Agenda

1 Welcome, Apologies & Declarations of Conflict of Interest

For Information

Apologies from Phelim Quinn, Jim Dennison and Dr Ruddell

2 Minutes of the previous meeting held on 15 May 2025

For Approval

2 - Trust Board mins 15-05-25 draft.pdf ***Page 1***

3 Matters Arising

For Noting

There are no matters arising from the last meeting

4 Chair's Update

For Noting

5 Chief Executive's Update

For Noting

6 AACE Presentation: Violence and Aggression

For Noting

Adam Hopper and Clare Barnham attending for this item

6 - 01 - TB Cover Paper AACEs Violence and Aggression Presentation.pdf ***Page 14***

6 - 02 - AACEs Presentation - Violence and Aggression.pdf ***Page 15***

7 Corporate Risk Register

For Noting

7 - 01 - TB Cover Paper Corporate Risk Register Summary June 2025.pdf ***Page 40***

7 - 02 - Corporate Risk Register Summary Report June 2025.pdf ***Page 41***

8 Performance Update

For Noting

8 - 01 - Board cover paper_Trust Performance Report.pdf ***Page 52***

8 - 02 - Trust Performance Report May_25.pdf ***Page 53***

9 Committee Business

For Information

9.1 Summary of items listed at C’ttees since April

For Noting

9.1 - SUMMARY OF C'TTEE ITEMS.pdf ***Page 94***

9.2 Committee/TB Forward Work Plan

For Noting

9.2 Trust Board and Committee Forward Work Plan 2025-26.pdf ***Page 95***

10 Any Other Business

- Committee ToR on website (SB)

11 Date & venue of next meeting:

28 August 2025 at 09.30am in the Boardroom, NIAS HQ

Invitees

Mr. Dale Ashford

Stacey Beggs

Ms. Lynne Charlton

Mr. Paul Corrigan

Mr. Jim Dennison

Ms. Leahann Donnelly

Dr. Philip Graham

Ms. Michele Larmour

Ms. Michelle Lemon

Mr. Seamus Mullen

Ms. Maxine Paterson

Mr. Phelim Quinn

Dr. Nigel Ruddell

Mr. Neil Sinclair

Northern Ireland Ambulance Service Health and Social Care Trust

Minutes of NIAS Trust Board held on Thursday 15 May 2025 at 10.35am in the Boardroom, NIAS HQ, Site 30, Knockbracken Healthcare Park, Saintfield Road, Belfast BT8 8SG

Present:	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
	Dr P Graham	Non-Executive Director
	Ms M Paterson	Chief Executive (Interim)
	Mr N Sinclair	Director of Operations (Interim)
	Dr N Ruddell	Medical Director
	Ms M Lemon	Director of Human Resources & Organisational Development (HR & OD)
	Ms L Donnelly	Director of Finance (Interim)
In Attendance:	Ms L Charlton	Director of Quality, Safety & Improvement (QSI)
	Mr S Mullen	Director of Planning, Performance & Corporate Services (Interim)
	Ms S Beggs	Temporary Board Secretary
	Maria Garland	Operations Business and Performance Manager (attended as an observer)

1 Welcome, Apologies & Declarations of Conflict

The Chair congratulated Mr Mullen on his recent appointment as Interim Director of Planning, Performance and Corporate Services and welcomed him to the Meeting.

The Chair also welcomed Ms Garland, Operations Business and Performance Manager, attending the meeting as an observer.

The Chair noted there were no 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.

2 Previous Minutes (TB15/05/2025/01)

The minutes of the previous meeting held on 26 March 2025 were **APPROVED** on a proposal from Mr Quinn and seconded by Mr Corrigan.

3 Matters Arising (TB15/05/2025/02)

Members **NOTED** the Matters Arising.

Risk Register – mentoring staff
Ms Paterson advised that a risk was added to the risk register in respect of supporting and mentoring staff transitioning to senior roles which is tabled for approval at GARAC.

ORH – NIAS Performance
At the last meeting Ms Paterson said that ORH will be benchmarking NIAS's performance against other organisations, with the intention of highlighting areas where operational response can be improved and agreed to provide an update. Ms Paterson said that since the last meeting she has spoken with ORH regarding this and that demand and capacity work is ongoing, ORH met with staff on 7 May regarding benchmarking to proceed to full modelling for reconfiguration of staffing. AACE as an affiliate partner also attended.

ORH indicated that they expect to issue the outworking's of this exercise by 16 June. She said that this will be a vehicle that designs all aspects of our future service model, with clear evidence-based targets, so NIAS can start to operate differently within an achievable practice and performance targets despite operating in an operationally challenging environment.

4 Chair's Update

Senior Exec Pay

The Chair updated the Board that NIAS are waiting for work undertaken by Korn Ferry to be completed and she has been in contact with the Department of Health in respect of that and it is anticipated this work will gain urgency. The Permanent Secretary and Mr Jim Wilkinson have committed to the continuation of NIAS being a priority within this piece of work.

Visit of Interim Permanent Secretary

The Chair thanked Board members who attended the Interim Permanent Secretary visit to NIAS, which was a very informed session. The Interim Permanent Secretary has indicated his intention to have a clear focus on the system and ambulance handover and communicated yesterday that this is a priority for him and will be in touch in terms of what that will look like. The Chair is optimistic there will be a clear departmental focus on delayed handovers and the effects.

NED's Appraisals

The Chair has been engaging with Non-Executive Directors to complete the appraisal process by the Department of Health's deadline. The Chair has requested feedback from the Board to assist her completing her own appraisal.

Other Matters

The Chair recently met with Mr Robert Sowney regarding the ongoing Organisational Culture work within NIAS and he has agreed to join the PCOD Committee.

The Chair met with Bron Biddle who has recently been liaising with colleagues to take forward the issue of sexual safety within NIAS and a report on her findings is due at the end of June.

The Chair attended the NI Public Sector Chair Annual Conference with some NEDs which discussed examples of collaboration across the public sector of groups working successfully together.

The Chair thanked the Executive Team on dealing with various matters during Ms Paterson's absence and offered the Boards' condolences and support to Ms Paterson during this difficult time.

5 Chief Executive's Update

Ms Paterson thanked Board Members and colleagues for their support recently and shared her appreciation to the Senior Team for their approach in assisting to maintain business as usual.

As Ms Paterson has been absent, she hasn't attended recent meetings, however, she referred to the Support and Intervention meeting with SPPG which was encouraging. There appears to be a change in approach and how NIAS are managed in respect of performance and financial perspective. The framework provided was very encouraging and Ms Paterson felt more assured that NIAS may get some traction on the various issues that have occurred over the last few years.

Ms Paterson and colleagues attended the recent Finance Summit and NIAS participation in this was constructive.

The Health Committee visited NIAS and there was a follow up opportunity for NIAS to inform them on the current issues. There was significant media attention at the start of the month regarding a patient who died whilst self-transporting to hospital. NIAS would like to put it on record that the conduct and dignity of the family of the patient who died was noteworthy and an unreserved apology had been issued by NIAS. NIAS plan to have more conversations with TU colleagues in that space.

At Ms Paterson's invitation Ms Charlton briefed members on the Health Committee session which she and Mr Sinclair attended on 8 May in Ms Paterson's absence. She advised that the committee had presented an opportunity to update on service challenges as well as opportunities to contribute to system wide transformation. Ms Charlton advised that there had been significant discussion relating to the lost operational capacity as a result of delayed ambulance handovers and also resulting impact on staff late finishes. The Committee had been keen to discuss models in place in London which have seen handover times reduce and sought confirmation regarding the plans to introduce within NI. Ms Charlton advised that the key points within the GIRFT and Northern Ireland Audit Office report were also highlighted, and members of the committee appeared to be supportive of the need to introduce regional measures to improve handovers. Mr Sinclair

had briefed the Committee on the work with ICH to increase safe non conveyance NIAS role in terms of transformation.

Ms Charlton and Mr Sinclair had also been asked about NIAS position in relation to 'Maggie's Call' as Northern Ireland Fire & Rescue Service (NIFRS) had been with the Health Committee immediately before NIAS. They had advised that the organisation had worked alongside NIFRS in the development of a model which would result in a co response to cardiac arrest, setbacks within NIFRS in relation to introduction across the region had delayed the delivery of training through NIAS, however the organisation would be ready to discuss the training programme when NIFRS were in a position to proceed.

Mr Sinclair added it was a good experience and overall, a very positive meeting.

Ms Charlton advised that Philip McGuigan Chair of Health Committee and another colleague had visited NIAS two weeks prior and therefore there had been an opportunity to brief them in advance about ongoing issues.

Mr Corrigan was delighted that the Health Committee are not challenging NIAS on delayed handovers and are aware of all the ongoing work in respect of that. He asked if the Committee are seeking answers from other Trusts in relation to the same issues. Ms Charlton advised that whilst the Committee did not directly refer to engagement with other HSC Trusts however members did refer to assembly debate on the matter and also to engagement with DoH and SPPG in this regard. It was suggested that the matter of ambulance handover delays should be raised with SPPG at a forthcoming meeting in July. Ms Charlton advised that she and Mr Sinclair give the Committee a sense of how much of an outlier NIAS are in terms of handover times in England, in order that they could appreciate the enormity of variance and advised them NIAS continue to work collaboratively with other HSC Trusts to seek an improvement.

Ms Charlton acknowledged the collaborative efforts across the region to improve the handover position however highlighted that despite an agreed two hour back stop there is still a year on year deteriorating position.

The Chair attended a meeting with Trust Chairs and the Interim Permanent Secretary on Monday and there was a communication yesterday highlighting this is a priority for the Permanent Secretary moving forward.

The Chair thanked Ms Paterson and colleagues for the update which was **NOTED**.

6 **Update on Organisational Culture Work (TB15/05/2025/03)**

The Board **NOTED** the high-level update on work underway and plans linked to the delivery of the Trust's Strategic Objective to improve Organisational Culture.

Ms Lemon said the process itself should deliver cultural change within the organisation. The workshop held at the end of March was co facilitated by Kings Fund and the Leadership Centre which was attended by stakeholders, NEDs, TU's and internal staff. There were a number of key themes and messages that came out of the workshop.

A key part of the Organisational Culture work is the ongoing engagement with Bron Biddle via AACE regarding sexual safety, she has planned to meet staff across the Organisation particularly ensuring a strong outreach with staff in stations and ED's. Ms Biddle is also carrying out research and will provide a report with a number of recommendations for NIAS to take forward which should support and complement the findings of the Organisation Culture Workshop.

The resulting output will create a strategic map and corresponding plan that NIAS will seek to start implementing this year. Ms Lemon thanked Mr Quinn for assisting at the workshop and said that her, Mr Sowney and Mr Quinn met yesterday to discuss the next stages. There will be an established Programme Board with pre meetings in advance to facilitate. Some of the actions are work based related, about NIAS' reputation and how the public and patients perceive the Organisation.

Ms Lemon and her team will provide to PCOD with assurance in regard to delivery of the agreed plan and measures to be monitored going forward. Ms Lemon alluded to a previous conversation regarding capacity and advised that Kings Fund are

providing some help in that regard, which is helpful for independence and expertise.

Mr Quinn raised concern that Organisation Culture was raised as an issue in February 2024 and there needs to be momentum to maintain progress. The Committee terms of reference have been altered to ensure the Committee has oversight and accountability for this issue as it is a priority for the Organisation. He said the outcomes from the workshop are useful, although he has some reservations regarding the lack of attendance from front line staff.

Engagement with SMT and the Board will be a critical element of this work going forward. He recalled some of the key findings arising from the Workshop and highlighted there were a number in relation to stability.

He alluded to potential significant legacy issues that may arise, and he highlighted two areas for the Programme Board to take forward:
A – Develop a coherent plan as soon as possible
B – Engage on a one-to-one basis with SMT to ensure there is a common understanding of outcomes.

He said that NIAS need to build capacity within the organisation to drive this forward with clear actions. Mr Quinn requested to see a detailed plan at the next PCOD meeting.

Ms Paterson said the workshop was helpful and useful and improving culture within the Organisation is critical and therefore a plan must be implemented as soon as possible. She said that building capacity costs money and the Trusts are facing significant financial challenges, therefore it is important to ensure the actions are measurable and deliverable. Mr Quinn referred to other ongoing work within the Organisation that will contribute i.e. Mr Sinclair's team is looking at professionalism and education. Ms Charlton's team in terms of quality improvement adds positive elements within the Organisation Culture work.

Mr Quinn stated that culture is looking at how the public and stakeholders perceive NIAS, and subsequently what is driving the drop in demand.

Mr Dennison highlighted that it is important to explain the work so that staff understand why NIAS are carrying this out and suggested ensuring the Trust values are included and referred to throughout.

The Chair shared Mr Quinn's concerns about the delay in commencing this work and suggested looking in house to see how these matters can make a significant difference. This is so important and fundamental and 15 months to get to this stage doesn't display the urgency necessary, particularly when the service is under pressure. There needs to be a more urgent sense to this work bringing clarity to the actions moving forward. This work is about delivering on our values and should be front and centre of what everyone is doing in behaviours and actions. She elaborated that there is concern when the pillars of work undertaken are not intertwined. Culture shift has to be led by the Chief Executive across the Organisation and that needs to be evident throughout the organisation. High level updates and tangible actions are really important to ensure NIAS don't lose the energised discussion that took place last February 2024 to initiate this work.

Ms Paterson agreed that how NIAS communicate, and brand is key. The Chair said this work has been prioritised in the revised governance structure within PCOD. Ms Lemon added they need to get the balance right in terms of accountability and governance, culture change is about how the Organisation improves and there has been a lot of change in culture since February 2024, that is not included in the paper. She referenced the significant change in managing absence which has led to leadership changes and improvement. The Board acknowledged the progress made on absence management.

Ms Charlton referred to the need to ensure that the Trust have adequate capacity and individuals with the appropriate skills, knowledge and experience to support staff raising concerns. She also alluded to some positive experiences shared by staff, and staff describing that they have a real sense of belonging within the Organisation.

The Chair agreed it is important to not lose sight of the excellent work everyone is doing, which is always evident, for example at the Medal ceremonies. She appreciates cultural reform is a huge piece of work, culture is driven by those with the most impact and

culture change advocates, with leadership support put in place to help address the challenges. She thanked Ms Lemon for the update which is an important area for the Board to regularly receive assurance on.

7 **Update on Strategy Development Work (TB15/05/2025/04)**

Trust Board has previously discussed the 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 was provided to Trust Board. NIAS have 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 Mr Quinn to chair the process.

Terms of Reference for the Strategy Development Steering group have been shared with Trust Board along with a timeline for the strategy development process.

Membership of the Steering Group has been agreed this week and the goal is to ensure representation from all directorates. The timeline demonstrates NIAS are at stage three of the process and have asked members of SPF to sit on the steering group as well as Trade Unions. A benchmarking process has started to include wider system engagement. Mr Mullen explained that SPPG had agreed a member of staff to work with NIAS on secondment, but the agreement has been retracted, however, HR are assisting to bring in capacity via an agency. As well as this, Mr Mullen is interviewing on Monday to backfill his previous post which will also provide further focus on strategy development.

Mr Mullen said he is attending a meeting with the Director of Public Health about providing NIAS with support and advise, which is key. The Chair suggested collaborating with PCC and utilising the existing wider group of stakeholders to engage with.

Mr Corrigan said from a governance perspective this will be a standing item at SPF and NIAS need to be collectively mature and flexible in managing these areas. He acknowledged Committees don't want to duplicate the work being done but Trust Board need to be advised.

He referred to avoiding replication of such matters within the new Committee structure and that NEDs will review the structure at the six-month stage.

8 **Patient Experience Outcomes Presentation (TB15/05/2025/05)**

Ms Charlton shared slides from a presentation to the Chief Nursing Officer's Business Meeting in April 2025. The presentation focused on experiential and clinical consequences for patients associated with delayed hospital handovers with important areas, including recent publications relating to ambulance handover delays, current handover delay position and resulting lost operational capacity to respond within NI as well as year on year deterioration relating to the 2 hour backstop position, comparative English data was also discussed, including a graph relating to the implementation of W45 within a hospital Trust in London.

The slides included data relating to the mean response times by geographical division for Cat 1, 2 and 90th centile for Cat 3 – showing particular protracted response times in Dec 24 some of which were the worst on record.
Ms Charlton referred to recent regional collaborative efforts to improve clearing of crews at ED at handover times to improve staff health and wellbeing although advised that regrettably the aim had not been achieved 28 weeks after implementation, with some NIAS staff consistently not getting home on time.

Ms Charlton referred to recent publications relating to corridor care and plans to undertake an audit of those waiting for an emergency response in community and referred to the hope that this could inform shared risk taking across the region. Ms Charlton referred to the Permanent Secretary recent meeting with the Trust Board and is hopeful new structures will help in this regard and make an impact. She emphasised that it is not about doing more, it's about doing it differently.

The Chair thanked Ms Charlton and said it is a really impactful presentation and reflective of previous comments. The Board will review over the coming weeks what improvements are implemented by the Permanent Secretary.

Mr Quinn agreed it is an impactful presentation for NIAS as well as other stakeholders, and it is useful for the Board even in terms of

developing strategies. The presentation itself forms a brilliant communication tool for current context and current circumstances NIAS are operating in.

Ms Lemon agreed with the comments that it is a really impactful presentation, and it draws out from a workforce perspective about the health and safety contravention to understand the risks. She referred to the GIRFT Report and London Model and one of key principles was that everyone across the system accepted the risk is in the community and therefore actions in the system are focused on addressing that. She concluded by saying that a cultural shift is key in improving matters.

9 End Year Performance Update TB15/05/2025/06)

Mr Mullen presented NIAS's performance framework as of May 2025 which was **NOTED**.

The Trust performance report outlines the key performance metrics up to and including the full Financial Year 2024.25

Mr Mullen highlighted some areas from the report. Page two details that the call answering demand decreased by 11%. In terms of clinical performance, H&T and S&T is seeing a significant impact.

Absence has decreased to 8.7%, which the Permanent Secretary recently referred to as an exemplar to other trusts and offered them to contact NIAS for advice. Mental Health continues to be the main reason for absence.

Following discussions at SPF, the team are restructuring the report and dashboard. Mr Corrigan elaborated that the Committee struggled with the amount of detail in the report and that they need to have oversight of performance. Mr Corrigan has had a follow up meeting with Mr Walker and Mr Henry to refine the requirements of the report for SPF. NEDs appreciate an executive summary, and he is conscious not to create too much work for the team, however they agreed to maintain the full report as an annex if they need to see more detail if required. Effectively the same summary would go to Trust Board as well as SPF and SPF can hopefully add value as they can do a deep dive into certain aspects. These requests

for deep dives may come from SPF members or from Trust Board as the Committee are keen to have direction from Trust Board to help.

The Chair agreed with this approach outlined for SPF and welcomed the additional level of assurance that will provide, which can be revisited in September 2025, after 6 months of the new governance structures being implemented.

Mr Sinclair referred to the Trust doing a deeper dive into Cat 1 and 2's to ensure NIAS are doing everything they can. The Chair suggested looking at CAT 3's as well, at the Safety Committees, and that it is for the Chairs of those Committees to ensure there isn't duplication across the Committees.

Mr Quinn noted that the fall in demand is a trend, and the performance report is a useful tool for SMT. He noted that the absence management figures are excellent.

Ms Charlton advised Trust Board that due to software issues, the non-emergency data is not accurate. She advised of recent engagement with Barry Doran DoH in relation to a review of the 2007 Transport Strategy.

10 Finance Report (TB15/05/2025/07)

Ms Donnelly presented the finance report for month 12 to 31 March 2025. 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.

Mr Corrigan referred to a discussion with Mr Christie about testing the Finance Report in terms of whether Trust Board is content that the Finance Report is fit for purpose. He has suggested that the SPF Committee use that report to get into more detail, but an overview is provided for Trust Board and GARAC. Dr Graham and Mr Ashford agreed.

The Chair acknowledged it has been a difficult year and praised Ms Donnelly for the work achieved so far. Ms Paterson agreed and said the Executive Team appreciate the support the finance team are providing.

The Chair queried if there is a plan for NIAS to implement Encompass, as all five geographical trusts are now live on Encompass. Mr Sinclair said that NIAS share an electronic patient form on Encompass and are currently identifying a solution to transfer into the encompass system, he assured the Chair it is all being considered.

Mr Quinn asked if the review of RCC will be shared and when they are likely to see the report. Ms Paterson confirmed that it has been shared with Chief Executives and there is agreement to share those details once the plan is developed.

11 Committee Business (TB15/05/2025/08)

Trust Board **NOTED** the one-page summary providing them with information on all matters discussed at each Committee since the new Structure commenced in April.

PCOD
Mr Dennison said the Committee will be in a position to give a more robust update after the meeting on 12 June.

PEQS
Mr Ashford referred to ongoing progress within EPRR and that Mr Woodrow and Ms Pillan are visiting NIAS to carry out some quality assurance.

