North East Ambulance Service NHS Foundation Trust

Performance & Finance Committee Assurance & Escalation Report to Board of Directors

Parent Committee Meeting Date:	19 November 2026
Reporting Committee Meeting Date:	5 November 2026
Chair:	Steven Mason, Non-Executive Director

KEY ESCALATION AND DISCUSSION POINTS

1. Alert

No matters to raise.

2. Advise

Operational performance

2.1 Hospital handover deterioration was reducing headroom against Category 2 response requirements. Deterioration in 999 and 111 call handling was being monitored, with EOC recovery plans in development and PTS call handling under review.

2.2 A planned change to the Hear & Treat reporting methodology will be implemented, which will show an improvement in performance, we will also continue to report internally under the existing methodology.

Planning and productivity

2.3 Planning for the second year of the three-year plan was progressing, with an initial finance draft submission requested by the end of November; no material changes have been anticipated from the last round. Priorities included Category 2 performance, sickness, financial balance and the underlying deficit. Further productivity and efficiency updates would return to the next meeting.

PTS transformation

2.4 The Sunderland and South Tyneside eligibility pilot had been delayed to February 2027. Modelling indicated a potential 7–13% reduction in walking-patient activity. Implementation remained dependent on ICB decisions, supported by patient engagement and communications.

Cyber resilience

2.5 The Committee identified a need for Board-level discussion on cyber resilience and business continuity assurance, recognising threats to emergency call systems and NHS suppliers. Cyber risk remained under Audit and Risk Committee oversight.

Sickness absence

2.6 Further assurance was sought on improvements across the organisation, noting improvement in Patient Transport Service (PTS). The Quarter 2 sickness report to be shared with the Committee, alongside ongoing People and Development Committee oversight.

3. Assure

Integrated Performance Exception Report

Operational Performance

3.1 The Trust reported the fastest response times across all categories in month 6 and achievement of national response standards for Categories 1 and 4. Category 2 dispatch performance remained on track, although with limited headroom.

3.2 Hear & Treat continues to improve, rising to 14.0% in September, with year-to-date performance at 13%. This represents encouraging progress towards the 15% year-end ambition; planned increases in capacity and improvements in validation outcomes will deliver further improvements through the remainder of the year.

3.3 Established forecasting and quarterly stocktakes informed adjustments to capacity and overtime requirements, balancing operational delivery with financial improvement.

3.4 There was a deterioration in the arrival-to-handover performance materially in September. Pressure has increased at key acute sites contributing to the deterioration against plan, the increasing handover delays represent an emerging risk to delivery of the year end trajectory, with system improvement and mitigation continuing.

Finance

3.5 Year-to-date position showed a surplus and year-end forecast of breakeven, but financial sustainability depends on recurrent CIP delivery, active risk management and continued alignment of workforce, activity and expenditure.

3.6 Underlying financial position improved approximately £1m better than plan following the identification of additional Cost Improvement Programme (CIP) schemes but a material sustainability gap remained. Financial pressures included fuel costs, NEASUS costs and delivery of recurrent efficiencies. Improvements to NEASUS cost information were ongoing.

Other matters

3.7 **Emergency preparedness:** The Trust had been assessed as substantially compliant with the 2026 EPRR Core Standards. Work was progressing on outstanding requirements, with an internal audit underway to provide further assurance.

3.8 **Funding and efficiency oversight:** Tranche 2 national capacity funding had been confirmed. Corporate benchmarking showed reducing comparative expenditure over time. The Efficiency Oversight Group was reviewing benefits from historic business cases and strengthening its focus on productivity measures.

3.9 **Corporate Benchmarking:** The 2025/26 benchmarking identified indicative cost gaps for investigation, rather than confirmed savings targets. A session scheduled for 13 November 2026 for senior management to review outputs from 2025/26 benchmarking reports and to examine opportunities for cost reductions in corporate functions and regular CIP reports and Plan updates to be reported to relevant Governance groups.

3.10 The Committee received the AAA report from the Efficiency Oversight Group which highlighted long term (recurrent) CIP schemes remained a concern.

3.11 An update on the ongoing actions for Internal Audit actions was received by the Committee with revised target dates agreed for three recommendations.

4. Risk

4.1 A new risk was recorded relating to available assurances of compliance with daily vehicle checks. A simpler approach to data collection and compliance monitoring was being developed.

4.2 Cyber risk remained significant, with links to emergency preparedness and business continuity.

4.3 Operational and financial exposures included hospital handovers, sickness absence, above-plan PTS demand, fuel and NEASUS costs, and capital slippage.

4.4 EMG was reviewing risks with no recorded actions and those with static scores, including whether risks should be formally accepted.

5. Decisions Made

No decisions made.

Attendance – Members

Name	May 2026	July 2026	Sept 2026	Nov 2026	Jan 2027	March 2027
John Marshall						
Steven Mason						
Alaric Pritchard						
Stuart Corbridge						
Georgina Dean						
Kerry McQuade						
Kevin Scollay						
Stephen Segasby						

Key

	Attended
	Sent Deputy
	Apologies
	No longer member
	Not required to attend