

**Independent Ambulance Service** - increased spend due to increased activity.

# Expenditure Trends



- YTD expenditure averaged £10.523m a month. Expenditure
- \* increased towards the end of the year due to the intake of new personnel (Newly Qualified Paramedics (NQP's) and Ambulance Care Attendants (ACAs)) as well as increased costs relating to Independent Ambulances.

March expenditure included the pay award of approximately £5.1m. Northern Ireland Ambulance Service

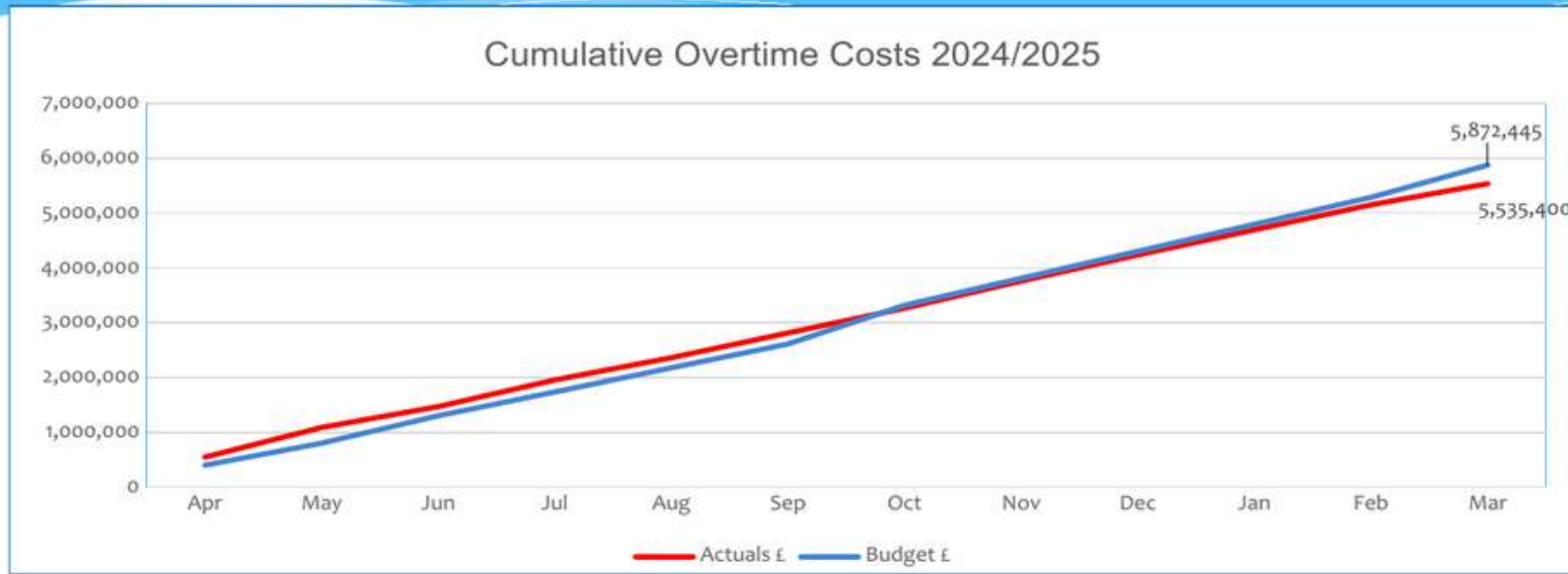
\* Health and Social Care Trust





# Overtime Expenditure

The Trust relies on the use of overtime for the provision of services. This reliance is for several reasons including vacancies, planned and unplanned absences and additional cover or programmes of work.



Note this is the net overtime number and excludes National Insurance.

\*

October budget includes addition of overtime relating to driver training

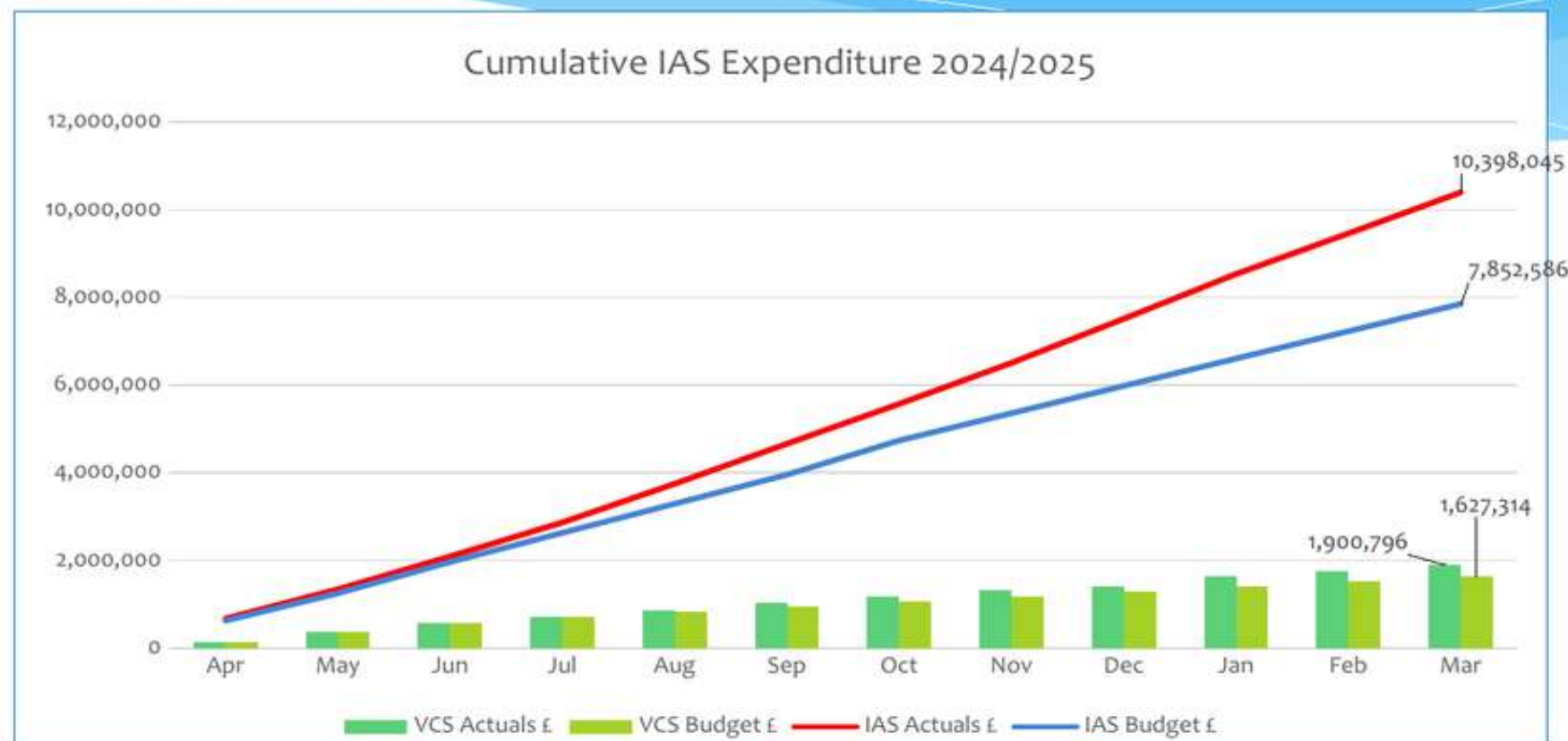


Northern Ireland Ambulance Service  
Health and Social Care Trust



# Independent Ambulance Service and Voluntary Car Service Expenditure

The Trust continues to benefit from the support of Independent Ambulance Service (IAS) Providers and Voluntary Car Service (VCS).





# Capital Resource Limit

The Trust has received a Capital Resource Limit (CRL) allocation for 2024-25 of £8.726m. This has increased from Month 11 by £0.057m to meet the final expenditure requirements for Fleet and Estates in 2024-25.

Expenditure category	Capital Resources Limit Allocation £'k	24/25 Spend £'k
Fleet and Estates	6,895	6,895
Medical Equipment	143	143
Backlog Maintenance	125	124
ICT	1,444	1,444
R&D	82	82
Leases	37	37
<b>Total</b>	<b>8,726</b>	<b>8,725</b>

For the year ending March 2025, the Trust is reporting a year-to-date (YTD) capital expenditure of £8.725m, resulting in a year-to-date underspend of £0.001m when compared to the final budget.