12 Any Other Business

The Chair asked members if they feel the meeting time is sufficient to cover items and discussions required or if the meeting should be longer. Members agreed they are satisfied to continue with the current timings of meetings.

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

SIGNED: _____

DATE: _____

Northern Ireland Ambulance Service Health and Social Care Trust

TRUST BOARD

PRESENTATION OF PAPER

Date of Trust Board:	26 June 2025
Title of paper:	Management of Violence and Aggression: AACEs
Brief summary:	Adam Hopper, National Ambulance Violence Prevention and Reduction Operational Lead, and Clare Barnham, National Ambulance Violence Prevention and Reduction Officer, at AACEs are attending to present the national context to violence and aggression against ambulance staff. The local context, control measures and areas for priority will also be discussed during the presentation. Trust Board should note that the Minister for Health has been invited by AACEs to discuss management of violence and aggression towards staff, and is attending NIAS HQ on 17 July 2025.
Recommendation:	**For Approval** ☐ **For Noting** ☒
Previous forum:	SMT – 17 June 2025
Prepared and presented by: **Date:**	Seamus Mullen, Director for Planning and Performance and Corporate Services 18 June 2025

ASSOCIATION OF AMBULANCE CHIEF EXECUTIVES

National Ambulance Violence Prevention and Reduction Hub (NAVPRH)

Northern Ireland Ambulance Service Health and Social Care Trust

Violence Prevention and Reduction

Northern Ireland Ambulance Service

ASSOCIATION OF AMBULANCE CHIEF EXECUTIVES

National Ambulance Violence Prevention and Reduction Hub (NAVPRH)

Northern Ireland Ambulance Service Health and Social Care Trust

Video

Northern Ireland Ambulance Service

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ASSOCIATION OF AMBULANCE CHIEF EXECUTIVES

National Ambulance Violence Prevention and Reduction Hub (NAVPRH)

The Cost of Violence

- Service disruption
- Corporate risk
- Patient safety implications
- Impact on staff safety & wellbeing
- Complaints
- Public perception
- Increasing costs

TOTAL COSTS		
A. MEDICAL, TREATMENT AND REHABILITATION		
	Physical Injuries	£14,373,475
	Stress, Anxiety And Depression	£269,362,223
B. SICKNESS ABSENCE		
	Cost in Lost Wages	
	Physical Injuries	£7,904,445
	Stress, Anxiety And Depression	£196,416,938
	Cost to the employer in agency / overtime	
	Physical Injuries	£4,940,278
	Stress, Anxiety And Depression	£122,760,586
C. SICKNESS PRESENTEEISM		
	Physical Injuries	£23,120,501
	Stress, Anxiety And Depression	£574,519,544
D. STAFF TURNOVER	Replacement Costs	£43,612,609
	Productivity Costs	£104,789,897
ANNUAL COSTS OF VIOLENCE, HARASSMENT AND ABUSE AGAINST NHS STAFF IN ENGLAND		**£1,361,800,495**

ASSOCIATION OF AMBULANCE CHIEF EXECUTIVES

National Ambulance Violence Prevention and Reduction Hub (NAVPRH)

AACE Violence Prevention & Reduction Hub

Priorities of Violence Prevention & Reduction

Northern Ireland Ambulance Service
Health and Social Care Trust

Management of Violence and Aggression

NIAS Strategy and key activities

Reported Incidents

Themes and Issues

- **Under reporting:** staff tend to not report episodes of violence and aggression for variety of reasons including perception that little or nothing can be done.
- **Alcohol and drug consumption** often contributory factors.
- Patients experiencing a **mental health crisis.**
- Service users demonstrating physically aggressive behaviour at scene, throughout conveyance and continuing through to ED
- **Damage to NIAS property and vehicles** often occurs.
- **Presence of weapons:** the number of reported incidents involving a weapon has increased by 14% in the last five years, representing an increased level of threat.
- Increasing number of incidents involving **sexual abuse and assault** directed towards NIAS staff by service users/bystanders.

NIAS Actions

- Quarterly Violence Reduction and Prevention Group monitors reported incidents and strategies. Key controls include:

1. **Information Markers**: placed on addresses where a service user has exhibited violent/aggressive behaviour to alert responding crews.
2. **Conflict resolution training** is provided to staff on induction.
3. **Body Worn Cameras (BWC)**: all operational staff have access to BWCs when out on shift. Staff are trained to use BWCs to help to deter and de-escalate, and they can be utilised to capture footage of violence and aggression.
4. **Support**: Violence Reduction Officer ensures that appropriate steps are taken following an incident, including that staff have access to psychological support. Victims of violence and aggression have access to 24/7 professional support services.
5. **Engagement with partners:** Work closely with PSNI to ensure that they are provided with evidence to support criminal enforcement against individuals who perpetrate violence towards staff (including footage captured via BWC).

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ASSOCIATION OF AMBULANCE CHIEF EXECUTIVES

National Ambulance Violence Prevention and Reduction Hub (NAVPRH)

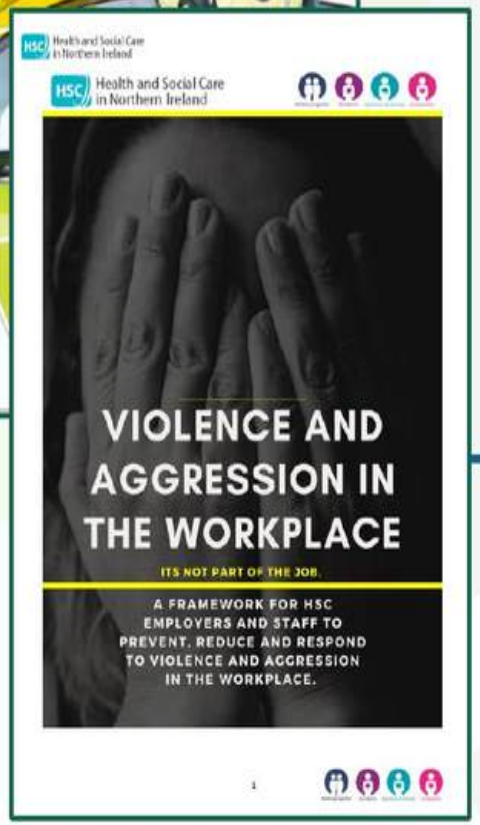
Strategic Accountability

- Statutory obligations
- HSC NI guidance
- Governance & accountability
- Best practice

ASSOCIATION OF AMBULANCE CHIEF EXECUTIVES

Strategic Accountability

National Ambulance Violence Prevention and Reduction Hub (NAVPRH)



- **Staff safety is paramount** we will do all we can to reasonably protect our staff from these behaviours
- **Understand the risks** and review the measures we take
- Point of focus is to **reduce and respond to violence and abuse** against staff
- Priority areas **include organisational learning** to address violence and aggression
- Vision for staff to feel supported, have necessary training implemented to continue to meet our **statutory obligations**

- **Organisational compliance and achievement** of prevention and reduction activities
- Assessment and **reporting on progress** with framework implementation
- Assessing and reporting on the **impact of health and wellbeing of staff**
- Ensure **appropriate governance structures** to implement and monitor the framework
- Create and drive a **culture focused on prevention**

ASSOCIATION OF AMBULANCE CHIEF EXECUTIVES

National Ambulance Violence Prevention and Reduction Hub (NAVPRH)

Strategic Accountability

1.1 The **board** are accountable for the violence prevention and reduction strategy, policy and improvement action plan

1.2 A designated **board member** is accountable for violence prevention and reduction and ensures appropriate and sufficient resources are allocated to the function

1.5 The organisation has developed a violence prevention and reduction policy which has been endorsed by the **board** and is underpinned by workforce and workplace risk assessment

1.8 **Senior management** is informed of how violence and abuse is affecting staff

2.5 There is a process for **auditing violence prevention and reduction interventions** and ensuring that associated systems are effectively managed and assessed regularly

4.8 The **senior management team** assess and provide the resources required to deliver violence prevention and reduction objectives

Back to Agenda

ASSOCIATION OF AMBULANCE CHIEF EXECUTIVES

National Ambulance Violence Prevention and Reduction Hub (NAVPRH)

Data and Public Health Approach

- Zero tolerance to public health approach
- Data driven evidence-based interventions

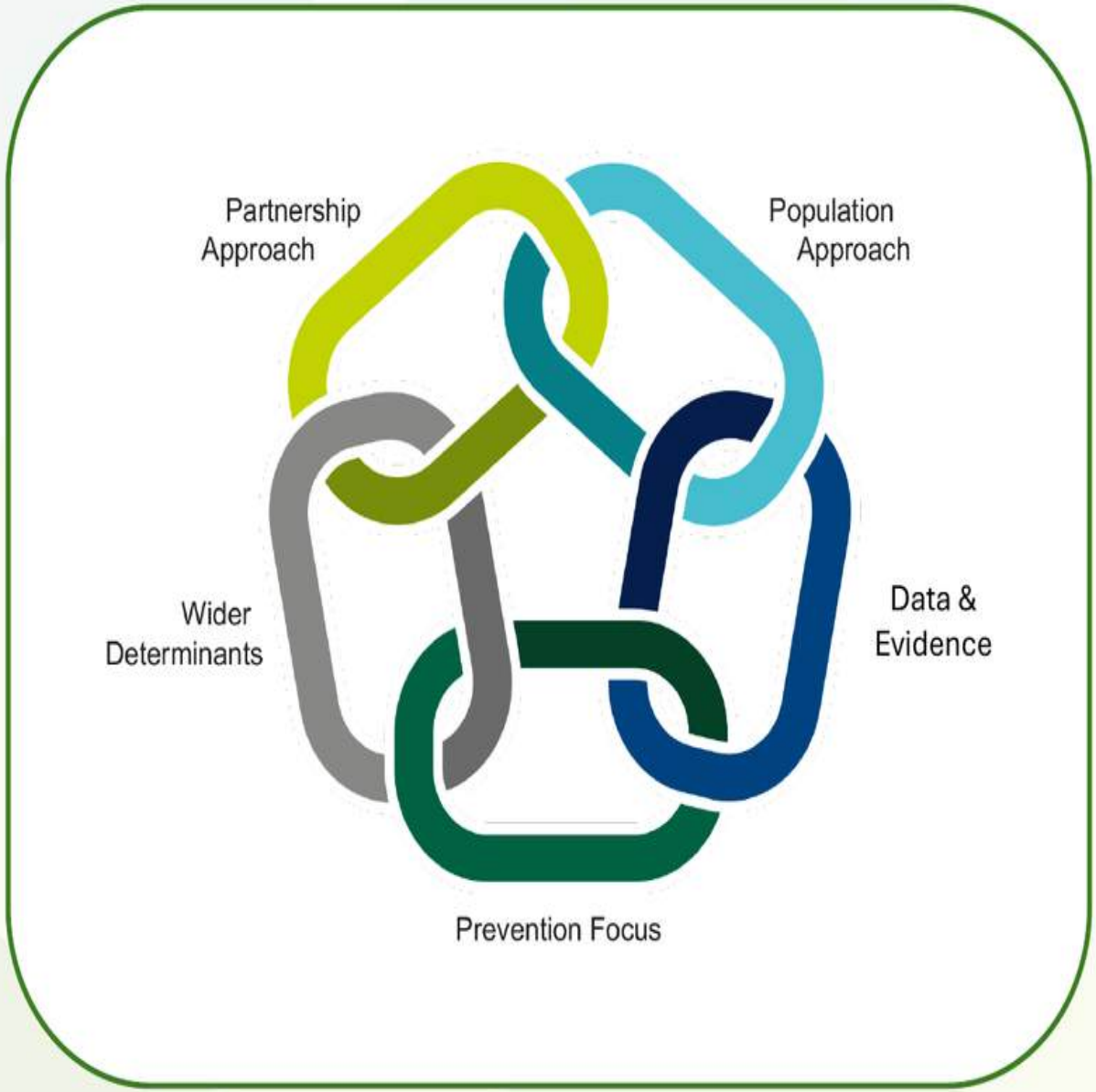
ASSOCIATION OF AMBULANCE CHIEF EXECUTIVES

National Ambulance Violence Prevention and Reduction Hub (NAVPRH)

Public Health Approach

Violence is preventable if we understand what is causing and influencing it.

The approach focuses on understanding the cause and consequences so we can address risk factors that increase its likelihood.



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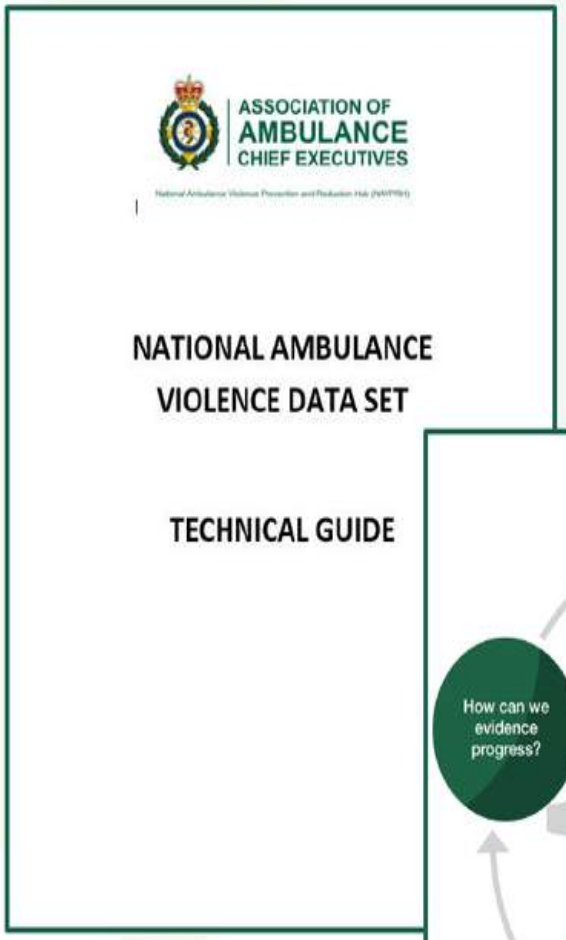
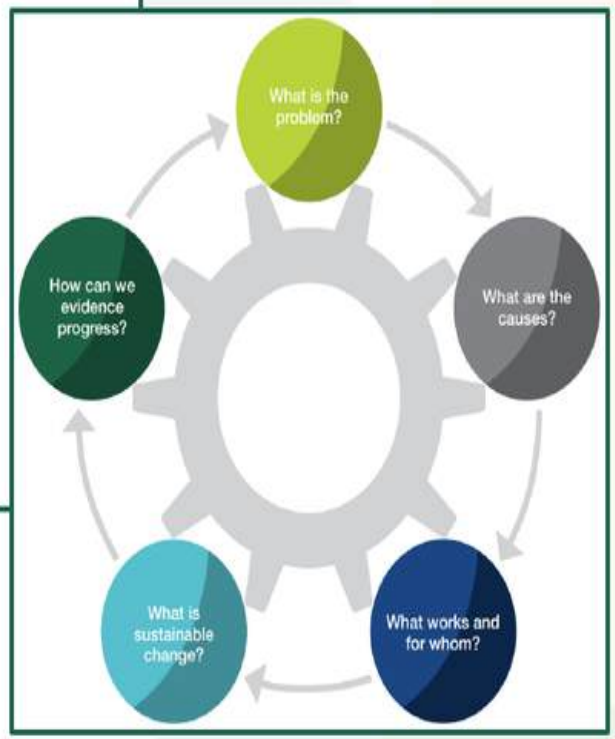
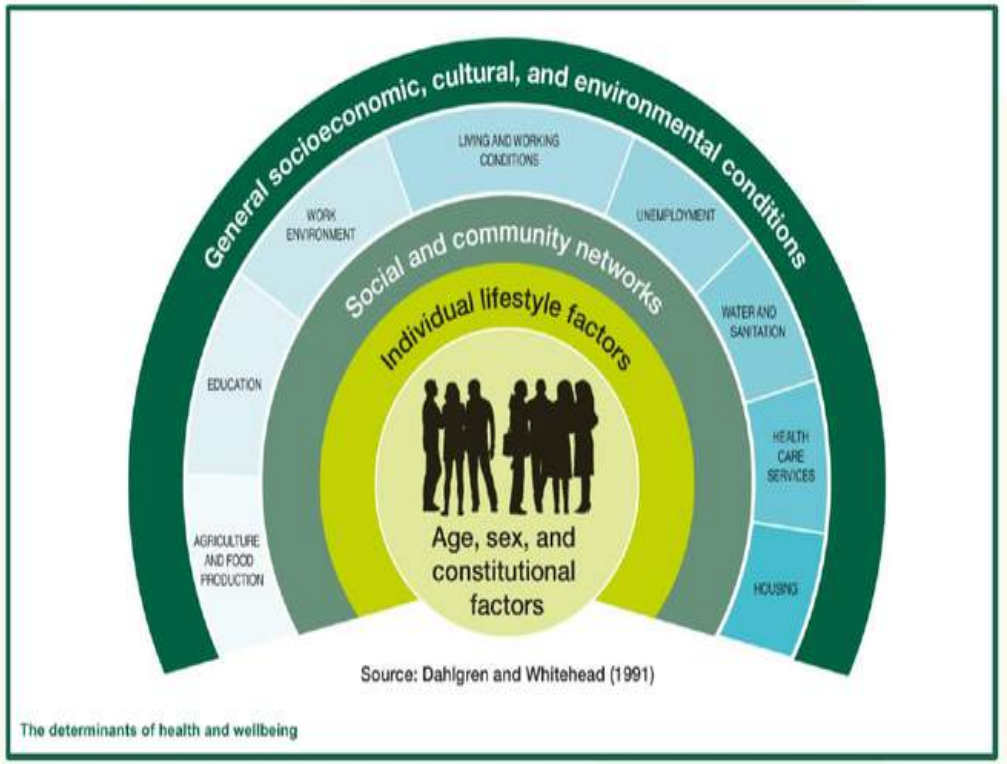
ASSOCIATION OF AMBULANCE CHIEF EXECUTIVES

National Ambulance Violence Prevention and Reduction Hub (NAVPRH)

Public Health Approach







ASSOCIATION OF AMBULANCE CHIEF EXECUTIVES

National Ambulance Violence Prevention and Reduction Hub (NAVPRH)

Collaboration & Partnerships

NATIONAL AMBULANCE SERVICE IRELAND

Department of Health

HSC Public Health Agency

HSC Health and Social Care in Northern Ireland

POLICE SERVICE NORTHERN IRELAND

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ASSOCIATION OF AMBULANCE CHIEF EXECUTIVES

National Ambulance Violence Prevention and Reduction Hub (NAVPRH)

Collaboration & Partnerships

- Anti-Violence Collaborative (AVC) – Wales
- Violence Reduction and Abuse Network (VRAN) - Scotland

Back to Agenda

ASSOCIATION OF AMBULANCE CHIEF EXECUTIVES

National Ambulance Violence Prevention and Reduction Hub (NAVPRH)

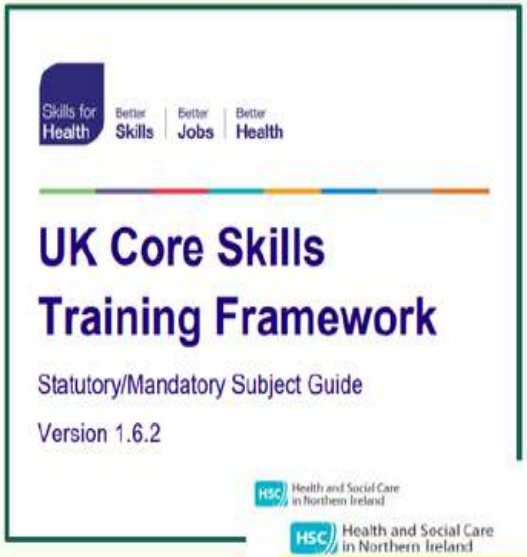
People Development & Education

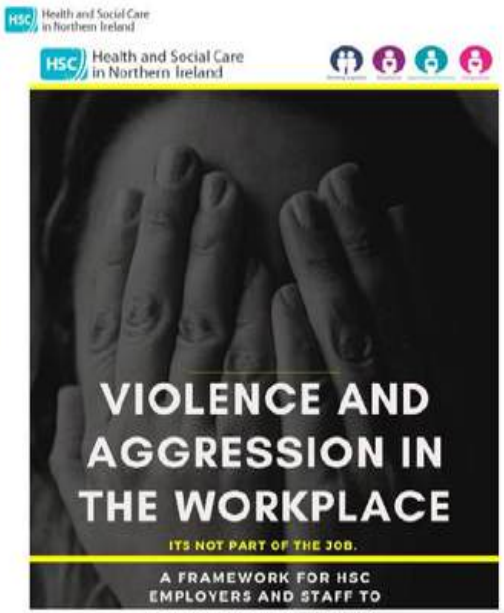
- Statutory duty to ensure safety
- Service quality and continuity
- Corporate risk reduction
- Cost control
- Public confidence and reputation

ASSOCIATION OF AMBULANCE CHIEF EXECUTIVES

National Ambulance Violence Prevention and Reduction Hub (NAVPRH)

People Development & Education





Is the employee likely to encounter?	What would the organisation expect of this employee if faced with a difficult situation?	Training Needs Guide	Level(as per DHPSS guidelines) / length of course
1 - 3 Minimal Chance of violence and aggression	No expectation other than own health and safety	Basic Personal Safety	Basic Personal Safety leaflet and / or e-learning course Level 1
4 - 6 Verbal aggression or feeling threatened in any way	Expectation to try to verbally de-escalate an aggressive person	Basic Personal safety including management of violence and aggression theory.	Presentation Approx 3 hours teaching time Level 2
8 - 12 Physical aggression	Expectation to use de-escalation skills and to disengage from physical attacks	Basic Personal safety including management of violence and aggression theory plus disengagement skills training	1 day course including theory and physical skills Level 3
15 - 25 The need to apply restrictive intervention techniques in order to maintain safety.	Expectation to do all of the above and to apply restrictive intervention techniques if necessary	Basic Personal safety including management of violence and aggression theory, plus disengagement skills training and restrictive interventions training.	2 – 5 day courses including physical holding skills Level 4

ASSOCIATION OF AMBULANCE CHIEF EXECUTIVES

National Ambulance Violence Prevention and Reduction Hub (NAVPRH)

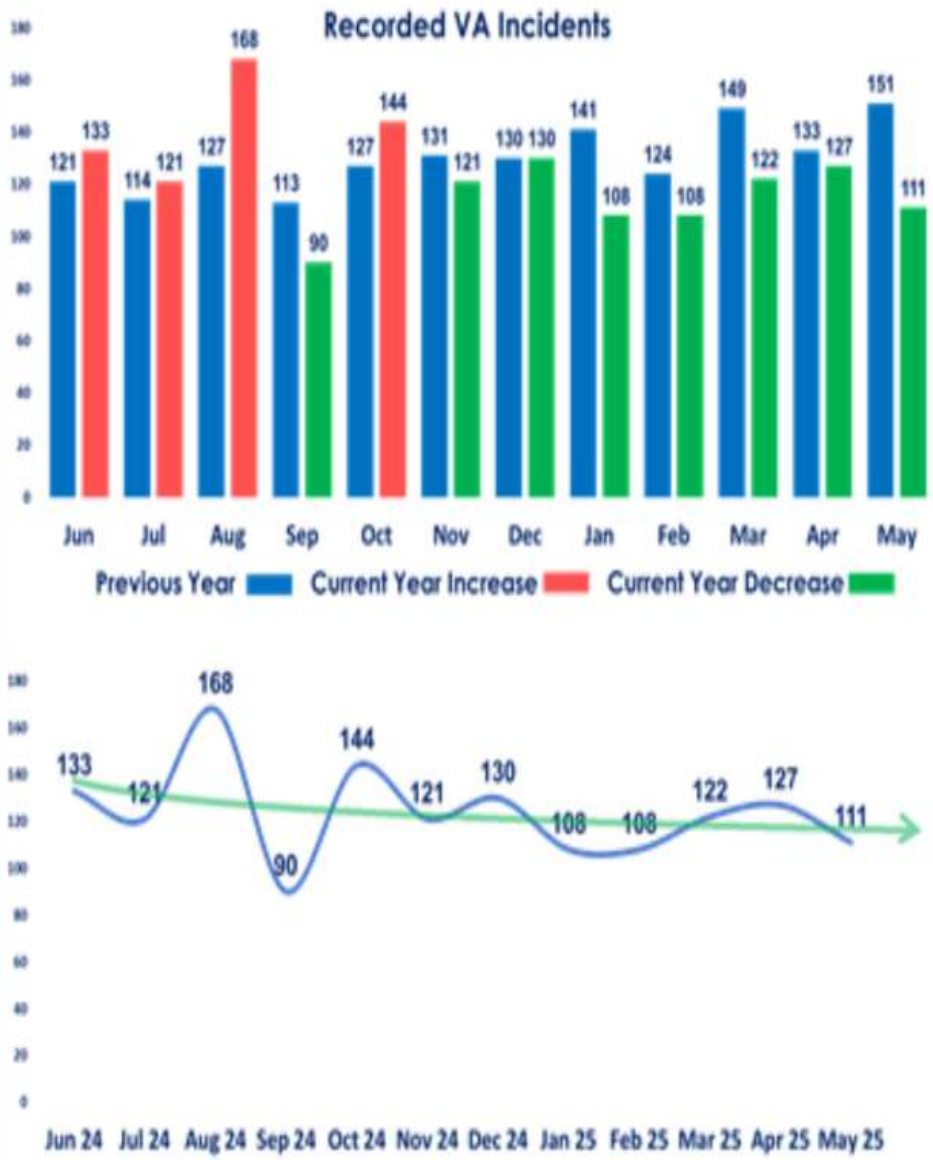
Case Study

NHS South East Coast Ambulance Service NHS Foundation Trust

HSE Health and Safety Executive

CONTRAVENTION

"very little action taken in previous years other than providing a 40-minute online Conflict Resolution Workshop. No face-to-face training"



Conflict Mgt Training

- 1 Day
- Train the Trainer Model
- Commenced April 2024
- 2,000+ staff trained

Initial Observations

- Sustained decrease in incidents
- Increasing in warning markers

"I just wanted to emphasize how helpful and important this training was, I am grateful it is being delivered"

ASSOCIATION OF AMBULANCE CHIEF EXECUTIVES

National Ambulance Violence Prevention and Reduction Hub (NAVPRH)

Culture & Environment

- Trauma informed culture
- Focus on staff wellbeing and robust post incident support
- Organisational learning to prevent incidents
- Reporting

ASSOCIATION OF AMBULANCE CHIEF EXECUTIVES

National Ambulance Violence Prevention and Reduction Hub (NAVPRH)

Trauma Informed Approach

Patients

Staff

- Recognise, acknowledge & respond to the impact of all trauma
- Support day to day indirect trauma to avoid crisis point
- Robust immediate post incident support for direct trauma
- Medium and long term post incident support process

Gaps in Current Controls

- **Process for regular review and updating of IMs** on NIAS systems: a piece of work has recently been stood up to cleanse old markers and the long-term process for managing IMs is under consideration.
- Training: there is insufficient capacity to release staff to undertake **refresher training on conflict resolution**. This is out with the approach in other ambulance services and the NHS Core Skills Training Framework which requires staff to have training updated every 3 years.
- **Variable uptake of BWC**: usage varies considerably across Stations and Divisions. Noticeable upticks have been recorded in advance of anticipated periods of heightened activity, for example prior to St Patrick's Day or the 12th of July Celebrations.

Strategic Enablers

- **Resourcing:** long-term resource need to replace and replenish BWC system and to facilitate refresher training for staff.
- **Access to data:** there is information available to peer organisations, including HSC Trusts, in terms of potential user threat via the Public Protections Arrangements Northern Ireland (PPANI) and NI Domestic Abuse Multi-Agency Risk Assessment Centre (MARAC). NIAS does not currently participate in these fora and therefore is not sighted on this intelligence.
- **Partnership working with PSNI:** establishing an SLA with agreed contact points and responsibilities at Strategic, Tactical and Operational level.
- **Legislative protections:** discrepancy between NI and other parts of UK in respect of statutory offences and sentencing periods.

Immediate Priorities

1. **Ongoing education and encouragement of staff to report and use BWCs.**
2. **Deliver on staff survey working in partnership with AACEs:** results will help to inform future actions for how NIAS can further support staff and help them to manage violence and aggression.
3. Develop **business plan** with options as to how to **deliver refresher training** for staff on conflict resolution.

ASSOCIATION OF AMBULANCE CHIEF EXECUTIVES

National Ambulance Violence Prevention and Reduction Hub (NAVPRH)

Northern Ireland Ambulance Service Health and Social Care Trust

Northern Ireland Ambulance Service

Thank you

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Northern Ireland Ambulance Service Health and Social Care Trust

TRUST BOARD

PRESENTATION OF PAPER

Date of Trust Board:	26 June 2025
Title of paper:	**Corporate Risk Register Summary Report June 2025**
Brief summary:	The substantive changes since the last time the CRR was approved at Trust Board (February 2025) are: • Risk 848 on recruitment and retention of senior roles has been added. • Two risks are proposed to be escalated from Directorate risk registers: 1. Risk 486: Lack of engagement about service changes in other HSC Trusts 2. Risk 727: Issues around response to mental health calls • Two risks have been identified as being suitable for de-escalation: 1. Risk 825: PCS Capacity. 2. Risk 455: Safeguarding. • A risk appetite category has been applied to each corporate risk in line with the Trust's Risk Appetite Statement. • Risk 833 – Ability to respond to HCID will remain on the CRR further to discussion at PEQS Committee on 5 June 2025. There are currently 15 open corporate risks.
Recommendation:	**For Approval** ☐ **For Noting** ☒
Previous forum:	SMT – 17 June 2025 GARAC – 12 May 2025
Prepared and presented by: **Date:**	Seamus Mullen, Director for Planning and Performance and Corporate Services 18 June 2025

Northern Ireland Ambulance Service
Health and Social Care Trust

Corporate Risk Register Summary
June 2025
Risk Management

CORPORATE RISK REGISTER SUMMARY		Date: 17 April 25
	Risk	**Changes**
New risk:	Recruitment and retention to senior roles (848)	New to Corporate Risk Register
Risks to be escalated:	Response to mental health calls (727)	Proposed escalation from Directorate Risk Register
	Lack of engagement about HSC service changes (486)	Proposed escalation from Directorate Risk Register
Changes to risks	Sickness Absence (403)	Risk Grading lowered
Risks to be de-escalated:	Trust Safeguarding Arrangements (455)	Proposed de-escalation to Directorate Risk Register
	Patient Care Service (PCS) Capacity (825)	Proposed de-escalation to Directorate Risk Register

Strategic Objectives	
1	**We will identify the most appropriate clinical response for our patients.**
2	**We will work collaboratively with our HSC partners to maximise the use of available care pathways for our patients.**
3	**We will promote a culture of compassionate leadership and respect for Equality and Human Rights that delivers excellent patient care through investment in the wellbeing of our workforce.**
4	**We will work with partners to ensure the appropriate resources are deployed to meet our patients/needs.**
5	**We will optimise organisational resilience to respond to patients' needs.**
6	**We will support regional initiatives that aim to drive improved health outcomes for the population of Northern Ireland.**

Risk Appetite	
Risk Appetite Level	**Description:**
Averse	Avoidance of risk and uncertainty altogether.
Minimal	Preference for safe options that have a low degree of risk and uncertainty
Cautious	Prepared to accept some risk that can be easily controlled, with little chance of significant repercussions.
Open	Willing to consider all options and to choose one likely to support successful delivery of objectives.
Eager	Willing to be innovative and progress options with high degrees of potential risk and uncertainty

NIAS Corporate Risk Register Summary: June 25

					Initial		Current		Target		Risk Appetite	Current Risk Status					
Risk ID	Lead Director	Risk Title	Risk Description	Link to Strategic Objective	Score	Grade	Score	Grade	Score	Grade	Appetite Category	Months since score changed	Change in score since last review	Months since last updated	Action Plan Status	Risk Movement	Controls & Actions:
816	Director of Operations	Failure to meet agreed regional standards in respect of ambulance turnaround at hospitals.	If ambulances cannot be released from hospital EDs more quickly, this will lead to increased incidence of breaching the agreed regional performance standard of 30-minute turnaround, impacting the organisation's capacity and ability to respond to calls. NIAS crews are experiencing lengthy waits at hospitals.	6	25	Extreme	25	Extreme	2	Low	Averse	14	Reviewed 14/4/25. No change.	0	Actions noted		Risk Grading reviewed – no change – 14 April 2025. **Controls**: • Turnaround performance reported to all HSC Trusts on weekly basis. • Regional Control Centre (RCC) monitors pressures across HSC system, manages demand and puts in place escalation as required. • SOP developed for Cat 1 Call release at ED. • Measures in place to ensure patients over 75 do not wait more than 8 hours at ED. • Escalation to NIAS Chief/ Chair for discussion at accountability meetings. • Clinical strategy – Hear & Treat, See & Treat to manage patients without conveyance to hospital where clinically appropriate. • External review of hospital handover position carried out by NIAO – report published March 2025. • Getting It Right First Time March 2025 report. • NIAS SMT engagement with Permanent Secretary and Assembly Health Committee re handover position in April 2025. • SPPG-led delegation to London in March 2025 with representatives across HSC to view operation of handover protocol. **Key Actions**: • Further engagement with DOH and HSC partners to identify options to release pressure across the system and reduce turnaround times.
761	Director of Operations	Hazardous Area Response Team (HART) Capacity	If NIAS's Hazardous Area Response Team (HART) is not resourced in line with NHS commissioning standards, its capability to respond to high-risk and complex emergency events, will be limited, leading to unsafe systems of work for staff and potential safety risks to patients. The NHS Core Standards for EPRR mandate that six operational HART staff must be on duty at any given time. NIAS does not have adequate resources and personnel to deliver this operating model.	4 & 5	20	Extreme	16	High	2	Low	Averse	2	Reviewed 14/4/25. No change.	0	Actions noted		Risk Grading reviewed – no change – 14 April 2025. **Controls**: • Engagement with DOH Emergency Resilience & Protected Health Policy Lead. • Correspondence from NIAS Chief Executive to DOH Permanent Secretary outlining the issues and seeking engagement to explore how they can be addressed. • AACEs have agreed to provide input and expertise to development of any investment plan. • Continued provision of information to DOH to support decision-making around invitation to prepare a business case. **Key Actions**: • Await outcome from DOH in respect of invitation to prepare business case to enhance specialist response capacity. • Continue discussions with relevant partners about the potential of an all-island model of specialist response.

311	Director of PPCS	Cyber Security	Information security across the HSC is of critical importance to delivery of care, protection of information assets and many related business processes. If a Cyber incident should occur, without effective security and controls, HSC information, systems and infrastructure may become unreliable, not accessible when required (temporarily or permanently), or compromised by unauthorised 3rd parties including criminals. This could result in unparalleled HSC-wide disruption of services due to the lack of/unavailability of systems that facilitate HSC services (e.g. the ability to dispatch and monitor emergency ambulances, appointments, admissions to hospital, ED attendances) or data contained within. This may result in the need for HSC to cancel appointments and treatments or divert emergency/essential clinical or other services. The significant business disruption could also lead to increased waiting lists, delayed urgent clinical interventions and ambulance response, suboptimal clinical outcomes and potentially bring liabilities for the Service. It could also lead to unauthorized access to any of our systems or information (including clinical/medical systems), theft of information or finances, breach of statutory obligations, substantial fines and significant reputational damage.	6	20	Extreme	16	High	4	Low	Minimal	6	Reviewed 14/04/25. No change	0	Actions noted		Risk Grading reviewed – no change – 14 April 25. **Controls**: • HSC security hardware (e.g. firewalls). • HSC security software (threat detection, antivirus, email & web filtering). • Server / Client Patching. • 3rd party Secure Remote Access. • Data & System Backups. • Regional and Local ICT/Information Security Policies. • Data Protection Policy. • Change Control Processes. • User Account Management processes. • Disaster Recovery Plans. • Emergency Planning/Business Continuity Plans. • Regional Cyber Programme business case to fund improved cyber security for HSC has been approved. Expected Delivery lasts until 2028. • Work ongoing on 'Least Privilege' admin model access for 3rd party supplier accounts. • Implementation of Internal Audit recommendations. • Regional workshop on learning and implementing minimum standards for cyber security controls assurance framework. • New Defib Servers built- Q2 24/25. • Cyber Security best practices applied into the implementation of the new core CAD infrastructure. **Key Actions**: • Development of NIAS Digital Steering group • Enhance mandatory e-learning for staff. • "Exercise Enigma" Business Continuity Exercises to be facilitated with IT team. • Recommendations/ findings from Penetration Test of NIAS's new CAD system to be presented to MIS Q1 25/26.
727	Director of Operations	Response to mental health calls.	If NIAS staff are unclear about their role and responsibilities in respect of the Mental Capacity Act and the PSNI continue to disengage from mental health calls, there is the potential for significant delays in providing appropriate care. There is also the risk that staff could place themselves, and the patient, at harm through the use of inappropriate physical restraint.	1 & 4	16	High	16	High	2	Low	Averse	30	Reviewed 03/04/25. No change	0	Actions noted	**New to CRR**	**New to CRR- Agreed at SMT- May 25.** **Controls**: • NIAS engaged in DOH-led groups on the implementation of the Mental Capacity Act. involved in Regional working group. • NIAS Protocol agreed and development of draft guidance for operational staff. • Development of quarterly report on MCA & DoLs - related incidents • DoLs e-learning included in mandatory training for frontline staff from April 25. **Key Actions:** • Finalise guidance for NIAS staff and issue via JRCALC. • Continue to engage with regional partners (DOH and PSNI) on implementation of the MCA and highlight issues of concern via appropriate forum. • Roll out DoLs e-learning.

486	Director of Operations	Lack of engagement about HSC service changes	If NIAS is not informed about, consulted on, or resourced appropriately to facilitate service reconfigurations across the HSC system, then it will not be able to respond to accommodate new pathways, negatively impacting its capacity, journey times and ability to respond to patient calls.	1 & 2	16	High	8	High	6	Medium	Cautious	0	Reviewed 11/04/25.	0	Actions noted	**New to CRR**	**New to CRR- Agreed at SMT- May 25.** **Controls**: • Regional Destination Protocol and Bypass protocols in place for specific HSC service pathways. • NIAS participation in HSC service redesign consultation processes. • HSC Directors of Planning forum to discuss proposed service changes. • Inter Trust process to escalate adverse incidents arising from service reconfigurations. • Use of IAS and bank to facilitate additional shifts to accommodate service change. • March 2025 DOH Circular on Change on Withdrawal of services best-practice principles recommends that Trusts should "identify and monitor key indicators of potential impact on other specialties or services (including NIAS)." **Key Actions:** • Continued engagement with HSC partners and DOH to ensure NIAS is considered in redesign processes. • Ongoing monitoring of the impact of introduced changes and engagement with commissioners to seek funding support as required.
830	Director of QSI	Delayed call responses because of actions to mitigate late finishes.	If late finishes, largely caused by delayed hospital handovers, are not reduced or eliminated, actions (including Action Short of Strike (ASOS)) which have been put in place to mitigate impact on staff health/safety & wellbeing will continue and will impair NIAS' ability to respond to 999 calls particularly at shift handover times.	1,5	15	High	15	High	2	Low	Averse	6	Reviewed 14/4/25. No Change	1	Actions noted		Risk Grading reviewed– no change - 14 April 25. **Controls:** • Dispatch to Category 1 calls prioritised at start/end of shift. • Range of risks associated with actions/ASOS quantified and presented to SMT. • Regular engagement and communication with partners across HSC to escalate issues around late finishes and options to mitigate impact. • Trusts and NIAS implemented a series of measures to ensure that at times of ambulance shift changes, no ambulances would be waiting outside Emergency Departments. • Discussion with DOH Permanent Secretary and Assembly Health Committee April 2025 on hospital handovers and late finishes. • NIAS CEO engagement with SPPG to seek update on prospect of introducing London Ambulance Service model of handover. • Minister for Health has asked to meet TUs to discuss ongoing ASOS. **Key Actions:** • Minister for Health to meet with TU representatives. • NIAS working group to progress action plan to address risks pertaining to late finishes/ASOS.

372	Director of Operations	Operational Management Structure	The current operational management arrangements (nine to five) present a risk to effective service delivery and the necessary support to staff.	3	15	High	15	High	4	Low	Minimal	78	Reviewed 14/4/25. No change	0	Actions noted		Risk Grading reviewed – no change – 14 April 25. **Controls:** • Project team established and meets weekly. • Equality screening complete. Assessed as minimal impact. • Scheduled Care Service lead post advertised and recruited to. • Job descriptions for other posts with HR for evaluation. • Development of business case to support additionality that will be needed to implement the ops restructure. • HR staff member released to have dedicated capacity to support project. **Key Actions:** • Establish clear project timelines with short and long-term deliverables. • Progress recruitment to new posts. • Ensure PCOD Committee is provided with regular updates on the project.
403	Director of HR	Sickness Absence	If the management of sickness absence is not improved, this may impact on service delivery and improvement as well as resulting in an inability to achieve financial balance. This could further exacerbate the potential for detrimental impact upon service.	3	16	High	12	High	4	Low	Minimal	0	Reviewed 09/04/25. Grading lowered- Previous 16- High.	0	Actions noted		Risk Grading reviewed – Grading lowered- previous 16 High – 9 April 2025. **Controls**: • Absence related Internal Audit Recommendations closed in year. • Enhanced monitoring and structure in place with reports to PCOD • Delivery plan meeting 9/4/25 to agree plan for 25/26. **Key Actions:** • Implementation of Culture Programme improvement plan.
820	Director of Finance	Financial Stability - Achieving Financial Balance 2025-26	The Trust may breach its statutory duty to break even if it overspends against core budget, experiences unfunded cost pressures and/or service changes or does not deliver levels of required cash releasing efficiency savings.	4	16	High	9	Medium	6	Low	Cautious	0	Reviewed 9/4/25. No change.	0	Actions noted		Risk Grading reviewed – no change – 9 April 2025.Title change to reflect financial year 25/26. **Controls:** • 2025/256 financial plan developed, underpinned by targets and opening budget allocations. • Budget management meetings held monthly with each Directorate. • Finance reports to SPF Committee and Trust Board. **Key Actions:** • Monitoring to continue at Directorate Accountability meetings - held 3 times a year. • Monthly finance reports will be provided to SMT and to the Trust Board/Committees as appropriate. • SPF Committee to be provided with detailed financial reports and assessment of controls at meetings through 2025-26. • 4. Monthly Directorate finance variance monitoring reports to continue throughout the year.