# Prompt Payment of Invoices

The Trust is required to pay non HSC trade creditors in accordance with the Better Payments Practice Code and Government Accounting Rules. The target is to pay 95% of invoices within 30 calendar days of receipt of a valid invoice, or the goods and services, whichever is the latter. A further regional target to pay 70% (increased from 60%) of invoices within 10 working days (14 calendar days) has also been set.

NIAS Prompt Pay Performance 2024-25														
	Final													
Number	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD Cum	Target
Total bills paid	2,706	1,836	2,029	2,763	2,186	3,045	2,894	3,250	2,827	2,899	2,704	3,338	32,477	
Total bills paid within 30 calendar days of receipt of undisputed invoice	2,602	1,782	2,007	2,669	2,119	2,987	2,820	3,197	2,753	2,850	2,599	3,284	31,669	
% bills paid on time 30 days	96.2%	97.1%	98.9%	96.6%	96.6%	98.1%	97.4%	98.4%	97.4%	98.3%	96.1%	98.4%	97.5%	>95%
Total bills paid within 10 working days (14 calendar days)	1,584	1,252	1,363	1,670	1,224	2,105	2,410	2,325	2,268	2,234	1,925	2,512	22,872	
% bills paid on time 10 days	58.5%	68.2%	67.2%	60.4%	56.0%	69.1%	83.3%	71.5%	80.2%	77.1%	71.2%	75.3%	70.4%	>70%
Targets														
30 days	>95%	>90%	<90%											
10 days	>70%	>65%	<65%											





**Statutory financial performance targets**

The position outlined in this report, and the associated RAG status, is subject to several assumptions.

**RAG status****Manage within allocated Revenue Resource Limit (RRL) / Achieve financial break-even**

For the year ending March 2025, the Trust is reporting a year-to-date (YTD) expenditure of £126.273m, resulting in a year-to-date underspend of £0.026m when compared to the final budget. The Trust is required to ensure that it breaks even on an annual basis by containing its net expenditure to within 0.25% of the final budget (RRL limits). In 2024-25, the Trust's net expenditure was 0.02% of the final budget. The above financial performance information is subject to review by external Audit.

**Manage within allocated Capital Resource Limit (CRL)**

The Trust has received a Capital Resource Limit (CRL) allocation of £8.726m. Actual spend for 2024-25 is £8.725m resulting in an underspend of £0.001m.

**Savings target**

The Trust has to achieve £2.475m of savings in 2024-25. This savings target has been included within the current 2024-25 financial plan as follows:

Savings Plan 2024/25	Plan £m	YTD Actual £m	Full Year Forecast	Variance
Non-Frontline Vacancy Management	1.134	1.134	1.134	0.00
Defer Medical Equipment Replacement	0.048	0.001	0.002	-0.05
Frontline savings due to vacancies	0.780	0.780	0.780	0.00
Sale of End-of-Life Vehicle	0.200	0.220	0.220	0.02
Income	0.100	0.296	0.296	0.20
Uniforms	0.154	0.047	0.047	-0.11
Travel and Expenses	0.059	0.081	0.081	0.02
<b>TOTAL</b>	<b>2.475</b>	<b>2.560</b>	<b>2.560</b>	<b>0.085</b>

**Prompt payment target-95% of suppliers within 30 days**

Cumulative performance is 97.5% for the period ended 31 March 2025.

# End of Report



Northern Ireland Ambulance Service  
Health and Social Care Trust





NIAS COMMITTEE ITEMS APRIL/MAY 2025

SPF – 10 April	CTF – 10 April	PCOD – 3 April	GARAC – 12 May
<ul style="list-style-type: none"> <li>• Performance Report (March 2025)</li> <li>• Finance Report (Month 11)</li> <li>• Overview of finance reporting &amp; suggested priorities for future SPF Meetings</li> <li>• Overview of strategic transformation initiatives &amp; suggested priorities for future SPF meetings</li> <li>• NIAS 2026-26 Strategy Development Process</li> </ul>	<ul style="list-style-type: none"> <li>• Charitable Trust Funds Procedures</li> <li>• Charitable Trust Funds – Financial Policy</li> <li>• Charitable Funds Finance Report</li> <li>• Update on Charity Commission Registration</li> </ul>	<ul style="list-style-type: none"> <li>• HROD Balance Scorecard</li> <li>• Absence Management</li> <li>• Employee Relations</li> <li>• Partnership Framework</li> <li>• PCOD Meetings going forward</li> </ul>	<ul style="list-style-type: none"> <li>• NIAS Direct Award Contract Register</li> <li>• Fraud Update</li> <li>• Counter Fraud End of Year Report 2024-25</li> <li>• IA Progress Report</li> <li>• Internal Audit follow up of recommendations</li> <li>• IA Shared Service update note</li> <li>• HIA Annual report 24/25</li> <li>• Internal Audit Strategy and Annual Plan 25/26</li> <li>• Global Internal Audit Standards</li> <li>• External Audit - NIAO Handover Report</li> <li>• Draft Annual Report and Accounts</li> <li>• Draft Charitable Trust Funds Trustees Annual Report</li> <li>• Review of Corporate Risk Register – progress update</li> <li>• Corporate Governance Code of Good Practice NI (2025)</li> </ul>
Next Meetings			
19 June, 18 Sep, 27 Nov, 5 Feb	18 Sep	12 June, 25 Sep, 4 Dec 12 Feb	24 June 2025 (Possible Teams Meeting) 9 October 2025



**Northern Ireland Ambulance Service  
Health and Social Care Trust**



**MINUTES OF THE PEOPLE, FINANCE AND ORGANISATIONAL  
DEVELOPMENT COMMITTEE HELD AT 9.30AM ON  
THURSDAY 13 FEBRUARY 2025 IN THE BOARDROOM, NIAS HQ**

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

**IN ATTENDANCE:** Ms M Lemon                      Director of HROD  
                                 Mr S Christie                    Interim Director of Finance  
                                 Ms S Beggs                      Manager of Chair and Chief  
                                    Executive Office  
                                 Ms L Turley                      Deputy Director HROD

**1 Apologies & Opening Remarks**

Mr Corrigan welcomed members to the meeting.

**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 – 28/11/2024 (PC13/02/25/01)**

The minutes of the previous meeting held on 28 November 2024 were **APPROVED** on a proposal from Mr Quinn and seconded by Mr Corrigan.

Mr Quinn commented on the poor quality of the minutes and late papers, he said papers being issued late prevent them from fulfilling their roles as NEDs, as they need time to review the papers.

Ms Byrne apologised for the lateness of papers and that some issues are beyond her control, however she recognises they shouldn't be late.

Mr Corrigan concurred with what Mr Quinn says, he understands staff are busy, but NEDs require time to scrutinise the papers. Collectively we need to ensure papers come out in a timely fashion. He hopes this will improve with the new financial year and new committee structure.

Mr Dennison was frustrated reading the papers the night before the Committee. Ms Lemon acknowledged the NEDs frustration and apologised for the lateness of papers. She added that it is not acceptable, and that Directors are trying to get into a better system and hopes the new Committee structure provides that opportunity.

Mr Quinn suggested a standard template for minutes. Ms Paterson acknowledged that minutes have not been to the same standard and Mr Watterson is looking into some training for staff.

Mr Corrigan said that routinely, Mr Christie will issue papers to him in advance of the meeting, and this is something we need to take forward to the new SPF C'ttee. He added that Mr Christie submits reports in such a timely fashion.

#### **4 Matters arising (PC13/02/25/02)**

There were no matters arising discussed.

### **5 Finance**

#### **5.1 Finance Report (Month 9) (PC13/02/25/03)**

Mr Christie presented the finance report for month 9 to 31 December 2024. The Trust is reporting year-to-date (YTD)



expenditure of £89.5m with an underspend of £1.3m 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. Contingency support of £1m retained by NIAS to implement new protocols for the end of shift handovers 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. Additional funding of £1.1m to support the Trusts capital pressures has been provided by the DoH. Forecast to break even in relation to capital expenditure.

Mr Corrigan welcomed the report which provides good transparent information. He commented that Month 9 is a continuation of what NEDs have seen over the last couple of months with no big changes.

Mr Christie indicated that there is no contingency for unplanned expenditure in the run up to the year-end we need to ensure we keep good control over next few months.

The extra capital is welcomed and Mr Christie assured the Committee that processes are in order to get payments in place before the end of the financial year.