531	Director of QSI	Oversight of Independent Sector Providers	If NIAS does not implement effective governance and assurance in respect of Independent Ambulance Services (IAS) (in absence of RQIA) there is a risk that quality and performance issues may not be addressed efficiently.	1,4,5	16	High	9	Medium	2	Low	Averse	4	Reviewed-14/04/25 No change	0	Actions noted		Risk Grading Reviewed –no change – 14 April 25. **Controls:** • Framework contract in place with independent providers. • Quarterly assurance meetings between NIAS and independent providers. • Periodic audits of independent provider premises/activity. • Engagement with RQIA to highlight NIAS's desire to see the establishment of a regulated framework. • Approval at SMT to support Quality Assurance Manager and Admin Support. • Recruitment of 22 ACAs completed. • Quality Assurance Manager and admin support posts have been advertised. • Two additional cohorts of ACA staff have started at NIAS since February 2025. • NIAS has highlighted issue of lack of independent regulation with DOH as part of sponsor branch discussions. **Key Actions:** • Complete recruitment of Quality Assurance Manager and admin support posts. • NIAS to correspond with RQIA in respect of assessing commissioning arrangements for IAS services.
559	Director of HR	Organisational Culture Improvement	If the Trust does not facilitate an organisational culture which makes staff feel safe and supported and enables delivery of compassionate care, there is a risk of adverse impacts to staff health and wellbeing, potentially leading to increased absence rates and recruitment and retention challenges. This would have a knock-on effect for delivery of core services and could also compromise the quality of patient care and service user experience.	3	15	High	6	Medium	4	Low	Cautious	0	Reviewed 09/04/25. No change	0	Actions noted		Risk Grading Reviewed – no change - 9 April 25. **Controls**: • Development of Culture Programme improvement plan and presentation to PFOD. • Proposal to establish culture programme presented to PFOD- February 25. • Co facilitated (Kinds Fund & Leadership Centre) workshop held on 31 March 25 • Programme Board formally reporting. • Programme of work and updates to be presented at each PCOD meeting. **Key Actions:** • Implementation of Culture Programme improvement plan.

395	Director of PPCS	Violence & Aggression in the workplace	There is a risk that should the Trust not develop, implement and resource an holistic, detailed and fit-for-purpose response to acts of aggression towards NIAS employees, there is potential for such aggression to continue to rise. This will adversely affect the health and well-being of staff.	3	9	Medium	9	Medium	6	Low	Minimal	5	Reviewed- No change	0	Actions noted		Risk Grading reviewed – no change – 23 April 25. **Controls**: • Violence and Aggression Reduction lead in post. • Violence reduction working group meets quarterly. • Information Markers placed on properties where service users have been violent and aggressive. • Policy and process in place for staff to report all incidents of violence and aggression which are investigated, and appropriate support provided. • Staff have access to Body Worn Cameras when out on shift. • Engagement and advocacy with partner organisations in respect of investigating and enforcing episodes of violence and aggression towards NIAS staff. • Engagement with AACEs on undertaking a local survey with staff. **Key Actions:** • Progress work to enhance conflict resolution training package. • Establish timescales for undertaking local survey with staff.
276	Director of Finance	Corporate Wide Contract Management	There is a risk that ineffective monitoring and control of contracts could result in expenditure being inappropriately or inaccurately incurred. Internal Audit provided Limited assurance in 2019-20 in an audit of Procurement and Contract Management which focused on Estates. A previous audit recommendation was that a central record of contracts should be created and maintained. External Audit in 2019-20 also made recommendations regarding DACs and the record of contracts.	4	9	Medium	9	Medium	6	Low	Cautious	11	Reviewed 14/04/25. No change	0	Actions noted		Risk Grading reviewed – no changes – 9 April 25. **Controls**: • A record of all NIAS contracts has been created. Suppliers and payments have been mapped against the contract record. • A Direct Award Contract Register has been created and is a standing agenda item at GARAC. • Contract management and Procurement guidance updated and disseminated to managers including the use of DACs. • Contract Management included as part of Directorate Accountability meetings. **Key Actions:** • Finance and PPCS to jointly seek evidence from Directorates regarding management of Contracts through 2025-26 Directorate accountability meetings.
848	Office of the Chair & Chief Executive	Recruitment and retention to senior roles	If the Trust is unable to attract, appoint and retain suitable candidates to senior roles on a substantive basis, it may have long-term vacancies at senior executive level and/or may have to rely on temporary appointments for a prolonged period of time. This could potentially affect the stability and resilience of the senior management team, as well as impact on organisational leadership and delivery of the Trust's strategic objectives.	5	9	Medium	4	Low	2	Low	Minimal	0	New to CRR	0	Actions Noted	**New to CRR**	**New to CRR- Added April 25.** **Controls:** • Option to advertise posts on a temporary/interim basis to cover vacancies in short-term. • Support and mentorship provided to individuals transitioning to more senior roles. • NIAS Chair has engaged with DOH to highlight consistency of banding of senior roles at the Trust, relevant to other HSC organisations. • Review commissioned by DOH to benchmark senior roles across HSC – vacant NIAS Chief Executive post to be prioritised. **Actions:** • Continue to engage with DOH to monitor progression of benchmarking exercise (NIAS Chair). • Following outcome of benchmarking exercise, facilitate substantive recruitment of NIAS Chief Executive post (NIAS Chair).

833	Director of Ops	Ability to respond to a High Consequence Infectious Disease	If NIAS is not able to provide a response to a High Consequence Infectious Disease (HCID), such as MPox, in line with recommended guidance because of capacity constraints, it could place patients and staff at clinical risk, and compromise service delivery. The National Ambulance Resilience Unit's (NARU) guidance recommends that HART services respond to all probable cases of Clade 1 MPox and that all operational staff complete HCID training and receive education on specific HCID PPE donning/doffing techniques. It is currently not possible to facilitate these aspects of the guidance at NIAS due to capacity constraints within the HART team and limited availability of the requisite training.	1,2,5	12	High	6	Medium	2	Low	Averse	4	Reviewed 14/04/25.	0	Actions Noted	⬇	**Proposal to de-escalate to Directorate Risk Register** Risk Grading reviewed – 16 April 2025. Risk Grading lowered- previously 12 Medium. **Controls:** • Development of an HCID guidance document in collaboration with IPC and HART, • Completion of an internal risk assessment in respect of any NIAS deviations from the NARU guidance. • Circulation of a memo to staff (co-signed by TUs) emphasising the importance of Fit Testing in the context of MPox • NIAS participated in Regional Tabletop Exercise • CMO decision in April 2025 that Clade 1 mpox would no longer be managed as an HCID. • Mpox IMT will continue to operate in shadow form. • EPRR training: 648 staff attended training days in 2025-26. • NIAS has corresponded with the PHA to request that NIAS be included in the planning of any future regional tabletop exercises to test the response to an HCID. **Key Actions:** • Continue to monitor suspected/confirmed mpox cases and engage with PHA and other regional partners as required.
825	Director of QSI	Patient Care Service (PCS) Capacity	If adequate resources are not in place to deliver PCS demand (within funded levels) there is a risk to delivery of services, patients and system HSC flow in terms of discharge.	1	15	High	6	Medium	4	Low	Minimal	0	Reviewed-14/04/25.	0	Actions noted	**De-escalate** ⬇	**Proposal to de-escalate to Directorate Risk Register** Risk Grading reviewed – 16 April 2025. Risk Grading lowered- previously 9 Medium. **Controls**: • Ops team reviewing cancellations on daily basis to identify risks. • Recruitment of 22 ACA staff completed & course commenced October 2024. • BI dashboard developed to review absence and compensatory leave. • Program for configuration of NIAS fleet to support PCS operational service model to be completed – • Profile of 22 new vehicles to be submitted to fleet. • Two additional cohorts of ACA staff recruited and started in post since Feb 2025. • Internal exercise to benchmark long-term IAS funding need in context of PCS staff headcount and likely vacancies. **Key Actions:** • Continue with replacement of vacant PCS posts as per recruitment and retention policy and procedures. • Scope recurrent IAS expenditure needs.

455	Director of QSI	Trust Safeguarding Arrangements	If adequate corporate safeguarding arrangements are not in place, there is a risk that supports, and effective protective interventions are not provided to service users.	2	15	High	6	Low	2	Low	Averse	0	Reviewed 14/04/25.	0	Actions noted	**De-escalate**

Proposal to de-escalate to Directorate Risk Register

Risk Grading reviewed – 16 April 2025. Risk Grading lowered- previously 12 Medium.

Controls:

- Weekly Rapid Review Safeguarding Meeting.
- Regular position report to SQPPE to provide safeguarding assurance.
- Safeguarding Policy, procedures and pathways in place, and training for staff.
- Review of NIAS commissioned private ambulance providers to include safeguarding processes and staff training (twice yearly inspections).
- Safeguarding pathway live on REACH, Dashboard has been created, with data pulled from Datix and Reach.
- Bespoke Safeguarding training introduced for Vol Car Driver and Volunteer first responders.
- Bespoke Safeguarding training introduced for Vol Car Driver and Volunteer first responders.
- Increase in referrals.
- 579 staff trained by end of 2024/25.
- Internal review of AACES recommendations: satisfactory

Key Actions:

- Continue to monitor uptake of safeguarding training for frontline staff.

Time since last risk grades changed:

Time Since last risk grades changed		
<12 Months	1-3 years	> 3 Years
12	2	1

NIAS Corporate Risk Register Heat Map:

		Impact (Consequence) Levels - Current				
		Insignificant (1)	Minor (2)	Moderate (3)	Major (4)	Catastrophic (5)
Likelihood	Almost Certain (5)			372 ,830		816
	Likely (4)				311, 761, 727	
	Possible (3)			276, 395,820, 531	403	
	Unlikely (2)		848	559, 833	486	
	Rare (1)					

		Impact (Consequence) Levels - Target				
		Insignificant (1)	Minor (2)	Moderate (3)	Major (4)	Catastrophic (5)
Likelihood	Almost Certain (5)					
	Likely (4)					
	Possible (3)		820, 395, 276			
	Unlikely (2)	531, 848	311, 403, 559, 372	486		
	Rare (1)		816, 761, 727, 830, 833			

Northern Ireland Ambulance Service
Health and Social Care Trust

TRUST BOARD

PRESENTATION OF PAPER

Date of Trust Board:	26 June 2025
Title of paper:	Trustboard Performance Report
Brief summary:	This paper is presented to Trustboard for noting This report outlines the key performance metrics up to and including the 31 May 2025. The executive summary within the report outlines the Key Performance indicators and actions being taken to address performance throughout the trust.
Recommendation:	**For Approval** ☐ **For Noting** ☒
Previous forum:	If applicable
Prepared and presented by: **Date:**	Neil Walker (Head of Performance) Seamus Mullan (Director of PPCS) 19 June 2025

Northern Ireland Ambulance Service
Health and Social Care Trust

TRUST CORPORATE SCORECARD

NORTHERN IRELAND AMBULANCE SERVICE

May 2025

for April 2025 Data and Performance

Northern Ireland Ambulance Service
Health and Social Care Trust

Executive Summary

Operational Performance:

Demand:

- Call answer demand in EAC for April 2025 increased by 5% when compared to April 2024
- Incident demand in April 2025 has decreased by 1% when compared to April 2024
- Patients conveyed to Hospital during April 2025 has also decreased by 4% when compared to April 2024, there was an average number of patients conveyed to Hospital per day of 329 patients.

Response Times:

- Response times In April remained a significant challenge across all categories, when comparing to the national standards.
- Category 2 response times are extremely concerning remaining significantly high at 54mins for April 2025. This is compared with April 2024 where category 2 performance was 39 mins.

Actions to Address:

- Automated C1 Dispatch is running in test, with a view to roll out into the control room. This is standard technology within all UK Trusts and will support the improvement work ongoing for response times
- Comprehensive work taking place to reduce the impact on operational cover from emergency leave and sickness absence. Significant progress has been made in reducing this impact and can be seen later in the report.
- A key piece of work being developed is the demand and capacity review of the operational staff and model required across the organisation to deliver services across the region. This work will provide the roadmap for organisational development over the next 10 years.

Clinical Performance:

Clinical Hear & Treat and See & Treat

- The Clinical H&T rate increased in April 25 with an outturn position of 7.8%. Clinical See & Treat decreased in April 25 to 10.6%.

Complex Cases

- Complex Cases demand remains high with 9% of all calls answered in control being from a known complex case.

Out of Hospital Cardiac Arrest

Please note data only available to March 2025 due to data lag.

- Increase in the median for Return of Spontaneous Circulation (ROSC) on all workable cardiac arrests from 21.6% to 24.0% from 2023.24 to 2024.25. Along with a slight decrease in the median for ROSC for shockable cardiac arrests from 47.6% to 45.8% from 2023.24 to 2024.25
- Increase in the 30-day survival rate for cardiac arrest from 7.1% to 7.4% from 2023.24 to 2024.25. 30-day survival increase for shockable rhythms from 23.8% to 25.0% from 2023.24 to 2024.25

Actions to Address:

- Changes are being made within the control room to target the right calls to the clinical hub to maximise impact on managing demand, with a plan to roll out more time for clinicians to make clinical assessments of patients. Training and development are a key intervention to improve the See and Treat rate within the organisation and continuous training is being provided routinely within the organisation.
- The Advanced practice paramedic tier within the organisation will also be a key development to improve the trust see and treat rate.
- Growing the complex case team is a must if we are to manage the contacts from this cohort of users in a different way and intervene int the required manner to meet the patient's needs
- The improvements outlined with the OHCA indicators, demonstrate that continuous training and development is key to ensure our staff our equipped and supported to make the most effective clinical interventions for the people of Northern Ireland.

Northern Ireland Ambulance Service
Health and Social Care Trust

Executive Summary

System Performance:

Handover:

- April 25 saw the trust lose >9k hrs with handover delays >15mins this is a increase of 1% from the hours lost in April 25, were the trust lost >9K.
- 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 reduced patient volume FY 2425 .25

Actions to Address:

- NIAS management team regularly meets with trusts to highlight the impact on patients due to the delays in handovers. There is a biweekly regional directors meeting that the trust attends with acute and community counterparts to discuss these issues and address the ongoing delays.
- The trust actively works with the regional coordination centre on a daily basis to manage these protracted delays across the region.
- Handover delays are key metrics contained within the System Oversight Measures that form the metrics to monitor the Strategic outcome framework with and are reported on a monthly basis.

Non-Emergency Performance:

*****NB. Any Performance Data shown for March & April 2025 is subject to ongoing Quality Assurance checks following unforeseen data quality issues resulting from the full installation of the new CAD system in March 2025. Therefore, the performance data for these months is subject to change following completion of the QA processes***.**

•Despite an approx. 20% vacancy rate for the majority of 2024/25 the Service showed an excellent efficiency improvement of 9.4% with an increase of over 5600 patient Journeys completed by PCS crews compared to the previous year.
•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", April '24 figure was down by 62% in comparison to April '25
•Non-Emergency activity increase in 2024 5,500 patient journeys, approx. 4%
•A total of 45 wte new ACAs have now joined the service in 2024/25 leading to a Net gain of 21 wte from the beginning of the year

Actions to Address:

- Loading Factor remains plateaued at just below 1.4 and 1.5 for outpatient journeys .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.
- 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 – 2024/25 average of 48% compliance an increase from 41% in same period 23/24. Of the non-compliant journeys 56% were within 30 minutes of the target.
- KPI 2 Outward Journeys – 2024/25 average of 60% compliance a decrease from 65% in same period 23/24. Of the non-compliant Journeys 57% were within 30 minutes of the target.

Productivity

- In 24/25 IAS activity accounted for 27% of non-emergency activity up from 26% 23/24.
- Increased use of IAS is due to vacancies within the tier, deployment of specific discharge vehicles and a targeting of reducing cancellation rates. Cancellations by NIAS in April '25 were 62% below April '24 figure

Northern Ireland Ambulance Service
Health and Social Care Trust

Executive Summary

Service Quality and Our People:

Serious Adverse Incidents, Complaints, Compliments and Care Opinion:

- There have been 7 potential SAIs reviewed, with the Trust notifying 4 during April 25. The 8-week timeframe for submission of SAI reports to SPPG remains challenging and the current average time for completion has remains steady at 104 days (15 weeks) down from a previous 106 days, compared with the 23/24 average of 98 days (14 weeks). Timely provision of essential SAI data impacts completion of SAI reviews and has been addressed with increased hours within the EOC team & additional capacity within CTQIU. Operational demands impacting timely completion of SAI reviews have been discussed at AD level, and the SAI Team are working with operational colleagues to improve this position.
- During April 2025, the Trust received 13 complaints, 35 compliments, and 11 Care Opinion stories. No complaints were accepted by NIPSO for investigation. Performance against the 2-day acknowledgement KPI remains strong at 100%. However, the percentage of complaints responded to within the 20-working-day timeframe stood at 26%, reflecting ongoing pressures. Contributing factors include sustained REAP 3 escalation, limited Service Officer capacity due to competing demands, delays in obtaining ROEs and completing call audits, staff absence, and challenges in coordinating timely review and sign-off due to senior management availability.
- 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.

Actions to Address:

- The SUFT continues to work collaboratively with operational teams to address these constraints and at AD level to improve response timeliness.
- To support improvement, SUFT is working closely with operational senior management and developing an options paper to explore alternative investigative models that enhance response times and strengthen learning outcomes.
- Ongoing engagement with coterminous trusts to address system wide pressures that are impacting the ability of NIAS to respond to patients in the community.
- The SAI team, proactively continues to work collaboratively with operational teams to address these constraints and at AD level to improve response timeliness

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.

Actions to Address:

- The Trust has a range of strategies to support those who experience exposure to trauma and other mental health issues including stress. These include a wide range of talking and other therapeutic interventions.
- The Trust's Health and Wellbeing Strategy also focuses on pro-active measures to support mental and physical health and wellbeing.
- Occupational Health action plan agreed between the trust and BHSCT to improve quality of referrals and increase prevention and early intervention programmes

Northern Ireland Ambulance Service
Health and Social Care Trust

Corporate Scorecard | System Oversight Measures (SOMs) | May 2025

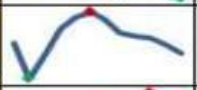
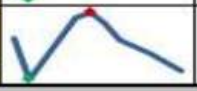
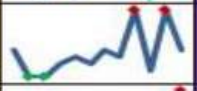
Indicator	System Oversight Measures (SOMs)	SOMs Target 2025.26	Outturn 2024.25	Latest Reported Period: This Month Outturn Position	Measure Trend	This Month (RAG)
Response Times						
1.1	Category 1 (mean) (minutes)	10 mins	11	11		G
1.2	Category 1 (90th Percentile) (minutes)	21 mins	22	20		G
1.3	Category 1 T (mean) (minutes)	15 mins	15	15		G
1.4	Category 1 T (90th Percentile) (minutes)	30 mins	30	27		G
1.5	Category 2 (mean) (minutes)	36 mins	58	54		R
1.6	Category 2 (90th Percentile) (minutes)	80 mins	129	122		R
1.7	Category 3 (90th Percentile) (minutes)	233 mins	305	302		R
Hsopital Delays						
2.1	Total Number of Patients Conveyed	N/A	9,606	9,822		
2.2	Percentage of Patients <=15 minutes	25%	8%	7%		R
2.3	Percentage of Patients <=30 minutes	45%	31%	30%		R
2.4	Percentage of Patients <=60 minutes	85%	66%	63%		R
2.5	Percentage of Patients >2 hours	0%	14%	17%		R
2.6	Number of Ambulance Turnarounds	tbc	10,153	9,882		
2.7	Percentage of Ambulance Turnarounds within 30 mins	51%	11%	11%		R
2.8	Average Handover Time at Type 1 ED (mins)	N/A	72	74		
2.9	Lost Hours from Handover delays >15mins (hrs)	N/A	10,570	9,556		
Demand Management						
3.1	Percentage of Patients Seen and Treated by NIAS	10%	13%	11%		G
3.2	Percentageof Calls Resolved with Telephone Advice	10%	6%	8%		A
3.2	Percentage of Patients Conveyed	80%	81%	82%		A
4.1	Percentage of Calls Answered within 5 Seconds	90%	91%	94%		G
4.2	Number of Calls Answered	N/A	17,299	20,346		

RAG Status Key:

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

Northern Ireland Ambulance Service
Health and Social Care Trust

Corporate Scorecard | **Key Performance Measures** | **May 2025**

Corporate KPIs - Our People						
6.1	Monthly Percentage of Hours Lost	tbc	8.5%	8.5%		
6.2	Cumulative % Hours lost from Sickness	tbc	10.1%	10.1%		
6.3	Cumulative % Hours lost from Short Term Sickness	tbc	2.2%	2.2%		
6.4	Cumulative % Hours lost from Long Term Sickness	tbc	7.9%	7.9%		
Corporate KPIs - Our Communities will continue to value and trust us						
7.1	Number of potential SAIs reviewed	N/A	11	9		
7.2	Number of SAIs notified	N/A	10	4		
7.3	Number of Complaints	N/A	18	36		
7.4	Number of Compliments	N/A	27	25		
7.5	Nmber of patient stories received	N/A	10	12		
8.1	Forecast Revenue Expenditure	£ -	£ -	£ -		G

RAG Status Key:

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

Northern Ireland Ambulance Service
Health and Social Care Trust

Operational Performance

Northern Ireland Ambulance Service
Health and Social Care Trust

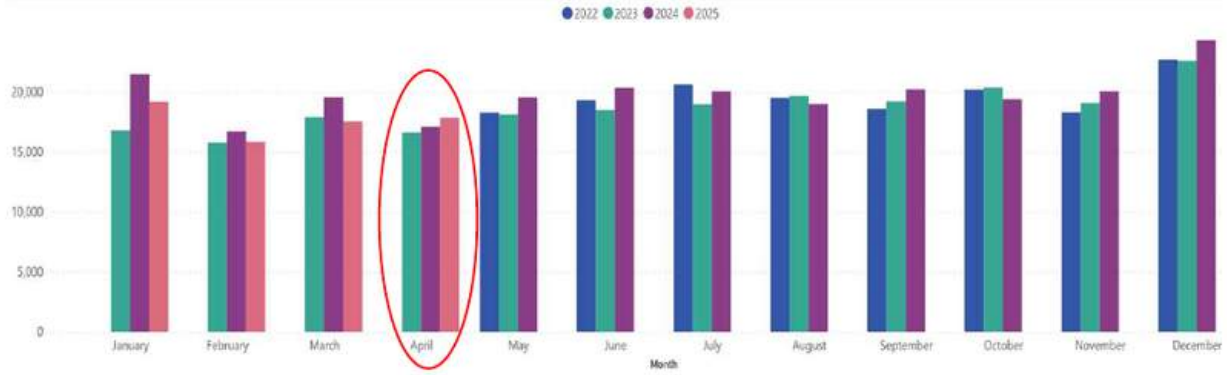
Our Patients | Emergency Demand Performance | Operational Demand

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

The analysis below describes: Calls Answered and Call Answering Performance

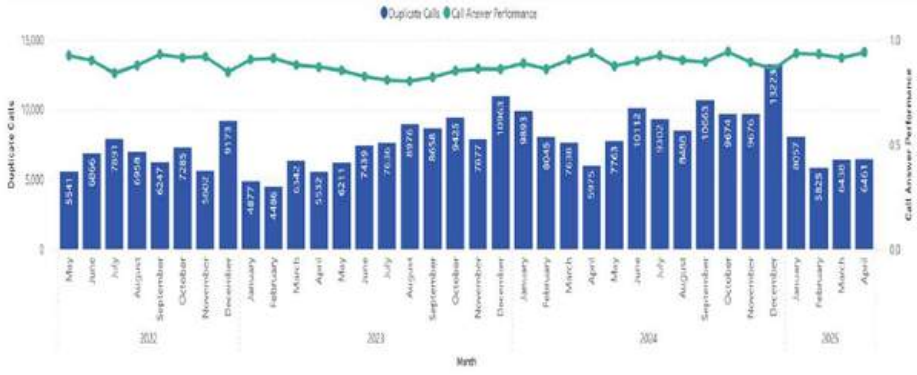
999 Calls Answered

Monthly Demand



Call Answering Performance and Duplicate Calls

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



- **April 25** has seen an increase in demand levels of 5% when compared with April 2024. The call answer demand into EAC for 2025.26 Financial Year to date has saw an increase of 5% when compared with Financial Year 2024.25.
- **April 2025** saw an average of 594, 999 calls per day being answered by EAC which is an increase from 568 calls per day in April 2024.
- **Call Answering performance** maintained the expected outturn position given the increase in call demand in April 25. The **April 2025 call answering performance was 94%** for the month.
- **Duplicate Calls** remained high in **April 2025** at 6,461 which is an increase of 8% when compared with **April 2024**.

Northern Ireland Ambulance Service
Health and Social Care Trust

Our Patients | **Emergency Demand Performance** | **Operational Demand**

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

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

Response Demand

Monthly Incidents (A7)

Conveyances to Hospital

Patients Conveyed per Month

- **April 2025** has seen a decrease in Incident levels of 1% when compared with April 2024. The incident demand for 2025.26 Financial Year to date has also decreased by 1% compared with Financial Year 2024.25.
- **April 2025** saw an average of 489 incidents per day requiring an ambulance clinical response.
- **April 2025** conveyances decreased by 4% when compared with April 2024. The numbers of patients conveyed to hospital 2025.26 Financial Year to date has also decreased by 4% compared with Financial Year 2024.25.
- **April 2025,** saw an average of 329 patients conveyed to hospital per day.

Northern Ireland Ambulance Service
Health and Social Care Trust

Our Patients | 999 Response Time Performance | Response Times Scorecard

Latest Month	Apr-25

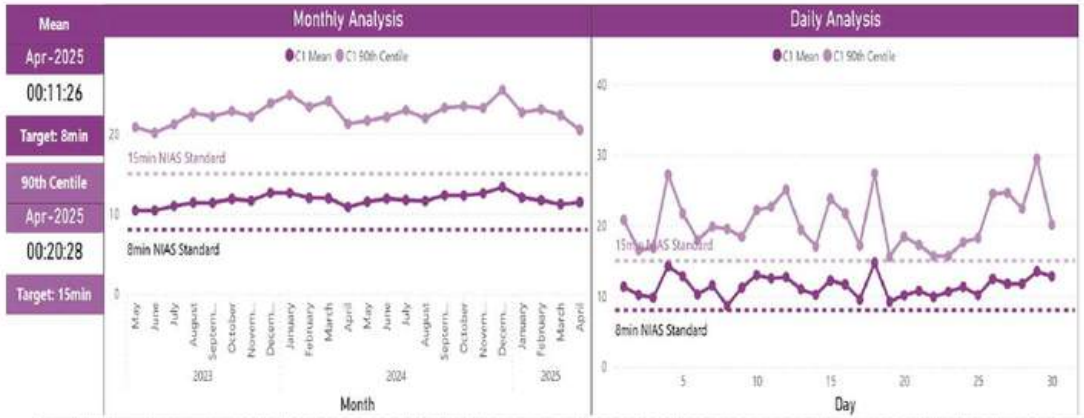
	Target	Current Performance: Latest Month	Current Performance: YTD (from April)	Current Performance: Rolling 12 Month	Benchmarking (Latest Month): National Data	Benchmarking (Latest Month): Best in Class	Benchmarking (Latest Month): Ranking (out of 12)
Category 1 response - Mean	8 Minutes	00:11:26	00:11:55	00:12:00	00:07:43	00:06:19	12
Category 1 response - 90th Centile	15 Minutes	00:20:28	00:22:45	00:22:53	00:13:45	00:10:56	12
Category 1T response - Mean	19 Minutes	00:15:03	00:15:47	00:15:51	00:09:26	00:07:13	12
Category 1T response - 90th Centile	30 Minutes	00:27:54	00:30:16	00:30:17	00:17:03	00:12:23	12
Category 2 response - Mean	18 Minutes	00:54:49	00:58:05	00:59:42	00:27:34	00:20:22	12
Category 2 response - 90th Centile	40 Minutes	02:02:09	02:09:06	02:12:36	00:56:25	00:41:26	12
Category 3 response - Mean	Not a target	01:54:02	02:17:10	02:21:05	01:32:34	00:54:52	10
Category 3 response - 90th Centile	2 Hours	05:02:39	05:59:42	06:12:43	03:30:24	02:06:14	12
Category 4 response - Mean	Not a target	01:14:55	02:30:18	02:42:16	01:58:52	01:14:20	2
Category 4 response - 90th Centile	3 Hours	01:37:48	05:04:29	06:00:12	04:24:47	02:55:35	1

Northern Ireland Ambulance Service
Health and Social Care Trust

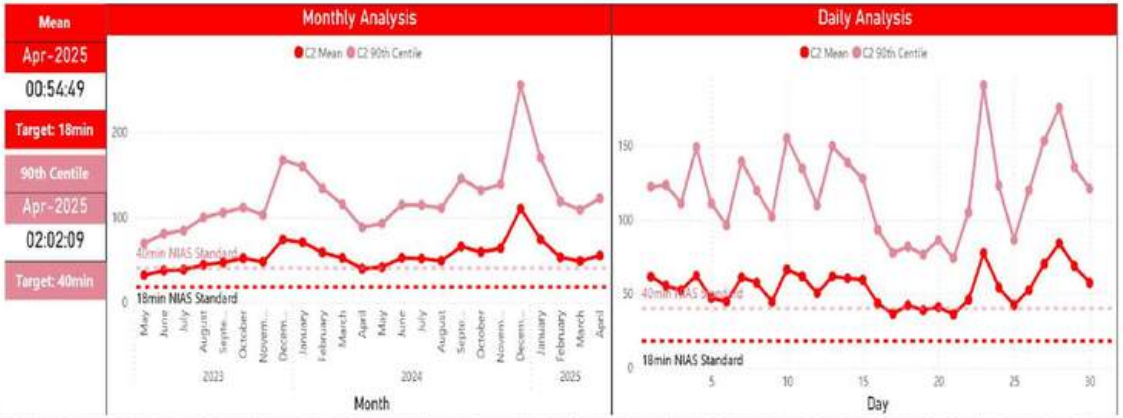
Our Patients | 999 Response Time Performance | Response Times

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

- April 25 Category 1 mean response time was 11 minutes 26 seconds; while the Category 1 90th centile was 20 minutes 28 seconds.
- April 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

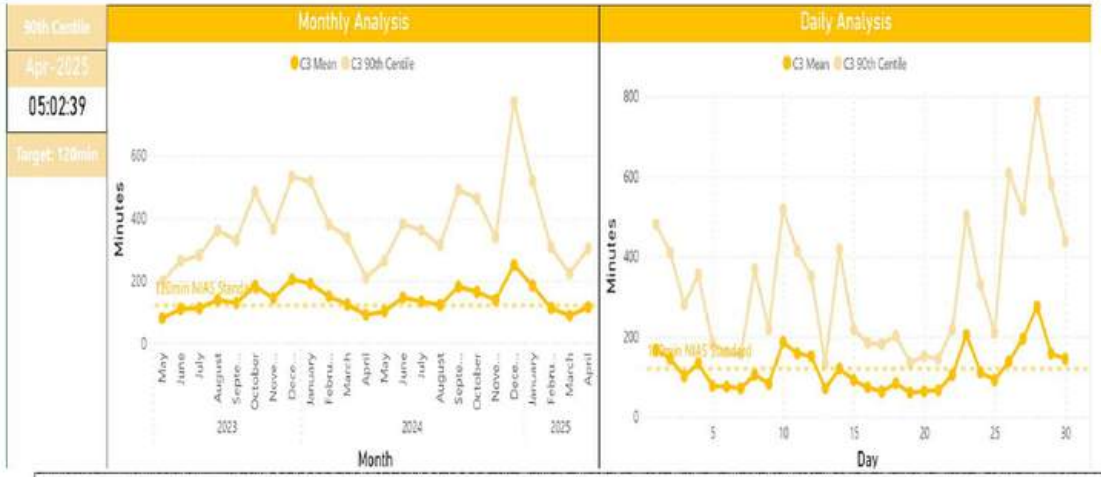
- April 2025 Category 2 mean response time was 54 minutes 49 seconds; while the Category 2 90th centile was 2 hours 2 minutes 09 seconds.
- Both the Category 2 mean and 90th centile response times remained challenging through April 25. There are a number of actions that have been particularly impactful 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

Northern Ireland Ambulance Service
Health and Social Care Trust

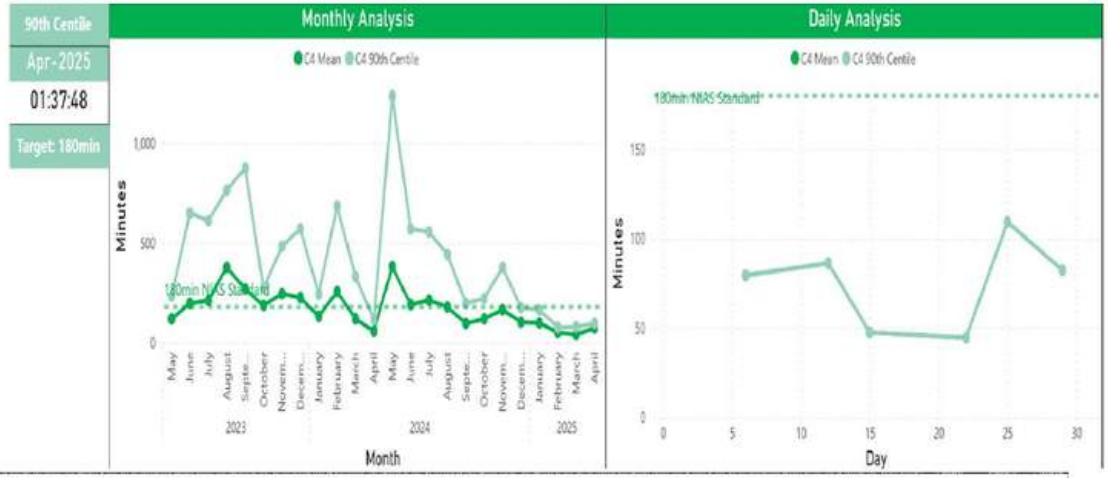
Our Patients | 999 Response Time Performance | Response Times

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

- April 25 Category 3 mean response time was 1 hours 54 mins; while the Category 3 90th centile was 5 hours 02 minutes, **over 3 hour above target.**
- As outlined in the previous slide, category 3 response times are impacted by the same root causes.

Category 4

- April 25 Category 4 mean response time was 1hour 14 minutes; while the Category 4 90th centile was 1 hour 37 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.

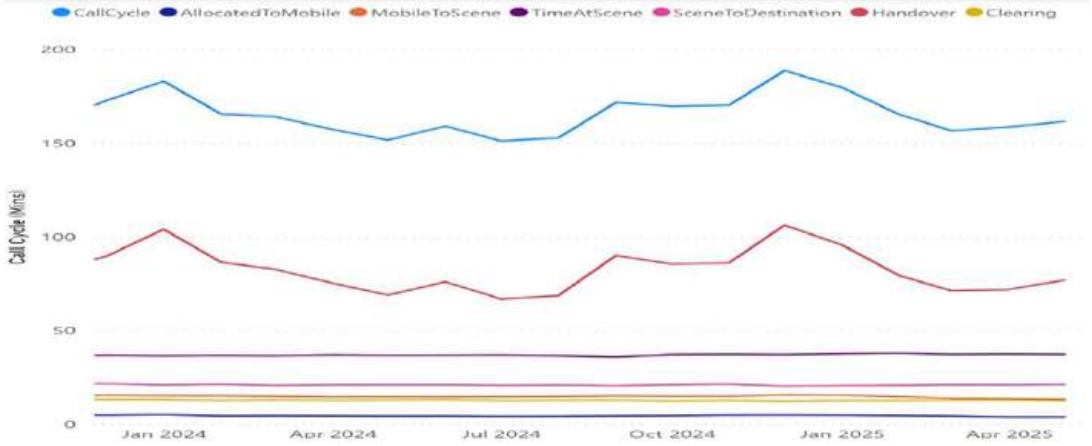
Northern Ireland Ambulance Service
Health and Social Care Trust

Our Patients | 999 Response Time Performance | Emergency Job Cycle Times

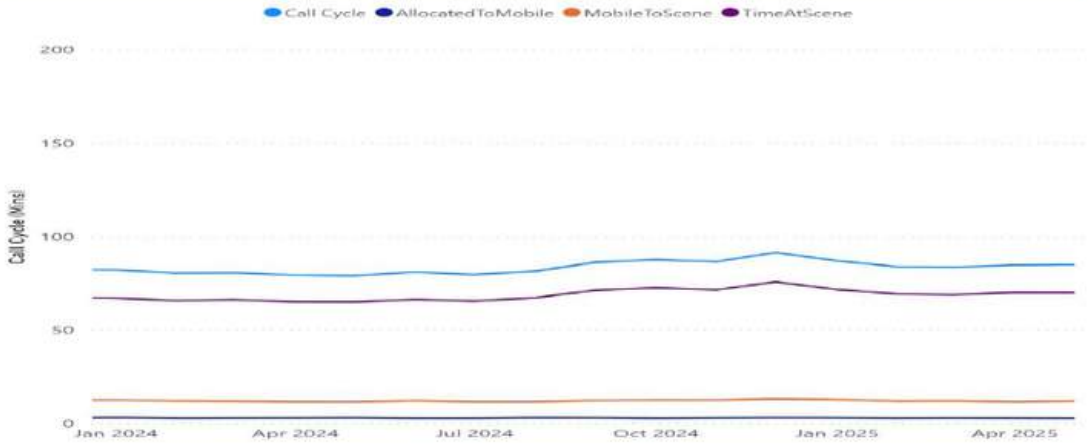
Efficient Job cycle times are critical to our response to patients across the region.

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

Conveyed Job Cycle Times



Non-Conveyed Job Cycle Times



Conveyed Average Job Cycle Times

- April 2025 Conveyed average job cycle time was 2 hours 38 mins (158mins), when compared with April 2024 the average job cycle time was 2 hours 37mins (157mins).
- The 2025.26 YTD conveyed average job cycle time is 2 hours 38mins , whilst in 2024.25 the average job cycle time was 2 hours 37mins. This is an increase of 1mins between the two periods.

Non-Conveyed Average Job Cycle Times

- April 2025 Non-Conveyed average job cycle time was 1 hour 24mins (84mins), when compared with April 2024 the average job cycle time was similar at 1 hours 19mins (79mins).
- The 2025.26 YTD Non-Conveyed average job cycle time is 1 hour 24mins, whilst in 2024.25 the average job cycle time was 1 hours 19mins. This is an increase of 5 mins between the two periods.

Northern Ireland Ambulance Service
Health and Social Care Trust

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

Northern Ireland Ambulance Service
Health and Social Care Trust

Clinical Performance

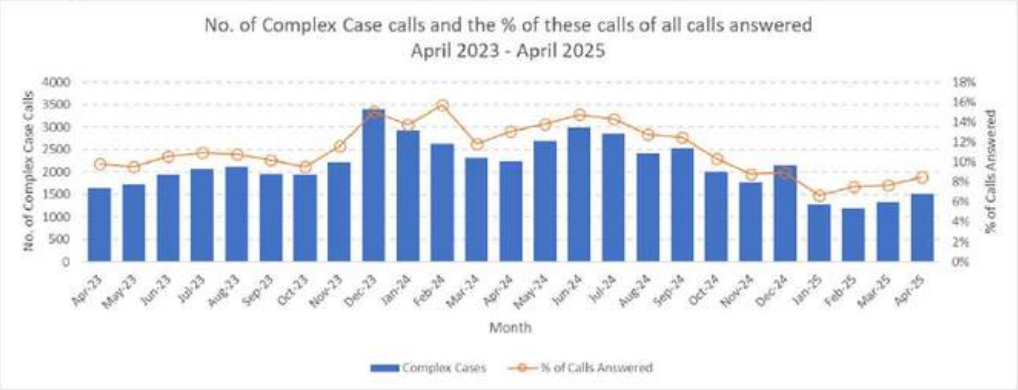
Northern Ireland Ambulance Service
Health and Social Care Trust

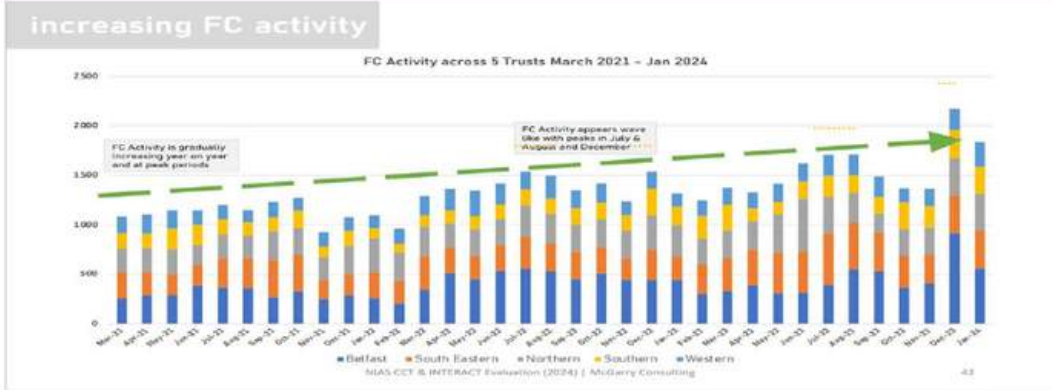
Our Patients | **Demand Management** | **Prevention**

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

Complex Cases





April 2025 saw Complex Case calls at 9% of all the calls answered within the control room, a total of 1,519 calls were made by complex cases.