Mr Quinn referred to the easements and what has been returned. NIAS were asked to find funding for the staff pay gap and is surprised by the opening figure for 25/26, when you compare it to the current year. He queried if handing money back will affect our opening allocation for the next financial year. Mr Christie responded that the 25/26 draft plan indicated the allocation SPPG have provided is a roll forward of what we received this year, before we handed money back. Mr Christie advised this will be discussed further under the item for 25/26 plan.

Mr Christie advised we have gained a lot of learning during 24/25 but there is a risk SPPG may request further savings for 25/26. NIAS are prepared for that scenario in 25/26. In 24/25 NIAS didn't plan enough in terms of recruitment etc, but we have now planned for that, and we can demonstrate that we utilise funds in full and

will continue to do so. However due to the current financial climate the risk still exists.

Mr Christie advised that there are rules around break even and it is difficult to manage budgets. All Trusts have the same issue and delivering an underspend of less than 0.25% of their allocations.

Mr Dennison referred to slide 9, where actuals and budget with IAS are balanced in August however there is a large variance by December. Mr Christie confirmed that was planned, when we realised we were underspending, we planned to utilise extra budget for IAS so that's why you'll see those diversions. In a normal year that would be cause for concern if it wasn't planned. Next year there will be an amended budget for IAS and the slide will not indicate a divergence similar to 24/25.

## 5.2 **Draft Financial Plan 2025-26 (PC13/02/25/04)**

Mr Christie presented the Draft Financial Plan 2025-26 which is an update to PFOD on the officer draft of the 2025-26 financial plan.

PFOD are asked to note the report, that it has been shared with SPPG on the 5 February 2025 and that will be presented to Trust Board on 20 February 2025.

Trust Board will be asked to formally agree for the draft to be sent to SPPG in order to aid further discussions.

Mr Christie advised the Committee of the time constraints to produce this draft plan which caused a challenge within all Finance departments to deliver.

He pointed out that Page one refers to the level of activity that NIAS deliver on a daily basis and sometimes that is forgotten about and is important to highlight.

Mr Christie also highlighted the issues with delayed handovers causing significant productivity costs to the system. Lost productivity was £13m and predicted to increase to £16m this year. This needs to be highlighted and articulated as much as possible as it is a huge cost to the system.

Mr Corrigan advised that other Trusts used to talk about work commissioned to deliver a number of services. We are now delivering above that and there is a gap there to negotiate with the Department. He asked if NIAS, as a trust, is commissioned to deliver a number of services, or is it just evolved over time and do the best we can with resources. Mr Christie confirmed that there was a bit of both, however he indicated that the commissioned hours/journeys are out of date and not reflective of the current environment NIAS is operating within.

Ms Paterson added how services are commissioned now is different and more based on outcomes.

Mr Quinn pointed out that it is interesting that there is £16m waste due to lost productivity. He has heard this being communicated to SPPG, DoH, Health Minister and the Health Committee, and wondered if the general public know how much is sitting there doing nothing as well as inefficiencies in the system. Mr Christie advised the more times we can say and rehearse and repeat, it may have an impact and change the status quo. Mr Christie is confident it will change.

Mr Christie referred to page two, last paragraph, alluding to the transformation programme and the impact it can have on emergency care services across NI and the importance of it being supported by SPPG and DoH. He has put this paragraph in to remind everyone of the risk of reducing our budget.

Mr Corrigan added that it is important to work closely with SPPG, part of that is building trust with SPPG and credibility and financial grip. If we are saying this is our budget and we can't hand back money, they may listen to us. Credibility and getting us in a robust position is important.

Mr Quinn said in the context of an ambitious transformation programme, we have to have alongside responsiveness, the ability to deliver on the transformation programme, e.g. the ops restructure. We need to demonstrate the delivery of these things to give confidence we can deliver.

Mr Christie reassured the Committee that business cases are all demonstrating our proactive and progressive approach to this. Over the last 9-12 months, some things haven't worked as quickly



as expected. Some have been too optimistic, and adjustments made which are reflected in the plan.

Mr Quinn advised that the Ops restructure needs to be part of a bigger picture and we have to demonstrate clear delivery, whether it is the clinical strategy, EPRR/HART, Culture, Ops restructure, reducing absence.

Mr Christie advised we are finding a way to deliver, the quantum of additional funding we have received is not small and a lot of change is required. The proactivity overall and progress is there and organisationally we are learning.

Page two lays out what SPPG have given us. That table is extant and doesn't have any indicative allocation around 25/26 inflation, pay awards, working time directive, national insurance. Mr Christie added that it may have been that SPPG were under pressure to get something out to Trusts and the timelines are not great.

Mr Quinn is concerned about these requests, seeking a response and having a cursory regard which need to be board approved. Mr Christie said that SPPG needed to get something back from Trusts regarding savings and impacts.

Mr Christie highlighted NIAS are a different scenario than other Trusts and we don't have a deficit funding, he has called out concerns NIAS have about the budget being consulted on regarding health and the impact this will have on patients, and it is important to feedback collaboratively the concerns about the entire state of the health service.

The savings plan target is £2.5 m recurrently. NIAS are still delivering savings non-recurrently. This will continue until the issue regarding delayed handovers is resolved

The £13 M workforce table on page six expresses how we will utilise this in 25/26. Last year the plans indicated we would utilise them in a certain way and we ended up with easements and changed plans. Whilst making progress in 25/26, it is still under development in relation to the full amount for paramedic provision and ops restructure, compensated by saying we will incur additional IAS next year, in a total of about £3 million.

Page 7 refers to a 5-year recovery plan, one of those pressures was the Ops restructure and the total cost is about £5m, just over £2 million is supported. For phase two we need funding from SPPG or deliver our own efficiencies to deliver.

HART capacity issues have been discussed at various forums and called out within the plan. We have engaged with DOH about capacity issues within HART and are developing a business case. Due to the concerns we have, the plan is requesting a further £0.5m next year to bolster up that team.

Mr Christie recommended PFOD approve the draft plan to be formally approved at Trust Board. He reiterated that he is recommending they are approving for it to be submitted.

Mr Dennison commented it is a really useful update.

Ms Lemon referred to ongoing ORH work and that NIAS have commissioned a UK benchmarking organisation who have an asset which is a modelling tool to scope out what level of front line resources are required to hit national response targets. Ultimately with all the new parameters and new ways of working, based on modelling, it will establish how we would position our resources to optimise our response times. There is a piece of work being done to provide evidence-based work, which will append on to the Ops restructure and create the plan we use to support necessary investment we might need to output our need to patients. There is another piece of research regarding how we optimise our resources day to day, which will come to the SPF C'ttee.

## **6 Human Resources and Organisational Development**

### **6.1 HROD Balance Scorecard (PC13/02/25/05)**

Ms Lemon presented the report which provides updated workforce metrics as agreed by PFOD. A summary narrative is provided for some of the key data.

Ms Lemon advised that interviews have been completed for the HR Deputy Director roles. Michael Riddell from NHSCT and Ms Laura Turley were successfully appointed.

Ms Lemon advised that Attendance has improved, and we continue to benchmark our performance within this. NIAS rates of levels of absence remain above some other Regional Trust we recognise we still have a way to go to make further improvements. We have maximised the deployment piece well. With each of the newly appointed Senior HR Advisors deployed out to the divisions to support us within this priority.

The NIAS Industrial Relations Partnership Working Framework will be reviewed going forwards. NIAS are meeting with TUs this afternoon to focus on joint working around absence but will also discuss the framework. The Labour Relations Agency have been helpful in advising on such reviews.

Ms Lemon advised on the employment law side that focus has been trying to close cases. Part of the work for improvement is to look at what the underlying themes are, what the culture is, i.e. why do staff feel like they need to raise a grievance instead of seeking leadership guidance. They are reviewing training for managers and the HR team in conflict resolution. Ms Byrne added this will be linked to the Ops management structure review.

Ms Turley explained there are some complex Employee Relations cases of a legacy nature going back quite a few years, which can become entrenched. We have focused to reengage these as a priority and we are moving into a space with the LRA to try and mediate and manage expectations with employees. Similarly NIAS are looking at conciliated agreements with Tribunal cases to try and clear.

Employers for Disability have agreed to work with HR Advisers, Managers, and TU Reps to enhance disability awareness and support

Whistle blowing cases are currently progressing and there are a few going through Formal Stage Panel hearings for finalisation.

Ms Lemon's team have reviewed Statutory and mandatory training compliance rates across NIAS. It is accepted that this is a priority area for improvement focus matrix. Ms Lemon discussed that it is recognised that some areas are not reflected, and a review of the content of Statutory and Mandatory training content will take place as part of a cross directorate working group. The Highlight report refers to mandatory training, which acknowledged potential



benchmarking with SEHSCT on how they sought to increase compliance. Suggesting piloting of an annual training day to cover all modules. Potentially as an overtime day for some staff to get through training or trying to build in monthly etc. The priority will be to explore this with Ops as it is appreciated that the release of staff to undertake training remains a challenge. They have been working on a compliance rates improvement plan, which SMT approved in January to make a targeted improvement.

Mr Corrigan referred to training and that it is difficult to release front line staff. He suggested co-ordinating the budget setting process to improve this i.e. if we are going to pay staff or backfill because they are released. Ms Lemon advised that as this work develops, a lot of the mandatory training will be online learning. When we get into the detail of culture we need qualitative education, we need to build in the resource. If we are serious about changing culture it is going to require investment.

Mr Quinn suggested caution that overtime to facilitate training doesn't become a staff expectation and that it should be built into the workforce plan.

Ms Turley added that year on year there is low compliance, and this can't be sustained. There are lots of other models to benchmark against to see what possible solutions we have.

The management/leadership capability included in the Ops restructure will require momentum to improve compliance.

Mr Dennison expressed concern that 40% uptake for mandatory training is really worrying and that our target should be 100%. Ms Turley explained this training includes different areas, some have different times of how often they need to be done and taking on board the availability of staff. She suggested 75% should be minimum but agreed compliance should be 100%. 75% is the improvement trajectory and we are trying to see what is achievable.

We are hoping to see a significant improvement in the next six months but need to have an element of realism. Mr Dennison advised that if something goes wrong then it will come back that the staff weren't properly trained.

Ms Byrne added that it is a balance of risk, and how we protect our staff to release them for training whilst dealing with operational pressures.

Ms Paterson advised we have looked at a plan submitted by SMT focusing on the key requirements and that's where the 75% came from. This week there was a discussion about substituting some training i.e. risk management substituted for front line staff to do MCA training instead.

Mr Christie had worked out the time required to complete the training, when the paper came to SMT. He calculated over a two-year period, it would be one day to complete the 10 core areas of mandatory training. He suggested one day overtime every two years to refresh their training is a reasonable way to achieve the compliance. Mr Corrigan queried asking staff to do mandatory training if overtime is voluntary.

Mr Quinn sought clarification on the figure for vaccinations and asked if there are any concernable change in the uptake rates, as there was a reported change in the way it is to be delivered. Ms Lemon is not aware of any concernable change. She suggested Ms Ruth Finn attending to talk and understand the uptake rates in more detail. Mr Quinn agreed this would be useful due to the specific focus at PCOD.

**ACTION: Ms Lemon**

## **6.2 Maximising Attendance Report (PC13/02/25/06)**

Ms Lemon reiterated her apologies for the lateness of the report. She presented the report outlining the key progress in the management of absence. The paper outlines key elements of improvement which include a corporate level downward trajectory in absence levels. It also outlines key priorities in the current year to consolidate and seek to sustain the related improvement. The report also contains an updated assessment of the project's delivery plan that was approved for the 2024-25 year by PFOD.

There is a dedicated project that Ms Lemon and Ms Byrne lead to manage absence. The group meet weekly and have delivered improvement. The Chair said at the last Trust Board meeting that

we are clear we have more improvement to do to address absence.

The team are focusing on what the info. is telling us i.e. hotspots and what the top 50 are. What is the outcome of the absence management process and how we apply an employment process and monitor those final review meetings. Ms Lemon highlighted there are some cases in a legal space requiring a different resolution pathway, for some individuals.

There is some improvement in the Southern region and still one or two long terms absence cases within legal space but should be resolved soon.

There was a redeployment piece, post covid, as some staff couldn't do their full role since COVID. They have either been redeployed or left the organisation. Employers for disability are providing guidance and it is our responsibility under the disability discrimination act, that we make reasonable adjustments. We are increasingly challenged as some of the occupational health adjustments are beyond what we can reasonably deliver and had to make some difficult decisions.

There are some people can't drive or work full time etc. We have to be a reasonable employer but there is a threshold which is presenting a challenge because we have made adjustments for some people but can't keep doing it.

Employers for disability support employers in the management of disability. They will help with decision making around disability. Now we can reasonably say that the adjustment is beyond what is reasonable.

Some allegations are that NIAS are not compassionate, and Ms Lemon is trying to get the balance of being compassionate but making decisions that are required.

Ms Ann Marie McStocker is managing occupational health and has SLA meetings set up. By the end of the year, we would like to demonstrate our performance in relation to KPI's.

We have had to push back with Occupational Health for better quality reports to enable us to better manage our absence. HR are



also looking at a proactive piece to identify trends and look at how we review staff health when they start in the organisation.

Mr Corrigan commented that in summary there is improvement but still work to do. The improvement has plateaued in the last few months but appreciates that every incremental improvement is going to be a hard fought. He suggested managers doing more work with OH referrals, with specific questions and being more direct, specific and focused.

Ms Lemon said that NIAS advisors were mostly agency however we have now got permanent advisors, some are based out in divisions or in HQ and working directly with managers.

Another important area to note is work focusing on work related stress. These cases used to automatically be referred to OH but staff now go through an assessment tool to identify the reasons, therefore by the time they go to OH, the work issues have already been addressed with a plan to manage it. Ms Lemon highlighted OH can't comment on people being referred based on work issues.

Mr Corrigan added that OH are there to give us advice, as an employer we decide about what is required.

Mr Quinn acknowledged the progress to date. He asked in relation to our ambition for the subsequent year, if there is a high level KPI moving forward, and how will that be communicated. Ms Turley responded that it is not an ideal figure across the region.

Mr Quinn said it would be good for us to have a workplan and goal for the end of 25/26 to work towards. He sought clarity on the principles that have been continuously talked about and how we have shifted this into a management issue. One of the charts showed the same hotspots. Southern Division has always been a hotspot for various reasons. Ms Byrne responded that they are reviewing some Operations Management JDs to focus more on leadership and development.

At the weekly focus meetings, Ms Lemon and Ms Byrne invite specific managers from regions to receive some accountability.

Ms Lemon referred to the point around ambition for next year and that the Delivering Value Programme last week discussed priority actions. They are seeking to see what that would look like and the

targets. As part of the Ops restructure, there is an improvement piece to deliver on that as well.

### **6.3 Organisational Culture Update (PC13/02/25/07)**

Ms Lemon presented the paper that contains a summary update of key actions since the last PFOD to increase capacity and work towards establishment of the Organisational Culture Programme. It further outlines proposals to formally establish the Programme Board and to hold a related workshop to get the programme board established. The focus would be to seek to draw out what we want to achieve from the board and progress success factors coming out of that.

The paper details the proposed members and suggests additional members, some of which are external. Now that the HR Deputy Director roles have been appointed they are looking at further support for Mr Turley in this area.

Bron Biddle attended Trust Board a few months ago and is going to provide two days a week dedicated to NIAS to focus on sexual safety as a critical piece on the wider culture piece. There is a reference working group meeting on Monday to include TU's and staff from all directorates. Ms Lemon added they are grateful for Mr Quinn's commitment to support and recognise it is important to have the voice of the Board.

Mr Dennison congratulated Ms Turley on her appointment.

Mr Quinn commented that this was a proposed strategic objective since December 2023, followed by a Board workshop with Mike Farrar in 2024 and momentum is required to progress. He added that if operational pressures are preventing these matters progressing the Organisation will struggle to develop. The Misogyny piece is a big corporate development for NIAS and there is a need to be open and receptive that other issues might emerge that need development.

Ms Lemon said this is the establishment of the programme. In the intervening period there has been a lot of work on the issues involved in this programme, a lot of that will inform the progress going forward. Membership is cross-Directorate and this is key therefore to gaining support across the organisation.

Ms Lemon is keen that the workshop has an output of a clear plan to describe what our high-level objectives are. Those objectives will include sexual safety and professionalism. Ms Byrne added that all directors attending will be helpful to provide a different lens.

Mr Corrigan said that the paper is good in terms of setting out the direction of travel and is keen to support that work. He is concerned that we don't have a date in the diary and trying to get all those that need to be there, is going to be difficult.