When comparing **April 2025**, there was a **32% decrease** in activity from these service users than the activity in **April 2024.**

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.

Northern Ireland Ambulance Service
Health and Social Care Trust

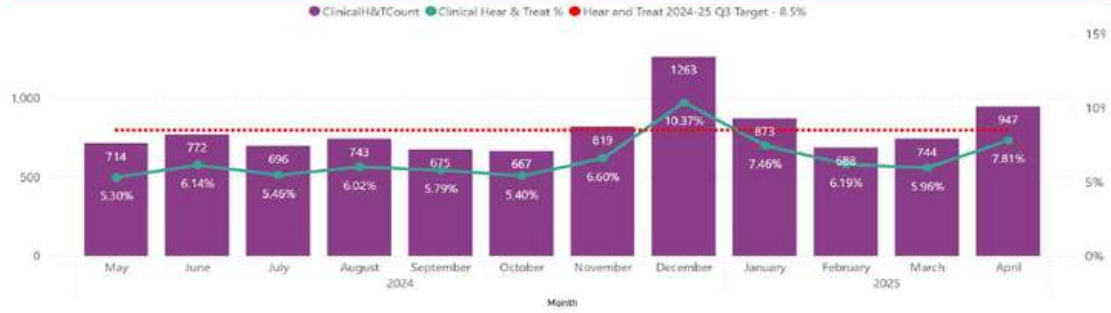
Our Patients | Demand Management | Hear & Treat and See & Treat

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

Clinical Hear & Treat

Monthly Hear and Treat %



April 2025 saw the Hear and Treat rate fall short of target at 7.8%, 947 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.

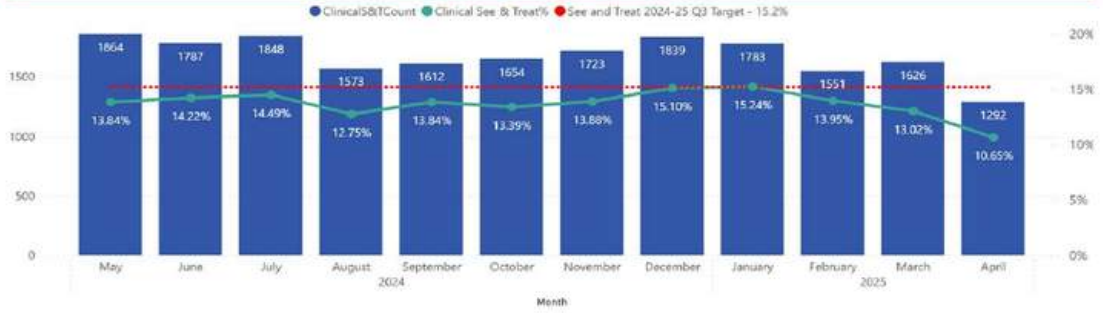
Work continues to train and develop the Clinical hub to realise a continued improvement in the Trust's Hear & Treat rate as we move through 2025.26.

The new clinical approach within the team is continuing to be revised and developed to drive greater efficiency within the team by focusing on the most beneficial calls. Call volume increased slightly in April 25.

The aimed improvement trajectory is to increase Hear & Treat to 10%.

Clinical See & Treat

Monthly See & Treat %



April 2025 See & Treat rate was 10.6% which is a substantial decrease in performance during the month. 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%.

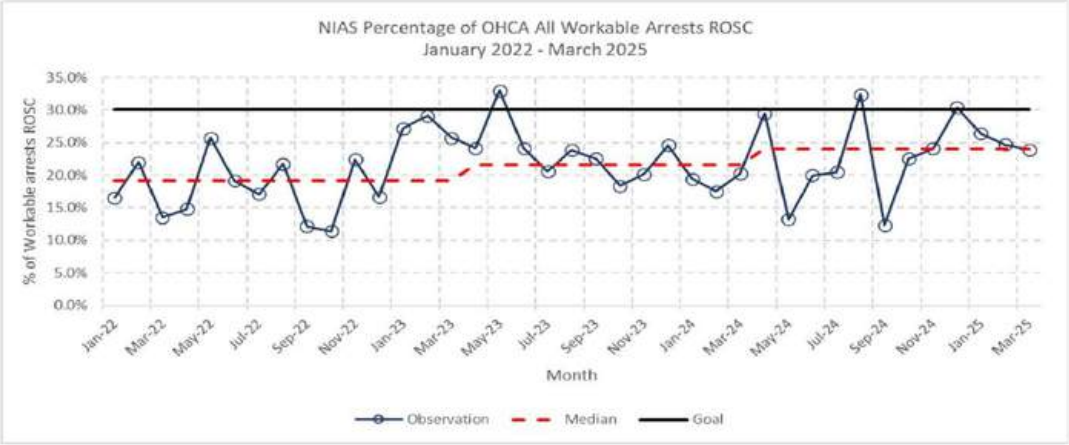
Northern Ireland Ambulance Service
Health and Social Care Trust

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.

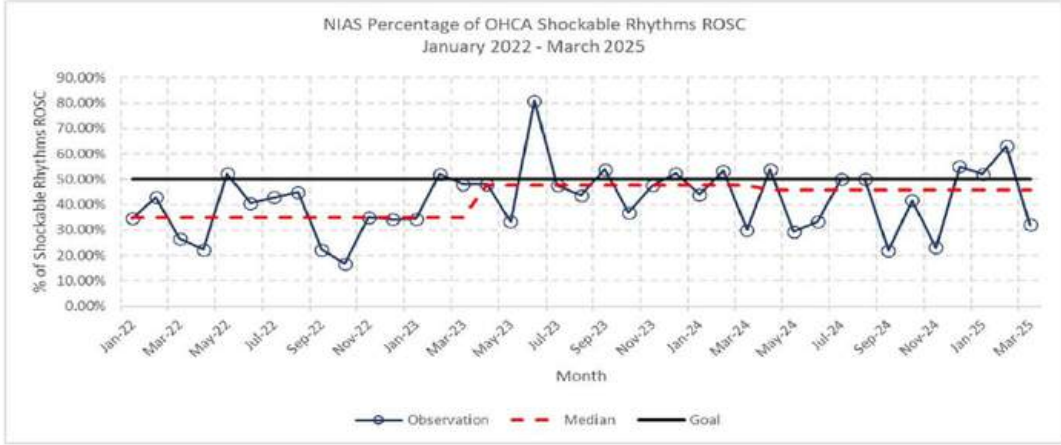
The analysis below describes: NIAS Return of Spontaneous Circulation (ROSC) Rates for Workable Arrests and Shockable Rhythms

ROSC Percentage of OHCA for all Workable Arrests



- The goal of 30% is taken from benchmarking other UK 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



- 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.

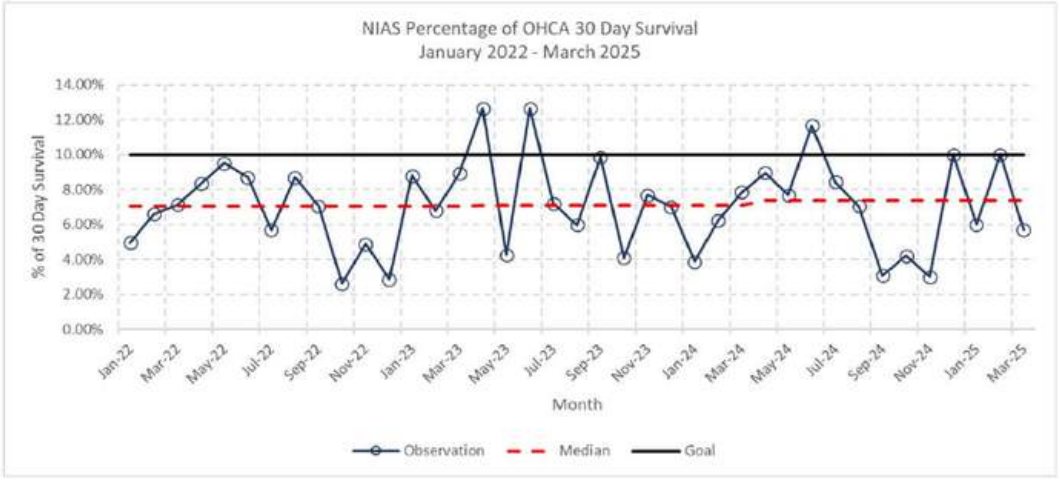
Northern Ireland Ambulance Service
Health and Social Care Trust

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.

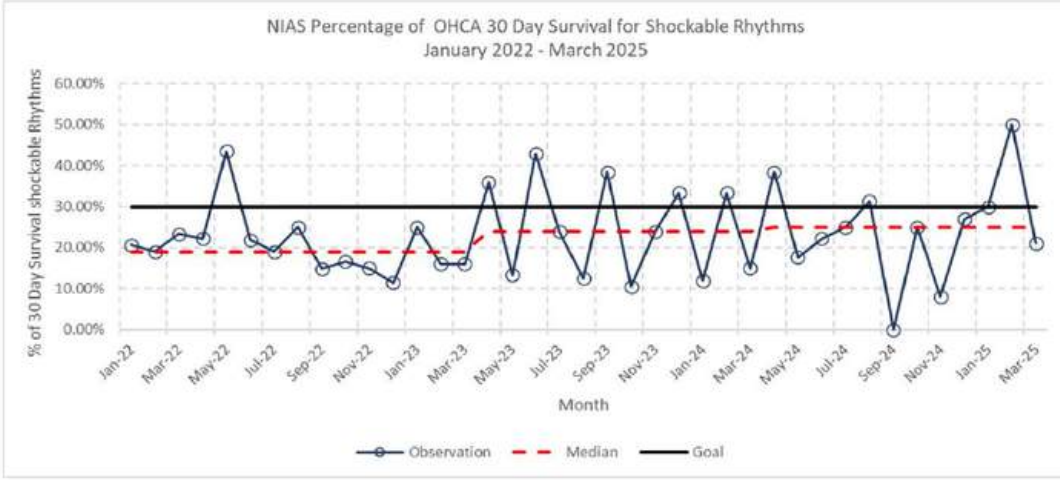
The analysis below describes: NIAS OHCA 30-day Survival and 30-day Survival Shockable Rhythms

OHCA 30-day Survival



- 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.

OCHA 30-day Survival Shockable Rhythms



- 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.

Northern Ireland Ambulance Service
Health and Social Care Trust

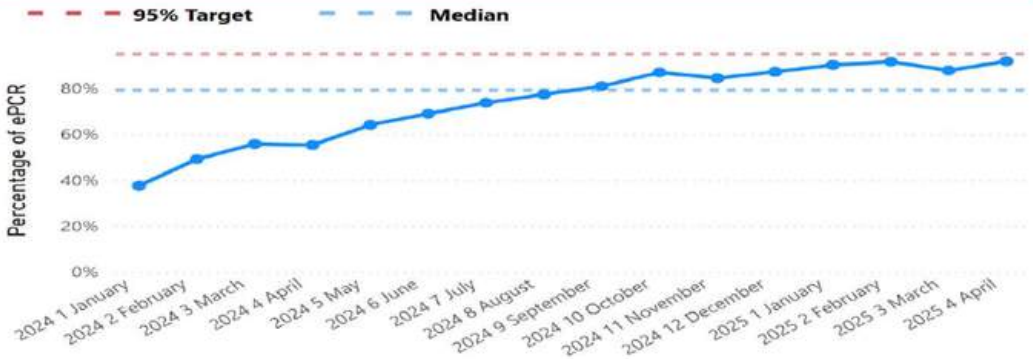
Our Patients | Electronic Patient Care Records | ePCR Compliance

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.

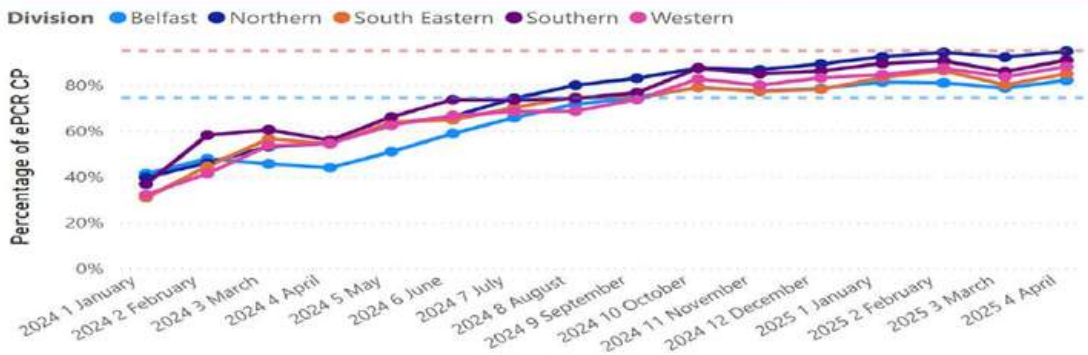
The analysis below describes: NIAS ePCR Compliance

ePCR Compliance

Trust Compliance with EPCR usage



Divisional Compliance with EPCR usage



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

April 2025 compliance across the trust is **92%** against an internal trust standard of 95%. Q4 2024.25 and Q1 2025.26 to date, all divisions are showing ePCR compliance in excess of 80% compliance.

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.

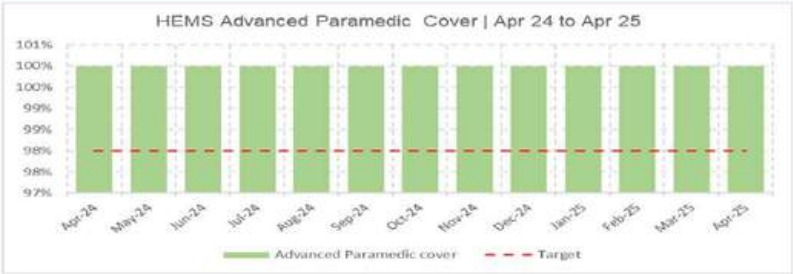
Northern Ireland Ambulance Service
Health and Social Care Trust

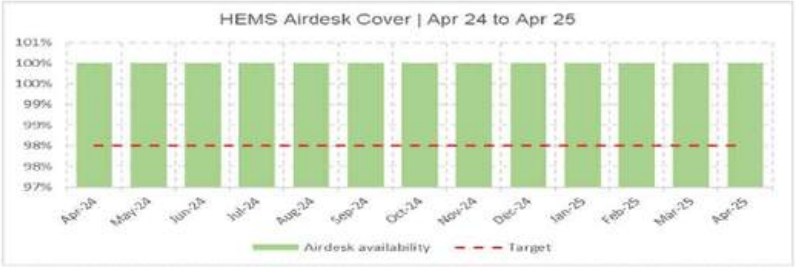
Our Patients | Critical Care Cover | HEMS

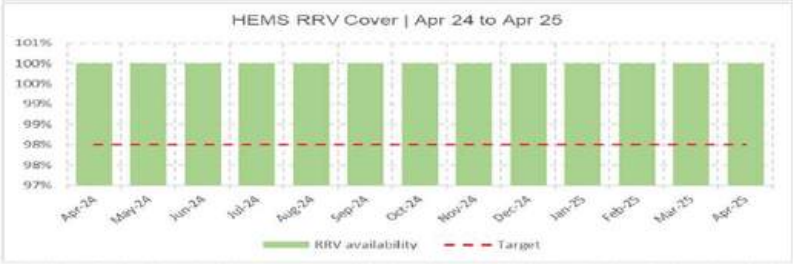
Critical Care Cover is a key enabler for delivery of critical care across Northern Ireland. This ensures the most appropriate clinical skills are available to deliver the required response to patients requiring critical interventions timely.

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, April 2025 Consultant cover was a challenge and feel below the 98% target.

Northern Ireland Ambulance Service
Health and Social Care Trust

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 in now implemented to support crews with clinical decision making and alterative 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.

Northern Ireland Ambulance Service
Health and Social Care Trust

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.

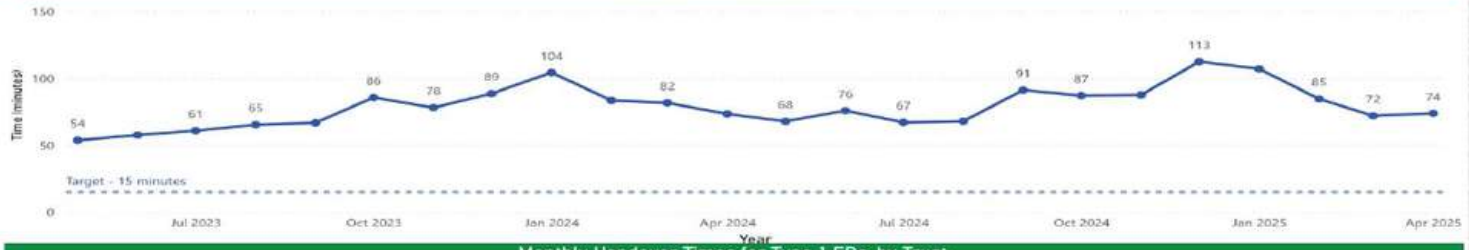
Arrival at Hospital to Patient Handover

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)
CAUSEWAY	564	564	537	95.21%	270	47.87%	866.70	106.98
ULSTER	1419	1419	1313	92.53%	676	47.64%	1,882.53	94.33
CRAIGAVON AREA	1226	1226	1117	91.11%	489	39.89%	1,585.56	92.24
ROYAL GROUP	2003	2003	1879	93.81%	903	45.08%	2,002.66	74.63
ANTRIM AREA	1623	1623	1516	93.41%	383	23.60%	1,265.16	61.50
ALTNAGELVIN	1117	1117	1063	95.17%	398	35.63%	849.35	60.44
DAISYHILL	554	554	512	92.42%	171	30.87%	396.23	57.62
MATER	458	458	402	87.77%	111	24.24%	303.67	54.39
SOUTH WEST	614	614	571	93.00%	163	26.55%	365.88	50.39
BELFAST CITY	30	30	25	83.33%	3	10.00%	6.91	28.19
DOWNE	37	37	21	56.76%	2	5.41%	8.47	26.02
RBSC	91	91	54	59.34%	4	4.40%	17.35	24.66
LAGAN VALLEY	66	66	38	57.58%	0	0.00%	6.48	19.13
Total	**9802**	**9802**	**9048**	**92.31%**	**3573**	**36.45%**	**9,556.95**	**73.17**

Total Time Lost (Hours) - Last 12 months

127,386.16

Monthly Handover Times



Monthly Handover Times for Type 1 EDs, by Trust

In April 2025, NIAS experienced a total of 9,556 lost hours. This is the equivalent of 27 shifts per day where crews are waiting with patients outside EDs; 24% of our planned capacity. These lost hours were experienced from 9,048 instances where our crews waited longer than 15mins to handover their patient at ED. 3,573 handovers took longer than an hour in April 2025

In April 25, >70% of the 9,556 lost hours occurred at the four ED sites listed below in order of hours lost:

- *Ulster Hospital (1.8k hours; 92% > 15min; 48% > 1hr)*
- *Antrim Area (1.2k hours; 93% > 15min; 24% > 1hr)*
- *Royal Victoria (2.0k hours; 93% > 15min; 45% > 1hr)*
- *Craigavon Hospital (1.5k hours; 91% > 15min; 40% > 1hr)*

In the last 12 months, >92% of the handovers exceeded the 15min target at our acute EDs, resulting in circa 127k hours lost. The lost hours experienced in April 25 is an increase of 98 hrs or 1% from March 25, whilst the number of instance of delayed handovers decreased by 2% in the same period.

The 9,556 operational hours being lost are equivalent to 796 12-hours shifts per month, or 27 12-hour shifts per day.