## **7 Operations**

### **7.1 Operations Restructure Implementation Plan Update** **(PC13/02/25/08)**

Ms Byrne apologised for the lateness of this paper and that NEDs didn't have sufficient time to digest. This paper provides an update on the progress of the Operations Management Structure Review, a key programme aimed at enhancing leadership, staff support, and operational effectiveness within NIAS.

While a substantive update was provided to PFOD in November 2024, progress since then has been incremental due to competing operational priorities and limited dedicated capacity.

Following a thorough assessment of these challenges and the identification of dedicated resources, the Trust is now in a position to increase the pace of delivery, with a structured plan to dedicate key personnel and resources to drive forward implementation.

Ms Byrne said that we need more workforce re-stabilisation discussions from groups of staff. At previous discussions, TUs referred to it as a transformation project and were not keen to encourage their members. Since the last meeting, SMT met with them, and they are now supporting the Ops structure review.

Ms Byrne is pleased to say there is now a dedicated resource approach. She has looked at the potentials and what the benefits and challenges would be and is conscious about concerns for colleagues to take on additional work. It is important this is NIAS led, it is a NIAS Project but led by Ops and others i.e. HR as appropriate.



Ms Byrne has recently appointed a business improvement manager, and she is reassured this person can lead and co-ordinate on this.

Mr Ciaran McKenna has agreed to be a project lead and is looking at his diary to see what his commitment could be. Ms Byrne plans to ensure Mr McKenna has one day dedicated per week. Ms Byrne is delighted Ms Turley is in her substantive post to build into the workplan. It was noted that Ms Paterson's team will continue to support.

Ms Byrne referred to the Implementation plan regarding the new structure design, workforce plan and TU engagement. There is a phased implementation of the new structure within 12-18 Months. She recognises progress is slower than anticipated but hopefully the Board is reassured with the plan in place, Ms Byrne is confident we will move forward at pace.

Mr Corrigan queried the additional resource and who they report to. Ms Byrne confirmed that the Operational Manager will report to her and the dedicated programme manager will report to Ms Paterson's team, Ms Byrne will be the SIO.

The Committee sought clarity on funding. Ms Byrne confirmed we only have funding for phase 1 and this paper details the phase one plan. Mr Corrigan added that we are in one-year cycles and therefore in funding for the next year.

Mr Christie advised there is £2.2 Million irrespective of when it is spent as it is recurrent funding, we have the funding to implement phase 1 in full. Phase 2 will require another £3 million to roll out.

Mr Corrigan asked if we are told we aren't getting any more funding do we have a robust / revised ops structure that we can work with.

Mr Dennison added that money hasn't been the driving force, it's having the refresh of our directorate.

Mr Corrigan would like some assurance at the end of phase 1 that we are able to have a good robust ops structure. Ms Byrne agreed to ensure that is built in.

Mr Dennison is concerned with the timeline, as there were discussions in 2023 that committed to this being in place. There is concern and risks that need to be fed back to Trust Board members as to why this has been lengthier than anticipated.

Mr Quinn appreciates that there will now be dedicated resource, but more detailed reporting will be important to provide assurance to the Committee and Trust Board.

**8 Revised Terms of Reference for:**  
**PCOD (PC13/02/25/09)**  
**SPF (PC13/02/25/09)**  
**Charitable Funds (PC13/02/25/09)**

The revised terms of reference of the following Committees constituted by Trust Board are tabled for review and approval:

- The People, Culture and Organisational Development (PCOD) Committee
- The Strategic Performance and Finance (SPF) Committee
- The Charitable Trust Funds Advisory Committee (a sub-committee of the SPF Committee).

The revised ToR were approved in principle at ARAC and presented today for discussion, if required.

The Committee asked that the implementation of the new structure should ensure roles don't overlap.

Members are invited to review and provide feedback to the ToR. Papers for Trust Board are being issued today. However, there will be opportunities to refine or augment in the future. All ToR are due to be reviewed annually.

Mr Corrigan added that all ToR were tabled at ARAC but is conscious that it is up to each C'ttee to go through them also. Behind the ToR, there is a workplan for Chairs to meet with Directors about what the plans going forward are and where all the work needs to be done.

Mr Corrigan queried where the Ops Restructure will sit as it has HR, financial and Operational implications.

Ms Paterson advised that the Board assurance framework should articulate the elements, and it's about working with the C'ttee chair in how we use the framework to incorporate priorities and risks. There will be meetings set up with the relevant Director, C'ttee Chair and Mr Henry.

## 9 Any other business

### 9.1 Update on Industrial Relations pay dispute

Ms Lemon updated the Committee that NIAS are still operating in ASOS Context. We had previously discussed with Trust Board about a strategy to resolve this led by DoH.

There is an issue regarding safe staffing and the Chief Executive and Chair have raised this with the Perm Sec as it disproportionately reflecting on us. We understand that when the Perm Sec met with TUs he asked for ASOS to be taken off the table but it was rejected.

### 9.2 Update on Senior Executive Recruitment

There has been meetings in the last number of weeks with Korn Ferry and we have brought in associate support from the leadership Centre to support. The Perm Sec has given a commitment that NIAS be a priority within this.

## 10 Next meeting:

PCOD 3 April 2025, 9.30am

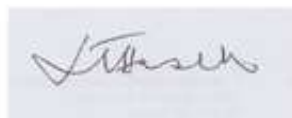
SPF 10 April 2025, 9.30am

Charitable Funds 10 April 2025

NIAS Headquarters, Boardroom

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

**SIGNED:**



**DATE:** \_\_\_\_\_ 3/4/25 \_\_\_\_\_





# Northern Ireland Ambulance Service Health and Social Care Trust



## MINUTES OF THE SAFETY, QUALITY, PATIENT EXPERIENCE AND PERFORMANCE COMMITTEE HELD AT 9:30AM ON THURSDAY 30 JANUARY 2025 IN THE BOARDROOM, NIAS HQ

<b>PRESENT:</b>	Mr D Ashford	Committee Chair
	Mr P Quinn	Non-Executive Director
	Dr P Graham	Non-Executive Director
<b>IN ATTENDANCE:</b>	Ms L Charlton	Director of Quality, Safety & Improvement
	Mr N Sinclair	Chief Paramedic Officer
	Ms R Byrne	Director of Operations
	Mr N Ruddell	Medical Director
	Ms S Beggs	Temporary Board Secretary
	Ms C Hanna	Lead Pharmacist
<b>APOLOGIES:</b>	Ms R Finn	Assistant Director of Quality, Safety and Improvement
	Mr R Sowney	Senior Clinical Advisor

### 1. Apologies & Opening Remarks

The apologies were noted.

The Chair welcomed members to today's meeting.

The Chair welcomed and noted the attendance of Catherine Hanna.

### 2. Procedure

#### 2.1 Declaration of Potential Conflict of Interest

No declarations were made.

#### 2.2 Quorum

The Chair confirmed that the Committee was quorate.

## 2.3 Confidentiality of Information

The Chair confirmed and emphasised the confidentiality of information.

## 3. Previous Minutes

The minutes of the previous meeting on 21 November 2024 were discussed by the Committee. Ms Charlton advised she has some contextual changes to make.

Mr Quinn has noticed a change in the quality of minutes and highlighted the importance of the narrative being accurate. He requested that the standard of the minutes be reviewed. Dr Graham agreed.

Mr Ashford suggested recording the minutes via MS Teams. Dr Ruddell advised that a number of groups already do this with the understanding that it is used as an aide-memoire to generate the official minutes after which the recording is deleted.

Ms Charlton acknowledged that minutes were not of the same quality and recognises the points that the Committee members have made. She is aware that colleagues have been covering in Ms Mooney's absence and may have difficulty interpreting some of the complex discussions. Ms Charlton hopes to see an improvement going forward now that Ms Beggs has taken up the role temporarily.

The Committee **AGREED** that these minutes should be considered further by Executive Directors and circulated to the Committee Chair to approve. It was agreed that this should be done as soon as possible rather than waiting until the next meeting.

**ACTION: Ms Charlton**

## 4. Matters Arising

RQIA Comms re: independent ambulance services.

Ms Charlton has written to the regulator regarding independent ambulance services. The RQIA have responded to say they don't

cover independent ambulance services, but they do intend to inspect us in relation to governance and assurance of independent services. Ms Charlton has met with Mr Quinn in the meantime and discussed the concerns. NIAS will commit to taking part in the inspection and feel it is important to keep this on the agenda. RQIA will carry out the review. Ms Charlton continues to keep SMT updated, and Mr Bloomfield is going to discuss this matter with other Trust CEx's before responding. Ms Charlton agreed to keep the Committee updated.