Northern Ireland Ambulance Service
Health and Social Care Trust

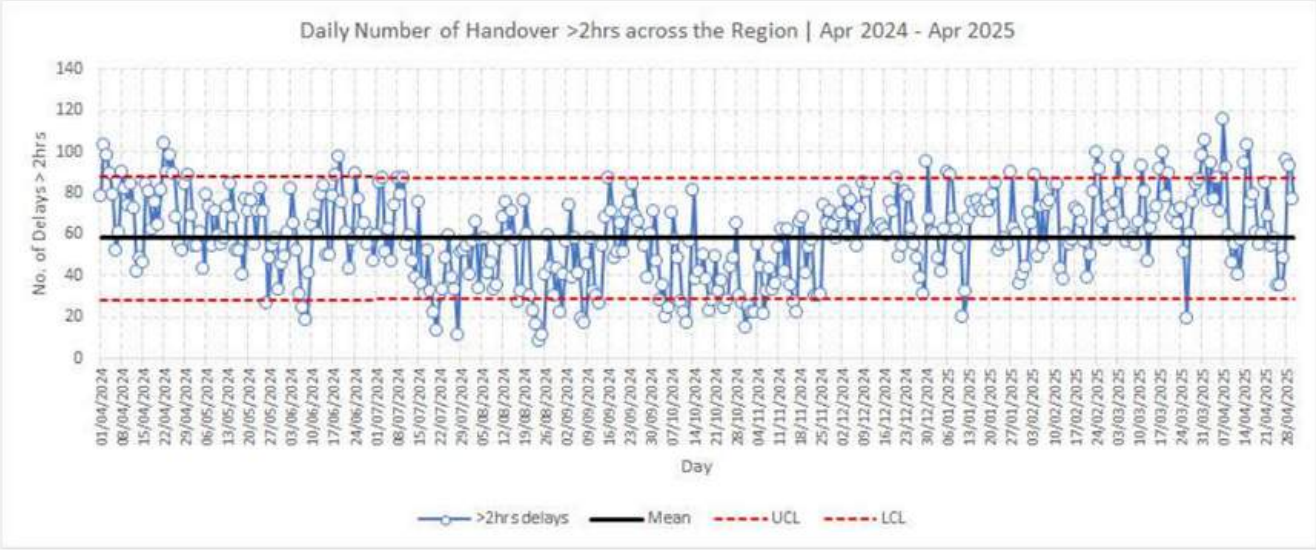
Our Patients | Emergency Performance | 2hr Back Stop Regional Performance

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.**



The chart to the left is a statistical Process Control (SPC) chart, outlining the variation in the handover process. Since March 23, the 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.

Northern Ireland Ambulance Service
Health and Social Care Trust

Non-Emergency Performance

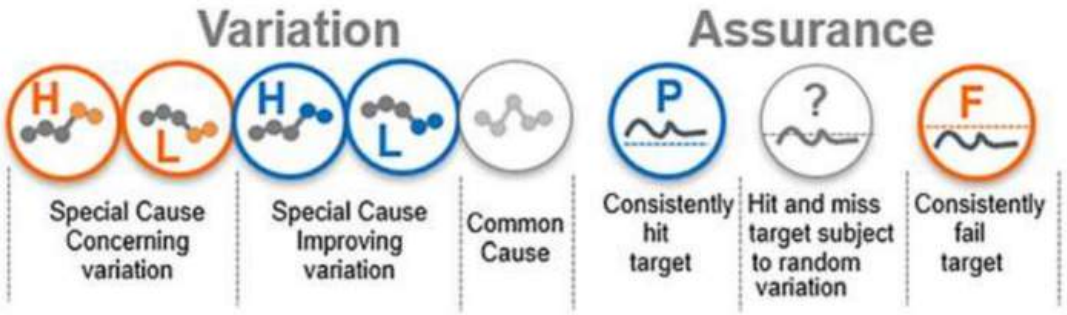
Northern Ireland Ambulance Service
Health and Social Care Trust

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:



Northern Ireland Ambulance Service
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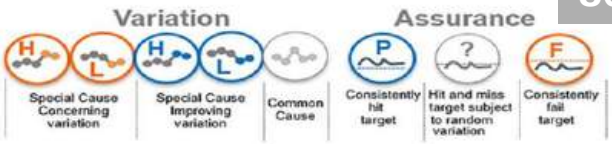


Our Patients | Non - Emergency Performance | Summary Sheet

Improvement Summary/Actions

Positive variations are identified in 6 of the 9 measures this month. Although data isn't currently available to update 3 of the 9 measures for April 2025.

NB. Any Performance Data shown for March & April 2025 is subject to ongoing Quality Assurance checks following unforeseen data quality issues resulting from the full installation of the new CAD system in March 2025. Therefore the performance data for these months is subject to change following completion of the QA processes.

Non-Emergency Services

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
KPI 1 Arrivals	Mar 25	42.51%	95.00%			38.00%	33.45%	42.56%
KPI 2 Departures	Mar 25	72.00%	95.00%			67.42%	63.25%	71.58%
PCS Journey's	Apr 25	5862	5500			5281	4186	6375
Cancellations	Apr 25	382	438			710	280	1140
Loading factor Outpatients	Apr 25	1.42	1.80			1.40	1.30	1.50
PCS complaints	Apr 25	4	0			7	-3	17
Loading factor total	Apr 25	1.33	1.80			1.34	1.26	1.41
PCS sickness absence	Apr 25	21	24			33	21	44
PCS WTE	Mar 25	246	265			223	209	237

Northern Ireland Ambulance Service
Health and Social Care Trust

Variation

Special Cause Concerning variation | Special Cause Improving variation | Common Cause

Assurance

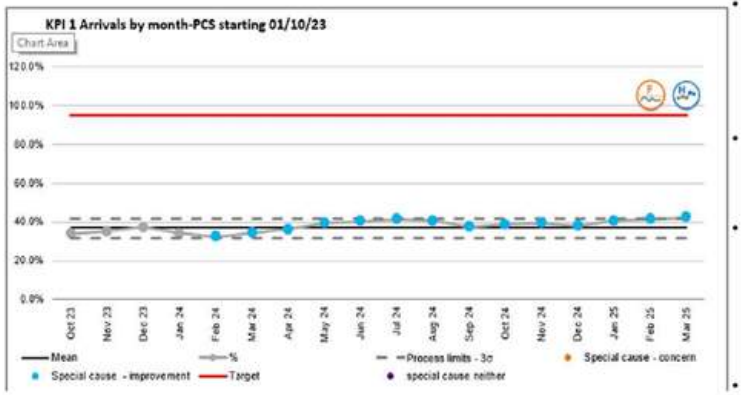
Consistently hit target | Hit and miss target subject to random variation | Consistently fail target

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

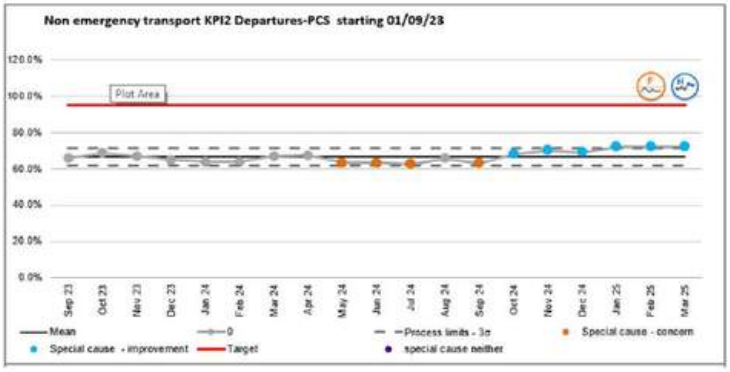
KPI 1 - That 95% of inward journeys will arrive within the 60mins prior to an appointment time.

- 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.



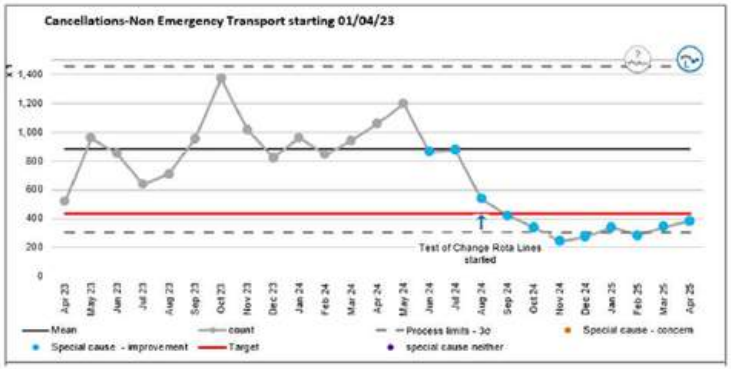
KPI 2 - That 95% of outward journeys will start within 60 minutes of the patient being booked as ready by the clinic/hospital.

Compliance at 72% 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.



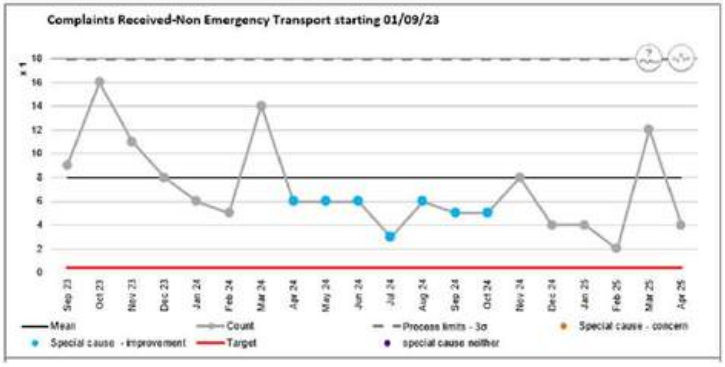
Cancellations by NIAS

- 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.
- This was achieved in each of the 7 months following the targeted action with the overall rate for cancellation falling to 4.1% in 2024/25



Complaints

- In April, 4 complaints were received relating to Non emergency services with 1 subsequently withdrawn.
- The 3 remaining complaints all related to dissatisfaction with transport to/from dialysis appointments. 1 of these is yet to be satisfactorily resolved.
- Whilst the service has an aim of no complaints, the 24/25 levels the average of 6 complaints per month should be read in the context of the service providing approx. 13,200 patient journeys per month. An average of less tthan1 complaint per every 2,000 patient journeys.



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Variation: Special Cause Concerning variation; Special Cause Improving variation; Common Cause
Assurance: Consistently hit target; Hit and miss target subject to random variation; Consistently fail target

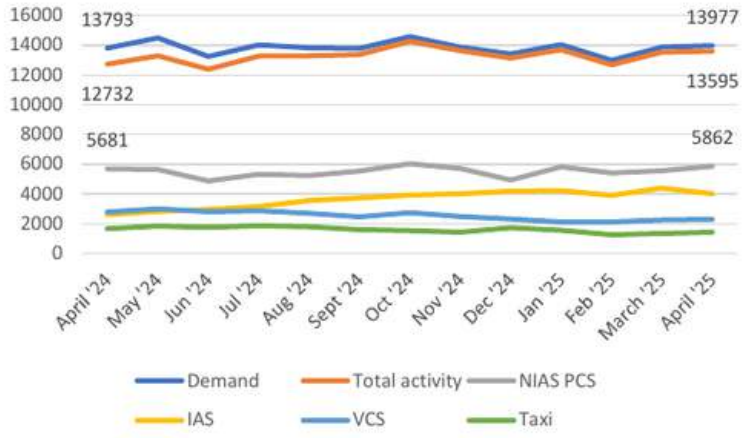
Our Patients — Non-Emergency Performance

Non-emergency transport journeys in Total and by Provision

- This comparative graphic illustrates the share of 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 2024/25 41% of the journeys were completed by a NIAS Ambulance a rise of 2% in from 2023/24.
- In 2023/24 Activity equalled 93% of demand during 2024/25 this has risen to 96% of demand.
- The increase in the use of IAS resources in 2024/25 was as a result of a number of factors including ACA vacancy levels, an improvement aim to reduce cancellations & efforts to provide a responsive discharge service and hence flow through hospitals.

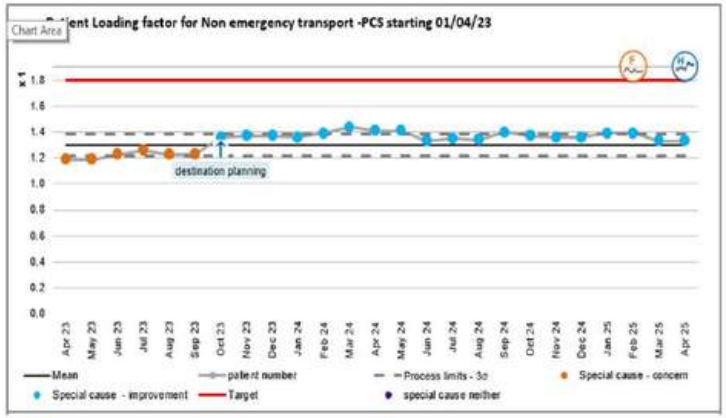
***NB** The operational definition of Service Demand used at this point is Total Activity + Cancellations by NIAS.*

Non-Emergency Activity by Provision



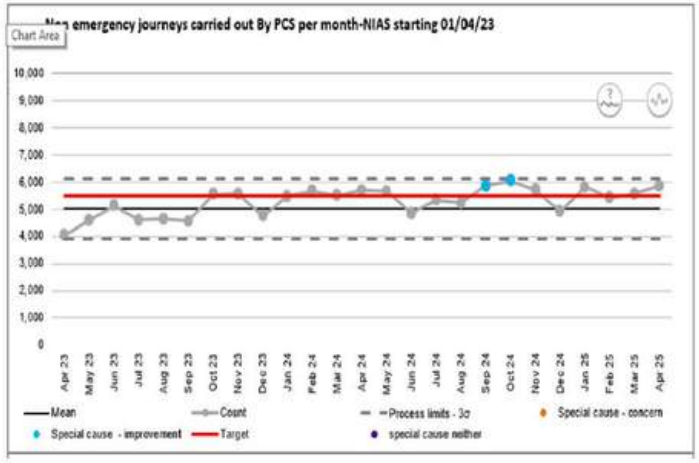
Patient Loading Total

- 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. For 2024/25 this measure averaged 1.37 compared to 1.30 in 2023/24
- The PCS Team are currently engaged with the National Non Emergency Patient Transport Services (NEPTS) group to benchmark with other services. In relation to patient loading factor.
- Other change actions including an improvement in the day-to day availability of staff and a revision of rotas to better align with service needs will be required to make further progress towards the target.



Non emergency transport Journeys completed by PCS

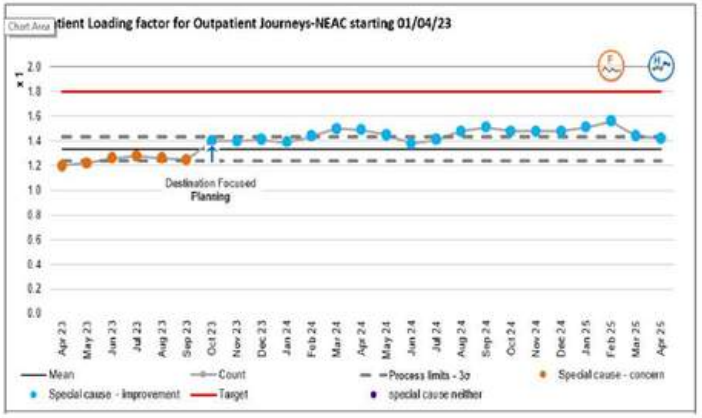
- The Improvement Objective was that PCS activity would increase in 24/25 by 10% from 23/24 this requires approx. 6,000 additional journeys.
- In 24/25 an additional 5,643 patient journeys have been completed by PCS crews an increase of 9.4%, an excellent performance against this efficency improvement objective.
- This improvement measure was met despite a 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.

This measure averaged 1.47 across 2024/25. compared to 1.33 in 2023/24



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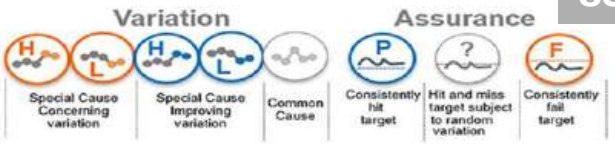
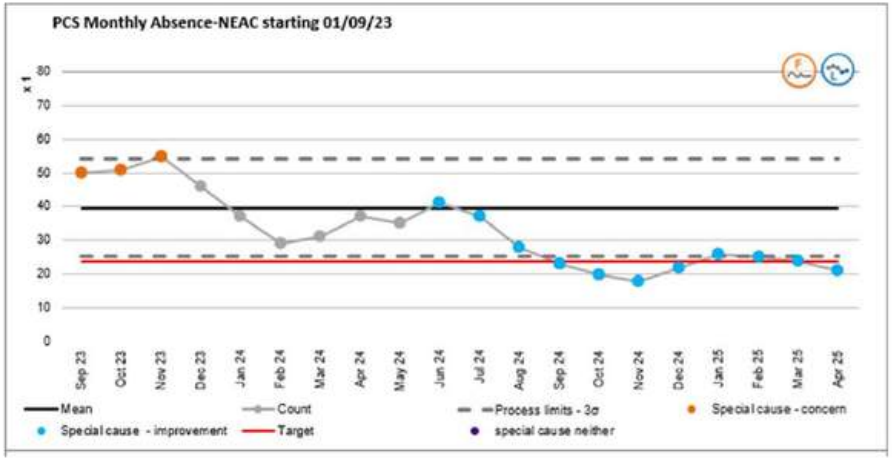


Our People | Non-Emergency Performance | Productivity Performance

Our People

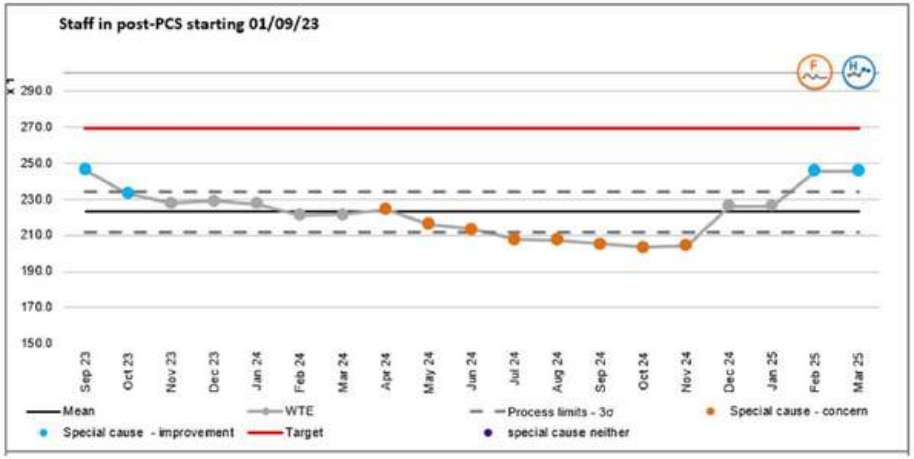
This section currently reflects the DVP Improvement Measures of Reducing the sickness absence level in line with Trust wide targets and recruiting ACAs up to the funded WTE level.
Additional Our People improvement Measures should be set in the areas of training and personal development



Sickness Absence

This measure illustrates the average daily number of staff absent through sickness per month. The general trend during 2024/25 with the application of Trust wide policies and initiative was generally downwards with some slight seasonal variations.
NB This data has been sourced from GRS

February '25 in month ACA absence is reported through HRPTS as 10.19% and the cumulative YTD 2024/25 rate as 12.65%.
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 previous 12 months has been somewhat reversed in Jan '25 and again in March '25 with 45 new ACAs going through training and entering the service.
- This recruitment action shows the service with a net gain of 21wte staff from 1st April '24
- Career progression opportunities for ACA staff in the next few months is likely to create further ACA vacancies. Due to the unavailability the of a training resource until Feb '26 any further recruitment in 2025/26 is unlikely despite a projection that the staff in post figure will drop by between 30-40wte in the current year.
- **NB** the information in this graph currently relates to ACA staff working both in non-emergency PCS and A&E support roles

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Health and Social Care Trust

Independent Ambulance Performance

Northern Ireland Ambulance Service
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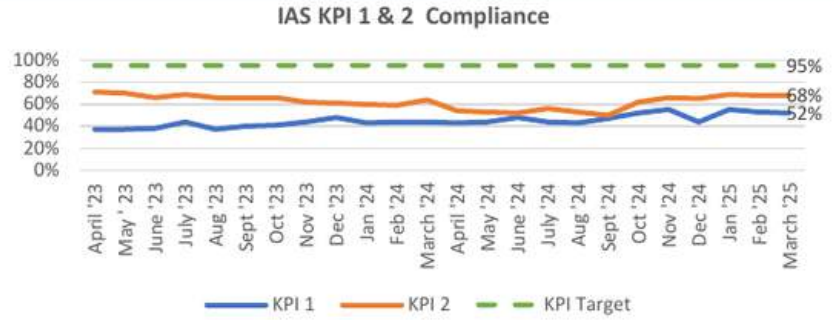
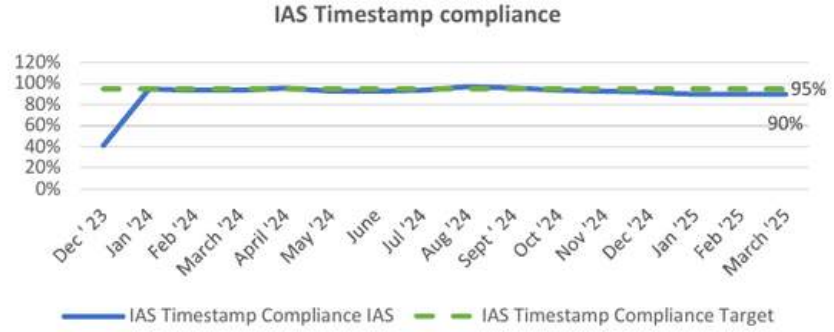
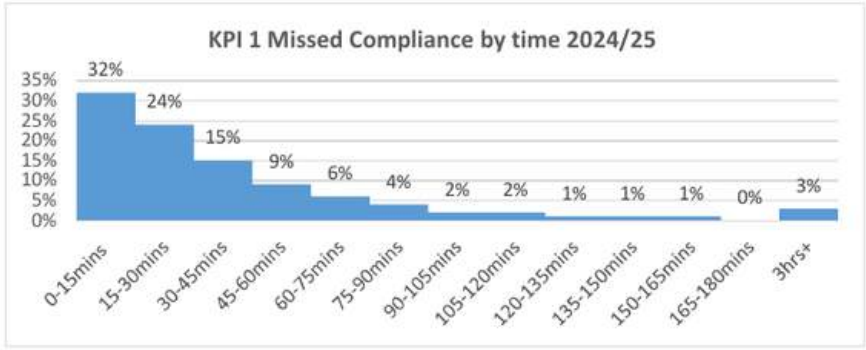
Our Patients | Non-Emergency IAS Performance | Patient Experience

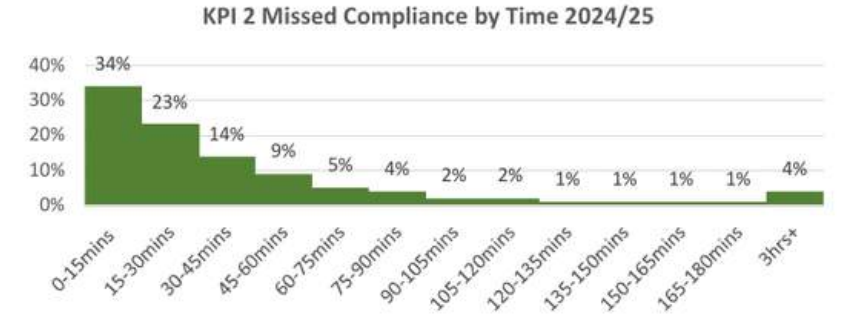
KPI 1 - That 95% of inward journeys will arrive within the 60mins prior to an appointment time.

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









Analysis – 2024/25

- An analysis of the journeys that missed compliance shows that 32% of these journeys missed the target by 15 minutes or less, 80% missed the target by 60 minutes or less
- Similarly, for KPI 2, relating to outward journeys 34% of journeys that missed the target were no more than 15 minutes over this and 80% missed the target by 60 minutes or less
- 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
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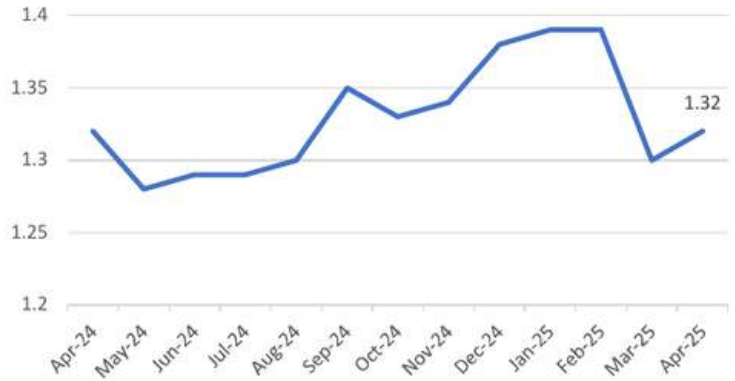
Our Patients | Non-Emergency IAS Performance | Productivity Performance

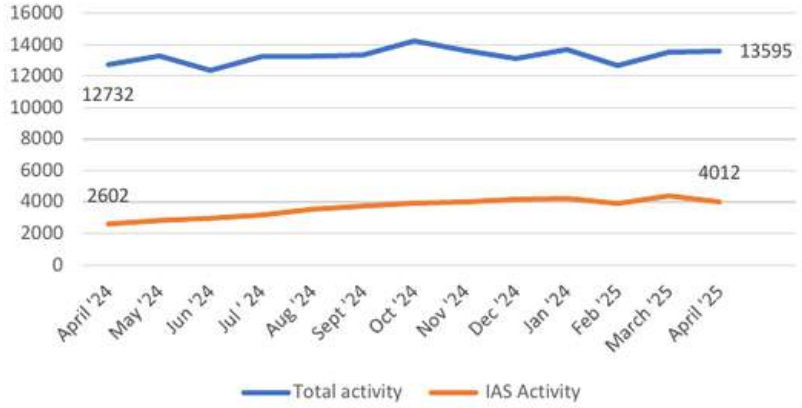
Loading Factor IAS



Average No of Patient Journeys per IAS Shift

NB Any performance Data shown for March & April 2025 is subject to ongoing Quality Assurance Checks following some unforeseen data quality issues and is therefore subject to change

Non-Emergency Patient Journeys by IAS



Activity and IAS Share
The proportion of non-emergency activity completed by Independent Ambulances has generally been increasing since May '24, to counter 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.

On the 19th 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. Following review these vehicles have been reduced to an 8 hour shift 5 days per week, effective from 14th April '25

In 24/25 IAS activity accounted for 27% of non emergency activity, up from 26% in 2023/24.

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.

Patients Transported Per Run
This measure also known as loading factor follows a similar pattern as the journeys per shift measure.

Northern Ireland Ambulance Service
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Service Quality and Our People

Northern Ireland Ambulance Service
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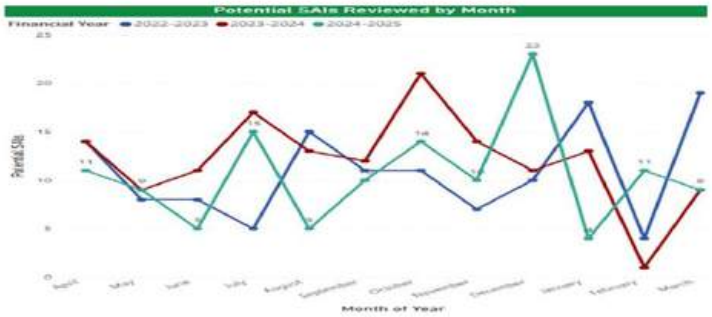
Our Patients

SAIs & Complaints

Serious Adverse Incidents

During April 2025, the Trust reviewed 7 potential SAI's resulting in 4 notifications to SPPG.
There are currently 24 ongoing SAI's, all of which are being reviewed at Level 1, 16 of the 24 are currently overdue for submission.



Themes

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

- Delayed response out with standard
- Incorrect ECG interpretation delaying transfer to definitive care
- Clinical assessment & diagnostic conclusions
- Self conveyance as per agreed scripts

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

Timeliness of process

6 SAI's were completed and closed within April 2025.
All reviews were completed at Level 1 with a required completion time of 8 weeks.
The average completion time was 16 weeks due to competing demands within the team completing the review. 1 review was completed within the 8 week timeframe.

Recommendations & Learning

During April 2025, 6 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.
- Importance of adherence to c-spine immobilisation guidelines
- Importance of adherence to duplicate call process
- Importance of adherence to dispatch guidelines
- Importance of correct application of an information marker and application to correct patient

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. 4% (24) have exceeded their due date and are currently being reviewed and the remaining 1% (7) are current.

Complaints, Compliments & Care Opinion

During April 2025, **35 compliments** & **13 complaints** were received and **0 NIPSO complaints** were accepted for investigation.

Timeliness of Process

23 complaints were closed during April 2025

At the end of April 2025, 48 complaints remained opened with the average number of days opened being 45 working days.

Trends &Learning: Of the 23 complaints closed, 78% were upheld/ partially upheld with some of the following learning outcomes identified: Communication with patients & their families; quality of ePRF completion; driving without due care for other road users; EMD call processing & ECO out of sequence allocations.

Service Improvement Plans 2025/26

- Regional roll out of feedback leaflet for frontline staff to issue to service users
- Development & Implementation of a new NIAS Complaints policy; systems developments; and operational training requirements to support the new NIPSO Model Complaints Handling Procedure for Trusts (publication date of 01/07/24 and implementation of 01/01/2026).

Care Opinion

During April 2025, 11 stories were submitted via Care Opinion. By 1st of May these stories were viewed 902 times.
The main areas of feedback were:

- What's good – Ambulance crew/ Friendly/ compassion
- Improvements – Communication/ Listening
- Feelings – Reassured/ thankful/ supported

Northern Ireland Ambulance Service
Health and Social Care Trust

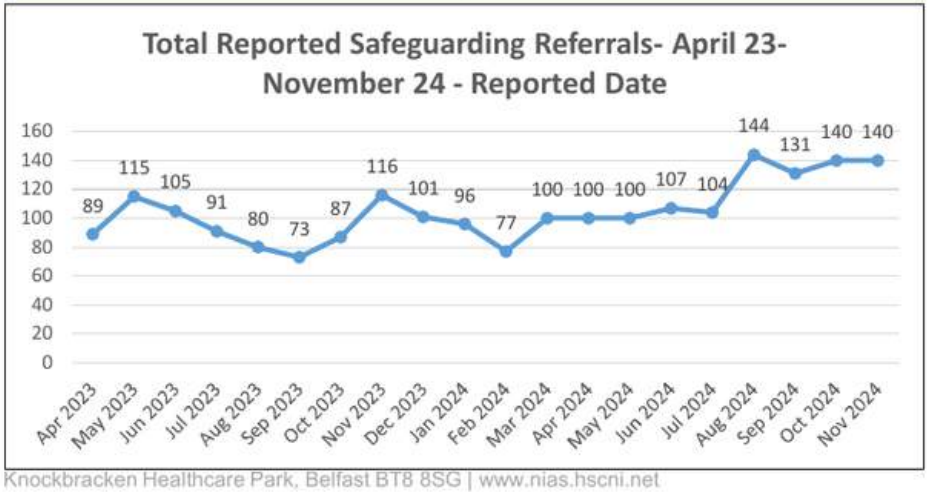
Our Patients | **Safeguarding Education, Training and Referrals**

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.



Northern Ireland Ambulance Service
Health and Social Care Trust

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	28.64%
Accident/Untoward Incident	10.30%
Injury, Fracture	8.76%
Miscellaneous	6.95%
Back Problems	6.56%
* Accounts for 61.21% of absence	
# Miscellaneous includes General Debility (2.37%); Hospital Investigations (1.80%); Post Surgical Debility (2.34%); Post Viral Fatigue (0.43%); Chronic Fatigue (0%)	

Mental Health Reasons	
Stress	12.42%
Stress-Work Related	8.35%
Grief/Bereavement	3.47%
Anxiety	1.96%
Other Mental Health	0.93%
Behavioural Disorder	0.24%
Panic attacks	0.52%
Insomnia	0.16%
Depression	0.60%

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%[1]											
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

[1]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.

Northern Ireland Ambulance Service
Health and Social Care Trust

Our People | Absence | Occupational Health

	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.

Northern Ireland Ambulance Service
Health and Social Care Trust

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.	Response to telephone queries and email correspondence within 2 working days of receipt of an enquiry Monthly review between NIAS HR and BHSCT OH of all long-term sickness absence cases.

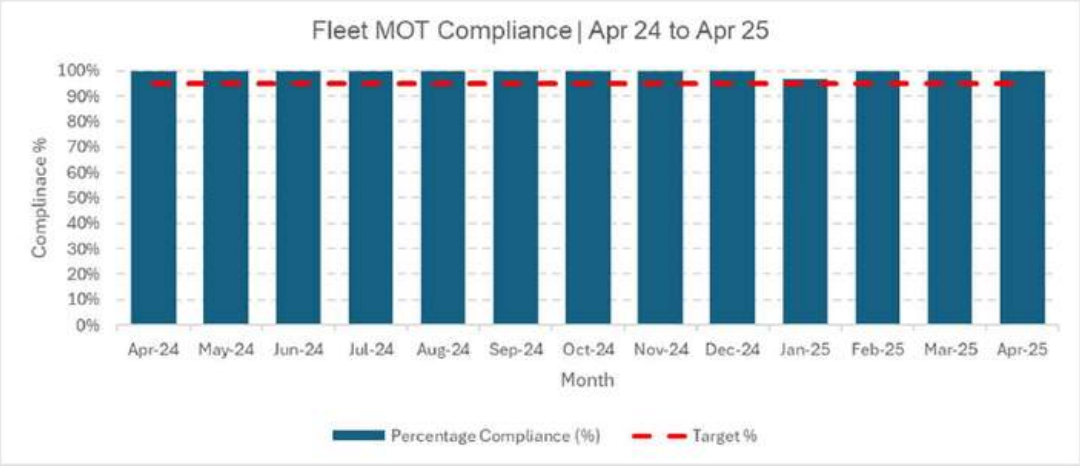
Northern Ireland Ambulance Service
Health and Social Care Trust

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 April 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.

NIAS C'TTEE ITEMS APRIL/MAY 2025

SPF – 19 June	PEQS – 5 June	PCOD – 12 June	GARAC – 24 June
• Trust budget report and year-end forecast. • Detailed Directorate budget report. • 2025-26 Opening Budget Allocation • Performance Report • Deep Dive on Cat 1 and Cat 2 performance. • Focus on Strategic Plan Development. • Business Case Update	• Quality Strategy 22-26 • IPC Report • Pharmacy bi-annual report • NIAS Hand Hygiene Policy • SUF & Complaints Report • EVC Update • HART capacity update • IAS Assurance & Governance Update • EPRR Update • Discussion on de-escalation of corporate risk 833. • Controlled Drugs Policy • Medicines Policy	• Management of violence & aggression Update • Sexual Safety Workstream • Org culture Update • Mthly workforce Info & strategic HR Report • Absence Management Update • HROD Restructure / 25/26 planning • Ops Restructure Update • Media and Comms Overview • AOB – Internal audit reccs	• DAC Register • Fraud Update • IA Progress Report • HIA HSC General Annual Report 25/26 • Updated Internal Audit annual plan 25/26 • External Audit Draft Report to those charged with governance. • Annual Report & Accounts • GARAC Annual Report • Board assurance Framework
Next Meetings			
18 Sep,	11 Sep	25 Sep	9 October 2025

9.06.2025

Trust Board and Committee Forward Work Plan 2025-26

Trust Board

Meeting	15 May 2025	26 June 2025	28 August 2025	23 October 2025	11 December 2025	19 February 2026	26 March 2026
Agenda Items	/	• AACES Presentation on Violence & Aggression • Performance Update • Finance Update • Final Annual Report and Accounts • Corporate Risk Register • Board Assurance Framework	• Board Assurance Framework • Board Governance Self-Assessment Tool • Cyber Board Training • Safeguarding Annual Report • Presentation – QI Programme • TB/Committee business case approval threshold. •	• Corporate Plan Mid-Year Progress Report • Performance Update • Finance Update • Locality/winter planning	• Safeguarding Annual Position Report • Annual Quality Report	• Corporate Risk Register • Performance Update • Finance Update	• Corporate Plan End Year Progress Report • Board Assurance Framework

9.06.2025

Governance, Audit and Risk Assurance Committee (GARAC)

Meeting	12 May 2025	24 June 2025	9 October 2025	9 December 2025	30 January 2026	12 March 2026

Agenda Items	• Corporate Risk Register
	• Corporate Governance Code of Good Practice NI (2025)
	• Draft Annual Report and Accounts
	• Draft Charitable Trust Funds Trustees Annual Report
	• DAC Register
	• Fraud Update
	• Internal Audit
	  • Progress report
	  • Recommendation f/up
	  • Shared Service note
	  • HIA Annual Report
	  • IA Strategy and 25/26 plan
	• External Audit
	  • NIAO Handover Report
		• Focus on Final Annual Report and Accounts
		• [Draft RTTCWG report]
		• [DAC Register]
		• [Fraud Update]
		• [Internal Audit]
		• [External Audit]
		• Update on Unsocial Hours IA progress.
		• 2024-25 GARAC Annual Report.
			• IGG and Cyber Security Update
			• Board Governance Self-Assessment Tool
			• DAC Register
			• Fraud Update
			• Mid-Year Assurance Statement
			• Focus on any relevant risks on CRR.
			• Internal Audit
			• External Audit
			• Update on Unsocial Hours IA progress.
			• Resource and Rota Management
				• Focus on Internal Audit recommendations	• Corporate Risk Register
					• DAC Register
					• Fraud Update
					• TORs review
					• Internal Audit
					• External Audit
					• Risk Appetite Statement Review
					• Review of SFIs
					• Review of Standing Orders
					• Update on Unsocial Hours IA progress.
						• IGG and Cyber Security Update
						• DAC Register
						• Fraud Update
						• Internal Audit
						• External Audit
						• Update on Unsocial Hours IA progress.

9.06.2025

People, Culture and Organisational Development Committee (PCOD)

Meeting	3 April 2025	12 June 2025	25 September 2025	4 December 2025	12 February 2026
Agenda Items	/		• Performance Report (on absence) • [Board Assurance Framework] • HR/OD Balance Scorecard • IA recommendations spot-check [any relevant to remit of Committee] • Maximising Attendance Update • Organisational Cultural Improvement Update inc. sexual safety • Vaccinations Briefing • Partnership Framework • Assistance to study • Workforce Health and Well being	• Performance Report (on absence) • HR/OD Balance Scorecard • Organisational Cultural Improvement Update • Operations Restructure Update • Focus on any relevant risks on CRR. • Workforce profile and Recruitment Programme • Learning and Development	• Performance Report (on absence) • TORs review • HR/OD Balance Scorecard • Maximising Attendance Update • Organisational Cultural Improvement Update • Employment Law Case annual Update • Equality, Diversity and Inclusion Report • Safeguarding Employment Update

9.06.2025

Patient Experience, Quality and Safety Committee (PEQS) – To be updated after PEQS 5 June

Meeting	24 April 2025	5 June 2025	11 September 2025	20 November 2025	22 January 2026
Agenda Items	/	• Performance Report (on SAIs, complaints etc./clinical KPIS) • IPC Report • Pharmacy bi-annual report • SAI Report • OOCA improvement • HART capacity update • Discussion on de-escalation of corporate risk 833.	• [Board Assurance Framework] • Performance Report (on SAIs, complaints etc./clinical KPIs) • IA recommendations spot-check [any relevant to remit of Committee] • Co-production and PPI Report • EVC Report. • Focus on any relevant risks on CRR. • Training Update (every 6 months) • SAI Report • OOCA improvement Delayed Response Thematic Review	• Performance Report (on SAIs, complaints etc./clinical KPIs) • Update on SAI Redesign • Annual Quality Report • Service User Feedback report • Adverse Incident management report • IAS Assurance • EPRR update	• Performance Report (on SAIs, complaints etc./clinical KPIs) • Pharmacy bi-annual report. • TORs review • OOCA improvement • HART capacity update

9.06.2025

Strategic Performance and Finance Committee (SPF Committee)

Meeting	10 April 2025	19 June 2025	18 September 2025	27 November 2025	5 February 2026
Agenda Items	/	• Trust budget report and year-end forecast. • Detailed Directorate budget report. • 2025-26 Opening Budget Allocation • Performance Report • Deep Dive on Cat 1 and Cat 2 performance. • Focus on Strategic Plan Development.	• Trust budget report and year-end forecast. • Detailed Directorate budget report. • Capital budget, expenditure and forecast. • Overtime budget and expenditure • Focus on Service Delivery Model. • Performance Report. • Corporate Plan Mid-Year Progress Report • Strategy Development Update. • IA recommendations spot-check [any relevant to remit of Committee]	• Trust budget report and year-end forecast. • Detailed Directorate budget report. • Overview of Fleet and Estates. • Fleet Expenditure. • Budget and expenditure on IAS, Taxis and Voluntary Drivers • Focus on delivering value (efficiencies). • Performance Report. • Strategy Development Update.	• Trust budget report and year-end forecast. • Detailed Directorate budget report. • Capital budget, expenditure and forecast. • 2026-27 Draft Financial Plan • Overview of Sustainability • Focus on Corporate Plan Implementation. • Performance Report. • Corporate Plan End Year Progress Report • Strategy Development Update. • TORs review

9.06.2025

Actions from last meeting		• Proposal on appropriate threshold of business case approval.			