**ACTION: Ms Charlton**

Mr Quinn added that one of the outcomes of a review would be a change in regulation and we should propose an outcome of inspection.

Mr Quinn referred this to internal audit, and whether this is a specific risk for NIAS and if IA can come up with a similar evidence that strengthens the case.

Ms Charlton confirmed this is on our risk register.

Ms Charlton thinks it would be difficult to do both inspections concurrently and has asked BSO IA to do an inspection, and that we need to do whatever we can to keep assurance around services and public protection.

Mr Quinn predicts there may be a wait as he recalls a conversation with someone from RQIA regarding a lack of capacity.

Ms Charlton agreed we could be waiting some time. We have had no unannounced inspections since 2019.

Dr Graham referred to the programme work for next year, and that there is some flexibility for this matter to be included next year. It is important that we go ahead and do an Internal Audit as it sets a benchmark against the rest of the sector and sets us in a good light.

Ms Charlton referred to the priority findings, and as the Director responsible, she would push hard against limited, limited would be a stretch but hopefully it would be a satisfactory outcome.

Dr Graham suggested it may be worth having a conversation with Catherine McKeown to see if this is an option and to send a signal that we are considering. Mr Quinn referred to the scope of the



organisation and what NIAS have done thus far is good, but it is out with the regulatory framework.

Dr Graham said it would be good for NIAS to set the benchmark for this.

Ms Charlton advised that the attendance at the meetings is varied since the letter, for a commissioning perspective.

The following actions were agreed:

Dr Graham will speak to Catherine McKeown, Head of IA.

Ms Charlton will speak to Mr Bloomfield to liaise with CEX's.

Ms Charlton agreed to wait for the outcome of the discussion with Catherine McKeown before responding to the letter.

**ACTION: Mr Graham/Ms Charlton**

#### Update re: MPox

Ms Charlton referred to the last meeting and discussions about the guidance would advocate a HART response to incidents. However, there are concern regarding our capacity to facilitate this.

There have been 7 Mpox cases, 1 in the UK, which are all associated with travel. In terms of NI the risk is low, there have been no confirmed cases of Mpox 1 in NI. Ms Charlton advised the Committee that NIAS were asked to assist in a case of a patient who travelled from Dubai, and it was felt it was important for the patient to be transported for testing. HART were able to deploy on this occasion. We intend to engage with the PHA and DoH that NIAS require their support, formally. There was an Mpox regional exercise earlier this month, with formal visits to strengthen relationships. There has been formal recognition from PHA that NIAS require support. The IPC Team are currently providing face to face training regarding the PPE required for Mpox. Guidance has gone out, which staff sign when completed.

There is a meeting on 21 Feb to go through the regional desktop exercise. Mr Bloomfield raised the capacity issue at the recent Mid-Year Accountability meeting and the Permanent Secretary is aware of the detail regarding a lack of capacity to respond to HCID's.

Ms Byrne continues to engage with Chris Matthews regarding the risk of capacity within the current funded establishment of the NIAS

HART Team, who is very supportive of the approach which will inform a business case. She has created a position paper regarding the specialist response capability, HCID is reflected in that paper and identifies the gap between current NIAS establishment against the national guideline standards regarding the HART team size to transfer MPOX patient.

Mr Ashford sought clarity that NIAS was working within interim arrangements to mitigate risk based on current awareness of Northern Ireland position on MPOX status.

Ms Charlton responded that whilst our risk remains low, if we felt it was to become more of a risk, we would arrange a group to oversee, we have put in all the measures we can to mitigate the risk.

### EPRR

Ms Byrne confirmed she wasn't at the last Enhanced meeting with Mr Ashford, which Ms Sharpe attended in her absence.

There was an updated paper for the planned meeting in January, however the meeting was stood down as NIAS were in REAP 4. Ms Byrne has requested a new date for the enhanced meeting in advance of Trust Board on 20 February.

There are numerous recommendations for EPRR to consider from a range of reports and organisations, including but not exhaustively AACE, Manchester Arena Recommendations, Internal Audit recommendations etc.

Summary of AACE in particular - 64 AAC recommendations across AACE 1 & 2 reports. Within the AACE 1 Report, there are 45 recommendations (which have been prioritised). Five of these are complete, 23 ongoing with agreed implementation dates and seven commenced but reliant on external agencies input.

A B.I dashboard has been developed to report, track and monitor progress against a range of recommendations both internal and external to NIAS, and will afford the opportunity to provide updates and reports to SMT and Committees as appropriate moving forward. There were detailed papers prepared for the meeting that was stood down in January, these will be updated, and the

opportunity offered to Committee / NED colleagues to demonstrate the dashboard.

Since the Corporate Risk Register was approved at Trust Board in October, there are two risks, 761 (HART capacity) and 833 (ability to respond to HCID) added to the Corporate Risk Register. Capacity within EPRR has been de-escalated from the Corporate Risk Register to Directorate Risk Register.

Ms Byrne confirmed that the TST (Ten Second Triage) & MITT (Major Incident Triage Tool) were completed as part of the CCE training.

Ms Byrne is pleased to advise the Committee that Ms Angela Vinyard's post, as a subject matter expert from YAS had previously been agreed until the end of March 2025. Ms Byrne has now secured agreement for an extension for 25/26.

The NIAS Operations Continuity Business Plan was finalised and published in November 2024.

During 2024-25, to date, five courses have been delivered in Joint Emergency Services Interoperability Principles (JESIP) Commander, this is a one-day multi-agency training course, that 36 staff members attended.

JESIP training is now available online for all staff and to be included in the mandatory training requirements. It has been recognised that the uptake has been low.

The EPRR Clinical Education Days commenced on 10 September 2024. As of yesterday 502, staff attended from across divisions including EOC. There are further dates scheduled for early April 2025 onwards.

Ms Byrne updated the Committee on the number of open recruitments within the team. There were two vacant EPRR Officer posts, due to a member of staff retiring and another staff member taking up another post externally. One post has been filled and the other to be in post in the coming weeks.

Ms Byrne has ongoing one to one meetings with Chris Matthews, DoH Director, for upward discussions and escalation within the



Department. The position paper remains a live document. Currently version 1.7 of the Specialist Response Capability paper with focus on HART capacity.

AACE have offered assistance to support the business case for EPRR based on their subject expertise. Ms Byrne has a meeting arranged with Mr Paul Woodrow to progress.

EPRR was a significant agenda item at the recent Mid-Year Accountability Meeting between the Permanent secretary, NIAS Chair and Chief Executive. They discussed EPRR / HART capacity challenges which was further reinforced by the issues associated with HCID, including the specific requirements for Mpox. The Perm Sec was aware of the recent potential incident and the fortunate circumstances that a HART team on the date of potential incident the team had just completed a training day so could muster the required team of 4 HART Paramedics. Colleagues are aware if the training day was not ongoing the position could have been very different.

Mr Bloomfield updated the Perm Sec on ongoing discussions with DoH and suggested that the business case will identify the preferred and affordable option, it is likely to take 2-3 years to recruit and train, and NIAS are keen to seek agreement before the end of March to at least progress with year one expansion next year, while longer term funding is considered.

Mr Bloomfield has agreed to write to the Perm Sec about this based on an outcome of a latest meeting Ms Byrne had with Chris Matthews last week.

Ms Byrne advised the Committee that NIAS HART have been shortlisted as finalist in the inaugural 'Northern Ireland Blue Lights Awards', within the 'Resilience and Learning from Major Incidents' category. The ceremony is at the end of February.

Mr Ashford sought further clarification regarding the version 1.7 of the specialist response capability plan. Ms Byrne advised that Option two is the national model, and a phased approach would be more favourable. Mr Ashford recalled the discussion at Trust Board and that the Board are supporting the request to establish the same capability as everyone else in the UK. There is a strong

view that NI should have the same level of service as everyone else in the UK.

Mr Quinn acknowledged the impact of the recent significant service pressures. Non-Executive Directors were made aware of the early alerts during December and January. Ms Byrne referred to the recent storm and the impact it had on NIAS from a planning and EPRR perspective. The PSNI called a major incident, and it was 'all tools down' in Ops to be present at gold command. Based on the initial amber warning NIAS setup internal response structure led by NIAS Strategic Commander. Following PSNI declaring a major incident using the joint decision-making model, NIAS declared a critical incident.

There was a lot of learning from the incident and Operations are preparing a de-brief next week.

Mr Quinn responded that the storm was specific and sought clarification, in relation to culture and practice, and organisationally whether NIAS should take a right based approach. What does NIAS believe is the ongoing impact of service pressures, as it is getting worse. This type of service pressure incidents seem to increase and is there anything else NIAS should be doing. Ms Byrne referred to the briefing for the recent Mid-Year Accountability Meeting, which was very clear about the impact on handovers, elderly and vulnerable patients etc. NIAS have escalated handover delay concerns at the highest possible levels.

Mr Quinn felt it was important to raise this at a forum like this. Ms Charlton added that part of the issue is we can't get people out of hospital. For example, there are 527 patients declared medically fit, over 200 of these are in excess of 48 hours.

Ms Byrne referred to an email received today from the Chief Nursing Officer, inviting staff from the Trusts to a full day workshop on 4 March. The workshop is a clinical event to discuss the learning from Winter. The regional workshop is one of a series planned to develop system wide plans in advance of winter 2025 and beyond.

## ICH

Mr Sinclair plans to provide updates on the continuation of training every six months. Mr Sinclair to provide an update at the next Committee.

**ACTION: Mr Sinclair**

## 5. Standing Items

### (i) **Identification of Risk**

Ms Charlton referred to Cat 1 releases and the processes we have in place in NI for cat one's, if we have no ambulances to send. Ms Charlton intends to bring a paper to the next Committee Meeting to provide high level assurance.

**ACTION: Ms Charlton**

Ms Charlton referred to January 2023 failed CAT 1 responses, and that some don't hit the definition of what that is. There is more required in terms of defining what they are. There is an SOP in place, the last one was in December and the clear process helps us to see if it is our own process or external as the contributing factor. There were 38 incidents that fit our threshold for Cat 1 failures. Ms Byrne has contacted Directors of acute in all geographical Trusts to agree a governance forum to discuss issues including e.g. "failed Cat 1 release, learning from sats etc. To agree a meeting cycle, identify any themes and have clear processes in place to share learning

Mr Ashford commented that at this stage NIAS need to identify if it is a corporate risk or a directorate risk and provide assurance if there is any learning for us.

Ms Charlton added there has been a comprehensive review and NIAS have learned from this, including learning within the control room.

## 6. **Pharmacy Biannual Report**

The Chair welcomed Catherine Hanna to the meeting to provide an update on KPIs and key reporting areas.

She advised there is a new version of PGDs that have just been completed. There is a need for face-to-face education to improve



things. We need people in a room for us to understand the legislation and practice for PGDs, and generally understanding the law better.

There was only one remaining recommendation from the regulator to action which should be completed by the end of March.

This action is in relation to gases, which is an ongoing issue and taking longer than expected to resolve. The issues relates to the accuracy of the gauge on cylinders, which is a product issue, and the team is working with Mr Nick Henry around the risk involved. If a cylinder incorrectly indicates too high a volume remaining, then there is a risk that the cylinder might run out while caring for a patient, but there is mitigation in that all vehicles carry more than one cylinder at a time.

Mr Ashford commented that overall, it is a fantastic reduction in recommendations. Ms Hanna added that our relationship with the regulator is in a much better place than a couple of years ago.

Ms Hanna referred to errors relating to inaccurate recording of medicine doses in the EPCR. Initial investigation suggests that these are entry errors rather than incorrect doses being given, and work is underway to review the EPCR system in an attempt to make it more difficult for staff to enter a value which is clearly incorrect. Staff are not aware that they can review and amend records right up to the patient being handed over at which time they become electronically finalised. The team are working with the REACH team to improve processes for ensuring legal records are correct.

Mr Ashford responded that hopefully there will be an improvement next time this is presented.

Mr Quinn recognised the progress albeit education and communication are still required to ensure processes are correctly followed, particularly when this has been raised by the audit. In terms of rectification of these issues, Mr Sowney had previously discussed a culture professionalism and clinical care within the Organisation. Mr Quinn recognised that Ms Hanna has already interfaced with those engaged in this process. Mr Quinn suggested that he has a further discussion with Ms Hanna.

Dr Graham queried what Pentrox is. Ms Hanna advised that it is a painkiller which is supplied as a liquid which then evaporates and is breathed in by the patient, providing rapid and effective analgesia. Dr Ruddell added that this was often used in place of the larger Entonox gas cylinders and that NIAS was the first UK Ambulance Service to introduce it.

Ms Charlton added the audit has helped us understand that whilst there are skewed figures, the public reading the report might question if any patient came to harm. There is no evidence of this being raised through either the medicines audit or other processes such as untoward incident reporting, but a technology change would be useful to prevent inaccurate recording of doses administered.

Mr Quinn referred to the level of medicine incidents, and that there has been a couple of SAls since Ms Hanna started. The Rapid Review Group has noted a very small number of clinical incidents relating to medicines administration, with most audit findings relating instead to simple errors of documentation which are subsequently followed up by station management staff.

Dr Ruddell emphasised the importance of education and staff understanding the legislation around the recording of controlled drugs in particular. It was noted that clinical staff, particularly those who pre-date the current education process, are not necessarily trained in drug calculations although there is an education plan which does allow for medicines management.

Ms Hanna advised that we are not currently reviewing the HEMS PRFs which have switched from paper to the Mobimed system, and the Pharmacy Team do not currently have the capacity to retrieve the records manually.

In relation to the RFID regional business case, there is a regional approach to deliver on this. The team are trying to make sure we get a system that can be expanded to include tracking of other assets. Ms Hanna is meeting with Jonny Marcus, as the system needs to suit everyone.

Vodafone have a potential solution, and this was discussed with them on Tuesday. Dr Ruddell had also explored a similar system in use by St John Ambulance.

Mr Quinn queried if it would be useful to include the SAls in this report to provide more assurance. The Committee agreed. Ms Hanna agreed to add in and record for every paper.

**ACTION: Dr Ruddell/Ms Hanna**

Ms Charlton added there has been significant learning from those that were identified e.g. adrenaline and changes to try and mitigate against staff using the wrong medication.

The Committee **NOTED** the paper and agreed it was very reassuring.

## 7. ICH 2024 Overview

The Committee **NOTED** the paper.

Over the past 12 months there has been a significant effort to grow the NIAS hear and treat function within the Emergency Ambulance Control. This has led to an increase in capacity and capability in treating more patients with additional clinical lead triage, reducing the need to send and ambulance response.

The PowerPoint presentation that Mr Sinclair provided covers the activity and developments over the past 12 months.

Mr Sinclair elaborated that the team are looking at governance and whether it is it effective and safe. NIAS are below the UK standard approach and the team are considering the implementation of a new model.

The next steps is to look at how many more callers we can push towards the ICH. Stacks are big and playing a marginal game. Mr Sinclair will keep the Committee fully sighted.

Mr Ashford commented this is a fantastic improvement and it's making a difference in stacks. Mr Sinclair added they are really monitoring the stack to review historically.

Mr Quinn referred to the **Autopush** pilot. Mr Sinclair confirmed they hope to identify more patients that are safe to push towards ICH (above cat 5). This is the same process as Scotland, and is a



modern way to look at this, in terms of there being a lot of patients that don't need ambulances.

Ms Charlton referred to recent media articles in relation to patients self-transporting due to no ambulances available, and some have got to hospital quicker than waiting on ambulance but have arrested at the door of the hospital. The team are looking at those cases who are self-transporting who wouldn't usually.

In relation to ASOS, it is difficult for ICH at shift changeover, and they need to look at considerably how ASOS is affecting patient safety. We have a responsibility of sharing that picture that ASOS is a contributory factor.

The Chair commented that overall, it is a very positive picture.

## 8. NIAS Clinical Governance

Mr Sinclair presented the paper and explained there is currently an opportunity in NIAS to reframe how we review, discuss and report on clinical governance. There have been multiple clinical developments within NIAS in recent years developed in parallel with standard practice.

The aim of this new group, now that we have the resource in place and data to discuss, is to provide a quarterly review of clinical practice/improvements, then scope how this is being governed and we can be assured there is appropriate governance to support this practice.

This would then be reported quarterly to the NIAS Safety Committee.

Mr Ashford welcomed the development and sought clarification on the high number of attendees and whether the quorum can be any of the 12 members. It was suggested the meeting should be on MS Teams due to the high number of attendees. Ms Charlton added that it is such an important group it is hard to identify anyone that shouldn't attend.

Mr Quinn pointed out that the numbering is incorrect in section 7. Mr Sinclair agreed to update the paper and re-circulate.

**ACTION: Mr Sinclair**

The Committee **APPROVED** the ToR with the expectation that it will be developed and updated.

## 9. Environmental and Vehicle Cleanliness

The Committee **NOTED** the paper.

Ms Finn presented the report which provided the NIAS SQEP Committee with an update on the EVC Team, the EVC service to the organisation and the Key Performance Indicators (KPI) for EVC for the period April 2024 to Dec 2024.

This paper detailed:

- The Audit programme and process for EVC audits
- The KPIs for all audits undertaken and the performance against these
- Challenges to the completion of audits during Q1 and Q2 are explained and assurance re Q3 performance and predicted future performance is provided
- Plans for future work with the fleet team to improve processes are described.

Ms Finn added there isn't a lot to highlight, the service is in a stable position. There were issues last year due to retention and recruitment, but the data shows the audits that we were not able to complete have now been completed, which is attributable to those new post holders in place.

The Committee agreed good progress has been made.

Mr Ashford highlighted the issues regarding vehicle cleanliness and seats. Ms Finn advised this remains an issue however, there are better processes in place to improve.

## 10. Quality and Safety Improvement

The Committee **NOTED** the paper.

Ms Finn presented the paper which provides the NIAS SQEP Committee with an overview of the key points and progress related

to the NIAS Quality Strategy (2023) and provides an update on other Safety and Quality Improvement initiatives within NIAS. Processes for governance of assurance in relation to and progress against the strategy are described.

Ms Finn advised there are a number of committee structures to support the delivery of the strategy, including 17 projects. The Strategy runs to 2026. There is an oversight group via the AD Forum. There is accountability from each directorate to underpin their responsibilities for the delivery of work. Project leads are brought together in groups and report what their trajectory of improvement is and puts a marker down to what others are achieving, e.g. healthy competition. Attendance is challenging at times, going forward, we want to work on getting attendance improved.

The metrics for projects are less tangible and it is difficult to evidence what the metrics of improvement are. Some have defined and some haven't, therefore work is ongoing for general improvement.

Monitoring is mostly by self-assessment, which there is pros and cons for. This is the first time we have done this and are respectful of staff, but we need to hold those to account in order to go back to the public on what we've achieved. We intend to have a workshop to set out what we plan to achieve and how.

Ms Charlton referred to the goals and the public facing document. We are improving our medicine management governance. Ms Hanna confirmed that the regulator is satisfied, however we need to get into a room, face to face and re-stock regarding how we get assurance to the committee and reassure the public.

Mr Quinn alluded to the Patient Safety Framework and that there was one meeting in December. He queried how it would work and that it may be hard to implement in a single organisation level. Staff surveys were missing and how do we measure patient safety from culture. Ms Finn confirmed she will attend these meetings going forward. Each organisation will commit to being part of a process and we will work together.



Mr Quinn suggested Ms Finn links in with Ms Lemon who is going to do a staff survey re: culture and what learning / actions can be taken from it.

**ACTION: Ms Finn**

# **11. Infection, Prevention, Control Update Report**

The Committee **NOTED** the paper.

Ms Finn presented the paper which updates on the Trust performance in relation to:

- Hand Hygiene compliance
- PPE compliance
- Environmental Cleanliness auditing
- Management of alert organisms and outbreaks
- Preparedness work
- IPC E-learning

Hygiene and PPE continue to experience results lower than the KPI set. There are lots of reasons for this e.g. compliance below the elbow, watch or long nails. These issues need addressed and will be put into the Ops restructure, as that team leading this approach will be instrumental. IPC have secured funding to work with Queens to do some swabbing and a study, once we get these results, we will establish how we use these results to influence staff.

Ms Finn elaborated that the IPC Team have got a slot at the University to influence staff on hygiene whilst they are students before practicing.

There is a fairly robust audit cycle, and the IPC team are spending time with staff on the ground.

Mr Ashford agreed that the gloves and hand hygiene is important and welcomes the Queens research to underpin the evidence. He asked if there is similar evidence or a specific standard in NI not measured in the rest of the UK in relation to second step hand washing, as in the UK they don't measure that aspect of it.

Ms Finn responded there is a lot of debate whether it is important, and it is difficult to argue. Mr Quinn added that it is part of the

policy and why are staff not adhering to the policy, which again comes down to culture. He asked if there is an emphasis on leadership within the Ops restructure and the competencies required to focus i.e. leaders believing in themselves.

Ms Finn confirmed that those individuals who are not compliant would be shared with their line manager, if the same name kept arising, further steps would need to be taken. If we get the new Ops structure implemented, it will assist. Ms Charlton added there is a lot of work to do around innovative approaches.

Mr Graham arranged for Ms Julia Wolfe to attend a meeting on Monday regarding research and innovation. The College are keen to work with her on their bio side.

Mr Ashford concluded that every time we see these audits, we aren't seeing results. Ms Julia Wolfe has done some hand hygiene work, there is lots happening but not translated into results.

## **12. Patient Care Service – Update Report**

The Committee **NOTED** the paper.

This report provides an update on the current position within the Trust, for PCS service in relation to performance and ongoing improvement work from 1 April 2024 to 31 Dec 2024.

Current managerial arrangements for PCS are described with performance metrics provided and explained.

The ongoing programme of improvement is detailed with key achievements highlighted.

There are three areas of improvement: absenteeism, planning model and changes. Overall, 98% demand is being met within the activity in non-emergency journeys.

The PCS activity is important, and it is up significantly even when the number of staff is down. There are 5500 more journeys from last year to this year.

There is a graph to test the new rota pattern and reduced taxi usage. The reduced taxi usage doesn't always land well and is reflected in the number of complaints received. For example, there was a complaint yesterday regarding a patient's transport being changed from taxi to vehicle. The team are doing everything they can to mitigate against it. Mr Neil Gillan is involving individuals to see if there is something better, we can do as we can't go back to single taxis.

There are two outstanding audits for 2019, but hopefully we have enough evidence to show these recommendations have been implemented by the end of the year.

In relation to the Ops restructure, there is a new AD post, interviews are taking place tomorrow. Other roles are being evaluated i.e. Team lead supervisor, Sector lead and schedule lead.

The Cancellation graph (Patient experience) is significantly down to 260 per month.

There have been a number of actions regarding staff engagement. We are developing a newsletter to include improvements made. TU's have been engaged from the outset and supportive in many ways.

Mr Quinn added that the posts within the management structure are new and will need support.

Mr Ashford noted there are some significant improvements and it is reassuring to see.

### **13. Date of next meeting**

The next Committee meeting will take place on Thursday 24 April 2025 at 9:30am in the Boardroom, NIAS HQ.

### **16. Any Other Business**

#### Clinical education

Ms Hanna advised NIAS are moving to more face-to-face training; the programme is being coordinated centrally to determine how medicines management will fit into the proposed training plan.



Mr Quinn referred to training and asked whether Pharmacy deliver the training or whether it is via a train the trainer approach. Mr Quinn also asked if there is anything in the training for particular medicines. Mr Sinclair advised it is more around the legislation and responsibility rather than the physical administration of drugs.

Mr Ashford referred to Mr Paul Woodrow doing a sense check, Ms Byrne agreed to follow up with Mr Woodrow.

**ACTION: Ms Byrne**

#### Engagement with LAS

Ms Charlton attended a helpful meeting with SPPG and Dean Sullivan from RCC. SPPG are organising a visit with CMO and CNO to a hospital in London to understand how their model could work in practice in NI. There is quite a bit of concern about corridor care given the level of escalation and RCN front line staff. NIAS aim to do a quality corridor care audit.

The team are also looking into patients over 75 waiting more than eight hours, as they are at an increased risk of harm. They intend to seek further discussions to get paramedic feedback for their experience at the back of an ambulance.

Mr Sinclair agreed with this and added that we need to make sure we have a balanced approach and make sure we are heard.

Mr Quinn suggested doing a comms piece in relation to this, it is good to have good information and data about paramedic's experience. The paramedics are advocating on behalf of patients, which would be extremely Powerful.

**THIS BEING ALL THE BUSINESS, THE CHAIR DECLARED THE MEETING CLOSED AT 12:30PM**

**SIGNED:**  \_\_\_\_\_

**DATE:** 24/4/25